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# INDEX.

- A B C Manual of Materia Medica*,  
by Dr. G. H. Clark, 280  
Accident and diabetes, 324  
Acne, X-rays in, 380  
African remedies, some, 344  
*Allium sativum* and *ranunculus* as  
remedies for conscription, 535  
Allopathists' appropriations, 97  
*Aloe* in prolapsus recti, 429  
Alpine railroads and mountain sick-  
ness, by Dr. J. M. Moore, 466  
Amyloid disease in horses immunised  
against diphtheria, 430  
*Anacardium* in hysteria, 416  
Anemia, pernicious, condition of  
bones in, 286; blood in, 364  
Angina pectoris, *nat. iod.* in, 80  
Ankylostoma embryos, 525  
Anthrax, *cluytia hirsuta* in, 38  
Anti-malarial campaign, 443  
*Antimonium crudum*, proving of, 39;  
in callosities of feet, 355  
*Antimonium tart.* for backache, 544  
*Antipyrin*, a note on, 61  
Appendicitis and typhoid, differential  
diagnosis of, 429  
Appendicitis, acute gangrenous in  
gravida, 513; and trauma, 524  
Archpriest on homeopathy, 538  
*Arnica* not an antiseptic, 263  
*Arsenic* in beer, 8, 188; and epithi-  
lioma, 282  
*Arsenicum* as a prophylactic of  
influenza, 126; in vomiting of  
pregnancy, 261; in cancer, 292; in  
neuralgia, 512  
*Arsenicum iodatum*, clinical use of,  
22  
Arthropathia in syringomyelia, 340  
Ascaris and appendicitis, 429  
*Atropine* in gastric neuroses; in  
sciatica, 347; in puerperal con-  
vulsions, 458  
*Australian marsh-mallow*, 19  
*Avena* and *arnica* as nervine tonics,  
by Dr. Goullon, 321
- BACILLI, two new—twins, 488  
Bacteria, light from, 10
- Baffling the bacillus, 337  
*Baptisia*, head and throat symptoms  
of, Mr. Kopp on, 309  
Baptist, Dr., on difficulties of drug  
administration in India, 72  
Bastinado a resuscitator of supposed  
dead, 207  
Beale, Dr. A. A., on diet, 250, 300, 348,  
451, 500  
*Belladonna* in neuralgia, 513  
*Belladonna* porridge, 201  
Bellairs, Mr., on *psorinum*, 28  
Bequerel's discoveries in phospho-  
rescence of metals, 83  
*Berberis*, some uses of, 70  
Berridge, Dr., on mental obsessions,  
461  
Biliary colic, *carduus marianus* in,  
112  
Blepharitis of *mercurius*, 46  
Blood, human and animal, mode of  
distinguishing, 469  
Blood-letting, 313  
Boericke's *Pocket Manual of Homeo-  
pathic Materia Medica*, 378  
Boils, *calendula* in, 21  
Bournemouth Convalescent Home,  
148, 171  
*Bovinine*, local application of, 137  
*Brewer's yeast* in gastro-enteritis of  
children, 29  
Brighton Homeopathic Dispensary,  
122  
British Homeopathic Congress, 247,  
359, 389, 465  
British Homeopathic Society, meet-  
ings of, 30, 81, 120, 171, 207, 262,  
315, 341, 358, 514, 550  
Broadbent, Sir W., and *lachnanthes*,  
434  
Bromley Homeopathic Hospital,  
172  
Burford, Dr., address of, 533  
Burnett, Dr., on diseases of spleen,  
87; appreciation of, 193; portrait  
of, 198; death of, 220; the late, 243,  
293, 440
- Cacodylate of soda*, treatment by, 322

- Cacodylic acid* in mental disorders, 430
- Calcarea carb.* in chorea, 459
- Calcutta, Homeopathic Medical School of, 208
- Calendula* for boils and carbuncles, 21
- Calomel* in cirrhosis of liver, 509
- Calotropis gigantea* in phthisis, 544
- Camphor*, delirium caused by, 292
- Cancer and malaria, 486; *arsenic* in, 292; X-rays in, 324; diathesis by Dr. A. C. Clifton, 405; -cures, 557; cured by *canceroin*, 40; by *helleborus viridis* and *fetidus*, 41; increase of, 142; is it curable by *canceroin*? 375; of breast, by Dr. R. T. Cooper, 408, 447, 539; circumstantial evidence, 446; of esophagus, Dr. Cooper on, 59; of tongue cured by *phosphorus*, 261; *viola odorata* in, 495, 556, 557
- Canceroin* in cancer, 40; Dr. Heath on, 89
- Cannabis indica* in menorrhagia, 112
- Cantharis* in lithemia, 69; and *chrysarobin*, provings of, 343
- Carboneum sulph.* in dysuria, 548
- Carbonic acid gas cure, 529
- Carbuncles, *calendula* in, 21
- Carduus marianus* in biliary colic, 112
- Cases I have come across, by Mr. Kopp, 357, 417
- Castanea vesca* in whooping-cough, 508
- Cataract and nasal diseases, 525
- Caterpillars as light food, 419
- Causticum* in uterine inertia, 219
- Ceanothus* in leucorrhœa, 543
- Cedron* in hydrarthrosis intermittens, by Dr. Macnish, 104
- Century, the twentieth, 1
- Chackravanti, Dr., on new remedies, 544
- Chelidonium* in whooping-cough, 298
- Cheltenham Homeopathic Dispensary, 316
- Chimaphila* in hematuria, 53
- Chininum arsenicosum*, an antidote to *quinine*, 333
- Chininum sulph.* and cancer, 245
- Cholera, Dr. S. C. Ghose on, 523
- Chorea, *calc. carb.* in, 459
- Christian Victor memorial, 152, 174, 189
- Cirrhosis of liver, *calomel* in, 509
- Clifton, Dr. A. C., 389; the cancer diathesis by, 405; *Medicine versus Surgery* by, 491
- Clarke, Dr., *Dictionary of Materia Medica*, by, 518
- Cluytia hirsuta* in anthrax, 38
- Coca* in deafness and tinnitus, 546
- Coccus cacti*, action on kidney of, 111
- Cockroaches in soup, 419
- Coffee* without *Caffeine*, 102; poisoning, 219, 315
- Colchicum* in rheumatism, 92
- College, Homeopathic, wanted, 56
- Colocynth* in vesical catarrh, 80; poisoning by, 526
- Congress, British Homeopathic, 247, 359, 389, 465
- Conjunctivitis, *ipeec.* and *duboisia* in, 299
- Constipation, Dr. Cooper on, 16; remedies for, 356
- Constitutional treatment, 241
- Consultations with homeopaths, 150
- Consumption, *natrum cacodylicum* in, 14, 58; the war against, by Dr. Dudgeon, 390
- Cooper, Dr. R., on constipation, 16; as brave as the bravest by, 41; on cancer of esophagus, 59; on *anti-pyrin*, 61; *laurustinus* in tapeworm, 109; on the *hellebores*, 153; on *ipeec.* and the *violaceæ*, 249; in cancer of breast, 408, 447, 539; refuses all but incurable cases, 473; on *viola odorata* in cancer, 495; onions and small-pox, 496
- Copper in *nux vomica*, 54
- Coughing plants—a chance for signaturists, 537
- Craig, Dr. G. A., death of, 284
- Cratægus oxyacantha* in heart failure, 462; in collapse of typhoid, 463
- Crocus*, 197; a good spring medicine for birds, 198
- Croydon Homeopathic Dispensary, 123
- Curare*, a chance for, 342
- Cyclamen* and *pulsatilla* compared, 261
- Cyder, Whimple's, 380
- DEAFNESS and tinnitus, *coca* in, 546
- Delirium caused by *camphor*, 292
- Dipilatory wanted, 564
- Dewey, Dr., becomes editor of *Medical Century*, 56; on Schuesslerism, 57; *Practical Homeopathic Therapeutics*, by, 133
- Diabetes from accident, 324; potatoes in, 429; glycosuria, 509
- Diathetic homeopathy, 289
- Dictionary of Materia Medica*, Vol. II., 131, 248, 308
- Diet, Dr. A. A. Beale on, 250, 300, 348, 451, 500
- Directory, the Homeopathic*, 33; *International Homeopathic*, 136
- Diphtheria antitoxin* administered by mouth and rectum, 248
- Diphtheria, paraffin* in, 490

- Diphtherinum*, Dr. Nebel on, 209; 270; for scarlatina, 487  
 Doctor, the, as sportsman, 516  
 Druglass, Dr., *Characteristics of the Homeopathic Materia Medica*, by, 184  
 Dropsy, *fluoric acid* in, 92  
*Duboisia* in conjunctivitis, 300  
 Dudgeon, Dr., and the *Hospital*, 49, 97, 125, 157; the war against consumption, by, 390; that indication for *hepar*, 475  
 Dysentery remedy—*monsonia ovata* or *pelargonium reniforme*, 38, 55, 295  
 Dyspepsia of *kali bich.*, 290  
 Dysuria, *carb. sulph.* in, 548
- EARACHE, *ferr. phos.* in, 508  
 Eczema cured by *red light*, 99  
 Electrical resurrection, 103  
 Enteric, flies and, 541  
 Enteritis of children, *brewer's yeast* in, 29  
 Enuresis, *rhus aromatica* in, 346  
 Epilepsy caused by *nicotine*, 299  
 Epithelioma, *arsenic* in, 282; light cure of, 286  
*Eryngium maritimum* for pancreatic diabetes, 381  
 Erythema multiforme and vaccination, 325  
*Euphorbium*, 46
- Ferrum phosphoricum* in earache, 508  
 Fisher, Dr., resigns editorship of *Medical Century* to Dr. Dewey, 56  
*Flouric acid* in dropsy, 92  
*Fluorine* in beer causes thrombosis, 489  
*Foresters*, *Work for*, by Dr. Japp, 329  
 Funck, Dr., on the etiological agent in vaccinia and variola, 215
- GASTRIC diseases, *rhus* in, 345; *atropine* in, 347  
 Geelong Homeopathic Dispensary, 552  
 Gelasmopathy, or the smile-cure, 535  
*Gelsemium*, remittent power of, 46; indication for, 46; in recurrent sarcoma, 260  
 Ghose, Dr., on *nyctanthes arbor-tristis*, 24  
 Goat's liver in night-blindness, 100  
 Gonorrhoea *tussilago* in, 381  
 Gonorrhoeal myositis, 566  
 Gould on *petroleum*, 90  
 Goullon, Dr., on *avena* and *arnica* as nervine tonics, 321  
 Gout and the tonsils, 561  
 Grafton, Dr. E. A., death of, 44
- Grapes, diuretic effects of, 7  
 Gray and Grey, 199  
 Gupta, Dr. G. L., 341
- HARRIS tweeds and J. C. B., 437  
 Head-knocking, 244  
 Heat rays, luminous and obscure, 65  
 Heath, Dr., on *cancroin*, 89  
*Hellebores*, Dr. Cooper on the, 153  
*Helleborus viridis* and *fetidus* in cancer, 41  
 Helmuth, Dr., *Various Verses* by, 279  
*Hepar sulphuris* in pyelitis and asthma, 420; that indication for, by Dr. Dudgeon, 475; the cold-wind sensation, Mr. Spencer on, 524  
 Hepatitis, *stellaria med.* in, 464  
 Hering College, English graduates at, 198  
 High attenuations, physics of, 534  
 Hill, Dr. W., and homeopathy, by Dr. Pullar, 485  
*Homarus* in dyspepsia, 566  
 Homeopathy and rational medicine, 49, 97, 125, 158; and its due, 49; or isopathy? 103; proposed school of, 334  
*Hovis Cycle Road Map*, 379  
 Hurndall, Mr., on veterinary homeopathy, 25, 62, 162  
 Hydrarthrosis intermittens, *cedron* in, by Dr. Macnish, 104  
 Hydrophobia cured by *lachesis* and *belladonna*, 201  
 Hyperthermia, hysterical, 142
- INFLUENZA, prophylaxis of, by Dr. E. S. Smith, 126  
 Insane, growth of hair in the, 514  
 Insanity, *kali phos.* in, 21; *natr. mur.* in, 458  
 Insectivorous plants, A. H. Ware on, 558  
 Insects as food, 389, 419  
 Insomnia, to cure, 418  
 Intestinal sand, Sir Dyce Duckworth on, 217  
*Iodine*, purpura of, 46  
*Ipecacuanha* in conjunctivitis, 299; colic and diarrhoea of, 314  
*Iris versicolor* in constipation, 416
- JAGIELSKI, on heat rays, 65; on colours, 68  
 Jousset's *Practice of Medicine*, 292, 562
- Kali carb.* in nocturnal enuresis, 355; in flatulence, 355  
*Kali iodide* characteristics, 542  
*Kali phos.* in insanity, 21  
*Kalmia* in chronic rheumatism, 161

- Keene & Ashwell's Diary and Case-book for 1901, 43  
*Kola* in seasickness, 44  
 Kopp, Mr., on snake-venom, 76, 117, 167; on *baptisia*, 309; cases by, 357, 417, 462, 511  
*Kreosotum* in chronic vomiting, 113  
*Lachnanthes*, Sir W. Broadbent on, 434; and the *Cyclopædia of Drug Pathogenesis*, 443; for light complexions, 490  
 Lachrymotherapy, 247  
 Lambert, Dr., *materia medica miscellanea*, by, 21, 69, 111, 159, 201, 260, 298, 345, 415, 458, 506, 542  
*Lathyrus sativus*, pains of, 415  
 Launceston Homeopathic Hospital, 12; a correction, 245  
*Laurustinus* in tapeworm, by Dr. Cooper, 109  
*Lavatera plebeia*, 19  
*Ledum* in chronic articular rheumatism, 159  
 Leucorrhœa, *ceanothus* in, 543  
 Light, a new hypothesis of, 83  
 Lithemia, *cantharis* in, 69  
 Liverpool Hahnemann Hospital and Homeopathic Dispensaries, 264; homeopathy in, 341; Bazaar and Floral Fête, 361  
*Lobelia* in vomiting of pregnancy, 46  
 London Homeopathic Hospital, 200; Ladies' Guild of, 293  
*Luesinum* in malnutrition, 564  
 Lupus vulgaris, X-rays in, 170  
*Lycopodium* in bromidrosis of axilla, 459  
*Lycopersicum esculentum*, proving of, 202  
 MACLACHLAN, Dr., on *petroleum*, 30  
 Macnish, Dr., on *cedron* in hydrarthrosis intermittens, 104  
 Major Ross at work, 388  
 Malaria and mosquitoes, 11; spider's web in, 485; cancer and, 486  
 Malarial fever and *arsenicum* of *quinine*, 444; and water-drinking, 446  
 Malarial infection, Mr. E. C. White on, 18  
 Marcy, Dr. E. E., death of, 140  
*Materia medica* and therapeutics, how shall we teach? by Dr. Nash, 31; the teaching of, 481  
 Mathias, Dr. W. L., death of, 565  
 Mau, Dr., on *tuberculin*, 310  
 Measles, Koplik's spots in, 478  
 Medical liberty, Mark Twain on, 266  
*Médecin Homeopathe, Le*, 342  
 Medicine *v.* surgery, by Dr. A. Clifton, 491  
 Melbourne Homeopathic Hospital, 149  
 Memory, lapsed, 9  
 Menorrhagia, *cannabis indica* in, 112  
*Mental Diseases*, Dr. Talcott on, 327  
 Mental obsessions, 365, 425, 461  
 Mercurial poisoning, unusual symptoms in, 159  
*Methylene blue*, action of, on renal functions, 238; in malarial parasites, 376  
 Mexborough, Lady, bequest to London Homeopathic Hospital of, 55  
*Mezereum* in sore throat, 357  
 Milk, dilution of, for infants, 382  
 Mind as a factor, by Dr. Beale, 250  
*Mongoose v.* snake, 273  
*Monsonia* in dysentery, 38, 55, 295  
 Moore, Dr. J. M., on Alpine railroads and mountain sickness, 466  
 More light, 54  
 Mosquitoes, 11, 387  
 NAIL-BITING and neuroses of skin, 532  
 Nankivell, Dr. F., removal of, 334  
*Naphthalin* for pin-worms, 46  
*Narcissus pseudo-narcissus*, poisoning by, 244  
 Nash, Dr., how shall we teach *materia medica* and therapeutics? by, 31; *Regional Leaders*, by, 521  
*Natrum cacodylicum* in consumption, 14, 58  
*Natrum carb.* child, the, 340  
*Nat. iod.* in angina pectoris, 80  
*Natrum muriaticum* in neurasthenia, 69; in insanity, 458  
*Natrum salicylicum* causes blindness, 489  
 Nebel, Dr., on *tuberculinum* and *diphtherinum*, 209, 243, 268  
 Neuralgia, *arsenicum* in, 512; *belladonna* in, 513; *verbascum* in, 542; *silica* in, 542  
 Neurasthenia, *nat. mur.* in, 69; *sepia* in, 69  
*Niccolum sulphate*, action of, 460  
*Nicotine* and epilepsy, 299  
 Nose and female sexual organs, relations between, 272  
*Nux vomica* in night-blindness, 100; chills and fever of, 294; in paralysis, 355; in chronic diarrhœa, 418  
*Nyctanthes arbor-tristis*, Dr. Ghose on, 24  
 OCHRONOSIS, 382  
 "Oh! these doctors, they are worse than theologians!" 420  
*Ononis* and *cratægus*, by Culpepper, 45  
*Onosmodium* and female sexual organs, 22  
*Opium*, cholera infantum of, 40  
*Orris-root* in New Zealand, 197  
 Otorrhea, *pulsatilla nigricans* in, 417

- Paraffin* in rheumatism, 151; in diphtheria, 490  
 Paris Congress, Transactions of the, 132  
 Pearce, Dr. C. F., disease of sternum by, 548  
*Pelargonium reniforme* in dysentery, 38, 55, 295  
 Perry, Dr. E. C., a warning, 447  
*Petroleum*, Dr. Maclachlan on, 30; Gould on, 90; in phthisis, 152  
 Phillips Memorial Hospital concert, 12  
*Phosphorus* and pleuro-pneumonia, 190; Dr. Pope on, 237; in cancer of tongue, 261; in progressive muscular atrophy, 506  
 Photopathy, 10  
*Pineapple juice*, 39  
 Phthisis, *calotropis* in, 544  
*Picric acid*, poisoning by, 563  
 Plague at the Cape — Haffkine's inoculations, 199  
*Platinum* for ovarian pain > by pressure, 537  
 Plymouth Homeopathic Hospital bazaar, 13  
*Polonium*, phosphorescence of, 83  
 Pretoria, with white flag into, 553  
*Psorinum*, Mr. Bellairs on, 28  
 Public libraries and homeopathic works, 565  
 Puerperal convulsions, *atropine* in, 458  
 Pullar, Dr., on Dr. Hill and homeopathy, 485  
*Pulsatilla nigricans* in otorrhea, 417
- RAMSBOTHAM, Dr., removal to Harrogate, 334  
 Red light for red disease, 488  
 Retina, detachment of, 94  
*Rheum* case, a, 511  
 Rheumatism of *ledum* and *kalmia*, 44; *colchicum* in, 92  
*Rhineland*, by Percy Lindley, 379  
*Rhus* in gastric diseases, 345; *aromatica* in enuresis, 346  
*Radium*, phosphorescence of, 83
- Salicylate of soda*, poisoning by, 102  
 Salisbury diet, the, 451  
 Sarcoma, recurrent, *gelsemium* in, 260; *Coley's fluid* in, 371  
 Sarcopathy, more, 10; and homeopathy, 291  
*Sarsaparilla* in renal colic, 161  
 Scarlatina, *diphtherinum* for, 487  
 School for patients, 385, 473  
 Scouting by natives, 39  
 Schüsslerism and homeopathy, 57  
*Sciatica*, *atropine* in, 347  
 Sea-sickness, *kola* in, 44; breathing-cure for, 536
- Sepia* in neurasthenia, 69  
 Seropathic accident, 58  
 Sick, Dr. von, death of, 88  
*Silica* in occipital neuralgia, 159, 542; in onychia, 356  
 Silly season, the, 433  
 Small-pox, *onions* in, 496  
 Smile cure, the, 535  
 Smith, Dr. H. M., tribute to, 246; death of, 285  
 Smith, Miss J. Durning, death of, 294  
 Snails as food, 446  
 Snake *v.* mongoose, 273  
 Snake-bite, case of, 422  
 Snake-venom, Mr. Kopp on, 76, 117, 167  
*Snuff* for colds, 101  
 South Africa, its remedies, 295; Forestry, 541  
 Spiders and malaria, 485  
 Spleen, diseases of, by Dr. Burnett, 87  
*Stellaria media* in hepatitis, 464  
 Sternum, disease of, by Dr. C. T. Pearce, 548  
*Supra-renal medulla*, Dr. Schafer on, 367; in epistaxis of hemophilia, 368  
 Sweat, offensive, *lycop.* in, 459
- TALCOTT, Dr., on *Mental Diseases*, 327  
 Tapeworm, treatment of, 46; arbovital action, by Dr. Cooper, 109; the poison of, 566  
 Tasmanian note, 103  
 Tebb, Mr. W., testimony before Vaccination Committee of, 522  
 Testes, structural changes in retained, 141  
 Testevin's sign, 430  
 Tetanus cured by serum injections, 424  
*Theridion curassavicum* in headache, 345  
 Throat, foreign bodies in, 524  
*Thuja* cures a single wart, 429  
 Thunderstorms, observations on, 141  
*Thyroidin*, action on eye of, 151  
 Transvaal and Java, homeopathic success in, 370  
 Tubercle bacilli destroyed in fat, 470  
*Tuberculin*, a cattle proving of, 537; Dr. Nebel on, 209, 268; Dr. Mau on, 316; Dr. Heath on, 428  
 Tuberculosis, human and bovine, 445; raw meat in, 468; forerunners of, in synovial sacs, 478; in alcoholics, 515  
*Turpentine* poisoning, 471  
*Tassilago farfara* in gonorrhoea, 381  
 Two voices, 150  
 Typhoid cultures, active principles of, 377

- UNGUAL striation, 380  
*Unicorn root*, 381  
 Uranium, phosphorescence of, 83  
*Uropoietic Diseases*, by Dr. Carleton, 42  
 Ussher, Dr., notes by the way, by, 355, 509  
*Ustilago* in uterine hemorrhage, 547  
 Uterine hemorrhage, *ustilago* in, 547
- VACCINATION martyrs, interesting to, 129; internal, 145; and erythema multiforme, 325; Mr. Tebb's testimony respecting, 522  
 Vaccine disease and Gaylord's cancer germ, 445  
 Vaccinia and variola, etiological agent in, 181  
*Variolinum* in place of vaccination, 129, 176, 187; preparation of, 283  
*Various Verses*, by Dr. Helmut, 279  
*Verbascum* in neuralgia, 542  
 Vermiform appendix, foreign bodies in, 94  
 Vesical catarrh, *colocynth* in, 80  
 Veterinary dispensary proposed, 8, 100; homeopathy, Mr. Hurndall on, 25, 62, 114, 162, 203; by Dr. G. Dunn, 258
- Villers, Dr., joins *Journal of Homeopathics*, 13; on elements which send out unknown rays, 82  
 Vinolia cream—a warning, 294  
*Violet leaves* and cancer, 495, 556  
 Vomiting, chronic, *kreosotum* in, 113
- WHITE, Mr. E. C., on malarial infection, 18; on bee-sting and snake-bite, 19  
 Whooping - cough, *chelid.* in, 298; *castanea vesca* in, 508  
 Wilson, Dr. Andrew, and the Hon. S. Coleridge, 433  
 Wilson, Dr. T., death of, 284  
 Wisse, Dr. Tucker, *How to avoid Tubercle*, by, 186  
 Wylde, Dr. P., on energy and drug action, 550
- X-RAYS in lupus vulgaris, 170; in epidermoid cancer, 278; in cancer, 324; in acne, 380
- YELLOW fever, *arsenic* as prophylactic of, 177
- Zadkiel's Almanac*, 523  
 Zero, 260° below, 93

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THE TWENTIETH CENTURY.

WITHOUT spending too much sentiment on an epoch of time which is of purely conventional significance, and which does not even mark any astronomical event, it is nevertheless useful to pay our respects to the "dividings of times"; for times, howsoever they may be divided, have their peculiar characters no less than the individuals to whose combined activities the principal features of the changing cycles are due. It is a wholesome and necessary practice in commercial houses at the end of every commercial year to "take stock"; and if in the therapeutic world there is hardly sufficient "business" to warrant an annual stock-taking, we may be pardoned if we do it once in a century. Looking at general therapeutics, such advance as there has been in the past hundred years is mainly of a negative kind. Except in remote corners of civilisation, blood-letting, which was in full vogue as the regular treatment for most maladies when the Nineteenth century was born, is practically unknown (thanks to Hahnemann), at its close. The blue pill and black draught are still sometimes prescribed in country districts, but urban patients insist on more elegant preparations, done up in some of the innumerable tablet forms, which have become so popular that the art of prescribing among old-school practitioners is in danger of being altogether lost.

But if allopathic therapeutics has improved by leaving

undone things which it ought never to have done at all, it has added to its armoury a large number of measures which are essentially homeopathic, and it has even enforced these measures at the point of the policeman's baton. The good there is in vaccination is purely homeopathic, or homeo-prophylactic—like preventing like. The harm there is in it belongs entirely to the method of the school which introduced and enforces it. Homeopathy has no need to poison a healthy person's blood with one disease in order to protect him from the chance of catching another similar disease. It can protect him in a perfectly harmless and innocent way; and we are glad to see that the Australian daily press has taken this important matter up. All the rest of the "vaccines," "attenuated viruses," "antitoxins," and "serums" are homeopathic measures, though most frequently applied in dangerous and objectionable ways; and it is a constant astonishment to us that the homeopathic body calmly look on whilst the anti-homeopathic sect are stealing their remedies and at the same time doing all they can to injure those whom they rob. But for all their appropriation of homeopathic measures, the allopaths have not been able to make solid progress with them; and they will not do so, as long as they refuse to make use of the underlying principle. The consequence is that the genius of the anti-homeopathic party runs to surgery mainly. Palliation is their leading idea, and surgery is the greatest of all palliatives. The greatest triumphs of nineteenth-century medicine, excluding homeopathic therapeutics, are to be found in surgery.

And what about acknowledged homeopathy? Looking round the world and over the century just closed there is no little cause for congratulation. There is hardly a corner of the world to which the influence of HAHNEMANN has not penetrated; and the name he gave to his system has become an imperishable part of the common speech. In the new world, where red-tape is less almighty than it

is in the old, homeopathy has won for itself a place which its Western disciples can only regard with feelings akin to envy. In both the old world and the new, in the closing years of the century, HAHNEMANN has been honoured in a manner such as few, if any, of the world's heroes have ever been honoured before. In our own country it must be confessed the outward signs of progress are few and far between. The numbers of the laity who would have homeopathic treatment if they could get it is steadily increasing, but the number of recruits from the profession grows smaller rather than larger. The reason of this lies in the unbounded affection which the British heart really entertains for red-tape. It is true the British people are never tired of grumbling at red-tape—in the War Office and elsewhere; but the strength of red-tape is merely the strength of the British love for it, and as soon as the people really want to be rid of it, its suffocating coils will give way. In the meantime John Bull really loves it; he feels that it gives him “support”—as ladies say of their corsets. He wants to be comfortable in something that has been “established” for him by “higher powers,” so that he need not worry about it, but devote himself exclusively to his own business and his own amusements.

There is a story told of a certain Lord Chancellor of old, whose language was more forcible than polite, and who was at one time waited upon by a deputation of Dissenters, who made complaint of the disabilities then in force against them. His reply, if our memory serves us, was somewhat as follows: “You see, gentlemen, the other Church is *established*: you get your d——d Church established, and then you will have no further difficulty.” The ultimate outcome of this advice was the growth of independent colleges and universities, culminating in the establishment of the London University itself; and at this day a man may be anything from policeman to minister of State, without any question being asked about his religious principles.

It would almost seem that red-tape worship is more strongly developed in the homeopathic body than in any other section of the British public. It will scarcely be denied that the leading mouthpiece of medical red-tape in this country is the journal which enshires in its title the sanguinary traditions of bygone medical practice. The *Lancet* has just been giving to homeopathic worshippers of established medical red-tape a nice little lesson in manners, or ethics, which, we hope, will be taken to heart. *Apropos* of Dr. HAYWARD'S recent lecture on tropical diseases, and Mr. JONES'S offer to send out to West Africa a "qualified homeopathic medical man," the *Lancet* had a paragraph, in the course of which it made this statement: "There is not such a thing as a qualified homeopathic medical man. . . . A man can qualify in medicine and become a homeopath; but he cannot qualify in homeopathy; for the General Counsel of Medical Education and Regulation does not recognise homeopathy."

To this Dr. HAYWARD sent a vigorous reply, in which he contended that a qualified homeopathic medical man is a medical man who practises homeopathically. Whereupon the *Lancet* could find nothing better in the way of rejoinder than a cryptic allusion to the late Mr. C. S. PARNELL and his domestic affairs.

We are really obliged to the *Lancet* for this *fin-de-siècle* exhibition of the manners and customs of the medical Establishment; and instead of being angry with its editor homeopaths ought to take to heart the gist of its charge and see that there shall be a qualifying homeopathic school in the heart of the British Empire, with the least possible delay. As soon as the homeopathic body resolutely sets itself to the undertaking the thing will be accomplished, but so long as any section of homeopaths delight to worship the ethical red-tape represented by the *Lancet* and its kind,—and so long as any section of homeopaths, out of deference to the medical etiquette (or ethics), of which the *Lancet* is the established professor

of deportment, refuse to let themselves be known as homeopaths at all, and seek to deny the homeopathic public the convenience of a Directory,—we fear there is not much likelihood of any advance being made.

It is the existence of this type in the homeopathic body which gives some colour to a remark we once heard a continental homeopath make to the effect that some who consider themselves homeopaths are not homeopaths at all; they are really sectarian allopaths. Only the other day we had a call from a gentleman of fortune, and an enthusiastic homeopath, who offered to place his time and his fortune at the service of a movement in favour of obtaining an independent qualifying school. Our advice to him was to keep his fortune and use his time for some useful purpose until the homeopathic body should be united in that object, and should be prepared to act without the smallest regard to established allopathic opinion or allopathic sentiment; but once this little preliminary had been arranged—then to open his purse-strings and go ahead! Certain it is that homeopathy will never have any position of dignity in the Empire until its representatives are prepared to take an independent line, to press their own point without in any way seeking to curtail the liberties of their opponents, and without even wasting any energies in fighting them. There is nothing to be gained by fighting the *Lancet* or any other organ of medical red-tape; but there is everything to be gained by organising our forces and influence, and by bringing them to bear in quarters where the sentiments of the *Lancet* are not recognised as inspirations. By so doing, we can if we will, obtain an independent license-conferring school. Perhaps the Twentieth Century may see this accomplished!

So much for politics. What about our Art and the material for practising it? In 1805 the germ of the homeopathic materia medica was published in HAHNE-MANN'S *Fragmenta de Viribus Medicamentorum positivis*. The first edition of the *Organon* appeared in 1810. The

first volume of the *Materia Medica Pura* was issued in 1811, five succeeding volumes following in 1816, 1817, 1818, 1819, and 1821 respectively. The work on *Chronic Diseases* made its first appearance in 1828, the first three volumes being published in that year and the fourth volume in 1830. Since 1830 the materia medica has grown by leaps and bounds, until in less than half a century it required the vast dimensions of the ten volumes of Allen's *Encyclopedia* to contain the records of the arranged provings. In wealth of materials homeopathy has made astonishing progress. In one sense the progress has been overwhelming—it has grown faster than the power of utilising it. One consequence of this has been that it has not been possible to use the materials we possess with the accuracy and precision of the earlier homeopaths who had a materia medica to deal with which was not beyond the reach of any individual mind to traverse.

Is it possible to have the materia medica so arranged that the practitioner may be able to reach without difficulty and master the treasures that it contains as the early homeopaths were able to master it when the number of its remedies was incomparably less? That is a problem which the editor of this journal has devoted more than one-seventh of a century to an attempt to solve. How far he may have succeeded the first year of the Twentieth Century will, it is hoped, disclose. But whether or not his end shall have been attained, the end must be attained by some one before homeopathy can have any solid basis for the advancement of its science and art. At present its precious materials are scattered in hundreds of volumes, the greater part of them inaccessible to the general practitioner, and only to be reached after a troublesome search by those who possess large libraries, and many repertories. Until these are collected by some one and put into orderly accessible shape the type of homeopathic practice portrayed in HAHNEMANN'S *Organon* must remain somewhat of a counsel of

perfection. It is above all things necessary, as a fresh starting-point at the beginning of the new century, to "take stock" of our medical materials, and to put into them all the vivifying energies at our disposal. The materia medica is at once our chief asset and our chief responsibility. What will the Twentieth Century make of it? And what will it make of the medical practice of the Twentieth Century?

It has been the constant policy of THE HOMEOPATHIC WORLD to keep its readers abreast of the times in all the developments of the materia medica. In the future we hope to devote even more to this work than in the past. When the *Dictionary of Materia Medica* is complete, all additions that afterwards come to hand will be presented in the pages of THE HOMEOPATHIC WORLD in the same form as that of the remedies in the *Dictionary*. It will only be necessary to place a reference to the remedies in the proper alphabetical position in the *Dictionary*, and those who keep the file of THE HOMEOPATHIC WORLD will always have their materia medica kept up to date. The paper on which the *Dictionary* is printed was chosen because, in addition to showing up print well and being durable and light to handle, it also takes ink, so that notes may be made in the margin. And we may say that the file of THE HOMEOPATHIC WORLD is worth keeping and binding if only for the sake of its *Index*, which has for many years been compiled for us by our friend Dr. Dudgeon, who is the best Indexer we possess.

We wish our readers, one and all, a Happy New Century!

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DIURETIC EFFECTS OF GRAPES.—Dr. Pecholier, of Montpellier (*Diet and Hygienic Gaz.*), has published a note on the diuretic action of grapes, which would appear to confirm the diuretic action of glucose recently brought to notice. In two cases—one a patient with cardiac disease and the other the subject of hepatic cirrhosis with ascites—a "grape cure" was undertaken with the best results. In the former patient, notably, five pounds of grapes were daily ingested in three parts, and the diuresis produced was much more considerable than with milk, digitalis, or iodide potassium. This effect can only be attributed to the juice of the grape, the rest of the fruit having been rejected.—*Med. Times*.

## NEWS AND NOTES.

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### A PROPOSED HOMEOPATHIC VETERINARY DISPENSARY.

WE are quite sure that all lovers of animals and lovers of homeopathy will rejoice to learn that there is a project on foot to establish a dispensary where poor people may have their animals treated on the humane principles of homeopathy, and we are quite certain that as soon as the proposal takes definite shape there will be ample support forthcoming. We shall be pleased to open our pages for any discussion of the ways and means, and we heartily commend the movement to the notice of our readers. A leaflet has been issued succinctly stating the objects of the proposed institution, and we make these quotations therefrom:—

“It is proposed to establish a homeopathic veterinary dispensary, to be conducted under conditions that will secure all the advantages of a perfectly equipped hospital, at charges well within the means of all who use animals in the conduct of their daily business, however small and humble such business may be; the services of fully qualified members of the veterinary profession who possess a thoroughly practical knowledge of the principles of homeopathy being guaranteed.

“The dispensary would be managed by a committee, to be elected in conjunction with the veterinary medical officers and the *pro tem.* secretary and treasurer, and be conducted in suitable premises in the south-western district.

“All inquiries and promises of assistance may be addressed to Mr. E. L. Vinden, 1, Sydney Terrace, Fulham Road, or Messrs. Headland & Co., homeopathic chemists, 68, Fulham Road, S.W.”

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### ARSENIC IN BEER.

WERE it not that *Arsenicum* is about one of the best-proved remedies in the materia medica, we might gather some symptoms from the numerous cases of poisoning by arsenic in beer which have just come to light in Manchester and other cities. As it is, so far as we have seen, the effects produced on the unfortunate victims add nothing to those already well known to homeopaths. Perhaps the experience will teach allopathists that the effects of *Arsenic* on the eye are not the only effects by which the physiological action of the drug may be known. Hitherto it has been the rule to conclude that no poisonous

action of the drug ever takes effect if the eyes were not "touched,"—*i.e.*, inflamed. Many a patient has succumbed to peripheral neuritis under arsenical drugging when the eyes have not suffered at all.

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### LAPSED MEMORY.

A REMARKABLE case of lost memory is recorded in the *Medical Press* of November 21st:—

#### "SECONDARY OR SUBLIMINAL CONSCIOUSNESS.

"One of the most curious conditions in the study of mental cases is the existence of the phenomena known as secondary consciousness. A recent instance of this secondary state illustrates the fact that the condition, instead of being one of obvious mental disorder, may differ but little in intelligence and power of volition from the original or primary state of the individual. A student who had been reading hard for examination suddenly left his home. He was in easy circumstances, and his family, much alarmed, sought the aid of the police. Nothing was heard of the absentee until five days after he was missed, when information came to hand that he had given himself up to the police with the following story. He had suddenly found himself walking about in the streets five days before, and did not know who he was or where he was, nor could he remember anything in regard to his past. He had spent the five days wandering about in a vain attempt to recall memories of the past, and kept a careful diary of what he did from day to day. On thinking his case over it occurred to him to find out if his family had advertised for him, and on making inquiries at the police station, by looking up the more recent advertisements, it was discovered that his parents had tried this means of finding him. He was accordingly returned to his family, and though he was unable to recognise his relatives, he placed himself under medical care, and in the course of about seven days his memory for the past commenced to return. In the well-known case described by Mr. Sims in the *Referee* about four years ago, the secondary state of the musician concerned was of a lower scale than the primary one, and cases of double consciousness have been recorded where the secondary state was superior to that of the primary one, physically, morally, and intellectually. If to this class of evidence of the reality of secondary consciousness be added also the facts noted in morbid states and of the results seen in patients in the hypnotic state, it does not appear unreasonable to conclude that there is a secondary consciousness which alternates with the primary one, and that the two may act simultaneously and independently of each other. The full consideration of these matters is being forced on the medical profession by the published records of investigators in hypnotic work, and it must be freely admitted that their labours have opened up a wide field for scientific observation and research."

## MORE SARCOPATHY.

HERE is an interesting item from the *Medical Press* of December 5th. Perhaps if Major Buchanan tried *Cholesterinum*, he might find it as effective as his liver extract. *Cholesterinum* has a distinct action on the eyes.

## "GOAT'S LIVER FOR NIGHT-BLINDNESS.

"The condition of acute or idiopathic night-blindness is one which is distinct from the well-recognised symptom of the disease known as retinitis pigmentosa. In night-blindness of the acute type, resulting, it may be, from exposure to dazzling sunlight or firelight, the peculiar visual defect of inability to recognise even large objects in imperfect light is attributed to inadequate adaptation power of the retina, and the treatment usually advised is to place the patient in complete darkness, administer tonic medicines, and supply a full dietary. These remedial measures are said to occupy at least two or three months, but during the last few weeks it has been announced in India that Major Buchanan, I.M.S., had succeeded in treating twenty cases of genuine night-blindness with 'great and immediate success.' He found that by giving his patients daily eight ounces of liver (goat, sheep, or ox) properly fried in oil, and spiced, a cure was effected in five or six days, improvement becoming evident as early as the second day. When Major Buchanan commenced the liver treatment his results were so unexpectedly good that he wrote to all his medical friends in India and asked them to give it a trial. In the course of a few weeks he received letters to say that the liver treatment had in like manner succeeded with their patients, and Major Buchanan is now endeavouring to make a glycerine extract of liver for the purpose of substituting it for the eight ounces of liver rendered palatable to the patient by being fried and spiced, the wily native apparently making a pretence of suffering from night-blindness in order to secure an appetising meal at regular intervals."

## PHOTOPATHY.

In his paper published in the October number of the *Journal of the British Homeopathic Society*, Dr. Jagielski answers in a very interesting manner the queries we put in these pages as to the distinction between the *light* action and the *heat* action in photo-therapeutics. We hope to publish some extracts from the paper in our February issue. In the meantime here is an interesting "Light" paragraph from the Paris letter of the *Chemist and Druggist* of November 24th.

## "LIGHT FROM BACTERIA.

"R. Dubois communicated to the Paris Academy of Science recently a treatise on lighting by means of cold physiological light, called

living light. It is already known that a large number of micro-organisms give off light; for example, those which cause the phosphorescence of the sea. From time to time glowworms have been used for producing a delicate light effect, but light-giving bacteria have certainly not hitherto been grown expressly for the purpose of lighting large rooms. Dubois informed the Academy that it is possible by growing certain photo-bacteria in broth to get a light similar to that of a beautiful clear full moon."

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### MALARIA AND MOSQUITOES.

OUR contributor, Mr. Erskine White, has sent us an interesting account of his own experience with malarial fever in Australia, which goes to show that however much there may be in the mosquito theory, it does not hold all the facts of the case. An interesting discussion has been going on in the *Standard* on the same subject. We give two of the letters below, the first one from the issue of December 3rd, the other from that of December 6th:—

“TO THE EDITOR OF THE ‘STANDARD.’

“SIR,—I have read the paper of Major Ross on the above subject, as reported in the *Standard* of the 29th November, and beg to give you my experience. I have resided for many years where mosquitoes were practically unknown, and yet after heavy floods in the river, some five miles distant, and over one thousand feet lower, some ninety per cent. of us were down with malaria, and this happened more or less during every rainy season.

“Again, I have resided for many years in various places where mosquitoes abounded, and have never known a single case of malaria.

“I am, Sir, your obedient servant,

“AFRICA.

“November 29th.”

“SIR,—I ask leave to confirm the gist of the statement made over the signature of ‘Africa’ in the *Standard* of the 3rd instant, to the effect that malaria can exist without mosquitoes, and *vice versa*. I spent three years, from 1842 to 1845, at Rio de Janeiro, where there was a large English colony, and mosquitoes were prevalent in the evening and at night nearly all the year round, but I never heard of a case of malaria. From 1846 to 1861 I lived at New Orleans, where mosquitoes were extremely troublesome both by day and night during seven months of the year; there were large areas of stagnant water in the swamp behind that city, but among my numerous acquaintances I never heard of any one being afflicted with malarial fever, or, as the Americans call it, chills and fever.

“I afterwards contracted tertian ague (chills and fever) in a severe form through living at a country house on high dry land, within ten miles of the city of New York—land that had been cultivated for

centuries, where mosquitoes were few and unimportant. Many years passed before I was rid of the poison.

"I am, Sir, your obedient servant,

" C. T. GOSTENHOFER.

" Birkenhead, December 4th."

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### LAUNCESTON HOMEOPATHIC HOSPITAL.

ON Friday, September 28th, the first annual meeting of the above-named institution was held at the Mechanics' Institute, Launceston, under the presidency of Mr. Henry Ritchie. The report read by the secretary, Mr. F. Styant Browne, was of a most interesting character, and gave the history of the inception of the project, and the inauguration of the hospital a year ago. The proceedings are reported in the *Launceston Daily Telegraph* of October 1, 1900, from which we will quote the speeches of the mover and seconder of the Report.

"The Chairman, in moving the adoption of the report, said they had not had a large amount to deal with, but the money had been judiciously spent. The building was admirably situated, and a better site could not have been obtained in the city. Adapting an old building to a hospital necessarily entailed expenditure which would otherwise be part of the design of a new building. Great attention had been paid to the drainage, and they had complied with all the requirements, having now a building which in every way answered the purpose. It was quite possible that before the expiration of the five years' lease the premises would be found all too small, as it was well known that homeopathy was spreading. As was expected in a community like this, where there were so many demands on the citizens, it was difficult to raise a small amount, and while homeopaths had subscribed liberally, they were indebted to a number outside their ranks, and to them the thanks of subscribers were due.

"Dr. Gutteridge, in seconding the motion, said they could fairly congratulate themselves on the start they had made. They had to curtail the rooms for the staff in order to provide another ward, and this was a good sign. Of the seventeen patients who had been treated in the hospital eight were from the country, which bore out the position he took up on opening day, that they must look to the country as well as the city for support."

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### PHILLIPS MEMORIAL HOSPITAL CONCERT.

THIS annual concert is gradually taking its place as one of the musical events of the year. The Bromley hospital is indeed fortunate in numbering among its friends some

of the foremost artists in the musical world. The *District Times* of November 30th gives an excellent account of the last concert of the season, which, under the organising genius of Mr. Lindsay Bell, in no respect fell short of the high standard of success established by its predecessors.

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#### PLYMOUTH HOMEOPATHIC HOSPITAL BAZAAR.

OWING to pressure of other matters we omitted to notice in our last issue a very successful bazaar held at Plymouth on the 23rd and 24th of October last in aid of the funds of the Plymouth Homeopathic Hospital. The bazaar was opened by the Countess of Morley. The Mayoress of Plymouth, Mrs. Hann, was among the stall-holders.

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#### DR. VILLERS.

WE rejoice to see that Dr. Villers has joined the editorial staff of the *Journal of Homeopathy*, founded by Dr. Kent, and since his retirement under the able conduct of Dr. H. A. Cameron, of Philadelphia. In the November issue is an important article by Dr. Villers, entitled, "The Latest News of the Elements which send out Unknown Rays." It deals with the luminous phenomena of Radium, Actinium, and Polonium. We hope to give the article among our extracts at an early date.

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#### THE DICTIONARY OF MATERIA MEDICA.

SUBSCRIBERS of this work will be interested to know that part of Vol. II. is already in type, and that steady progress is being made with the remainder. It is anticipated that by the end of January, when the subscription list closes, the greater part of Vol. II. will be ready for the printers.

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#### THE DIRECTORY.

WE are requested by the publishers to state that they will be pleased to forward a *Directory* circular to any homeo-

pathic practitioner who may not have received one, as there is yet time for the insertion of new names. We are pleased to hear that the coming issue will show, as we anticipated, a considerable accession of numbers.

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## ORIGINAL COMMUNICATIONS.

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### A NEW CURE FOR CONSUMPTION—*NATRUM CACODYLICUM*

CURES for consumption seem to multiply almost as fast as do the bacilli themselves. The latest (at the time of our going to press) is one invented by Professor Armand Gautier, of Paris, who recently made the discovery that *Arsenic* is a normal constituent of the thyroid gland and other tissues of the body. The *Daily Telegraph* of December 3rd published an interview with Prof. Gautier, from which we will give a quotation:—

“M. Gautier cited to me at length a case in point. A pupil of his, some two years ago, worked at high-pressure point for a twelvemonth, taking two of the highest degrees in medicine and natural science almost simultaneously. He married soon after, and set up a medical practice in Lyons. Six months later he wrote a distressed letter to M. Gautier, saying that he had discovered that his system was attacked by tuberculosis, and that he was in a critical state. Could Professor Gautier do anything for him? The latter wrote at once, recommending cacodylic acid, which he had just used with complete success. Dr. Renaud, of Lyons, who was tending the young doctor, declined to follow the suggestion, stating that, as he had previously administered arsenic without result, it would be useless to continue a similar treatment, even with a different compound of the metalloid. In February last the young doctor was at death's door. Cacodylic acid was then at last tried. Now he is, if not quite a hale and hearty man, at least almost completely cured. Since then Dr. Renaud has finally adopted the cacodylic treatment, though he describes it merely as a variation of the arsenical cure. ‘Quite true,’ agrees M. Gautier, ‘but the point precisely is that it is cacodylic acid, and no other compound, that must be used.’

“‘*C'est une merveille,*’ ejaculates M. Gautier talking of the compound, the new use of which he has discovered. He and another doctor have experimented with it on a very large scale, notably at the Boucicault hospital, founded by the late proprietor of the Bon Marche Emporium, and with almost unfailling success. ‘We have not cured everybody,’ remarked the professor, ‘though in my elation and astonishment at the first results of the treatment I fairly thought we

should.' In the vast majority of cases, however, the new medicine has proved literally a sovereign remedy. Only one form of tuberculosis has resisted the treatment—phthisis of the larynx.

"In all other forms the effect of cacodylic acid has been marvellous. Its paramount virtue is the fact that it is assimilated practically by every one. Among thousands of cases only two or three occurred in which the drug disagreed with the patient. Many consumptives have, under Professor Gautier's direction, taken the medicine continuously for nearly three years in perfect safety as regards the general health, and with the most remarkable results in respect to the reduction of the phthisis symptoms. M. Gautier pointed out, however, that the proper course to pursue is to take the drug regularly every day for a week, then leave it off altogether for the same length of time, resuming the treatment afterwards for another week, and so on. There is a mistake in the statement that Mr. Cloete Smith increased the amount of Professor Gautier's dose. As a matter of fact the latter's method is to administer by injection two centigrammes the first day and five on the second and each of the succeeding days of the week. This dose he has usually found sufficient, but in some cases he has administered ten centigrammes a day in perfect safety and with excellent results. The exact form under which the cacodylic acid is employed is cacodylate of soda. M. Gautier showed me a bottle of this—a white substance, crystallised in comparatively large agglomerations of crystals. 'Put out your finger,' he said. I did so, and on it he placed a small pinch of the substance, which I ate. 'You have just absorbed,' he then remarked, 'enough arsenic to kill a man if it had been in any other form than that of cacodylic acid. Cacodylate of soda contains, in chemical compound, 54 per cent. by weight of arsenic metalloid and 75 per cent. arsenious acid.' Both the latter are, of course, deadly poisons.

"How does cacodylic acid act upon the system? Professor Gautier obligingly expounded, for my benefit, in simple terms, understood of the vulgar, his lately-formulated and now substantiated theory on the subject. He has, he told me, made the important observation that the thyroid gland, in a normal condition, contains arsenic, and that unless supplied with the metalloid fails to accomplish its function. As the latter is, in Professor Gautier's picturesque words, the fly-wheel or the regulator of the system, its derangement puts the whole machine out of order. Conversely, arsenic, when properly assimilated by the system keeps the 'regulator' in proper working condition. Of course, I am putting the professor's theory in shockingly unscientific language. M. Gautier has also detected arsenic in the epidermis, in the nails of the hands and feet, and in the hair, and he states that these organs, when in a normal condition, contain the substance. As regards the effect produced by the new compound upon the globules of the blood, the professor told me that in one case a young savant, Dr. Vidal, observed an increase in the number of red globules from 850,000 to 3,500,000 in a patient after a few days' treatment. In many cases the quantity doubled even a few hours after an injection of cacodylic acid."

Although homeopaths can afford to smile at the idea of there being anything new in the treatment of cases of

phthisis with *Arsenic* and its salts, or in there being any difficulty in finding a harmless method of administering a curative dose, there is no need to despise this new member of the family of arsenicum, but rather to have it proved. We note that *Natr. caco.* disagreed with some patients. We hope Dr. Gautier will publish the symptoms. They would make a good start for a proving.

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## CONSTIPATION.

By ROBT. T. COOPER, M.D.

THERE is no more fruitful source of worry to the homeopathic physician than the everlasting anxiety of patients about the actions of the bowels.

Constipation requires to be looked at from many points of view, and while it may be a symptom of very many diverse diseases, it may also be an accompaniment of the rudest health.

The hesitation to interfere with the symptom, constipation, while the indicated remedy is at work may be carried too far.

What is really required is a means of dealing with confined bowels in a way that will not very greatly interfere with the action of our remedies. In other words, we ought not to introduce into the system any strong medicinal substance that can counteract the effect of the indicated remedy.

The object ought to be to assist and not to force nature.

To my mind the great agent in effecting dislodgment from the bowels of the fecal mass is intestinal flatus, and I hold that this is the agent we should take advantage of in attempting the relief of constipated states.

To do this it is necessary to get the stomach and upper portions of the intestines, but the stomach especially, full of flatus, and to drive on this flatus naturally into the duodenum and larger intestines.

With this object in view I order a tumblerful of hot water to be taken in sips in the early morning, the same at breakfast-time with some plain brown bread, or, if possible, with no solid food whatever, and at 11 o'clock a.m. one or two capsules to be swallowed of pure mustard

(*Sinapis nigra*), containing about five grains in each of the *Pulvis sinapis*, followed by half a tumbler of hot water.

This last is most important, as the water drives on the capsule and prevents its lodgment about the cardiac orifice of the stomach, and consequent great distress to the patient, and it also causes contraction of the walls of the stomach and consequent expulsion of flatus into the duodenum.

Discretion, of course, must be exercised, but that a large number of people can in a short time accustom themselves to dispense with breakfast has been shown by Edward Hooker Dewey, M.D., whose works can be had of L. N. Fowler & Co., Imperial Arcade, London, but whose theories are to my mind far too general for adoption by any prudent physician.

There is constipation and constipation, and I do not put forward this treatment as applicable to all cases, nor am I forgetful of the fact that mustard seed is still on sale as an efficient aperient in many pharmacies.

My application, as above suggested, of mustard is not in the form of mustard seed, with its indigestible covering, but in the form in which it is in daily use, in powder, and not mixed with water, but in dry powder.

In addition, and often as a sufficient substitute for the above method, a charcoal lozenge, followed by a wine-glass of cold water going to bed at night, suffices in the habitually constipated to induce a comfortable daily relief of the bowels, while it also improves sleep, especially if this be disturbed by gastric flatus. The lozenge is much to be preferred for this purpose to the charcoal biscuit, which seems to develop a rancid oil if not kept in closely covered tins.

Where there is reason to suppose a strictured condition of any part of the bowel, or where the intestinal juices are insufficient in quantity, it must not be forgotten that quite a small quantity—a teaspoonful, or at most a dessertspoonful—of castor oil in a cup of cold coffee in the early morning, *taken every day*, adds immensely to the comfort of life in persons thus afflicted—the oil seems to act by lubricating the intestinal walls, while the ricinoleic acid may also help to exert a peristaltic action.

A PERSONAL EXPERIENCE OF MALARIAL  
INFECTION.

By ERSKINE C. WHITE.

I HAVE for thirty years had the disease known as fever and ague, and malarial fever, under my observation, and, in view of experiments now being made in the Campagna, I would like to forward my personal experiences and observations during that time.

In 1865 I had to travel 300 miles *on foot* in Queensland (through losing horses), camping out day and night, lying wrapped in a blanket at night on the grass beside creeks and swamps, and drinking the water out of *flooded* creeks. I enjoyed magnificent health during the fortnight the journey occupied, though living on scanty meals of "damper" and beef.

Three months afterwards, *when creeks and springs* began to *dry up*, and I was once more compelled to drink from them, fever and ague laid me low with terrible effect. Soon after I was convalescent I removed to this place, where there are magnificent wells, and where no one suffered from ague.

For the next twenty years, while drinking rain-water from cisterns in all climates of this colony, no return of ague occurred. But ten years ago I removed to a vast, swampy district, where I was still supplied by tanks, and for twelve months waded at night over my knees in swamps, exposed to drenching rain in a semi-tropical climate, but no wading, exposure, hardship, or mosquitoes impaired my health.

At length a drought set in, creeks and swamps dried up, and our *milk*—supplied by a neighbour—looked ominously blue-black, and large bacteria from the swamps became numerous in it.

We were afterwards shown the hole in the swamp where the milkman obtained his water supplies.

Soon after this discovery I was laid up with malarial fever, which, through my own carelessness, lasted three months. I was unable to obtain the aid of a medical man, being in a remote district. I have noticed for ten years after this nearly fatal attack that directly I take the least sip of water which has *lain on the ground*, no matter how pure and crystal-clear its source, I invariably develop severe rigors and internal shuddering *the next night*. I

have repeatedly made the experiment, in lonely valleys, in mountain creeks, remote from all human abodes, with the same result.

Exposure to the elements, hardships, mosquitoes in myriads—all fail; but my system is as sensitive to the least sip of stream water as the needle to the pole.

Bushmen have a rooted idea that exposure to intense frosty weather can alone eradicate the tendency; they have not heard of *Astacus*.

Holdsworthy, Liverpool, N.S.W.,

November 7, 1900.

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### BEE-STING AND SNAKE-BITE—TWO CASES.

By ERSKINE C. WHITE.

A REMARKABLE case of snake-bite occurred near here, the other day. A boy of ten, plump, fair hair, blue eyes, and of a somnolent disposition, was violently stung by a dozen bees, becoming seriously ill for two days; the third day he had the misfortune to be bitten by a grey snake (venomous), when he scarcely suffered the least indisposition, though *no* remedies were applied.

Another boy was stung in the eye; *Apis mel.* removed all swelling in twenty minutes, after one-drop dose.

Holdsworthy, Liverpool, N.S.W.

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### AUSTRALIAN "MARSH-MALLOW"—*LAVATERA PLEBEIA*.

[In our issue of August last (vol. xxxv. p. 372) we published a communication from Mr. E. C. White relating to the poisoning of sheep at Narrabri, apparently by the plant called "marsh-mallow." We asked Mr. White to let us know the botanical name of the plant, and we subjoin his reply with the official answers to his inquiries. We may add that *Lavatera* is a genus of "mallows"—the *Malvaceæ*—so that the plant is actually a "mallow," though of a different genus from our "marsh-mallow"—*Malva sylvestris*.—ED. H. W.]

Dr. CLARKE, London.

DEAR SIR,—I have the pleasure to enclose analysis and botanical name of the "marsh-mallow" that poisoned sheep at Narrabri, N.S.W. It is indigenous.

Faithfully yours,

ERSKINE C. WHITE.

Holdsworth, Liverpool, N.S.W.,

November 7, 1900.

"CHEMICAL LABORATORY

"(DEPARTMENT OF AGRICULTURE).

"September 17, 1900.

"E. C. WHITE, Esq.

"DEAR SIR,—I made an analysis of the leaves of the 'marsh mallow,' with the object of finding out whether it was deficient in nutritious properties. The analysis was as follows:—

Moisture	...	...	...	...	78.40
Oil, Chlorophyll, &c.	...	...	...	...	0.57
Fibre	...	...	...	...	3.13
Albumenoids	...	...	...	...	6.06
Carbohydrates	...	...	...	...	7.14
Mineral Matter	...	...	...	...	4.70

100.00

"The above analysis shows no deficiency of nutrients, but an excessive amount of nitrogenous material. It is possible that this excessive proportion of nitrogenous material may be at the root of the trouble, since excessive consumption of proteid matter is always injurious. On the other hand, there may be an alkaloid or poisonous proteid present which has produced the toxic effect. Before examining for such substances I am awaiting the result of the pathological examination which is being conducted by the Board of Health, which should show what the nature of the poison is. Mr. J. D. Stewart, veterinary surgeon to the Stock Department, has the matter under investigation. I am sorry to say I do not know the botanical name of the plant in question. It is not, however, the plant we know under this name (marsh-mallow) in England.

"Faithfully yours,

"F. B. GUTHRIE."

“BOTANIC GARDENS, SYDNEY.

“October 19, 1900.

“SIR,—In reply to your letter requesting to be informed of the botanical name of ‘marsh-mallows,’ I beg to say that it is known botanically as *Lavatera plebeia*. I have the honour to be, Sir,

“Your obedient servant,

“GEORGE MARWOOD.

“(Acting Director.)

“Mr. E. C. White, Holdsworthly.”

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## MATERIA MEDICA MISCELLANY.

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

*Kali Phos. in Insanity.*—W. E. Taylor, M.D., Superintendent Western Asylum for the Insane and Professor Materia Medica, Hahnemann College, Chicago, writes: “During the past two years and a half the results from the use of *Kali phos.* in insanity have been so gratifying that I feel the profession may be interested in what has been accomplished by this agent.

“I have not found it useful in puerperal insanity or in extreme violent attacks of acute mania, except during the convalescing stage, when it aids materially in strengthening the brain. My best results have been obtained in cases which have been ‘acting queer’ for a long time; when the brain has been gradually growing weaker, causing loss of memory, lack of interest in everything, careless in business, jealousies, suspicions, and suffering more or less from insomnia. This condition may result from domestic troubles, business reverses, overwork, religious excitement or rather brooding over religion for a long time, cases of self-abuse, or any case where the nerve fluids are exhausted.”—*Clinique.*

*Calendula for Boils and Carbuncles.*—Many and various have been the remedies suggested for carbuncles, and the treatment has often been exceedingly tedious and even more painful than the disease itself. M. Verneuil, in a recent communication to the French Academy of Medicine, has suggested a very simple treatment, but, he says, superior to all others in bringing quick relief and speedy cure. Cutting, in his experience, should only be

used in exceptional cases ; but carbolated or borated non-alcoholic *Calendula* should be freely used. These applications, says M. Verneuil, with but few exceptions, abort boils and carbuncles. They arrest the progress of the disease in the gravest cases, ordinarily cause the pains to quickly cease, reduce the fever, disinfect the purulent and gangrenous centres, hasten resolution, and promote the formation of healthy granulation. The treatment is so simple and easily carried out that there will be no trouble or danger in testing its efficacy.—*Hom. News.*

*Onosmodium and the Female Sexual Organs.*—Severe uterine pains. Bearing-down pains in the uterine region. Uterine cramps “like those produced by taking cold during menstruation.” Soreness in uterine region increased by external pressure, and by the pressure of the clothing ; had to remove the corset. Old uterine and ovarian pains that had not been felt for years re-excited. Dull, heavy aching, and slowly pulsating pains in the ovaries. Pains begin in one ovary and then pass over to the other, leaving a soreness that lasts until the pains return. Severe pain in the ovaries, increased by pressure. Old ovarian and uterine pains at first entirely relieved, subsequently greatly aggravated. Sexual desire completely destroyed. Uterine pains better when undressed and when lying upon the back. Constant feeling as though the menses would appear. Menstruation natural in character, appeared four days early, and lasted too long. The next two menstrual periods were anticipating and profuse. Light yellowish, slightly offensive and excoriating leucorrhœa, profuse, running down the legs. Itching of the vulva, aggravated by scratching, and by contact of the leucorrhœal discharge.—*Ibid.*

*The Clinical use of the Iodide of Arsenic.*—A. L. Blackwood, M.D., writes : “The *Iodide of Arsenic* patient is chilly ; he cannot endure cold weather ; and his family history reveals a tendency to tuberculosis. Whenever he develops a bronchitis or pneumonia, the process is apt to terminate in tuberculosis. In diseases of the skin it is of service where there is a dry, scaly eruption, attended with persistent itching. During the past year I have had three children from one family suffering from ichthyosis that have been greatly benefited from the use of this remedy. From the mucous membrane of the nose it produces a thin, watery, irritating and excoriating discharge from

both the anterior and posterior nares, and a fluid, acid coryza with paroxysms of sneezing, which are worse in the open air. The patient is pale, anemic and prostrated, and is subject to asthmatic attacks. There is a feeling of weakness in the eyes with burning pain as if lachrymation would appear. From these symptoms it is evident that it will be demanded in hay fever.

“A patient who has suffered for the past ten years from hay fever, which appeared the first of June each year, was given this remedy on account of the marked prostration, the excoriated condition of the lips, and the irritating and burning caused by the discharge. He claims to have received great relief from it and is able to continue his work, something he has not done for several years. It is just as serviceable in chronic nasal catarrh. The nose is swollen, there is a profuse thick yellow discharge, with destruction of the mucous membrane to such an extent that ulcers are formed. The discharge is excoriating, there is burning in the pharynx, and the tonsils are enlarged. In the mouth it produces a thick membrane that extends from the fauces to the lips. The breath is fetid, the respirations are difficult, the pulse is slow and weak, and there is great prostration.

“From these symptoms its similarity to diphtheria may be seen, and while the symptoms resemble those of *Arsenicum alb.*, there is more glandular involvement with the *Iodide*. It is indicated in both the hypertrophic and follicular pharyngitis where the nasal discharge is watery and excoriating. There is prostration, and one is in doubt whether there is tuberculosis developing or not. Should the disease be located lower in the respiratory tract, the respirations are increased in frequency even while at rest. There are attacks of asthma, which cause the patient to sit up in bed. Following a slight bronchitis or pneumonia there is a tendency to develop tuberculosis. It is indicated in cases of bronchitis which are associated with pulmonary tuberculosis in the early stages where there is pallor of the skin, rapid loss of flesh, anemia and dyspnea. In its proving it has developed vertigo, which is accompanied with a weak, tremulous feeling; the patient is worse on attempting to rise and again on lying down following a slight exercise. The vertigo is most marked in the aged who are suffering from the effects of arterio-capillary fibrosis. A lady, sixty-one years of age,

with a family history of arterial degeneration and showing all the evidences of it herself, besides being weak and anemic, and practically an invalid for two years from vertigo, was so relieved that she goes around and is now very comfortable.

“This remedy acts favourably when the same pathological condition involves the heart and larger arteries, also in cases of senile heart where the organ is enlarged, its action irregular and increased, the pulse has a shotty feeling under the finger, and there may be slight anginal pains at times. In several cases I have observed favourable results from it where there was emphysema of the lungs associated with the diseased heart. A patient, seventy-three years old, has been obliged to give up his work, which is heavy, three times during the past three years, due to atheroma of the heart and arteries, but under the influence of this remedy has been enabled to work with a degree of comfort. When this same pathological condition invades the kidney and a chronic interstitial nephritis results, this remedy comes in again; and while I would not for a moment claim that its effects are curative, it does stop the degenerative process and restores a drooping vitality. In the use of this remedy I have employed the potencies from the second to the sixth, and have had a few patients that could not take the second on account of its marked action.”—*Clinique*.

### NYCTANTHES ARBOR-TRISTIS.

By DR. SARAT CHANDRA GHOSE.

NAME.—In Sanskrit it is called Sephalika; in Hindi, Harsinghar; in Tamil, Paghala-malli.

It is a small tree, found wild in the forests of Central India. It is also cultivated in many parts of India for its sweet, fragrant flowers.

PARTS EMPLOYED.—Fresh leaves.

TIME FOR COLLECTING.—March to April.

LEADING USES.—It is an expectorant, bitter and tonic, febrifuge and mild purgative. It is used in bilious and obstinate remittent fever, sciatica, and rheumatism. It is also very useful in constipation of children.

SYMPTOMS.—(The effects of ten drops of the tincture given seven times daily.)

*Nervous System.*—The patient is very anxious and restless.

*Head.*—Headache exists.

*Abdomen.*—Tenderness of the liver; stitches are felt in the hepatic region, which is very sensitive to touch.

*Stomach.*—Great burning sensation is felt in the stomach, better from cold application.

*Stools.*—Profuse bilious stools with nausea, or there may be constipation.

*Nausea and Vomiting.*—Bilious vomiting comes on at every draught.

*Tongue.*—The tongue is enveloped with a thick whitish or yellowish fur.

*Urine.*—High-coloured urine.

*Fevers.*—It is very efficacious in all fevers with bilious symptoms. Insatiable thirst exists before and during chill and fever; bitter vomiting at close of chill; constant nausea may or may not be present; drinking causes vomiting; the patient is very restless; constipation or bilious stools; perspiration is not generally marked.

Midnapore, Bengal.

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## VETERINARY HOMEOPATHY.

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

THE editorial in the December issue of THE HOMEOPATHIC WORLD deals with a subject of exceptional interest to the medical and veterinary practitioner whose great object in his life's work is to cure disease. The public in its simplicity seems to think that to diagnose an ailment and give it a name are qualifications that every practitioner ought to possess and act upon right off the reel, and the slightest hesitation after the first casual examination of the patient at once arouses suspicions unfavourable to the repute of the practitioner's ability to recognise the patient's condition. But no one knows better than the veterinary practitioner how difficult this is; nay, more: if we are to be thoroughly honest, how impossible it is; and here comes in the enormous value of the principles which guide the homeopathic practitioner in dealing with the variable morbid conditions that occur in the many obscure cases

which so frequently arise among the different classes of patients he has to treat. Those which are described in the aforesaid editorial as "*the numberless apparent absurdities,*" though much more difficult of recognition by reason of their subjective character among the lower animals, furnish the acute observer with the precise indications he is in need of to enable him to fix upon a remedy for the case before him. The search for a pathological condition to guide to the selection of a remedy more often than not proves quite useless, and even if it be discovered it by no means follows that success will attend treatment based on such knowledge; "*the eye for symptoms and a clear perception of their value as guides to prescribing*" are as necessary in veterinary as medical practice, the truth of which will be revealed in some of the cases in reports to follow. At the same time it is only right to state that indications for the selection of a drug are sometimes furnished from what may be styled an anatomico-pathological source by reason of the specific affinity which some drugs seem to have for given organs, evidence of which is supplied in the following case:—

1. A half-bred cow when examined revealed the following abnormal conditions: Fever as indicated by an elevated internal temperature; cough at frequent intervals; nausea, suggested by refusal to take any food after first making an effort to do so; chilliness, indicated by a shrinking attitude, a staring coat down the course of the spinal column, and cold legs; general tucked-up appearance, no running at the nose and eyes, and no mucous râles revealed on auscultation of the chest; pulse rather more frequent than normal, but only slightly. This was a bit of a poser so far, and set me thinking. I walked round the animal and took a general survey, when I suddenly observed that there was an apparent enlargement on the left side just behind the ribs; upon handling the parts I found a firm substance of variable size, pressure upon which produced no noticeable pain, as the animal took no notice even when vigorously handled. I formed the conclusion that I had a case of hypertrophy of the spleen and went home to look for a simile. By sheer good luck I went first of all to a work that has often done me a good turn under similar circumstances—Hale's *New Remedies*—and I found under "*Ceanothus*

*Virginiana*” \* quite an array of clinical experiences quoted by the author from the writings of my good friend Dr. J. Compton Burnett, and without any hesitation I prescribed ten-drop doses of the mother tincture, to be repeated three times a day. On the day but one after this I made my second visit and discovered that an aggravation had taken place, for now the enlarged spleen was so tender to pressure that the cow fairly winced when handled; I then resorted to a third decimal attenuation of the same drug, and by the end of the week the cow was apparently in normal health and the swelling was materially reduced; at the expiration of a fortnight the cure was complete and the enlargement had disappeared entirely.

2. A small bitch, whose normal weight would be about ten pounds, was brought to me in anything but a healthy and presentable condition. About a fortnight previously she had aborted five fetuses about the fifth week of gestation, since which passive hemorrhage from the uterus, consisting of dark clots, had been taking place; moreover, she was a specimen of perfect alopecia, not having a hair of any sort upon the body, and only a little about the head. I made a digital examination per vaginam, and this revealed hypertrophy of the os uteri of a soft, spongy character; great tenderness about the posterior parts was observed when manipulating her hind quarters. I prescribed *Ustilago maidis*, third decimal attenuation, five drops three times a day; in two days the hemorrhage was completely arrested, the tenderness was reduced, the spirits much revived, and general health improved. This case went on to complete cure without once looking back; at the expiration of three months there was quite a nice coat growing, which in due course assumed its normal appearance, both as to quantity and quality.

3. The following case illustrates the value of special symptomatology. A tradesman's cob had been the subject of a diarrhea that affected him only when he was at work. So long as the cob remained quiet in the stable the evacuations were quite natural; the discharge of yellowish feces was of a passive character, and food was repulsive to the animal. I was informed the cob had

\* This is the name given in Hale's work. Hering and most botanical writers name it *Ceanothus Americanus*.—ED. H. W.

been under allopathic treatment with astringents for some time, but all to no purpose. I cannot remember from what source I obtained the hint, but I found somewhere or other that diarrhea which appeared only during active exercise was amenable to *Rheum*, and this I prescribed in third decimal attenuation, twenty drops to a dose; after three doses had been given relief was obtained, and the diarrhea was cured never to return during a period of three years that I knew the animal.

4. The reverse picture of a case of chronic constipation came under my attention. A valuable hunter that had been under treatment for three months without receiving any benefit presented the following symptoms: The horse gradually lost condition, he derived no good from his food, was subject to frequent attacks of colic; his coat was dull, harsh, and wiry; the skin dry; in spirits he was heavy and lifeless; the feces were dry, powdery, and grey-coloured, and considerable difficulty was experienced in evacuating same; he had been frequently dosed with aloes. These symptoms all pointed to *Alumina*, which was administered in twenty-grain doses of the third decimal attenuation, and effected a complete cure in one week.

Sussex Villas, Kensington, W.

(To be continued.)

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## "ODDS AND ENDS."

By R. H. BELLAIRS, M.A.

### *PSORINUM.*

ON reading Mr. Sutcliffe Hurndall's veterinary experiences I could not help recalling the case of a fine white cat, formerly in my possession, which was troubled with an eczema (?) of the ears, that caused the fur to come off, leaving bare patches. A few pilules of *Psorinum* 30 dissolved in milk quickly restored our pussy to health. Ere long the bare patches were clothed with normal fur.

This is a curious instance of a "human nosode" applied to a "lower animal" and has often given me much food for contemplation and reflection.

I believe the same remedy to be an unfailing specific for mange in dogs.

Finally, I should like to add that I have *cured* with *Psorinum* 30 several very severe cases of eczema in the human animal—ranging from the infant to the grandmother.

Hay-fever is a distressing ailment in truth. Have we not heard of "Bismuth snuff," ordinary "rappee," aye, and insufflations of *Quinine* in solution? Alas for the poor nostrils!

*Psorinum* is the constitutional remedy *par excellence* for hay-fever. I believe that few cases can resist its influence—*Experto crede*.

Few minor ailments are more distressing than what is generally known as a "cold in the head." We have seen *Kali bi.*, *Euphrasia*, &c., &c., recommended freely, but cannot testify to their great usefulness. For a streaming, watery, unfebrile, cold nothing can equal *Natrum mur.* 6 trit given in frequent doses. It cures safely and swiftly. A course of *Psorinum* 30 gives immunity from cold-catching.

I wonder how much *Podophyllum* is consumed annually on these shores, in the strong tincture, under the auspices of "homeopathy"?

It is supposed to be an infallible specific for "the liver." As Burnett says, there is a veritable "podophylomania" about.

Such practices are very unwise just as the free consumption of "blue-pill" is unwise.

I have known very violent enteralgia to be produced often by comparatively minute doses of *Podophyllum* and *Podophyllin* in "homeopathic" tinctures or tablets. The way to cure a torpid liver is to cure the constitution that produces the torpid liver. In such cases *Psorinum* or *Sulphur* given high will often achieve desirable ends.

Oxford, December 2, 1900.

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BREWER'S YEAST IN GASTRO-ENTERITIS OF CHILDREN.—MM. Thiercelin and Chevrey (*Gaz. des Hop.*, January 9th, p. 29). An aperient is first administered. The intestine is then washed out, and a teaspoonful of dried yeast, or a dessertspoonful of fresh yeast, dissolved in 50 to 60 Gm. (2 fl. oz.) of boiled water at about 98° F., is then introduced by a rectal tube. The tube is withdrawn, and the child is kept still so as to retain the injection as long as possible. With the exception of the aperient, this process is repeated thrice daily. A *diète hydrique* is maintained. The writers state that the results are extremely encouraging.—*Med. Times*.

## 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 6, 1900, at a quarter to eight, Mr. Dudley Wright, the President, taking the chair.

There were proposed for membership: James Andrew Blair, M.D., C.M. Edin., D.Sc. (Pub. Health), L.R.C.P. Lond., of Windsor Terrace, Newcastle-upon-Tyne, proposed by James Black Noble and John G. Blackley; also Wilfred St. George Grantham-Hill, M.D. (Brux.), M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., of London Homeopathic Hospital, proposed by Washington Epps and C. Knox Shaw. Dr. William Warren, of Stoke Newington, and Collins Street, Melbourne, duly nominated at the last meeting, was elected a member.

## SECTION OF MATERIA MEDICA AND THERAPEUTICS.

John McLachlan, M.D. B.Sc., F.R.C.S, of Oxford, then read a paper on "Petroleum," of which the following is a synopsis:—

Distribution—Varieties—Chemical constitution of different varieties—  
Rise and progress of petroleum industry—Young's work—Origin  
of petroleum—Source of petroleum used by Hahnemann—  
Present-day source—Its application.

He showed that there are three distinct varieties of petroleum, differing in their chemical constitution as well as in their distribution. He emphasised the desirability of knowing which kind is used in medicine, and whether it is the same as that Hahnemann proved. He did not say much about its homeopathic use, beyond the observation that it is useful in pruritus ani, especially, he thought, when this affection is associated with diarrhea.

In the discussion which followed some interesting points were mentioned. Dr. Epps had found it useful in pruritus ani, associated with oozing and moisture, also for chapped hands as in ointment (20 min. to an ounce). Dr. Wm. Roche had found it useful in sea-sickness in the 30th potency, and also in irritable ulcers. Dr. Goldsbrough said he had seen severe acute eczema produced by petro-

leum. Mr. Knox Shaw praised its use in blenorrhœa of the lachrymal sac in the muco-purulent stage. He used the 3x or 3 potency. As a local application to the eyelids he had found white vaseline less irritating than the ordinary yellow. Dr. Lambert mentioned a case of bad blepharitis where it was very useful and produced a new crop of lashes on the eyelid. Also a case of herpes zoster pontalis in an old lady of eighty-five, where it gave a very good result. Drs. Galley Blackley, Byres Moir, McNish, Jas. Johnstone, Burford, Vincent Green, and Cox also took part in the discussion. Dr. McLachlan replied.

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## EXTRACT.

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### HOW SHALL WE TEACH MATERIA MEDICA AND THERAPEUTICS? \*

By Dr. E. B. NASH, Cortland, N.Y.

IN "ye olden time," and not so very far back either, the self-styled regular school of medicine pronounced surgery the "opprobrium of medicine." In these latter days the order seems to be reversed, and medicine has become the opprobrium of surgery. In other words, it used to be: if you cannot cure, *cut*. Now it is: if you cannot cut, cure (if you can). What is the reason of this? I do not believe it to be so much on account of the improved methods in surgery as in the fact that, as compared with ours, they have a very meagre knowledge of the action of drugs, and no law to guide to the application of them to healing of the sick. This is admitted and confessed in their claim to be simply the medical school of experience. They have rejected the only natural law of cure ever discovered, and given to the world by S. Hahnemann—a law which could alone lead to an experience which was reliable, and should endure as long as the truth of natural law anywhere in science should endure.

Under the power of this natural law *Aconite* cures the

\* Read before the Jubilee Meeting of the New York State Homeopathic Medical Society (Brooklyn), 1900.

same yesterday, to-day, and for ever all affections for which it is the true simillimum.

Guided by this law Hahnemann could by prevision name *Camphor*, *Copper*, and *Hellebore* as the leading remedies for an epidemic of a very fatal disease before he had ever seen a case of it, but simply from a history or record of the symptoms characterising the *genius epidemicus*. If such a system does not deserve the name of a science of medicine, where can we find one in this valley of the shadow of death? Having, then, such a sure foundation, which is the mark of *distinctiveness* as a school of medicine, let us not cast away our confidence, but continue to build upon it so earnestly and so well that future generations shall bless us for having profited by the heritage left us in the law of cure by our glorious master.

In our list of remedies already deserving the name of polychrest, we have an armamentarium for battling with the ills to which flesh is heir such as the world never in its whole history saw before, and yet, with a generation of years of honest experimentation, I am persuaded that a great ocean lies yet before us for exploration.

Let us for a moment take a retrospective view. In the up-building of our materia medica comes, first, Hahnemann, with his *Acon.*, *Ars.*, *Bell.*, *Bry.*, *Calc.*, *Canth.*, *Caust.*, *Cham.*, *Cina*, *China*, *Coloc.*, *Ferr.*, *Graph.*, *Hep.*, *Hyos.*, *Ign.*, *Iod.*, *Ipec.*, *Kali c.*, *Lycop.*, *Merc.*, *Nat.*, *Nit. ac.*, *Nux v.*, *Op.*, *Phos. ac.*, *Puls.*, *Rhus*, *Sepia*, *Sil.*, *Staph.*, *Stram.*, *Sulph.*, *Thuja*, and *Verat. alb.* Many more not so well developed might be added.

How any man in one lifetime could give even these thirty-six remedies to the world, so perfectly developed for practical application in healing the sick, is beyond my comprehension; and when it comes to doing and leaving a work that should live to bless humanity for all time to come I would rather bear the name of S. Hahnemann than that of any king (King David perhaps excepted) that ever sat upon a throne.

Then we have other very valuable remedies added by Stapf, Hering, Franz, Hartlaub, Helbig, Jeanes, Brauns, Burt, Rubini, Payne, Kitchen, Drysdale, Buckman, Schreter, Joslyn, and others.

Now we are asking ourselves, How shall we teach materia medica? In order to answer that question

another question ought to precede it, viz: How shall we *know* materia medica? for there is no system that can teach well that which we do not know.

As we go over the list of polychrest remedies at hand, who gave us most of them? and which have best stood the test *ab usu in morbis*? Unquestionably, Hahnemann and his remedies.

Has any system for discovering the pathogenetic and curative powers of drugs better than his yet been discovered? How did *he* impart a knowledge of his remedies to his followers? He told his followers how both to prove remedies and how to apply them to the sick for their cure in his incomparable *Organon*. Every one that has read the *Organon* knows that Hahnemann taught to take all the symptoms in a case and apply the remedy which in its pathogenesis covered most of those in the case. Or that, in any event, the peculiar symptoms which appeared in a case should be covered by the remedy that had these symptoms as their strongest characteristic.

Here were two methods of prescribing. The success attending such prescribing was, to say the least, very gratifying, and *similia similibus curantur* became our formula.

Can we better it? I do not believe we can.

Dr. T. C. Duncan has written a very interesting article on "How to teach Materia Medica" in the May number of the *Homeopathic Recorder*, 1900, and in the first part he asks the question, "Shall Nash's *Leaders in Therapeutics* be the first book?" If he had put that question to me, personally, even at the risk of being charged with egotism, I would have answered, "Yes! or Allen's *Keynotes*, or any other man's book that would get the student to 'salting down' (for future use) in his memory the peculiar and characteristic symptoms of every medicine."

Dr. Duncan's curriculum is summed up this way: Materia medica, therapeutics, ætiology, clinical medicine.

First year, toxic drugs: historical, cell changes, principal nationals.

Second, physiological drugs: antidotal, bacteriology, constitutional disease. •

Third, drug outlines: keynotes, constitutionals, diagnostics,

Fourth, drug comparisons: similitudes, exciting causes, applied medicine.

This is the arrangement he proposes, and perhaps it is as good as can be, but it seems to me that these characteristics or keynote symptoms are the backbone for prescribing purposes of our materia medica, and that giving only one place in eight to the branches comprehended under the head of materia medica and therapeutics is far too little. To be sure we must teach the toxic, physiological, and outline action of drugs, but when we come to actual prescribing, every true homeopath knows that the characteristic and peculiar symptoms, as developed in our Hahnemannian provings, must take the lead.

Why, then, give it so small a place in our teaching? How would I change it? I would put our keynotes, or leading verified symptoms, just as far as possible in close connection with every other teaching of materia medica and therapeutics. For instance, when I was teaching of the toxic effects of a drug like *Digitalis*, I would teach that the slow pulse was not only characteristic of the poisonous effect, but was also characteristic for its use in the treatment of the sick. So also of the soporific effects of *Opium*, the violent catharsis of *Croton tig.*, &c. So also of the physiological action of drugs.

I would, while teaching under any of the above-named heads, never cease to endeavour to so impress upon the student's mind the characteristic symptomology of our medicines that he would never forget them.

I intimated in the beginning of this paper that I believed that the reason for the "craze" in surgery in the old school was that they were *forced in that direction* because of the inadequacy of their therapeutics.

The general toxic and physiological action of remedies is about all they teach or know, and these are placed in classes such as tonics, antiphlogistics, sudorifics, diuretics, cathartics, &c. But you ask them to give the diagnostic shades of difference which enable us to choose between *Podoph.*, *Aloes*, *Croton tig.*, and *Nat. sulph.* for a case of diarrhea, and they know little or nothing about it.

Compared with our system, they have no knowledge that enables them to make the close selection of the one remedy of a class adapted to a case of disease. Now the difference between them and us is that, while they have

not, we have, a materia medica, and scientific law for applying it, but are not applying ourselves as a school to so thorough an understanding of it as we should. We are not making ourselves masters of our art, but are in too many instances chasing off after other things; specialities in medicine are getting too large a place among us. Now do not understand that I ignore specialities. They have their place, and we could not get along without them, but I positively know, for instance, that much of the local treatment resorted to in affections having a constitutional origin is entirely unnecessary and very often positively injurious.

The reason of this is, I repeat, because we do not sufficiently understand our art as homeopathic physicians. It should be our pride and boast that, with our superior system of therapeutics, we are able to *cure without operation* most of the diseases which under the old school are obliged to come to the knife.

This fact once impressed upon the people will be of immense advantage to our school. More cases have died from the operation for appendicitis in the last ten years than died in fifty for the need of it. In thirty-five years of general practice I have had many cases of this disease to treat, some in which operation was pronounced to be the only hope, and without operation have my first death to record. What was my remedy? I only use one remedy in all my cases. The *indicated* one, always selected in accordance with the infallible rule laid down in paragraph 153 of the *Organon*. (We all know what that is.)

Now let me call attention to the importance of teaching our classes comparative materia medica. More can sometimes be done by this system of teaching to impress upon the student's mind the important leading symptoms of materia medica and therapeutics than by any other.

Let me illustrate. Take the one very common symptom so often present in disease—*great restlessness*. In my *Leaders* I have called *Aconite*, *Arsenicum*, *Rhus tox.* a trio of restless remedies. Now it would be of no practical use to the prescriber to know this. Now differentiate between them.

*Aconite* restlessness is accompanied with *fear*, synochal fever, and pain, to which the patient is very sensitive. Fear, especially fear of death, is its leading characteristic.

“Oh, I shall die!” or, if he is ashamed or unable to express it in words, he looks and acts it out. It is the fear as much as the pain that makes the patient so full of agonised restlessness. Though there may be no real danger in the case, the patient *feels* that there is.

Now the *Arsenic* restlessness goes with extreme prostration, or reduced vitality, hence is not generally found indicated in the beginning of acute diseases, while *Aconite* is. *Rhus tox.* restlessness is on account of aching pains which make him toss around or change position for the temporary relief he gets from the *movement*. *Arsenic* wants to move from place to place, but is *not* relieved. Neither *Aconite* nor *Arsenicum* gets such relief from movement, nor does *Rhus* or *Arsenic* *fear*, like *Aconite*, or at least to any such degree. *Aconite* tosses to and fro in agony and fear, while *Arsenic* is too weak to toss, as the anguish and restlessness would incline him to do. And so we can follow up a comparison of these three remedies until they shall so have entered into the mind of the student that he will not easily forget them.

Dr. E. A. Farrington, in the August number of the *Hahnemannian Monthly* for 1880 gave some of the finest comparative studies in materia medica that have ever appeared in print. But they were not appreciated by the profession, and he wrote me in answer to my inquiry that they were stopped for that reason.

Since the appearance of *Leaders* I have been asked to state through journals, for the benefit of students, how I obtained my knowledge of materia medica. I think I replied in short, through the *Chironian*, that I began by reading Hempel's *Materia Medica and Therapeutics, Arranged upon a Physiologico-Pathological Basis*. (The title of his first addition.) It was delightful reading and gave a sort of general knowledge of some of our remedies, and student as I was, I thought I had it about all, and felt pretty much disgusted when my classmate, M. C. Ernsberger, told me I would after all have to refer to old *Jahr* for practical guidance in the selection of my remedy at the bedside. Much to my chagrin I found it true.

When Hering's characteristic cards appeared I bought and studied them together with my good wife, until I knew every one of them by heart. Then I followed with Guernsey's *Keynotes* and Raue's *Therapeutic Hints*,

as they appeared in their works on obstetrics and pathology. And I want to say that when these three works appeared there was a forward movement along the line of successful homeopathic prescribing, which, if it had been kept up till now, would have put us as a school where no one would have ever thought of asking the question, "Is the separate existence of the homeopathic school still a necessity?" still less bringing it up for discussion in a State homeopathic society. Now, I am aware that I have not yet answered the question: How shall we teach materia medica and therapeutics? For these two subjects should never be separated so long as the physician's highest and *only* calling is to restore health to the sick, which is called healing (§1 *Organon*).

I will now state how I would teach.

First. I would require the student who was a candidate for graduation to pass a ninety per cent. examination on the keynote or characteristic symptoms. This would be my beginning, for we must begin somewhere. I would be careful to let him understand that much remained to be learned after this that could not be compassed in his college course, and that he had now entered into a life study of a subject of the greatest possible importance.

Second. I would drill the student on comparative materia medica from a symptomological standpoint, until he became an adept, if there was such a possibility in his nature.

Third. I would try to lead him to inquire the why or wherefore of the difference between different remedies having similar symptoms. For instance, why the constipation of *Bryonia* and *Nux vomica* differed in this, that one was attended with frequent ineffectual desire for stool and the other with absence of it; being careful to guard him against hesitating to use the remedy on the simple indication of its presence, whether he could explain it from a physiological standpoint or not.

Finally, I would recommend him to a careful study of the principles touching this subject as laid down in the *Organon*.

Now this paper has, I think, the excellence, at least, of not being a very long and tiresome one. Long enough, however, I hope, to elicit some discussion on this most important subject.

I have indicated more at length in my *Leaders*

(pardon the frequent allusion), at least, the way I have learned and would teach the subject and apply it.

I have referred to Dr. Duncan's article, which I repeat is a very interesting one, and well worth the careful consideration of our school. I wish to thank him for his very complimentary verdict upon my book, as he pronounces it a "fine practical work," and further to thank him, and many others, for the help they have given me by their writings.

In conclusion, I want to say that I hope to never see the time when we, as a school of medicine, will ever depart from the strict inductive method of Hahnemann.  
—*American Homeopathist*, November 1, 1900.

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## SPECIAL CORRESPONDENCE.

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### LETTER FROM OUR SOUTH AFRICAN CORRESPONDENT.

#### THE DYSENTERY REMEDY—*MONSONIA OVATA* OR *PELARGONIUM RENIFORME*?

I NOTICE in THE HOMEOPATHIC WORLD for October, just to hand, the note extracted from the *Chemist and Druggist* re *Monsonia ovata*, and think it extremely probable that the writer has made a mistake in the name of the root used at the front for dysentery. It is true that *Monsonia* is a remedy for dysentery, but *Pelargonium reniforme* is the plant, the root of which is generally used, boiled in milk, or chewed (as mentioned in THE HOMEOPATHIC WORLD, vol. xxxiv. p. 546). The usual preparation of *Monsonia* is a tincture or infusion made from the leaves.

#### *CLUYTIA HIRSUTA* AND ANTHRAX—A CASE.

If these plants, and also more particularly *Cluytia hirsuta* and *Leonotis ovata*, were properly proved I feel sure our materia medica would be enriched by remedies of great range and power. Herbs that speedily cure such diseases as anthrax, scrofula, blood-poisoning, snake-bite, &c., are well worth thorough testing in a scientific manner. The Rev. W. S. Davis, a retired native missionary, skilled in the uses of native remedies, described to me yesterday one case in particular,

proving the great power of *Cluytia* over anthrax. A man skinned an ox which had died of the disease and pegged out the hide to dry in the sun. His little child, playing about, handled it, caught the disease, and died. The father also got it, and came to Mr. Davis with the characteristic pustule on his hand, his arm much swollen, and in great pain. Mr. Davis administered *Cluytia*, and in a few days all trace of the disease was gone.

#### PROVING OF *ANTIMONIUM CRUDUM*.

A few days ago I made, unintentionally, a short proving of *Antim. crud.* I had taken a dose of 3x on retiring at night, and next morning, when attempting to shave, thought my razor must be blunt, my chin was so sore. The tenderness of the face increased, and the following day was much worse, shaving being a painful process—exactly like getting the face chapped in cold weather and shaving with a blunt razor. As I never suffer in this way and as I found my razor and shaving-soap beyond reproach, I tried to discover the cause of the trouble, but could think of nothing. At last I remembered that the commencement and aggravation of the symptoms coincided with the doses of *Antim. crud.*, and on looking up the *Dictionary of Materia Medica* found “sensation of excoriation of the chin,” &c., and the mystery was solved! I stopped the medicine and the trouble was completely gone in two days.

#### THE USE OF A “DIVINING-ROD”\* IN SCOUTING BY NATIVES.

I have never before heard of anything of the kind, but possibly the Matabele have customs different from those of our Kaffirs. Any way, I doubt if the “rod” was much relied upon. The native inherits a marvellous skill in tracing “spoor” and observing trifling signs which would make their knowledge of what was going on around them seem almost uncanny to a European.

#### UNRIPE PINEAPPLE JUICE.†

Pineapples here are far more plentiful than potatoes, but I have never heard of any one suffering from eating unripe fruit. It is true that the natives of Borneo and Java have made use of the juice in connection with the poisoning of their weapons, but it is their manner of using it that makes it poisonous. One way is to plunge the weapon, which has been previously treated with the pineapple juice and possibly other things, into the decomposing body of

\* See THE HOMEOPATHIC WORLD for May, 1900, p. 196.

† Ibid., July, 1900, p. 294.

a dead person. There is evidently some quality in the pineapple juice which lends itself to the processes employed by these natives, but the *fresh* unmanipulated juice is certainly harmless. The juice of the pine is not only a valuable remedy for diphtheria but also for indigestion. In several cases I have found it act even better than the paw-paw (*Carica papaya*), which grows here, and is a most wholesome and delicious fruit, far superior in its effects to the extracted powder. One or two paw-paws eaten early in the morning is a grand thing. The pulp being eaten mixed with a good proportion of lemon-juice and sugar may help its action on the digestive organs. But in those cases where paw-paw does not appear to have much effect, the pineapple usually proves most beneficial.

Pineapples will, I think, in the near future be shipped to England from the West Indies and the Cape in such quantities that they will be within the reach of almost every one. I should like to see them displace the banana, which is rarely sold in England in proper condition; and a large proportion are not really fit to eat. On the coast here pineapples frequently go down to sixpence a dozen, and we are rooting them up because we cannot send them to a profitable market. The fruit industry in South Africa is going to be a big thing, and more attention will no doubt be paid to the question of transport, &c., in the future.

South Africa, October 31, 1900.

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THE CHOLERA INFANTUM OF OPIUM.—Child hot, and deep sleep; pupils sluggish; no signs of vomiting or movement of the bowels. Dwindling away of body and stupor. Opium causes a general atrophy, and child looks dried up, mummied, or as an exhumed corpse. Extreme exhaustion.—E. FORNIAS in *Amer. Hom.*

CANCER CURED BY CANCROIN.—Cancroin has frequently been used in the non-surgical treatment of cancer, but, owing to the fact that this substance can be given only in small doses, the process of cure is at best only a slow one and the sufferers often lose patience, so that but little opportunity is afforded to test the true value of this method. A. Adamkiewicz (*Clin. Therap. Woch.*, March 25, 1900—*Med. News*), however, reports a well-advanced case of cancerous peritonitis in which the true worth of cancroin was settled beyond doubt. The main symptoms from which the patient was suffering were an enormous ascites and a rapidly advancing cachexia which demanded immediate aspiration. The examination of the fluid and the presence in the peritoneal cavity of numerous hard nodules made the diagnosis of cancer positive. Cancroin injections were then resorted to with the gratifying result that the dropsy did not recur and that the tumours steadily diminished in size. Two years later the patient was again seen by the author and appeared to be in perfect health.—*Med. Times*. [What is cancroin?—Ed. H. W.]

## REVIEWS.

### AS BRAVE AS THE BRAVEST.\*

THE case Dr. Cooper here relates is as remarkable as any he has yet published in illustration of the action of remedies given in single dose, or single impact, allowed to exhaust their action unrepeatd and undisturbed. As the case was originally intended for our own pages we will give that part of the pamphlet which was intended for us.

“A CASE OF CANCER—ARBORIVITAL ACTION (*Helleborus Viridis* and *Helleborus fetidus*).

“On October 20, 1899, a lady asked me if there was any use in trying to relieve a poor washerwoman of fifty-six who had been operated on three years before, colotomy having been performed owing to blockage of the rectum with cancerous growth. For three years this poor woman had kept nobly to her work, in spite of her infirmity, and now was obliged to take to her bed, owing to the bowels being again blocked, and for eight days she had been in frightful agony and bed-ridden.

“I could elicit no particulars as to the variety of the cancer, but learned that further operative interference was declined. The only symptoms I could get were that she had suffered from great pain and depression.

“This awful sense of depression is common to all the hellebores, taking often the form of great sinking in the pit of the chest; and I therefore determined upon giving her *Helleb. viridis* φA.

“On November 10th the lady came to tell me that after this woman had taken the dose a discharge came away from the bowel, and that in two days the bowels began moving and that she had again begun working as usual at hard laundry work. Naturally, I let the action set up continue, and gave nothing, and was not a little chagrined at hearing nothing further of my poor patient.

“On July 17th of this year (1900), however, my lady friend returned to tell me that the poor woman had kept well at work all along, and her bowels had continued to act, but that boils had broken out about a month before on her neck, her thighs, and her shoulders, and that this made her feel very ill, though again better during this last week. Same dose repeated, of *Helleb. fetid.*

\* *As Brave as the Bravest.* By Robert T. Cooper, M.A., M.D. London: C. Martin, 67, Wigmore Street, W.

“ On October 19, 1900, one year short of two days from the first dose, the lady came to say that the patient had volunteered to come and scrub her floors for her, and had felt wonderfully well in every way, though, of course, sadly inconvenienced by her infirmity.

“ What I claim in this case is simply this: that a bed-ridden woman with an artificial anus, necessitated by what was declared to be cancer, and for whom there was no hope whatever of recovery, received, after a single dose of *Helleb. vir.*, sufficient relief to enable her to resume work and to enjoy for an entire year the use of her bowels, where blockage by a cancerous mass had been declared to exist.”

For the rest of the story we must refer our readers to Dr. Cooper's pamphlet itself. It tells of a visit paid by Dr. Cooper with Dr. Jagielski to the home of the patient and of the heroic struggle with disease and poverty which was then revealed, and which drew from Dr. Cooper the admiring tribute placed at the head of this pamphlet. It is difficult to say which is the greater, the human interest or the therapeutic interest of the case. Dr. Cooper is not one of those practitioners who see only “ cases ” ( “ interesting ” or otherwise) in his patients. They never cease to be human beings, no matter how “ interesting ” they may be as “ cases.”

### UROPOIETIC DISEASES.\*

THIS work of Dr. Carleton's is a second edition of his *Medical and Surgical Diseases of the Kidneys and Ureters* under a new name. The necessity for this change of name arises from the inclusion of the Bladder and its affections within the scope of the work. The first edition was compiled as a companion work to Dr. Carleton's *Manual of Genito-urinary and Venereal Disorders*, now in its second edition. The present work is illustrated with thirty-three photomicrographs and six lucotype figures. The chapter on Vesical Calculi is by Dr. Wm. F. Honan. “ Cystoscopy as applied to the diagnosis and treatment of urinary diseases of women,” is dealt with by Dr. Geo. W. Roberts. The chapters on Urinary Analysis are by

\* *Uropoietic Diseases.* By Bukk G. Carleton, M.D. 2nd Edition. Revised and Enlarged. New York; Boericke and Runyon Co., 1900. London: Homeopathic Publishing Co., 12, Warwick Lane. E.C. Demy 8vo. Cloth, 17s. 6d., net.

Dr. Ephraim D. Klotz, who has also contributed numerous photomicrographs of urinary deposit which are equal to anything of the kind we have seen. The rest of the work is Dr. Carleton's own; and he has dealt with the subject in a manner commensurate with his great reputation in his chosen speciality.

The first part of the work deals with the Bladder; the second part with the Kidneys and Ureters; and the last part with the Urine itself. In each part the earliest chapters deal with the various anomalous conditions and their general treatment; the medicinal therapeutics being only briefly touched upon in these chapters, and being fully dealt with in the concluding chapter. Thus, the first chapter deals with Anomalies of the Bladder; Chapter II. with Injuries of the Bladder; Chapter III. with Diseases of the Bladder; Chapter IV. with Urinary Retention; Chapter V. with Vesical Tumours; Chapter VI. with Foreign Bodies in the Bladder; Chapter VII. with Vesical Calculus; Chapters VIII. and IX. with Cystoscopy. In all of these chapters the therapeutics is briefly referred to, and Chapter X. is devoted entirely to the therapeutics of Bladder affections. At the close of the next series is a chapter on the therapeutics of Renal affections. In each of these two chapters is an extensive materia medica, sixty-eight remedies in the former and ninety-three in the latter, being well described with their differential indications. Dr. Carleton's work is an important addition to the literature of his specialty, and will take high rank among the text-books of our school.

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#### KEENE & ASHWELL'S DIARY AND CASE-BOOK, 1901.\*

WE have received from Messrs. Keene & Ashwell a copy of their excellent *Diary and Case-Book*, a welcome New Year's visitor, containing a fund of indispensable information, and ample room for writing down appointments, and keeping records of cases, as well as an Index, in which the items can be registered.

\* *Diary and Case-Book*, 1901. Keene & Ashwell, Ltd., 74, New Bond Street, W.

## Obituary.

### EDGAR A. GRAFTON, M.D.

PARTICULARS have just reached us of the sad death by drowning of one of the most promising of Canadian homeopaths, Dr. Edgar A. Grafton, of Montreal. The accident occurred whilst Dr. Grafton was bathing in the St. Lawrence river at Berthier, and was probably due to sudden cramp, as Dr. Grafton was a strong swimmer. At the time of his death he was on the attending staff of the Montreal Homeopathic Hospital and chairman of the Medical Board. The *Homeopathic Record*, of Montreal, publishes a portrait of Dr. Grafton. The following is quoted from an obituary notice in the *Medical Times* (of New York) for September, 1900:—

“Dr. Grafton graduated with high honours from McGill University in 1891, after which he took the degree of L.S.A. in England. One year was spent as surgeon on the ss. *Lake Ontario*, after which he served his term in the Metropolitan Hospital, New York. Dr. Grafton was an enthusiastic and most faithful worker in his profession. All who came in contact with him will vouch for the kindness and gentleness with which he did most conscientious work.”

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THE RHEUMATISM OF LEDUM AND KALMIA.—*Ledum*: rheumatism and gout of small joints; the pains travel upward and are worse from warmth. *Kalmia*: tearing pains down the legs, without swelling, but great weakness.—E. FORNIAS in *Amer. Hom.*

KOLA IN SEASICKNESS.—C. C. Vinton, in the *Medical Record* of February 24, 1900, claims to have tested kola personally upon a voyage from Yokohama to San Francisco. He says that he is an indifferent sailor, and the first five days of the trip were rough. By keeping a piece of the dried nut in his pocket and frequently biting off a morsel and chewing it slowly he found himself free in the main from the swimming headache and the sour stomach which commonly accompany any exertion under these circumstances. If he waited until the stomach symptoms appeared no effect seemed to result from the use of the nut. When the remedy was taken while there was yet time for observation, as in the early morning, it seemed to act specifically in preventing the severe symptoms of seasickness. The good effects were noted in about twenty minutes or half an hour, and he attributes them to a mild stimulation of the nervous system and the general toning of relaxed tissues produced by the drug. He does not claim that kola cures seasickness, but it decidedly moderates this condition.—*Med. Times*.

## GENERAL CORRESPONDENCE.

## ONONIS AND CRATÆGUS.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—Dr. Cooper's case on page 538 shows that the ancients had not discovered all the uses of *Ononis arvensis*, as I can find no mention of it for epilepsy or other nervous diseases, though Barton and Castle say "Dioscorides and Galen highly extol its diuretic and lithontriptic qualities; and Simon Pauli speaks of it as an incomparable remedy in calculus of the kidneys or bladder." Culpepper (1770) says: "It is singular good to provoke urine when it is stopped, and to break and drive forth the stone, which the powder of the bark of the root taken in wine performeth effectually, Matthiolus saith, The same helpeth the disease called hernia carnosae, the fleshy rupture, by taking the said powder for some months together constantly, and that it hath cured some which seemed incurable by any other means than by cutting or burning." Culpepper recommends it also for toothache, the liver and spleen, and obstructed ulcers.

The same author, though he does not recommend *Cratægus oxyacantha* for heart disease, as on page 542, says: "The seeds in the berries beaten to powder being drunk in wine, are held singular good against the stone, and are good for the dropsy. The distilled water of the flowers stayeth the lask. The seed cleared from the down, bruised and boiled in wine, and drunk, is good for inward tormenting pains. If cloths and sponges be wet in the distilled water, and applied to any place wherein thorns and splinters, or the like, do abide in the flesh, it will notably draw them forth. And thus you see the thorn gives a medicine for his own pricking, and so doth almost every thing else."

The last sentence shows that Culpepper flourished a century in advance of his time, and that, had he lived in these days, he would have studied the homeopathic uses of drugs, instead of the astrologo-physical virtues of the vulgar herbs of the nation, which he considered the most fit for English bodies.

Yours faithfully,  
FERRUM.

## VARIETIES.

BLEPHARITIS OF MERCURIUS.—Eyelids inflamed; thin, acrid pus; eyes worse from heat of bed and glare of fire. Excoriating lachrymation.—E. FORNIAS in *Amer. Hom.*

THE REMITTENT FEVER OF GELSEMIUM.—Remittent type of fever. Biliary symptoms. Constipation, with yellow tinge of skin; tongue dirty-yellow with red edges; stools cream-colour. Drowsy. Pulse full, but flows softly. Dropping of upper eyelids, feel heavy as lead.—E. FORNIAS in *Amer. Hom.*

GELSEMIUM.—Dr. Van Denburg commends, from his experience, the symptom "pain from throat to ear" as an almost infallible for indication gelsemium in hyperæmic conditions of either throat or ear.—*Hahn. Monthly*, March. (*J. B. H. S.*)

IODINE.—A case of iodidic purpura is recorded, in which the ecchymosis occurred in the mucous membrane of the mouth; and reference is made to an observation of its appearance in that of the stomach.—*Hahn. Monthly*, May, p. 320. (*J. B. H. S.*)

LOBELIA.—Dr. F. S. Piper relates a case of the vomiting of pregnancy promptly relieved by lobelia 2x, and says that he depends more upon this than any other remedy in such conditions, when nausea is a marked feature.—*Hahn. Monthly*, May, p. 306. (*J. B. H. S.*)

NAPHTHALIN FOR PINWORMS.—A. Borini (*Gaz. d. Osped. e. d. Clin.*, 1900, No. 3) recommends the exhibition of 1.5 grams of naphthalin *pro die* for the treatment of pinworms. Protracted cases are cured in short order, and within a few days not even eggs of the oxyuris are any longer to be found in the stools.—*Medical Age*. (*J. B. H. S.*)

EUPHORBIIUM.—This drug was prescribed by Dr. E. Jay Clark, says *The Critique*, for an erysipelatous condition of the right cheek, following the picking of a spot upon the bridge of the nose. The condition had been present, growing worse under nearly two weeks' allopathic treatment, and the use of cuticura and other local applications. The right cheek was swollen and showed a number of large vesicles, in the immediate neighbourhood of which the skin was quite red. No aggravations or ameliorations were discovered upon careful questioning. The sensation was described as burning. Sleep, digestion, &c., were excellent. One dose of the 200 (no local applications) was given, and the improvement was noticeably rapid. Hahnemann says: "When used in high potencies and in minimal doses, it will accomplish much."—*Hahn. Monthly*.

TREATMENT OF TAPEWORM.—Dr. Herbert C. Major (Bingley, Yorks.) writes: In reply to the request of "Verax," made in the *British Medical Journal* of August 18, 1900, for suggestions for the treatment of obstinate cases of tapeworm, I would recommend a trial of pelletierine (an alkaloid obtained from the bark of the pomegranate root) if it has not already been resorted to in the case. Tannate of pelletierine may be given in doses of 3 to 8 grains, the sulphate in doses of 3 to 8 minims (Hale White). The dose of pelletierine itself is given as 2 grains, taken fasting, 10 grains of tannin being given immediately before it (Whitla). I have myself used the drug (tannate) successfully. An interesting note on the treatment of tapeworm by the "pelletierine

of Tanret," as carried out by the late Dr. Dujardin-Beaumetz, who considered it the best of all tænicides, with a reference also to the pumpkin-seed treatment of the same affection, will be found in the *Journal* of February 16th, 1895. The dose, however, of the sulphate of pelletierine there referred to— $9\frac{1}{2}$  grams—would seem to be erroneously stated, unless the preparation employed was a feeble one.

T. C. writes: I had a case like that mentioned by "Verax," and dealt with it successfully by the following method: The patient was purged and put on a very light diet for two days, so as to give the worm full exposure to the liquid extract of male fern which was given early on the morning of the third day, and the worm came away entire shortly after.—*Brit. Med. Jour.*, *Sept.* 8th.

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

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

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

- American Text Book of Physiology** (An). Edited by William H. Howell. Vol. i., 2nd ed., Revised. Imp. 8vo, pp. 598. (Saunders. Net, 13s.)
- Beck (Carl).** Fractures. With an Appendix on the Practical Use of Röntgen Rays. 178 Illustrations. Imp. 8vo, pp. 336. (Saunders. Net, 15s.)
- Bennett (W. H.).** On the Use of Massage and Early Passive Movements in Recent Fractures. Cr. 8vo. (Longmans. 4s. 6d.)
- Boger (C. M.).** A Systematic Alphabetical Repertory of Homeopathic Remedies. Part I., embracing the Antipsoric, Antisyphilitic, and Antisyctic Remedies. By Dr. C. Von Bonninghausen. Translated from the 2nd German edition. Demy 8vo, halfmor., pp. 269. (The Homeopathic Publishing Co. Net, 15s.)
- Cantlie (James).** Plague: How to Recognise, Prevent, and Treat Plague. 8vo, sewed. (Cassell. Net, 1s. 6d.)
- Dock (L. L.).** Text Book of Materia Medica. Cr. 8vo. (Putnam. 6s.)
- Dorland (W. A. Newman).** The American Illustrated Medical Dictionary. A New and Complete Dictionary of Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the Kindred Branches, with their Pronunciation, Derivation, and Definition. Royal 8vo, leather, pp. 770. (Saunders. Net, 19s.)
- Dunglison (R.).** A Dictionary of Medical Science. 22nd ed. Revised by R. J. Dunglison. Royal 8vo, (Churchill. 30s.)
- Encyclopedia Medica.** Vols. v. and vi. Imp. 8vo, pp. 542, 568. (Churchill. Net, 20s. each.)

## 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.

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### CORRESPONDENTS.

Mr. F. Kopp, Greenwich, N.S.W.—Messrs. Keene and Ashwell, London.—Ferrum.—Dr. J. W. Hayward, Birkenhead.—Mr. J. S. Hurdall, London.—Mr. R. H. Bellairs, Oxford.—Dr. B. K. Baptist, Calcutta.—Mr. Erskine White, Holdsworth, N.S.W.—Dr. Clifton, Northampton.—Dr. Cooper, London.—Dr. C. W. Hayward, Liverpool.

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### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—L'Omiopatia.—Public Health Journal.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica (Mexico).—Maanedsk. f. H.—H. Maandblad.—Calcutta Journal of Medicine.—Hom. News.—La Homeopatia.—Hom. Envoy.—Ind. H. Review.—Personal Rights.—Revista Homeopatica.—Med. Times.—Med. Cen-

tury.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—Amer. Med. Monthly.—Minn. Hom. Mag.—N. A. J. of H.—Critique.—Clinique.—J. of Orif. Surg.—New Eng. Med. Gaz.—L'Art Médical.—Indian Homeopathician.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Practical Therapeutics. By W. A. Dewey, M.D.—How to Avoid Tubercle. By Dr. Tucker Wise.—What a Young Husband Ought to Know. By Sylvanus Stall, D.D.

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## The Homeopathic World.

### CONTENTS OF DEC. NUMBER.

#### LEADING ARTICLE.

Symptoms and Diagnosis.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Aura Epileptica. By Robt. T. Cooper, MA., M.D.

Veterinary Homeopathy. By J. Sutcliffe Hurdall, M.R.C.V.S.

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

Experiences. By Dr. Cooper.

Snake-Venom—Its Action and Effect. By Frederick Kopp, Greenwich, N.S.W.

The Action of Urine on the Skin—Is it a Signature?

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### EXTRACTS.

Singular Death of a Child.

Malaria and Petroleum Works.

#### REVIEWS.

Enlarged Tonsils.

Bönninghausen's Repertory of Antipsorics.

#### NOTIFICATION.

Mr. W. Lee Beardmore, A.M.I.C.E.

#### GENERAL CORRESPONDENCE.

One-Legged Homeopathy.

Dr. Clarke's *Materia Medica*.

Vox Populi.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

#### TITLE AND INDEX.

THE  
HOMEOPATHIC WORLD.

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FEBRUARY 1, 1901.

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HOMEOPATHY AND ITS "DUE."

IN an article entitled "Homeopathy and Rational Medicine," which appeared in the *Hospital* of January 12th, we recognise a new tone in an old-school writer, and one of altogether happier augury for the future. The article is in reply to one by Dr. DUDGEON in the January number of the *Homeopathic Review*, entitled "A Century of Homeopathy"; and though Dr. DUDGEON will have no difficulty in meeting the arguments of the *Hospital*, still we find in the latter much that is quite to the point, and much that homeopaths will do well to take to heart. The remarkable feature of the *Hospital's* arguments is this, that they are founded on a certain degree of *knowledge*, whereas the chief strength of most anti-homeopathic arguments is that they are founded on *ignorance*. Another and most welcome feature in our new critic is that he is evidently anxious to give homeopathy its due. That is all we want; and if homeopathy gets that, homeopaths have nothing to fear. The following concluding part of the article will be read with interest. The italics are our own:—

"Homeopathy is a particular system by which to discover remedies for certain conditions or symptoms, and more or less loosely attached to it are certain methods of dosage; and *if the homeopaths can by 'provings' discover any remedy that has not been known before for*

*any condition, all well and good; let us give them every credit for it.* But as soon as it is shown that it does good, not by 'provings' in which we have no faith, but by experience, it is as much at the disposal of the rational physician as if it had been discovered in a laboratory or found in use in distant quarters of the globe. The range of homeopathy is strictly limited to the 'provings' worked out according to the system; all outside this is a blank, often filled up by that other strange device, eclectic medicine. Rational medicine, however, embraces the whole field of experience, including even the homeopathic materia medica. But when the ordinary practitioner gives his dose of *Aconite* or of *Bryonia*, he does so, not because of the results of any number of 'provings' on healthy persons, but because he believes, as the result of experience in regard to the sick, that it will do good, and in thus acting he in no way practices homeopathy. That in one sense, however, there has been a certain degree of *rapprochement* between the 'two schools' we do not deny. The rank and file of the profession of medicine have nothing to do with experiments on monkeys, any more than the rank and file of the homeopaths have to do with 'provings.' Both alike trust mainly to the teaching of their leaders, and both alike constantly throw on one side such teaching when they find that in practice it does not do what it promised. Thus it happens that in the ordinary practice of their profession both alike are constantly learning from experience, and the homeopathist is constantly correcting the teachings of his principles by the teachings of his own observation of disease; in other words, he is constantly drifting towards rational medicine. It is an unconscious process no doubt, but directly a homeopathist deserts the teachings of his 'provings,' and appeals to his own experience in the choice of a drug, he deserts the principles of homeopathy and accepts those of rational medicine. What particular cupboard he takes his physic out of does not matter in the slightest. No man, unless he is a fool, refuses the lessons of experience, and thus there is some *rapprochement*. But it is on the side of the homeopaths; and that is a sore point.

With regard to giving homeopathy its credit due, we may ask our critic to look at the therapeutic works of PHILLIPS, RINGER, and BRUNTON and then ask himself if the novelties introduced by these writers into "rational medicine" have been duly ascribed to their source. We think not. The "rational medicine" for which the *Hospital* speaks so eloquently seems to us to be indistinguishable from blind eclecticism. Now the distinguishing feature of homeopathy is that it is not blind; it has a principle by means of which it can see its way through any case

that comes before it for treatment. And it is just this principle that needs acknowledgment when the fruits of it are made use of. The *Hospital* in its generous empiricism does not care "whether the beneficial effect of a certain drug is discovered by a homeopathist, an old woman, or a naked savage." All the "rational medicine" man wants to be satisfied about is whether it really does good. That is all very well; but homeopathy has to do with *cases*, not with *diseases* (except in a secondary way, when the diseases are sufficiently well and uniformly characterised to be classed in an epidemic type), and the merit of homeopathy is that it provides a means of finding out the special remedy required for each individual case. All remedies "do good" to *some cases of some disease*. The trouble is to find out which. The eclectic method advocated by the *Hospital* gives very little help in this direction. And it is here that our contemporary's editor falls somewhat short of giving homeopathy its due.

He admits that some good fruit may come off the homeopathic tree, but, whilst he acknowledges the fact, he does not think it at all necessary that attention should be paid to the tree, or that any trouble should be taken to propagate its growth. He is more concerned that its limits are so contracted. If he were acquainted with the works of ALLEN and HERING, he would hardly say that; the general complaint on our side being that our materials are too vast to be mastered. Apparently the *Hospital* has gleaned its facts from what we may term the puritanical sect of homeopathists by his remarks about our practice being strictly bound to "provings on the healthy." But homeopathy is not so restricted. All "positive effects" of drugs are available for homeopathic use: effects observed in cases of poisoning; effects observed in patients from over-dosing; definite aggravations and definitely cured symptoms (*e.g.*, of chronic affections cured in the provers themselves); and there is legitimate scope for the imagination besides; as, for instance, when a

remedy has been proved on provers of one sex only, the symptoms developed may be used for matching like symptoms occurring in the analogous organs of the opposite sex. Moreover, provings and clinical observations are not so much intended as means for discovering "remedies for morbid conditions" as for discovering *indications for their employment in ANY morbid condition*. We cannot, however, blame the editor of the *Hospital* for taking the view he does, as it is often expressed by homeopaths themselves. In the very same number of the *Homeopathic Review* in which Dr. Dudgeon's article occurs we find this sentence in an editorial article: "The observation that urine was found grey, greenish, or red in provers of certain drugs may be correct enough; the prescriber of to-day wants to know the meaning of the observed phenomena, and how far that meaning tallies with the known effects of *the disease for which he is to prescribe.*"

With all deference we maintain that if this is what the "prescriber of to-day" wants, he does not know what is the homeopathist's real task. The practitioner of what the *Hospital* calls Rational Medicine *does* "prescribe for diseases;" the homeopathist individualises his cases and prescribes the remedy which corresponds in its symptoms with the symptoms of the case to be treated. The correspondence may be found on many different planes—in organ affinity, in tissue affinity, in general features, or in the finest symptomatic effects with their Times and Conditions of Aggravation and Amelioration—but on whatever plane the phenomena are sought it is the *phenomena* of each case that must rule. For example, *Oxalic acid* is not a remedy for pneumonia in the broad sense; but it will cure cases affecting the base of the left lung characterised by cutting pains in the same region. But *Oxalic acid* has also cured enuresis when cutting pains in that region were present as a concomitant, though there was nothing wrong with the lungs in the case.

We think there are few homeopaths who will deny that there is some truth in the last point advanced by our critic: the *rapprochement* between the two schools has been as much a movement towards allopathy on the part of homeopaths as it has been a movement of allopaths towards homeopathy. But our critic must make some distinction between homeopathy and its adherents; and he must remember that it is one thing to recognise the truth of a new principle and another thing to be able to so shake off in-grained habits of thought as to allow the new principle to have its full operation in the mind that has newly taken it in. However, we are obliged to the *Hospital* for emphasising the fact, which we trust homeopaths will take note of. The chasm between homeopathy and empiricism without guiding principle, however catholic the empiricism may be, is as deep and wide as ever it was, but a sort of bridge has been constructed across, and many there are who are found upon it. It is a crazy structure, however, and a goodly number of patients have been known to drop through its crevices. If homeopaths in their practice had always given homeopathy its due there would have been no resting point for the bridge on the homeopathic side of the gulf.

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CHIMAPHILA.—S., Cabinet-maker, aged 22, had had gonorrhoea for ten weeks. For the last eight days it was accompanied by slight vesical symptoms and persistent hematuria. No fever or severe pains. The peculiarity of the case was the constant discharge of bloody purulent urine. There were no signs of kidney affection. But whether the blood came from the neck of the bladder or from a gonorrhoeal ulcer in the posterior part of the urethra I could not tell. The hemorrhage was only slightly painful; after micturition pure blood was discharged and there was no tenesmus. The ordinary remedies—cantharis, terebinth, and hamamelis—did no good, and indeed were not indicated by the symptoms. Cold applications and ferrum mur. were of no use. On November 15, 1898, chimaphila umbellata, which Hirschel recommends in hematuria with gonorrhoea, was given in the 2nd dilution, 30 drops in a tumbler of water, a spoonful every two hours. The hematuria ceased in forty-eight hours and did not return. The gonorrhoea then ran its usual course.—Stiff, *A. h. Z.*, cxli. 42.—*J. B. H. S.*

## NEWS AND NOTES.

## MORE LIGHT.

GOETHE'S dying cry for light is being answered in the Twentieth Century. In addition to Dr. Jagielski's article we publish two others in the present issue, one by Dr. Villers from the *Journal of Homeopathics*, entitled "The Latest News of the Elements which send out Unknown Rays," and another from the *Observer* of January 13th, on the presentation of the grand gold medal of the Royal Society to M. Becquerel for his discoveries in relation to the luminous property of uranium—discoveries which apparently knock the bottom out of our dear old theory of light being constituted of "waves of the luminiferous Ether." Light is not mere waves of an unknown something, it is really matter given off by the light-giving body. And this substance is of such an attenuated nature that a surface of one square centimetre of radium gives off  $\frac{1}{70}$  of a grain in a thousand millions of years. We venture to make a prophecy (which we may safely do as our readers will probably not be able to reprove us in case it should not come true) that in or before the year 2001 the Royal Society medal will be awarded to some savant for his discovery—not that "thoughts" are "things" (our very language has recognised from its beginnings that "things" are "*thinks*")—but of a method of weighing and measuring thoughts. As for "radiant matter," with its  $\frac{1}{70}$ th of a grain spun out over a milliard of years, we cannot suppose that even in this we have reached the ultimate limit of attenuation; the only possible conclusion, therefore, left to us is that *there is no limit*, and that matter which was all so nice and solid and comprehensible yesterday is nothing of the kind to-day, and the poor "materialist" has no longer a bit of *terra firma* left to plant his mental foot upon. As for those cautious souls who never could commit themselves to a belief in the higher attenuations of homeopathy, how foolish they will look, to be sure, in the course of a few years to come!

COPPER IN *NUX VOMICA*.

Now that we have arsenic as a normal product of thyroid gland and epithelial tissues, if not of malt and

hops, there is no telling where we may have the metals turning up. Here, for instance, is copper in *Strychnos* seeds—which is interesting when we consider the cramp-causing powers of both substances.

“Early last year Mr. J. Rutherford Hill, of Edinburgh, reported the presence of copper in *Nux vomica* preparations, and some controversy followed the statement. Dr. A. Beitter, of the Strasburg University, has now taken up the subject, and in a paper communicated to the German Pharmaceutical Society (*Deutsch. Phar. Gesellsch.*) he generally confirms Mr. Hill’s observation. The communication deals in detail with the utility of the aloin and guaiacum reactions for the detection of traces of copper, and the author shows that the best way to detect the copper is to mix 3 c.c. of the tincture (1 in 10) with the same volume of 1 per cent. solution of barbaloin in a cylindrical test-glass (placed on white paper), then to add 3 drops of a 10 per cent. aqueous solution of potassium sulphocyanide, and to note the colour produced, which is more or less cherry-red in the course of a few hours, according to the amount of copper present. He concludes that copper occurs in traces in all strychnos-seeds—viz., *S. Nux vomica*, *S. Gaultheriana*, *S. Ignatii*, and *S. potatorum*. A strychnos-bark also gave a reaction. In some cases the coloration appears in a few minutes, but the mixture should be allowed to stand for four hours at least before a decision is arrived at. The author does not think the test can be made quantitative, but it detects 1 of copper sulphate in 10,000.”—*Chemist and Druggist*, January 12th.

Who knows but we may be gold-mining in acorns before long?

#### PELARGONIUM RENIFORME THE REMEDY FOR DYSENTERY.

WE have received from our South African correspondent specimens of *Monsonia ovata* and *Pelargonium reniforme*, which entirely bear out our correspondent’s surmise that the *Chemist and Druggist* was in error in naming *Monsonia* as the Kaffir remedy for dysentery (*H. W.*, October, 1900). The root figured in the *Chemist and Druggist* as being the root used corresponds exactly with the root of *Pelargonium ren.* forwarded to us, and is not in the least like the root of *Monsonia*.

#### LADY MEXBOROUGH’S BEQUEST TO THE LONDON HOMEOPATHIC HOSPITAL.

THE following encouraging item appeared recently in the “Wills and Bequests” columns of the daily press:—

“Venetia Stanley, Countess of Mexborough, 16, Park Lane

£20,528 19s. 7d. Lady Mexborough bequeathed to H.R.H. the Duchess of York her miniature brooch set with diamonds, containing a portrait of King William IV., given by him to Lady Mexborough's grandmother. She left £2,000 to the Cheyne Hospital for Sick Children, and to the London Homeopathic Hospital and Nursing Institution, Great Ormond Street, the ultimate residue of her estate.

#### WANTED—A HOMEOPATHIC COLLEGE.

DR. T. J. GRAY, in an interesting letter on "London Clinics" in the *Minneapolis Homeopathic Magazine* of December, says some pretty things about the London Homeopathic Hospital and its surgeons. And he makes the following pertinent observations, with which we need not say we entirely agree:—

"The one great and, as it seems to me, indispensable adjunct to the work, is a homeopathic college in London. With such a fine body of men as now constitute the staff of the London Homeopathic Hospital, it would seem that all that is needed for a college is already in hand. Surely the common sense of the English Parliament can be depended on to grant a charter when asked for it. A separate college giving a full and rich course in medicine and surgery, with independent examinations in therapeutics and practice, would draw such a body of students as would surprise the friends as well as the foes of homeopathy in England. It is as great a folly to try to build up homeopathy by converting physicians trained in allopathic schools, as for the various Churches to hope to live by proselytising. We cannot believe our English *confrère* is afraid, or that he will long allow it to be said there are no colleges teaching homeopathy outside America. He will find a way, or make one, to overcome the difficulties. So far as an outsider can judge, I believe the hour of their opportunity has come. God speed them."

#### VALE FISHER—AVE DEWEY!

WITH the first number of the New Century Dr. Willis A. Dewey takes over the *Medical Century* from the hands of its founder and editor, Dr. C. E. Fisher. Both the late and the present editor are well known on this side of the water. With conspicuous ability and enterprise Dr. Fisher has placed his journal in the first rank of American homeopathic periodicals, and among his best achievements must be placed his choice of a successor. Dr. Dewey has the century before him, and if we may judge by the promise of his first number, he will make the most of his opportunities. As the joint author with Dr. Wm.

Boericke of the most complete work we have on "The Twelve Tissue Remedies of Schüssler," Dr. Dewey's name is a household word. But Dr. Dewey is no mere Schüsslerist; he has written works on materia medica which show that he has the true homeopathic type of mind.

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#### SCHÜSSLERISM AND HOMEOPATHY.

IN one of his leading articles Dr. Dewey calls Dr. T. F. Allen to book for a recent condemnation of Schüsslerism as "a pernicious system grafted on homeopathy," and further as a "common delusion, non-scientific, and unreliable as a guide." On this, Dewey remarks that though Schüsslerism is not homeopathy, yet "we can see no reason why it (Schüsslerism) should be read out of the school any more than we can see a reason why we should dispense with clinical symptoms." For our part, we are not so sure that Schüsslerism is not homeopathy. Schüssler thought it out in a different way, but that does not alter the *fact* that many of his indications are *proved* to be homeopathic, and the rest, though unproved, may be so nevertheless. The homeopath should, above all things, be broad-minded and avoid indulgence in the hard-swearing which we object to on the part of our friends the allopaths. Nobody has "surrounded," to use an expressive Irishism, all the possible developments and branchings of the homeopathic principle, and nobody is ever likely to do so. We must be content to cultivate our own small allotments, and let others raise their own crops in their own way. Dr. Dewey, in the same article, refers to the discussion on clinical symptoms which recently occurred in our own pages, and he mentions the case of spleen affection cured with *Ceanothus* on clinical symptoms, and claimed to be a homeopathic cure. In reference to Dr. Hughes' contention that while the reporter of the case was "practising homeopathy," he was not "prescribing homeopathically," Dr. Dewey remarks: "It seems to be a case of distinction without a difference after all, and therefore in the same way we may use Schüssler's remedies on his clinical indications even, and still be practising and curing—for they will cure—homeopathically."

## A SEROPATHIC ACCIDENT.

THE following is from the *Chemist and Druggist* of January 19th. It is difficult to see how contamination of this kind can be prevented when microbes of different kinds are being dealt with in the same laboratory:—

## “DEADLY SERUM.

“The use of diphtheria serum is likely to receive a severe check in Italy. The Serotherapeutic Institute of Milan made a batch of the serum on November 24th, into which the tetanus bacillus was accidentally introduced. The result has been that eight persons on whom the serum was used have met with horrible deaths from tetanus. The Institute has been closed by the Prefect, the stocks of serum destroyed, and steps taken to recall the supplies in the hands of dealers. The accident has caused somewhat of a scare amongst the public and the medical profession in Italy, and, it is thought, may check the use of the serum in other countries as well.”

## THE NEW “CURE” FOR CONSUMPTION.

THE fame of the cacodylate cure for consumption was soon blown upon. Under the heading, “The Dangers of Cacodylate of Sodium—a Warning,” Dr. Murrell published a letter in the *Medical Press* of December 19th, from which we extract the following:—

“Gautier recommends it in doses of five centigrammes, hypodermically, whilst Widal and Merklen confirm his statements. Galliard has never seen any untoward results even from doses of from 20 to 40 centigrammes given by mouth. They agree that it is practically a specific for all forms of tuberculosis, and cured cases of phthisis are spoken of as if they were common. The story, it must be admitted, does not seem feasible, but, on the other hand, it is difficult to disregard the evidence.

“I have tried it—cautiously, I am happy to say—and I have had a rude awakening. I gave the drug in doses of about a third the minimum quantity recommended by the French authorities, and by mouth instead of hypodermically—that is, one grain in the form of pill, three times a day. The patient, a girl of 21, suffering from phthisis, after taking eleven doses, developed symptoms of acute arsenical poisoning. She had constant vomiting, the tongue looked like a piece of raw beef, the conjunctivæ were inflamed, the eyelids were edematous, and the breath was gangrenous in odour. In addition there was peripheral neuritis with wrist-drop, and paralysis of the left leg. The symptoms, with the exception of the odour in the breath, which was noticed on the second day, came on suddenly. There was no diarrhea, and there was no albumen in the urine. All this happened in spite of the fact that every possible precaution was taken. Only a small dose was employed, the patient was under

constant observation, and the drug was obtained from one of the best known firms in London.

“On turning to the advertisement columns of the medical papers I find it stated that cacodylate of sodium ‘affords a new method of administering arsenic in a form which produces no gastric irritation, or any of the unpleasant symptoms attending the use of arsenic in its inorganic combinations.’ I cannot but think that a grave responsibility rests with those who make such statements.”

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## ORIGINAL COMMUNICATIONS.

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### CANCER OF ŒSOPHAGUS.

By ROBERT T. COOPER, M.D.

IN the second edition of my work on Cancer and Cancer Symptoms, at pages 47, 48, I thus refer to this affection in connection with the danger of repetition of remedies:—

“A very good instance of this (*i.e.*, the danger of repetition) is afforded by cancers of the gullet. Here we get an obstruction produced by the narrowing influence of the cancer upon the lumen of the œsophagus. The very moment the remedy acts, as remedies very easily act, upon most cases of this affection a quantity of phlegm, often very offensive, comes away, and the chance for the patient depends upon allowing this action to expend itself upon the disease. If, therefore, the physician, blind to Nature’s warning, repeats his dose under the specious plea of ‘its being necessary to push the remedy,’ he will inevitably hasten the death of his patient. And the more related the dose has been to the disease, the more necessary is it to observe this warning.”

A very fine example of this is now passing through my hands, and as the lesson for all of us is of amazing importance I hasten to report it.

Mrs. C., æt. 38, living at Hambro’ Road, Streatham, has been ill six years with what has been diagnosed as ulceration of the stomach and œsophagus. Several doctors have seen her, but for some years has been taking various advertised nostrums on her own account, and as might have been expected, without any benefit. She complains of a choking pain in the chest and low down in the throat after eating or drinking—is obliged

to drink with force or will bring back all her food. These symptoms began with sickness of the stomach when pregnant, six years ago: Cannot keep anything down without drinking, and when the food gets down feel uncomfortable, as if she would have diarrhea; bowels, however, are regular; occasional faint feelings, and gets thinner.

For these symptoms I gave *Verat. album*  $\phi A.$ , relying upon the symptom, "*Spasmodic constriction and strangulation of the oesophagus,*" and which I considered to be near enough to the symptoms of the case to be reliable. This dose was given October 15, 1900.

On the 6th of November patient reported in person:— Gets things down better. She felt no change till a week ago, when she began bringing up phlegm, and has since had a thick, hoarse feeling in the throat, but can drink more freely. Much flatus in the bowels; no faintings.

The next stage in the case was described to me by a friend of the patient, who wrote on November 21st that Mrs. C. was feeling very unwell, that the monthly period came on on the 18th, and that since the 17th she had not been able to get a particle of food down.

On the 19th chill seized her, and had to go to bed, and since then food and phlegm came up together the moment she attempted to eat anything. She has great pain low down in the oesophagus when swallowing, and in her back, and between the shoulders and up to her head; also, has fainted through weakness last evening.

The letter went on to state that Mrs. C. was in a terrible condition, and that not a particle of food could be got down.

In reply I wrote that I knew perfectly well what was taking place, that she was being beneficially acted upon, and that if she would only keep filling her mouth with hot water and with soups occasionally she would probably last long enough for the full benefit of the dose to take effect.

On December 4th the patient herself called to tell me of the painful experience she had gone through. She had had, she said, great pain with cold shivers, had been fainting two or three times a day, and had brought everything up; had kept in bed for two days, during which time she was unable to endure the slightest sound, and felt suicidal, with a horrible burning pain in the middle

of the chest going through to between the shoulders, and a feeling of being choked up. She still complained of pain in the same place on food going down—is living on milk and broth. A week ago great quantities of phlegm used to come up on coughing or attempting to drink, but this was now less, and that she seemed no longer to be losing flesh.

Prescription—To go without medicine.

On December 19th she came again to see me, expressing herself as in every way better; can swallow cocoa without its returning, and can even eat a dry biscuit, which she has not done for years, and has nothing like the pain “in her stomach,” as she expresses it. She still keeps bringing up phlegm, but is much stronger, and has resumed her usual hard work, and is no longer faint.

The lesson to be learned from all this is that this patient would most undoubtedly have died had I given her a second dose of the same remedy, and that her recovery is entirely due to the fact that the arborivital dose was allowed to do its work untrammelled and unimpeded.

It may not be a financially prudent procedure to give the indicated dose and to let it act, but it is good homeopathic practice all the same, and certainly in an obscure disease like cancer of the gullet more reasonable and more agreeable to the patient than the continuous dosing so strongly recommended by some supposed followers of the great and immortal Hahnemann.

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## A NOTE ON ANTIPYRIN.

By Dr. COOPER.

A LADY complained that her baby, three months old, turned blue round the mouth, and was short-breathed. Ordered 2 gr. of the 6th dec. of *Antipyrin*.

Result: the blue appearance round mouth got better at once, but for two weeks the child was troubled with constant scanty, green stools, and the skin round the anus broke out into a very obstinate eczema, which has continued after the diarrhea went.

Breathing improved.

## VETERINARY HOMEOPATHY.

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

A CONTRIBUTION, entitled "Odds and Ends," which appeared in the January issue of THE HOMEOPATHIC WORLD, from the pen of Mr. R. H. Bellairs, M.A., came under my notice on the very day that I had been seriously contemplating the use of *Psorinum* 30 for a case of chronic eczema in a cat. It appeared to me to be just one of those cases that a nosode of the character of *Psorinum* was calculated to reach where the ordinarily indicated remedies would probably fail; indeed, I had already tested two agents that are recognised as specially useful in chronic ailments without any apparent result. Sufficient time has not yet been allowed for the full action of the *Psorinum* in this case, though I am pleased to say that a change for the better has already made itself evident, and there is every promise of a radical cure. I am very glad that Mr. Bellairs has drawn attention to the great value of the nosodes, for, in my judgment, it matters very little whether the nosode is derived from the economy of the human being or one of the lower animals; as remedial agents, especially in chronic ailments and for the reduction of abnormal growths, they are simply invaluable whether applied to the human being or the lower animals; and as was remarked to me very recently in course of conversation with the worthy editor of this journal, "No practitioner who means to keep ahead or even abreast of the times in effecting cures can afford to ignore the nosodes"; and I may add that in the hands of the really intelligent practitioner they are coming, and must continue to come, more than ever to the front.

As the subject of the treatment of a cat has already been referred to I will continue the consideration of feline cases and describe a few that have come under my care within the last two years.

Cats have of late become all the rage among ladies of the leisured classes; clubs in different parts of the country have been established with the National Cat Club as the leading institution. Cats have been carefully classified for breeding and exhibition purposes, and the breeding of cats has assumed the proportions of a well-established commercial enterprise. The devotees of catdom have,

alas! discovered that their pet hobby may be, nay, verily is, frequently the victim of dire disease that closes their pets' career like snuffing out a candle; and, of course, to such conditions names must be applied. The veterinary profession would not be considered worth a rap in the eyes of these fair and fashionable dames if it could not merely give a name to cat ailments as they flash upon the horizon of the cat world, but they must also be prepared right off the reel to explain the cause of the ailment and where the animal caught it, if it should happen to be a case of catching at all.

Within the last six months a number of cats have fallen victims to an ailment which is represented by quite an array of similar symptoms, and which has been designated by some learned lady or gentleman or some professional veterinarian, I really do not know which, *gastro-enteritis*. Although, as a rule, veterinary surgeons are considered by members of the feline and canine fancies to be the rankest "duffers" in creation—and, mind you, these ladies and gentlemen do not hesitate to express this opinion frankly in writing, so there is no mistake about what they do think—still quite a representative number of cases of this particular epidemic have come under my care; and I observe from published reports in the journal of the "fancy," *Our Cats*, that cases which came under the care of one or two members of the veterinary profession, who were fortunate enough to gain the confidence of some cat owners, presented symptoms very similar to those of my own, judging from which, if we must have a pathological designation, *gastro-enteritis* will do as well as any other.

The general symptoms of the majority of the cases were as follows: Frequent vomiting, after taking food and drink more especially; continuous thirst, lapping a little at a time only; rapid sinking of the vital energies; prostration; emaciation; anxiety depicted in the countenance; restlessness; rapid, wiry, intermittent pulse; internal temperature two degrees higher than normal in the morning and three at night; great tenderness of the abdomen on being handled; diarrhea of a fetid character containing undigested food among the fluid excreta; dry, hot skin and staring coat; evacuating feces accompanied by great straining, and excoriation of the anus; the mucous membrane of tongue dry and

the tongue shrivelled; cold and chilly sensations seemed to be experienced.

The foregoing is a fair description of almost all my cases in this epidemic, and to the student of homeopathy it does not call for much reflection before determining what remedy is indicated. *Arsenicum album*, in the third decimal attenuation, was administered to one and all of these cases in doses varying from three to five grains, according to the age of the patient, four times a day, and in no instance did I lose a patient. Mr. Boyson Arnald, M.R.C.V.S., the recognised veterinary adviser to *Our Cats*, in a report upon the epidemic, states he found in some cases constipation and vomit tinged with biliary colouring matter; this, however, was not my experience; had such symptoms come under my notice I should have looked upon them as evidence of a deviation from the recognised epidemic and have been compelled to treat them according to the varying symptoms. This gentleman appears to have relied pretty much upon one form of *Bismuth*, but, as I pointed out in a communication addressed to *Our Cats* on the subject, while *Bismuth* is a valuable remedy in some forms of dyspepsia it certainly did not cover the symptomatology of the present feline epidemic.

As this article so far is confined to cats I propose to refer to a series of cases which came under my care of cats that were evidently the subjects of a psoric or strumous taint; they had one and all, although belonging to different owner-ships, been under allopathic treatment for periods varying from twelve to eighteen months, and had regularly baffled the experienced practitioners in whose hands they had been placed. The principal feature of these cases was the presence of a dry, scaly eruption; if the scales were forcibly removed the dermal tissue presented a bright red appearance without exudation of either serum or blood immediately; the part was extremely sensitive to the touch, and ultimately some serum evidently did exude, though very slowly, as a new scab was formed within twenty-four hours; the whole eruption was very irritable, and itched so much that the patients scratched themselves until the parts were denuded of the natural coat. *Graphites* 6x and 12x served to cure two cases, *Mezereum* 12 two others, while three yielded to nothing until I administered *Psorinum* 30; every one, however,

in the long run made a perfect cure; the skin assumed its normal smooth and pliable condition, the hair of a proper length, thickness, and texture was reproduced, and the cats were in perfect condition for the show bench. These cases were certainly triumphs for the cause of homeopathy, of which I was not a little proud, as they go some way towards a vindication of the force and truth of Hahnemann's powerful arguments anent "chronic diseases."

Sussex Villas, Kensington, W.,  
January, 1901.

(To be continued.)

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## HEAT RAYS, LUMINOUS AND OBSCURE.

In a paper entitled "The Therapeutics of Luminous Radiant Heat," read before the British Homeopathic Society, June 3, 1900 (*J. B. H. S.*, October, 1900), Dr. Jagielski dealt in a very interesting manner with a point raised in a leading article entitled "Photopathy" which appeared in this journal on June 1st. We have pleasure in presenting our readers with extracts from Dr. Jagielski's paper, some of which were written before our queries were in type.

### LIGHT AND HEAT.

Let us now look a little closer into the properties of this light, this substitute of the *sunlight* with its well-known radiancy. Light radiation is perceptible to us by our eyesight, and the heat-rays by our whole skin and body; there is no essential physical difference between the *heat-rays* that warm our bodies and the *light-rays* that affect our organs of vision—"radiation" being the propagation through the ether of impulses imparted to it from the molecular movements of the ether governed by the same laws. The more rapid these vibrations become the more intense are the effects of light and heat, and in order to get intense heat a luminous source of heat must be employed; but any solid forms of combustion, such as fire, are quite unsuitable for the purpose. Wood, coal, naked gas-jets show a very imperfect combustion; even the incandescent gas is objectionable from the drawbacks of its mantle; a better chance was offered perhaps by gas-heated asbestos, but the cleanest, best, and most manageable is Dowsing's electric lamp. This contains filaments of about eight inches in length, and is enclosed in a cylinder of opaque

glass. This cylinder is embedded in a bright copper reflector, which can be moved on a stand by means of clamps in any direction needed for the treatment of any part of the human body, or the full length of the body if necessary. The apparatus can by means of rheostats be efficiently regulated, and asbestos cloth enables us to partially enclose the body. The ideal of light-radiation we have in the sunlight, and Dr. R. T. Bowles has shown us that all heat is as radiant as light, and that *pure dry* air does not conduct heat at all, any more than it conducts light. The heat that we get from the sun is radiant heat; it comes through the ether with as much facility and rapidity as light does. Dr. Bowles observed the influence of sunburn in the Alps and obtained some very curious results, which enabled him to acquire a certain knowledge of the physics of this question, which may be useful in considering these respective luminous electric heat baths. Heat, he says, is always heat; in the Tallerman bath, which he has seen and observed, we get ordinary dark or obscure heat. In the Greville bath, ditto. In the Dowsing you get, besides that, light and chemical rays; so that the Dowsing bath differs absolutely and entirely from the other two, and it is essentially important that these facts should be completely and strongly grasped before we can form any conclusions as to the relative results of these baths. Heat is the agent that we know in the past has done good, and heat alone. The addition of light and chemical action may play an important part. Heat, as heat, does not burn in the ordinary way; you feel it as warmth, but it does not sting and burn. These physiological changes are due chiefly to the light-rays, which, when impeded on their way, are converted into heat; the light-rays are degraded as they pass through the tissues by their transformation from shorter into longer waves of vibration. Certain substances, of course, are thermanous, and others are athermanous. Glass transmits only 33 per cent. of the heat-rays, but the *light-rays* all go through. If you close your greenhouse and remain inside it, you will find that the heat becomes enormous, and will burn the plants within. Now, why does it get so hot? It is not by heat-rays, because heat does not penetrate glass to a sufficient extent. Light, however, does enter, and impinging on the plants and different coloured objects, becomes changed into heat and burns the plants. Hence the necessity in greenhouses of securing a free current of air to keep the plants cool. Dr. Bowles saw Tyndall perform the following very ingenious experiment: He passed a beam of electric light through water, to absorb the heat-rays, and then by passing the resultant rays through a lens of ice he set fire to some black paper on the other side and ignited gun-cotton. There-

fore, it was not the heat-rays which brought that result, but the light-rays. In other words, the wave lengths were altered, they were lowered in refrangibility and converted into heat, as Tyndall says. Invisible or radiant heat is not absorbed by dry air. An *alum* solution in a glass cell *stops the heat* and allows the light to pass through. *Iodine*, on the other hand, in solution of bisulphide of carbon, allows the invisible *heat-rays to pass*, but obstructs the light-rays. These facts are easily demonstrated. *Water* will boil by light which has passed through iodine and is concentrated in a glass tube containing water. If the iodine is replaced by an alum solution the boiling ceases instantly. . . .

As I am writing this paper to-day, June 3rd, my eyes just fell upon THE HOMEOPATHIC WORLD of June 1st, in which its ever vigilant and circumspect editor publishes his thoughts of what he calls "photopathy," saying, in speaking of light treatment, that there are not wanting signs that we are on the eve of a new development in therapeutics. Further on he says: "It is perhaps not possible to separate the heat-action from the light-action in the cases reported," dealing also with the X-rays and the treatment by concentrated sun-rays, "but at any rate," he says, "it is unreasonable to suppose that the light has no share in the results." From what I have already said higher up, it will now appear clearer how light-rays and heat-rays are separated in their action. Professor Tyndall's researches prove the far greater intensity of heat-rays from a luminous source, and Dr. Hedley explained that the attempt to heat the body through the medium of a heated substance, such as air, is not an efficient way of *penetrating tissues*. The slowly-conducting dry air and the free radiation that it permits enables the living body to keep its interior cool by means of its thermostatic mechanism. Heat radiation, he says, strictly speaking, is not a transference of heat, but a transference of energy which becomes heat on encountering an obstacle in its path. Heat and light are each particular cases of what is known as "radiant energy." There is no essential difference between them, and their laws of propagation are identical. The dark and invisible rays of what is called heat differ from the visible rays of light only in their longer wave length. Reverting to Tyndall's experiments: On examining the obscure band of the spectrum it can be shown that, as the light-rays are added, the heat-rays become more intense, *i.e.*, the heat wave has acquired a greater amplitude, and therefore a greater energy of vibration, as energy of vibration is proportional to the square of the amplitude. The inference from these facts seems obvious, *viz.*, *use luminous heat*, if it is desired to penetrate the tissues of the body. A thermometer placed midway between two

Dowsing lamps twelve or eighteen inches apart runs quickly up to 350° F., and his glow-lamp in the torpedo-reflector, when closed, soon causes the glass lamp itself to melt if left closed long enough, say for twenty minutes or longer, and extinguishes itself by the breaking of its filament opposite the pinhole, caused by the outer air penetrating, accompanied merely by an audible (*souffle*) noise, without cracking or smashing the glass into pieces. It is, therefore, necessary to open this particular torpedo-reflector more frequently to avoid the destruction of the lamp.

#### COLOURS.

I mentioned also, in a previous part of my paper, that the heat-rays may be partially screened in their course, and I frequently make use of a glass screen of a certain colour if the natural colour of the luminous light proves too exciting for the patient. Dr. Bowles has told us that the violet end of the spectrum are the rays which produce sunburn, and I have found, as a matter of experience, that the heat produced by red rays is far more soothing and less irritating to many patients than other colours; blue, again, better suits the lymphatic and anemic constitutions; but those form a speciality of studies, and the more we learn of the pathology of those conditions we are about to treat the more likely we shall be able to decide beforehand which colour will be the more suitable for the treatment of any given patient. On the whole, I have obtained very good results with our ordinary light-rays for this radiation treatment in cases of neuralgia, headaches, rheumatic pains, and in colds of the head, in dry and cold skin with greatly impaired and difficult diaphoresis accompanied by cold extremities, sometimes pains and stitches in abdomen, flatulence, &c. In cases where the finger or fingers sometimes up to half the hand got cold, bluish, white, numbed, dead or cribbling, in which treatment with remedies, bath, hot poultices, have not shown the slightest improvement, this luminous electric heat treatment has produced a very satisfactory change. The same I can say of falling asleep or numbed feeling with formication all over one extremity when lying in bed without compressing the part; this happens mostly in uric acid diathesis. In such cases massage, open-air exercise and profuse perspiration by Dowsing's rays abolish the tendency. In old, enfeebled people, in whom the bodily temperature was below the normal before the bath, I have obtained a return to normal temperature by degrees in the course of their baths, and the trouble of cold hands and feet greatly diminished. This, of course, follows the general improvement in the circulation of the blood and the increase of the heart energy.

## MATERIA MEDICA MISCELLANY.

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

*Cantharis in Lithemia.*—Dr. W. P. Laird says that the great remedy for lithemia, the one which most accurately corresponds to the totality of the morbid phenomena, and which we may prescribe with confidence in at least two cases out of three, is *Cantharis*. The special symptoms are soreness in the region of the kidneys, cutting, contracting pains in the ureters extending to the bladder and urethra and down the spermatic cord with retraction of the testicles. Urination painful and difficult, urine passes in drops, cutting before and after urination, urine scanty, dark coloured with oftentimes a sediment looking like old mortar or a reddish brickdust sediment.

For mental symptoms it has forgetfulness, confusion of head, distraction of the mind and an inability to concentrate the mind. There is despondency and low-spiritedness, much whining and complaining. Vertigo is present, much abdominal distension and restless sleep. The patient is weak, prostrated, and faint, and the head feels especially confused in the morning.—*Dewey in N.A.J.H.*

*Natrum Muriaticum in Neurasthenia.*—This remedy, with its mental weakness, sadness, and depressed condition, corresponds well to many cases of lithemic neurasthenia. The patient likes to dwell on past unpleasant occurrences, is hypochondriacal, tired of life, and irritable and vindictive, becoming enraged when one tries to comfort him. There is vertigo, a weak, empty feeling in the head, eructations, and constipation. The urine has a brick-dust sediment, it is dark and adheres to the vessel. He is sleepy by day and sleepless at night. Depressing events cause sleeplessness, and he is unrefreshed in the morning, when the small of the back feels as if paralyzed.—*Ibid.*

*Sepia in Neurasthenia.*—This remedy is not prescribed often enough in men. It should be a great neurasthenic remedy, especially that form dependent on lithemic conditions. It has worked well in the writer's hands. It has weak memory, sadness, indifference, and great irritability, almost as much as *Nux vomica*. It suits such as over-exert the mind about their business and then have

an extreme aversion to it. Aversion to one's own occupation is the symptom. The urine is turbid with a red, sandy sediment, and it is apt to be very offensive, thus distinguishing it well. It has too the symptoms of venous stagnation and liver troubles as manifested by such symptoms as yellow spots on various parts of the body, sleep is interrupted, thoughts rush through the mind, he is restless and wakeful; there are momentary attacks of giddiness and heaviness of the head and stupefaction. The digestive symptoms are for the most part dependent on the state of the liver.—*Ibid.*

*Some Uses of Berberis.*—In a discussion on this drug before the Homeopathic Medical Society of New York last November some useful points were mentioned. Dr. W. McDonald recited some cases illustrating its use in cases of pelvic neuritis. The kind of pain seemed to have no weight, it being equally serviceable in sharp, dull, burning, aching, sticking, or cutting. And no disease of the kidney or liver or bladder or urine was needed to indicate *Berberis*, although these confirmed the selection when present. He uses it mainly in the tincture or 1st dilution, three to four times daily.

Dr. J. T. O'Connor had used *Berberis* for pain or distress in the neighbourhood of the bladder, without reference to renal or vesical disease. Also the nerve supply to the lower limbs is involved, and, indeed, all the nerves, from the loins downwards, as, for example, in neuritis, root neuritis, myelitis, and locomotor ataxia. The pains are not unbearable, and are burning, sharp, wrenching, or pressing. There is also especially a heavy aching in the legs, a sensation of overpowering fatigue, which may be absent during rest, but is brought on by a very short walk. There is often a sensation of swelling of the part, usually the leg. Dr. O'Connor does not give it for anterior crural pains, but for involvement of the outer parts of the thigh. The symptom of small cold spots, or of larger places with a cold sensation, he has abandoned, after trials in myelitis with failure. He finds it useful in affections of the lumbar and upper sacral portions of the cord. Dr. O'Connor has a preference for the higher potencies with this drug, having experienced an aggravation from the tincture, and even from the 6th. He prefers the 30th or 200th.

Dr. T. F. Allen said that he prescribed *Berberis*

particularly in diseases of the kidney and liver, and in lithemic conditions. The pains are usually sharp and burning. He called attention to the similarity of *Zanthoxylum* to *Berberis* in vaginal and uterine pains of apparent neuralgic character, and in coxalgia as well. This drug affects the left side of the pelvis and the ovaries. Its proving is very limited.

Dr. B. G. Carleton said *Berberis* had given him excellent results when symptomatically indicated. He has found it useful chiefly in the hepatic and uro-poietic diseases, in nephritis, calculi, cystitis, varicocele, neuralgia of the spermatic cord, and inflammation of the testicles. He enumerated the symptoms most valuable. Sharp, lancinating, digging pains in the lumbar region, aggravated by pressure, radiating downward, particularly in the course of the ureter—not extending below the hips and loins. Cystitis with burning or dragging pains, often extending down the urethra, worse during and after micturition, the desire to urinate often persisting after the act. The urine is thick and turbid, with a heavy clayish deposit, sometimes pinkish. There is pain and dragging in the cords and testis. In the uric acid diathesis it is useful, the patient is prostrated, with sunken eyes and a worn, drawn look.

Dr. H. M. Dearborn said that *Berberis* was not a prominent remedy in skin diseases, but sometimes very curative. The skin symptoms are usually fortified by indications from other parts. The pains are sticking and burning, with itching and crawling of the skin. Very prominent are the stains and mottlings of the skin. Dr. Dearborn mentioned several conditions in which he had found it efficient. Among them were: Eczema with hepatic symptoms. Eczema, particularly about the anus and hands. Lichen planus on the inner surface of the forearms, with pigmentation. Acne vulgaris or acne indurata, if due to hepatic or urinary or menstrual trouble. Purpura. Urtica pigmentosa. Impetigo simplex, followed by very marked and persistent pigmentation. Dr. Dearborn uses *Berberis* low, the 2x potency, but has obtained an aggravation from it, and so used the 3x or 6x.—*N.A.J.H.*

DIFFICULTIES OF DRUG-ADMINISTRATION IN  
INDIA.

By Dr. B. K. BAPTIST.

## II.

IN the October number of THE HOMEOPATHIC WORLD I wrote of some difficulties which beset the practice of homeopathy in India.

There are a few more points left which I think as deserving of mention, and I give them below.

## TOBACCO.

Almost all natives in India smoke tobacco; there are several modes of taking tobacco, viz. (1) pipe, (2) cigar, (3) cigarette, (4) hookha, and (5) powdered tobacco-leaf with betel. Some persons are so addicted to this that they smoke nearly every ten minutes. Even some women are in the habit of taking certain sorts of tobacco. In most cases of such smokers there is hardly any good result from homeopathic treatment; but in diseases of children homeopathy has a good opportunity of working speedy cures. It is from noticing this that some people say that homeopathy is for children only and not for adults. The chief reason of such difference between the treatment of children and of adults is smoking; the children do not smoke, so homeopathic medicine acts on their systems freely.

A young girl was much addicted to smoking; when she first came to her new home after marriage she was obliged to hide her smoking from her husband and father-in-law and other relatives, out of shame; she therefore gave up smoking abruptly. On the second day of her stay at her husband's house her stomach puffed up, she was extremely flatulent and restless. The father-in-law and all others were very anxious for the new bride; they sent for a good doctor. The doctor came and prescribed a dozen medicines, but without effect. The case grew worse and worse in a few days. At last doctor D — (an allopathic doctor) was called to diagnose the case. When Dr. D — smoked his pipe near the patient he found that the girl breathed long, took some amount of smoke by inspiration and felt a little relieved. Having noticed this the doctor ordered every one to leave the room, and

asked the patient if she were in the habit of smoking. The patient said "yes," and the cause of her disease was revealed! Dr. D — then advised her husband privately to furnish his newly married wife with a hookha (native pipe), that she might smoke at her will; and the hookha cured her completely.

This case shows that sudden and total abstinence from tobacco may produce some evil results, and therefore I should advise a patient who is in the habit of smoking to give this up as far as practicable.

#### FAULTY DIAGNOSIS.

The object of homeopathic treatment is to root out the cause of the disease and thereby to relieve the patient. Allopathic doctors give *fever-mixture* in the primary state of every fever; they do not look to the cause of the fever, whether it may be due to cold, malaria, biliousness, or sympathetic to other diseases. Ayurvedic brethren believe that their *Sparvajwar-hārālānhā* will drive away all fevers. These brethren very seldom inquire as to the cause of a disease; when they are called, they put a thermometer into the armpit of their patient, feel the pulse, and give a mixture of a dozen ingredients! Therefore the people of this country have not learnt as yet to give proper information to a doctor.

A boy of twelve years had nausea, and he vomited one morning; there were some worms expelled through his mouth; ten days after this he had high fever and loose cough. I was called to see this boy. Having examined him, I gave him *Acon.* 6—that was ineffective; then *Bry.* 12 was given, but no improvement set in. There was a sound in the left lower part of his chest, which led me to a wrong notion that he was pneumonic. The patient became gradually worse, and neither he nor his parents told me of his vomiting ten days previous to his illness, that there were worms in the vomit. I was astonished when my well-indicated *Bryonia* failed. Then I began to inquire if there was any other cause. At last I came to know after a series of questions that some time before he had vomited, and there were worms. I tried *Cina* 6, and to my great joy the patient was relieved instantly; the boy, who was bedridden for a fortnight, got up, sat on the bed and talked of his sufferings! To avoid errors, we

ought to be very careful in examining a case and inquiring into all the particulars of it.

#### UNTRUTHFUL REPORTS.

Immediately we gain our object after administration of a medicine we either lessen the number of doses or in some cases entirely discontinue it, knowing the ill effects of over-medication; but invariably the patients, under the belief that it is the only means of a speedy recovery, continue the medicine as frequently as when first prescribed, notwithstanding strict injunctions not to do so; and if any precautionary measures, such as giving only a limited number of doses or withholding the name of the drug, are employed to prevent this over-medication, they resort to complaining of fresh symptoms or of allowing you to labour under the mistaken impression that their condition is no better, in order that they may get their usual and regular supply of medicine, as will be seen from the illustration below:—

On the 13th of March, 1899, I saw a patient suffering from suppressed lochia, with extreme thirst, rheumatic pains, and cough. I gave *Bry.* 6 every three hours, which had the desired effect, and, when all the symptoms had sufficiently abated, I suspended it for a day; but her husband not approving of this course, not only continued the medicine regularly, but from time to time misinformed me as to his wife's condition, with the result that after trying *Puls.* 30 I came back to *Bryonia*, again in a higher dilution, viz., 12, but seemingly without success, as the husband the following day informed me that his wife was in the same condition. Judging from the results of *Bry.* when first administered, I disbelieved this statement and asked to see the patient again, but this the husband objected to on the ground that he had no money with which to pay my fee, though in reality to hide his deceit, as his wife was completely cured of her original complaint and was only suffering from flatulence and loss of appetite, due to abuse of medicine, which I eventually found out to be the case by insisting upon seeing the patient again, free of charge.

If a patient is rapidly improving after entering into a contract with a physician for any chronic disease, the difficulty you have to contend with is almost insuperable as you can never administer medicines adaptable to the

case owing to the false reports which are given in order to avoid the fulfilment of the contract. Of this I give an example :—

A man of 45 years, suffering from fistula in ano and its consequent symptoms, after having tried everything possible without relief, came to me and contracted to pay me Rs.— in the event of a radical cure. I acquiesced, and prescribed *Silicea* c.c. once a day and injection of *Hydrastin* twice a day, with the result that the patient was enabled in a very short time to resume his work as a labourer; but notwithstanding this the weekly reports brought by the son were the same, viz., that his father's condition was no better, and it was by mere accident, when visiting a patient in the same locality, that I saw the father using a heavy axe splitting the trunk of a huge mango-tree. I may mention that I never realised the amount of the contract, and have not since undertaken any case of this description.

#### DISPENSARY PRACTICE.

Physicians who keep home dispensaries very seldom meet with any success: firstly, because of the belief prevalent among the natives of India that these are kept not for their benefit, but for the profit of the owners themselves, who purposely give non-indicated medicines so as to enable them to sell a number of prescriptions. Secondly, because, should a patient fall seriously ill after taking medicine purchased from a home dispensary it is at once put down to mercenary motives, as the patient thinks that he has been made ill so that the physician may get a few fees from him; thus it will be seen that unless free medicines are given and the confidence of the patients gained the proper administration of homeopathy is almost impossible.

#### SCENTS.

It is like "throwing pearls before swine" to endeavour to treat a certain class of individuals who habitually use scents and will not forego this small pleasure even when seriously ill; and as this is directly against the principles of homeopathy I make it an invariable rule never to waste any time on these cases, since the patient will tell you that it is impossible for a medicine to lose its virtue when brought in contact with a little sweet scent, and that

they would sooner do without their meals than without their scents, and it is worse than useless to try to persuade them to abandon it even for a short time.

I have written this article with two objects. Firstly, that something may be done to make the ignorant classes conversant with the principles of homeopathy, so that they may help the practitioner instead of, as is now the case, hindering him. Secondly, to disclose to beginners the obstacles they have to contend with, and to give them a few hints as to how to overcome them.

30-1, Serang's Lane, Taltolla, Calcutta,  
September 13, 1900.

### 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.

#### XXIII.—MORTALITY FROM SNAKE-BITE FOR TEN YEARS.

(20) "*Has there ever been a return made, showing the mortality from snake-bite in the colonies of New South Wales, Victoria, and Queensland, by the Statistical Departments of these colonies, for any given number of years?*"

Yes. Such a return was made some years ago, and shows the mortality from the years 1882 to 1891, inclusive—a period of ten years. The return was as follows:—

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

THE SUCCESS OF THE *AMMONIA* TREATMENT IN EVIDENTLY HOPELESS CASES.

(21) "Can you quote any cases in which the patients were evidently dying, but yet recovered under the *Ammonia* treatment?"

Yes. I can give several instances, and, for the information of my querist, I will enumerate a few:—

(a) This was the case of a man who, at the time of the application of the *Ammonia* treatment, was in a comatose condition, and sinking rapidly. 25 m *Liq. Ammonia* were injected, and the patient recovered. The verdict of the medical attendant was that the patient would have died but for the injected *Ammonia*.

(b) This was the case of a man who also was in a comatose condition, the pupils fixed and dilated, pulseless, and evidently dying. 10 m *Liq. Ammonia Fort. c.*, 20 m *Aquæ* were injected. The result was that the patient was roused in one minute, and eventually recovered. My opinion is that under the *Strychnine*, or any other known treatment, this patient would have died, judging from the result of similar cases that have been treated otherwise than by *Ammonia*.

(c) This was the case of a boy, seven years of age, who was in a comatose condition, the body icy-cold, and was sinking rapidly. 25 m *Liq. Ammonia* were injected, with the result that he was roused immediately and recovered.

(d) This was the case of a woman who was in an insensible condition, the pupils being dilated and fixed. Her condition was considered by her medical attendant to be alarming. 12 m *Liq. Ammonia Fort. c.*, 10 m *Aquæ* were injected and she recovered, the result of the injection being that she was roused at once and walked about.

(e) This was the case of a man who was in an insensible condition, the pupils fixed and dilated, and the pulse almost gone. 12 m *Liq. Ammonia Fort. c.*, 20 m *Aquæ* were injected, with the result that he was roused up immediately and recovered.

(f) This was the case of a girl, 14 years of age, who was in a state of total paralysis and stupor, the pupils being fixed and dilated. 15 m *Liq. Ammonia* were injected, with the result that she was roused in a few minutes and recovered.

(g) This was the case of a boy, 14 years of age, who

was in a state of coma and pulseless, the heart being slow, intermittent, and faint. *Alcohol* and *Ammonia* were given internally, and an intravenous injection of  $12\frac{1}{2}$  m *Liq. Ammonia Fort. c.*, 20 m *Aquæ*. The result was that he was roused almost immediately, and complete recovery took place in  $3\frac{1}{2}$  hours.

I could quote a number of other cases, but I think that those I have enumerated above will suffice, as they were all exceptionally bad ones. I would also draw special attention to the fact that in every case after the injection of the *Ammonia* the patients were either roused immediately or else within a few minutes, a result unattained so far by any other so-called snake-bite antidote. I would like the advocates of the *Strychnine*, *Chloride of Lime*, and *Chloride of Gold* treatments respectively to make a note of this, and perhaps it will be the cause of "setting them a-thinking."

A large number of medical men have also testified to the efficacy of the *Ammonia* treatment. Dr. J. M. Creed (of Woollahra, N.S.W.) states that out of 11 cases of snake-bite treated by him under the *Ammonia* treatment, 10 recovered. Dr. Violette (Paramatta) secured 2 cases out of 3; Dr. Andrew (Albury) 10 out of 10; Dr. Bassett (Bathurst), 13 out of 13; Dr. Bateman (Albion Park), 11 out of 12; Dr. Fitzpatrick (Crookwell), 3 out of 3; Dr. Tristram (Warksworth), 4 out of 4; Dr. Fleet (Warnambool), 14 out of 14; Dr. Stuart (Rockhampton), 5 out of 5; Dr. Gunning (Narracoorte), 4 out of 4; Dr. Lloyd (Mackay), 4 out of 4; Dr. Trehearne (Creswick), 4 out of 4; Dr. Gordon (Ballarat), 3 out of 3; Dr. Phillips (Warwick), 12 out of 13; Dr. J. Smeal (Ararat), 5 out of 5; Dr. Ross (Molong), 12 out of 12; Dr. Woods (Uralla), 20 out of 20; Dr. Boot (Moruya), 7 out of 7; Dr. Evershed (Bega), 4 out of 4; Dr. Macdonnell (Forbes), 4 out of 4; Dr. Forbes (Wardell), 3 out of 3; Dr. Chisholm (Ashfield), 5 out of 5; Dr. Connor (Lismore), 4 out of 4; Dr. Morgan (Wagga), 3 out of 4; Dr. Merrifield (Bombala), 3 out of 3; Dr. Newmarch (North Sydney), 2 out of 2.

The above gives a total of 210 cases treated under the *Ammonia* treatment, with only 6 deaths, or a mortality percentage of a little less than 3 per cent. A return has also been furnished to me in which out of 382 cases treated by *Ammonia*, there were 16 deaths, or a mortality rate of a little over 4 per cent. In the same return 66

cases were treated by *Strychnine*, out of which 5 died, making a mortality percentage of about  $7\frac{1}{2}$  per cent. It has, however, been ascertained that the average mortality under the *Strychnine* treatment is 13·2 per cent., while that under *Ammonia* is only 4·1 per cent.

#### VOMITING OF BLOOD AS A SYMPTOM IN POISONING BY SNAKE-VENOM.

(22) “*Have there been any cases of snake-bite reported in which vomiting of blood was one of the symptoms of snake-venom poisoning?*”

Very few cases of vomiting of blood have, to my knowledge, ever been reported. In one case, however, brought under my notice, hematemesis set in very shortly after the person had been bitten, and was very considerable—so much so that I feel inclined to believe that it resulted from the actual rupture of the capillaries of the gastric mucous membrane, and that it was brought about by the general engorgement of the portal circulation, and not by mere diapedesis.

#### DIFFERENCE OF ACTION OF SNAKE-VENOM ON THE RESPIRATORY CENTRE.

(23) “*Is there any difference in the action of the venom of the Indian cobra and viper and our Australian colubrines on the respiratory centre?*”

In poisoning by the venom of our Australian colubrines paresis of the respiratory centre is not so conspicuous, and does not play so important a part as it does in that of either the cobra or the viper. Although dyspnea, ending in asphyxia, has never been observed—though apnea always takes place with the advent of general paralysis, and even precedes by a few minutes the complete cessation of the heart’s action—the respirations at an early stage of poisoning by the venom of our colubrines become shallower and quicker. Artificial respiration prolongs life for a short period only. Experience shows that the venom of Australian snakes concentrates its action more on the vaso-motor than it does on the respiratory centre.

#### FAITH OF PROMINENT AUTHORITIES IN THE BLOOD-POISON THEORY.

(24) “*Have not the late Vincent Richards and other*

*prominent authorities firmly believed in and held the opinion that snake-venom is a blood-poison?"*

The late Vincent Richards maintained that whilst the venom of our colubrines affected the nervous system principally, and the blood partially, that of the viper killed by poisoning the blood. Brunton, Mitchell, Eward, and Weir also held the opinion that the blood-poison theory was an axiom not to be doubted. Feektistow, however, has completely disproved this theory by his experiments, and the blood-change has been fully accounted for as shown by me in an earlier portion of this paper. For, as Feektistow's conclusions are identical with those of Australian research made on our own colubrines, with the exception of the death-adder, and as the venom of the latter does not materially differ in its effects from that of the former, it must be admitted that all snake-venom is a nerve-poison, acting in accordance with one uniform principle. The mere fact that a number of prominent men have expressed their faith in the blood-poison theory does not prove that they are correct any more than the fact that a number of prominent medical men, who pin their faith to allopathy, stating that homeopathy is nothing but a myth and does not exist, is a proof that the law of similars is only an invention of the imagination, and can only therefore be accepted as such.

*(To be continued.)*

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NAT. IOD. IN ANGINA PECTORIS.—Drs. Schley and Gorham have both derived remarkable benefit from sodium iodide in angina pectoris, dependent on chronic heart disease. The drug was given in substantial doses.—*N. Am. Jour. of Hom.*, July.—*J. B. H. S.*

COLOCYNTH IN VESICAL CATARRH.—Post-assistant H. was seized on October 16, 1892, with violent gastric symptoms which he ascribed to having drunk stale beer on the previous day. There was violent vomiting with severe colic pains in the region of the cecum and scrobiculus cordis. Next day, along with moderate fever, he had painful bilious stools with violent pains in the bladder and terrible urinary tenesmus. On the subsidence of the gastric symptoms an acute vesical catarrh came on. The mucous discharge was occasionally bloody and sometimes clear. It looked like fresh white of an egg, was viscid and in long threads. As this corresponded exactly to the symptoms of colocynth given in Bähr's *Therapie*, this medicine was given in the 3rd dec. dilution, three drops every three hours. Under this treatment the very severe pain was quickly removed, the peculiar condition of the urine passed off, and the vesical catarrh assumed a mild form and so went off.—*A. h. Z.*, cxli. 42.—*J. B. H. S.*

## 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 3, 1901.

James Andrew Blair, M.D., C.M. Edin., D.Sc. (Pub. Health), L.R.C.P. Lond., of Windsor Terrace, Newcastle-upon-Tyne, proposed by J. Galley Blackley and J. Black Noble; and Wilfred Grantham Hill, M.D. Brux., L.R.C.P. Lond., M.R.C.S. Eng., of the London Homeopathic Hospital, W.C., proposed by Washington Epps and C. Knox Shaw, were elected as members.

The following specimens were exhibited:—

1. Large malignant kidney; differential diagnosis .. Dr. A. E. Hawkes.
2. Papillomatous degeneration of an ovarian cyst .. Dr. A. E. Hawkes.
3. Fibroma of ovary, patient ultimately dying of malignant disease.. .. .. Dr. A. E. Hawkes.

Dr. A. E. Hawkes (Liverpool) read a paper entitled "Some Clinical Cases," in which he narrated three interesting cases as follows:—

1. Papilloma of the ovary in a child—Removal—Rapid recurrence—Microscopical sections.
2. Empyema during pregnancy—Operation—Premature labour some time after.
3. Typhoid fever during pregnancy—Albuminuria—Cold-bath treatment—Delivery at term.

Dr. Burford opened the discussion on this paper, and in his remarks mentioned that cases of solid ovarian growths in children were always sarcomatous, and thought that in these cases operation was useless. Drs. Hughes, Byres Moir, Goldsbrough, and Day also took part in the discussion.

Dr. Vincent Green (Wimbledon), then read a very practical and useful paper on "Nasal Suppurations, with Notes of a Few Cases," in which he discussed the etiology, general and local symptomatology, associated symptoms, therapeutics, and prognosis of this class of cases.

Some discussion followed, in which Mr. Dudley Wright and Drs. Macnish, Jagielski, Black Noble, and Byres Moir took part.

Mr. Clowes Pritchard, B.A. (Hastings) presented the notes of "A Case of Vesical Calculus: Treatment and Cure." His case was that of a man of middle age who had for years suffered from cystitis. Mr. Pritchard diagnosed a calculus

as the cause, and performed suprapubic cystotomy in the Buchanan Hospital, and removed a large encysted calculus with the most satisfactory result.

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## EXTRACTS.

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### THE LATEST NEWS OF THE ELEMENTS WHICH SEND OUT UNKNOWN RAYS.

By DR. VILLERS.

A NEW emigma has been proposed to natural philosophy by the discovery of elements which send out luminous rays without having been under the influence of light, which have a well recognisable spectrum and which act on the photographic plate. A very renowned German scientist has said, that perhaps these facts will entirely change our opinions of the physical agents. We know already quite a series of such physical bodies, which are now regarded as new elements and are designated radium, polonium, and actinium. We may suppose, moreover, that we shall find more of them.

Quite miraculous, and not at all explainable, is the fact that they differ very much from the phosphorescent matters, which will only send out their light when they have been previously subjected to the light of the sun. But these new elements seem to have an ability to send rays out continually through indefinite time. You can get a bit of radium in a small tube for a not excessive price. You enjoy its light and put it in a sideboard. When you take it out again after many days or weeks, you will see it is just as brilliant as it was when you bought it.

The supposition is that the rays are intimately connected with separating minimal parts of the element, and you would suppose that in consequence the original piece must lose in weight. Prof. Becquerel, the most famous French scientist, has found that one *centigramme* (0.01) would be lost in 100 million of years!\*

\* The *Observer* writer puts the figure higher than this.—ED. H. W.

Not enough with these startling news, quite new things have been proved by Prof. Debierne, of Paris, the man who found actinium.

He writes to the Parisian Académie des sciences that the faculty of sending out luminous rays can be transferred from the elements which have it by their constitution to elements which have it not by their nature. He says it is like inducting the electric fluid in a body near the one which is full of electricity. To show this astonishing experiment he took a salt of barium, which is entirely free from the faculty of phosphorescence. He put it near a piece of radiant radium, and after some time it began to radiate, though not so much as the radium.

A second experiment is this: Chlorate of barium has no faculty of radiating at all. He mixed the solution of this salt with the solution of the very radiant actinium and by chemical processes took out the chlorate of barium again and this salt, in a solid form, had got the faculty of radiation so much, that it acts hundredfold more on the photographic plate than uranium.

New facts will illustrate old theories and destroy them or give them more value. Who does not feel, if he knows the theory of dynamisation by producing a close contact between an acting and a non-acting substance, what benefit we may have from these scientific researches? From every province of science comes such news to us which destroy the old dogmas of natural philosophy, on account of which their defenders believe so certainly that we violate "science" in teaching facts which are not in coincidence with their ideas. *Qui vivra verra.*

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#### A NEW HYPOTHESIS OF LIGHT.\*

At its last meeting the Royal Society of London awarded one of its grand medals to M. Henri Becquerel, member of the Academy of Sciences of Paris, for his discovery of the "phosphorescence" of the metal uranium. The mere announcement of this honour, great as it is, gives no just idea of the value and significance of the discovery, however. Though, coming after the Roentgen rays, and seemingly more feeble and less important from a practical point of view, the new

\* From the *Observer*, January 13th.

Becquerel rays may have a world-moving future before them. Already, to explain them, some of the most fundamental theories of physics, imagined to be solidly fixed on the rock certainty, have to be questioned. M. Becquerel's own explanation of them is like a curious return to the old corpuscular theory of the time of Newton, in which light was constituted by minute particles detaching themselves from the light-giving body, a theory which is still commonly applied to the sense of smell. During the past fifty years this idea has been entirely abandoned in favour of the wave theory, which makes light, heat, and other forces simply modes of motion. When Professor Roentgen announced to an astonished world that the electric rays engendered in a Crook's tube (*i.e.*, a glass tube in which as nearly complete a vacuum as possible had been made) had the quality of penetrating opaque bodies, so that, for example, the skeleton of a living person could be photographed with their aid, it immediately struck M. Becquerel that, in spite of its apparent feebleness, phosphorescent light, with which he had already been experimenting, might possess analogous qualities. He rapidly made the necessary experiments, and discovered "a perfect identity of effects." For this reason they have given his name to the rays emitted by phosphorescent substances. Becquerel rays are phosphorescent wherever found, under the wings of a fire-fly, around a stick of phosphorus, or emanating most mysteriously from certain metals hitherto not imagined to be phosphorescent at all.

In spite of its technical importance, the discovery of the astonishing energy of the phosphorescence of the metal uranium is said to be only an accessory circumstance. From this point of view the discovery of M. Becquerel has been far surpassed by those of M. and Madame Curie, that studious married couple who found in polonium and radium two rivals of uranium, the first five times and the second nine times as active. However astonishing these facts themselves may be—and it is a strange thing to see an unfed light shining indefinitely from a tiny glass tube that seems to have nothing inside it but a vacuum, a stick of glass treated with one of these metals, and what looks like a little mercury—they pale into insignificance before the scientific revolution which the discoveries of M. Becquerel appear to be on the point of arousing in the theories relative to the nature of light itself and the composition of elementary bodies. Thirty years ago M. Seguin, the founder of "Cosmos," presented to the various learned societies of Paris a series of very curious experiments, now completely forgotten, but tending to prove that the metals—gold, iron, copper, and

all the rest of them—throw out, in every direction from their surfaces, vapours that are invisible, yet capable of producing chemical effects. These vapours also have the power of penetrating opaque substances. Experiments and theory had become quite forgotten when this discovery of M. Becquerel brought them into prominence again, almost by necessity. Again, of late years, scientific men have been obliged to recognise the fact that a great number of very different substances act mysteriously on sensitive photographic plates by a sort of slow vaporisation of the same kind. The experiments of M. Becquerel lead them to think that the phosphorescence of uranium and its analogues is due to some such effect as this. These bodies—uranium, radium, and polonium—emit luminous emanations. They would seem to be the emission of corpuscles that have come to be free from every lien, and, flying out from the parent body in a state of tenuity, rarity, and lightness that must be almost supernatural, they shine spontaneously in the darkness. Uranium, according to this theory, must be, then, like a number of other substances, a mass composed of an incalculable number of the tiniest kind of particles, united to each other, but yet susceptible of flying off from the central mass in every direction, and taking on a brightness sufficient to be observed by the human eye as soon as they become disengaged from similar molecules. In a memoir recently presented to the Academy of Sciences of Paris, M. Becquerel calculated the loss of substance which ought to result to a piece of radium shining thus in the darkness. In calculating the loss of weight which a flat surface of this metal one centimetre square and shining continuously with an appreciable glow ought to undergo in a given time, he came to the sensational conclusion that such a piece of radium would suffer the loss of less than a milligramme (a 1-70th of a grain) in 1,000,000,000 (one billion\*)—a milliard—of years. To explain such a surprising statement we must admit that matter is susceptible of scattering itself about, under the action of electricity or sun exposure, in a state of division so great that one is obliged to give it a new name, that of *radiant matter*. In the smallest *atom* of the *chemist* there will then be billions of *molecules* of the *physicist*, each one of them capable of sending out, on its own account and in all directions, luminous rays strong enough to act on the human retina. If this new hypothesis be admitted—and it is a conception really worthy, as M. Becquerel says, of the beginning of a new century—solid bodies of matter are not at all the inert masses

\* In Britain a billion is a million millions (1,000,000,000,000); and in France and America it is a thousand millions.—ED. H. W.

we had thought them. They are in a way living things, sending out into space around them all kinds of emanations, some luminous, others merely atomic, which combine, modify the surrounding medium, act on living beings, provoke sensations, and perhaps give inspirations that are splendid or detestable? Indeed, may not something of this kind be at the bottom of the time-honoured belief in the occult qualities of precious stones and certain metals or combinations of metals?

In looking again at the one "practical" instrument that the discovery of M. Becquerel has so far called into existence, hawked about the Palais de l'Optique of the Paris Exposition at the price of two francs, it made scarcely more than the effect of a scientific toy. Not one visitor in a hundred took the trouble to examine it, for lack of time, because one was so hustled through the Palais de l'Optique, from "attraction" to "attraction." It is called the "Eternal Light," and presents itself under the form of a hermetically-closed glass tube, about four inches long, and, say, a quarter of an inch in diameter. Inside, running its whole length, is a thin stick of glass, having nine little circular glass "shelves" or projections, which almost, but not quite, touch the inside surface of the tube. Running loose in the tube, and unconfined, is a small quantity, about half a thimbleful, of what looks like mercury, but which is something else—radium, perhaps. What is obvious, however, is that this simple little apparatus receives no aid from any gas, electric, or magnetic current, or any phosphorus or other substance whose ray-giving power is capable of "dying down" in time. Agitate this little glass tube in a dark room, and it immediately begins emitting a bright phosphorescent glow, not sufficient to read by in the small models, but bright enough to aid one in finding a keyhole or seeing the hour on the face of a watch. This latter feat takes all its strength. Cease to agitate it, and the light ceases. Of course, there is nothing like effect without cause in this particular little instrument, for the feeble light produced is not at all out of proportion to the amount of force expended in shaking the tube to produce it; but it is, just the same, an uncanny little toy that gives out light without heat and without combustion, never fails, and yet never requires to be fed.

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## REVIEW.

## DISEASES OF THE SPLEEN.\*

AMONG all Dr. Burnett's writings there is none that we are acquainted with which more vividly depicts the Rademacherian or Paracelsic doctrine of organopathy than his "Diseases of the Spleen." The book has been to the writer an inspiration ever since its first appearance, and the re-reading of it in its new and enlarged form is even a greater pleasure than the first. Burnett is the chief living exponent of the Rademacherian doctrine, and in "Diseases of the Spleen" he explains in masterly fashion the place it holds in homeopathy. We entirely agree with Burnett in his thesis that organopathy is genuine homeopathy, though it is homeopathy in the lowest grade, the *likeness* being found in *specificity of seat*. It is important that all homeopaths should understand this, and in no work will they find it set forth so lucidly as in "Diseases of the Spleen." The translation Burnett gives of Rademacher's chapter on "Spleen Medicines" makes us wish he could find time to give us more translations from the same work. Reading Rademacher's account of the remedies he uses and the methods he followed in discovering them, and in diagnosing the cases calling for them, shows how much we have lost as well as gained by all our "scopes" and "ometers." Where are we taught in all our text-books anything to equal the clinical insight which Rademacher reveals in the passage translated on p. 81 of Burnett's work? I will take only one of several conditions Rademacher mentions as in his experience having arisen from spleen affections: "Cough, and that oft, violent and suffocative." The writer never met with that in a text-book, but since this passage first opened his eyes he has very often met with it in practice and cured it with *Scilla maritima*, when nothing else availed.

So much for the doctrine. There is very much that is practical in the book; and if it contained nothing else than the record of the power of *Ceanothus*, "Diseases of the

\* *Diseases of the Spleen and their Remedies Clinically Illustrated.* By J. Compton Burnett, M.D. Second edition, revised and enlarged. London: James Epps and Co., Ltd., 170, Piccadilly, and 48, Threadneedle Street, E.C. 1900. Price, 2s. 6d.

Spleen " would be a notable work. No homeopathic practitioner can afford to be ignorant of this ; and we are glad to see by the second edition that at least one old-school doctor has been able to turn it to very good account as well.

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## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

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\* \* 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.

MR. ERSKINE C. WHITE (Holdsworth) is thanked for his kind communication with enclosure.

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## NOTIFICATIONS.

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DR. LILLIAN CUNARD CUMMINS has removed to 89, *Great Russell Street, Bloomsbury, W.C.* She is at home 12 to 1 daily ; on Wednesdays and Saturdays, 7 to 8 p.m. At other times by appointment.

DR. POPE has removed from Grange Villas, Tring, to *Monkton, near Ramsgate.*

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## Obituary.

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### DR. VON SICK.

WE learn with great regret that one of the most eminent of German homeopaths, Dr. von Sick, passed away on the night of December 16-17, 1900.

## GENERAL CORRESPONDENCE.

## CANCROIN.

*To the Editor of the HOMEOPATHIC WORLD.*

DEAR SIR,—In this month's (January) HOMEOPATHIC WORLD you ask what is Cancroin? Cancroin is the name given to a preparation used as an injection many years since in the treatment of cancer. It is an aqueous solution of Neurine. The solution contains also phenol and citric acid. Of course the active ingredient is Neurine, a highly poisonous ptomaine of the Choline group, and may be obtained from Choline.

The Choline group consists of four ptomaines: Betaine, Choline, Muscarine, and Neurine; Betaine is not poisonous. Neurine has been obtained from human brain and human flesh, horseflesh, and beef. As a poison its action resembles that of Muscarine (the ptomaine of *Agaricus muscarius*). It is also obtained from decomposed haddock. "The injection of a few milligrams of Neurine into frogs produces complete paralysis of the extremities, with deadening of reflex excitability. Respiration first stops, then the heart decreases its action, and, finally, is arrested in diastole. At this point an injection of Atropine does away with the effect of Neurine, and the heart begins to beat again. Injection, or direct application of the poison to the eyes of animals produces contraction of the pupil. The peristaltic action of the intestines is so heightened that continual evacuation takes place until death, which is accompanied by clonic spasms. Atropine possesses so strong an antagonism to Neurine that the injection of even a small quantity is sufficient to dispel these symptoms" (Gould).

Choline, from which Neurine may be derived is a ptomaine found in animal or vegetable tissues. It is obtained from flesh, fish, eggs, and cultures of *vibrio-proteus*, and *comma-bacillus*. It is found also in *Agaricus muscarius*, in hops (and hence in beer),\* in ergot, in

\* Has sufficient Arsenic been found in the beer we have recently heard so much about to account for the deaths? A little is found, in one case published only the twelfth of a grain to the gallon. The maximum official dose is the twelfth of a grain; often it is given in larger doses, and daily, and continued until poisonous symptoms appear, when it is for a time dis-

numerous vegetable seeds, in extract of Belladonna and Hyoscyamus, in beetroot sugar molasses, in cotton-seed, &c, Choline possesses a toxic action when given in large quantities, paralysing like Curara. Atropine antagonises the action of Choline as well as of the far more poisonous Neurine.

It is somewhat remarkable that Atropine should have the power of destroying the poisonous effect of both these ptomaines (one of which is said to be curative in cancer), when we know that Belladonna, of which it is the alkaloid, has been found so useful in *scirrhus indurations*, in *gangrene*, and in engorgement, and inflammation in glands, and lymphatics. In other words, Neurine is said to destroy cancer, Atropine will destroy Neurine. Probably Atropine will also be found curative in cancer.

Yours faithfully,

E. A. HEATH, M.D.

114, Ebury Street, S.W.

## WHAT IS PETROLEUM?

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—In your current issue Dr. John McLachlan, in his paper read before the British Homeopathic Society, is reported to have suggested two points on which information would be desirable, viz.: (1) The source of the petroleum used by Hahnemann; (2) the source whence the chemists of the present day procure their petroleum.

As to the first point, it is evident from the information given us by Hahnemann in the *Chronic Diseases* that, whatever the source from which he obtained his petroleum, it was a refined product deprived of olefines and other unsaturated compounds, and containing only those which could resist the action of sulphuric acid—probably hydrocarbons of the paraffin series, of which petroleum is known to be chiefly composed. Hahnemann, however,

continued; but people get over these symptoms. But because Arsenic is found we jump at once to the conclusion that it is Arsenic alone that is the poison. May not one of this poisonous group have something to do with the deaths? The impurities, the added adulterations, and chemical changes, both natural and artificial, produced are, to my mind responsible for many deaths.—E. A. H.

limited the range of these, and eliminated the lightest and most soluble hydrocarbons by treatment with alcohol, some of these being soluble in one-sixth of their volume of that vehicle. Some at least of the aromatic group of hydrocarbons found in petroleum in small quantities would also have been thus removed. The tests given by Hahnemann also show that the lighter oils existed in his preparation which left no greasy stain on white paper when allowed to evaporate spontaneously.

As to the source from which homeopathic chemists at present obtain their preparations of petroleum we believe that, whilst there are those who send out anything which is supplied to them under the label *Ol. petræ. alb.*, there are others who, by going to some expense and trouble, obtain a preparation almost, if not quite, identical in composition with that used by Hahnemann.

In the course of our experience we have met with petroleum  $\phi$  which has given a deep red colouration when the sulphuric acid test has been applied to it, showing it to be a very different thing from that of Hahnemann.

The light petroleum oil we now use is a product derived by purification and distillation from American petroleum. It has, before treatment with alcohol, a specific gravity of '680, and consists almost entirely of pure hydrocarbons of the paraffin series, chiefly hexane ( $C_6H_{14}$ ). Its proportions by weight of carbon and hydrogen are approximately 84 and 16 per cent. respectively.

This product on agitation with an equal bulk of rectified spirit loses about one-third of its volume, the lightest hydrocarbons being extracted from it, and the undissolved portion has a specific gravity of about '690. It answers to all the characters and tests given by Hahnemann, and described in the British Homeopathic Pharmacopeia.

Yours faithfully,

E. GOULD AND SON, LTD.

[The *Pharmacopeia of the A. I. H.* gives the sp. gr. 0.8 to 0.9. It says: "The substance used by Hahnemann in his proving of this drug was obtained by agitating the liquid portion of crude Rangoon rock ore with sulphuric acid, and rectifying that portion on which the acid does not act. To remove other volatile oils it should be washed with an equal quantity of strong alcohol.—ED. H. W.]

## VARIETIES.

**FLUOR. AC. IN DROPSY.**—Mr. W., aged 58, came into the Homeopathic Hospital on March 16, 1893. He had been suffering for three weeks from general dropsy. Before that he had been pretty well. All at once there came an edema of the lower extremities, dyspnea, weakness, variable pulse, sometimes soft, sometimes hard, irregular. An allopathic doctor diagnosed myodegeneration of the heart, and prescribed digitalis. But the edema increased and the other symptoms also. So the patient came into our hospital. Examination showed great edema of the lower limbs, scrotum as big as a child's head, cyanotic countenance, respiration superficial and over rapid, lower lobes of both lungs affected with catarrh. Cardiac dulness increased especially on the right, heart's sounds clear, pulse 120, soft and small, sensorium free, great restlessness, no fever. Urine scanty, reddish, with slight sediment, with high specific gravity, slightly albuminous, some hyaline cylinders. The patient wanted to be punctured but was persuaded to try other means. He got a warm bath followed by cold douches, for drink butter-milk. Internally he got acid fluoricum 6, six drops in a tumbler of water, a spoonful every hour. The first night was more tranquil, and the next day also. Pulse became slower and stronger, respiration deeper. On the second day the urine became more copious, and in eight days the edema had disappeared, his general state was satisfactory, and he was dismissed cured on March 29th.—Stiff, *A. h. Z.*, cxli. 41.—*J. B. H. S.*

**COLCHICUM IN RHEUMATISM.**—Dr. Mossa cites Kafka as to the value of colchicum in acute articular rheumatism, especially where the patient is very sensitive, so that the slightest jar of the bed, air or floor renders the pains unbearable. The fever and pains exacerbate during the hours of the evening and night, with copious sweats and excretion of a scanty and thick urine, together with insatiable thirst. The larger joints are intensely red and hot, while the smaller ones appear swollen and stiff, and even while they are most painful they feel as if paralyzed or numb. At the same time, in consequence of the fever, the respiration is much accelerated and the heart impulse is greatly augmented, so that a possible complication of endocarditis or pericarditis is to be feared. In such a case colchicum (3) acts much better than aconite or bell., for within twenty-four hours the most violent pains may be alleviated and the disease under control. Under such circumstances one should frequently examine the thorax, for he has not seen good results from this drug in endocarditis nor pericarditis, but rather then give spigelia.

Colchicum has a special affinity for fibrous tissues, including the tendons and aponeuroses of the muscles, the ligaments, and even the periosteum. The swelling caused by colchicum may be dark red or even pale, and very sensitive to pressure and movement, with a great inclination to jump from one joint to the other. The evening and night aggravations are markedly pronounced. In chronic cases there is weakness from lack of sleep. Every slight external irritation, as of light, noise, or strong odours, distress them, and their pains seem to them unbearable. The patient may suffer from violent cramps of the muscles of the feet, and particularly of the soles of the feet.

With the acute rheumatic symptoms there are violent cutting and piercing pains in the chest, especially in the region of the heart, with great oppression and difficult breathing—indications of value in rheumatic affections of the chest and heart.—*Allgemeine Homöopathische Zeitung*, Nos. 15 and 16, 1899. Goodno—*Practice of Medicine*, vol. ii. p. 871—regards colchicine as nearly as specific for articular rheumatism as quinine is for intermittent malarial fever. He employs one grain of Merk's preparation to one ounce of alcohol; and, like many other remedies, it often acts best when given almost to the point of physiological action, the indication of which is some disturbance of the gastro-intestinal tract (nausea, colic, loose movements). This action may be avoided if discontinued for a short time, and then resumed in one-half to two-thirds of its previous dose after complete disappearance of its annoying symptoms. If skilfully employed, the pain and swelling quickly diminish, and the most active cases are usually controlled within a few days. A little experience with this remedy is necessary before one learns to administer it to the greatest advantage. It is necessary to continue the general care of the patient and the medicine for at least ten days, or the symptoms may return. This statement applies equally to any method of treatment. Of the preparation of colchicine, doses of three to five drops, repeated every two to four hours, according to the age of the patient, the intensity of the pains, &c., is the method he employs.—*Frank H. Pritchard, M.D.*, in "*Hahn. Monthly.*"

TWO HUNDRED AND SIXTY DEGREES BELOW ZERO.—The coldest cold possible, the temperature below which there is, according to the mathematicians, no degree of cold, is 274 degrees Centigrade below the freezing point of water. This temperature is called absolute zero; it is the temperature, perhaps, of the ether between the stars; it is a temperature at which nothing that we know in the universe could exist in a gaseous or liquid form; it is the temperature at which it is believed that all metals would become absolute conductors; it is a temperature at which, according to Sir William Crookes, the eternal motion of the molecules in solid bodies might cease. And it is the temperature to within fifteen or sixteen degrees of which Professor Dewar approached in his lecture at the Royal Institution last Friday night. In the years over which his investigations at these low temperatures have extended he has shown to audiences at this institution liquid oxygen, liquid air, solid oxygen, solid air, liquid hydrogen—after one failure—and now solid hydrogen—the lightest gas known, solidifying before the eyes of the crowded lecture theatre to a foamy, snowy substance. Beyond the inevitable satisfaction at this crowning triumph there remains a disappointment. Hydrogen, from Professor Dewar's point of view, has solidified too easily. The way in which a lower temperature is obtained from a liquid gas is by removing atmospheric pressure from it, in which case it "boils" at a lower degree of cold. But although solid hydrogen also "boils," it is very difficult to use it for obtaining lower degrees of cold. It hardly seems possible whatever trouble is taken—and it would cost as much time, trouble, and expense again as all that has been given to obtain the present result—to go down another five or six degrees of the "below zero" scale. Science has reached to within fifteen degrees of "absolute zero," but that remaining fifteen degrees is a barrier which science spies no means of overpassing now that hydro-

gen has solidified. With its solidification all substances may now be held to have been shown to exist in three states—solid, liquid, and gaseous. Another point which its solidification clears up is hydrogen's nature in the solid state. As Professor Odling speculated thirty years ago, it is not a metal.—*Daily Graphic*, April 9th.

**RETINA, DETACHMENT OF.**—At a meeting of the Homeopathic Medical Society of New York County, Dr. M. Ruth Worrall read a paper entitled "Detachment of the Retina." She cited cases treated chiefly with pressure and gelsemium. In the discussion which ensued Dr. Boyle stated that he had cured one case with gelsemium, and had found the retina perfect nine years after when he operated for cataract. Dr. Deady related the singular case of an alcoholic patient in whom total detachment of one retina was cured in three or four weeks by a compress bandage and kali iod. 1x. He then drank to excess and had an entire relapse, in turn cured by a resumption of the same treatment. He has also used this remedy before and since with cure.—*N. Am. Journ. of Hom.*, June, app., p. 38.

**FOREIGN BODIES IN THE VERMIFORM APPENDIX.**—Since the appendix has been treated surgically for its inflammatory disorders, it has been found to contain a varied assortment of foreign bodies, together with fecal concretions. In a paper in a recent number of the *Johns Hopkins Hospital Bulletin*, Mitchell discusses this subject from a statistical standpoint, and refers to 1,400 cases of appendicitis from various sources in the last ten years. In about 7 per cent. of these cases true foreign bodies were found, while in 700 of the patients in the notes of whom a definite statement was made as to the nature of the foreign body, there were 45 per cent. of fecal concretions. Among the assortment of foreign bodies which were brought to light, mention is made of shot, pins, worms, gall-stones, a tooth, and a piece of bone; also grape seeds and an oat husk, a date seed, five apple pips, and a bullet. Pins seem to have quite a predilection for the appendix. The author mentions thirty-five cases, of which he was able to obtain the record in which a pin was found in the appendix at the operation or the post-mortem examination, together with two instances in which a pin had perforated the cæcum. Contrary to what might be anticipated these cases occur more frequently in males than females, being chiefly in children under ten years of age. In only a single instance of recorded cases was any information obtainable of the means by which the pin gained entrance to the body. Another interesting feature in connection with the cases was the comparative frequency with which they were associated with abscess of the liver. In eight out of the thirty-five cases this lesion was present. In summing up the result of his inquiries the author states that foreign bodies play a much smaller rôle than was thought to be the case formerly in the causation of appendicitis, while the most frequently exciting cause is fecal concretion. Again, there was evidence to show that the appendix acted like a trap for pointed bodies or small heavy objects such as shot or bullets. Furthermore, the popular notion that foreign bodies of light weight, as, for example, grape seeds and cherry stones, were a frequent cause of appendicitis was, as a matter of fact, erroneous, inasmuch as their presence in the appendix was exceptional. The author, therefore, believes that the pin is the commonest, and at the same time the most dangerous of all foreign bodies. Of the thirty-

five cases in which a pin was found in the appendix, the notes of which are given in the paper, nine are attributed to an English source.—*Medical Press.*

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- Braithwaite** (James) and **Trevelyan** (E. F.). The Retrospect of Medicine. A Half-yearly Journal and Practical Improvement in the Medical Sciences. Vol. 122. July-December, 1900. Cr. 8vo, pp. 456. (Simpkin. 6s. 6d.)
- Carpenter** (George). The Syphilis of Children, in Everyday Practice. Cr. 8vo, pp. 112. (Baillière. Net, 3s. 6d.)
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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.

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### BOOKS AND JOURNALS RECEIVED.

Hom. Review. — Zoophilist. — Mind. — L'Omiopatia. — Public Health Journal. — Allg. Hom. Zeit. — H. Monatsblätter. — H. Tidsk. — La Propaganda Homeopatica (Mexico) — Maanedsk. f. H. — H. Maandblad. — Calcutta Journal of Medicine — Hom. News. — La Homeopatia. — Hom. Envoy. — Ind. H. Review. — Personal Rights. — Revista Homeo-

patica. — Med. Times. — Med. Century. — Rev. Hom. Française. — Hom. Recorder. — Wjestnik H. Med. — Amer. Med. Monthly. — Minn. Hom. Mag. — N. A. J. of H. — Critique. — Clinique. — J. of Orif. Surg. — New Eng. Med. Gaz. — L'Art Médical. — Indian Homeopathician. — Amer. Homeop. — J. of Homeopathics. — Tasmanian Hom. Journal. — H. J. of Obst. — Hahn. Monthly. — Pacif. Coast J. of H. — Vacc. Inquirer. — Zeit. Berl. Ver. Hom. Aertz. — Hahn. Advoc. — Secolo Omiopatico. — I. Belge d'Hom.

## The Homeopathic World.

### CONTENTS OF JAN. NUMBER.

#### LEADING ARTICLE.

The Twentieth Century.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

A New Cure for Consumption — *Natrum Cacodylicum*.

Constipation. By Robert T. Cooper, M.A., M.D.

A Personal Experience of Malarial Infection. By Erskine C. White.

Bee-sting and Snake-bite—Two Cases. By Erskine C. White.

Australian "Marsh-Mallow" — *Lavatera Plebeia*.

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

*Nyctanthes Arbor-Tristis*. By Dr. Sarat Chandra Ghose.

Veterinary Homeopathy. By J. Sutcliffe Hurndall, M.R.C.V.S.

"Odds and Ends." By R. H. Bellairs, M.A.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### EXTRACT.

How shall we Teach Materia Medica and Therapeutics?

#### SPECIAL CORRESPONDENCE.

Letter from our South African Correspondent.

#### REVIEWS.

As Brave as the Bravest.

Uropoietic Diseases.

Keene & Ashwell's Diary and Case-Book, 1901.

#### OBITUARY.

Edgar A. Grafton, M.D.

#### GENERAL CORRESPONDENCE.

*Ononis* and *Crategus*.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

THE  
HOMEOPATHIC WORLD.

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MARCH 1, 1901.

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WHY ALLOPATHISTS MAKE SO LITTLE OF  
THE REMEDIES THEY APPROPRIATE  
FROM HOMEOPATHY.

IN our last issue we referred to an editorial article in the *Hospital* which professed an anxiety to give homeopathy the credit for its discoveries in therapeutics. To that article Dr. DUDGEON sent a reply which appeared in the *Hospital* on February 9th, with a note appended by its editor. The letter and the editor's reply will be found in another part of our present issue. Dr. DUDGEON replied in much the same sense as we did. From the note appended to his letter the generosity of the editor of the *Hospital*, when it comes to the test, appears to be only generosity in the abstract. He reminds us of those good people who every Sunday confess themselves to be "miserable sinners" of sins in the gross, and knock down the first person who ventures to suggest that they are no better than they ought to be in any particular respect. Homeopathy may have discovered remedies and "rational medicine" may have appropriated them. But that shows no leaning to homeopathy (and therefore, it would seem, requires no thanks) because the rational mediciners do not use the remedies in HAHNEMANN'S way. That at least is how we read the concluding portion of the *Hospital's* note :—

"If Dr. DUDGEON considers that our use of many of the remedies introduced to medicine by homeopaths indicates a leaning to homeo-

pathy, or is, in his own words, 'a sort of homeopathy,' we must leave him to the tender mercies of his fellow-homeopaths. That is not our ideas of homeopathy, nor, as we think, would it have been HAHNEMANN'S."

It would seem from this passage that the editor of the *Hospital* is no longer anxious to give homeopathy its credit due: he has risen to a higher plane—his anxiety now is to keep it pure. When BRUNTON recommends *Apis* for tonsillitis and RINGER *Mercurius corrosivus* for dysentery, no acknowledgments are due to homeopathy because it is not the *Hospital's* idea of what homeopathy is. Perhaps it is not; and perhaps it is not HAHNEMANN'S, but the editor of the *Hospital* cannot in that way rid members of his "school" (or whatever he prefers to call it) from the obligation to state the source from whence they derive their knowledge of the action of these and many other drugs; and, whether acknowledged or not, the readiness of allopathic authors to advise the use of medicines for conditions like those which they cause does show an unmistakable "leaning to homeopathy."

At the same time we are quite free to admit that many of their uses of their homeopathic pickings are anything but homeopathic; and it is for this very reason that they make so little out of them. A remedy which has a homeopathic relationship to a considerable proportion of cases of a certain disease is taken up as a specific for that disease. It will, of course, only cure so far as it is related and only then if given in the proper way. The result is—one or two brilliant cures and scores of failures, the remedy being very likely abandoned as "uncertain" after a short time. But the cures are homeopathic whatever the *Hospital's* opinion may be; it is the failures that are not.

Homeopathy need have no fear that allopathists will exploit its materia medica: in order to get any adequate benefit out of it the old notion of remedies for diseases must be entirely got rid of. Take the striking case of hydrarthrosis intermittens, practically cured with *Cedron*,

contributed by Dr. MACNISH to our present issue. Of what use is the usual list of "joint remedies" in a case like that? None whatever. Homeopathy must be ready and free to find a remedy through any prominent points of likeness that may crop up.

It must be admitted that there are many works in homeopathic literature which are based largely on the assumption that certain remedies *belong to* certain diseases. We read learned disquisitions in their pages all about whether such and such a medicine is a remedy for the "true type" of diphtheria, typhoid fever, and what not. It is the particular disease and not the particular indications which count with these writers. We agree with the *Hospital* that this is not exactly HAHNEMANN'S idea of homeopathy, though it is the style of thing that affords the allopath the most inviting gleaning-ground. The fruits of it are sometimes not so bad for immediate consumption, but they have no seed in them and cannot multiply and bear fruit in other soils. The works of HAHNEMANN, BÖENNINGHAUSEN, JAHR, HERING, and ALLEN have no attraction for the allopathic gleaner. It is only genuine homeopaths who can turn these to account. In their hands there is no limit to the productiveness of the materia medica.

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PHOTOTHERAPY OF ECZEMA WITH RED LIGHT.—Winternitz (*Sem. Méd.*, August 15, 1900) has continued with success his researches on the treatment of eczema by the influence of light, following on the footsteps of Finsen's principles of phototherapy. The agent employed was red solar light, the diseased areas of skin being first covered over with a thin silk material of an intensely red colour. Exposure to strong sunlight was then made for variable lengths of time, in one case this amounting to as much as four hours. In all the cases thus treated a considerable improvement, and in some a complete cure, took place, the local skin troubles (namely, hyperæmia, serous exudation, and the inflammatory infiltration of the cutis and epidermis) rapidly disappearing under the influence of the concentrated red rays of sunlight. The author has also sought to determine the therapeutic efficacy of the red rays on other cutaneous affections, and believes that a further field of usefulness lies before us in this direction.—*Brit. Med. Journ.*

## NEWS AND NOTES.

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### *NUX VOMICA* V. GOAT'S LIVER IN NIGHT-BLINDNESS.

IN our January issue, under the title of "More Sarcopathy," we quoted from the *Medical Press* a note on the use of goat's liver in India for night-blindness. We have since come across an article bearing on the subject in the *Calcutta Journal of Medicine* (vol. xiv., page 454) by Dr. M. L. Sircar. It is so much to the point that we reproduce it:—

#### "*NUX VOMICA* IN NIGHT-BLINDNESS.

"In April last, when I was at Baidyanath Junction on the East Indian Railway, Babulal, a servant of mine, complained of night-blindness. The blindness would come on as soon as the sun would set, and would continue till day dawn. There was no pain in the eye, nor any visible change in it. There was no other complaint. I could not trace it to any other cause, except that after his morning work he used to go for his meals to his village, about a couple of miles from where I was living, at about noon, and come back to his duty a couple of hours later, so that he had to expose himself to the heat and glare of a powerful sun. We have a reputed remedy by which I was myself cured when I had the disease in my boyhood, and by which I have cured several similar cases. This consists of the liver of the goat, which is to be eaten after being fried in ghee (clarified butter). A couple of days' use of this pleasant remedy or rather food has been enough to cure the disease. I have succeeded with it after failure with treatment by drugs. I was, therefore, anxious before giving the patient any drugs, to try this plan of treatment. Unfortunately I could not procure the liver of a goat. Then thinking that the remedy cures the disease by acting upon the liver, I thought of *Nux vomica*, and gave him pilules moistened with the sixth dilution. The improvement reported on the following day was not satisfactory. I thought this was due to the small size of the dose and I, therefore, give him drop doses of the same dilution. The improvement was rapid and remarkable, and in a couple of days he was all right. There was a slight relapse in June following, and the same remedy in the same dilution and dose was efficacious as before."

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### THE HOMEOPATHIC VETERINARY DISPENSARY.

SUBSCRIPTIONS are now being invited toward the above institution. From the circular which is being issued we quote the following:—

"The methods of propagating the truths of homeopathy are various, but there is probably none that will be more effective in

its results than the establishment of a Homeopathic Veterinary Dispensary, the influence of which cannot but be far reaching and impressive.

“For the successful promulgation of this desirable proposal funds are essential, in order that suitable premises may be secured and properly fitted up for dispensary and hospital requirements.

“To facilitate the realisation of this prime necessity, we beg to submit a form for an annual subscription or donation, or both, which we respectfully ask you to fill in as you may feel disposed, and we shall be most thankful for any contribution sent in aid of the undertaking.”

The circular is signed by Headland & Co., 68, Fulham Road, South Kensington, S.W., who are acting as Hon. Secs. *pro. tem.*, and E. L. Vinden, Treasurer *pro. tem.* The institution has our best wishes for its success, and we heartily commend it to the notice of our readers.

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#### SNUFF FOR COLDS.

WE have it on the highest allopathic medical authority that orthodox medicine is helpless in the face of a common cold. The *Medical Press* (Nov. 28, 1900) took up the wail, but suggested that the revival of snuff had something to do with its supposed curative properties in this direction. Perhaps the editor of the *Hospital* would say this is not “a sort of homeopathy.” We think it is, though not the best sort. We have a goodly array of “sneezers” at our disposal.

#### “SNUFF-TAKING AND CORYZA.

“The man who should discover an infallible remedy for coryza, *alias* cold in the head, *alias* hay fever, *alias* influenza, would confer a boon on mankind which no titular distinction would adequately requite, for it is impossible to estimate the amount of discomfort and loss of time entailed by this distressing and very prevalent complaint. Unfortunately that man has either yet to be born, or he was born so recently that he has not yet come to the front. Numerous measures and remedies have been suggested by way of cure or for the purpose of creating an immunity against attack, but all, alas! have failed to justify their existence. In the days of our grandfathers the taking of snuff was credited with the property of protecting the nasal mucous membrane against this form of acute catarrh, and the practice of snuff-taking has been gaining ground again of late as a prophylactic against this lachrymose ailment. The persistent application of such an irritating substance as powdered tobacco to the delicate mucous membrane of the nose must, in the long run, engender a certain callousness, in consequence whereof it becomes less susceptible to atmospheric influences and microbial attacks. Whether the exemp-

tion is worth obtaining at the price of the quasi-abolition of the functions of smell and taste is a matter for individual consideration, and the decision will depend largely upon the degree of inconvenience which this proneness involves. Used in the course of an attack, snuff merely acts the part of a sternutatory, and is of doubtful value, seeing that its irritating effects are superadded to the inflammation already existing."

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#### COFFEE WITHOUT CAFFEINE.

THE following paragraph from the *Chemist and Druggist* of February 2nd opens up a grand vista of hope that by and by we may be able to indulge in all our favourite stimulants without the least fear of intoxication. Coffee without caffeine! Tea without theine! Tobacco without nicotine, and possibly beer without arsenic! We wonder how they will all taste?

#### "COFFEE WITHOUT CAFFEINE.

"At the last meeting of the Paris Academy of Sciences an interesting paper was read by M. Duclaux on 'The Chemical Composition of a Coffee of the Grande Comore,' the result of experiments by M. Gabriel Bertrand, of the Pasteur Institute. It appears that this coffee grows in a wild state in an island off the coast of Africa, where it was found by the explorer Humbolt, and is signalled on account of the peculiar fact that it does not contain the slightest trace of caffeine, to which ordinary coffee owes its excitant properties. One quality of this coffee is, therefore, that it can be taken as an after-dinner beverage at night without any fear of insomnia. Referring to it from a scientific point of view, M. Bertrand drew attention to the fact that well-known botanists, such as Professor Fröhner of Berlin, and Professor Baillon of Paris, have not been able to agree as to the specific nature of this coffee. The French botanist holds that it belongs simply to the same species as ordinary coffee, *Coffea Arabica*, while his German colleague treats it as a new species, and gives it the name of *Coffea Humboltiana*. As a matter of fact, the botanical characteristics are practically identical with ordinary coffee, but there is a distinct difference in the chemical composition. This is not apparently due to any difference of soil or climate, as an analysis of *Coffea Arabica* cultivated on the island shows it to contain 13 grammes of caffeine per kilo. M. Bertrand is of opinion the subject opens up a new field of study to biologists."

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#### POISONING BY SODIUM SALICYLATE.

THE following letter appeared in the *British Medical Journal* of January 7th. We quote it to show how ingrained is the notion that drugs have some *absolute* action, whereas there is nothing absolute about it. The same

drug will act in diametrically opposite ways under opposite conditions ; but medical men persist in ignoring the opposite side of the shield to the one they happen to be looking at. *Nat. sal.* both is and is not a cardiac depressant ; it depends altogether on the state of the person who takes it. A man who took an 8-ounce mixture of it at one dose instead of in  $\frac{1}{2}$ -ounce doses two-hourly (HOMEOPATHIC WORLD, July, 1900) found it depressing enough to kill :—

“ Mr. Hilton Heffernan’s instructive and interesting case showing the effect of 130 grains of sodium salicylate taken at one time calls for comment.

“ This patient voluntarily performed a useful experiment for us, and it has been shown by Mr. Heffernan that the salicylate produced no depression. Somehow it has crept into the text-books that sodium salicylate is a depressing agent, and each author has handed it on to his successor. Now I hold that the salicylate within reasonable limits is not a cardiac depressant, but on the contrary is often a calmative of the greatest usefulness. Sodium salicylate is one of our most useful remedial agents, and can even be prescribed in such a depressing malady as diphtheria with the utmost safety.

“ Leeds.

“ GORDON SHARPE, M.D.”

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### HOMEOPATHY OR ISOPATHY ?

THE following interesting paragraph appeared in the *Westminster Gazette* of January 14th :—

#### “ AN ELECTRICAL RESURRECTION.

“ If a man die shall he live again ? ” is an old question to which an American electrician named Schellinger has formulated a new answer. He claims that a speedy resurrection is possible if an electric shock has been the cause of death. He has been experimenting at St. Joseph, Missouri, on a cat which he killed by electricity. The animal was examined by several physicians, who pronounced it undoubtedly dead. After five minutes an alternating current of *low* power was started, and in a few seconds the heart action was restored. Presently the deceased puss was frolicking about as lively as ever. Mr. Schellinger believes the same results would follow in the case of a human being, provided that the operation began within a few minutes of the accident.

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### TASMANIAN NOTE.

OUR Tasmanian correspondent sends us particulars of the recent aldermanic election at Hobart, Tasmania, from which we are pleased to see that on December 13th Mr. H. T. Gould, J.P., editor of the *Tasmanian Homeo-*

*pathic Journal*, was returned as an alderman of the city for the next three years, standing second on the list and polling 1,902 votes. There were ten candidates for the three seats, and it was a close contest. All the old aldermen were rejected.

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## ORIGINAL COMMUNICATIONS.

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### HYDRARTHROSIS INTERMITTENS.

#### ACTION OF *CEDRON*.

By DR. MACNISH.

It is a pleasure to know that the disease with this name is very rare. Since 1845 only fifty-seven cases are known. The case to be described is probably the fifty-eighth. The disease is usually mistaken for rheumatism. It has been treated for such. The results have been unsatisfactory to the patient. The prognosis is unfavourable. Allopathic treatment has been worse than useless. The etiology of the disease is obscure. Many and varied have been the causes said to produce it. As a rule heredity appears to have no influence. The disease has developed in every type of patient. In its typical form it is a vasomotor neurosis. Even with such a technical definition we are no nearer the etiology. Some forms resemble chronic rheumatism. Yet there is a great difference. Periodicity is eminently characteristic of this disease. Meteorological changes do not influence it in the least. Many of its victims suffered from localised edema, *e.g.*, of skin, face, buttocks, thighs, &c. Many also suffered from hydrops hypostrophos, or circumscribed edema. Many suffered from functional or organic disease of the nervous system. Dr. Beda terms it a complex symptom—a term as vague as it is useless. All these different facts prove distinctly that we know little or nothing about it.

The symptoms of the disease are most characteristic. Sudden swelling of a joint—usually the knee. The swelling rapidly increases. Pain may be slight or very severe. The joint is found on examination to be distended with fluid. The joint feels soft at first; afterwards it becomes tense. The skin may be unchanged or shiny.

As a rule the general health is unaffected. Periodicity is a characteristic of the disease. It often recurs at the same hour on the same day of the week or two weeks or a month. As a rule no anatomical changes are detected. When the swelling subsides, the joint is as healthy and strong as it ever was. Of course this is on the supposition that no violent allopathic treatment has been used by the patient. Sometimes crackling of the joint may be elicited. The amount of the swelling varies. Sometimes it is enormous. In some cases, unfortunately, the allopaths have withdrawn the fluid. The result has been disastrous to the patient. The sudden swelling, the sudden disappearance of the swelling, are characteristic. The attacks recur regularly—as regular as the menstrual periods in women. The disease is oftentimes checked by pregnancy or some serious illness. After the subsidence of this condition, the disease recurs—probably not on the same day, or at the same hour. But at whatever hour or day it may recur, it as a rule ever afterwards appears at the same hour and on the same day. There is a case reported—I do not vouch for it—where it appeared every Wednesday at 9 a.m. The patient suffered from an acute attack of influenza. The disease for the time was checked. It recurred afterwards every Monday at the same hour. Intervals of thirteen and eleven days are the most common. Next come seven and nine days' interval. Next, four weeks' interval. Other types are more rare. The duration of the attack is commonly three days. Still, there may be any period, from one hour to twenty-one days.

The sudden swelling, the sudden subsidence of the swelling, the absence of general malaise or signs of inflammation, the periodicity of the disease, are all typical of the disease. The disease is easily distinguished from rheumatism, acute or subacute, and from traumatic synovitis.

In one of the fifty-seven cases described the mother of the patient had suffered similarly. The following diseases have been at various times and under various circumstances alleged as the most probable cause. They are—Rheumatism, malaria, gonorrhoea, syphilis, rheumatoid arthritis, neurasthenia, gout, traumatic synovitis, tuberculosis, scarlatina, and diphtheria.

The disease is distinct and typical. The classical

symptoms and signs are invariably present. The location varies. It occurs in all types of patients. Coincident diseases are not necessarily causative. Still they may aggravate or modify the disease. They cannot do more. The treatment of those alleged causes has never been attended with success. Hydrarthrosis is a disease *per se*. Probably it is not so rare, if medical men will consider for a moment that there is such a disease. Medical men are too prone in these times to ascribe obscure types of diseases to influenza, rheumatism, syphilis, and kindred diseases. Hydrarthrosis exists, and may explain certain obscure sequelæ of influenza. I hope some of the readers of the Journal may have met with cases of hydrarthrosis. In the case to be described allopathic treatment signally failed. It is for readers to judge whether homeopathic treatment has succeeded.

A.B., female, æt 33, married, mother of two children, æt. 7 and æt. 9. Her family and personal history is good. No rheumatism or gout, or any disease resembling hydrarthrosis intermittens. Ill for nineteen years. Complaint, swelling of knees. Previous illnesses—Varicella, influenza twice. Never suffered from measles, scarlatina, rheumatism. Menstrual functions—Menses began æt 13, always scanty; dysmenorrhea slight; every twenty-eight days; slight white intermenstrual discharge. The first labour was instrumental. The second was natural. Digestion fairly good—occasional discomfort from distension after meals. Diet—can digest and eats any kind of food. Bowels slightly constipated. Occasional frequency of micturition. On examination of the whole system—nothing abnormal detected. There was slight prolapse of uterus. Uterus was large, evidently in the state of sub-involution. Patient is a brunette, of good physique and good physical condition. She looks the picture of good health and good nature.

Patient was first treated homeopathically in 1895. Previously she had been under allopathic treatment. Four doctors had attended her. Her disease was severally diagnosed as housemaid's knee, abscess of the knee, acute rheumatism. The fourth doctor declined to give any diagnosis. It was with great difficulty the patient restrained each and all of them from opening the joint. Fortunately for herself she was successful. The patient was seen for the first time in July, 1895. She was then

perfectly well. On the previous Thursday she suffered from an acute swelling of the left knee. The pain was severe. She was unable to walk, and was compelled to remain in bed for one day. Next day the swelling had entirely disappeared. On examination the knee appeared normal. The swelling came on Thursday every week. One week the right knee was attacked—next week the left was the victim. So, with very rare remissions, it had been going on for nineteen years. The swelling was naturally considered a regular part of her enjoyment of life. Her household arrangements were adapted to this condition. The patient arranged for a friend to assist her every Thursday. The patient had taken all kinds of medicine, and had applied all sorts of liniments and lotions. Yet the disease appeared every Thursday. As the patient had enjoyed quite enough of medicines and diagnoses, I did not trouble her with any diagnosis. I said it was not rheumatism. This consoled her. Her friends and relatives had always told her it must be rheumatism. She herself thought it was not rheumatic and said so. So my opinion coincided, fortunately, with her own, for which she expressed herself grateful.

I formed the opinion that it was a vaso-motor condition. I had never seen a similar case described, and naturally hesitated before giving it a name. In my own mind I termed it a vaso-motor intermittent synovitis. I began the treatment from a causative point of view. I gave *K. iod.* 1x to 30, *Apis* 3x to 30, *Ferrum* 3x to 30, *Sulphur*  $\phi$  to 200, *Act. rac.* 3x to 30, *Calc. carb.* 30. The result with all the medicine was the same—*nil*. As the periodicity and not the swelling with its modalities appeared to be the leading symptom, I prescribed *Cedron* 3x and *Lotio. Cedron*  $\frac{1}{100}$  locally. The patient attended every Monday. After the prescription of *Cedron* the patient did not appear. I thought she had evidently had enough of homeopathic treatment and was giving bountiful and beneficent Nature a chance. It was not so. After taking the *Cedron*, the attack came on Monday following, instead of the Thursday. The attack was the most severe as regards pain and swelling she had ever endured. Still she was buoyant and enthusiastic. She said that I was the first doctor who had ever touched the disease; besides, she was now confident she would be cured. I must confess that I did not share her optimistic opinion.

However, I did not say so. I merely remarked that it must be a very peculiar disease if homeopathy could not cure it. As the medicine—which she said tasted like water—had upset her “at-home” days, it would probably upset the disease. The medicine and lotion were continued. The result was that the intervals of attack became longer and longer. It is unnecessary to give all the stages of the illness. This paper is quite dull and uninteresting enough without this addition. There were the usual ups and downs which one meets with in chronic diseases. Yet the progress was satisfactory. In 1900 she had only two attacks. Probably the attacks would not have occurred had she continued with *Cedron* 6x thrice weekly. With the natural curiosity of a woman she discontinued the medicine to see if the disease had really disappeared. It had not. During her illness there have been different conditions to be treated. She suffered from mastitis sinistra acuta, gastritis subacuta, prolapsus uteri, and profuse vaginal discharge. These were remedied by different medicaments and a pessary. Now at this date—February, 1901—she reports herself well—in fact, perfectly well. She has, however, one complaint. She is gaining weight—to her a most distressing complaint.

This case of hydrarthrosis is a typical one. The marvellous regularity of the attacks—the knees being attacked on alternate weeks—the sudden increase and as sudden decrease of the fluid in the joint, the general good health during and between the attacks, the prompt action of the *Cedron*, are eminently characteristic. The treatment from the pathological standpoint was futile. The treatment from the symptomatic standpoint was beneficial.

I have thought this case of interest firstly on account of the rarity of the disease, and secondly on account of the benefit from homeopathic treatment. During the long time in which the patient has received homeopathic treatment she has made steady progress. Naturally there have been the usual relapses. She is now, as she states, perfectly well. Still I think the tendency to recurrence persists. Lately she has been taking *Lycopodium* 12. This drug always relieves the gastric discomfort.

I have tried, but so far in vain, to find out an initial symptom or aura for the swelling in the knee. The sudden attack reminds one of epilepsy. Before each attack her general feelings, &c., vary. The patient has a

peculiar, indescribable sensation in the knee. The joint rapidly becomes distended with fluid. The affection does not appear to be a reflex of any of the other organs, *e.g.*, uterus, ovaries, stomach, liver, &c. During the treatment for hydrarthrosis most of the organs received special treatment. Their condition, whether normal or otherwise, appeared to have no effect on the hydrarthrosis. To me the disease appears to be a vaso-motor neurosis. It appears to be a distinct disease, just as epilepsy or any nerve complaint. I wish to see another case of this disease if possible. I would like to try *Cedron* on the patient before vaunting it as a safe cure.

I must apologise for the length of this paper. I hope it may not be too dull and uninteresting for your readers. Medical subjects are invariably dull and heavy. I do not possess the literary talent necessary to make a paper interesting. Still, hydrarthrosis is much more interesting as a disease than my description of it would lead you to infer.

4, Leinster Square, W., February 15th.

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## TAPEWORM.—ARBORIVITAL ACTION.

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

THERE are many good homeopaths who, in spite of Hahnemann's teaching, consider that tapeworm can best be treated by powerful vermicides, and I must say I have been very much of the same opinion.

However, one gets disenchanted occasionally, and it was thus with myself, for in October, 1899, a lady brought Mrs. B., a poor woman, aged 39, to me, whose body seemed to be a perfect manufactory of tapeworm, and whose case taught me another lesson. This tapeworm output had been going on for three years, in spite of all kinds of prescriptions, amongst which *Filix mas* and Castor Oil, with innumerable kinds of pills, figured largely. She had passed as much as thirty yards of tapeworm at a time, and twelve and fifteen yards were of common occurrence, and every day she passed more or less of the worm.

Her symptoms were: Sinking all round the lower part of the chest, often with vomiting, and sometimes for a week together is unable to keep food down; bowels are

confined, but takes salts and pills; the bladder is very irritable, especially in the daytime, and she cannot walk far from this sick and faint feeling.

For these symptoms I gave *Helleb. viridis*  $\phi A.$ , to be followed in a week by tablets of *Sulph.  $\phi.$* , and by pumpkin seeds. At the end of a week, however, she returned to express her delight at the effect of the dose. She had gone on as before passing segments of worm five or six times a day, but, *contrary to all her past experience, without any pain or straining*. Unfortunately, while one piece was coming up in her throat, she had, on one occasion, resisted its expulsion, and it had seemed to stick in the pylorus, giving rise to great local pain. I therefore gave *Helleb.  $\phi.$* , and ordered her to go on the sulphur tablets and the pumpkin seeds.

On her next visit, a month afterwards, she said she had had great relief from the dose I had given, but none from the subsequent medicine—the *Sulph.* and the pumpkin seeds—which were therefore discontinued. Still has sinking round chest, and feeling of faintness, tightness, and oppression in the pit of the chest; bowels rather confined; counted forty-five segments of tapeworm that had passed on one day alone. To have *Helleb. vir.*,  $\phi A.$

In two weeks after reports: Tightness as from a rope round the pit of the chest; retches a great deal, as if the worm has still remained lodged about the pylorus; thirty segments passed three days ago, seven yesterday and four this morning. To have *Verat. viride*,  $\phi A.$

Seen again in a month (January 9, 1900). Less sickness; feeling much better; small segments passing—eleven this morning, sixteen yesterday, and so on. Tightness as of a rope round pit of chest still.

For this symptom of tightness across the lower chest, as though the diaphragm were cramped, I gave *Laurustinus*,  $\phi A.$ , and I saw nothing more of my patient, but in March the lady interested in her case called upon me to say that Mrs. B. had, a fortnight before—that would be the beginning of March—passed four yards of tapeworm, and that she had, after this, remained perfectly free from every symptom or trace of worm, and I have since heard that she remains perfectly well.

The laurustinus-tree, well known and much appreciated as a sheltering shrub round houses, is in reality a variety of viburnum, its other name being viburnum tinus, and,

like the *viburnum opulus*, *prunifolium* and *lantana*, the principal constituent of its bark and juice seems to be Valerianic Acid. A tincture made from the succulent branch in springtime possesses a powerful odour of valerian.

That such a remedy should exist close to the hall door of most country houses, without its action having been investigated by us, does not, in common parlance, "speak volumes" for the enterprise of English homœopaths. It is quite time we took up our old English plants and investigated the actions of them.

As to what influence the *Laurustinus* exerted upon the tapeworm it is too soon to say, but the fact that the symptoms and the worm left, after gradual improvement had taken place, some weeks after the dose was given is noteworthy; while the ease and comfort given by the doses of the *Hellebores* show that their ancient vermifuginous reputation is well grounded while the whole drift of the case shows that an intelligent selection of remedies by means of the symptoms may lead to beneficial results, even in a case of hitherto unrelieved tapeworm.

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## MATERIA MEDICA MISCELLANY.

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

*Coccus Cacti*: its Action on the Kidneys.—Dr. Cowperthwaite, of Chicago, in a *résumé* on this drug in the *Medical Era*, says: "*Coccus cacti* has some repute as a kidney remedy, not without warrant. You will find among its cured symptoms dull, pressing, sticking, cramp-like, oppressive pains in the kidneys, worse from pressure and motion; spasmodic pains in the kidneys, with vesical tenesmus and frequent emissions of deep-coloured urine; sudden, acute, prolonged lancinations, extending from the left kidney along the ureter into the bladder, urging to urinate, urine passes slowly and with difficulty. In women the urine falls over the vulva, drop by drop, and excoriates the skin. The urine contains mucus in the form of filaments, clouds, and flocks, and the sediment, which is white and granular, is entangled with much mucus; the odour is often ammoniacal. These symptoms have led to the successful application of *Coccus cacti* in acute des-

quamative nephritis, nephritic colic, and catarrh of the bladder. Its action on the kidneys is quite like that of *Cantharis*, and the symptoms of the sexual organs somewhat similar, although there is not the same destructive inflammation.

*Cannabis Indica in Excessive Menstruation.*—The *Medical Century* quotes the following: “While the curette is the ideal instrument for attacking excessive menstrual flow, there remains a number of cases that will not permit operation, and others in which the trouble is entirely one of functional derangement. In such cases, especially where the exciting cause is an irritation arising in the Fallopian tubes, or in the ovaries, 10 to 15 drop doses of *tr. Cannabis indica*, given every three or four hours, is often curative. It should be commenced a few hours after the flow sets in, say twelve to fifteen hours after, and continued until its effect is produced or the symptoms abate. Much will depend upon the character and purity of the product used as to the amount of benefit received.—*Gaillard's Medical Journal*.

[A reference to our materia medica will show this action to be homeopathic. Dr. Clarke gives the following symptoms under *Cannabis indica*. “Very profuse menstruation; painful, dark, but without clots.” It is very improbable that so large a dose as above recommended is necessary.]

*Carduus Marianus in Biliary Colic.*—Dr. Bourzutschky, of Fleusburg, reports the following case of biliary colic. “The patient, a lady 33 years of age, had been for half a year suffering from biliary colic, appearing regularly two or three times a week without skipping a week; besides this there was a whitish diarrhea. She first presented herself in January, 1898. The patient had gone the preceding summer to Carlsbad to be treated, and had continued up till now drinking the Carlsbad water at home, without any effect. The menses had altogether disappeared while she was thus affected. I gave the patient four drops of the tincture of *Carduus marianus* three times a day, and prescribed a light, meagre diet and sufficient exercise in the open air. The surprising effect of this treatment was that from the first day in which she took the medicine the biliary colic suddenly ceased. The general health of the lady during the first three days while taking the medicine was, indeed, unusually bad, but there

was no local trouble. As a precautionary measure I prescribed *Carduus marianus* for the whole of the months January, February, and March, with the result that the patient had not a single attack of biliary colic. She gained fourteen pounds in weight, her stools became normal, and her menses reappeared. In the middle of April I stopped giving her medicine. The patient conceived. After having stopped the medicine several weeks there was a relapse (three attacks of biliary colic). After a renewal of the treatment with *Carduus marianus* the disease finally vanished.

“*Carduus marianus*, given in the tincture, I have found of great use in a number of cases, *e.g.*, in a case where the gall-bladder had become so much enlarged that it hung down in the shape of a pear, and could be felt at a distance of two fingers' breadth below the navel. Also in this case the attacks of biliary colic yielded very quickly. On the third day after she began taking the remedy she had one more attack owing to an error in diet. The patient visibly improved, and has remained free from her attacks of colic, though there was no change in the enlargement of the gall-bladder. I would only state that according to my experience *Carduus marianus* seems to act more surely in the female sex than the male.—Translated from *Hom. Monatsblätter (Hom. Envoy)*.

*Kreosotum in Chronic Vomiting*.—The same physician records the following case: A woman had for four years been vomiting food. The vomiting begins four hours after partaking of the food. The vomited matter is in rare cases coloured brown. Ulceration of the stomach had been diagnosed. The prolonged duration during which the food was kept in the stomach made it probable that dilatation of the stomach had already taken place. The patient was also suffering from renal ptosis, which is also frequently found where there is a dilatation of the stomach, since (according to Pentzoldt) both these affections are due to a hereditary or acquired laxness of the surrounding tissues. I prescribed a dry diet (the patient having before that taken considerable liquid food), a health corset, at night a compress (as directed by Priessmitsch) on the stomach and two drops three times a day of *Kreosotum*, 4th dec., the characteristic symptom of *Kreosot.* being vomiting several hours after a meal. Four weeks afterwards the husband of the patient wrote to me that

the vomiting had entirely disappeared a few days after she began taking the medicine. Thus an ailment that had lasted for four years had been cured in almost as many days.—*Ibid.*

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## VETERINARY HOMEOPATHY.

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

(Continued from p. 65).

THE prime object which the author of these articles entertains in presenting a series of clinical reports indiscriminately culled from cases treated strictly on homeopathic principles during a period of twenty years is the advance, the better acquaintance with and appreciation of the homeopathic law of drug selection in the treatment of disease, the hope being entertained that the varied and pronounced success which follows its practice among the lower animals may by analogy lead many to ponder seriously its value to the higher order of beings—men and women.

A very strong impression has taken possession of the writer's mind—an impression based upon a careful perusal of the homeopathic literature of the day—that an influential section of the homeopathic medical profession in this country does not, as in years gone by, place reliance upon the medical treatment of such cases as under allopathy would naturally fall to the care of a surgeon. In proof of this one has but to peruse the reports of the British Homeopathic Society's proceedings. Particulars in detail appear month after month of surgical operations performed with varying success that it is not easy to believe would have found favour with Hahnemann nor with the majority of his most distinguished followers. The practice of surgery among practitioners had, no doubt, fallen into desuetude up to a few short years back, from the very fact that a patient and persevering adherence to homeopathic principles, and a due appreciation of the importance of relying upon the higher attenuations, rendered the frequent use of the scalpel unnecessary and in the patient's interest undesirable. Recently, however, a revival of the surgeon's art has been deemed essential, the reason why is best known to those who have actively encouraged this development.

One thing, however, is certain, the revival of surgery has done nothing to advance the cause of homeopathy, while, on the contrary, there is little doubt it has done much to retard its more general adoption.

Among the various cases which have been recently reported in this journal and the *Monthly Homeopathic Review* were several that furnished undeniable proof of what can be effected by internal medication in diseased conditions that under ordinary practice would be subjected to surgical operation; and it is only fair to claim that if satisfactory results can be attained among patients whose subjective symptoms it is very difficult, and in many instances impossible, to discover, how much easier should it be to obtain equally and even more successful attainments among patients from whom you can learn all it is necessary to know—hence the regret anent the revival of surgery among homeopathic practitioners.

But there is a promise of better things in the future if the proposed Homeopathic Veterinary Dispensary, particulars of which appeared in the January issues of THE HOMEOPATHIC WORLD and the *Monthly Homeopathic Review*, becomes an accomplished fact. Opportunities will then arise that will furnish proof of a character that cannot be denied of what can be done by the intelligent application of internal medication, and of how the indiscriminate use of the scalpel can be materially dispensed with. There is no intention to convey the idea that surgical operations should be abolished. That of course, on the face of it, would be absurd; but the tendency, under homeopathic practice, should be rather to reduce the number of cases that require the intervention of the surgical operator than to increase it. The variety of cases that would in all probability be presented for treatment at such an institution as the proposed dispensary would offer splendid scope for the practice of homeopathy and would furnish a grand opportunity of proving its inestimable value as a medical principle. It is therefore to be hoped that all who take an interest in making the principle better known, and in bringing its more humane methods within the reach of the humbler classes of animal owners, will lose no time in providing the wherewithal to establish upon a satisfactory working basis the much to be desired institution.

Without doubt there is ample room in the metropolis

for several such institutions could the funds be raised for their establishment and the services of qualified veterinary practitioners who understand the principle of homeopathy be secured. The number of small owners, such as cab proprietors, hauliers, costermongers, &c., who would gladly avail of the opportunity of having their hard-worked animals carefully tended and treated is very considerable. These are the classes of men who are quick to recognise the advantages arising from homeopathic treatment; remedies that are easily administered, that bring about a speedy cure without lowering the constitution and physically weakening their animals, commend themselves to their judgment, and they do not bother themselves to raise any question about the strength or quantity of the drugs prescribed. Moreover, they are, as a rule, sufficiently appreciative of good results to take the trouble to inform others of the same and in this way make common cause in popularising the source of the advice.

It is impossible to estimate beforehand the value of such an institution as the proposed dispensary to the cause of homeopathy, the owners referred to, and last, but not least, to innumerable suffering animals. Truly it would be a work of mercy, and cannot do other than commend itself to lovers of animals, and even those who take a mere superficial interest in their more humane treatment.

One has but to consider the large proportion of cases of injury which are daily met with in London among the classes of animals owned by men who would patronise the dispensary, such as sprains of the tendons, the muscles of the back and shoulder from slipping on the treacherous pavements; bruises of the knees, points of the shoulder and the hip-bones from falls; punctures of the feet through picking up French nails in the streets; quittors of the feet from corns or bruises of the coronet—conditions which, under regular allopathic treatment, would variously be subjected to firing, blistering, or the application of some cauterising agent, involving considerable pain to the patient and loss of time to the owner as compared with the more humane methods of homeopathic treatment. So much for horses.

Among cows, goats, and pigs which are not infrequently kept by men of small means, the principle of homeopathic

treatment is not less successful, as has already been shown in previous articles. Cows in particular afford ample scope for the exhibition of what homeopathy can effect in such diseases as inflammation of the udder, and as an aid during parturition.

Dogs, cats, and other domestic pets frequently furnish very interesting cases for treatment, the preparations of the drugs and the methods of administration being specially calculated to meet their requirements and render their treatment comparatively simple and easy.

The article which will appear in this journal next month will deal with further clinical experiences.

Sussex Villas, Kensington, W.

February, 1901.

(To be continued.)

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## 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.

### XXIV.—SNAKE-VENOM AND AUTOPROPHYLAXY.

(25) “*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 213–216, 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 autoprophyllactic, but it 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."*

The above criticism appeared in THE HOMEOPATHIC WORLD for September, 1899, and was signed "A. Phelps." In speaking of the use of the venom as an antidote as "an application of the ordinary process in calf-lymph vaccination," I did *not* write the above under the supposition that the origin of calf-lymph is the matter of small-pox, as I have for a number of years held the opinion that a very close analogy exists between vaccinia and syphilis. What I wished to point out in the passage quoted above was that, as calf-lymph was inoculated as an antidote against the venom of small-pox, so it had been decided by the medical authorities at the Melbourne University to make use of the serum of snake-venom proof animals, by inoculating, as an antidote against snake-poison. Of course, no analogy exists between vaccinia and antivenene. Dr. Stradling, I may state, while experimenting with snake-venom, soon became convinced that a generally efficacious antidote could not be found, but came to the conclusion that, by inoculating his own person with the venom—just as one is vaccinated against small-pox—he had proved that the body could be protected against the effects of the poison. It is obvious, however, that no analogy is to be found between antivenene and vaccinia. I trust that Mr. Phelps will be satisfied with this explanation, that I am not labouring under a false supposition in believing that the origin of calf-lymph is the matter of small-pox.

#### AMMONIA AND HYDROCYANIC ACID.

(26) "*You state that snake-venom exerts its influence on the medulla oblongata (the vaso-motor centre), and, yet, what proof can you produce that Ammonia has any effect on the toxic action of a drug on the medulla oblongata?*"

As a reply to this question, I will give as an illustration the poison known as *Prussic Acid* (*Acidum hydrocyanicum*), which is one of the most rapidly fatal poisons known, a large dose acting almost instantaneously. This poison, as is well known to my opponents, is a direct sedative producing almost immediate insensibility, with

or without convulsions, death occurring through paralysis of the muscles of inspiration, the heart struggling on in its beat to the end. There is also an altered condition in the state of the blood. It further acts as a very potent sedative to the brain and the spinal cord, acting especially on the respiratory ganglion and tract, the former being in the corpora olivaria of the medulla oblongata, and the latter extending from thence through the upper part of the spinal marrow. As a proof of this poison acting mainly on the medulla oblongata and pneumogastric nerve (the incident nerve of inspiration, supplying the stomach in addition to the lungs), I would briefly draw attention to the use of the drug in allaying palpitation of the heart or the arteries, which is symptomatic of indigestion, whooping-cough (pertussis), and other nervous coughs, and too rapid breathing. It has, however, no direct sedative action on the heart. As I have stated before, the poison acts with extreme rapidity, and little more than fifteen seconds is sufficient to diffuse it over the whole body, its reaching the respiratory ganglion and tract through the circulation. The most prominent symptoms in poisoning by *Hydrocyanic Acid* are dilation of the pupils, coldness of the skin, accompanied with loss of feeling, inability to use the lower limbs, sinking of the features of the face, tetanic convulsions and livid face. On a post-mortem examination the blood is found to be fluid, but dark. Here we have symptoms, though not exactly identical with those produced by the action of snake-venom, that, however, still bear some resemblance thereto. Both poisons act on the medulla oblongata. Of this there can be no doubt. Now, what has been the most successful antidote in the treatment of poisoning by *Hydrocyanic* or *Prussic Acid*? Of course, I allude to those cases in which the antidote has been immediately resorted to. I am fully aware that in the majority of cases there is, unfortunately, little chance of making use of an antidote, owing to the great volatility of the poison, which converts itself into a gas through the heat of the body immediately it enters the stomach, and so instantly penetrates the blood, death taking place very rapidly. It will be found that *Ammonia* has been the most effectual antidote, acting physiologically, and counteracting the sedative effect of the poison, the *Ammonia*, in any form, being given either internally or by inhalation. This

being so, we have here one of the greatest reasons for making use of *Ammonia* as an antidote in snake-bite, for, if *Ammonia* is successful in the case of *Prussic Acid*, which, as I have above shown, acts on the medulla oblongata, why should it not be successful in antidoting the effect of snake-venom, which also has its action on the medulla oblongata? Having thus given an illustration of another drug acting on the medulla oblongata, as being antidoted by *Ammonia*, I trust my critics will feel fully satisfied with my explanation.

(To be concluded.)

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## SOCIETY'S MEETING.

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### BRITISH HOMEOPATHIC SOCIETY.

THE fifth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, February 7, 1901, Dr. Roberson Day taking the chair.

Dr. Hayward, 61, Shrewsbury Road, Birkenhead, sent a communication informing the Society that the Liverpool Chamber of Commerce are prepared to send a homeopathic practitioner to West Africa, with a view to the special treatment of fever cases. At the last meeting of the Society it was resolved that this generous offer be communicated to each member of the Society, and it was mentioned that Dr. Hayward had some one in view who might undertake the work.

Dr. MacNish moved the following resolution: "That the Journal of the British Homeopathic Society be published monthly; that each member be requested to contribute to the Journal; that in each edition of the journal the various sections of medicine and surgery be represented; that for each section the Society select from its members and fellows each year the sub-editors; that the Journal be made to thoroughly represent British Homeopathy, so that every member or fellow may feel that it is his duty as well as his right to share in its management."

After some discussion it was decided to refer the matter

to the Council, and that Dr. MacNish and the editors of the *Homeopathic Review* and of THE HOMEOPATHIC WORLD be invited to attend the Council meeting to consider the subject.

Dr. Midgley Cash (Torquay) then read a paper entitled "The Electro-cautery in Chronic Throat Diseases."

The following is a synopsis: Special rôle of electro-cautery—Varieties of chronic throat diseases—Chronic hypertrophy of tonsils—Reasons for preferring electro-cautery—Clergyman's throat—Varix and thrombosis of throat—Elongation of uvula—Illustrative cases.

Mr. Dudley Wright, in opening the discussion, said he had not obtained such good results with the cautery in enlarged tonsils, and preferred the use of the guillotine; in fact he seldom used the cautery at all in the mouth and pharynx. He pointed out the objections to the use of the electro-cautery on the pharynx, in that if used too deeply it prevented by adhesions the free movement of the pharyngeal mucosa on the deeper tissues. He used to use the galvano-cautery a good deal, but has in recent years largely given it up, in treating tonsils and granular throats, except in cases where there are deep crypts in the tonsils, when it is useful.

Dr. Dyce Brown said he had found applications of pure glycerine very useful in granular pharyngitis.

Dr. Vincent Green does not believe in the existence of granular pharyngitis as a disease *per se*, but thinks it is due to some diseased condition of the nose.

Dr. Wills (Bath) and Dr. H. V. Munster also took part in the discussion. Dr. Cash, in his reply, said he could not explain the difference in the results obtained by Mr. Wright and himself with the cautery in throat work, unless it were due to the mild climate of Torquay as compared with that of London.

Dr. Searson (Brighton) next read a paper on "Gout," in which he shortly reviewed the various theories, and summarised and contrasted Luff's and Haig's, the main burden of his paper being that by common-sense treatment and simple living gout could be prevented and cured.

Very little discussion followed, in which Drs. Galley Blackley, Wills, and Vincent Green took part.

A third paper was to have been read by Dr. Munster, but, owing to the lateness of the hour, it was thought that

due justice could not be done to it, and it was decided to postpone it, with Dr. Munster's consent, to the next meeting of the section for medicine and pathology.

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## INSTITUTIONS.

### BRIGHTON HOMEOPATHIC DISPENSARY.

#### ANNUAL MEETING.

THE annual meeting of the Brighton Homeopathic Dispensary was held at the Pavilion on Wednesday afternoon, February 6th. The Mayor (Alderman J. E. Stafford) presided, and among those present were Miss C. M. Allum, Miss E. Harvey (hon. financial secretary), the Misses Hack, Miss Friend, Miss Garstang, Mrs. Baker, Mrs. Costerton, the Rev. F. M. Blaydes, LL.D., the Rev. A. C. Jacobs, the Rev. H. M. Livens, Dr. R. Hughes, Dr. Searson (hon. secretary *pro tem.*), Councillor Clarkson Wallis, and Messrs. J. J. Beal, J. Beal, jun., A. Stanley Cooke, F. E. Friend, F. W. Fowles; G. Hammond, J. Jones, H. Kemp, W. Roberts, and H. Wilde.

#### THE ANNUAL REPORT.

The annual report, which was read by Dr. Searson, who is acting as hon. secretary in the absence of Mr. F. S. Champion, stated that there were in 1889 253 new cases, 1,121 visits; in 1900, 223 new cases, 1,169 visits. Owing to the removal by death and otherwise of old friends and subscribers the yearly expenditure (which amounted to less than £300) exceeded the income by nearly £100. Owing to a legacy, of which only £50 remained, the Dispensary continued free from debt, but the committee was most anxious to increase the present subscriptions by at least £100. A friend of the institution generously offered to subscribe £10 yearly for five years provided fresh subscriptions for the remaining amount were raised. It was gratifying to be able to report that £46 12s. 6d. of the required sum had been already promised or given, and the committee appealed for the balance (£53 7s. 6d.), that advantage may be taken of the kind offer.

The committee purposes, when the necessary addition to the annual contributions shall have been made, securing more commodious and generally convenient premises for the work of the Dispensary. The need of having a branch at Hove has also for the past two years been apparent to the committee, but it is obvious that no step can be taken in this direction until the income exceeds the expenditure.

### THE QUESTION OF AMALGAMATION.

In the last annual report it was stated that the committee had made overtures to the Sussex County Homeopathic Dispensary for the amalgamation of the two Dispensaries. It was then reported by the committee that its overtures had been received in a friendly spirit, and that there was every reason to hope that the suggested amalgamation might be effected. It was with regret that the committee had now to report that the negotiations alluded to had not had any definite results, although no effort was wanting on the part of the committee to bring the amalgamation into effect. At a special meeting of the committee held on November 22, 1900, the following resolution was unanimously passed, and a copy of the same was subsequently sent to the chairman and the treasurer of the Sussex County Homeopathic Dispensary: "That this committee still adheres to the opinion expressed in the resolution passed at its meeting on June 6, 1898, favourable to an amalgamation of the two homeopathic Dispensaries in Brighton, and that the chairman, with Mr. J. Beal and the hon. secretary *pro tem.*, be empowered to consider, and if need be, take steps to favour any proposal tending to amalgamation which may mutually arise, due consideration being given to the interests of each Dispensary."

It was also stated that Dr. Richard Hughes, who had for so many years acted as a physician to the Dispensary, had intimated his inability to continue his regular attendances, owing to residence outside of Brighton, but the committee hoped to be able to continue Dr. Hughes' valuable and much appreciated association in the capacity of consulting physician.

The Mayor, in moving the adoption of the report and balance sheet, referred to the enormous amount of work done by the institution on an income of £300 a year. It was one of those things which should be most cordially supported and encouraged.—*Brighton Gazette*, February 9th.

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### CROYDON HOMEOPATHIC DISPENSARY.

THE annual meeting of the Croydon Homeopathic Dispensary was held in the Old School of Art Room, Public Hall, on Friday evening, February 8th, Mr. Samuel Taylor, Chairman of the Dispensary, in the chair.

In the report, which was taken as read, the committee congratulated the subscribers upon the great success of the institution. In fact they found themselves, in consequence of this success, confronted with a dilemma of a very interesting

kind. The work had so greatly increased that the funds, under existing conditions, would not suffice. Each consultation now involved a certain loss, and the very popularity and efficiency of the Dispensary, therefore, became a crushing burden. The report of the medical officers, Dr. Purdom and Dr. Munster, was as follows: "The ordinary work of the Dispensary has been carried on, as in the previous year, during five separate consultation hours on five different week-days. The total number of consultations during 1900 was 5,261, and the number of patients 1,487. In 1899, during ten months, there were 3,514 consultations and 1,007 patients, which would give a yearly rate of 4,216 consultations and 1,207 patients. The year 1900, therefore, shows an increase over its predecessor of 1,000 consultations and 280 patients. Dispensary tickets were issued as follows: Weekly tickets (at 6d.), 3,315; monthly tickets (at 2s.), 272; the above tickets being paid for by the patients themselves. Subscribers' monthly tickets, 239. Patients continue to come from all parts of Croydon and from many of the neighbouring parishes. Seventy-nine home-visiting tickets (entitling the patients to a month's attendance at their own homes) were issued during the year. This number would have been larger but for the knowledge that the funds of the Dispensary would not bear further depletion. Twenty-two tickets (10s. 6d.) were paid for by patients or their friends, and 57 were supplied by subscribers. The total number of visits under these 79 tickets was 570." The committee added that it was abundantly evident from the above medical report that the great sacrifices made by the medical officers met with very gratifying appreciation, and that the Dispensary fulfilled an urgent need amongst their poorer brethren.

A vote of thanks to the medical officers, moved by the Chairman, who spoke highly of their great services to the Dispensary and of their skill and ability, was seconded by Mr. Stewart, and unanimously adopted.

Dr. Purdom, in acknowledging the vote, remarked that homeopathy, begun by Hahnemann in 1790, was the only medical theory which had stood the test of a century.—*Croydon Advertiser*, February 17th.

## EXTRACTS.

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### HOMEOPATHY AND RATIONAL MEDICINE.\*

To the Editor of *The Hospital*.

SIR,—I have only to-day seen your notice, in the number for January 12th, of my article "A Century of Homeopathy." If it be granted that yours is "rational medicine," your critical remarks are justified. But does the ordinary practice of the dominant school represent rational medicine? The only reason you give for the selection of a remedy for a disease is that you want to be satisfied "whether it really does good." It is a matter of complete indifference to you "whether the beneficial effect of a certain drug is discovered by a homeopathist, an old woman, or a naked savage." You don't care a straw *why* the drug cures, you only take the word of the naked savage, the old woman, or the homeopathist that it does cure as your reason for employing it. Is that rational medicine? I would call it pure empiricism, or eclecticism, if you prefer the term. The homeopathist sets to work to find remedies for cases of disease in a different way. We first ascertain the effects of drugs by testing them on the healthy, and, in any case of disease, we give a medicine that causes on the healthy an array of symptoms as like as possible to those of the disease; in other words, we give a remedy which we have found to act on precisely the same parts as are affected in the disease to be cured.

You do not deny that homeopathists discover remedies by their "provings," and you say, "let us give them every credit for it." We are grateful for this admission. Had it been usual in your school we should not have talked of you pillaging our materia medica, for you are heartily welcome to all the fruits of our labours, if only you will have the courtesy and scientific spirit to acknowledge their source.

As to which side the *rapprochement* of the two systems comes from, I would only remind you that, since the introduction of homeopathy, your school has abandoned most of its cherished traditional methods of treatment, and now uses many of the remedies introduced to medicine by the homeopathists; whereas homeopathy has not changed its therapeutic rule since Hahnemann propounded it more than a century ago, and has not adopted any of the methods, either

\* From *The Hospital*, February 9th.

old or new, of your school. So that the *rapprochement* of the two practices can hardly be said to have come from our side.

Yours faithfully,

R. E. DUDGEON, M.D.

63, Upper Berkeley Street, W.,  
February 2, 1901.

[We never either said or suggested that we "take the word of the naked savage, the old woman, or the homeopathist that it (that is the remedy) does cure," so that what Dr. Dudgeon says about our practice being "pure empiricism" falls to the ground. If Dr. Dudgeon will kindly refer to our article he will find that our remark about the "naked savage" was made to enforce the fact that the practitioners of what we have spoken of as "rational medicine" are in no way restricted in their choice of remedies, and also that we went on to say that what would influence us in the using of a drug would be "the accumulated experience of its beneficial action in certain morbid states, and of its power to produce certain effects which we desire for the relief of our patients." We certainly never suggested that we would "take the word" of either the naked savage or the homeopathist on the question. As to the question of "*rapprochement*," we cannot see that the fact—if it is a fact—that our "school" (we quote the word although we do not approve of it) "has abandoned most of its cherished traditional methods of treatment, and now uses many of the remedies introduced by homeopathists" gives the slightest excuse for suggesting any leaning towards homeopathy. Surely knowledge has advanced during the past hundred years, and as the very essence of rational medicine is that it brings all knowledge to bear on treatment, the practice of medicine must of necessity have advanced; "whereas," as Dr. Dudgeon says, "homeopathy has not changed its therapeutic rule since Hahnemann propounded it more than a century ago." If Dr. Dudgeon considers that our use of many of the remedies introduced to medicine by homeopathists indicates a leaning to homeopathy, or is, in his own words, "a sort of homeopathy," we must leave him to the tender mercies of his fellow-homeopathists. That is not our idea of homeopathy, nor, as we think, would it have been Hahnemann's.—  
ED. THE HOSPITAL.]

## PROPHYLAXIS OF GRIPPE.

By EDWARD S. SMITH, M.D.\*

WHILE it is at present true that the office of the physician is to cure rather than to prevent disease, it may be questioned whether this will continue to be the case. Students of bacteriology and pathology have so enlarged our views of the etiology of disease that we are doing much more than our predecessors in the field of

\* From the *Homeopathic Recorder* of November, 1900.

prophylaxis. It is possible that in this progress of events we shall arrive at the point described by Bellamy and other prophets, where the chief business of the physician shall be to keep his clients in health instead of curing their ailments. It is also possible that patients themselves may then be more willing to pay the physician for saving them from the discomforts of illness than they are now to be recovered by his aid.

The subject to which I beg to direct your attention at this time is the prophylaxis of grippe. To some of you it may seem an idle tale, and I readily grant the difficulty of the task when we consider the widespread limits of the epidemics of this disorder, its infectious and contagious character, and the peculiar idiosyncrasy to infection which occurs in some persons.

However, the small contribution which I make to the system of preventive medicine is the result of personal experience and direct observation, and hence is, at least, from doubt regarding its practicality as far as it has been applied.

I have suffered from attacks of grippe with a frequency not observed in any of my patients. In every epidemic of the disease which has occurred in this vicinity since the coming of the series of epidemics which began in the winter of 1889-'90 I have escaped infection but twice. The first of these respites was achieved without any special attempt at avoidance, while the second forms the subject of this paper. My attacks have varied in length from three days to two weeks; sometimes occurring as many as three or four times in a year. A friend who has kept tally says that I have had eighteen attacks. Some of these may, doubtless, be classed as influenza without the peculiar symptoms of grippe, but most of the seizures were unmistakable in respect to diagnosis. The usual painful and depressing conditions, both mental and physical, with which we are now so familiar, were much in evidence, and they were followed by the prolonged convalescence so characteristic of the malady.

I searched for a prophylactic, but, till recently, without success. I adopted the suggestion of Althaus, of London, and vaccinated myself again with the virus of cow-pox, but the vaccination did not "take," nor was the grippe prevented. I thought it possible that one of these attacks would prove fatal, and owing to my tendency to infection

I had about decided that I would never attend another case.

During the past winter I suffered from two attacks of the disorder. The third epidemic appearing, I was led to think seriously of the suggestion of Dr. John H. Clarke, of London, who, in his work on Catarrh, Colds, and Grippe,"\* says that "*Arsenicum* is the best prophylactic medicine" he knows, and advises the use of the third centesimal dilution.

I took the drug in the third decimal potency. Being sensitive to drugs, and over earnest in my desire, I soon developed the pathogenetic symptom of burning of the skin and face. I then turned to the sixth decimal dilution, which I used for some days, meanwhile visiting cases of grippe without any ill-effects. I then took the thirtieth centesimal dilution. This preparation seemed quite as effective as the lower forms, and was continued throughout the epidemic.

After the early days of this test were passed, finding that I was not affected as usual, I went about among the cases as fearless as a warrior clad in a coat of mail. My delight can be understood only by those who have suffered severely from this terrible scourge.

During this epidemic two cases of grippe developed among the members of the household, one of them being so severe as to require the attendance of a nurse. With this excellent opportunity for infection I yet exhibited no symptoms of the dreaded disease.

At this time I thought of another person on whom the test might be made. She was a lady of seventy-nine years of age, who was exceedingly susceptible, having had many attacks, some of great severity. I gave her the third decimal preparation of the drug. Already the grippe had attacked members of her household, and the suggestion was gladly received. In the course of this epidemic four cases occurred in the family of this lady, one of them being her husband, whom she nursed through his illness. Following the third decimal potency she received the thirtieth dilution, and passed through the ordeal without a symptom of the disease.

It has been questioned whether the potencies above the third decimal had any part in effecting the prophy-

\* Boericke and Tafel, 1900. (The American edition of *Cold-catching, Cold-preventing, Cold-curing*. James Epps & Co., Ltd.)

laxis, following, as they did, so free a use of the lower potency.

A colleague doubts if *Arsenicum* would be the prophylactic in every epidemic, holding the opinion that epidemics differ in their nature and the prophylactic must be suited to each.

To these criticisms I can but say that I am quite aware that even two swallows do not make a summer, and that the test was, in my experience, tentative and of very limited application. But I offer these instances for the consideration of my *confrères*, hoping that as opportunity occurs they will make the test for themselves. Any who may be led by my words to adopt this suggestion will confer a great favour if they will give me the results of their observations.

Bridgeport, Conn.

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#### INTERESTING TO VACCINATION MARTYRS.

THESE now form a small army throughout Victoria, and they are rapidly increasing. The police courts are every week adding to their numbers. The whole situation is most unsatisfactory. There is no system in connection with vaccination nor in the infliction of the fines on the anti-vaccinationists. Some of the benches fix the exemption tariff at 10s. per head. That is, when a person pays that fee and the "costs," which latter may range from a few pence up to another half-sovereign, the infant is saved from much present and cruel-suffering, and its chances increased of safely getting through the most precarious, weak, uncertain stage of its existence, which is the first twelve months of life, and of eventually growing into a healthy and robust childhood and adolescence. Payment of such a fine and incidental costs in some parts of the colony secures the helpless infant's immunity from the vaccinators. In other places the fee is £1 with costs, and in some few cases where a medical man is chairman of the bench, or the bench otherwise happens to be composed of Gresswellists, "unconscious bias" comes in and immunity has to be purchased by payment of a court fee of £2 and costs. This is a rotten system, and so also is what is practically the selling by the benches of indulgences against vaccination. If vaccination is the splendid and indispensable specific that it is claimed to be it should be compulsory. There should be no buying off. Further, as even the vaccinationists admit that its virtue evaporates after a period

of years, there should be periodic compulsory operations. But adults cannot be got to submit themselves to the torture. They have votes. The infants have no votes. That fact accounts for Dr. Salmon's successful blocking and mutilation of the Non-Compulsory Vaccination Bill a few weeks ago. Since Major Reay, of the *Herald*, published his account of the really serious sufferings through which the Victorian troops went on the *Medic* and since it was followed by similar narratives of the experiences of the "Bushmen" who landed at Beira—spending a considerable part of the voyage as semi-invalids, owing to the pain and fever induced by the vaccine poison, also owing to revelations that a certain class of medical men, under certain circumstances, are in the habit of inserting the contagion in infants, only a few minutes old, so as to make sure of the half-crown vaccination fee allowed by the Government when the payment by the mother or anybody else of the accouchement fee is highly problematical—from all these and other causes compulsory vaccination is more repugnant to a great multitude of Victorians than it ever was before. Where a few years ago prosecutions for non-compliance were rare, they now form a regular part of the routine of every court of petty sessions in the colony. It is, we repeat, a most unsatisfactory state of affairs. Candidates during the present election should be asked what they think of it.

In the meantime the homeopaths are forward with an alleged remedy which certainly, on the face of it, seems to be a great advance on the allopathic school. The latter, of course, profess to be superiorly endowed and altogether more gifted mortals than the homeopaths. But as all schools of medicine are as yet in the experimental stage, allopaths and homeopaths are in the same boat. The homeopathic remedy is called *variolinum*. It is pus from a small-pox pustule, reduced in strength according to homeopathic formula. We find it briefly described in *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, and is published (second edition) by the Homeopathic Publishing Company, of Warwick Lane, London, E.C. *Variolinum* has," says Dr. Allen in the technique of the profession, "done splendid work in all potencies, from the 6th cent. to the C.M. As a preventive of, or protection against small-pox, it is far superior to crude vaccination and absolutely safe from the after effects, especially from septic and tubercular infection. The efficacy of the potency is the stumbling block to the materialist (the allopath). Those who have not used it, like those who have not experimentally tested the law of similars, are not competent witnesses." He winds up

with the challenge, "Put it to the test and publish the failures to the world."

Then from THE HOMEOPATHIC WORLD of December 1, 1897, page 546, we have a South African medical man describing a few of his experiences with *Variolinum*. The preparation—a homeopathic dose—is swallowed by the mouth. It passes into the stomach, and on its way through the intestines finds, as it were, whether the patient wants vaccinating or not. If he does he is vaccinated, and is totally unaware of the "operation" having been performed, for probably it has been done in Nature's painless way. If the patient does not require vaccinating it passes harmlessly away. The proof that the infinitesimally minute dose of *Variolinum* has "taken" is stated in effect to be that none of the Jenners and Gresswells could afterwards with their lancets and lymph impart modified small-pox fever to an infant or adult protected by *Variolinum*. According to the evidence before us, it gives complete immunity both from the contracting of the disease from small-pox patients, or in the modified form from Jennerian lymph. There are eminent medical men amongst the homeopaths. There would be more of them, no doubt, if the practise of homeopathy were as lucrative as allopathy. But a public which swallows quack nostrums by the million pounds worth is not likely for a few generations yet to listen *en masse* to any school of medicine that does not present itself before them with cart-loads and ship-loads of bottles and pill-boxes. Nevertheless, *Variolinum* is to be purchased in this colony. If anti-vaccinationists wish to circumvent and non-plus the vaccinating doctors, all they have to do (according to the medical authorities before us) is, under homeopathic direction, to treat their infants themselves. It can do no harm in any event, and if it "vaccinates," as Dr. Allen and the South African doctor claim that it does, then none of our Victorian infants, or adults either who wish to vaccinate themselves, can be more seriously hurt or damaged than by the puncturing of the allopath or medical materialist's lancet. —*Bendigo Independent*, Oct. 23rd.

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## REVIEWS.

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### TRANSACTIONS OF THE PARIS CONGRESS.\*

WE congratulate Dr. Léon Simon, Secretary-General of the Paris Congress, on the completion of his labours. His post of Secretary-General at the Congress was no sinecure, as all who attended its meetings can testify. Not only did he arrange the papers and see that all members were provided with printed copies of the various papers, their tickets of entrance, &c., &c.; but the task devolved upon him of presenting in abstract the papers of absent contributors so that they could be discussed at the meetings. That would have been sufficient to content most men, but it did not deter Dr. Simon from himself joining in the discussions when there was something which needed to be said.

The arrangement of the matter of this volume is most convenient. Dr. Simon apologises for the fact that the order of reception of the papers determined the order of their printing, and hence the order of their appearance in this volume. But as a table of papers is supplied and an index of the names of their writers, that in no way detracts from the usefulness of the volume. The first part is devoted to the reports from various countries. This part is paged with Roman numerals; Arabic numerals commencing with the second part, which is devoted to the papers. The third part reports the discussions, the fourth the banquet; the last is devoted to an account of the Inauguration of the Tomb of Hahnemann.

It would be invidious to single out any of the papers for mention, and the list is too long for individual comment. Suffice it to say that the contributions both in medicine and surgery will make the volume a valuable work of reference in the future. The reporting of the discussions appears to us to be excellent. As the report of one of the discussions which appeared in our journal has been called in question, it is interesting to note that the official report of the Congress of the speeches by Dr. Hughes and Dr. Clarke in the discussion on Dr.

\* *Compte Rendu du Congrès International d'Homœopathie tenu à Paris au Palais du Congrès de l'Exposition Universelle les 18, 19, 20, 21 Juillet, 1900.* Corbeil (S. & O.). Ed. Crété Imprimerie Typographique. 1901. Pp. 556.

Kraft's paper, entitled "The *Cyclopedia of Drug Pathogenesis* from an American Point of View," is practically identical with that which appeared in our pages. It would therefore appear that the reporter of the Congress is, equally with our own, unable to appreciate Dr. Hughes' now famous distinction between "practising homeopathy" and "prescribing homeopathically."

A few slips in names we have noticed in the volume. Lux, the originator of nosodes as remedies, appears as "Lutz" in Dr. Nebel's speech (p. 487); Lilienthal appears as "Lilienkhan" (p. 289).

In publishing Society *Transactions* in France it seems to be the custom to issue them in paper covers, uncut, and very insecurely stitched; the publishers of this volume have therefore only followed the usual custom in sending it out in this condition. But it is a custom that would bear improving. However, this is the only fault we have to complain of, and it is one which can easily be repaired, and the book is well worth binding.

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## PRACTICAL HOMEOPATHIC THERAPEUTICS.\*

WE prefer to let Dr. Dewey give the history of his latest work in his own words. In the Preface he says:—

"During the past ten years the writer has contributed to our periodical literature a number of desultory articles on the homeopathic therapeutics of various affections. These articles have been widely quoted in our own journals and have been translated into several foreign languages; this fact, together with numerous letters from practitioners in all parts of the country urging the publication of a more pretentious work on homeopathic therapeutics, furnishes the only excuse the writer has for presenting another book to the profession.

"The work has been undertaken, therefore, to supply the practitioner of homeopathic medicine with reliable, practical, and condensed indications for the more important remedies in disease. It differs from the various works on the practice of medicine in that it is exclusively devoted to homeopathy, and from works on *Materia Medica*, as it treats only of therapeutics.

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\* *Practical Homeopathic Therapeutics*, Arranged and Compiled by W. A. Dewey, M.D., Professor of *Materia Medica* at the University of Michigan Homeopathic Medical College. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. 1901. Pp. 379. Price, 12s. 6d. net.

“The periodical literature of our school, as well as the works of all standard authorities, have been carefully examined and the practical points contained therein have been included in this volume. No attempt has been made to give indications for all the remedies that may be indicated in the various affections. This would be but a repetition of what already has been well and faithfully done by our great authors on therapeutics. The object has been to restrict rather than to elaborate, to give the practical indications for a few of the most prominent remedies rather than to dwell on the elaborated possibilities of many.

“The therapeutics of certain conditions which modern pathology recognises only as symptoms, such as headache, constipation, diarrhoea, leucorrhoea, &c., have been included in the work.

“Should this volume in any way tend to the furtherance of homeopathic prescribing and lessen the growing tendency to neglect our therapeutics for easier but less satisfactory methods, the writer will consider that the time occupied in its compilation was not spent in vain.”

We will now give a specimen of the manner in which Dr. Dewey has gone to work.

#### FISSURE OF ANUS.

**Graphites.**—In eczematous subjects when the anus is extremely sore and the stools are covered with mucus, with no tenesmus or constriction, *Graphites* is the remedy. There is no special irritability of the parts, but the fissures are usually brought on by large fæces. The parts are sore and smart.

**Nitric Acid.**—From its affinity to the outlets of the body this remedy becomes an important one in fissure when there is a sensation as if splinters or sticks were in the anus. There is much tenesmus and constriction, and a constant oozing of the fetid matter from the parts with burning rawness and smarting.

*Ratanhia* has much constriction about the anus. It aches and burns for hours after the stool, there are cuttings and lacerations in the rectum and dryness of the anus with sudden stitches in it. The temper is irritable. It is also useful for threadworms.

*Sanguinaria nitrate* has an irritable itching and burning in the rectum.

**Pæonia** has fissures with much oozing. The anus is apparently moist and sore, smarting all the time. Burning and biting lasting several hours after stool may also be present; must walk the floor all night.

**Silicea.**—Here the irritable sphincter comes to mind and the slipping back of the partially expelled stool. It also has great pain, coming on half an hour after stool and lasting several hours.

*Platina* has fissure of the anus with crawling and itching every evening.

This short extract will suffice to show the careful manner in which Dr. Dewey has brought out the distinctive features of the different remedies. In this work

he has, in fact, done for *Therapeutics* what Farrington did for *Materia Medica*. It will be noticed that the names of some of the remedies are printed in black type, some in italic, to distinguish their relative importance. It seems to us that the amount of description given under each word sufficiently indicate this, and a strict adherence to the alphabetical order would make the remedies easier to find. Under some of the larger rubrics we note that the faults as well as the qualities of Farrington's splendid work are apparent in Dewey's; the comparisons are excellently given, but the remedies are mixed up so that it is difficult to separate them. Take this under—

## ABSCESS.

**Lachesis.**—In low conditions of abscess, where pus is thin, ichorus, and offensive in character, *Lachesis* may be the remedy. The parts are purplish in appearance. It is the remedy for abscess where poisonous matter has been introduced into the system causing the trouble. *Carbo vegetabilis* may also be a remedy in long-lasting, unhealthy suppurating processes which produce hectic fever. *Rhus toxicodendron* is another remedy for abscesses of the parotid or axillary glands where there is a discharge of a bloody or a bloody serous pus. The evident poisoned condition of the system and tendency of the abscess to take the carbunculous state will indicate *Rhus*. With *Lachesis* the discharge is thin, ichorous pus. Another remedy in low conditions is *Arsenicum*; the great debility, the production of watery, ichorous pus, the threatening of gangrene, and the intolerable **burning pains** will call immediate attention to this remedy.

Now all these comparisons are most practical and most useful. At the same time it seems to us that *Carb. v.*, *Rhus*, and *Arsen.* are worthy of description under separate headings of their own in their alphabetical place and not as mere appendages to *Lachesis*. To our thinking the arrangement adopted by Raue in his *Special Pathology and Therapeutics* is preferable in a therapeutic work. Another point we have noticed is a tendency to refer to authorities rather too much. Dr. Dewey's readers want to know what are the indications which Dr. Dewey thinks are to be relied on. If he likes to indicate (say, in brackets) the source whence he obtained them, well and good; but it is a little disturbing to be told that So-and-so says such-and-such a remedy is good without being told that Dr. Dewey confidently endorses it.

Dr. Dewey has written a work which every practitioner

would be the better for possessing. It is certain to go through many editions; and it is for this reason that we have thought it may be helpful to the author to point out in what direction it is capable of being made even more useful. If Dr. Dewey will arrange his remedies in strict alphabetical order and append a repertorial index of them, as Dr. Raue has done, under each rubric, his work will be not only desirable—it will be indispensable.

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### INTERNATIONAL HOMEOPATHIC DIRECTORY, 1901.\*

THERE has been a steady growth in the contents of this work year by year, and the present issue has annexed an entire new country—the United States of Mexico. The ambition of the work, it seems, is not yet satisfied, as it has designs on the whole of South America, which it hopes to embrace in 1902. It would obviously be impossible to include all the fifteen thousand and odd names of homeopathic physicians in the United States of North America, but we learn from the preface that a proposal has been received to add a list of the names of such of our North American *confrères* as would like to have their names inserted and to become subscribers. The subscription in this event would be one dollar. It would be a great convenience to many in this country and on the Continent to have the names and addresses of some of our American *confrères* always within reach. We hope the idea will be taken up. A postcard sent to the publishers now would ensure the receipt of a circular by the sender when the material is being collected for the issue of 1902.

We are glad to see a large accession of names in the present issue, so that opposition may now be fairly said to have sunk into insignificance. We believe there are still a few names of professed homeopaths kept out by their owners, but the lacunæ are inconspicuous. The usefulness of the *Directory* is its best commendation; as a matter of fact the homeopathic community would do very badly without it.

\* *International Homeopathic Medical Directory*, 1901. London: Homeopathic Publishing Company, 12, Warwick Lane, Paternoster Row, E.C. Pp. 122. Price 2s.

## BOVININE.\*

A NEW light has been shed on the action of the various meat extracts, and especially uncooked (that is undevitalised) extracts, by experience with *Thyroidin* and other sarcodes. Such extracts are not merely foods—they contain the muscle-principle, or “internal secretion” of muscle. Every tissue of the body contributes in some way to the “commonwealth” of the organism, and we are only on the threshold of discovering the true nature of these various contributions. In this volume of 256 pages the Bovinine Company publish for the profession a collection of definite experiences with their article, which they claim to be “the consummate product of the nutritive process of the living body,” including “all the nutritive principles which enter into the component parts of the human body,” retaining “the vital corpuscles” with all their oxygen-carrying properties. Bovinine is well known as an internal nutrient, and its excellences in this capacity we have had frequent opportunities of confirming, but its external uses are less well known. In this volume will be found among other experiences some very remarkable cases contributed by one of homeopathy’s most brilliant and original surgeons, Dr. E. H. Pratt, of Chicago. They are well worth quotation:—

Something more than five years ago Dr. C. S. Eldridge, of Chicago, asked me if I was alive to the value of local feeding in varicose ulcers of the legs. I replied that I was not. He then informed me that he had successfully treated a few bad cases of varicose ulceration of the legs, which had proved intractable to all other measures, by the local use of Bovinine.

During the next week there chanced to come under my observation the only case of gangrene of the scrotum that I had ever seen. The gangrene appeared at the bottom of the scrotum a few days after an operation, and spread rapidly; the lower half of the scrotum rotted away, exposing the testes, upon which gangrenous spots speedily put in an appearance. Red streaks extending from the scrotum upwards and outwards along either groin indicated that the process of death was going on along the tissues in the direction of the cords, the left one being the more marked. The areolar tissue beneath the inflamed tracts rapidly rotted away, so that the finger could readily be passed its full length in the direction of the inguinal canal on either side. The patient’s temperature ranged from  $101\frac{1}{2}$  to  $103$  degrees, his

\* *Over Four Hundred Clinical Reports compiled from Private and Hospital Practice re Bovinine in Medicine and Surgery.* The Bovinine Co., 66, Hatton Garden, London, E.C.

pulse seldom going below 120, and death was rapidly approaching. Strenuous efforts were made to check the progress of the spreading gangrene, but to no purpose. The necrotic surfaces were frequently and thoroughly dressed with various antiseptic preparations, such as charcoal, quinine, and iodoform, after being carefully cleansed with sometimes bichloride solution, sometimes carbolized water, and sometimes a weak solution of bromine. In spite, however, of continuous and faithful attention to the decaying parts, as well as careful treatment of the patient's general condition by the exhibition of appropriate internal remedies, the gangrene spread rapidly, and the room became so offensive with the odour of death as to be nauseating to those in attendance upon the case, and the exhibition of Platt's chlorides and other atmospheric disinfectants seemed to be utterly powerless to control the terrible odour.

After at least two-thirds of the scrotum had been rotted away and the patient's life completely despaired of, it occurred to me to try the efficacy of local feeding as a last resort.

Under an anesthetic, much of the dead tissue was removed with the aid of tissue forceps and scissors, some of it, however, clinging so closely to the decaying surfaces as to render the removal of all the patches of gangrene impossible. Iodoform gauze was then soaked in Bovinine, each testis was wrapped in a separate strip of it, pieces of it were well tucked up into the groin under the line taken by the rapidly-spreading disease, then a large piece of it was wrapped round the entire scrotum and spread over the outer surfaces of the groins.

While memory lasts I can never forget the extreme surprise as well as satisfaction at the result of the first treatment. The odour immediately disappeared from the room, the fever of the patient subsided, his pulse lowered, and he was perceptibly better in every way, his restlessness and thirst rapidly disappearing, and he became for the first time comfortable. Bovinine was poured over the surfaces of the gauze once in two hours, but the dressings were not removed for twenty-four hours, and when removed there was no odour whatever to the wound; and although the patches of gangrene were not entirely gone, the granulations were of a healthier type. The Bovinine dressings were again applied, and were kept in position this time for forty-eight hours (saturating the gauze every two hours by pouring Bovinine over its outer surface), when the gangrene had almost entirely disappeared, and the case was evidently rescued. The Bovinine dressings were continued until the case was entirely recovered. So much of the scrotum had sloughed away, however, that as the wound healed it left the testes exposed in two-thirds of their extent. The man was then anesthetised, and the lower margins of the remaining portions of the denuded scrotum were drawn down and brought together over the testes so as to satisfactorily cover them. A dressing of Bovinine was placed over the wound, which healed without suppuration, and the final result was a complete recovery, the appearance of the parts being that of a first-class amputation of the scrotum.

While I am speaking of the subject, there is another use which I have also made of Bovinine to which I would like to attract your attention, and that is in the preparation of a field for intended operation upon the skin surfaces. While scrubbing with soap and water, &c., removes the sebaceous matter and other sources of infection

from the surface of the cuticle, it does not reach the deeper parts of the sebaceous and sweat glands, and, at the same time, it scratches away so much of the cuticle as to leave the sensitive and readily-absorbing surface at the mercy of any infecting matter to which it may be exposed. There is a substitute for the scrubbing which is more effective as a cleansing measure, which saves the traumatism occasioned by the mere scratching of the brush, and which has been so satisfactory in my practice now for several years that I desire to give it my hearty endorsement and suggest it as a measure for general adoption by the profession, and that is the local application of Bovinine, followed, while the Bovinine still covers the surface, by peroxide of hydrogen. Bovinine is so penetrating as to enter both the sebaceous and sweat glands freely, and with the peroxide of hydrogen removes all evidence of grease or filth of any kind. After the froth has been washed away by sterilised water, the surface of the skin appears clean and smooth, and is then ready for such treatment as the surgeon may prefer.

I have now employed this combination of Bovinine and peroxide of hydrogen in several hundred cases as the first measure in cleaning an operating field, and it has given me such complete and universal satisfaction that I heartily commend it to the consideration of my fellow surgeons.

E. H. PRATT.

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## NOTIFICATION.

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\* \* 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. ARTHUR H. BEALE has removed to 26, *Harley Street, Cavendish Square, W.* He is at home 11 to 1. His telephone number is "1314, Paddington."

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## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

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\* \* 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.

N. de VASCONCELLOS, Lisbon, asks the meaning of "10m. F.C." F.C. means "Fluxional Centesimal," and refers to attenuations made on the Fluxional Centesimal Potentiser, invented by Dr. Skinner. 10m. means the ten-thousandth centesimal attenuation of the remedy indicated.

## Obituary.

### DR. ERASTUS E. MARCY.

Two generations ago there was hardly any name better known than the name of Marcy in homeopathic circles. Even now the names "Marcy and Peters," "Marcy and Hunt," have a not unfamiliar sound. But we question if many of the present generation of homeopaths were aware that Dr. Marcy was still living until the close of the century. The following account of the deceased doctor is taken from the *Medical Century* of February:—

#### "DR. ERASTUS E. MARCY.

"Dr. Erastus E. Marcy, one of the oldest homeopathic physicians of New York city, died on December 27th. Dr. Marcy's name is well known in homeopathic literature. He was the author of *Marcy's Homeopathic Theory and Practice of Medicine*, a work of over 600 pages, published in 1850. Perhaps, however, his best known work was written in connection with Dr. Hunt, and known as *Marcy and Hunt's Theory and Practice*, in two volumes. For many years this book was the principal work on the practice of medicine in the homeopathic school. It passed through two editions, and is still a work much sought for, though long out of print. The indications for our remedies make it a valuable work of reference. Dr. Marcy was for fourteen years editor of the *North American Journal of Homeopathy* and connected with the New York Homeopathic College as a censor for many years. In the death of Dr. Marcy homeopathy in general, and New York in particular, suffers a distinct loss.

"He was a strong opponent of homeopathy in his early life, and was appointed by medical faculties to investigate the system, with the result that he became one of its firmest adherents."

To this account the *Medical Times* of the same date adds further particulars:—

"Dr. Marcy when in active practice, from which he retired several years ago on account of infirmities of age, was one of the most popular physicians in the city, with a lucrative practice probably exceeded by none. The firm of Marcy & Leon, and later Marcy & White, were extensively known at home and abroad. Dr. Marcy graduated at the Jefferson Medical College in 1838. During all his professional life except the first ten years he has resided in this city, where he rapidly gained a reputation not only as a skilled physician but as a graceful and scholarly writer upon medicine and theology.

"In connection with Dr. John C. Peters and Dr. Preston he, early in his professional life, established the *North American Journal of Homeopathy*, of which for many years he was the leading editor.

“In connection with Dr. Hunt he wrote a work upon *The Theory and Practice of Medicine*. A popular work from his pen, *Homeopathy and Allopathy*, being a polemic review of the respective merits of the rival systems, and was widely read at the time.

“Brought up as a Presbyterian, Dr. Marcy became a Roman Catholic, and in 1867 with all the zeal of a new convert wrote *Christianity and its Conflicts from the Standpoint of a Roman Catholic*, and a later day, *Life's Duties*, besides several other smaller works.”

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## VARIETIES.

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CERTAIN OBSERVATIONS ON THUNDERSTORMS.—The *Indian Meteorological Memoirs* (part ix. vol. vi.) contains an interesting discussion of the thunderstorm observations recorded in 1897 at ten selected stations of this country, by Mr. W. L. Dallas, as will be observed from the following note reproduced from *Nature* (August 23, 1900):—“The results for the year have been divided into five-day periods. The storm-frequency varies considerably in different parts, but, generally speaking, the number of storms is unimportant during February and the early part of March; but after the middle of March the thunderstorm season commences, and continues until the middle of October, the maxima occurring towards the end of May and September. After October 23rd no storms are reported. Storms are much more frequent in the afternoon than in the morning, and when a storm occurs in the forenoon it is followed, almost without exception, by another in the afternoon. There is a belief that the damage done by lightning in the tropics is slight compared with that done in temperate zones, and the fact that at ten observatories in the year in question only four instances of damage being recorded gives support to this belief.” As observed before, electrical variations and disturbances form an important part among meteorological phenomena, and meteorology has a great bearing on morbi-genesis. It is therefore necessary for our profession that observations like the above should be made and recorded on an extended basis.—*Calcutta J. Med.*

STRUCTURAL CHANGES IN THE RETAINED TESTIS.—Cuneo and Lecéne (*Rev. de Chir.*, July, 1900) publish the results of an histological examination of two retained testes removed, one from a man aged 37, the other from a man aged 22, in the course of operation for the radical cure of inguinal hernia. In each specimen, in addition to the generally recognised condition of atrophy of the seminiferous tubes, there was found a remarkable increase of the interstitial cells, a condition, the authors point out, that has not hitherto attracted attention. This abundance of the interstitial cells is of interest with regard to the morphological and physiological significance of such bodies, and also to the pathology of the new growths so frequently developed in the undescended testicle. From an anatomical and physiological point this abundance of interstitial cells in the degenerated testis confirms the view that these elements are of

connective tissue origin and independent of spermatogenesis, and from a pathological point of view it explains the frequent occurrence in the undescended testis of malignant growths and the predominance amongst such growths of sarcoma. There can be no doubt, the authors assert, as to the practical conclusion to be drawn from these results and considerations. After puberty, every retained testis, they hold, should be removed, since not only is its spermatogenetic function definitely abolished, but moreover the degenerated organ affords a favourable field for the development of malignant growths.—*Brit. Med. Journ.*

**HYSTERICAL HYPERTHERMIA.**—Rendu (*Lyon Médical*, March 11, 1900) reports a very carefully observed case where hyperthermia, without hyperpyrexia, lasted for several days. The patient was a young lady, aged 21, physically well developed, of pleasing appearance, and given to great attention to dress and toilet. She was, it appears, of a romantic disposition. She talked about having exophthalmic goitre, but a doctor, she admitted, had made use of the term when examining her throat; the thyroid was slightly enlarged, and she seemed to make her eyes appear prominent. When seventeen acute tuberculosis was suspected, and a year or two later a similar attack, with high temperature, occurred, and disappeared at a pilgrimage. After being in good health for a year she fainted at dessert, and for two days afterwards suffered from vomiting and diarrhea. The temperature was carefully watched for a week, three thermometers were used, being always placed in the rectum. The period came on at this time. The temperature repeatedly exceeded  $43^{\circ}$  C. ( $109.4^{\circ}$  F.), but oscillated in a strange manner. On the fourth day it was in the morning  $99.5^{\circ}$ , in the evening  $109.4^{\circ}$ ; two days later it touched  $110^{\circ}$ ; three days later it marked  $108^{\circ}$  in the morning and fell to  $98.4^{\circ}$  in the evening. The skin never felt intensely and pungently hot as in pneumonia and eruptive fevers; perspiration was free, and the pulse rapid. There was no physical or other evidence of tubercle or typhoid fever. After dropping suddenly at the end of a week the temperature rose two days later to  $105^{\circ}$  through excitement at a visit from a friend, and then fell to normal permanently—*Brit. Med. Jour.*

**THE INCREASE OF CANCER.**—Maedar (*Zeit. f. Hygiene*, Bd. xxxiii., Hft. 2) states as a result of his investigations that the increase of cancer, as shown by mortality returns, is real and substantial, and cannot be explained away. Dwellers in the country show more favourable statistics than town residents, and women show a greater liability to the disease than men. Certain regions are much more affected than others. On the other hand there is a marked diminution in tuberculous disease of late years; this disease is more common in the town than the country, and in the male sex than in the female. Statistics give no explanation of the continual increase of cancer, and do not bear out the suggestion that it is the result of the subsidence of other diseases, especially tubercle. To one fatal case of cancer in Prussia in the years 1891 to 1896 there were 4.7 fatal cases of tuberculosis. The decrease in the latter mortality returns has been 0.18 per cent. per year; if there be any real ratio between cancer deaths and the subsidence of tubercle, this decrease should be responsible for 0.0041 per cent. increase of fatal cancer cases. As a matter of fact the increase of the latter has been 0.115 per cent. per year. The increase of cancer must be explained either on the

ground of the increased virulence of the external cause and its increased accessibility to man, or on the ground of a heightened susceptibility from habits of life or some specific degeneration.—*Brit. Med. Journ.*

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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.

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### CORRESPONDENTS.

Dr. Dudgeon, London.—Dr. H. W. Pierson, Chicago.—Mr. de Vasconcellos, Oporto.—Mr. Gould, Hobart, Tasmania.—Dr. Picard, Nantes.—Mr. Frost, Colchester.—Mr. F. Kopp, Greenwich, N.S.W.—Mr. J. S. Hurdall, London.—Dr. B. K. Baptist, Calcutta.—Dr. Cooper, London.

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### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—L'Omiopatia.—Public Health Journal.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica (Mexico).—Maanedsk. f. H.—H. Maandblad.—Calcutta Journal of Medicine.—Hom. News.—La Homeopatia.—Hom. Envoy.—Ind. H. Review.—Personal Rights.—Revista Homeopatica.—Med. Times.—Med. Century.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—Amer. Med. Monthly.—

Minn. Hom. Mag.—N. A. J. of H.—Critique.—Clinique.—J. of Orif. Surg.—New Eng. Med. Gaz.—L'Art Médical.—Indian Homeopathian.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Indian Review.—Med. Advance.—Jour. Brit. Hom. Soc.—Astrol. Mag.—Brighton Gaz.—San Francisco Call.—Hahn. Advoc.—Secolo Omiopatico.—Compte Rendu du Congrès International d'Homœopathie Tenu à Paris.—A.B.C. Manual of Materia Medica. By G. Hardy Clark, M.D.—Characteristics of the Homeopathic Materia Medica. By M. E. Douglas, M.D.—2nd Annual Report Croydon Hom. Dispensary.

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## The Homeopathic World.

### CONTENTS OF FEB. NUMBER.

#### LEADING ARTICLE.

Homeopathy and its "Due."

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Cancer of Esophagus. By Robert T.

Cooper, M.A., M.D.

A Note on *Antipyrin*. By Dr. Cooper.

Veterinary Homeopathy. By J. Sutcliffe Hurdall, M.R.C.V.S.

Heat Rays, Luminous and Obscure.

Materia Medica Miscellany. By J. R.

P. Lambert, M.D.

Difficulties of Drug-Administration in

India. By Dr. B. K. Baptist.

Snake-Venom—its Action and Effect.

By Fredk. Kopp, Greenwich, N.S.W.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### EXTRACTS.

The Latest News of the Elements

which send out Unknown Rays.

A New Hypothesis of Light.

#### REVIEW.

Diseases of the Spleen.

#### ANSWERS TO CORRESPONDENTS, NOTES

#### AND QUERIES.

#### NOTIFICATION.

#### OBITUARY.

Dr. Von Sick.

#### GENERAL CORRESPONDENCE.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

THE  
HOMEOPATHIC WORLD.

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APRIL 1, 1901.

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INTERNAL VACCINATION.

IT shows a great lack of enterprise on the part of modern homeopaths that so little has been done in the way of disease—prevention by homeo-prophylaxis, or, as we had better call it, “internal vaccination.” The cow can no longer claim proprietorship of the word “vaccinate”; whether we like the word or not, it has come to have a general meaning that we shall do well to make the best of. PASTEUR called his hydrophobic toxins “vaccins,” and in its general sense to vaccinate a person means to bring the person under the influence of a disease-virus in such a way as to prevent him from again taking the same or like infection. This may be effected in two ways—(1) by introducing the infection into the blood through an abrasion of the skin, or by subcutaneous injection, and (2) by giving it, in a modified form, by the mouth. This latter has been termed “internal vaccination,” and the term is sufficiently useful to warrant its adoption. Its use may even be extended to the giving of medicines in a preventive way. Until recently little has been done in the way of homeo-prophylaxis beyond the giving of *Belladonna* as a protection against scarlatina, and perhaps *Pulsatilla* against measles and *Drosera* against whooping-cough.

For the last eight years Dr. R. B. LEACH, now of Minneapolis, Minnesota, U.S.A., has been insisting on the value of “arsenization,” or internal vaccination with

arsenious acid as a prophylactic against yellow-fever. His efforts have at last resulted in the appointment of a Commission to investigate the whole matter. Dr. LEACH is a candidate for a seat on this Commission, "because," as he says, "our school *should* have recognition on such Commission," as well as for the reason that his work of the past eight years entitles him to a place thereon. It appears, however, that they have a certain Surgeon-General STEINBERG in the United States who has pronounced against Dr. LEACH because "he has not the scientific ability to occupy such a position"; in other words, because he is a homeopath. There are, however, other persons besides surgeon-generals in the States, and it is quite possible that STEINBERG may be over-ruled. But Dr. LEACH has received a very welcome support of his contention from Brazil, which, though it robs him of the glory of priority, gives him something which is worth much more, namely, solid confirmation of his views. In another part of our issue we give an article by Dr. CEZAR giving the experiences of himself and others with *Arsenic* in the strength of 1 to 1,000 (our 3x) in the prophylaxis of yellow-fever. Dr. CEZAR and the other Brazilian doctors are allopaths, but they are sufficiently true scientists to rally round Dr. LEACH, who has independently advocated the practice they have long adopted.

More important in our cooler regions is the prophylaxis of small-pox. In our issue of December, 1897, our South African correspondent gave this experience of internal vaccination or variolation: Three white families were infected with small-pox; in two the disease "went through the house." The third family, being personal friends of our correspondent's, he gave three pilules of *Variolinum* 6 to the mother, and each of the children, other than the one attacked, and subsequently to some friends of the family. The son was removed to an isolation hospital and his mother went with him to nurse him. The boy was dangerously ill for about a month, but neither the

mother nor any other member of the family took the infection. Nearly all the community were vaccinated, but *in the cases of all who had taken Variolinum the vaccination did not take, although it was repeated.* Our correspondent, who had taken a dose of *Variolinum*, and who had not been vaccinated for thirty years, submitted himself for vaccination, but although five insertions were made they healed up immediately, and did not even itch or smart. Against this experience must be placed the negative results related in the letter of our correspondent, Dr. GIBSON MILLER, of Glasgow. Dr. MILLER used the 200th. It is necessary that all observations should be recorded that the method may be perfected, which can only be done by well-made and well-recorded practical efforts. JENNER traced the origin of vaccinia to infection of cows' udders from "grease" in the horse. From "grease" we have the nosode *Malandrinum*, and *Maland.* has been used with good effect, both as a remedy in small-pox and as a preventive. Dr. W. A. YINGLING, of Emporia, Kansas, records his experience in preventing small-pox with *Maland.* (*Homeopathic Recorder*, February, 1900). In the same journal (April, 1900) a proving of this remedy is given by Dr. STRAUBE, and an experience with it in an epidemic. *Maland.* 30 was given to twenty persons exposed to the infection, and none of them took the disease. Of the cases of small-pox treated with *Maland.* the disease was, in nearly all cases, aborted, and *in no case was there any smell.* Nor did any one take the disease from these patients.

There is a world open to homeopathic enterprise in "internal vaccination," and it is in no wise to the credit of homeopaths that they are content, for the most part, to make a graceful concession of this sphere to the subcutaneous injection syringe of the enemy.

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## NEWS AND NOTES.

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### HAHNEMANN CONVALESCENT HOME, BOURNEMOUTH— MEMORIAL TO HER LATE MAJESTY QUEEN VICTORIA.

IN another part of the present issue will be found extracts from the report of the Bournemouth Hahnemann Convalescent Home and Dispensary. Thanks to the energy of our *confrères* in that well-known health resort, this Institution is in the front rank of efficiency and usefulness among homeopathic institutions in the country. It will be seen by the subjoined notice that a fund is being raised to endow a bed in memory of our late Sovereign, Queen Victoria, which will still further increase its power for good. We heartily recommend the effort to our readers' notice.

"It has been thought well that the Hahnemann Convalescent Home should, in the lines of its own charity, seek to perpetuate the memory of Her late Most Gracious and Beloved Majesty, Queen Victoria.

"The most suitable expression of our reverence and regret for our departed Sovereign would appear to be the endowment of one or more beds, which, dedicated to her name, should be for ever free to the most necessitous of the numerous patients who are from time to time received within these walls.

"The sum of £1,000 is required to be raised for the full endowment of one bed.

"Our President, Earl Dysart, has generously offered to subscribe the sum of £200 to a Memorial Bed, if the balance (£800) can be 'subscribed or promised in writing in three months' from the 18th day of February, 1901.

"We would urge you to assist by your donations this good work, in order to secure our President's generous offer, and at the same time provide for our Home—

"I.—An appropriate Memorial to the character and life of our late Queen;

"II.—An invaluable assistance to some of God's poor;

"III.—An increase to the permanent revenue of the Institution.

"Signed on behalf of the Committee,

"HERBERT NANKIVELL, *Chairman*,

"FREDERICK YOUNG, *Treasurer*,

"B. W. NANKIVELL, *Secretary*.

"February, 1901.

"Subscriptions may be sent to the Treasurer or Secretary, at the Home, or they may be paid to the Account of the Home at the National Provincial Bank, Bournemouth."

## MELBOURNE HOMEOPATHIC HOSPITAL.

THE following synopsis, culled from the Report of the Government Inspector of Charities for the year 1900, shows at a glance the work done in the five chief hospitals of Melbourne. When will the other capitals of Australia be able to show a like record of homeopathic work?

	Melbourne.	Alfred.	Homeo- pathic.	Women's.	Children's.
Daily average in-patients ... ..	285.0	114.2	57.8	78.0	74.4
Total out-patients ...	15,806	3,483	7,344	1,308	8,936
Average cost per bed. Daily average in-patients ... ..	£ s. d. 78 0 11	£ s. d. 68 0 0	£ s. d. 62 3 3	£ s. d. 90 9 6	£ s. d. 72 16 9
Average cost each in-patient ... ..	4 10 11	4 15 11	3 4 8	4 4 5	5 6 6
Estimated cost out-patients ... ..	1,808 4 7	577 0 9	277 8 9	350 16 5	1,284 14 1
Cost of management ...	7,627 7 3	2,944 17 7	1,301 13 5	2,108 19 0	2,510 17 1
Salaries and wages ...	25 6 10	24 5 2	20 8 9	26 1 11	25 15 7
Provisions ... ..	19 16 6	19 3 7	19 9 1	23 12 5	14 12 2
Fuel and light ... ..	5 11 2	6 3 5	3 15 2	9 9 9	6 11 9
Medical comforts ...	2 16 1	2 19 2	2 6 4	1 8 9	0 16 2
Medicines ... ..	6 3 6	3 5 7	2 16 8	5 0 5	2 8 0
Bedding and drapery...	2 11 0	1 10 3	2 5 1	3 9 3	2 6 5
Printing, advertising. and stationery ...	1 9 1	0 16 7	1 5 0	2 14 9	6 2 7
Government grant ...	13,800 0 0	4,000 0 0	1,400 0 0	2,385 0 0	600 0 0
Local contributions ...	11,506 0 0	4,316 0 0	2,395 0 0	3,153 0 0	8,711 0 0
Average stay in days in-patients ... ..	M. F. 20 22	M. F. 25 25	M. F. 18 19	F. 14	M. F. 27 26
Rate of mortality ...	14.5	12.7	6.7	1.5	7.1

The above figures were prepared for the information of the members of the Board of Management. The object was not to undervalue the services rendered by other hospitals, but to show that the Homeopathic Hospital is successfully carrying out its objects. Attention is especially called to the low percentage of deaths, number of days in hospital, and the cost per head at the Homeo-

pathic Hospital. The "Melbourne" and "Alfred" are *general* hospitals like the Homeopathic; the "Women's" and "Children's" are special hospitals, and their mortality rates cannot be compared with the others.

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## TWO VOICES.

IN the *Lancet* of March 9th appeared this query:—

### "CONSULTATIONS WITH HOMEOPATHISTS.

"*Medicus* writes: 'Would you please to state the rule respecting a medical man meeting in surgical or medical cases a general practitioner who is, or states he is, a homeopathic practitioner. Is it correct for the medical man to meet the homeopath at all? Is it right for a surgeon to come in consultation and perform operations for him? I am not aware that there is a homeopathic consultant within any reasonable distance of the small town mentioned.'"

To which we append the editorial reply:—

"It is not right for a medical man to meet practitioners who follow homeopathic lines in consultation. The tenets of homeopaths are founded on a completely false conception of disease; there is, therefore, no common ground upon which medical men can meet them for any discussion which would be of advantage to the patient."—ED. *L.*

The querist was apparently unable to make head or tail of this somewhat incoherent pronouncement, with its attempted distinction between "medical men" and "practitioners," for we find the same query repeated in the *British Medical Journal* of the following week, March 16th. The editor of the latter has at least succeeded in "keeping his hair on"; and he leaves the gentleman in difficulties about his professional soul a modicum of room in which to work out his own salvation—or the contrary:—

"We do not think that the term 'allopathic' correctly represents the doctrines of scientific medicine. The Medical Act affords complete protection to homeopathic practitioners, and to those who co-operate with them, from any penal action on the part of the General Medical Council or of the licensing bodies, so that there is no means of enforcing by legal measures such a rule as our correspondent suggests, even if it existed. It is felt by scientific physicians that the wide divergence of views as to the selection of remedies renders consultation with professional homeopaths futile, and it is, we believe, their general practice to decline it. Surgeons, on the other hand, do not hesitate to meet homeopaths in consultation, probably because their distinguishing doctrines do not extend to surgical means."—ED. *B. M. J.*

### ACTION OF *THYROIDIN* ON THE EYE.

THE following appeared in the *Medical Press* of March 6th:—

#### “THE OCULAR TROUBLES OF THYROIDISM.

“The value of the thyroid treatment in various morbid conditions must not be allowed to blind us to the fact that its use is not exempt from certain dangers. The ordinary symptoms of the condition known as thyroidism are common knowledge, but to the already extensive list must be added, it appears, certain ocular affections which, according to Dr. Coppez, of Brussels, occur in this connection. He has had under observation five patients, four of them being females, in whom the prolonged ingestion of thyroid gland for obesity determined well-marked optic neuritis. The amblyopia did not supervene until after several months of the treatment, but it then ran a very rapid course, vision being reduced, in the course of from six to eight weeks, to a tenth. In some instances suspension of the treatment sufficed to bring about a subsidence of the lesion, but in others the prolonged administration of tonics and the application of electricity were required to effect a cure. It is worthy of note that these patients presented no other symptom of thyroid intoxication, the toxic influence having apparently been localised in the visual apparatus. Henceforth it will be necessary, in all cases of optic neuritis of obscure origin, to inquire whether the patient has been subjected to thyroid medication.”

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#### *PARAFFIN* AS TOPICAL REMEDY FOR RHEUMATISM.

WE have heard of a solution of camphor in “coal oil” as having been used in some parts of America as an application to rheumatic joints. The following note from the *Medical Press*, March 6th, shows that a similar use of paraffin has been made in other countries:—

#### “THE PARAFFIN TREATMENT OF ACUTE RHEUMATISM.

“Acute or articular rheumatism is not the appanage of any particular race, nor, indeed, is it confined to any particular clime. The inhabitants of Roumania pay their tribute to the disease, and a physician who practises in that part of Europe has just published some very sanguine reports on the efficacy of massage with paraffin. He derived the idea from the country people, who are in the habit of applying compresses steeped in the oil to the affected joints, often, it is asserted with the greatest benefit. Dr. Sarafidis, the physician in question, has elaborated a treatment which he has tried in some fifty cases, and which he states brings about a cure (?) within a week. He uses the ordinary lamp oil, with which the limbs are methodically massaged from below upwards for ten minutes daily to begin with. This treatment is continued, with an interval of repose should there result any cutaneous irritation. After the massage the limb is

wrapped in cotton wool in the usual way, and the duration and energy of the massage is gradually increased. He makes use of no internal treatment, and the relief is stated to be immediate, being manifest even after the first sitting, the temperature following suit."

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### THE PRINCE CHRISTIAN VICTOR MEMORIAL.

IN our correspondence pages will be found an appeal, signed by Earl Roberts and Sir Redvers Buller, for help towards the Prince Christian Victor Memorial Fund. In another part will be found the circular issued by the Committee of the Fund, the object of which is to endow Beds in the Princess Christian Cottage Homes for Disabled Soldiers and Sailors. It is the bounden duty of the country to make suitable provision for those who have become permanently disabled in its service and defence. To our thinking the Government is the proper authority for seeing to this, and that as a matter of right and not as a matter of charity; but as the Government seems to have its hands full of other matters, the country must do it for itself. No more appropriate memorial could be devised for the lamented young soldier Prince than to associate his name with this national duty. Full particulars may be obtained from the General Secretary, Captain Orr, Horse Guards, Whitehall, S.W.

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PETROLEUM IN THE TREATMENT OF PHTHISIS.—The petroleum products known as vaselin, terralin, &c., are suggested by Robinson (*Med. News*) as valuable agents in the treatment of phthisis. The material which he has used has been a perfectly refined product, and he gave it in two-dram doses four times a day for a period of from three to six months, in every instance with increase of weight, improvement in health, strength, and feeling of well-being. The gain was from five and one-half to twenty-three and one-half pounds, and there was no other treatment which could be held responsible for it. The treatment gave no discomfort in any case, as the material is absolutely indigestible and unchangeable in the intestinal tract and passes through unaltered. Fermentation and putrescent changes were controlled and normal functions along the entire tract were re-established. The intestinal toxins were either not formed or were carried off by the petroleum. Indican and sulphates disappeared from the urine. The effect he considers entirely mechanical. Petroleum is also an excellent solvent for many remedies useful in the treatment of phthisis, and by the addition of a little ether, chloroform, or oleic acid, its power to dissolve is greatly increased. It is the best medium for the conveyance of remedies by nebulisation to the throat and bronchial tubes. It is an ideal remedy for all forms of constipation and for tuberculous diarrhoea.—*Clinique*.

## ORIGINAL COMMUNICATIONS.

## A NOTE ON THE HELLEBORES.

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

It would seem from old herbal works that almost every poisonous plant in ancient times was termed a hellebore.

Thus among the Hellebores are found: *Aconitum napellus*, *Eranthis hyemalis*, or Winter Aconite; *Veratrum album*, *Veratrum nigrum*, *Solanum nigrum*, *Veratrum viride* (though, of course, not in old works, as it is of recent introduction, being an American plant), *Helleborus niger*, *Helleborus viridis*, besides other Ranunculous plants and many of the Solanaceæ.

Here, then, is material for almost inextricable confusion; in fact, it is impossible for any one unacquainted with elementary botany to distinguish between some of these plants. For example, the White American Hellebore is *Veratrum viride*, the White Hellebore of England may be *Verat. album* or *Helleborus niger*, the Black Hellebore of Europe may be *Solanum nigrum* or the *Helleborus niger*, and the Green Hellebore may be *Verat. viride* or *Helleborus viridis*. Any one who has seen these plants, and knows the natural orders to which they belong, can have no difficulty in distinguishing between them. Thus *Acon. nap.*, *Eranthis hyemalis*, *Helleb. nig.*, *Helleb. viridis*, belong to the Ranunculaceæ; while *Verat. alb.*, *Verat. nigrum*, and *Verat. viride* are very similar in appearance and belong to the Melanthaceæ, and the *Solanum nigrum* to the Solanaceæ, this last being thus allied to *Atropa belladonna* and *Atropa mandragora*.

That some of our poisonings by *Acon. napellus* were in reality poisonings by *Eranthis hyemalis* I am inclined to think from the little mention that is made in our text-books of this very common variety of Aconite, the Winter Aconite or Winter Wolfsbane, and also from the symptoms I have found cropping up as aggravation from single doses of it.

However this may be, it is unaccountable how little mention is made of *Eranthis* in our text-books in connection with the subject of *Acon. nap.*; it seems to take a place midway between *Acon. nap.* and *Helleborus*

niger, but in its action it fixes upon the respiratory organs much more pronouncedly than either, and produces from the first a difficulty of breathing; at least, this is my limited experience with it. *Flora Historica* (vol. i., pages 22, 23), by Henry Phillips, F.H.S., London, 1824, gives this account of the plant: "The Winter Hellebore, *Heleborus hyemalis* [or *Eranthis hyemalis*, R.T.C.], blossoms with a yellow flower in February, and is, therefore, a proper plant to give contrast to the snow-drop, either in wilderness walks or under trees in the shrubbery. It grows wild in mountainous situations in Lombardy, Italy, Austria, Silesia, and Switzerland. Our early writers call it Winter Wolf's-bane, Small Yellow Wolf's-bane, Yellow Aconite, and Winter Aconite. It should never be allowed a place in the kitchen-garden, *since fatal accidents* have arisen from mistaking this root for that of horse-radish. No longer back than 3rd of January, 1822, an inquest was held at Frodsham, in Cheshire, on the body of Mrs. Gorst, who died in consequence of eating this root, it having been brought to table for horse-radish. Her brother-in-law was near falling a sacrifice at the same time."

But the most serious source of confusion has arisen respecting *Veratrum viride* and *Helleborus viridis*. These plants are essentially different; *Verat. viride* being an American plant—the White Hellebore of America, so that while the Latin name gives it as the Green Hellebore, its English appellation is White Hellebore!

It is the proud claim of homeopathic writers that they have, by provings upon the healthy, established the fact that an essential difference exists between the effects of *Veratrum album* and *Veratrum viride*. The difference in action of these two drugs is, I feel sure, very greatly exaggerated. At all events when I read such cases as the following most instructive poisoning, quoted by Dr. E. M. Hale,\* under the head of *Veratrum viride*, I may be allowed to be sceptical as to the wonderful accuracy of the conclusions thus come to. The case was reported by Dr. G. M. Edwards, Assistant Physician to St. Bartholomew's Hospital, and runs thus: "On Thursday evening, December 18th, I was summoned to see a gentleman, a scientific chemist, who had taken, experimentally, one

\* P. 818, Hale's *New Remedies*, Boericke & Tafel, New York, 1880.

drachm of tincture of Green Hellebore, equal to about twelve grains of the powder." The Green Hellebore of England is not *Veratrum viride*, which, as I have shown, is the White Hellebore of the States, but it is *Helleborus viridis*. The report goes on: "On my arrival I found him in the water-closet vomiting into the pan. His features were sunken, skin cold, and covered with a profuse, clammy sweat; his pulse quite imperceptible. He complained of intense pain about the epigastrium. The vomited matter appeared to consist at first of the food and contents of the stomach, afterwards of glairy mucus."

The report then proceeds: The surface of the body was very cold, especially the extremities. The clammy sweat continued, but the pulse could be felt indistinctly, beating very feebly and irregular, forty-four to the minute."

Here we notice an absence of the head and spinal symptoms of *Verat. viride*, and the report goes on to note an absence of diarrhea throughout, showing a marked difference from *Verat. album*, if not from *Veratrum viride*.

Then follows an account of the patient's own feelings. He says: "Before taking the dose of the tincture I had consulted Pereira, and finding Dr. Meade's dose of the tincture *Helleb. niger* to be two teaspoonfuls twice a day, and knowing the Green Hellebore to be of the same tribe, I considered, in taking one teaspoonful, I was rather under than over doing it."

Thus it is conclusive that the drug taken by Dr. Edwards' friend was *Helleborus viridis*, which belongs to the same order of plants as the *Helleb. niger*, and does not belong, as *Veratrum viride* does, to the *Melanthaceæ*.

It is most unfortunate that Dr. E. M. Hale should, in all the editions of his admirable work on the New Remedies, have made such a serious blunder as this, nor can I think how it has remained so long uncorrected.

It would be easy to show that mistakes of this nature are of frequent occurrence; and this being the case, it would be far better to cease from speaking so confidently upon the action of *Veratrum viride*. Thus Dr. Lauder Brunton, in his work on the Actions of Medicines,\*

\* *The Actions of Medicines*, Macmillan & Co., London, 1898.

at page 130, writes in reference to antipyretics: "The chief examples of this class are Aconite and Digitalis, and a drug much used for this purpose in America is Hellebore"—evidently meaning by Hellebore, *Veratrum viride*, the White Hellebore of the States.

To go on with the scientific chemist's narrative. He states that the drachm of the tincture (*Helleb. viridis*, as it plainly was) was taken at about 4.30 p.m.; that he then went upstairs and took a cup of tea to relieve the uneasiness of his stomach, and then he goes on to describe most important symptoms, some of which I purposely italicise; "but," he says, "the *uneasy constriction of the stomach* continuing, with a *tendency to sickness*, made me retire to the w.c. The sickness once commencing, soon became alarmingly violent, with the *most excruciating pain in the lower part of the stomach, the pain extending to about the size of my hand*. The feeling at the seat of the pain was, that *all the warm tea, water, &c.*, that I took to provoke the vomiting, *went under the pain, making the constriction more and more violent.*"

From this description I gather that a painful contraction set in in the *lesser* curvature of the stomach, and that the feeling of the tea, water, &c., going *under* the pain arose from this circumstance. This is just the kind of pain we may expect to find in malignant disease of the greater or lesser curvature of the stomach, and from this I conclude that the *Helleborus viridis* is unquestionably of remedial importance in malignant disease of the stomach.

Whether it produces the precise tissue change denominated cancer or not matters no more to me than it would have done to Hahnemann himself.

It would be interesting to follow up the important matters that might very profitably be discussed under the heading of the "Hellebores," but my object in writing this has simply been to remove a very obvious misconception regarding *Veratr. viride*, namely that provings of *Helleb. vir.* can in any way be accepted as illustrative of its action.

## DR. DUDGEON AND THE *HOSPITAL*—END OF THE CONTROVERSY.

As we have kept our readers informed of the desperate efforts of the editor of our contemporary the *Hospital* to be at once liberal-minded and sufficiently bigoted to please the most un-liberal-minded of his constituents, they may like to see his final attempt to escape from Dr. Dudgeon's arguments. Apparently our contemporary does not know the difference between *doing* a thing and *acknowledging the doing of it*. The "rationalists" may adopt homeopathic remedies and homeopathic methods wholesale (as they do in vaccination and all the anti-toxin treatments), but this shows no leaning to homeopathy—quite the contrary! If they were to *acknowledge* the homeopathy of the methods they adopt that would be a different matter. It is *words* that count, not acts. Until our friends wake up and shake themselves free from the tyranny of words that holds them in its grip, they may wish to be liberal with all their little might, they will continue to be persecutors all the same. The complete absurdity of there being such a thing as *orthodoxy in science* does not seem to strike them. The only business of *science* is to find out that which is, in contradistinction to that which *seems to be*, and to pursue its end entirely regardless of anything that anybody or any number of bodies may *think about it*. The very notion of "orthodoxy" is supremely ridiculous in regard to any subject. The only right way of thinking about anything is to think of it as it actually *is*, and no amount of thinking it otherwise will alter the fact. When all the world were united in thinking that the earth stood still and the sun revolved round it, this orthodox thought exerted no influence over the fact. Below will be found Dr. Dudgeon's letter and the appended note of the editor of the *Hospital*. This note provides a good example of the power of the demon of orthodoxy in medicine. The editor is in nowise concerned with the fact that likes cure likes, or with the other fact that many of his party use likes to cure or prevent likes. Mere facts of this nature have nothing to do with it: they are "mere trifling" to the truly orthodox medical mind. The fact that the true believers avail themselves of homeopathic measures whenever they find it convenient to do so no more shows that they have a leaning

to homeopathy than the desire of a thief for the contents of another person's pocket proves that the thief has an affection for the person he robs!

This final contribution to the correspondence appeared in the *Hospital* of February 23rd:—

## HOMEOPATHY AND RATIONAL MEDICINE.

To the Editor of *The Hospital*.

SIR,—Forgive me for thinking, when you spoke of the "beneficial effect of a certain drug discovered by a homeopathist, an old woman, or a naked savage," that that was equivalent to "taking the word" of these heterogeneous practitioners for their discovery of said beneficial effect; I confess I am yet unable to comprehend how otherwise you could learn that they had made such a discovery. But this may be owing to my own intellectual deficiencies, for have we not been told over and over again, by the partisans of the "rational medicine" we have abandoned for homeopathy, that we are either knaves or fools, or a combination of both? So, to my own foolish mind, it still appears that your "rational medicine" is merely a euphuism for "pure empiricism."

For saying that your school's employment of many of the remedies our school—we don't object to the word—has introduced into medicine is "a sort of homeopathy," you "leave me to the tender mercies of my fellow-homeopathists." I believe the latter will be tenderly merciful to me, as they all think as I do on that matter. Hahnemann had no opportunity of expressing his opinion on the subject, as he died before the partisans of "rational medicine" had begun to employ the remedies of his *materia medica*; but in the four first editions of his *Organon* he gives a long catalogue of cases treated by old-school physicians by medicines which he shows, on the authority of other old-school doctors, have the power to cause morbid states similar to those they cured; and this he calls "accidental or unconscious homeopathy," which is something more precise than "a sort of homeopathy." I may add that the fashionable practices of serumtherapy and opotherapy are also "a sort of homeopathy"—a bad sort, to be sure, but illustrations of the cure of diseases referable to the homeopathic formula "*similia similibus*."

Yours faithfully,

R. E. DUDGEON.

63, Upper Berkeley Street, February 13, 1901.

[This is mere trifling. Of course Hahnemann gives a list of drugs the use of which illustrates the "accidental or unconscious homeopathy," which, from his point of view, was at the bottom of all successful treatment by whomsoever administered; but that is a very different thing from considering that our use of many of the remedies introduced to medicine by homeopathists indicates a "leaning to homeopathy." We are sorry that Dr. Dudgeon has referred to the "knaves or fools" style of argument, in which we have no wish to join, so that we think the matter had better now rest where it is,—  
ED. THE HOSPITAL.]

## MATERIA MEDICA MISCELLANY.

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

*Silica in Occipital Neuralgia.*—Mr. L., aged forty-five years, states that for the past ten years there has been a constant pain extending from the nape of the neck up behind the right ear; it is throbbing in character and is relieved by pressure and wrapping the head up, but returns at once when the wraps are removed. The tongue is coated white, but there are no other complaints apart from this pain. On account of the pain extending from the nape of the neck up to the vertex, that it was aggravated from draughts of air and uncovering the head, and relieved by pressure and wrapping up warmly, *Silica* 200 was given, one dose each night for three nights and then *Sac. lac.* to follow. The patient returned in two weeks saying that he was free from pain for the first time in ten years and wanted more medicine in case the pain returned.—*Clinique.*

*Ledum Pal. in Chronic Articular Rheumatism.*—Mrs. A., aged fifty-three years, came to the clinic complaining of pains in the extremities, which are worse at night; they have continued for many years, but have been worse during the past six years. The disease began in the feet, and has gradually extended upward until nearly all the joints are involved. The patient is the mother of several children, has always worked hard, and has been exposed to all forms of atmospheric changes.

Physical examination showed the different joints enlarged and tender; the patient is poorly nourished, and there is a systolic murmur present.

*Treatment.*—The patient was instructed to wear flannels next to the skin continually; the diet was to be such as is easily digested, milk to form as large a part of it as possible. On account of the emaciation, especially of the diseased parts, the aggravation of the pains at night, and especially from warmth of the bed, that the disease began in the feet and has gradually extended upward, *Ledum pal.* 6x was prescribed to be taken four times a day; as the patient improved the potency was changed to the 12x, and later, to the 30th, with great relief to the patient, that she now believes herself well.—*Ibid.*

*Some Unusual Symptoms in a Case of Mercurial Poisoning.*—J. K. Mitchell records an interesting case

with rather unusual symptoms. The patient, a man of German parentage, aged thirty-six, and by occupation a watch-case engraver, was admitted to hospital with the following history: In October, 1896, the patient, suspecting he had pediculosis, used a vigorous inunction of mercurial ointment, two ounces of which were rubbed in by him. The next day, not satisfied with this, he rubbed in two ounces more. Within twenty-four hours he was suffering from violent intestinal pain and furious diarrhea, followed by vomiting, which continued for some days. In the course of the following five weeks he lost about fifty pounds in weight. Two weeks after the mercurial inunction he began to notice a numbness in the hands and feet, and this was soon followed by violent pains in the forearms and lower limbs. The pains were of shooting, stabbing and lightning-like character, with only the shortest intervals between. For several weeks (the patient says) he was scarcely without pain, and, owing to the severity of these symptoms, he entered the hospital. There was at no time any affection of the mouth (stomatitis) or of the gums. About three weeks after the inunction there was noticed some weakness of the hands, and very soon afterwards of the lower parts of the legs. This increased until there was complete paralysis of the hands and feet, with foot-drop and wrist-drop. This condition had lasted for three months, when the patient was admitted to the hospital. The thumb was much wasted, and could not be opposed to the fingers; the grasp was exceedingly feeble, and the forearm muscles were also wasted. There was slight tenderness of the nerves of the forearm, but not extending above the elbow. A similar condition was present in the legs. The foot could not be flexed at all; the leg muscles as far as the knee also shared in the atrophy, and the patient was quite unable to stand up. There was no history of any other infection or toxemia to be obtained. The patient was a man of excellent character and habits, never given to constant or excessive use of alcohol, or to any other form of undue indulgence. His hair was falling rapidly when admitted, and he lost a good deal of it. At the same time there developed a mark like a brownish stain on the forehead, running diagonally from the middle of one temple to the upper part of the other, and also involving the skin of the eyebrows. It was very con-

spicuous on his fair skin. His improvement was very slow, but quite constant under the treatment adopted, namely, daily massage, faradisation of the wasted muscles, and later, alternating applications of hot and cold water to the extremities. He recovered completely, except for a slight weakness in the anterior tibial muscles. The interest of the case lies in the mode of infection, in the absence of the classical stomatitis and salivation of mercurial poisoning, and in the completeness of his recovery from the toxic neuritis. The pigmentation was also an unusual feature. (Pigmentation is noted in poisoning by other metals, especially arsenic.)—*Journal of Nervous and Mental Diseases.*—*Pa. Coast Journ. of Hom.*

*Renal Colic Cured by Sarsaparilla 6.*—A woman, thirty-three years old, had suffered for three years from severe pains in the region of the kidneys, extending down to the os pubis. These were at times so severe as to demand the use of narcotics. During the attacks but little urine was passed, and it was cloudy, containing gravel and small calculi, some of which were as large as grains of wheat. Pains reached their climax at the close of micturition. A chill, beginning at the orifice of the urethra and extending thence over the whole body, usually accompanied the pains. There was also occasional constipation with violent strangury. The patient was thin, with wrinkled face and dark complexion, looking older than she really was.

On the use of *Sarsaparilla 6* the attacks became less frequent, the urine contained less gravel, and the movements of the bowels more regular. The patient gained in weight, and at the end of three months was entirely restored to health.—*Hom. Monatsblätter*, December, 1900.—*Hahn. M.*

*Chronic Rheumatism Cured by Kalmia Latifolia 3.*—This remedy was given to a young man twenty-six years of age, whose father was rheumatic, with the result of bringing about a cure in four weeks. It was given because the pains changed their location under the use of warm applications, because they passed from above downwards, and because the pains in the region of the heart radiated into the left arm, causing there a crawling sensation with numbness. Besides these symptoms, the patient complained also of pulsation, beating pains in

the head, with pains in the eyes when moving them. Although the appetite was good, each meal was followed by an accumulation of gas in the stomach, with distension and dyspnea.—*Ibid.*

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## VETERINARY HOMEOPATHY—HELMINTHIASIS.

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

(Continued from p. 117.)

AMONG the lower animals there are some very instructive lessons to be learnt from the study of helminthiasis. Indeed, it is quite remarkable how many forms of disease are associated with and even dependent upon the presence of internal parasites—diseases, in many instances, that even experienced practitioners have failed to connect or associate with these unwelcome intruders. Any one who has had any experience with dogs and cats knows that regular orthodox allopathy recognises only one method of procedure in its attempt to rid these animals of the helminthic visitors, namely, the administration of a powerful vermifuge after prolonged fasting, to be followed by a drastic purge; the object being to destroy the worm and then bring about the forcible expulsion of its remains, and that regardless of the effect of the anthelmintic drug upon the poor host. The idea of associating the presence of worms in the alimentary canal with some constitutional diathesis never seems to dawn upon the mind of the regular allopath, nor does he appear to recognise the fact that the mere presence of worms in the alimentary canal indicates an unhealthy condition of that passage which favours helminthic life, and which has only to be corrected by constitutional treatment to ensure the steady and certain expulsion of the unwelcome guests. This mode of procedure is the outcome of genuine homeopathy, and its adoption has proved eminently satisfactory in my practice. Under this system there is no risk of killing the host while endeavouring to destroy the guest, as has been and is still being done in thousands of instances under the old plan; moreover, the general health of the host is being corrected while undergoing treatment for the eradication of the parasites. The regular recognised anthelmintic

drugs are used when the symptoms suggest that they are suitable remedies, but neither in potency nor in quality as ordinarily administered to kill the worm. At the same time plenty of drugs that are not credited with any special anthelmintic qualities, if selected according to the totality or most prominent of the symptoms, effectually clear the animal system of helminthiasis. The treatment certainly involves a somewhat protracted trial as compared with the immediate expulsion of a nest of worms after the administration of a powerful vermifuge, but the ultimate results are infinitely superior, the risk of injury to the animal's system being nil, while the cure when effected is complete, the probability of recurrence being remote.

I shall now give a few clinical cases to show what a remarkable combination of disease may be present in the same constitution in association with the helminthic dyscrasia.

Case I.—A valuable dachshund bitch was the subject of tapeworm, and had been regularly dosed with Areca nut powder over a considerable period of time without any satisfactory result; chains and segments of the tapeworm had been frequently expelled, but no permanent relief was afforded; so severe and continued had been the treatment to which this poor little creature had been submitted that when she was brought to me she was practically at death's door. I never expected to save her, much less cure her. Among the long list of symptoms she presented were the following: Slow, weak, intermittent pulse; dilated pupils of the eyes with defective vision; restlessness during sleep; twitchings of the muscles; itching of the anus; frequent urination; condition of the feces variable, sometimes hard and chalky, at others diarrhetic, coated with mucus and slime; appetite very capricious and uncertain; abdomen pinched and tucked up; swollen condition of vagina, inflamed and irritable uterus, leucorrhœal discharge tinged with blood; muscles of body generally so emaciated that the bitch may be said to have been nothing more than a skeleton; she was frequently the subject of sharp pains and suffered from most wearisome lassitude; any noise or motion seemed to annoy her; she also evidently experienced one-sided headache. I commenced treatment with *Spigelia anthelmia* 3x, which afforded considerable relief to some of the more prominent

symptoms; after which I resorted to a course of *Arsenicum album* 6x, and now and again gave some intercurrent doses of *Cina a.* 3x for a few days together, falling back once more upon *Arsenicum album* because of its very marked influence upon the heart and general condition. One or two other remedies were resorted to in accordance with one or more special indications, and after four months' treatment,<sup>1</sup> well supported by the most careful nursing, I can report the little patient as quite well and perfectly free from helminthiasis. There has not been the sign of a worm for the past three months; her condition is excellent, spirits exuberant, and general health well established.

Case II.—Young colley dog, the subject of long round worms (*Ascaris marginata*) unable to retain food on the stomach, which organ was evidently loaded with mucus; appetite very capricious; considerable flatulence, which resulted in very unpleasant eructations; the animal was very heavy and dull; the feces were changeable, one day very constipated, another loose and coated with mucus; the urine was generally turbid and occasionally smelt very offensively; there was a good deal of irritation of the skin, and the hair fell off in patches, leaving some parts quite bare—especially was this the case around the eyes. I started treatment with *Antimonium crudum* 3x, and continued the same three times a day for a month; meanwhile there was a regular daily expulsion of small quantities of these parasites, and occasionally patches of partially digested nests of worms could be observed in the fecal balls; these gradually became fewer and the general condition of body and coat steadily improved. Still the hair did not come on the bare places to my satisfaction, and the irritation of skin and consequent scratching continued. I then resorted to *Psorinum* 30, once daily, which served to complete the cure, and gained for me a high eulogium from the owner.

Case III.—Rough-coated retriever, constantly passed a few segments of tapeworm; with the exception that the dog had a very depraved appetite, and was ever hunting out all the foul garbage he could discover, there were no predominant morbid symptoms. In this case I prescribed *Filix mas* 1x in the evening, and *Tannate of Pelletierine* 2x in the morning. Continued this treatment for six weeks, by the expiration of which period he discontinued to pass

any more segments of the worm and has since remained healthy.

Case IV.—Scottish terrier constantly passing segments of tapeworm; coat very rough and harsh; frequently the subject of bilious sickness; feces very relaxed, mixed with mucus, and tinged with blood; great tenderness about abdomen on manipulation; underwent a course of *Mercurius corrosivus* 6x three times a day for a week, when quite unexpectedly he passed several yards of tapeworm, and from that day made good the recovery which had commenced three days previously, evidence of which was observable in the state of the feces and the dog's ability to retain food on the stomach. The most notable feature of this case was the rapidity with which the cure was effected.

Case V.—Japanese spaniels. Three of these small animals, recently imported, the property of one owner, were respectively the subjects of tapeworms in varying degrees. All presented much the same sort of symptoms, though one suffered more acutely than the other two. The most prominent symptoms were spasmodic cough, attended with vomiting; variable appetite; occasional acute pain in the abdomen; fetid diarrhea; itching of nose and anus; frequent urination; restlessness during sleep. It did not call for much consideration to determine what drug to prescribe under such conditions, and I immediately elected to rely upon *Cina anthelmintica* 3x. In one week I received a report stating that there was very marked improvement in all three cases; the diarrhea was arrested, the urination less frequent, appetite decidedly improved; numbers of segments of tapeworm were expelled daily. I continued this treatment for a month, when the owner stated that the dogs appeared quite well and she did not think it necessary to continue. I prevailed on her, however, to persevere for two weeks more with a 6x attenuation of the same drug, to ensure a complete restoration to health. I have since heard that no more worms have been observed, and that the little animals are bright and well.

Of cats I have had a good number under my care, but, strange to say, the majority showed three, and only three, well-marked symptoms, viz.: delicate and capricious appetites; vomition of long round worms (*Ascaris mystax*) and variable forms of eruption upon the skin. In selecting

remedies I was guided more by the characteristic eruption than by anything else, and results confirmed the correctness of this decision. Among the remedies resorted to I availed myself most frequently of *Graphites*, *Mezereum* and *Psorinum*, through which some very satisfactory and eminently notable cures were obtained. It is not always, however, that cat owners have the patience to persevere with the treatment long enough to effect a cure of such chronic ailments. Cats are somewhat of a modern hobby among ladies, who have not yet learned by experience that time is frequently an essential part of the contract when dealing with disease in an animal of such uncertain habits as the cat, and they are rather apt to become impatient if a cure is not effected very promptly. In helminthiasis this is practically impossible.

The intimate association between helminthiasis and other morbid conditions received forcible illustration in my experience on one occasion in a horse. This animal was known to be harbouring long round worms (*Ascaris mega-locephala*) and had been treated with large doses of ordinary vermifuges, consisting of a mixture of dried tobacco powder, *Sulphate of Iron* and *Santonine*, with the result that a few dead worms were expelled. The horse then came under my care. I found that he was the subject of consumption and diabetes insipidus. The box was constantly flooded with urine; the temperature as indicated by the clinical thermometer oscillated between 101° F. and 104° F. night and morning; he drank unlimited quantities of water, refused all food except a few carrots, and died in about a fortnight. The lungs presented a most beautiful specimen of miliary tuberculosis, and the large colon was simply packed with thousands of the before-mentioned parasites, showing how the pests thrive and multiply in an enfeebled and diseased constitution. The man who opened the carcass at the slaughterer's yard informed me that in all his extensive experience he had never seen such an accumulation of worms in a single horse. Cases of this description might be multiplied almost indefinitely, and it is always a matter of wonder to me that the serious attention of practitioners has not been drawn to the intimate relationship which evidently exists between helminthiasis and other well-defined morbid conditions.

Sussex Villas, Kensington, W., March, 1901.

(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.

### XXV.—CONCLUSION.

It may be well now, in concluding this series of papers on "Snake-venom—its Action and Effect," for me to give a short summary of the arguments I have brought forward in dealing with this most important subject.

I have shown that snake-venom is a depressing nerve-poison, acting on motor nerve-centres, the functional activity of which it lowers, and, in fatal cases, entirely suspends, without altering, however, in any way the structure of these cells, or effecting, by *direct* action, blood changes incompatible with life.

I have further shown that the experiments by Feoktistow fully confirm the conclusions I have arrived at, he having shown that slight intravenous injections of the venom speedily produce a high degree of paresis of the splanchnicus nerve, and a corresponding engorgement of the abdominal veins of the blood-mass, which becomes there in a state of semi-stagnation, whilst, in fatal doses, the paresis culminates in a short space of time in paralysis, extreme engorgement of the abdominal veins, followed in rapid succession by extreme collapse, excessive weakness of the bloodless heart, anemia of the nerve-centres, and death.

I have also shown that Feoktistow's experiment of washing out with warm defibrinised blood of four animals of the one species the vascular system of a well-poisoned animal, the blood being injected into the jugular vein, and allowed to flow out of the crural artery, the latter being afterwards closed, and blood exceeding the normal in quantity left in the animal, resulted in the nerve-affection remaining unchanged, for, so soon as the artificial supply of blood ceased, the paralysed veins of the abdomen became once more engorged with nearly the whole of the blood-mass, the rest of the body becoming as anemic as before, thus showing what a strong hold snake-venom takes on the nerve-cells, when once they have been thoroughly paralysed thereby, and how independent this paralysis is of the blood, persisting even after *all* the poison had been washed out of the animal.

I have pointed out that the anterior columns of the spinal cord are invariably the first of the nerve-centres to be affected by the toxic action of snake-venom, beginning in the lumbar ganglia, and taking an upward course, the lower extremities feeling unnaturally heavy, and a paretic condition of the muscles supervening simultaneously on both sides, the gait becoming unsteady and staggering, and that the upper extremities continue to retain their power even after the muscles of the neck have become paretic.

The next action of the venom is its invasion of the medulla oblongata, which is shown by the ashy hue and deadly pallor of the skin, which is cold, due to the blood receding from the surface, leaving it anemic, and accumulating in the large veins of the abdomen, bringing about a condition of extreme engorgement, the veins losing their tension, and expanding ever more and more as the paresis of the vaso-motor centre gradually deepens into paralysis, and, finally, the greater part of the blood-mass is sucked up by the veins in the abdomen, where it becomes semi-stagnant. The depressing action of the venom on the vaso-motor centre in the medulla oblongata and the intra-cardiac ganglia naturally produces heart-weakness, another cause of heart-failure being its depletion by the simultaneous accumulation of the blood-mass in the abdominal veins. Then, also, there is not only the anemia of the oblongata, but the scanty supply of blood it receives is furthermore vitiated by an excess of carbonic acid, which must increase in proportion as the oxyhemoglobin disappears. Each of these causes is in itself almost sufficient to cause death, and, under such a powerful combination thereof, intensified, moreover, as paresis gradually deepens into paralysis, the heart must succumb in a comparatively short period, and death from paralysis of the heart and anemia of the nerve-centres be the result.

The blood-pressure, also, at an early stage, sinks to 0, and I have found and stated that *Ammonia* is the most effective drug we possess for raising the blood-pressure, besides being the antidote possessing the *lowest* death or mortality rate.

The early dilatation of the pupil, so characteristic of poisoning by snake-venom, denotes paresis of the motor-centres of the cranial nerves and the sympathetic ganglia, and this also is intensified when the paresis has deepened

into paralysis ; then there is the changed expression of the face, as shown by the following symptoms : The features are relaxed and devoid of their mimetic play ; the anterior surface of the eyeball becomes dry, as well as the cornea, which is dull, the eyelids being moved with difficulty ; the tears, consequently, are not distributed properly over the conjunctiva ; the nostrils also become immovable, the naso-labial fold being obliterated ; the lower lip hangs down ; the lower jaw, not being held up by the muscles, the lips are apart, and, when paralysis supervenes, the lower jaw drops altogether, and the tongue protrudes. Deglutition, which is difficult during the paretic stage, becomes entirely suspended in paralysis. The soft palate, esophagus, and pharynx also become entirely paralysed.

The motor centres of the cerebellum and basal ganglia also become affected by the venom.

The functional depression of the motor-cortical centres of the hemispheres ranges from mere sleep to the deepest coma, with entire extinction of consciousness, complete absence of all reflex action, and general paralysis. General paresis of the voluntary muscles and the organs governed by the vaso-motor centre, with its advent in the higher degrees, is intensified into more or less complete coma, and, simultaneously, the reduced force of the motor-currents in the ideo-motor sphere, in the nerve-centres connecting cell into cell, results either in sleep or in torpor and coma, which, undoubtedly, is aggravated by the anemia of the brain.

All reflex action ceases with the advent of coma, and the invasion of the sensory sphere is shown thus, that when paresis has verged into paralysis, the nerves of special sense become completely insensible to all impressions from without, so that the eye is unaffected by the strongest and most glaring light, the ear is deaf to every sound, the nose endures *Sulphur* and *Ammonia* vapour, and needles may be thrust into the muscles without causing even a quiver.

In conclusion, it would be superfluous for me to dwell at any greater length on this most interesting subject—the action and effect of snake-venom. It is enough that I have produced plain and simple facts, which point to but one conclusion—that snake-venom is not a blood—but a nerve-poison, acting on motor nerve-centres. On the

merits of *Ammonia*, as an antidote in poisoning by snake-venom, as compared with other known antidotes, I need say no more, as I have fully dwelt on these whilst speaking of this drug; neither is it necessary for me to draw attention here once more to the failure of the *Strychnine*, *Chloride of Lime*, *Chloride of Gold*, and other so-called antidotes, in producing satisfactory results. Of this I have said enough. I now leave it to the intelligence of my readers to judge as to the merits of my arguments in the cause of scientific truth, feeling convinced that their verdict will be in favour of the theory, borne out in practice, for the establishment of which I have fought and laboured for many years, and which is little by little being now accepted by the most forward and intelligent of our medical men and scientists throughout the civilised world. With the hope that this lengthy article has proved a help to at least some undecided ones, and has been the means of opening the eyes of others who have been on a false scent in their investigation of scientific truth, I now bring this series of papers to a close.

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LUPUS VULGARIS TREATED BY X RAYS.—Everett Smith (*Buffalo Med. Journ.*, January, 1901) reports a case of lupus vulgaris of fifteen years' standing successfully treated and cured by exposure to X rays. The patient was a man, aged about 80 years, who consulted the author on May 3, 1900, for an ulceration of the nose and face, involving his right eye. It was found that he had a lupus patch, which extended from the left side of the nose, going over the bridge, and involving the right side of the nose, the inner canthus of the right eye and the inner thirds of the lids, together with the bulbous conjunctiva. About fifteen years before he was slightly injured by a chip which struck him on the bridge of the nose, breaking the skin. It never healed over completely, but slowly increased in size, notwithstanding he had been treated by a score of physicians, a few skin specialists, and numerous quacks. About a year ago it involved the eye, and since then it had progressed more rapidly in the mucous surfaces. A mask was made for the face of sheet lead, a hole being cut for the nose and the diseased part of the eye, and with this on the patient was exposed about every fifth day for twenty minutes at a time, the diseased surface being about two inches from the light. He received in all twelve treatments. No medicine whatever was allowed. Marked improvement appeared after the second treatment, which was not interrupted until the sore was completely and entirely healed. After the second treatment healthy granulations appeared, and healing was most remarkably speedy. There was no burning from the light or any other unpleasant symptoms complained of except a slight headache and a decided "crawling sensation" in the sore from the first two treatments.—*Brit. Med. Journ.*

## 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 7, 1901. The evening was devoted to an exhaustive paper by Dr. Wilde (Bath) entitled "Mechano-Therapeutics of Joint Disease."

## INSTITUTIONS.

### THE HAHNEMANN CONVALESCENT HOME AND DISPENSARIES, BOURNEMOUTH.

WE have received the report of the above institution for 1900, from which we give a few extracts. The list of counties from which the Home draws its inmates will give an idea of the scope of its work.

"The Committee in presenting their twenty-second annual report of this institution congratulate the governors and subscribers on its continued prosperity.

"*The Home*.—The number of in-patients during the year has been 190, an increase of 8 on 1899. The beds have been well filled throughout the year. Patients have been received from the following localities:—

London and Suburbs	...	...	54	Northumberland	...	...	...	3
Hampshire	...	...	36	Stafford	...	...	...	3
Warwickshire	...	...	18	Isle of Wight	...	...	...	3
Yorkshire...	...	...	12	Scotland	...	...	...	3
Essex	...	...	10	Wales	...	...	...	3
Derbyshire	...	...	8	Gloucestershire	...	...	...	2
Middlesex	...	...	8	Kent	...	...	...	2
Dorsetshire	...	...	8	Lancashire	...	...	...	2
Berkshire	...	...	7	Somerset	...	...	...	2
Surrey	...	...	5	Cheshire	...	...	...	1
Sussex	...	...	4	Durham	...	...	...	1
Worcestershire	...	...	4	Herts	...	...	...	1
Devon	...	...	3	Northants	...	...	...	1
Leicestershire	...	...	3	Oxford	...	...	...	1
Lincoln	...	...	3	Salop	...	...	...	1
Nottingham	...	...	3	Suffolk	...	...	...	1

"*The Dispensaries*.—The number of patients attending again shows an increase: 1,181 in place of 993. 461 patients have

been attended at their own homes, as against 413 during the previous year. 1,990 visits have been paid to them. It will be known to most of you that a provident scheme of dispensary work and sick visiting has been adopted by the Boscombe Hospital, the Victoria Hospital, and the local friendly societies. Your committee has not been asked to join in this co-operative scheme, nor—had they been asked—could they very well have done so. But its adoption by other institutions has led your committee to alter some of their dispensary regulations. In the future, as in the past, the white tickets for dispensary attendance will be freely distributed; the new visiting tickets will, however, be now issued to subscribers and purchasers only. The work of the western dispensary consists of 739 patients, with 1,857 attendances; that of the eastern 442 patients, with 1,124 attendances. *Inclusive of the home visiting there have been 1,642 patients and 4,971 attendances.*

#### PHILLIPS MEMORIAL HOMEOPATHIC HOSPITAL.

ON Thursday evening, February 28th, the annual meeting of the Bromley Phillips Memorial Homeopathic Hospital was held at the Hospital, Lownds Avenue. The President (Alderman G. Wyatt Truscott, J.P.) occupied the chair, and among those also present were: Mr. J. Churchill (chairman of the Committee), Dr. H. Wynne Thomas, Messrs. W. R. G. Hay, H. Wilson, A. Lindsay Bell, J. W. Hose, T. D. Graty, the hon. secretaries (Messrs. J. M. Wyborn and Sydney G. Thomas), &c.

#### THE REPORT.

The twelfth annual report, prepared by the Committee, was taken as read, printed copies being in the hands of the subscribers. With regard to the new Hospital it appeared that on the building fund account the amount overdrawn from the bank at the end of the year had reached a total of £612 12s. 1d. During the year 93 in-patients were treated, 57 being discharged cured, and 22 were improved, while two cases terminated fatally. 912 visits were paid to patients at their own homes, and the attendances at the Dispensary numbered 1,524, while 263 new patients presented themselves at this department. The Committee had expected that the maintenance of the enlarged Hospital would considerably increase the annual outlay, and stated that if the full capacity of the Hospital was to be brought into use the urgent need of increased income to meet the necessary expenditure could not be neglected. The year's total ordinary expenditure, during a transition period of which nearly seven months was spent in the new Hospital, amounted to

£710 8s. 11d., against an income of £694 4s. 8d., thus creating a deficit of £16 4s. 3d.

The President moved the adoption of the report, and said it was excellent in every respect, except so far as it related to the assistance given to the Hospital by the public of Bromley and the neighbourhood. The whole of the work, so far as the Committee was concerned, had been excellently carried out, and the management from all points was satisfactory. But more funds were needed. With regard to their old building, the Committee hoped very shortly to be able to dispose of that, and the amount so realised it was hoped to fund, and to devote the income therefrom to the payment of the rent of the new leasehold site. The work of the Hospital had, he said, been most satisfactory. They had also the pleasure of recording that during the year another memorial bed had been founded, and that by a family which had ever taken a great interest in the Hospital, namely, that of the late Mr. Duncanson, and it was a special pleasure to the Committee because this bed had been founded in memory of their late esteemed and respected chairman. With regard to the question of income, the President said that so far as the expenditure was concerned the amount spent in relation to the sum total of the good work done was ridiculously small. Many of the old subscribers had kindly increased their subscriptions, for which the Committee were very grateful. It must, he said, in concluding, be their aim individually and collectively to try and bring more subscriptions into the net of the Hospital. It had occurred to him that, having regard to the fact that there were something like 200 subscribers, it might not be a bad suggestion to ask each one of them to obtain one guinea, by collecting that sum in shilling contributions. He was a great believer in the shilling contribution, and he did not think they would have very much trouble in each obtaining that sum, which would thus give them what they wanted, namely, an income of £1,000 per annum. Mr. Wilson seconded; and the report was adopted.

#### SPECIAL EFFORTS.

The President proposed a hearty vote of thanks to special contributors and workers during the past year.

#### A NEW COT.

The President said that at the end of the year there was a deficit on the building fund of £612 12s. 1d. Since that time the Committee had received a donation of £300. He was sure they would appreciate the source from which this had come, viz., the children of the late Dr. Phillips, in whose memory that building had been erected; and he had great pleasure in pro-

posing that those three children be invited to name a cot in the new Hospital. Mr. Wyborn seconded this proposition, which was agreed to.—From the *Bromley and West Kent Telegraph*, March 2, 1901.

## THE PRINCE CHRISTIAN VICTOR MEMORIAL.

### THE GENERAL COMMITTEE.

*President.*—Field-Marshal Earl Roberts, V.C., K.G., K.P.

*Members.*—The Lord-Lieutenants (*ex-officio*), Sectional Collectors, Representatives of Societies, the Executive Committee.

### THE EXECUTIVE COMMITTEE.

*Chairman.*—General Right Hon. Sir Redvers H. Buller, V.C., G.C.B.

*Members.*—Sir Squire Bancroft, Dermot Blundell, Esq., M.V.O., Hon. Oliver Borthwick, Major Hon. F. L. Colborne, Admiral Sir J. E. Commerell, V.C., G.C.B., Georgiana, Countess of Dudley, The Right Hon. Sir George Goldie, The Lady Iveagh, The Lady Llangattock, The Duke of Marlborough, General Sir A. Montgomery Moore, Percy Paravicini, Esq., The Lord Justice Romer, Mrs. Leopold de Rothschild, The Duke of Westminster, The Lord Brassey, *Hon. Treasurer*, The Hon. Organising Secretaries.

*Hon. Organising Secretaries. General Collection.*—Hamilton Gatliff, Esq., 11, Eaton Square, S.W.; Mrs. Elphinstone Maitland, Empress Club, Dover Street, W., Mrs. Papillon, Telham Place, Battle, Sussex.

*Collection in the Army.*—Lieut.-General Sir H. le G. Geary, K.C.B., Little Combe, Old Charlton; Major-General MacKinnon, 5, Pont St., S.W.

*Hon. Treasurer.*—The Lord Brassey, K.C.B.

*Bankers.*—Lloyds Bank, Limited, 16, St. James's Street, S.W.

*General Secretary.*—Captain Orr.

*Prince Christian Victor Memorial Office.*—Horse Guards, Whitehall, S.W.

December, 1900.

Few at the age of thirty-three had seen so much active service as Prince Christian Victor, and the sudden announcement of his death in South Africa last October will not soon be forgotten. Every one deeply regretted that one of the last victims of the war should be the brave young officer who was cut off in the midst of a distinguished career full of promise for the future. But this was not the only sentiment which influenced the nation. Over and above all, there was sorrow for the Royal Family in their bereavement.

There is not one who does not treasure the many proofs of the Queen's sympathy and solicitude in all the personal troubles of her people during the recent war. The fresh links which bind together Sovereign and people are a distinct compensation for much of the inevitable misery of warfare, and if anything were needed to complete or intensify that wonderful unity of feeling, which attracts the attention and is the admiration of other nations, it is to be found in the tragic death of the

Queen's grandson just as the war seemed to be drawing to a close.

One of the intentions of the present Memorial is to give expression to this sentiment, and it is on this ground that the country claims the privilege of providing it. On behalf of all, from the least to the greatest, it will always testify that the sympathy shown to the people is reciprocated by them.

And it is but fitting that, in England, there should be a permanent Memorial of the Prince, who by his own desire lies buried in the far-off land where he died. It would be in accordance with the spirit and aims of one who always had the soldier's welfare at heart if the Memorial were to be for the benefit of soldiers, and it is therefore proposed that a Fund shall be raised for endowing Beds in memory of the Prince in the Princess Christian Cottage Homes for Disabled Soldiers and Sailors now being established throughout the country under the guidance and management of the Soldiers and Sailors Help Society, of which Her Royal Highness is President.

The Princess Christian, in a private letter, expresses her approval in the following pathetic words: "Your idea about Beds in the Homes for Disabled Soldiers, being founded and endowed by general subscription to the memory of my darling boy, has touched me *so* much, and will gratify me more than I can express."

Those who are also mourning their dead—especially all mothers—will assuredly welcome this opportunity of evincing their sympathy with the sorrowing Princess. It may indeed be said that Prince Christian Victor becomes in this Memorial the representative of all who have fought and died for Queen and country in the South African War.

And for those who are receiving back their living safe from the perils of the war, here is a fitting opportunity for giving expression to the thanks which are welling up from grateful hearts.

To all, the particular form that the Memorial is taking cannot but appeal. It is estimated that some 10,000 will eventually be discharged invalided from the Army. The need of a shelter for men who, injured by the war, are either permanently or for a time disabled from earning their own livelihood admits of no question. The provision of Homes for them is indeed simply an act of justice. Not one of us but owes a debt of gratitude to the guardians of our country, of our trade, and our firesides; and the appeal on behalf of those who have paid the cost most dearly by the sacrifice of health and strength surely cannot be made in vain. Let it be remembered that every shilling subscribed towards the endowment of Prince Christian Victor's Memorial Beds in Cottage Homes will go to

provide rest and comforts for these men, and will prove that the country is not unmindful of them when the need for their services is past.

The precise details of the founding and endowment of the Memorial Beds, which will depend on the amount collected, will be decided by a General Committee constituted by the principal Collectors of the Fund.

Offers of assistance in collecting should be sent to the Hon. Organising Secretaries, from whom may be obtained full particulars of the scheme.

*February, 1901.*

The above was written, as stated, at the end of last year. Though the circumstances in which it was compiled are changed, the decision to leave the circular unaltered will be understood and appreciated when it is known that it was brought to the notice of our beloved Queen. The words of the Princess Christian about this are very precious: "My dear Mother approved the proposed Memorial to my dear son. I read the circular to her, and she expressed the greatest interest in its success."

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## EXTRACTS.

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### VARIOLINUM AS SMALL-POX PREVENTIVE.

THE value of *Variolinum* in the treatment of small-pox, it seems to me, cannot be overestimated. Used in the 30th potency and beginning its use coincident with the change of the papule into a vesicle, it carries the case safely to a conclusion without any of those disfiguring conditions which are evidently so usual under allopathic practice. Exsiccation begins on the fifth day. The vesicles, which have protruded like peas scattered profusely over the surface of the skin, dry up completely and disappear. There is very slight swelling of the features, and this does not increase after the fourth day, and soon decreases and becomes unnoticeable. The vesicles do not rupture, and there is no odour. In fact, *Variolinum* has the same abortive influence in small-pox that *Baptisia* has in typhoid, and I believe that under its use, even in confluent cases, the death-rate would be almost *nil*.

As to the value of *Variolinum* as a preventive of small-pox, I cannot say much. It is advised by some homeopathic physicians as internal vaccination. I can only

say that while personally very susceptible to all the exanthemata, I have been a number of times exposed to small-pox, remaining in the room with one or two patients for an hour or two at a time, and in personal contact with them, and yet have never taken the disease; nor in any case has the disease spread from the case being treated to other members of the family. This is a negative testimony, but the tests in regard to vaccination are also negative. The person is vaccinated, and does not take small-pox; therefore it is said that vaccination prevented small-pox. I gave *Variolinum* internally, and the persons did not take small-pox; therefore it may be said with equal truth that *Variolinum* prevented small-pox.—GEO. W. WINTERBURN, M.D., in *Homeopathic Journal of Obstetrics*.—*Homeopathic News*, Feb., 1901.

#### ARSENIOUS ACID AND YELLOW FEVER.\*

By DR. ISMAEL DA ROCHA, Director do Laboratorio Militar de Bacteriologia, Rio de Janeiro, Brazil. (Approximate translation from the *Brazil-Medico*, May 15, 1899, by Mrs. Helen M. Sherry, St. Paul, Minn.)

IN 1889 the distinguished clinician of Rio de Janeiro, Dr. J. P. do Rego Cezar, Member of the Imperial Academy of Medicine, presented to that learned association the following note:—

“Since 1876 I have experimented, in the limited circle of my *clientèle*, with *Arsenious acid* as a prophylactic against yellow fever, advising and prescribing it to persons newly arrived at this capital (Rio de Janeiro) during an epidemic of yellow fever.

“Having observed that the persons thus treated were not attacked with yellow fever, and for the purpose of further extending my field of observation, I communicated this proceeding of mine to some of my more intimate colleagues, of whom I have since received the uniform statement of favourable results. One of these narrated to me the following case, worthy of note:

“A strange lady, arriving here in the time of the epidemic, having been subjected since her arrival to *Arsenious acid*, was attacked three days afterward by a fever presenting symptoms of yellow fever. By the use of the remedy the symptoms disappeared entirely within the space of thirty hours, application of sudorifics having also been employed.

“The preventive treatment consists, during the first week,

\* From the *American Homeopathist*, February 1st.

of one-half milligram of *Arsenious acid* in the morning, another at noon, and another at night; in the second week a dose in the morning and another at night; subsequently, as long as the epidemic lasts, one dose a day. This for persons recently arrived or for those not acclimated; but for those who have been residents for more than two years one dose, of one-half milligram, daily, is sufficient.

“I use the formula of Boudin’s powder, one gram divided into twenty parts; or the arsenical solution of the same author (1 to 1,000), 10 grams in 30 grams of filtered water, to be taken in tablespoonfuls, each spoonful representing approximately the dose of one-half milligram of the remedy. In treating children I prefer the arsenical solution, as it is more readily divided into the teaspoonful doses used in these little persons.

“Some one, appreciating the results of this prophylaxis, reported it in the *Commercial Journal* and in the *Diario de Noticias* of March 20 and April 3, 1886, therein calling it to the attention of the medical men.

“Now, at this time, when all sanitary precautions, means, and expedients employed have not been able to annihilate nor diminish the scourge that periodically persecutes us, not being able to modify the medium in which we live, it seems reasonable to try to modify or control the individual medium. It is in this humanitarian spirit that the professional men have been labouring with attenuated cultures as prophylactic ‘vaccines.’

“It is known that *Arsenious acid* destroys inferior organisms, and, while awaiting results of experiments, I admit to a great temptation to publish an article on the physiologic and therapeutic action of *Arsenic*; in this way to relate how many not acclimated, and who took this remedy for other maladies, escaped the epidemic which carried off other members of their family.

“It is not only against yellow fever, but also against all infecto-contagious diseases, that I believe this prophylactic treatment ought to be employed. Thus, I hold it ultimately as a prescription against scarlet fever and variola.

“Therefore, as I have observed, I consider *Arsenious acid* an infallible preventive up to a certain point; and, where it is not possible to prevent, that it makes the infirmity milder, so that it is reduced to a slight indisposition of health.

“It being impossible (considering the life of a medical clinician who lives solely from his daily practice—yet not despairing) of finding the time and place for laboratory researches and experiments, I confided this undertaking to one of recognised skill in labours of this kind, Mr. Padua e Castro,

author of a recent and interesting work on the black vomit and its reputed ferments, and while awaiting the final results of his experiments it gives me great pleasure to say that this gentleman has already declared to me that the experiments are very satisfactory, and tend to demonstrate the prophylactic powers of *Arsenious acid*.

“ In the present case of the epidemic I felt constrained to make this communication, and finally submit to the judgment and scientific probity of the members of the Imperial Academy of Medicine, amongst whom I am the least, this method of preventive treatment, of which I consider myself the initiator.

“ Mr. Padua e Castro (Ex-1<sup>o</sup>-ensaiador da Casa de Moeda), who for some time has assiduously applied himself to laboratory work, published (February 6, 1889) the following note: “ Scientific reasons, confirmed by experiments of the laboratory, lead me to advise the use of *Arsenious acid* for the purpose indicated by the distinguished clinician, Dr. J. P. do Rego Cezar.’

“ Not being able for the present, however, to tell the results of my investigations, I desire to present the reason which induced me to begin this work, and which I believe ought to satisfy equally the enlightened intelligence of the medical classes.

“ All those who have applied themselves to the study of yellow fever are unanimous in admitting the existence of a chemical product in the blood of those suffering from this malady. Dr. Gibier admits a substance elaborated by the bacilli, and which, absorbed, produces the general phenomena of yellow fever, which ought to be treated in such a manner as to promote the elimination of that toxic element.

“ Dr. Sternberg declared that the facts as observed authorised the belief that the pathogenic microbe produces a toxic matter, and that the attack of yellow fever is caused by the toxic effect of this chemical poison. If all observers are unanimous upon the formation and accumulation in the blood of toxic principles—*Arsenious acid* being a substance difficult of elimination—it follows that, applied with the discretion advised by Dr. Rego Cezar, those toxic elements encounter as they are formed an element already in the economy which destroys or neutralises them; being scarcely able to produce passing disorders, if they manifest themselves at all.”

That communication from Dr. Rego Cezar to the Academy, unfortunately delayed in the printing, merits the support of colleagues like Drs. Rego Lopes and Garcez Balha e Goes de Siqueira, who pronounced themselves favourable to the practice adopted by him (Dr. Cezar.)

Professor Souza Limi, M.D., Director de Hygiene, in 1894, referring in the *Jornal do Commercio* to the means tending to the lessening of the epidemic, said, in relation to *Arsenic*, that it was a recourse that might be tried; awaiting, meanwhile, subsequent observations confirming its efficacy.

Mr. Orlando Rangel, pharmacist, declared through the Press, February, 1894, that during the epidemic of 1888-89 he, being Vice-Director do Collegio Universitario Fluminense, gave, on the advice of Dr. Rego Cezar, the preventive arsenical to upwards of two hundred students, many not acclimated, who were passing their vacation at the homes of the correspondents in the streets of the commercial centre (Prainha, Benedictinos, Municipal, &c.), and in the meantime he had not had a single case of death or of the disease in the college.

Recognising these facts, which I cannot but credit, and having read the works of Mr. C. F. Bryan, to which *La Cronica Medica do Peru* (Lima, 1883) refers, in relation to the value of *Arsenic* as an excellent prophylactic against the majority of infectious diseases—indeed, having used it myself with efficacy during ten years, with individuals exposed to the contagion of scarlet fever, of diphtheria and influenza, and knowing that the German Commission of Messrs. Von den Stein, in an expedition occupying a long time in Xingu, safely crossed by means of *Arsenic* those inhospitable regions without losing a single man, where former Commissions had left innumerable companions buried; and considering, likewise, the affirmations of Dr. Rego Cezar, and remembering the observations made in families coming from “the States” or emigrating from Europe, and others of European extraction—German, French, &c.—preserved from yellow fever by the use of *Arsenious acid*, and watching, finally, the well-known prophylactic action of the remedy—I resolved to make an experiment on a large scale on the personnel of a candle factory, “Luz Steriac” (in the district of S. Christopher), whose directors benevolently fell in with my views, charging their acting manager, the talented French Chemist, Dr. Emilio Grandmasson, to personally make every day (in order to initiate himself in the work of the factory) the distribution of *Arsenious acid* in progressive doses of one, two, three, and up to four milligrams a day, in solution, to each newly arriving workman as soon as he appears at the shop, to the number of more than two hundred men, without taking any great hygienic precautions—the majority being Portuguese, Spanish, and Italians; having, in general, resided but a short time in Rio de Janeiro.

It is now six years that, with a perseverance worthy of note, Dr. Grandmasson has been repeating the same experiment

during the summer, and the results are so interesting that they induced me to commit them to publication.

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## A PRELIMINARY NOTE ON THE ETIOLOGICAL AGENT IN VACCINIA AND VARIOLA.\*

By DR. M. FUNCK.

Chef du Laboratoire de Bactériologie of the University of Brussels ;  
Director of the Institut Sérothérapique.

(Translated from the French MS.)

THE scientific history of vaccinia dates from 1798, the year in which the memorable discovery of Jenner was published. Since then the practice of vaccination has been fairly rapidly extended to most civilised countries ; but, in spite of the continuous researches of a great number of experimenters, we have not yet attained to any certain knowledge of the etiological agent of the affection.

A series of investigations carried on for two years enables me to give here for the first time an experimental demonstration of the causes of vaccinia and of variola. These two diseases are caused by a similar micro-organism, a protozoon of large size, easily observed under a small microscopical magnification.

A detailed report of my experiments with explanatory figures will appear very shortly, but I desire permission to give a summary of work the importance of which will not be overlooked—work which may have a considerable influence on the study of the etiology of a whole group of dreaded diseases—the eruptive fevers.

I propose to prove experimentally the following facts :—

1. Vaccinia is not a microbic disease.
2. It is caused by a protozoon easily found in all vaccine pustules and in all active vaccine.
3. The inoculation of this protozoon in a sterile emulsion reproduces in susceptible animals all the classical symptoms of vaccinia.
4. This inoculation renders the animals refractory to subsequent inoculation with vaccine.
5. The variolous pustule contains a protozoon morphologically similar to that in the vaccine.
6. It follows from these experiments that variola and vaccinia are two identical affections, that vaccinia is nothing more than an attenuated form of variola, and that consequently the immunity to small-pox which vaccination confers does not form an exception to the general laws of specific immunity.

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\* *British Medical Journal*, February 23, 1901.

## I. VACCINIA IS NOT A MICROBIC DISEASE.

I have compared the vaccines issued by the principal European vaccine institutes. It has long been known that freshly-prepared vaccine, that is to say, the glycerine emulsion of the contents of the vaccinal pustule, contains a very large number of bacteria. It could hardly be otherwise, considering that the vaccine lymph is made by scraping the pustules, and evidently that operation cannot be conducted antiseptically. The fact that vaccine undergoes "autopurification" is acknowledged by most bacteriologists, and we know that in three months most of the microbes originally contained in the lymph have disappeared. I have examined from this point of view twenty specimens of vaccine from different sources, and after being kept in sealed tubes in the dark for three months all were sterile, although they still produced absolutely characteristic pustules. I have proved that the contents of the pustules produced by the inoculation of this purified lymph are themselves sterile, and present by the same morphological appearance as the fluid of the ordinary pustules of vaccinia.

It follows, therefore, that vaccine freed from microbes (aërobic and anaërobic) produces the specific pustules.

## II. THE ETIOLOGICAL CAUSE OF VACCINIA IS A PROTOZOON.

When a microscopical preparation of vaccine is made in the ordinary way, that is to say, if the vaccine is spread out on a cover glass fixed after desiccation and stained in cold or hot solutions, it is found that the preparation contains a large number of ovoid vacuoles which are absolutely clear and transparent and do not take up aniline stains. The microscopical examination of fresh vaccine spread out on an object slide, and examined at once under a magnification of 500 or 600 diameters, shows that the clear spaces of the preparation fixed by heat correspond with very characteristic morphological elements in the vaccine liquid, the existence of which has already been recorded by several observers, and notably by L. Pfeiffer, of Weimar. The merit of having called attention to these corpuscles (in 1887) belongs incontestably to Pfeiffer.

As a rule, these elements occur under three very different forms:—

1. In the first place there is a refracting form of a brilliant green colour and perfectly round, measuring from 2 to 10  $\mu$ , showing on the warm stage at 37° C. slow but well-marked movements.

2. In the second place ovoid cells are to be seen more or less elongated with a nucleus placed laterally, and containing

in the protoplasm masses of a pretty uniformly round shape consisting of small brilliantly green spheres, analogous to the elements above mentioned, and each measuring  $1\ \mu$  to  $3\ \mu$  in diameter; these are epidermic cells infected by the protozoon.

3. Lastly a form very frequently met with in all vaccines is represented by raspberry-like bodies (true morulas), sometimes rounded, measuring  $25\ \mu$  in diameter, and with or without a double contour; sometimes oval, and measuring from  $30$  to  $35\ \mu$  in length by  $20$  to  $25\ \mu$  in breadth. These elements are cysts (sporoblasts) full of spores, in which the nucleus appears under the form of a voluminous clear spot, sometimes central, sometimes lateral; sometimes they appear pyriform, rounded at one end and pointed at the other. In the contents of the pustules they are frequently to be found in more or less elongated tubular masses formed by the agglomeration of  $20$  to  $40$  elements.

As has been said above, these three forms, which represent the different stages of the evolution of the same protozoon, exist in all vaccines and in all vaccinal pustules. The last form—encysted spores—is that most often seen in old vaccines, while in the fresh matter from the pustules it is the first form which is principally found floating amid pus cells.

It does not come within the scope of this short summary of experiments to discuss the distinctive characters of the protozoa in order to class the organism with which we are concerned in a definite zoological group. I shall take up this question in my complete work. As this protozoon was first seen and studied by L. Pfeiffer, I propose to give it provisionally a name which shall recall the researches of this German investigator. As he has placed it among the sporozoa, I shall call the etiological agent of vaccinia "sporidium vaccinale." The descriptions of this protozoon found in certain publications are generally inexact. Up to the present time reliance has been placed principally on the examination of pathological sections, or on the analysis of the corneal reactions in rabbits, which give uncertain results. In sections especially, in spite of precautions taken to fix the parasite, it becomes unrecognisable, and, in order to study it, it is absolutely necessary to adopt the following method.

The sporidium can only be studied conveniently in fresh preparations in emulsions made with bouillon or physiological salt solution. The examination must be made in a hanging drop in a warm moist chamber. For this purpose a perfectly clean cover glass is taken, in the centre of which a drop of bouillon is placed. A trace of glycerinated vaccine (average proportion 1-5) is added to this drop by means of a platinum

needle. The liquids are mixed by moving the needle in the drop of bouillon; a cover glass is turned over on to a slide with a cell previously prepared with vaseline, and in half an hour it is examined under the microscope. It is then found that the protozoa of the vaccine have fixed themselves on the under surface of the cover slip. The examination is best made with objective DD, and the compensated ocular 8 of Zeiss. The lower surface of the drop, that is to say the leucocytes and cellular *débris*, are first got into focus, and the fine adjustment is then moved a few divisions until the protozoa come into view. It is now possible to observe the micro-organisms without any difficulty, and without the other elements of the vaccine showing themselves in the field of the microscope. An examination made after the preparation has been for several hours in the incubator at 37° C. is still more typical. I shall consider elsewhere the attempts to cultivate this protozoon.

(To be continued.)

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## REVIEWS.

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### CHARACTERISTICS OF THE HOMEOPATHIC MATERIA MEDICA.\*

THE steady demand for works on homeopathic materia medica is one of the most hopeful signs of the times. It sometimes seems as if surgery, the younger child of the medical art, would not merely oust the elder out of its birthright, but would swallow it up birthright and all. It will not do so; and the chief reason why it will not is to be found in the vitality of the homeopathic materia medica. Dr. Douglass, the author of the work before us, has the merit of being one of the first to see the necessity of including *all* the members of the materia medica in one work, one shape, and under one arrangement. "In the last few years," Dr. Douglass says in his preface, "many new drugs have been introduced into homeopathic literature, which are found scattered through the various magazines, society reports, &c. It has been the aim of the author to collect these and other remedies into a

\* *Characteristics of the Homeopathic Materia Medica.* By M. E. Douglass, M.D., Associate Professor of Materia Medica Southern Homeopathic Medical College of Baltimore. New York: Boericke & Runyon Co. London: Homeopathic Publishing Co. 1901. Royal octavo, pp. 974. Price, cloth, 25s.; half-morocco, 30s.

practical and convenient shape for handy reference. Great care has been exercised to retain only the most characteristic indications of the various drugs—symptoms that the author has himself verified in a practice of over twenty years, or which have been reputed as verified by trustworthy physicians.” How thoroughly Dr. Douglass has done the gleaning a glance at the list of the remedies included will be sufficient to show.

In fact Dr. Douglass has gleaned a little too much; for where a remedy has obtained a place in the *materia medica* under more names than one it is apt to appear in Dr. Douglass' work twice over, under each designation, without any sign being given to show that they are one and the same. Thus we have two descriptions of the Larch Agaric: one under *Boletus laricis* and another under its later name, *Polyporus officinalis*. The same has happened in reference to the River Crab, *Cancer fluviatilis*; it appears under this designation and also under “*Astucus flur.*” (*sic*, for *Astacus fluv.*). This is a mistake not at all difficult to commit, but its occurrence mars one of the main virtues of the work, which is that it presents the remedies in uniform shape. An exact and full designation of each remedy would have obviated the error; and it is most desirable that this should be supplied in every *materia medica* work. Another and minor error in reference to this same remedy is that it is placed out of its alphabetical order between *Arctium* and *Asafetida*. *Arctium* is another remedy which is given twice over—once as *Lappa*. The naming of remedies is a distinctly weak point with this work. On the first page “Hemlock” is given the common name of *Abies Canadensis*. It should, of course, be “Hemlock Spruce.” Again, “Wormwood” is given, correctly enough, as the common name of *Absinthium* and of *Artemisia vulgaris*; but it would have been better if Dr. Douglass had pointed out under each heading that the same common name had been applied to both.

As stated on the title-page and in the preface, Dr. Douglass only seeks to give the *characteristics* of each remedy. These are given very fully, and Dr. Douglass uses italics to indicate the symptoms of the highest grade of importance. Of all *materia medicas* of characteristics this is the most complete. There are very few remedies which have been used in homeopathy that are not to be

found in this comprehensive volume. Dr. Douglass has the true instincts of a materia medica worker: he knows a *symptom* when he meets with it. That is more than many who think themselves expert homeopaths do. The latter think it necessary to translate all symptoms into the pathological jargon of the day before they will condescend to make use of them. Not so Dr. Douglass; he presents the cardinal symptoms of each remedy just as they are, ready for comparison with cases in practice. The work will form an excellent adjunct to any homeopathic library, as it forms an epitomised commentary on the larger works and on the periodical literature of the last twenty years. A very valuable portion of the work is an extensive "Therapeutic Index." It is an excellent clinical repertory to the remedies, showing at a glance the remedies specially related to the different morbid conditions. Three grades of importance are indicated, by capitals, italics, and ordinary letters. The particular symptoms will be found by comparing with the text.

Dr. Douglass concludes his preface by expressing his thanks to Dr. S. H. Vehslage, of New York City, who gave the work an editorial supervision in its passage through the press; and also to the publishers, Messrs. Boericke & Runyon, for their share in its production. We heartily join in these expressions, and congratulate the author on the completion of his great and arduous undertaking.

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### HOW TO AVOID TUBERCLE.\*

THE author of this little work has put into convenient shape practical directions for ensuring a pure air- and food-supply. Dr. Tucker Wise is the author of works on the therapeutic value of Mountain and Alpine wintering, but in this treatise he confines his attention to home conditions. The subject is dealt with under two heads: I. Prevalence—Predisposition—Hygiene; II. The principal sources of direct infection and how to avoid it. The author's directions are sensible and to the point. It is possible that too little consideration is allowed for the

\* *How to Avoid Tubercle*. By Tucker Wise, M.D. Third Edition. London: Baillière, Tindall & Cox, 1900. Pp. 24. Price, 1s. cloth, 6d. paper.

bacillus-resisting power of the healthy organism ; but that is to be expected in a work written from the bacillus point of view.

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## NOTIFICATION.

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\* \* 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.

### VACANCY.

A Leytonstone correspondent writes to say there is much need of a homeopathic practitioner in the Stratford district.

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## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

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\* \* 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.

Dr. B. B. SHAHA, Calcutta. The cases you refer to were not given in sufficient detail for the purposes of this journal.

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## GENERAL CORRESPONDENCE.

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### VARIOLINUM AND THE PROPHYLAXIS OF SMALL-POX.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—In your March number, page 131, it is stated that *Variolinum* gives complete immunity not only from the poison of small-pox, but that it also prevents vaccination taking effect. How far the first assertion is true I know not ; the latter, in some instances at any rate, is not correct. Recently the head of a household of twelve people asked if I could recommend any remedy that would do instead of vaccination, and was given a few doses of

*Variolinum* 200th, being told at the same time that it was impossible to guarantee its efficacy as a prophylactic against small-pox. About three weeks after the family had taken the *Variolinum* they changed their minds, and I vaccinated them all with success—the pocks being quite typical in size and appearance, and the constitutional disturbance in some of the cases fairly severe.

The *Variolinum* was given me by Dr. J. T. Kent, and I have no reason to doubt its reliability.

I am, yours truly,

R. GIBSON MILLER.

10, Newton Place, Glasgow,  
March 14, 1901.

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### ARSENIC IN BEER.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—Of course it is patent to all homeopaths that infinitesimal doses of arsenic produce a drug action upon the human body, and when continued over long periods produce death, practically slow poisoning, but simulating disease, and to the allopathic doctor, uneducated in infinitesimals, actually passing to his mind as disease. The man in the street, however, knoweth not these truths; he pins his faith to the opinion of his doctor, who jeers at the homeopath and is incredulous as to the effects of small doses even when admitted to be accumulative in the body.

Just at present a Parliamentary Commission is sitting to investigate the question of arsenic in beer, and it occurs to me that one or more of our leading homeopathic doctors well versed in *materia medica* should proffer to give evidence before this Commission, assuming same may not already be completed. It is certainly difficult to bring home to the mind of the man in the street the contents of Blue Books issued by Commissions; at the same time the proceedings of this particular Commission will be read by literary people, medical men, brewers, and others, and the homeopathic evidence would filter through many minds and stand the chance of reproduction in various other printed forms.

Had the many cases of poisoning by arsenical beer been treated by homeopathic medical men it is pretty certain

the originating cause would have been discovered earlier and many lives spared, because the suggestion of the symptoms requiring treatment by *Arsenicum* would have led a homeopath to at once question whether arsenic might not in some form have been producing the symptoms from which the patient suffered.

Homeopathic evidence would go to show the misplaced, incredulous opinions of the dominant faculty ignoring small doses and the wisdom of our system in having for so many years recognised their power. The truth of small doses is evidenced by the unfortunate deaths of some hundreds of people. This does not alone apply to arsenic, but it applies to other substances equally poisonous that by some mischance may, in like manner, become combined with some other substances, and get into our food or drink.

Yours faithfully,  
E. B. IVATTS.

54, Schubert Road, Putney, S.W.

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#### PRINCE CHRISTIAN VICTOR MEMORIAL.

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—Will you allow us to appeal for assistance in carrying out the following project which was organised towards the close of last year?

The sympathy evinced by our lamented and revered Queen Victoria in all the personal sorrows of her people arising from the South African War had awakened a warm and grateful response in the hearts of the public, and it was then resolved to give expression to this all-pervading sentiment, and in some measure respectfully to reciprocate the sympathy which had been shown, by establishing a permanent Memorial of the Grandson of the Queen, Prince Christian Victor of Schleswig-Holstein, who died in the service of his country in South Africa.

Although the circumstances under which this tribute would have been paid are so sadly altered, the love and gratitude of the nation are only intensified, and the fact that our beloved Sovereign took the greatest interest in the proposed Memorial, and that it was one of her last wishes that it should be a success, not only makes it impossible to withdraw the plan of a Collection, which might otherwise seem inopportune at the present time, but adds a pathos to the appeal which cannot fail to ensure its favourable reception throughout the country.

It is proposed that the Memorial shall take the form of a Fund for founding and endowing Beds in the Princess Christian Homes for Disabled Soldiers and Sailors. This would be in harmony with the spirit and aims of the young Prince, who always had the interest of soldiers at heart.

Donations and offers of assistance in collecting may be sent to the Hon. Organising Secretaries, Office of the Prince Christian Victor Memorial, Horse Guards, Whitehall, S.W., or to the Memorial Fund at Messrs. Lloyd's Bank, 16, St. James's Street, S.W. Donations and Collections will be acknowledged in the Press.—Yours faithfully,

ROBERTS, F.M.,

*President of the General Committee.*

REDVERS BULLER, GENERAL,

*Chairman of the Executive Committee.*

Office of the Prince Christian Victor Memorial,  
Horse Guards, Whitehall, S.W.

March 14, 1901.

### PHOSPHORUS AND PLEURO-PNEUMONIA— WANTED A REFERENCE.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—A number of years ago I remember reading (I think in the WORLD) an article written by a homeopathic physician practising in a town in one of the Midland counties of England, recording the successful treatment, without a single death, of 5,000 sheep suffering from pleuro-pneumonia.

The remedy used was *Phosphorus*, and the truthfulness of the account was said by the writer of the paper to have been vouched for by three stock-breeders, who published a statement of the facts of the case in a local newspaper over their own signatures.

As I would like to secure a copy of this incident for a friend who is publishing an article on pneumonia, any information you could give me in regard to the matter will be greatly appreciated.

Yours very truly,

D. L. THOMPSON.

394, Yonge Street, Toronto.

February 22, 1901.

[If any of our readers can supply this reference we shall be glad to hear from them. It is not known to us.—ED. *H.W.*]

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET,  
BLOOMSBURY.

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

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MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.

- Bonninghausen** (Dr. C. Von). A Systematic Alphabetic Repertory of Homeopathic Remedies. Part I. Embracing the Antisporic, Antisyphilitic, and Antisyceotic Remedies, Translated from the 2nd German ed. by C. M. Boger. Demy 8vo, half mor., pp. 269. (Homeopathic Pub. Co. Net, 15s.)
- Bruce** (A.). A Topographical Atlas of the Spinal Cord. 4to. (Williams & Norgate. Net, 42s.)
- Butler** (George Frank). A Text-Book of Materia Medica. Therapeutics and Pharmacology. 3rd edition. Thoroughly Revised. Roy. 8vo, pp. 874. (Saunders. Net, 17s.)
- Davis** (Edward P.). Obstetric and Gynecologic Nursing. Illust. Cr. 8vo, pp. 402. (Saunders. Net, 8s.)
- Douglas** (Dr. M. E.). Characteristics of the Homeopathic Materia Medica. Roy. 8vo, pp. 674, cloth. (Homeopathic Pub. Co. Net, 15s.)
- Fowler** (G. R.). A Treatise on Appendicitis. 2nd ed. 8vo. (Lippincott. Net, 12s. 6d.)
- Greene** (C. L.). The Medical Examination for Life Insurance. Roy. 8vo. (Rebman. Net, 17s.)
- Hall** (F. De Haviland) and **Tilley** (Herbert). Diseases of the Nose and Throat. 2nd ed. With 2 coloured Plates and 80 Illusts. Cr. 8vo, pp. 618. (H. K. Lewis. 10s. 6d.)
- Hopkins** (W. B.). A Clinical Treatise on Fractures. 8vo. Lippincott. Net, 18s.)
- Jones** (H. Macnaughton). Points of Practical Interest in Gynecology. With 12 Plates. 8vo, pp. 136. (Bailliére, Net, 4s. 6d.)
- Lawrie** (Edward). Chloroform. A Manual for Students. 4to. (Churchill. 5s.)
- Leftwich** (R. W.). An Index of Symptoms. 2nd ed. Crown 8vo. Smith, Elder & Co. 6s.)
- Manual of Homeopathic Veterinary Practice** Designed for Horses and all kinds of Domestic Animals and Poultry. Roy. 8vo, half bd., pp. 684. (25s.)
- Medical Annual** (The). A Year Book of Treatment and Practitioner's Index, 1901. Illustrated. Cr. 8vo, pp. lxxx.—714. (J. Wright, Bristol. Simpkin. Net, 7s. 6d.)
- Platen** (M.). The New Curative Treatment. Handbook of Hygienic Rules of Life, Health Culture, and the Cure of Ailments without the aid of Drugs. 2 vols. 8vo. 9 by 6, pp. 750-830. (Bong. 30s.)
- Saunders' Year Book of Medicine and Surgery**. Edit. by George M. Gould. 2 vols. Roy. 8vo. (Saunders. Each, net, 13s.)
- Schweinitz** (G. E. de). Diseases of the Eye. A Handbook of Ophthalmic Practice for Students and Practitioners. With 255 - Illusts. and 2 Chromo-lithographic Plates. 3rd ed., thoroughly revised. Roy. 8vo, pp. 696. (Saunders. Net, 17s.)
- Stohr** (P.). Text-Book of Histology. Including the Microscopic Technic. 3rd American from 8th German ed. Roy. 8vo. (Rebman. Net, 14s.)
- Stoney** (Emily M. A.). Bacteriology and Surgical Technique for Nurses. 8vo. pp. 190. (Saunders. Net, 5s.)
- Sturgis** (F. R.). Sexual Debility in Man. Cr. 8vo. (Rebman. Net, 12s. 6d.)
- Text-Book of Physiology**. By various Authors. Edited by William H. Howell. Vol. 2. 2nd ed. revised. Imp. 8vo, pp. 554. (Saunders. Net, 13s.)

## 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.—Mr. D. L. Thompson, Toronto.—Dr. B. W. Nankivell, Bournemouth.—Mr. E. B. Ivatts, London.—Mr. T. Smith, Leytonstone.—Mr. Hamilton Gatliff, Mrs. Elphinstone Maitland, and Mrs. Papillon, London.—Dr. Shaha, Calcutta.—Mr. Frost, Colchester.—Mr. F. Kopp, Greenwich, N.S.W.—Mr. J. S. Hurndall, London.—Dr. B. K. Baptist, Calcutta.—Dr. Cooper, London.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—L'Omiopatia.—Public Health Journal.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica (Mexico).—Maanedsk. f. H.—H. Maandblad.—Calcutta Journal of Medicine.—Hom. News.—La Homeopatia.—Hom. Envoy.—Ind. H. Review.—Personal Rights.—Med. Century.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—

Amer. Med. Monthly.—Minn. Hom. Mag.—N. A. J. of H.—Critique.—Clinique.—J. of Orif. Surg.—New Eng. Med. Gaz.—L'Art Médical.—Indian Homeopathician.—Amer. Homeop.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Indian Review.—Med. Advance.—Astrol. Mag.—Hahn. Advoc.—Secolo Omiopatico.—Jour. Belge d. H.—Zeit. Berl. V. H. A.—J. of Oph., Ot., and Laryng.—Climat.—Lit. World.—Various Verses, W. Tod Helmuth, M.D.—Halsey Bros'. Chicago Physicians' Catalogue.—Report of Hahnemann Home, Bournemouth.—Star-Lore.—Report of Phillips Memorial Hospital, Bromley.

## The Homeopathic World.

### CONTENTS OF MARCH NUMBER.

#### LEADING ARTICLE.

Why Allopathists make so little of the Remedies they Appropriate from Homeopathy.

#### NEWS AND NOTES.

##### ORIGINAL COMMUNICATIONS.

Hydrarthrosis Intermittens. By Dr. Maenish.

Tapeworm—Arborival Action. By Robert T. Cooper, M.A., M.D.

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

Veterinary Homeopathy. By J. Sutcliffe Hurndall, M.R.C.V.S.

Snake-Venom—its Action and Effect.

By Fredk. Kopp, Greenwich, N.S.W.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### INSTITUTIONS.

Brighton Homeopathic Dispensary.

Croydon Homeopathic Dispensary.

#### EXTRACTS.

Homeopathy and Rational Medicine.

Prophylaxis of Grippe.

Interesting to Vaccination Martyrs.

#### REVIEWS.

Transactions of the Paris Congress.

Practical Homeopathic Therapeutics

International Homeopathic Directory, 1901.—Bovine.

#### NOTIFICATION.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

OBITUARY.—Dr. Erastus E. Marcy.

#### VARIETIES.

MEDICAL AND SURGICAL WORKS.

TO CONTRIBUTORS & CORRESPONDENTS.



Bassano, Photo.]

[25, Old Bond Street, London.

*J. P. Russell*

THE  
HOMEOPATHIC WORLD.

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MAY 1, 1901.

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BURNETT.

SOME great men outlive their reputations, and when they die the chief sentiment aroused by their departure is one of mild astonishment that they have been so recently alive. It was not so with BURNETT: in the very height of his fame and activity he leaves the scene of his labours—and the world of homeopathy; the numbers who had learned to look to him for their health, restored or preserved; the friends whom his generous heart and brilliant qualities had drawn about him with imperishable bonds; and, above all, his own beloved family circle into which it was his delight to retire from the burden of his London practice—all are shocked beyond measure by the great void left by his sudden departure.

It was BURNETT's hope, expressed not long ago, that he might "die in harness." This hope is fulfilled: he paid his last professional visit within a few hours of the end. BURNETT was not the man to shrink from his lot wherever it might find him; and we may gather some small consolation from this, that no one will remember him in anything but the height of his powers. There was no period of decadence; no tedious time of partnership of a great intellect with crippled bodily powers. The BURNETT of our possession is the man we should most wish to hold in our remembrance.

It is not too much to say that during the last twenty

years BURNETT has been the most powerful, the most fruitful, and the most original force in homeopathy. Soon after his appearance in London he succeeded Dr. SHULDHAM in the editor's chair of THE HOMEOPATHIC WORLD, which he relinquished exactly sixteen years ago (it was in May, 1885) under the stress of his increasing practice. In those sixteen years he has done an amount of curative work such as few have ever accomplished in a lifetime. It was only by strict adherence to a well thought-out system that he was able to get through the mass of work which his success brought to his consulting-rooms. BURNETT believed in the possibility of *cure*, and he made his patients believe in it also. But one thing he demanded of his patients, and that was—time in which to cure them. A master of his art, he knew the conditions essential to success, and refused to give himself any trouble about a case unless those conditions were loyally conceded by the patient. No man ever pandered to patients less than BURNETT, and no man ever won the confidence of patients more completely. He leaves a rich heritage in the gratitude of thousands, very many of whom had been condemned to death, or a chronic invalidism worse than death, by academic medicine before they came under the influence of his art.

Unlike many practitioners who, with a great popular reputation, leave nothing but the memory of their reputation behind them, BURNETT has left a permanent and vital record of his work in the numerous books that have issued from his pen. It was a saying of his—"If you want to keep a bit of practice to yourself, publish it." His meaning, apparently, was, that to advance something original and out of the beaten track arouses opposition in the ordinary professional mind, and leaves the originator a more complete monopoly of the method than if he had endeavoured to make a secret of it. There was much truth in this paradox, though, like most paradoxes, it did not contain all the truth. But certain it is, BURNETT'S writings have not produced anything like the effect their

intrinsic value warrants ; though they *will have their due effect some day*. BURNETT was a little ahead of his generation, that is all : he has left his record, and it is alive with a life which will grow as the years go by. If he had left nothing behind him besides his description of the power and place of the nosode of tubercular consumption,\* named by him *Bacillinum*, he would have left an imperishable claim to the gratitude of posterity ; but he has left much more, and he has left it in a *germinal state*, so that others, if they will take the trouble, may apply the knowledge in an infinity of analogous ways.

BURNETT'S knowledge was the very opposite of that which he so aptly and forcibly defined in his reply to the young allopathic doctor to whom his *Fifty Reasons for being a Homeopath* were addressed : " My dear fellow," said BURNETT over the dinner-table at which they met, to the young man whose insolent academicism had provoked the sleeping lion, " your mind is as full of scholastic conceit as an egg is full of meat, and you are therefore a doomed man, so far as scientific medicine is concerned ; your cup of knowledge is full, but full of knowledge of the wrong sort ; your knowledge is like those Neapolitan walnuts there, which have been dried in a kiln, and thereby rendered sterile ; plant them and they will not germinate, and it is just thus with your scholastic learnings : all you know was first dried in the kiln of the schools, and has been rendered sterile—incapable of germinating. Kiln-dried walnuts have a certain value as food, but they are *dead* ; your knowledge has a certain value as mental food for other students if you like to turn teacher, but it is scholastically dried up and sterilised. You have no living faith in living physic—so far as the really direct healing of the sick is concerned all your medicine is *dead*, as dead as a door nail." BURNETT perceived, as few men do, the value and the limitations of academic knowledge,

\* *The Cure of Consumption by its own Virus.*

and the freshness of his own writings is largely due to this clear perception.

The first recollection the present writer has of BURNETT was as a big, dark-eyed, dark-haired man reading a paper at a meeting of the Homeopathic Society of Liverpool some time in 1876. The subject dealt with in the paper was the action of *Oxalic acid* on the base of the left lung. BURNETT'S exact anatomical knowledge was here as often of supreme service to his therapeutics. His observation was taken to heart by one, at least, of his audience, and later on bore fruit in this one's own practice. From that day onward every work of BURNETT'S has been eagerly read by him and turned to practical account.

BURNETT'S freedom from academic trammels led him to original work in two opposite directions. He developed the homeopathy of specificity of seat—the correspondence between certain drugs and certain organs—the organopathy of PARACELSUS and RADEMACHER. This he regarded as the first grade of homeopathy, and in this he used chiefly crude preparations. On the other hand, he made free use of high attenuations and nosodes. His little work on *Natrum muriaticum* (common salt) in the higher attenuations has led many to perceive the power which attenuation may develop. His own personal proclivity was for the lower attenuations and mother tinctures; but he never allowed his personal prejudices to blind him to facts which told against them. His use of the nosodes from the standpoint of *diathetic homeopathicity*, in addition to their use on their finer indications, is little less than a new revelation in the homeopathic art. Those who have mastered the principle of BURNETT'S use of *Bacillinum*, disclosed in his *Cure of Consumption*, will have no difficulty in adapting it to the use of all the nosodes.

Now that the master is no longer with us to cultivate

the rich therapeutic fields which his genius has opened up, it behoves us who remain to see that the most is made of the legacy bequeathed to us. The future of homeopathy will be influenced for all time by the work of him whose personal absence we now deplore; but the work has in it living germs which can never die.

Dear old friend and predecessor! We can find no more fitting words to inscribe on your tomb than the title of the work you wrote in the Master's praise—

“ECCE MEDICUS.”

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CROCUS.—The well-known sensation as of something alive in the abdomen, caused by this drug in its original proving, led Dr. Blackwood to its use in a case where a lady of twenty-six complained of a lump rolling around in her bowels. Nothing was to be felt on examination, but the feeling had troubled her for a year and a half. She presented also the hysterical variableness of mood characteristic of the drug. The 12x and 30x potencies effected a speedy and lasting cure.—*The Clinique.* (J. B. H. S.)

ORRIS-ROOT IN NEW ZEALAND.—Mr. W. J. Palmer, Government Pomologist in New Zealand, in his eighth annual report of the New Zealand Department of Agriculture, mentions that upwards of 800 orris-root plants are now growing freely from sets received from Europe. In an appendix the correspondence of the Agent-General of New Zealand on this subject is published. The Director of the Royal Botanic Gardens, Kew, suggests that *Iris pallida* should be selected for cultivation in New Zealand. On application to Barr & Sons, Covent Garden, the Agent-General was informed that *Iris pallida* could only be had in small quantities, whereas *Isis florentina* (the white Florentine iris) was plentiful, and was therefore largely used for orris-root. In reply to an inquiry as to the method of preparation the firm gives the following: “The roots are dug up in August, and are then peeled, trimmed, and laid out in the sunshine to dry. Before this is done the larger pieces of the roots are cut off and reserved for replanting. At the establishment of Count Strozzi, at Pontasieve, near Florence, which lies in the midst of the orris district, the roots are separated into different qualities, and are ultimately offered in trade, either entire or in small bits, parings, powder, or manufactured into orris-peas.” Messrs. Barr had been taking some trouble to ascertain the best iris used for orris-roots, and one of their correspondents had sent them from Austria some special sets of irises, which produce an extra fine quality of orris-root, and it might be that they would prove more suitable in New Zealand than the Italian. It will be interesting to learn the results of this experiment.—*Chemist and Druggist.*

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## NEWS AND NOTES.

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### DR. BURNETT'S PORTRAIT.

WE are pleased to be able to present our readers with a strikingly good likeness of the late Dr. Burnett. We are indebted to the kindness of Mrs. Burnett for the photograph from which our picture is taken. The photograph is by Mr. A. Bassano, of 25, Old Bond Street, London, and of Brighton, who has kindly permitted us to reproduce it. Mrs. Burnett sent us two portraits to choose from. The other portrait is full-face, and is equally good with the one we have chosen. If any of our readers wish for copies of either of these photographs Mr. Bassano will be able to supply them.

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### ENGLISH GRADUATES AT HERING COLLEGE.

WE have received from Dr. H. C. Allen, Dean of the Hering Medical College and Hospital, Chicago, an invitation card to the College Commencement Exercises, with a list of the graduates of last session. Among the latter we are pleased to find the names of two ladies who first possessed themselves of English qualifications and then went to complete their medical studies at Hering College, which is well known as a centre of the best homeopathic teaching in the United States. These ladies, Miss Octavia M. S. Lewin, M.B., B.S. (Lond.), and Miss A. Marion Thornett, L.S.A. (Lond.), L.M., after a year's study at the Hering College, have been admitted to the final examination, and now add M.D. (Hering) to their other titles. This is a most praiseworthy achievement on the part of these ladies, though it is a sad reflection on London that it should have been necessary for them to travel so far in order to gain what they sought. However, as things are, we trust that many will follow their example and return to fill the many places at home which are crying out for homeopathic doctors.

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### *CROCUS SATIVUS*—A GOOD SPRING MEDICINE FOR BIRDS.

THE *Westminster Gazette* has had a good deal of correspondence on the well-known liking of sparrows for

the yellow crocus. One writer (March 28th) makes an interesting observation on a possible object of the depredators:—

“Another correspondent—‘Observer’—at Kingston-on-Thames tells us that he knows to his cost that sparrows destroy crocus blooms, and he has seen them repeatedly at work. He adds: ‘Last year and this year I have had a very fine display of crocuses in broad bands of yellow and white, about ten yards long. On each occasion the yellow bands have been destroyed by sparrows. I have in one morning picked up as many as two hundred blossoms torn off and nibbled, all yellow, not a white one among them. I do not think that it is a question of colour, as other yellow flowers, such as the winter aconite, daffodils, &c., are never interfered with.’ ‘Observer’ suggests that as saffron is a product of the crocus, and saffron is known to be a good spring medicine for birds, Nature guides them to it.”

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#### PLAGUE AT THE CAPE—HAFFKINE’S INOCULATIONS.

ACCORDING to the special correspondent of the *Standard* (April 16th) the protection afforded by Haffkine’s prophylactic does not appear to meet with much favour at the Cape:—

“The work of inoculation with Haffkine’s prophylactic proceeds but slowly, although it is being carried out at the Government expense and under official supervision. The Government is exceedingly anxious that it should be as general as possible, and has large stocks in hand of the necessary material, but the public is certainly slow to come forward. This is, of course, accounted for to a great extent by the exceedingly unpleasant after-effects of the inoculation, which in many cases necessitate lying up for as long as a week, whilst disquieting rumours are extensively current as to the results which have followed the process in some cases. Further, the medical men themselves do not appear to be agreed either as to the effectiveness or the desirability of the operation, and under these circumstances it is, perhaps, hardly surprising that people are somewhat reluctant to present themselves at the Government consulting-rooms.”

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#### “GRAY” AND “GREY.”

“XRAYSER,” in the *Chemist and Druggist*, of April 13th, has the following interesting remarks on a difference of spelling with a possible distinction of meaning:—

“‘Grey Powder,’ the adjective spelt with an ‘e’ and not with an ‘a,’ is how most of us would write the usual English name of the popular mercurial. But an artist has pointed out to me that this method of indicating the colour is, if not wrong, at least not in accord

with the practice of scientific colourists. In support of that statement he gives me the following quotation from *The Artists' Manual of Pigments*, by H. C. Standidge: 'Gray is a term used for a mixture of white and blue; grey refers, among colour-scientists, to a mixture made by white and black.' According to this definition, hyd. cum creta is certainly rather gray than grey. To confirm or dispute this view I turned to the Oxford English Dictionary, where I found a quotation from another artists' text-book to the same effect as that just given. 'The distinction between grey and gray,' says Field's *Chromotography*, 'should be carefully observed. Grey is composed only of black and white; the term gray is applied to any broken colour of a cool hue, and therefore belongs to the class of chromatic colours.' The Anglo-Saxon 'græg,' from which gray and grey descend, obviously permits either spelling. The only other words of analogous origin are key, whey, and clay. In 1893 Dr. Murray asked various authorities what their practice was. The *Times* replied that they always used 'gray'; Messrs. Spottiswoode and Messrs. Clowes, among the leading printers, said they adopted 'grey.' Other firms said they had no fixed rule. Many correspondents told Dr. Murray that they had an idea that grey meant a more delicate or lighter tint than gray. Other dictionary-makers treat the words as alternate except Webster, who dogmatically declares that gray is 'the correct orthography,' but gives no reason. As for the mercurial, the B.P., 'Squire,' and, I think, all other modern English standards, give 'grey powder,' but I find it spelt 'gray' in Christison's Dispensatory. The U.S. Pharmacopeia does not give the name as a synonym, but describes the colour of the powder as 'gray.' Parrish and the National Dispensatory write 'gray,' but the U.S. Dispensatory adopts 'grey.' I submit that a case has been made out for the consideration of the B.P. revisors."

#### THE LONDON HOMEOPATHIC HOSPITAL.

THE fifty-first annual meeting of the governors was held in the Board Room of the Hospital on Tuesday afternoon, April 9th, under the presidency of Earl Cawdor. The report stated that the in-patients last year numbered 1,128, and the out-patients 21,014. The receipts were £8,791, and the expenditure was £10,130. To the convalescent home at Eastbourne attached to the Hospital 203 patients were admitted during the year. In proposing the adoption of the report the Chairman referred to the fact that the annual subscriptions only amounted to £1,478, a total which was altogether disproportionate to the expenditure. The report was adopted, and the usual election of officers was held, and votes of thanks followed.

*BELLADONNA* PORRIDGE.

THE following, from a recent issue of a contemporary, gives a very unusual instance of *Belladonna* poisoning. The nearest analogous case we remember was a poisoning by *Hyoscyamus* seeds in soup; the seeds having been supplied in mistake for celery seeds:—

“*BELLADONNA* LOTION IN PORRIDGE.

“Immediately after having partaken of their morning plate of porridge the other day, two children of a family in Great Western Road, Aberdeen, became ill. One, a little girl, was seized with a violent vomiting attack. Her brother was affected in a different manner. His eyes became dilated, the pupil quite obliterating the iris, and he began to rave in a wild delirium. Medical assistance was obtained, and it was found that the children had consumed the greater part of a *Belladonna* lotion which had somehow got in the porridge. The children have been in a critical condition, but are now out of danger.”

DR. A. A. BEALE, of Harley Street, has promised us a series of articles on diet. We hope to publish the first in our next issue.

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ORIGINAL COMMUNICATIONS.

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MATERIA MEDICA MISCELLANY.

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

*Hydrophobia cured by Lachesis and Belladonna.*—The following very interesting case is reported by Dr. W. J. Hawks, of Los Angeles. A girl of twelve had been bitten by a large dog and her shoulder badly lacerated six weeks before the onset of symptoms. The wound healed promptly, but the first symptom of trouble was pain and inflammation in the scar. When seen she presented the following characteristic symptoms: “Violent spasmodic jerks which would throw her out of bed; profuse flow of salty saliva with a snapping motion of the jaws, and a sort of yelping sound which seemed to be produced by a spasmodic action of the muscles when trying to speak, or to swallow. On attempting to give her medicine or water with a spoon she evidently tried

earnestly to take it, but when the spoon came within reach of her mouth she snapped at it with such violence as to indent it. The sight and approach of water in quantity invariably caused distressing evidences of fright and spasm. There was no loss of consciousness, her eyes were very bloodshot, pupils widely dilated, and bright shining objects distressed her, only less than the approach of water." Under the use of *Lachesis* and *Belladonna* alternately administered by hypodermic injection recovery ensued.—*P.C.J.H.*

*Lycopersicum esculentum*, *Symptoms from a Proving*.—Dr. H. A. Roberts proved this fruit in the 3x and 30x potency, and from his full report and Schema, which will be found in the *North American Journal of Homeopathy* and in the *Pacific Coast Journal of Homeopathy*, we cull the following most prominent symptoms:—

*Head*: Dull, heavy pain in the occiput. Dull pain with occasional sharp shooting in the temples. Bursting pain in the head, especially the vertex, and when coughing. Boring, pressing pain in right occiput. Sensation as if a nail were sticking into the right parietal region. Intense throbbing, bursting headache beginning in occiput and spreading all over the head, settling with great violence in the occipital and temporal regions. Very severe nervous headache all over the head, but settling at back of head and eyes with great force; pupils contracted; complete relief from tobacco smoke; sore, bruised feeling in whole head after the pain.

*Eyes*: Eyes feel dull and heavy. Lids feel heavy and swollen. Intense aching eyes, and feeling as if eyeball was being much contracted. Eyes feel sore and lame. Pupils minutely contracted. Light is painful to eyes. Keeps wiping eyes to see clearly. Letters run together when reading. Eyes water on close work. Twitching of inner canthus.

*Back and Neck*: Intense aching throughout whole back, especially lumbar regions.

*Extremities*: Intense aching pains in muscles of all limbs. Rheumatic pains in the right arm and leg. Pains affect right side principally, but shift to left, but less severe there. < In open air and on motion, especially continued motion. > In warm room, and from external heat.

In all the provings the rheumatic symptoms appeared

first, the congestive symptoms following. Dr. Roberts concludes his paper with the following remarks: "I believe it will be found of use in that class of diseases where there is the intensely severe arterial congestion, with its very severe aching pains, all over the body; the head always showing those signs of acute congestion by the severe throbbing pain and the intense aching pain in back of and in the eyes, with contracted pupils, thirst and restlessness. It corresponds to many conditions found in grip and tonsillitis.

"I am looking for successful results from its administration in certain forms of enuresis where there is marked aggravation from cold air, and complete relief from the heat of a warm room. In rheumatism, when confined to the right side, especially the right shoulder, if associated with the symptoms of indigestion noted above. In hay-fever, where there is constant tickling in the anterior nares with marked aggravation from breathing the least dust, and relief indoors. In such cases, judging from the symptomatology, it would seem to be indicated. I have frequently observed that it prepared the way for *Belladonna*."

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## VETERINARY HOMEOPATHY—POPULAR APATHY.

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

(Continued from p. 166.)

AMONG the difficulties that have to be contended with in a regular and persistent endeavour to popularise the practice of homeopathy upon the lower animal are—1. The apathy and apparent indifference of owners to the well-being of their various properties. For instance, how many are there, from the highest to the humblest in the social scale, among those who subscribe annually to the Homeopathic Hospital, and in immediately personal ways exhibit some interest in the prosperity of the system, who ever think of putting their animals under homeopathic treatment? So far as my experience goes, they are infinitesimally few, and when I look over the list of names of those who either subscribe annually or present handsome donations to the Homeopathic Hospital I often wonder how it is that they are never known

to send for a qualified veterinary surgeon who thoroughly understands how to practice medicine according to Hahnemann's law of drug selection. One is driven to the conclusion that they either do not own horse, cow, dog, or animal of any sort, notwithstanding the great wealth of some, or they would surely, for humanity's sake, give them the benefit of the system that does so much to alleviate the pains and penalties of human nature, or else that they never take the trouble to inquire if there is such a person as a homeopathically practising veterinary surgeon in existence. I am sorry to state that homeopathic veterinary practitioners are very few in number, but this fact only renders the complaint made the more observable. 2. A very influential difficulty also is the crass ignorance of the ordinary horse, cow, and dog men whose duty it is to attend and look after these animals. They cannot understand what advantage can possibly accrue from what they are pleased to designate "*a new-fangled system*"; more especially when they come to think what "*silly little doses*" of medicine are given. Consequently they use their utmost endeavours to prevent master from making any change, and as master prefers generally to be relieved of any trouble of this sort, and leaves the matter to the decision of these underlings, the animals continue to be the subjects of the ordinary old-fashioned treatment, which in the majority of cases resolves itself into a violent purge. In large towns and cities, London and suburbs in particular, very little success can be attained under any circumstances in the absence of a very free application of palm-oil, which, if masters took their proper position in relation to these living properties, need not be involved to such an inordinate degree—a fact which renders the attempt to spread a knowledge of the benefits of homeopathy still more difficult than it otherwise would be. The question arises, how these various obstacles can be overcome. I would suggest that a more direct personal effort on the part of the few who do estimate homeopathy at its proper value should be made to direct the attention of friends and others to the desirableness of putting their animals under qualified homeopathic treatment henceforth, and that they should be urged to take sufficient interest in the well-being of such animals to see that their employees carried out this instruction, and, better

still, the principals should interview the surgeon called in from time to time. In this way a great deal may be done for the better knowledge of homeopathy, and in the long run the men employed would learn to estimate the practice at its true value from sheer force of circumstances. It certainly does strike one as the quintessence of inconsistency for a person to take a public and active interest in the spread of homeopathy and the support of the Homeopathic Hospital and at the same time be employing an allopathic veterinary surgeon. I remember well the late Major Vaughan Morgan expressing himself in very forcible language upon this subject, and he stated his opinion that avowed homeopaths who acted on such lines did far more to hinder the spread of homeopathy than any one could possibly estimate, or than resulted from the most pronounced opposition. 3. A further obstacle to the more general adoption of homeopathy in veterinary practice is the apparent inability of otherwise intelligent and thoughtful people to believe in the possibility of infinitesimal dosage, as generally adopted by homeopathic practitioners, being of any use among the lower animals, especially the larger species. And no little amusement has been afforded the writer to note the surprise depicted on the countenances of some well-educated persons on learning that not infrequently cases came under treatment that required remedies in the very highest attenuations, and whose symptoms would not yield to the lower potencies of the properly selected drug. It is a matter of common occurrence for the writer to prescribe drugs in the 30th attenuation, and on occasion as high as the 200th, and that for such an animal as the cow, whose complicated digestive apparatus might easily lead one to conclude that not only crude strength but quantity was called for to have any effect on the system of such an animal. But it is not so. The cow, with all her bulk and quadruple stomach, will, under certain conditions, derive prompt benefit from a 200th potency. Years ago the great Bœnninghausen verified this fact on many occasions when he administered *Colchicum* 200 for flatulent distension of the stomach (first compartment) in cows which had eaten too freely of young green food. And the writer can recall many instances of cures effected by globules administered by earnest lay homeopaths to their

animals at times when professional homeopathic advice was not available.

It is not difficult to account for the readiness and promptitude of action of homeopathically prepared drugs upon the lower animals when one bears in mind that physiologically the difference between all mammalia, including of course the human race, is so slight that there is really no reason why drugs should not act pretty much in common with all species; and as the lower animals are rarely guilty of the indiscretions in eating and drinking that men and women are, their systems are generally in a fitter state to respond to drug action.

Undoubtedly our remedies do act upon the lower animals with unfailing promptitude when correctly selected according to Hahnemann's law. One difficulty a practitioner has in prescribing is, to discover the subjective symptoms, but even some of these are open to observation when one well versed in the peculiarities of an animal has had a fair opportunity of watching the case. And, for my own part, I am free to acknowledge that in the majority of cases that come under my care, if favourable results do not follow treatment, I have failed to recognise the totality of the symptoms, and have consequently not selected the proper remedy; I blame my lack of perception, certainly not the principle of homeopathy, nor the homeopathically prepared drugs. My faith in the system is unbounded, and I firmly believe that if the value thereof were properly understood and appreciated, there would be very few persons, from the King and Queen right down the social scale to the humblest coster, who would not avail of the advantages of homeopathic medicine and treatment for the various descriptions of animals in their possession. One thing is quite certain, it would pay them so to do from whatever standpoint one views the question.

I shall conclude by asking all who may honour me by perusing this article to use their utmost and constant endeavours to induce as many persons as possible who are owners of one or other of the domestic animals, more especially avowed homeopaths, to avail henceforth of the advantages which homeopathy places within their reach.

Sussex Villas, Kensington, W.

April, 1901.

## SOCIETY'S MEETING.

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### BRITISH HOMEOPATHIC SOCIETY.

THE seventh meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, April 11th, Mr. Dudley Wright being in the chair.

Mr. Wynne Thomas (Bromley) read an interesting paper on "Intussusception: its Ætiology, Diagnosis, and Treatment;" illustrated by two cases under his care, one of which he operated on early and recovery ensued. Dr. Day, Mr. Knox Shaw, Drs. Burford and MacNish, and Mr. Dudley Wright took part in the discussion.

Mr. Knox Shaw then read an excellent paper entitled: "A Study of a hundred and fifty cases of Diseases of the Breast," in which he referred to cases of abnormalities of development, abscess, tubercle, chronic mastitis, fibro-adenoma, cysts, sarcoma, carcinoma. He gave the subsequent history of fifty-nine patients out of seventy-two operated on for carcinoma, of whom 25 per cent. had been cured, *i.e.*, there had been no recurrence after three years or longer; some were known to be well thirteen years after operation. In the discussion which followed Dr. McLachlan mentioned a case in which the growth had gone so far as to perforate the pleura, where red clover effected a cure. Drs. Goldsbrough, Wynne Thomas, Johnstone, J. Jones, Lambert, and Mr. Dudley Wright also took part in the discussion.

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THE BASTINADO AS A RESUSCITATOR OF THE SUPPOSED DEAD.—In the *Homeopathic Journal of Obstetrics, Gynecology and Pedology*. there is a short paper by Dr. Chas. B. Gilbert in which he tells how he resuscitated a new-born child that would not breathe under the usual incentives, by vigorously slapping the soles of its feet with the handle of a hair brush. He credits Dr. Carleton, of New York, with originating this mode of treatment, and prints a letter from him. In this he relates how a patient stopped breathing under ether anesthesia, and did not revive, even after the faithful use of artificial respiration, electricity, and other means of restoration, and was finally given up as dead as he entered the room. Bethinking himself of the policeman's effective mode of arousing drunks, he seized a slipper that lay handy, had the patient's stockings quickly stripped off, and flayed the soles of both feet as hard and as quickly as he could. Respiration was resumed within less than one minute. This is a simple and effective method, though hardly homeopathic.—*Family Doctor*.

## INSTITUTIONS.

HOMEOPATHIC MEDICAL SCHOOL OF  
CALCUTTA.

## REPORT FOR THE SESSION 1900-1901.

WE have received a summary of the Report of the above excellent Institution for the past annus medicus, and have pleasure in presenting extracts therefrom to our readers :—

With the first year of the twentieth century this School of Medicine also enters its twentieth year of existence. The past year has been exceptionally fortunate in drawing more students from outside Bengal and from places which had never sent any pupils before. Among new foreign admissions, there were two from Kapurthalla Native State, one from Kumaon Hills, two from Poona, among whom a Bachelor in Science, and one each from Scinde, Aligarh, Nagpore, and Travancore. Hitherto we had no Indo-European student, but last year we had two Portuguese, one of them Mr. Nicholas Xavier, a qualified practitioner from the Western Presidency, and an experienced medical man of some years' standing who had seen also practice in European cities. It is expected that from next year more students of the Portuguese extraction will come to qualify themselves as homeopathic practitioners. From Bengal, the largest number comes from Howrah and Jessore, then Khulna, twenty-four Pergunnahs, Hooghly, and Calcutta; in the latter, students coming from the local Medical College and School; all other districts, including Assam and Orissa, are also represented among the alumni of the institution.

Among the licentiates, twenty-six in number, three were placed in the first division, one a Bachelor; among the rest three Maharattas and one a young Mahomedan from Nuddea. Excepting few engaged as States medical practitioners, all are engaged in private practice, scattered over almost all parts of the continent of India. The two Maharattas among the licentiates were sent here solely at the expense of the chiefs from the Southern Maharatta country.

The students had exceptional opportunity, as in last year, to attend the well-known Badur Bagan Charitable Dispensary, established early in the sixties. The number of cases treated there last year were over 9,000. An experienced licentiate acts as head clinical clerk. Besides, the third year pupils regularly observe cases throughout the session in the private clinique of

the learned principal. To encourage clinical study a medal and some medicine chests are annually distributed to the experienced among those acting as clerks.

The spring term special lectures, opened only a few years ago, have been taken more and more advantage of by the licentiates and homeopathic practitioners living around and in Calcutta and suburbs, to increase their practical knowledge in various branches of medicine by demonstrations and addresses. In these post-graduate lectures last year some important diseases of the eye and diabetes were specially dwelt on.

We mentioned last year that the Dean of the well-known New York Homeopathic Medical College had recognised our school, and that any of our licentiates may obtain the degree of M.D. after studying a year there. A Maharatta L.M. and S. of the Lahore University, and in charge of a big general hospital in the Southern Maharatta country, matriculated in our institution, are studying with an object of proceeding to New York. His expenses will be in great part borne by a Maharatta chief. The journey is an expensive matter, no doubt. We earnestly hope that this young medical man's aspirations will be realised, and that others will follow his example.

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## EXTRACTS.

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### *TUBERCULINUM AND DIPHTHERINUM.*

By Dr. A. NEBEL, Montreux.

(Translated for the *Homeopathic Recorder* from *Allg. Hom. Zeit.*,  
January 31, 1901).\*

#### *DIPHTHERINUM.*

WE have not very many reports in our journals as to the effects of *Tuberculinum* [*i.e.*, Koch's *Tuberculin*—ED. H.W.] in high potencies, so I will add a few to our store.

I. Mr. R. L., an apprentice in a silk factory in Geneva, was seized with diphtheritis. Eight days after being seized he received his first injection of the serum. There appeared red spots on his body; "these spots also settled in the joints, so that he could not move for several days." There remained as an after-effect a paralysis of the muscles of the palate, and a considerable weakness in the lower extremities. The patient came to Montreux to be treated by Dr. Mercanton. The paralysis of the fauces gradually

\* From the *Homeopathic Recorder*, March, 1901.

diminished, but a feverish state developed, attended with an acceleration in the action of the heart, for which nothing was prescribed but ice. As the patient continually grew weaker and thinner, he came to me to be treated.

The patient is a lean young man with a hectic flush on the cheeks, the pupils much dilated, a strawberry tongue, lips deep red, dry and chapped. The thorax had much fallen off, making the ribs project. The left lung showed dulness, extending to the second rib; the right lung showed subclavian dulness, and there were extended moist, rattling noises. There was palpitation of the heart. The pulse was 150. Much thirst, hardly any appetite, little sleep, weakness, resembling paralysis, in the lower extremities.

My prescription was: *Tuberculin* 1000 c. and *Phosphorus* 200 c. The rattling and the sleep improved; the dulness in the lungs showed but little change; the cough had much diminished, and there was less fever. But as the pulse had not receded and the weakness continued I gave him *Diphtherinum*. On the day on which he took this medicine the pulse fell to 104; palpitation diminished. Increase of appetite; the chest is beginning to fill out again.

Prescription: *Sulphur* 1000 c., *Calcarea carb.* 8 d., on which the improvement continued. There appeared a rash on his face which resembled acne. I prescribed *Diphth.* 50 c., *Tuber.* 1000 c., one dose of each at an interval of eight days. Pulse 80; the cough had almost disappeared in the evening. Some thirst.

Prescription: *Psorine* 30 c., *Sulph.* 1000 c., one dose of each within eight days. Mr. L. feels quite well. The muscles of the thorax are well developed, the cough is gone, pulse 65. The dulness is lessened; there is only a slight rattling during violent coughing.

Mr. L. was sent to the Riviera with *Hydrastis canad.* 2 c. and *Calc. jod.* 8 d. To show the improvement in figures I give the weight of the patient: November 20th he weighed 51.60 kilogrammes; November 26th, 51.80; December 3rd, 53.00; December 10th, 53.80; December 17th, 54.20; December 24th, 54.40; and December 31st, 55.80 kilogrammes; thus in five weeks and a half an increase of about eight pounds and a quarter was obtained.

*Epicrisis.* I gave *Diphth.* owing to my belief that the tuberculosis in question was still influenced by the after-effects of diphtheritis and the toxic effects of the serum, and because the very slight increase of only 200 grammes a week seemed to me to point in that direction. In addition to this, a few days before, on proving on myself the third trituration of *Diphth.*, I had noted the following symptom: On sitting down on a chair a weakness resembling paralysis *in the small of the back and in the lower extremities*, so that I had to really *drag myself* to the table. Much *acceleration in the action of the heart and of the pulse* at night, after taking some of the third decimal trituration at 7 p.m.

*Hyd.* was given in accordance with Burnett's statement: "*It seems to actually fatten up tuberculosis patients.*" With persons who are at all inclined to be florid I do not give the original tincture, as Burnett does, but dilutions, since *Hyd.* may cause hemorrhage.

II. Miss V., after taking a bath, suffered from troubles in the larynx and the lungs. In the last five weeks she has *lost eleven pounds*. Anemia, emaciation, especially of the chest and mammæ. Cough, expectoration, thirst, loss of appetite and constipation. Oppression on the chest. Infiltration of both tips of lungs. Very much depressed and despondent. The patient received in succession:

*Tuber.* 1000 c., *Phos.* 200 c., *Puls.* 30 c., *Calc. carb.* 100 c., *Thuja* 100 c., and *Sepia* 100 c. In consequence, first of all her mental state became light, expectoration and cough disappeared, she breathes easily, and appetite and stool are normal. A local examination showed diminution of dulness, and fulness of the chest and mammæ.

The improvement showed itself also in the following weights:

November 10th, 1900, 52·10 kilogrammes; November 19th, 53·00; November 26th, 54·40; December 3rd, 55·60; December 10th, 56·00; December 17th, 56·90; December 29th, 57·60, an increase of over 12 lbs. The patient is still under treatment.

*Thuja* had in this case a favourable effect: a severe leucorrhœa appeared, which soon diminished again, showing that the disease had found a vent in the mucous membrane. *Thuja* was used owing to the anamnesis, which showed that the patient after vaccination had

suffered from tetter, which had been driven back with ointments, since which time little nodules resembling acne have appeared on the forehead during menstruation, also soft warts on neck and chest.

While in these cases the effects of *Tuber.* are not so manifest to the uninitiated, owing to the subsequent use of the other remedies, the case which I shall give now shows the pure effect of *Tuber.*

III. A boy of 13 years, from Vevey, was sick from angina diphtheritica. This was accompanied with fearful headache, extending from the neck to vertex, with swellings in the back of the neck and the occiput. It was supposed that there was an affection of the middle ear and of the cellulæ mastoideæ. Seven weeks had passed without any appreciable improvement. On paracentesis of the tympanum there was discharged some pus for two days.

I found him with a face somewhat bloated, with his tongue coated white at the root. There was strawberry tongue, emaciation of the chest; *the processus mastoidei on both sides were not sensitive even to strong pressure.* Swelling of the occiput and neck down to the fifth cervical vertebra. *The head is held fixed sideways towards the middle of the clavicle. If the boy wants to move his head he has to seize it with both hands and turn it slowly with painful distortion of the muscles of the face, until it reaches the position desired.* Even the slightest pressure on the first, second, and third cervical vertebræ is very painful. The skin over these vertebræ is very tense and somewhat reddened. The periosteum seems swollen. My diagnosis pointed to tuberculosis of the atlas and of the second and third vertebræ, consequent on angina diphtheritica. The lymphatic glands of the neck were enlarged.

Treatment: The boy, who had hitherto been lying on high pillows, was laid down *as flat as possible.* *Tuber.* 1000 c., five grains, during the day. I had made out with my colleague P. that I would call again in three weeks. In the meantime the patient was to take *China* eight days after the *Tuber.*—to counteract the anemia which had set in owing to violent bleeding of the gums and the nose. But as my colleague ceased his visits the *China* was not used. I saw the boy again after about five weeks. I was told that *two days after taking the Tuber.* he could move his head more freely, the swelling of the neck had

diminished, his appetite had returned, and a short time afterwards he was able to get up and to run about.

When I examined the boy *the swelling had altogether disappeared*, and the vertebræ showed pain on pressure; he looked much better, his appetite was excellent, and the fulness of the chest was manifest and surprising. The lymphatic glands of the neck were somewhat smaller; the hemorrhages had returned the first day after taking the *Tuber.*, but had then ceased altogether. The boy then received *China* 13 c. for eight days, two doses of *Calc. carb.* 100 c. at intervals of eight days, to fully eradicate the scrofulosis.

This case manifests clearly the *rapid* and long-continued action of *Tuber.*

IV. The next case had a slower course: Madame A., in Veney, had been coughing constantly for twenty years. She had formerly been anemic. For the last half-year her strength has been decreasing, and she has become emaciated, and mentally she is much depressed. Pains in the chest, oppression of the chest and difficulty in swallowing. There is dulness in the tips of the lungs; there is a slight moist rattling, more distinct and strong when coughing. There is a *decided smell of the axilla*, strawberry tongue, lack of appetite, distaste to milk, constipation, bad sleep. Since eight weeks there has been *a swelling of the tibia* three fingers' breadth below the knee-joint. The family physician had made an incision. The part of the tibia affected is as large as the palm of the hand; the skin over it is tense and hot. The periosteum is thickened, the tibia is spongy, uneven; pressure on the part affected is very painful. On pressure, the fistula discharges pus mingled with dark blood. It is almost impossible for her to walk.

Prescription: Rest in bed, the diet more vegetarian, *Tuber.* 1000 c. After eight days there was a measurable improvement in the mental state. Sleep, cough, and oppression, as well as the palpitation, improved. The skin on the tibia is less tense, the swelling somewhat diminished in extent. The secretion has increased, pressure is less painful. *Sil.* 100 c., one dose.

Eight days later the cough is quite gone, the patient breathes easily, has appetite and is more vigorous and robust. The swelling is now of the size of a silver dollar; the swelling of the periosteum has diminished.

The bones can now be plainly distinguished through the skin. *Tuber.* 1000 c. and *Sil.* 100 c. are prescribed, one dose for three weeks each.

After the lapse of this time the spot affected has the size of a quarter of a dollar, the secretion is scant; pressure causes it to discharge some white, cheese-like detritus, no blood being mixed with it; the fistula shows a clean granulation. The woman looks far fresher, her mind is bright, her sleep excellent, so also her appetite, and the stool is normal. The bone of the tibia on the spot affected is only sensitive when strong pressure is applied; the patient can work all the afternoon in the kitchen. The local lesion will evidently soon be quite healed up.

V. Now let us descend for a moment into a lower region:

*Osteomyelitis tuberculosa* of the first phalanx of the thumb, which has lasted for four years. *Ulcerata cutis tuberculosa lymphangitis tuberculosa* since two years. The subject was a young man whom I had first seen three years before, and on whom I had made my earliest homeopathic experiments. He had received from me *Sil.* 4 d. and 6 d. for about a month, and as he saw no result he stayed away. The affection of the bone caused him but little pain and hardly hindered him in his work. But the ulcers were very troublesome on account of their profuse secretion. From the wrist up to the middle of the clavicle there were about ten deep ulcers, in size up to a half-dollar, with a fatty ground. They extended from the pectoral muscle to the ribs and down the anal fascia. The metacarpo-phalangeal joint of the thumb was very spongy and enlarged, as were also the phalangeal bones.

There was eczema on the dorsum of the hand toward the index finger.

Prescription: *Tuber.* 30 c. The secretion increased, and in eight days the ulcers (after running for two days) were all cleaned out, just as if a salve of *Argentum nitricum* had been applied. Prescription: *Tuber.* 100 C. The ulcers showed everywhere healthy granulation and a tendency to be covered with a membrane. In three weeks the ulcers had all formed cicatrices, but were still very red. The swelling of the bones and joints had at first increased largely, the secretion of the fistula was augmented considerably, but after that it diminished by a full one-third.

I suggested to the patient to have the operation of

sequestrotomy performed, which was accordingly done. The cicatrices have grown much paler. The moist eczema on the back of the hand proved to be lupus; diaphanoscopy showed about four nodules. Gradually it diminished and became drier. After the necrotomy it increased somewhat, probably in consequence of the *Iodoform* that had been used. The quick healing of the ulcers was most wonderful; still my colleague who performed the sequestrotomy was not inclined to acknowledge the action of the *Tuber.*, and since the patient had bathed his ulcers at the same time in water from the Krenznach Springs, he ascribed the cure altogether to the latter. It was, however, curious that this same water had been applied for two years without producing a cure, but now it would seem to have made a turn and to have healed the case in two weeks!

The effect of an appropriate dose of *Tuber.* is always rapid. First of all it shows its effect upon the mental symptoms: the nervous person is calmed, the despondent person becomes more cheerful and bright. The increase of the bodily weight is striking. If it does not take place within fourteen days then the dose was too low. One of the most manifest effects is the filling up of the chest and of the mammæ. By watching the bodily weight we can get reliable direction as to the repetition of the dose.

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### A PRELIMINARY NOTE ON THE ETIOLOGICAL AGENT IN VACCINIA AND VARIOLA.\*

By Dr. M. FUNCK.

Chef du Laboratoire de Bactériologie of the University of Brussels;  
Director of the Institut Sérothérique.

(Translated from the French MS.)

(Concluded from p. 184.)

### III. INOCULATION OF THE SPORIDIUM VACCINALE IN STERILE EMULSION REPRODUCES IN SUSCEPTIBLE ANIMALS ALL THE SYMPTOMS OF VACCINIA.

SINCE we are concerned with a protozoon there can be no question of cultivation in the bacteriological sense of the word. In spite of the probability of the existence of a protozoon in vaccinia, it was absolutely necessary to obtain a cultivation or a sterile emulsion which would reproduce the disease in animals

\* *British Medical Journal*, February 23, 1901.

in order to prove its specificity. The inoculation of vaccine, sterile from a bacteriological point of view, and capable of reproducing the disease, could not be considered as sufficient proof. I have therefore sought to give by a simple experimental arrangement a decisive demonstration of the etiological rôle of the sporidium.

With this object in view I took advantage of the large size of the cysts filled with spores to fish them out with a platinum wire on to discs of agar, and to make them into an emulsion with a sterile liquid. If under these conditions I succeeded in reproducing the disease, it could no longer be doubted that I really had before me the protozoon sought for.

*Technique of Inoculation.*—For this purpose I spread out on the surface of a disc of ordinary agar some vaccine which was either sterile or contained only a few microbes. After twenty-four hours in the incubator I placed the disc under the microscope (obj. AA. Oc. 2), and with a platinum spatula 0.1 mm. wide I proceeded to fish for the sporoblasts, which with a little practice are very easily recognised. The spatula is made by flattening with a hammer a platinum wire of 0.1 mm. mounted in a glass rod. The spores are made into an emulsion with a drop of bouillon, and a calf inoculated. About the sixth day, when the experiment is properly conducted, the characteristic pustules are observed.

#### IV. INFECTION BY THE SPORIDIUM VACCINALE RENDERS ANIMALS REFRACTORY TO SUBSEQUENT INOCULATION WITH VACCINE.

When calves are inoculated with fresh emulsions of the protozoon they are found to have become refractory to subsequent inoculations with vaccine. It is no longer possible to obtain the slightest local inflammatory reaction, which shows with certainty that the animal has really undergone vaccinal inoculation by the penetration through the epidermis of the specific cysts. I shall deal in an early publication with the details of these experiments.

#### V. THE VARIOLOUS PUSTULE CONTAINS A PROTOZOON SIMILAR TO THE SPORIDIUM VACCINALE.

I have had an opportunity of studying the contents of the vesico-pustules in several cases of typical confluent small-pox. The elements to be found in the vesicles of variola are in all respects similar to those in the vaccine pustules. These forms will be described in my forthcoming work.

#### CONCLUSION.

The conclusion to be drawn at the present time from my experiments is that the etiological agent of vaccinia and of

variola is identical, a conclusion already rendered probable by the well-known experiment of the transmission of variola to the calf, and of its transformation into vaccinia after three or four passages through that animal (Haccius and Hime).

To return to the history of the question, may I in conclusion be permitted to recall that Keber of Dantzic in 1868 described in vaccine certain corpuscles which he looked upon as the cause of the disease? Protozoa were mentioned in 1881 by Renaut of Lyons, and in 1885 by Van der Loeff of Amsterdam, but as a matter of fact we owe the earliest precise ideas as to the presence of protozoa in vaccine pustules to the remarkable work of L. Pfeiffer in the years 1887-1891. It has been by taking advantage of these elements that I have been able to demonstrate in vaccinia and in variola the constant presence of a parasitic element which is probably a sporozoon (Pfeiffer), and that I have been able to furnish for the first time the experimental proof of its specificity.

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## A CONTRIBUTION TO THE STUDY OF INTESTINAL SAND ;

WITH NOTES ON A CASE IN WHICH IT WAS PASSED.\*

By SIR DYCE DUCKWORTH, M.D., LL.D., F.R.C.P., Physician and Lecturer on Medicine, St. Bartholomew's Hospital; and ARCHIBALD GARROD, M.D., F.R.C.P., Physician to the Hospital for Sick Children, Great Ormond Street; Medical Registrar, St. Bartholomew's Hospital.

WHILE a good deal of attention has been paid to the subject of intestinal sand on the Continent of Europe very few observations on it appear to have been made or recorded in this country. A well-marked example is described in this communication, and the result of an inquiry into all the recorded cases is given with a view to place them in their respective nosological categories.

The patient was a married lady, *æt.* 33, who, having previously enjoyed fair health, began to suffer from an intractable diarrhoea early in 1900. No cause for this condition was discovered. The family history indicated a gouty predisposition derived from the father, and disorders of the bowels were said to be common in the members of the family. There had been a tendency to looseness of the bowels for eighteen months previously, since the disappearance of a patch of eczema which had returned for some months after

\* Abstract of paper read before the Royal Medical and Chirurgical Society, February 26, 1901.—*Medical Press*, March 6th.

the last confinement. Formerly there had been a tendency to constipation.

The bowels acted six or eight times daily, and there was much flatulent rumbling associated with it. Mucus was sometimes passed with the stools. In the course of the second month of this ailment, which was hardly relieved by rest in bed, together with appropriate diet and remedies, sand was discovered in the motions. In April the patient came to London, and her condition was observed for some weeks. At this time there were two or three brown loose motions passed daily, each containing sand. The patient was spare and pallid, and was losing weight. No signs of any organic disease were detectable, save some thickening of the walls of the large bowel, which were too readily palpable. There was an occasional rise of temperature to  $100^{\circ}$ , or a little above this. Under treatment there was a gradual lapsing of the diarrhea, but sand was never absent from the motions, and there was occasional pain in the large bowel, with much flatulence.

The sand was of a reddish brown colour, and was seen to consist of irregularly shaped, translucent particles when viewed under a low power of the microscope, and it was soluble in boiling nitric acid. In July the patient went to Plombières, and underwent treatment there by baths and rectal douches. There was some general improvement in consequence, but the sand still appeared in the stools, and ten pounds of weight were lost. The following month was spent at Folkestone, and a more decided improvement resulted. It was now possible to take a more varied dietary. At the beginning of November, the patient having returned home, there was no sand passed in the motions, and normal weight was regained. There was still slight diarrhea, readily excited by any vegetable food.

This was an example of true enteric lithiasis, and was noteworthy for the absence of the severe abdominal crises which have been commonly present in such cases. It is shown that the disorder is much more frequent in women than in men, and that constipation, and not diarrhea, may be a feature of it; also that some of the cases described by Continental observers are not to be placed in the category of true enteric lithiasis, inasmuch as the so-called "sand" passed consisted of vegetable *débris* and not of inorganic matter.

The details as to diet and treatment are given in the paper, and a complete bibliography in respect of the subject is appended.

The sand consisted of minute granules 0.05–0.2 m.m. in diameter, yellow or brown in colour, not crystalline, and of various and irregular shapes. Treatment with acids dissolved

the inorganic constituents, leaving a structureless organic basis, soluble in alkalis, and crowded with bacteria.

The material was analysed, with the following results :—

Water ... ..	12.40
Organic matter ... ..	26.29
Inorganic matter ... ..	61.31
	100.00

100 parts of the inorganic residue contained :—

Calcium oxide ... ..	54.98
Phosphorus pentoxide ... ..	42.35
Carbon dioxide ... ..	2.20
Residue containing traces of magne- sium and iron ... ..	0.47
	100.00

Urobilin was abundantly present, and there were traces of unaltered bile pigment. An unknown pink pigment was also extracted from the sand.

Attention is drawn to the fact that, under the name of intestinal sand, two distinct kinds of material have been described, which may be classed as true and false respectively.

False intestinal sand consists of vegetable residues, and usually of the sclerenchymatous particles contained in the flesh of pears. The characters of such false sand are described.

True sand has no such vegetable bases, and is much richer in earthy salts. Some published analyses are quoted, which show a similarity to that given above.

The seat of formation of true intestinal sand is discussed, and reasons are given for thinking that it is actually formed in the intestine.

**CAUSTICUM.**—Dr. M. E. Douglas writes: “Causticum is more efficient in the lying-in chamber than ergot or the forceps, when the delay is caused by inertia of the uterus. If the woman will make no effort to expel the child, a dose of Causticum 30 $\times$  will often cause good pains to come on.”—*Amer. Med. Monthly.* (J. B. H. S.)

**COFFEE.**—Dr. Combemale relates a chronic case of coffee-poisoning. The symptoms were vertigo, emaciation, and intense headache—generally worse at night, and most marked in the temporal regions; he described it as a heavy cap pressing on his head. It prevented his sleeping more than two hours or so in a night. He dreamed considerably, and stated that he always saw grotesque animals passing before him.—*Hahn. Monthly.* (J. B. H. S.)

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## Obituary.

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### JAMES COMPTON BURNETT, M.D.

JAMES COMPTON BURNETT belonged to an old Scotch family, the younger branch of which came south, notably Gilbert Burnett, afterwards created Bishop of Salisbury, from whom James Compton is directly descended. The name Compton was taken about the year 1770, on the marriage of his grandfather with a Miss Compton of Hampshire, a lady of large fortune, at whose desire the addition was made. There were several sons of this marriage, one of whom, Charles by name, married a Miss Sarah Wilson, and James Compton Burnett was their son. He was born at Redlinch, in Wiltshire, July 21, 1840, his father being a considerable landowner in that neighbourhood.

He had an ordinary English education until he reached the age of sixteen, when he went to school in France for a term of about three years. After this he travelled for several years, principally on the Continent, studying philology, the love of which in him amounted almost to a passion, and he had serious thoughts of devoting his life to that object.

Deciding later on to study medicine, he became a student at Vienna, and was so absorbed in the study of anatomy, that he devoted two years more of his time than the ordinary curriculum demanded to that branch of science. He prepared many valuable specimens for his professors during that term, most of which are now preserved in the Pathological Museum of Vienna. It was doubtless this long course of study, with his own great gift of perception, which enabled him in after life to diagnose complicated disease with almost absolute certainty. Having taken the Vienna M.B. 1869, he entered Glasgow University and studied there until in 1872 he took the M.B. of that University, taking the M.D. in 1876. Passing through a brilliant examination in anatomy, lasting one hour and a half, the professor shook hands with him, saying that he had never examined a student with so brilliant and thorough a

knowledge of anatomy. The same professor, on hearing later that he had decided to become a homeopath, entreated him to alter his mind, saying he was convinced that he would reap all honours in the medical world, and that he was throwing his life away. His reply was, "that he could not buy worldly honours at the cost of his conscience," and he continued to fight the good fight of homeopathy to the last day of his life. The reason why he did not take his M.D. degree till four years after graduating M.B. was that he wrote his first thesis on "Specific Therapeutics," and the homeopathic flavour was too strong for the examiners, who rejected it in spite of its merits. His next essay evaded such dangerous ground and was duly accepted.

The cause of Burnett's dissatisfaction with allopathy and his conversion to homeopathy are related in "Reason Number 1" in his *Fifty Reasons for being a Homeopath*.

He began practice in Chester, and afterwards practised for a short time in Birkenhead, from whence he came in 1877 to London, where he has carried on a large consulting practice for twenty-three years.

Beloved by all his friends, in his home he was idolised. The helpful sympathy and kindly interest always shown to his patients makes realistic in a high degree how vast would be the love and tenderness lavished on those who were dearest to him; the loss to all who were brought in contact with him is truly great, to them irreparable. He leaves a widow and family, for whom the deepest sympathy must be felt.

Such was Burnett the student and the man. The history of Burnett the physician is writ large in the lives of thousands who owe health restored or health improved to his genius; and in the precious clinical record of his published works. Of these works the *Fifty Reasons for being a Homeopath*, already alluded to, is one of the best-known. No better propagandist booklet was ever published; and it is at the same time crammed with invaluable clinical matter. As "Reason No. 1" and "Reason No. 2" both contain autobiographical matter, we will transcribe them here, hoping that this sample will induce all who do not already know it, to possess the complete work. It is only necessary to say here that Burnett was provoked to write the work by some remarks

of a young allopathic medical man whom he met at dinner. The whole body of homeopaths were stigmatised as quacks by this young medical person, though he condescendingly exempted present company from the stigma. "Precisely," replied Burnett, "the old, old story of abuse and slander of the absent, but no *reason*. Why, I could give fifty reasons for being a homeopath, that if not singly, at least collectively, would convince a stone." The allopath challenged Burnett to produce them, which he did in due course. Here follow the first two; to the first of them it may be well to put this additional heading—

### HOW BURNETT BECAME A HOMEOPATH.

#### *Reason the First.*

DEAR DOCTOR,—A number of years ago, on a dull, dreary afternoon, which I had partly occupied at B—— Hospital with writing death certificates, I suddenly rose and felt something come over me, for the fiftieth time at that period. I hardly knew what, but it grew essentially out of my unsatisfactory clinical results. I had been an enthusiastic student of medicine originally, but an arrantly sceptic professor quite knocked the bottom out of all my faith in physic, and overmuch hospital work and responsibilities, grave beyond my age and experience, had squeezed a good deal of the enthusiasm out of me. After pacing up and down the surgery, I threw myself back into my chair and dreamily thought myself back to the green fields and the early birds-nesting and fishing days of my childhood. Just then a corpse was carried by the surgery window, and I turned to the old dispenser, and inquired in a petulant tone, "Tim, who's that dead now?" "Little Georgie, sir."

Now little Georgie was a waif who belonged to nobody, and we had liked him and had kept him about in odd beds, as one might keep a pet animal. Everybody liked little Georgie; the most hardened old pauper would do him a good turn, and no one was ever more truly regretted than he.

It all came about in this way: One day I wanted a bed for an acute case, and I ordered little Georgie out of his bed in a warm, snug corner, to another that was in front of a cold window; he went to it, caught cold, had pleurisy, and Tim's reply gives the result.

Said I to myself: If I could only have stopped the initial fever that followed the chill by the window, George had probably lived. But three medical men besides myself had treated Georgie—all in unison—and all hospital men; still pleurisy

followed the febricula, dropsy followed the pleurisy, and poor little Georgie died. Old Tim was a hardened man, and I never saw him show any feeling or sentiment of any kind, or regret at anybody's death, but I verily believe he was very near dropping just one wee tear over Georgie's memory, for I noticed that his attention was needlessly and unwontedly fixed on the surface of the bottles he was washing. Be that as it may, Georgie was no more, and I FELT SURE THAT HE NEED NOT HAVE DIED, and this consciousness nearly pressed me down into the earth.

That evening a medical friend from the Royal Infirmary turned up to dinner with me, and I told him of my trouble, and of my half determination to go to America and turn farmer : at least I should be able to lead a wholesome, natural life.

He persuaded me to study homeopathy first, and refute it, or, if apparently true, to try it in the hospital.

After many doubts and fears—very much as if I were contemplating a crime—I procured Hughes's *Pharmacodynamics* and *Therapeutics*, which my friend said were a good introduction to homeopathy.

I mastered their main points in a week or two, and came from a consideration of these to the conclusion either that homeopathy was a very grand thing, indeed, or this Dr. Hughes must be a very big——. No, the word is unparliamentary. You don't like the word ——? Well, I do ; it expresses my meaning to a T. On such an important subject there is for me no middle way ; it must be either good, clear God's truth or black lying. A fool the man could not possibly be, since it would be quite impossible for a fool to write the books. And as he seemed to speak so eloquently from a noble spirit, it lifted me right out of the slough of despond—for a little while, but then came a reaction : had I not often tried vaunted specifics and plans of treatment, and been direfully disappointed? So my old skepsis took possession of me. "What," said I ; "can such things be?" No, impossible. I had been nurtured in the schools, and had there been taught by good men and true that homeopathy was therapeutic Nihilism. No, I could not be a homeopath ; I would try the thing at the bed side, prove it to be a lying sham, and expose it to an admiring profession !

I was full of febricula on account of Georgie's fate, so studied the say of the homeopaths thereon, and found that they claimed to cut short simple fever with *Aconite*. Ah, thought I, if that be true, *Aconite* would have saved little Georgie, if given in time at the very onset.

Well, feverish colds and chills were common enough just

then, and I had, moreover, a ward where children thus taken ill were put till their diseases had declared themselves, and then they were drafted off to the various wards, for that purpose provided, with pneumonia, pleurisy, rheumatism, gastritis, measles, as the case might be.

I had some of Fleming's *Tincture of Aconite* in my surgery, and of this I put a few drops into a large bottle of water and gave it to the nurse of said children's ward, with instructions to administer of it to all the cases on the one side of the ward as soon as they were brought in. Those on the other side were not to have the *Aconite* solution, but were to be treated in the authorised orthodox way, as was theretofore customary. At my next morning visit I found nearly all the youngsters on the *Aconite* side *feverless*, and mostly at play in their beds. But one had the measles, and had to be sent to the proper ward: I found *Aconite* did *not* cure measles: the others remained a day or two and were then returned whence they had originally come.

Those on the non-*aconite*, orthodox side were worse, or about the same, and had to be sent into hospital—mostly with localised inflammations, or catarrhs, measles, &c.

And so it went on day after day, day after day: those that got *Aconite* were generally convalescent in twenty-four or forty-eight hours, except in the comparatively seldom cases where the seemingly simple chill was the prodromal stage of a specific disease such as measles, scarlatina, rheumatic fever: these were barely influenced by the *Aconite*. But the great bulk of the cases were all genuine chills, and the *Aconite* cured the greater part right off, though the little folks were unusually pale, and had perspired, as I subsequently learned, needlessly much.

I had told the nurse nothing about the contents of my big bottle, but she soon baptized it "Dr. Burnett's Fever Bottle."

For a little while I was simply dumfounded, and I spent much of my nights studying homeopathy; I had no time during the day.

One day I was unable to go my usual rounds through the wards—in fact, I think I was absent two days, from Saturday till Tuesday—and on entering the said children's ward the next time in the early morning, the nurse seemed rather quiet, and informed me, with a certain forced dutifulness, that *all* the cases might, she thought, be dismissed.

"Indeed," I said, "how's that?"

"Well, Doctor, as you did not come round on Sunday and yesterday, I gave your fever medicine to them all; and, indeed, I had not the heart to see you go on with your cruel experiments any longer; you are like all the young doctors that come here—you are only trying experiments!"

I merely said, "Very well, nurse; give the medicine in future to all that come in." This was done till I left the place, and the result of this Aconite-medication for chills and febricula was unusually rapid defervescence, followed by convalescence. But when the stomach was much involved, I at times found the *Aconite* useless, unless vomiting occurred; and so, in such cases, I administered a mild emetic, whereupon defervescence at once set in, and though a homeopath now for a good many years, I still think a mild emetic the right treatment when the stomach is laden and cannot unburden itself by natural vomit.

But still this is only by the way: I enter into all these preliminary, incidental and concomitant circumstances merely to put you on the same ground whereon I myself stand; they are not essential, for they only lead to this: *Aconitum in febricula was, and is, my first reason for being a homeopath.*

Have you as good a reason for being a "regular"?

#### *My Second Reason.*

AH! my good fellow, I thought you would say that you also use *Aconite* for fever, and that, therefore, it is not necessarily homeopathy. But do you not know of a certain French gentleman who spoke prose all his life without knowing it?

A man that gives *Aconite* for febricula is a homeopath *malgré lui*. But to my second reason.

When I was a lad I had pleurisy of the left side, and, with the help of a village apothecary and half-a-hogshead of mixture, nearly died, though not quite. From that time on I had a dull, uneasy sensation in my side, about which I consulted many eminent physicians in various parts of Europe, but no one could help me. All agreed that it was an old adhesive something between the visceral and costal layers of the pleura, *but no one of my many eminent advisers could cure it.* And yet my faith in them was big enough to remove mountains: so faith as a remedy did no good.

When orthodox medicine proved unhelpful, I went to the hydropaths (they were called "quacks" then!) and had it hot, and cold, and long; but they also did me no good. Packs cold, and the reverse; cold compresses worn for months together; sleeping in wet sheets; no end of sweatings—Turkish and Russian—all left my old pleuritic trouble, *in statu quo ante.*

The grape cure; the bread-and-wine cure, did no better. Nor did diet and change help me.

However, when I was studying what the peculiar people, called homeopaths, have to say about their *Bryonia alba*, and its affinity for serous membranes, I, ——— What?—abused them and called them quacks?—No! ——— I bought some

*Bryonia alba*, and took it as they recommend, and in a fortnight my side was well, and has never troubled me since!

There, friend, that is my second reason for being a homeopath, and when I cease to be grateful to dear old Hahnemann for his *Bryonia*, may my old pleural trouble return to remind me of the truth of his teaching.

What you and the world in general may think of it I care not one straw: I speak well of the bridge that carried *me* over.

For my part I make but one demand of medicine, and one only, viz.: *that it shall cure!* The pathy that will cure is the pathy for me. For of your fairest pathy I can but say—

What care I how fair she be,  
If she be not fair to *me*?

#### BURNETT'S MANIFESTO IN *THE HOMEOPATHIC WORLD*.

In the month of August, 1879, Dr. Shulldham, who had three years before succeeded Dr. Ruddock, retired from the editorship of *THE HOMEOPATHIC WORLD*, then in its fourteenth volume, in favour of Dr. Burnett, who was then known as the author of the works on *Natrum Muriaticum* and on *Gold as a Remedy in Disease*. Burnett continued in the editorship until April, 1885, and it may be interesting to reproduce his first editorial or Manifesto from the issue for September, 1879, as it is highly characteristic of the man.

#### OUR PROGRAMME.

In assuming the editorial duties and responsibilities of the *Homœopathic World*, it may be well to state, in a few words, what our aim and object will be, and how we propose to direct that aim, to attain that object.

We shall aim at no more, and no less, than the extension of a true knowledge of that part of scientific therapeutics commonly termed Homœopathy, to as many as possible, lay and professional.

We shall endeavour to interest all our professional and lay friends in this Journal, and ask them to contribute to its pages and extend its circulation, so that it may be the literary medium of many on matters medical, and thus subserve our great object—viz., to spread a knowledge of Homœopathy far and wide.

For us Homœopathy means the law of *Similia* in therapeutics. This is the one bond that will bind together the writers in, and the readers of, the *Homœopathic World*; this only is our cardinal doctrine. All those who hold that doctrine

OPENLY are with us, and we with them. The *crypto*-homœopaths we despise; the honest haters of Homœopathy we may at least respect. But we cannot respect the mean men that have crawled into professorial chairs with the aid of purloined portions of the homœopathic *Materia Medica* and simultaneous abjurations thereof. These creeping things inspire disgust.

For us Hahnemann is a blessed benefactor of our race, a star of the first magnitude in scientific medicine; we love and honour his name in deed, we will love and honour it in word, let it please or displease whomsoever.

While *Similia similibus curantur* is thus our one cardinal doctrine, we do not consider that all medicine was a blank before Hahnemann thought it out and worked it out, or that all medical progress was interred with him; for us, it is neither the in-all, nor the be-all, nor the end-all of practical medicine—it is the truth, but it is not all the truth.

We are not believers in authority; hence we do not accept Homœopathy on the *ipse dixit* of its founder, Hahnemann, and, *à fortiori*, we do not propose to ask any one to accept it on ours, but on the evidence of scientific experiment: it is true, not because he said so, but because such experiment proves it to be true. We shall hope to fill our pages mainly with material tending to such experimental proof.

So also of the Hahnemannian doctrine of drug dynamisation: it is true, not because the master taught it, but because experiment demonstrates it. We do not propose to weary ourselves or others with supposed explanations of this doctrine; we do not profess to understand it, but the fact is demonstrably there, and we accept it as such. We propose to bring, from time to time, as much experimental proof of the existence of this fact as we may be able. Not, however, as an *apologia pro domo*, or from the standpoint of the already convinced, but merely as so many experimental facts.

We shall try to keep constantly before us that theories and hypotheses are the curse of our art, and the bonds and fetters that make free minds slaves.

Inasmuch as we have satisfied ourselves of the truth of the doctrine of drug dynamisation, it follows that we believe in the efficacy of the small dose and of the infinitesimal dose. But we also believe in that of the large dose and of the medium dose; the actions of the different doses of the same drugs would, however, appear to be not always identical. This is a great question, and lies as the underwork of a great building that is to be: we can only hope to help to bring up a few bricks. The great architects and builders are few and far between.

Hahnemann's tripartite pathology is a subject that we

have not yet been able to appreciate: psora, syphilis, and sycosis we, indeed, see every day, but only through a glass darkly—*i.e.*, in a Hahnemannian sense. Still we have heretofore constantly found him right where we have been able to test him.

The epidemic genius of disease constitutes, we think, an almost totally neglected branch of practical medicine; we should be specially pleased to see earnest workers in this great field, and contributions on this subject would be very welcome. We shall never *cure* fevers until we know more about the epidemic constitutions of disease.

We do not propose to occupy too much space on mere controversy, on wearisome barren subjects such as "the name of the school" that split us up into petty cliques and factions; still a due discussion of all questions of interest will be aimed at.

The *Homeopathic World* will continue to be for the people and for the profession; we have yet to learn that judgment and intelligence reside either peculiarly or exclusively with the one or the other. It will also continue to be exclusively a homœopathic publication, nevertheless we will willingly open our pages to all those *real* truth-seekers who may have satisfied themselves experimentally, and who may be, therefore, desirous of proving either the superiority of Allopathy, or of any other pathy, the falseness of Homœopathy in part or wholly, or the falseness of the doctrine of drug dynamisation, or the unreliability of the infinitesimal dose.

We do not mean mere subjective opinions clothed in the robes of superlative sapience and dogmatism, and cloaked in pseudo-scientific verbiage, but actual experiment.

Also, only one question at a time.

Prejudice, ignorance, authority, *à priori* tall talk, we will leave as fit food for the perennial babes of the *Lancet*, *et hoc genus omne*: those who never attain mental majority would get astray without the apron-strings of Mrs. Lancet.

Those who can bear a little stronger food, duly and spicedly prepared to suit depraved appetites, may study a new kind of evolution in the *crypto*-homœopathic *Practitioner*, wherein portions of our OLD literature are being cautiously, silently, and tacitly evolved out of the tenebrous depths of the homœopathic writings of the past fifty years, but very judiciously mixed with old stubble and chaff to avoid detection.

In the *Practitioner* one may also occasionally meet with an old homœopath or two trying to palm off old coins for new. *O sancta simplicitas!*

It may also be not amiss to say a friendly word or two to those of our professional *confrères*, who from time to time may

feel disposed to complain that many articles appearing in this Journal are too simple and untechnical, and teach *them* nothing, or that the editorial scissors are too sharp, and that there is too little original matter, or that the editor airs his own peculiar views too often, &c.

1. This Journal is also and principally for the intelligent public, having for its prime object the dissemination of a knowledge of Homœopathy amongst them; its object is not to furnish a monthly domestic physician, but to teach *as many as possible* what Homœopathy really is. We believe professional and professed homœopaths are the custodians of a great and important medical truth that the world in general, and the medical profession in particular, are as yet incapable of appreciating.

We maintain that those who perceive the truth are in honour bound to proclaim it, and not withhold it as crafty, mystery-loving priests.

2. The furnishing of original matter lies largely with you; support us with your contributions, and we will realise on the before-mentioned useful instrument as old metal. This done, the third point we promise you shall be no grievance; we shall be only too happy to confine ourselves to arranging the material you send and to writing out the monthly "make-up." And if we should suffer from the *cacoethes scribendi* we will put ourselves into communication with the editors of the *British Journal of Homœopathy*, with those of the *Organon*, or with those of the *Monthly Homœopathic Review*, as we were wont to do in times past.

On the other hand, we must say to the intelligent public, for whose benefit this Journal specially exists, first: A medical journal without the literary aid of properly trained medical men cannot exist; therefore, if you at times find in our pages articles that are quite beyond your *portée* by reason of too many technicalities, kindly bear in mind that they may be very interesting and instructive to the profession.

But does some severe critic say, "Then what *raison d'être* have you for such a journal?" This, good friend.

The medical powers that be are so blinded with prejudice that they seek to stamp out Homœopathy as if it were the plague or small-pox. We, however, take just the opposite view, and find that *Aconite* quells simple fever, *Bryonia* puts an end to pleurisy, and *Colocynth* cures the colic, said medical powers notwithstanding. We are free men, and we refuse to allow our rights to free thought and free action to be trampled under foot by any earthly powers whatsoever. It is useless to prate about peace, there is no peace but the peace of the manacled and of the fettered.

Unless we omit the word Homœopathy, and also the honourable name of its founder, from our writings, the trades-unionist journals of medicine refuse to print them. Now we will not only not omit them, but WE WILL have them WRIT LARGE, because of the important truths they symbolise.

This is the *raison d'être* of all our journals.

Does a hyper-professional *confrère* say, "But keep medical matters for medical men"?

*Da liegt der Hund begraben.* SOME third party MUST be made judge, and the *only* third party that remains is the public! And were it not for the public *you*, our hyper-professional homœopathic *confrère*, would be by law forbidden to practise homœopathically, or even if you escaped the law directly *your college would take away your diploma*, and thus outlaw you.

This is putting the matter from an intra-professional and selfish standpoint.

Now let us widen our field a little, and inquire, Who is the public? We ourselves, and our own immediate blood relations, are factors in that sum. While living in health and vigour we can treat ourselves, one another, our wives and children homœopathically; but let health and vigour depart, and where are *we and ours*? Away back in polypharmaceutic chaos! Our children get the cholera, but infallible physic has no faith in *Camphor*, or *Cuprum*, or *Arsenicum*, or *Veratrum*: then where are they, and the toil of seven decades of scientific medicine? Buried.

We were born free, we will live free, we will die free, and freedom shall be our children's heritage. To those who would forge fetters that they may lead us into bondage we declare war to the bitter end. Homœopaths may not rest till due honour is accorded to Hahnemann, they may not rest till Homœopathy is OPENLY taught in all our medical schools, they *can* not rest till *all* disabilities affecting them have been swept away.

#### BURNETT'S WORKS.

As every writer is his own best biographer, it will be useful to give a list of Burnett's separate works, which we believe is complete. The first editions alone are indicated, but many of them have passed through several. The works are named in the order in which they were published and under the date of their publication, so that it will be easy to follow the progress of their author's mind. It will be seen that not many years passed unfruitful, and the preparation of later editions occupied some of the years when no new work appeared.

1878.
  1. Natrum Muriaticum; as Test of the Doctrine of Drug Dynamisation. 12mo.
1879.
  2. Gold as a Remedy in Disease. 12mo.
1880.
  3. On the Prevention of Hare-lip, Cleft-palate, and other Congenital Defects.
  4. Ecce Medicus, or Hahnemann as a Man and as a Physician and the Lessons of His Life.
  5. Curability of Cataract with Medicines. 12mo.
  6. Diseases of the Veins. 12mo.
1882.
  7. Supersalinity of the Blood; an Accelerator of Senility and Cause of Cataract. 12mo.
  8. Valvular Disease of the Heart. 18mo.
1886.
  9. Diseases of the Skin. 12mo.
1887.
  10. Diseases of the Spleen. 12mo.
1888.
  11. Fevers and Blood Poisoning, and Their Treatment, with Special Reference to the Use of *Pyrogenium*. 12mo.
  12. Tumours of the Breast. 12mo.
1889.
  13. Cataract: Nature, Causes, and Cure. 12mo.
1890.
  14. Eight Years' Experience in the Cure of Consumption by its own Virus (*Bacillinum*). 12mo.
  15. On Fistula, and its Cure by Medicines. 12mo.
1891.
  16. Greater Diseases of the Liver. 12mo.
1892.
  17. Ringworm; Constitutional Nature and Cure.
  18. Vaccinosis and its Cure by Thuja, with Remarks on Homœoprophylaxis. 12mo.
1893.
  19. Curability of Tumours by Medicines. 12mo.
1895.
  20. Gout and its Cure. 12mo.
  21. Delicate, Backward, Puny and Stunted Children. Foolscap 8vo.
1896.
  22. Organ Diseases of Women. Foolscap 8vo.

1898.

23. The Change of Life in Women, and the Ills and Ailings Incident Thereto.

1901.

24. Enlarged Tonsils Cured by Medicines.

#### BURNETT'S HEROES.

There has just come to hand the second American edition of Burnett's *Curability of Tumours by Medicines*, and it bears this dedication: "To the memory of the Father of Scientific Homeopathy in Great Britain, John J. Drysdale, M.D., this little volume is Dedicated in Affection, Admiration, and Gratitude by The Author." It may fairly be said that Drysdale was Burnett's chief hero. There was no one better able to appreciate or more ready to express generous appreciation of his contemporaries than Burnett; but the affection and almost reverence with which he always spoke of Drysdale were beyond anything we have heard him say of others. Liverpool has been a fertile nursing-ground of homeopaths, and it is largely to Drysdale's influence, in general medicine as well as in homeopathy, that it was so. His high attainments and his lofty character made him a natural leader in the ranks of Hahnemann's followers, and, like Burnett himself, Drysdale was entirely free from any of the littlenesses and paltry jealousies that not unfrequently arise in professional coteries. Another Liverpool homeopath to whom Burnett has dedicated one of his works is Dr. Alfred E. Hawkes. This is the dedication of the *Fifty Reasons*: "To Alfred E. Hawkes, M.D., for having induced him to put the Homeopathy of Hahnemann to the test in bedside experience, these 'Fifty Reasons' are gratefully dedicated by The Author." Burnett is not the only one who owes his introduction to Homeopathy to Dr. Hawkes. The present editor of THE HOMEOPATHIC WORLD is equally indebted to Dr. Hawkes for the same inestimable service. Burnett's *Greater Diseases of the Liver* is dedicated thus: "To the memory of Rademacher, the Resuscitator of Paracelsic Organopathy, these pages are gratefully dedicated by The Author." That was in 1891; but some years before Burnett had devoted a book more or less to the praise of Rademacher: to wit, his *Diseases of the Spleen*. This was written by Burnett in consequence of some remarks in disparage-

ment of Rademacher which had been made at one of the annual meetings. In this work, more than in any other, will be found explained the principles of Rademacher's therapeutic method, which Burnett regarded as homeopathy in its first degree. "To Henry Goullon, M.D., of Weimar, Germany, by his faithful friend, The Author," is the dedication of the work on *Tumours of the Breast* (1888).

#### BURNETT AS FARMER.

"In "Reason No. 1" of the *Fifty Reasons* Burnett has told of his "half determination to go to America and turn farmer," in his despair at the results of regular medicine. The fact is Burnett had a passionate love of the country and of farming and gardening pursuits. Though he practised in London, he never lived in London for any length of time. During much of the time he lived in the country, and when the opportunity offered he farmed his own land, raised stock, and planted waste places with trees. It gave him infinite delight to see his nurselings grow. Not long ago he was enjoying the sight of some flourishing apple-trees of his planting, on the ground of a tenant of his, who remarked how much enjoyment he had had from the fruit of the trees. "Not a bit more pleasure than I have," said Burnett, "in seeing what they have grown to." This love of the country and knowledge of plants "at home," so to say, had no small influence on Burnett's work. It is one thing to know our remedies in bottles; but it is very much more to know the living sources from which the distilled essences are derived. Burnett used to say that if he were cast ashore on an island without books or drugs, he would soon provide himself with a materia medica from the vegetation of the place. Another saying of his was that no man in the country need go more than half a mile from his own door to find a remedy for any malady that might afflict him, provided he knew how to read the plants that grew all around. Burnett looked upon the physician's work as closely analogous to that of a gardener. In one of his books he worked out this idea with some fulness. The doctor's position, he said, is like that of a "gardener who, for instance, wants to grow apples. Only Nature can grow apples; but then it is crab-apples that she grows unaidedly, not edible apples. No gardener can grow

apples or crabs of himself ; that has to be done by Nature herself organically. But although no gardener can grow either crabs or apples of himself, yet, guided by human wit and experience, the gardener can compel Nature to grow apples of the finest sorts and varieties ; he need not ask Nature's permission at all, he merely arranges Nature's forces so that she produces the apples required. This, I take it, is the true position of the physician. It is only Nature than can heal anything really, and yet Nature cannot heal many things at all till the physician gardener arranges her forces so as to compel Nature to grow apples in lieu of crabs ; the physician's position is like an apple-grower's, further, in that Nature requires *time* to grow apples ; so also is it with Nature's healing ways, Nature requires time ; and any attempt to cure in less time than she needs for her organic processes results in failure—absolute failure" (*Enlarged Tonsils*, pp. 18, 19).

To this it may be added that very much of Burnett's great success in practice lay in the fact that he *demande*d *plenty of time* before he would undertake the treatment of a chronic case. Most patients only expect present alleviation, and most doctors are content if they can bring this about. But homeopathy is capable of much greater work than this, and this greater work was Burnett's constant aim ; and he demanded the conditions necessary to its accomplishment.

There was a directness about Burnett which led him to the centre of a situation more quickly than most ; a fund of humour, a merry twinkle in his eye, and a laugh that will long live in the memory of all who knew him. The absorbing nature of his work gave him little time for physical exercise ; and though his playfulness of disposition did not desert him up to the last hours of his life, there had not been wanting some signs of the approaching end, though they were not in themselves such as to cause undue apprehension. Some years ago he had had attacks of vomiting, which gave his friends uneasiness, but these passed completely away. Of late it had been noticed that he was unusually deliberate in going upstairs, and the night before he died some patients on whom he called noticed that his hands were icy-cold—a thing most unusual with him : in the coldest weather his hands were usually warm. He dined as usual at his hotel, and as he retired to his room seemed in exactly his

usual state. It was only in the morning, when his breakfast and cab were kept waiting, that the sad discovery was made that he must have passed away just as he was retiring to rest. The holiday he had denied himself so long had come at last, but in a way that prostrated all his loved ones with grief. The great heart had worn itself out.

Was Burnett aware of his approaching end? From one or two sayings casually let drop it would almost appear that he was; but, on the other hand, if he was, the consciousness did not abate his natural cheerfulness one iota. Some three or four weeks before the end a friend whom he met asked him how he was keeping. "Well," he replied, "you can't work an old horse too long, but it will fall." A patient had asked him if he did not get tired by seeing so many people. "No," he replied; "I love it; it is my life. My only hope is that I may die in harness." The death of a brother about a fortnight before his own seems to have affected him deeply; and just a fortnight before his death he made a new will. The day preceding his death, being Sunday, after walking half the distance he usually walked, he turned back, as he felt some pain at the chest. In response to the anxiety of his family he said he thought it was only a little indigestion, "though," he added in his casual way, half speaking to himself, "it's rather like angina pectoris." He persisted in going to town the following day, and no one noticed any falling off in his work.

From the Press notices we take those which appeared in the *Times* on Friday, April 5th and in the *Westminster Gazette* of Thursday, April 4th.

"By the sudden death of Dr. JAMES COMPTON BURNETT, of 86, Wimpole Street and 2, Finsbury Circus, London loses one of its most prominent physicians, and homeopathy a leading exponent. Dr. Burnett was an M.D. of Glasgow University and also of Vienna, at which city he spent several years, both as a student and as assistant to the celebrated Professor Skoda. He began practice in Chester, and removed later on to Birkenhead whence he came to London. He was for several years editor of THE HOMEOPATHIC WORLD, which post he relinquished in 1885 owing to the demands made upon his time by his increasing practice. Dr. Burnett was a ripe scholar and a very prolific writer on medical subjects. His familiarity

with the medical literature of Germany and France enabled him to draw on sources of information not open to all. Among his best-known works are *The Cure of Consumption by its own Virus, Gout, and Diseases of the Spleen*. The force of his personality was felt by all who came in contact with him, and his patients were attached to him in a more than ordinary degree. His devotion to his profession was the absorbing passion of his life. For many years he had taken no holiday longer than five days at a time and it is probably to this excessive strain that the sudden failure of his powers is due. The cause of death was disease of the heart. He leaves a widow and family."—*Times*.

"Many will regret to hear of the death of Dr. James Compton Burnett, of 86, Wimpole Street, and 2, Finsbury Circus. Dr. Burnett was found dead at his hotel (Holborn Viaduct Hotel) on Tuesday morning [April 2nd]. He took the M.D. of Glasgow in 1876, having previously taken the M.B. degree of Vienna in 1869. He began practice in Chester and afterwards practised in Birkenhead, before coming to London. He was for several years editor of THE HOMEOPATHIC WORLD, and was for a short time on the staff of the London Homeopathic Hospital. For many years he has carried on one of the largest consulting practices in London, and his sudden removal has caused widespread dismay among his *clientèle*, who were attached to him in no common degree. He was the author of many works on medical subjects and was the greatest living exponent of the Paracelsic doctrine of organopathy, especially as set forth in the works of Rademacher. He had the true literary gift, and his writings bear as well the stamp of his strong personality and therapeutic genius."—*Westminster Gazette*.

Dr. Ussher writes of him in words which will be echoed by many whose acquaintance with him was chiefly through his works: "Yesterday's post brought me the last of Dr. Burnett's books, and with it came the intimation of his sudden death. My sympathies go forth to his wife, though I do not know her; and of Burnett I knew but little, though his books were my companions for many years. He was an honest heart; and an unique style of his own always made his books a *real enjoyment* to me; they gave me new lines of thought, and if for nothing less I am deeply indebted to him for his *Vaccinosis*, and the deep worth of *Bacillinum*."

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## NOTIFICATION.

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\* \* 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.

OPENING AT SWANSEA.—Mr. Morgan Jenkins, of 40, Waterloo Street, Swansea, writes that there is a good opening for a homeopathic doctor in that flourishing town. Mr. Jenkins will be glad to give any information to inquirers.

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## GENERAL CORRESPONDENCE.

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### PHOSPHORUS AND PLEURO-PNEUMONIA.

To the Editor of THE HOMEOPATHIC WORLD.

SIR,—The incidents referred to by your correspondent, Mr. D. L. Thompson, of Toronto, are well remembered by me. I do not think that they have appeared in any periodical—homeopathic or otherwise—except as a quotation. They first saw the light in printer's ink in an interesting biographical sketch of himself by the late Dr. Dunn, of Doncaster, which I think was printed for private circulation. A notice of it appeared in *The Monthly Homeopathic Review*, vol. xxviii. p. 108. The title is *Recollections of a Country Physician* (G. D.—, M.D.). The publishers or printers were given as Hutchings and Crowley, St. John's Wood, N.W., 1884.

I also remember that the preparation used was globules of the 30th dilution. I am not, however, at all sure that the number of animals reached 5,000. That the facts were vouched for by three large graziers, on whose farms the experiments were made, in the *Doncaster Gazette*, is quite true.

Yours truly,

ALFRED C. POPE.

Monkton, Ramsgate, April 8, 1901.

P.S.—April 15th. When I wrote the above letter I thought that I was giving your correspondent, Mr. Thompson, all the information in my power on the point

that he was desirous of being quite clear about; but this afternoon, when examining the 28th volume of the *Homeopathic Review* for some particulars on another subject, I accidentally opened it at the 510th page, and then, on the next page, recognised the details of the notice referred to by your correspondent as having appeared in a local paper; on reading the entire article, entitled "Reminiscences," I saw that it contained exactly the particulars Mr. Thompson was seeking. The article is signed "G. D., M.D."

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RESULTS OF TESTING OF THE RENAL FUNCTIONS WITH METHYLENE BLUE.—Archard and Castaigne, who have in the past contributed a number of papers upon this new diagnostic resource, have now published a small monograph on the same subject (Paris, 1900).

The results thus far yielded by this method to date are as follows (it will be remembered by the reader that a solution of methylene blue is injected hypodermically, and the interval noted before the colour appears in the urine, as well as the duration of the period of elimination):—

*Interstitial Nephritis.* Here there are evidences of impermeability, such as delayed appearance (frequently), and habitually prolonged elimination-period. The authors have often made the diagnosis when other phenomena, such as albuminuria, were not in evidence. Considering the insidious nature of this disease, the test should be of great practical value.

*Acute and Chronic Diffuse Nephritis.* Here it is quite different. Permeability appears to be retained for a long time. The same holds good for amyloid kidney.

In *functional albuminuria* a slight prolongation of the period of elimination has been observed.

In *passive congestion of the kidneys* from cardiac weakness the elimination of the blue does not appear to be interfered with. After the condition is of long standing, irregularities of elimination will appear.

In *diabetes* elimination appears to be almost normal. If this disease coincides with actual organic disease of the kidney, impermeability is readily apparent.

In urinary surgery, operators have applied the blue in doubtful cases to determine whether or not the kidneys are sufficiently impaired to contraindicate operations on the urogenital tract. The method has been combined with urethral catheterisation, so that the permeability of each kidney may be ascertained.

It was thought that the blue might prove of service in obstetrical practice, and foretell the possibility of eclampsia through evidences of renal inadequacy; but these hopes have not been realised. An eclamptic may eliminate the blue normally, while a case which eliminates badly will present no evidence of likelihood of eclampsia.

—*Medical Review of Reviews.*

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

MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.

- Ballenger** (W.L.). Eye, Ear, Nose, and Throat. 8vo. (Hirschfeld. Net, 10s.)
- Colbeck** (Edmund Henry). Diseases of the Heart. A Clinical Text-Book for the use of Students and Practitioners of Medicine. 8vo, pp. 356. (Methuen. 12s.)
- Collier** (Mayo). Mouth Breathing and its Relation to Diseases of the Throat, Ear, Nose, and Accessory Cavities. 8vo, pp. 32. (H. J. Glaisher. Net, 2s. 6d.)
- Dewey** (W. A.). Practical Homeopathic Therapeutics. Arranged and Compiled. 8vo, pp. 379. (Homeopathic Publishing Co. Net, 12s. 6d.)
- Evans** (A. Osborne). The Colour Cure. A Popular Exposition of the Use of Colour in the Treatment of Disease. Cr. 8vo, limp, pp. 64. (Welby. Net, 1s. 6d.)
- (D. J.). Obstetrics. A Manual for Students. Cr. 8vo. (Hirschfeld. Net, 7s. 6d.)
- Hunter** (William). Pernicious Anemia. Its Pathology, Septic Origin and Symptoms, Diagnosis and Treatment. Based upon original investigations. With Plates, Charts, and Illusts. Roy. 8vo, pp. 480. (C. Griffin. Net, 24s.)
- Lockwood** (Charles Barrett). Appendicitis. Its Pathology and Surgery. 8vo, pp. 300. (Macmillan. Net, 10s.)
- Nichols** (J. B.) and **Vale** (F. P.) Histology and Pathology. Cr. 8vo. (Hirschfeld. Net, 7s. 6d.)
- Potter** (S. O. L.). A Handbook of Materia Medica, Pharmacy, and Therapeutics. 8th ed. 8vo. (Rebman. Net, 21s.)
- Potts** (C. S.). Nervous and Mental Diseases. Cr. 8vo. (Hirschfeld. Net, 7s. 6d.)
- Skene** (A. J. C.). Electro-Hemostasis in Operative Surgery. 8vo. (Hirschfeld. Net, 10s. 6d.)
- Talcott** (S. H., M.D.). Mental Diseases and their Modern Treatment. Cr. 8vo, pp. 352. (Homeopathic Publishing Co. Net, 12s. 6d.)
- Titchener** (Edward Bradford). Experimental Psychology. A Manual of Laboratory Practice. Vol. i., Part I. (Macmillan. 8s. 6d.)
- White** (W. Hale). Materia Medica Pharmacy, Pharmacology and Therapeutics. 6th ed. 12mo, pp. 686. (Churchill. 7s. 6d.)
- Wills's** Book of 120 Autograph Prescriptions. Ditto, Key to. 12mo, sd. (Simpkin. 1s. 6d. each.)

## 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.—Mr. D. L. Thompson, Toronto.—Dr. Pope, Ramsgate.—Mr. Morgan Jenkins, Swansea.—Dr. M. M. Bose, Calcutta.—Gen. Phelps, Edgbaston.—Boericke & Runyon Co., New York.—Dr. A. A. Beale, London.—Mr. F. Kopp, Greenwich, N.S.W.—Mr. J. S. Hurndall, London.—Dr. Cooper, London.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zöophilist.—Mind.—Jour. B.H.S.—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica (Mexico).—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Hom. Envoy.—Personal Rights.—Med. Century.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—Minn. Hom. Mag.—N. A. J. of H.—Critique.—Clinique.—J. of Orif.

Surg.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Astral. Mag.—Secolo Omiopatico.—J. of Oph., Ot., and Laryng.—Lit. World—Health—Curability of Tumours, 2nd ed., Dr. Burnett—Use and Abuse of Harrogate Waters, Dr. Arthur Roberts—Report of Canine Defence League—Report of Homeopathic Medical School of Calcutta—What New Thought Stands For, by C. B. Patterson—Mental Diseases and Their Modern Treatment, by Seldon H. Talutt, M.D.—Hospital Thermic Homeopatico, by Dr. Juan Antiga.

## The Homeopathic World.

### CONTENTS OF APRIL NUMBER.

#### LEADING ARTICLE.

Internal Vaccination.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

A Note on the Hellebores. By Robert T. Cooper, M.A., M.D.

Dr. Dudgeon and the *Hospital*—End of the Controversy.

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

Veterinary Homeopathy—Helminthiasis. By J. Sutcliffe Hurndall, M.R.C.V.S.

Snake-Venom—its Action and Effect. By Frederick Kopp, Greenwich, N.S.W.

#### SOCIETY'S MEETING.

British Homeopathic Society.

#### INSTITUTIONS.

#### REVIEWS.

Characteristics of the Homeopathic Materia Medica.

How to Avoid Tubercle.

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

#### GENERAL CORRESPONDENCE.

*Variolinum* and the Prophylaxis of Small-pox.

Arsenic in Beer.

Prince Christian Victor Memorial.

*Phosphorus* and Pleuro-Pneumonia—Wanted a Reference.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS

THE  
HOMEOPATHIC WORLD.

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JUNE 1, 1901.

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CONSTITUTIONAL TREATMENT.

A FAVOURITE quotation of BURNETT'S, and one which he put on the title-page of his *Curability of Tumours*, was JOHN HUNTER'S definition of a cure: "What I call a cure" wrote HUNTER, "is an alteration of the disposition and the effect of that disposition, and not the destruction of the cancerous parts." HAHNEMANN was the first to discover a scientific method of meeting the perfectly sound requirement of JOHN HUNTER'S definition. HAHNEMANN'S followers have always in some degree carried out his methods in dealing with constitutional states. But it must be confessed that his immediate disciples were more enthusiastic and more successful in this branch of work than the present generation.

We have grown so "liberal-minded," so "scientific," not to say so "ethical," that we have hardly any time left in which to be homeopathic. The consequence is that we fly to surgery and other adjuvants instead of attempting the more difficult, more artistic, and less specious work of specialists' palliatives. "But," it is sometimes urged, "patients are too *impatient*; and if *we* don't operate, they will promptly go off to somebody else." BURNETT'S work supplies the answer to this plea. BURNETT kept his patients as long as was necessary to "alter their disposition and the effect of that disposition."

The reason why BURNETT was able to do this was that he *knew the power of homeopathy*. Homeopathy is not a "faith," it is a *science—a knowledge*. Those who know little of it can do little with it, and are not likely to commend it much to their environment. And no amount of "faith" in homeopathy will make up for the lack of knowledge.

According to HAHNEMANN, two years was sufficiently short a time in which to work a radical constitutional change. BURNETT, more than any one else, has realised and demonstrated the power of homeopathy, persistently followed out, to change constitutions; and it was his success in this which enabled him to keep his patients faithful to him long enough for them to be cured. If other homeopaths knew their homeopathy as well as he they would be able to achieve the same results.

With ordinary homeopathy the cure of tumour by medicines is an interesting medical "freak" to be reported in the journals, cackled over a little, and then dropped. With BURNETT the cure of tumours and the cure of dyscrasias likely to ultimate in tumours or other undesirable manifestations was the business of his life. And he tackled it in the same way as a man of business tackles any of *his* problems. He knew the powers at his command, and he estimated the conditions necessary for their due application. These he demanded and rarely failed to obtain.

This, it seems to us, is one of the most important lessons BURNETT has taught his generation—the possibilities of constitutional treatment, and the conditions necessary for its success. The main thing, of course, given the right conditions, is the knowledge of the *materia medica*. It is this which gives the practitioner confidence in demanding the conditions, and it is this, and nothing less, which can make homeopathy advance.

Modesty is not always a virtue: in homeopathy it is quite the opposite, as it invariably means a very moderate amount of therapeutic lore. We defy any one with a

thorough knowledge of the homeopathic law and homeopathic remedies to be diffident in anything pertaining to his art. He may possibly take a humble view of his own powers, but of the homeopathic science and art he has no more right to take a lowly view than he has of the solar system and the stellar universe.

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## NEWS AND NOTES.

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### THE LATE DR. BURNETT.

AMONG the letters which have reached us regarding the notice of Dr. Burnett in our last issue we have received one from the Rev. W. Stewart Walford, of Ipswich, who had known him for over thirty years. Mr. Walford says: "I thank you for what you have written about my old friend Burnett, which is every word true. He was a man greatly valued, and I may say beloved, by his patients. . . . I hope something will be done to perpetuate his memory." Mr. Walford makes the suggestion that it would be a fitting thing to establish in his memory "a Homeopathic School of Medicine, so that the future students of medicine might have the same advantages they have in America of qualifying as homeopathic doctors, instead of having to go through the cruder teaching of the old system." Our readers need not be told that the establishment of such a school has frequently been advocated in these pages; it seems to us that nothing less than this would be an adequate memorial of our friend.

In the list of Dr. Burnett's works published in the obituary notice of last month, two unaccountable omissions have been pointed out to us: *Fifty Reasons for Being a Homeopath*, 1888; and *On Neuralgia, its Causes and its Remedies*, 1889.

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### DR. NEBEL'S ARTICLE ON *TUBERCULINUM*.

IN the interesting article on *Tuberculinum*, contributed by Dr. Nebel, of Montreux, to our pages in September

last, and in those quoted by us from the *Homeopathic Recorder*, it is well to note that it is *Koch's Tuberculinum* to which reference is made. We put the query to Dr. Nebel, and he writes to us that in Germany no other preparation but Koch's is known by the name *Tuberculinum*. Burnett's preparation is always called *Bacillinum*. In the United States Swan's preparation was known as *Tuberculinum* long before either of the others. Dr. Nebel has promised to send us more of his observations.

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#### NARCISSUS PSEUDO-NARCISSUS.

A CORRESPONDENT has sent us the following cutting from a contemporary of May 26th:—

“POISONED BY DAFFODILS.—On her way to school Lily Jacques, a Knaresborough schoolgirl, ate some daffodil flowers. She afterwards became sick, and died later from daffodil poisoning.”

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#### HEAD-KNOCKING.

CAN any of our readers suggest a remedy for this condition described in the *Medical Press* of May 15th? *Arnica* might reach the cause of the impulse as it certainly would meet the result. *Millefolium* has “violent headache, he strikes his head against the bed-post or wall, with twitching of eyelids or muscles of forehead.” A symptom of *Nit. ac.*, recorded by Berridge in Allen's *Encyclopædia*, is “feels as if she could beat the head to pieces”; but that also was on account of intense pain in the head.

“A case is reported in a rickety child of thirteen months old exhibiting the phenomenon known as ‘head-knocking.’ This consists in the child banging its head with more or less force against any hard object, such as the floor or the wall. In this particular instance the symptom was very carefully observed by Dr. Aldrich, and he describes the child as being neglected and cachectic. As a consequence of the continual knocking the face, head, and neck were covered with contusions, and it was not unnaturally at first thought when the child was admitted to hospital that the infant's mother was not speaking the truth when she declared that the injuries were self-inflicted. In hospital the child, directly it was put into its cot, commenced to beat its head against the rails, and when this was prevented it proceeded to batter its head with its hands. The un-

doubted possibility of the occurrence of this phenomenon is of importance from a medico-legal point of view, because had the child been dead or too ill to carry on any longer its self-chastisement before death, it is very probable that it would have been extremely difficult to convince a jury that the child's parents had not themselves inflicted the injuries and thus caused death. The phenomenon is one of such an obscure nature that more attention should be paid to the investigation of its causation and occurrence, especially when it is recognised that it has a medico-legal bearing."

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LAUNCESTON HOMEOPATHIC HOSPITAL—  
A CORRECTION.

DR. M. Wilkins Gutteridge writes from Launceston, Tasmania, under date February 26, 1901: "In the report of the annual meeting of our little hospital, appearing in January number of *THE WORLD*, it might appear that we had been open for a year, whereas the Institution was only open for three months (opening ceremony, July 2, 1900), the annual meeting being held in September in each year, according to the rules. We have now been open *seven months*, and have had forty in-patients, with two deaths, one from cancer of uterus and bladder, the other from fatty degeneration of heart (following an ovariectomy)."

Dr. Gutteridge adds this postscript:—

"The Government allows us £250 on the £ for £ principle. If any of your rich subscribers would like to endow a ward, I have no doubt our Committee would be glad to fall in with their wishes."

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*CHININUM SULPH.* AND CANCERS.

THE following experience is taken from the letter of the Paris correspondent of the *Medical Press* of April 24th:—

"TREATMENT OF CANCER BY QUININE.

"Prof. Lannois presented at the meeting of the Medical Society a woman, *æt.* 50, whom he treated for cancer of the breast with injections of hydrochlorate of quinine according to the method recommended by Prof. Jaboulay, of Lyons. The affection dated three years back, and appeared under the form of a small nodule in the neighbourhood of the nipple. Three months before her entry into the hospital the parts ulcerated, and at the time of examination the sore was of the size of a five-shilling piece, while the gland formed a hard mass

adherent to the thoracic walls. Three enlarged glands were found in the axilla. A few months previously the patient began to suffer from pain in the dorso-lumbar region, which soon became so intense as to render all locomotion impossible, and for some time before entering the hospital she was unable to leave her bed. All operative interference being out of the question, the treatment could only be palliative, and for a few days morphia was given. Recalling to mind the treatment of M. Jaboulay, based on the idea that certain forms of cancer might be of a parasitic origin, M. Lannois determined to give subcutaneous injections a trial, and the first was made on November 20th in the inside of the thigh, and continued every day for five days, and subsequently every second day at the dose of five grains. At the end of a month the ulcer began to have a better aspect and ceased to extend, while the suffering abated considerably, and the ganglions had diminished in volume. A few weeks afterwards the sore, which was only treated locally by applications of antiseptic cotton, had ceased to secrete and had diminished to one-quarter its primary size, while the general condition of the patient was greatly improved, the appetite returned, and also sleep, from which she had been deprived for long months. Fifty-four injections in all were given, and although suspended since the month of February the improvement continued.

"In communicating the case, the speaker said that he did not intend to expose in detail the *parasitic* theory of cancer, but simply to remind his colleagues that, contrary to the opinion of Sanfelice and Roncali, who believed in the existence of vegetable parasites, it could be supposed, with Metchnikoff, that the parasites were protozoans, for which quinine was a poison. He wished to demonstrate, above all, that besides the anti-cancerous serums and liquids of a more or less complex composition, we could in certain cases of malignant tumours have recourse, where operation was impossible, to an agent well known to all, and which could render very important services."

"Cancerous ulcers" is given by Hering as one of the homeopathic indications of *Chi. sul.*, and many low forms of inflammation are found in the pathogenesis.

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#### TRIBUTE OF THE HAHNEMANN MONUMENT COMMITTEE TO THE LATE DR. HENRY M. SMITH.

WE have received from Dr. J. H. McClelland, of Pittsburg, U.S.A., the following minute of a meeting of the Monument Committee necessitated by the death of Dr. H. M. Smith, who was secretary and treasurer at the time of his decease:—

"NEW YORK, April 3, 1901.

"Meeting of the Hahnemann Monument Committee of the American Institute of Homeopathy, held at the residence of Dr. Wm. Tod Helmuth, 504, Fifth Avenue, Dr. J. H. McClelland in the chair. Present: Drs. McClelland, J. B. Gregg Custis, and Wm. Tod Helmuth, the latter appointed secretary *pro tem*.

“The President stated that the meeting had been called to consider the death of Dr. Henry M. Smith, the Secretary and Treasurer, and to take the necessary legal steps to fill the vacancy occasioned thereby.

“On motion of Dr. Helmuth, Dr. J. B. Gregg Custis, of Washington, D.C., was nominated for Secretary and Treasurer of the Committee. Carried.

“On motion, the following preamble and resolutions were unanimously adopted:—

“Whereas, through the death of Dr. Henry M. Smith, this Committee has lost one of its most active and efficient members, and

“Whereas, through the untiring energy and perseverance of Dr. Smith much of the successful workings of this Committee can be attributed, therefore,

“Resolved, that the Hahnemann Monument Committee of the American Institute of Homeopathy has sustained an irreparable loss in the demise of Dr. Smith, and offers this resolution as a tribute to his perseverance and self-sacrifice in assisting to secure a lasting monument to the founder of Homeopathy in the United States of America.

“Resolved also that copy of this preamble and resolutions be presented to the American Institute of Homeopathy at its next meeting in June and to the family of Dr. Smith.

“WM. TOD HELMUTH, *Secretary pro tem.*”

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#### LACHRYMOTHERAPY.

WE take the following interesting note from the *Medical Times* of New York of May:—

“HUMAN TEARS A REMEDY.—A physician who has recently returned from Persia says that the natives still believe that human tears are a remedy for certain chronic diseases. At every funeral the bottling of mourners' tears is one of the chief features of the ceremony. Each of the mourners is presented with a sponge to mop off the face and eyes, and after the burial these sponges are presented to the priest, who squeezes the tears into bottles, which he keeps. This custom is one of the oldest known in the East, and has probably been practised by the Persians for thousands of years. Mention is made of it in the Old Testament. The physician did not state just what diseases are supposed to be cured by these gathered tears, nor how they are to be applied as a remedy; but it is a curious fact that this old custom of ages past still prevails in certain parts of Persia to-day.—*Rev. Pract.*”

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#### BRITISH HOMEOPATHIC CONGRESS.

THE Annual Congress will be held this year in Liverpool, on Thursday, September 19th, under the presidency of Dr. Clifton, of Leicester. The usual circular, with full details, will be issued in July.

DIPHThERIA ANTITOXIN ADMINISTERED BY MOUTH AND  
RECTUM.

THE following experience is reported by W. Campbell M'Donnell, M.R.C.S., L.R.C.P., in the *British Medical Journal* of May 11th:—

“As it is thought that for success diphtheria antitoxin must always be injected hypodermically, the following may be useful:—

“E. C., a girl aged 14, having both tonsils covered with a thick, soft, white pellicle, with slight enlargement of the related lymph glands, and a temperature of 38.2° C., with no symptoms but ‘sore throat,’ was given antitoxin, 1,500 units (Burroughs and Wellcome's dry serum, 20 months old), dissolved in water. A swab from the throat was examined by the medical officer of health, and found to contain the diphtheria bacillus. Within twenty hours of giving the antitoxin the right tonsil was quite clear. No application was made to the throat. On the third day there was no pellicle to be seen, and the temperature was 35.8° C. On the fourth morning the temperature was 37° C. A slight recurrence of the pellicle, on the side more affected at first, being seen, another 1,500 units of the dissolved dry antitoxin were given by the mouth. The further progress to recovery is unworthy of record. In another case the antitoxin was given by rectal injection, and answered as well as in this case by the mouth. In this case, however, the presence of the Klebs-Loeffler bacillus was not proved, it not being looked for, yet the case was clinically diphtheria.

“A girl, aged 14, was seen first on the fourth day of illness, when both tonsils were covered by thick white membrane, and the sub-maxillary lymphatic glands were enlarged. She was given antitoxin 2,000 units by the mouth. On the fifth day the throat was clearer, and she was given 1,000 units by the mouth. On the sixth day the throat was clearer, but there were still thick patches; 1,000 units dry antitoxin dissolved were given by the mouth, and the same dose on the following day. On the eighth day the throat was almost clear, and further progress was uneventful to recovery.”

## DICTIONARY OF MATERIA MEDICA. VOL. II.

As many inquiries have been made as to the progress of this work, we may say that a large proportion of it is already in type and several hundred pages are printed off. Unforeseen circumstances have caused some delay, and the amount of material to be digested has proved greater than even the author imagined. But not for a single day has the work been arrested, and subscribers will have the satisfaction of knowing that the longer they have to wait the more value will be put into the work. Moreover, the work is of such a nature as to preclude hurry in any department of its preparation.

## ORIGINAL COMMUNICATIONS.

### A NOTE ON *IPECACUANHA* AND THE *VIOLACEÆ*.

By ROBERT T. COOPER, M.D.

THE following extract appeared in the *Globe* of May 11th:—

“It is stated that John Deer, the famous rattle-snake catcher, who died recently of old age, had been bitten scores of times, but always found a poultice of Violet leaves an infallible remedy. We have not much faith in these supposed remedies for snake-bite; but this one is so curious and so well attested that it is at least worth scientific investigation. No doubt, as a rule, the people who employ these remedies successfully upon themselves have really become immune to the virus through repeated slight injections, just as a man who has been stung several times by bees ceases to feel any pain. But, all the same, the subject is so important that John Deer's remedy should be considered.”

This is interesting, for it is already known that *Ipec.* is very useful as an external remedy for bites of insects, &c., and now it appears that the Violet has the same properties.

The *Ipec.* of commerce seems to be obtained from very different sources; thus Gray in his Botany says, under *Violaceæ*, “Those of some South American species of *Ionidium* furnish a part of the *Ipec.* of commerce.

While under *Cinchonaceæ* he says, “The true *Ipec.* is furnished by the roots of *Cephaelis ipecacuanha* of Brazil and New Granada. Its emetic principle (called *Emetine*) also exists in *Psychotria emetica* of New Granada, which furnishes the *striated black* or Peruvian *Ipec.*”

From which it would appear that our *Ipec.* may vary considerably, but probably all the substitutes for it contain *Emetine*.

Now all the members of the *Violaceæ* contain *Emetine*, the roots especially being acrid and emetic.

The *Acetum Ipec.* rubbed on the skin over a hard nodule that had formed beneath the cuticle, on the arm of a middle-aged lady, brought out a great patch of painful eczema, on the subsidence of which the growth disappeared completely.

## DIET.

By ARTHUR A. BEALE, M.B.

## I. MIND AS A FACTOR.

BEFORE entering upon the troubled question of Diet we must look at the more complicated question of mentality in relation to it.

Perhaps there is no question concerning which there is more diversity of opinion than that of diet. Some in our profession consider it a subject unworthy of discussion; others, again, consider it all-important; and amongst these there are many schools—one taking up the vegetarian cudgels, another declaring allegiance to a purely meat diet, and others, again, finding virtue in variously mixed proportions. There is little doubt that the same ailments can be treated with similar results, by either a vegetarian or meat diet, and it would be a worthy aim to try and find out the key to the mystery which undoubtedly lies behind the anomalous phenomena of diet. The vegetarians say that rheumatism and allied complaints are largely, if not entirely, due to the impurities contained in meat, especially uric acid. Salisbury comes forward and informs us that this complaint is due almost entirely to deposits of the biproducts of unhealthy fermentation of certain aliments, especially the starchy foods, and that if these are replaced by unfermenting foodstuffs such as meat, rheumatism will be curable. I have seen cases of rheumatism of a chronic character improve under both regimes.

Tuberculosis, especially of the pulmonary type, is a disease, in the opinion of some, due to the eating of unhealthy meat, and these point to the late reports of examinations of cattle, in which tuberculosis is rampant. The pioneers of the latest and most successful treatment of this disease claim that not too much but too little meat is the cause of this complaint, and recommend "stuffing." So the tendency to-day is to ignore the details of diet and to encourage the patient to a more "healthy" (often unhealthy) appetite.

Here, again, we are apt to run to excess, for there are cases which undoubtedly improve by a well-regulated starve, as well as those who require a liberal allowance. What is required is to know when and how to give. But

there is a factor which is too often ignored not only in the question of dieting, but in the treatment of disease generally—that factor is the Mind, therefore we make no apology in opening such an important question with a short dissertation on Mind.

In the first place it is of importance that a patient should not have his mind unduly concentrated on the diet in hand. Its direct influence of mind in relation to diet is shown in the common remark with which one is met when suggesting certain articles of food, that such always disagreed with the said patient. So they may, but not because there is anything inherently harmful in these substances, but because the patient is possessed by the idea that these foods are harmful to him. This difficulty can often be removed by a powerful opposing suggestion that such are the very best foods for the patient, and that you are prepared to sign the death certificate should they fail—anything in fact to divert the mind into a more healthy channel.

We might for a short time inquire into the ways by which mind acts on the body to produce health or disease. An old axiom runs, "We are what we eat." A more modern and also a more ancient one, an old truism appearing in modern garb, is that "We are what we think." They are both correct. For the body is built up by nutriment and moulded by the mind. How far another saying is true, that the "mind is the great disease producer," has yet to be proved to the majority of mankind, for, be it remembered, it is not sufficient for the unbeliever that a few credulous people accept a certain doctrine as true. It is, or may be, true to those who are ready to accept it, but not so to him whose intellect has not been satisfied. But even evidence is a difficulty, and yet the scientific mind of to-day has developed enough in faith to accept on assertion statements of phenomena reported by men of position; providing the sources of such reports, or general conditions of the tests, are not overloaded with suspicion.

We wish to refer to a few investigations and experiments which prove without a doubt that the mind has an enormous and powerful influence over the body, nay, perhaps dominates it absolutely. First, let us take hypnotism.

I. An experimental study in hypnotism by Dr. von

Krafft-Ebing. He suggested to a hypnotic subject, on whom the experiment of producing blisters by hypnotic suggestion had several times been performed successfully, that a red mark in the shape of a letter K would develop without inflammation or pain on a selected or protected area between the shoulder-blades. This occurred gradually, the process being completed in rather more than two months.

II. Experiments by Professor Charcot before large classes at Salpêtrière. "Some few hysterical patients, it appears, suffer from a swelling with local cyanosis and low surface temperature styled by Charcot, 'blue edema.' He claims to have first described this very rare hysterical abnormality in 1889. It occurred to him to try whether he could produce the condition by hypnotic suggestion. On April 26, 1890, a hysterical woman was deeply hypnotised, and it was suggested to her that her right hand and wrist would swell and become cyanosed after she awoke; this suggestion gradually realised itself, and in four days the right hand was in the condition of that of the patients who had spontaneous attacks. There was a smooth surface, hardly any pitting on pressure, but much dull blue, mottled swelling and anesthesia. A bright red patch was produced by touch.

"Charcot re-hypnotised the patient, and assured her that her hand was quite natural again, helping his suggestion with a little massage; after a quarter of an hour the anesthesia, venous colour, and swelling were gone." This is only one example of many from the same or as reliable sources in which the contour or inherent ingredients of the tissues have undergone material alteration at the magical touch of the hypnotist, amongst which we may mention the following:—

III. The name of the patient has appeared in letters of blood upon some part of the body some time after the patient returned to the self-conscious state as the result of a suggestion in the trance hypnotic state.

Professor Bernheim, M. Forachon, and others have produced blisters on the skin. Drs. Mabile Ramadier, Bourru, and Burot have produced localised hyperemia, epistaxis, ecchymosis. There is an account which describes that a Mdle. Ilma S., under the observation of Drs. Jandrassik and von Krafft-Ebing, was much injured

as the result of a diabolical suggestion of a medical student, in placing a pair of scissors on her chest, that they were red hot.

Other experiments go to prove that the natural secretions can be altered, suppressed, and again augmented at the will of the operator as in the experiments of Dr. Forel. Now for the inferences.

Those conditions above detailed are the results of external mental impressions given as suggestions to patients in an abnormal susceptible and impressionable condition. It would not be correct to describe this as a mental condition, since all that we associate with mental activity, such as thought, deduction, influence (apart, that is, from these conditions in the operator), is negatived. So that the mentality in the calculation is that of the operator, who imposes these mental changes on the all vital psycho-mechanism of the subject; in other words, powerfully created images are thrown out by a will, *through* the mentality of the operator, on to the sensitive screen of the tissues, or that which underlies the tissues of the subject and the image there reproduced. Let us, to make this process more clear, refer to another set of experiments carried on in France by Dr. Baraduc, who says in a letter to a friend, "The matter of my work is *Super-Sensible Impressions upon Photographic Plates*. I possess 200 negatives on which are impressions produced by human emanations, in the dark, with or without the use of electricity. I wish to emphasise my discovery, which bears on two main points. 1. The fact that a photographic plate can be impressed or acted upon by a vital force emanating from ourselves; the plate being influenced by the personal invisible light of our vital soul (I say 'vital soul' because the words Life, Light of the soul, have everywhere and always been synonymous; living soul, living light, &c.).

"2. The visual demonstration of the fluidic atmosphere of what I shall call the human soul, subject to a more precise definition thereof, hereafter." Farther on in the same letter he says:—

"*How to obtain an impression of this psychic nature.*— With or without electricity, one can project upon a plate in the dark an image clearly imagined, shaped, moulded by the mind. The mind, then, should conceive mentally, with force and precision, the image to which it is going to

give a fluidic body, and under a gentle pressure of the will this image escapes by the hand and impresses itself upon the plate." These are some of the statements made by Dr. Baraduc, and at the time of publication, his experiments were well discussed in the English and Continental Press. Compare these with the experiments of Reichenbach, in which he studiously and scientifically investigates the power of certain hysterical and sensitive patients to perceive luminous emanations from magnets and other bodies in dark rooms so that they could make diagrams of what they saw; also luminous emanations from people in or out of trance states, such luminosity being quite imperceptible to ordinary people on the one hand, and the photographs of luminous rays affecting plates in the dark, and then we are able to make some important deductions.

First and foremost there are emanations from trained minds which have sufficient physical existence that they are able to set up physical changes in the photographic plate.

Second, that images created in the mind by the will can be directed in a specific way and made to produce phenomena outside the mind.

Thirdly, that such impressions from the mind having a definite form are able to reproduce an impression corresponding to the mental image.

Compare the effect produced by the will of the operator on the sensitive photographic plate to that of the hypnotist upon his subject, and you will see that (making allowances for the higher organic quality of such subject, and therefore, inferentially, greater susceptibility to the impression than is the plate), to say the least, the processes are strangely analogous.

We learn more than this, for not only are the sensitive tissues of the brain affected by mental impingement, but the tissues themselves, and not only the tissues of the body, but inanimate (so called) substances, though we have yet to learn what is and what is not animate; and if some inanimate substances, like photographic plates, receive the impress of our thoughts, who is to say that all substances do not receive the impress of our thoughts? It does not follow that because we do not see them that the impress is not there. Each man is entitled to believe or not believe just as much as he likes,

and without upsetting the world. It follows also according to these experiments, that inanimate matter has been so impressed, and this opens long vistas of thoughts for the contemplative, in relation to food, that we at least have no ambition to sound the depth of at present. The fact remains that the mind is not only able to mould the body, but to control it for weal or woe. The circulation, which lies at the bottom practically of all morbid and pathological changes in the body, is entirely at its mercy, and, that being so, it is very hard to say where the changes cease. So far we have dealt with the influences from the outside. Let us not forget that the same conditions are going on constantly, the prompter being our own minds. The brain is the recipient of a constant flow of auto-suggestions, nearly all more or less morbid, in our present civilisation. Some of these are positive creations of our own. Some, and these far more common, the impress of thought-forms which are all about us, and which we are too negative to withstand, and which find a resting-place in our own mentalities, so that to all appearances they are our own ideas. It would be unprofitable and impertinent at present to say how many of our diseases are traceable to these influences, but the subject in hand deals with it in relation to diet.

There are many thousands of patients who are constantly suggesting to themselves that certain articles of diet are injurious to them, and they can well prove it. Articles of diet of this character are necessarily poisonous, as the most simple substance can be made into a most powerful poison, under the guidance of a trained will, as in hypnotic suggestion. It is quite possible that certain cases of idiosyncrasies are of this nature, such as poisonous effect of eggs on some people, though I am not in a position to say in what way this can be. How powerfully this may act can be shown in the experiments of Professor Fontan, of Toulon, in the *Revue Philosophique*, August, 1887. He considers the results of experiments with medicaments *at a distance*, carefully avoiding suggestions and thought-transference, to be quite conclusive. He operated on a sailor, aged 22, who suffered from attacks of catalepsy. We do not sufficiently realise how potent mental states are for weal and woe. We are indefinitely conscious that an attack of bad temper or violent passion upsets the digestion; we can accept the statements that

most dyspeptics are irritable or have sensitive temperaments—Thomas Carlyle to wit. We are also familiar with the irascibility of gouty patients, a disease associated with indiscretions of diet; but not so many of us are familiar with the interesting and all-important investigations of Professor Elmer Gates, Director of the Laboratory of Psychology at Washington, who found that the perspiration contains various volatile organic compounds, under the influence of different emotions: of the chemical products he tells us that of guilt is the worst. If a small quantity of the perspiration of a person suffering from conscious guilt be placed in a test tube and exposed to contact with selenic acid, it will turn pink, and no other poison similarly generated exhibits the same phenomenon. When the breath of a patient was passed through a tube cooled with ice, so as to condense the volatile qualities of the respiration, the iodine of rhodopsin mingled with these condensed products produced no observable precipitate. But within five minutes after the patient became angry there appeared a brownish precipitate, which indicates the presence of a chemical compound produced by the emotion. This compound, extracted and administered to men and animals, caused stimulation and excitement. Extreme sorrow produced a grey precipitate; remorse a pink precipitate. Agreeable, happy emotions generate chemical compounds of nutritious value, which stimulate the cells to manufacture energy.

In another place he tells us that bad and unpleasant feelings create harmful chemical products in the body which are physically injurious. Good, pleasant, benevolent, and cheerful feelings create beneficent chemical products which are physically healthful. These can be detected by chemical tests. "Suppose," he says, "six men are in a room; one feels depressed, another remorseful, another ill-tempered, another jealous, another cheerful, another benevolent. Samples of their perspiration are placed in the hands of the psycho-physicist. Under his examination they reveal all these emotional conditions distinctly and unmistakably." Here we have an example of how the excretions of the body are affected by mental states. For years it has been known that the expired air contains volatile ingredients of unknown and complex nature. Certain other investigations have shown how the saliva changes under certain conditions of a morbid

character; then we have the saliva of hydrophobia. It is a fair inference that all the secretions and excretions are similarly charged with morbid and probably pathogenic products. The same Professor Gates has given the results of investigations of urine similar to those of perspirations. We are familiar with certain malodorous conditions of the breath and sweat in certain patients associated with depressed mental states, and Dr. Jaeger speaks of similar emanations.

Sufficient has been said to show that the mental conditions cannot be ignored in the treatment of patients, and that it is not sufficient to direct a proper diet, but that the diet itself must be combined with healthy mental surroundings. It is part of our morbid civilised life that eating and drinking are made servants to morbid passions and desires. They form a most important ingredient in our civilised life, so that our days are divided by our meals. It is considered no sin to overeat, whilst in reality it is an absolutely immoral act, and from a high standpoint a crime for which the body has to suffer at the high tribunal of that Law which none can transgress with impunity. People to live healthily must learn to eat to live, and not live to eat.

They must learn to observe that control not only in the selection of the food and the quantities desirable, but also to have that command over the thoughts during the meals, so that depressing thoughts and irritability must be guarded against, or they may enter unasked into the composition of the food. Some ascetics consider an austere silence desirable at such times, but at any rate cheerful society and healthy thoughts are preferable to depressing and tedious thoughts. Homeopaths more or less accept the idea of dynamisation of medicines, and so justify the belief, which seems to us so very reasonable, that there can be no medicine without mind. But how many take the trouble to investigate the healthiness or otherwise of their cook's mind? and whether sour looks can turn milk or not, sensitive people can oftentimes tell what time of day it is with their cook by the state of the dinner. The open-minded who have investigated the subject admit there must be something in psychometry, and if they do admit this the subject is put at rest once and for all. Diet is of importance; mentality also is of importance, perhaps more so, and, without developing

into a Christian Scientist on the one hand or a hypnotist on the other (and in this respect we wish to emphasize that the examples mentioned of hypnotism were only taken as samples of mental activity; the art should never be taken up idly, for it is dangerous to all concerned), the mental state of the patient demands our most careful consideration.

26, Harley Street, W.

(*To be continued.*)

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## VETERINARY HOMEOPATHY — PHOSPHORUS AND THE EFFECTS OF A MERCURIAL SHEEP OINTMENT.

THE article to which Dr. Pope kindly gave us the reference last month forms such an excellent pendant to the series of papers which Mr. Hurndall has recently contributed to our pages, that we cannot refrain from reproducing it here. Our correspondent, Mr. Thompson, of Toronto, will probably thank us for so doing. Dr. George Dunn ("G.D.," M.D.), was a first-rate all-round practitioner, as well as a first-rate homeopath. His letter of "Reminiscences" appeared in the *Monthly Homeopathic Review* of August, 1884.

### REMINISCENCES.

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

GENTLEMEN,—The following recollections from practice may, I trust, interest your readers: I was lunching one day with Mrs. C., of Hodsach Priory, when Lady W—— came in, and, after being introduced, she said, "I don't believe a bit in your system of medicine, but if you can cure a tenant of ours I might believe." I replied, "Probably your tenant is labouring under an incurable malady, and we don't profess to cure incurables." She said, "I don't know; I have taken him the last two seasons to London, and have consulted the most celebrated physicians, and I shall take him again this season, but if you will drive round by Carlton I will give you his address, and will pay all expenses." I found the patient to be a tailor and draper much worn by nearly three years' dysentery. I traced the commencement of his affliction to a severe mental shock. Directing my prescriptions accordingly, he was cured in a fortnight. Meeting Lady W—— subsequently she said

the recovery could not be the result of my globules, and remained to the day of her death unconvinced that it was so. About this time the late Sir Benjamin Brodie was induced by some narrow-minded allopathic bigots to write a foolish letter against homeopathy, of which he knew nothing, which Dr. Dudgeon (I think) answered very ably. My friends, the allopaths, got the letter of Sir Benjamin inserted in the local papers, and the day following its appearance I was met by both friends and foes, the former pitying me, the latter, of course, exulting. So many were the remarks that I thought the letter must be answered. The next day I met Mr. William Tindal, who said, "Doctor, I am going to leave this neighbourhood, but I cannot go without thanking you for saving me four hundred head of cattle." This at once struck me as the best answer to Sir B. Brodie's letter, wherein it was asserted that homeopathy was only fit for nervous old women and children. I then asked Mr. Tindal if he would sign a paper to that effect. He replied, "Certainly," and went with me into a neighbouring shop, and I wrote out the following at his dictation: "Veterinary Homeopathy.—We, the undersigned, having used the homeopathic treatment in the most severe lung diseases in cattle with the very best results, hereby strongly urge its adoption by our brother agriculturists."

(Signed) WILLIAM TINDAL, Wheatley.  
GEORGE D. SIMPSON, Loversal.  
GEORGE MANN, Scawsby.

Sept. 7, 1861.

These were three of the principal stock breeders in the neighbourhood. A few days after this I was driving an old friend, when a farmer galloped up to my carriage and said, "Doctor, will you be good enough to come back and look at my lambs?" I said, "I am not a veterinary surgeon." "No, sir," he said, "but you saved my neighbour Dinby's cow, and I thought you could tell me what I had better do, as I am likely to lose all my lambs." I drove back and went into a grass field, and desired to be shown one of them. We went and saw one which I said would be dead before we left the field; he said, "I fear so." I found the poor things suffering from acute pneumonia, and I took out my pocket-case and put three globules of *Phosphorus* on the lamb's tongue, and then went round the field and treated all in the same way. I found that the ewes had been clipped, and rubbed with "Trooper's ointment," which I was told was a mercurial, and a cold night coming on, the lambs having sucked the poison, were rendered highly sensitive to change of temperature; I ordered the ewes to be washed, and both lambs and ewes to be taken into the fold and plenty of clean, dry straw to be laid down. My

instructions were faithfully carried out, and there were no more deaths. At Michaelmas the farmer brought me a fat goose; I asked the price, when he said, "You remember, sir, saying the first lamb you saw would be dead before you left the field; it is the finest in my flock, and I never lost another after your visit, and if you will please accept this poor acknowledgment I shall feel greatly obliged."

Impartial people, and even partial people, like the bigoted, ignorant allopaths, might well ponder over such matters and study, "but there are none so blind as those who won't see;" and yet these men go on abusing homeopathy, though at the same time they are ever stealing homeopathic remedies. Although the *Lancet* has killed and buried homeopathy so many times, the baby has grown into a giant, who, with his little pebble (globule) in his sling, is destined to slay the *Lancet* and all who believe in its insane bigotry.

I am, yours, &c.,

G.D., M.D.

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## MATERIA MEDICA MISCELLANY.

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

*Gelsemium in Recurrent Sarcoma.*—Dr. T. F. Allen reports the following interesting and encouraging case:—

A lady of abundant means, who could command the best advice had, on the diagnosis and advice of a most distinguished New York professor, been several times operated on by distinguished surgeons for sarcoma, which repeatedly recurred, till further operation was pronounced out of the question. When seen by Dr. Allen she was suffering with cerebral symptoms threatening disorganisation of the brain. The flesh of the forearm was swollen, infiltrated, the lymphatics angry and inflamed, and the glands of the axilla inflamed and painful. The symptoms were these: About 10 or 11 a.m. fever would begin to rise to about 104°, the distress in her head would increase, associated with vertigo, and loss of co-ordinated movements, increase of stupor, heat in head, and entire absence of thirst, to be followed at about 12 or 1 p.m. by slow subsidence of fever and general relief, so that by nightfall she could lie down and sleep, but the attack would recur next day about the same time. *Gels.* 6 was prescribed, a powder to be dissolved in half a glass of

water, and a teaspoonful taken every hour till the fever disappeared, and then stopped till next attack. The effect was as marvellous and unlooked for as could be imagined. The next day temperature did not rise above 101°, and the following day disappeared, within two weeks she was able to go out, and the growth finally dried up and dropped off, and all other symptoms and signs disappeared, and she was well eight years after.—*Critique*, from *Hom. Recorder*.

*Cancer of Tongue Cured by Phosphorus*.—The following case is from the same author: Patient, a distinguished lawyer, had been condemned by several New York surgeons either to have his tongue removed or die. The appearance of the growth is described as though through the centre of the swollen tongue a hole had been bored, with elevated indurated edges. Syphilis could apparently be excluded. The prescription of *Phosphorus* was based on the fact that, associated with the most marked local pharyngeal indications, there was pronounced mental depression. Some pellets were moistened with *Phos.* 6, one pellet taken every four hours. It acted kindly from the first day, and gradually improvement occurred so that he was able to get married within a year, and has since entirely recovered.—*Ibid.*

*Cyclamen and Pulsatilla Compared*.—Dr. Aug. Koerner contrasts these two drugs as follows: These two remedies afford a most noteworthy exemplification of the importance of Hahnemann's teachings in regard to the value of the modalities in the selection of the curative agent. A few comparisons of modalities governing each may prove both interesting and instructive. *Cyclamen* is characterised by great thirst, whereas *Pulsatilla* is thirstless. *Cyclamen* manifests predominantly "dread of fresh air," "feels better in a room," and "when sitting." *Pulsatilla*, on the contrary, has "great desire for fresh air," "feels better in the open, cool air," especially "when walking slowly." From these few examples it will be observed that although the pathogeneses of these two remedies show a remarkable degree of similarity, it is equally true, nevertheless, that the modalities giving type to these symptoms invariably and unmistakably mark a distinction in the therapeutic sphere of each.—*Am. Homeopathist*.

*Arsenicum in Vomiting of Pregnancy*.—Dr. Danforth finds certain medicines often indicated for this condition.

Among these he mentions *Arsenicum* as first in importance. This remedy corresponds more closely to pernicious vomiting than any other. He gives it in the 200th attenuation in water every two hours. If the patient cannot retain even a teaspoonful of the liquid on the tongue, he then gives just enough to wet the tongue, not enough to swallow, repeated at short intervals. If even this small amount is irritating he medicates the smallest pellets (No 10) with the 200th dilution, and drops a few on the tongue every hour. He has seen the most aggravated cases improve on this remedy, and believes *Arsenic* to be the remedy *par excellence* in many cases.—Quoted by Dr. Lucy Busenbark, *Hom. Journ. Obstet.*)

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## SOCIETY'S MEETING.

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### BRITISH HOMEOPATHIC SOCIETY.

THE eighth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, May 2, 1901, Mr. Dudley Wright (president) in the chair.

Dr. William Bryce (Edinburgh) read a paper entitled: "Some Personal Experiences of the Action of Remedies with reference to Medical Cycles and Present-day Tendencies," of which the following is a synopsis:

Brief historical notes as to the practice and methods of the seventeenth and eighteenth centuries, chiefly a survival of the ancient—An engrafting on the old—Revival of an old cult—Personal experiences of the heroic age of the nineteenth century, as a boy and as a doctor—The appearance of the ascending arc of a fresh cyclical change, and personal experiences relating thereto.

He mentioned some experiences with *Podophyllin* and warned one against using it in low potencies (1x-3x). He had seen cases of acute disease of the liver, sometimes fatal, which he attributed to the use of *Podophyllin*. He mentioned one such fatal case where the liver was large and tender and vomiting and diarrhea were present. He contrasted its action with that of *Mercury*, and emphasised the condition of the tongue as a distinguishing

feature. In *Podophyllin* it is dry and denuded, never coated, while with *Mercury* it is always coated. *Podophyllin* also produces more depression. He valued it highly for constipation associated with profuse colourless urine. He used the 3-12 centesimal potency. In the discussion which followed Dr. Hughes agreed as to the aggravation from low potencies of *Podophyllin*, and mentioned *Colocynth* as another drug which he had found to aggravate in low potencies. He had not seen any true homeopathic aggravation from any other drugs. Dr. Stonham mentioned the use of high potencies to remove the evil effects of low, and instanced the value of *Tabacum* 30 for tobacco-heart, and in this connection Dr. Lambert mentioned a case where *Plumb.* 200 relieved the obstinate constipation in lead poisoning. Drs. Dyce Brown, Dudgeon, Byres Moir, Burford, and the president also took part in the discussion.

Dr. Munster (Croydon) then read a paper on "Two Cases of Bulbar Paralysis with Partial Recovery; and Remarks on Diagnosis and Treatment, with Special Reference to the Homeopathic Aspect of the Latter." The first of Dr. Munster's cases was most instructive in many respects, both as to the clinical history and progress of the disease and great improvement which resulted. The second case was complicated with bronchitis, and also improved very much under treatment. In the first case *Strychnine* hypodermically was the most useful drug, and in the latter case *Plumbum* internally. These two cases prompted Dr. Munster to a careful study of the homeopathic treatment of this serious disease and led him to a selection of sixteen drugs all likely to be of service, the indications for which he gave. At the head of the list he placed *Plumbum* as the best pathologically indicated drug. *Mikania Guaco*, and *Gelsemium* he also strongly recommended.

In the discussion which followed Mr. Dudley Wright and Drs. Blackley, McNish, Byres Moir, Lambert, and Stonham took part. Dr. Munster replied.

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ARNICA NOT AN ANTISEPTIC.—In an experiment at the laboratory of the Hôpital St. Jacques, Dr. Jousset has ascertained for *Arnica*, as had Dods for *Calendula*, that its repute as a vulnerary did not arise from any antiseptic qualities possessed by it. *L'Art Médical.*—*J. B. H. S.*

## INSTITUTION.

### LIVERPOOL HAHNEMANN HOSPITAL AND HOMEOPATHIC DISPENSARIES.

WE have received the report (which we have pleasure in reproducing) of the above institution for the year ending December 31, 1900, presented to the annual meeting of subscribers held on May 5th:—

The Committee of the Hahnemann Hospital and Homeopathic Dispensaries begs to present to the subscribers the reports of the above-named Institutions, being the thirteenth report of the Hospital and fifty-ninth of the Dispensaries.

Your Committee is glad to be able to give a good account of the work done in connection with all departments of the charity. The work divides itself into three branches, namely, the in-patient work of the Hospital, and the out-patient work in our Hope Street and Roscommon Street Dispensaries.

Four hundred patients have been received into the Hospital for medical or surgical treatment during the past year, which, together with 24 brought forward from the previous year, make a total of 424 cases; 40,768 patients have received attention in connection with our Dispensary at Hope Street, and 27,010 at Roscommon Street. The increasing number of patients at the last-named Dispensary is a matter of gratification as evidencing the appreciation by the very poor of the homeopathic system of medicine. Our Hospital has been kept in a high state of efficiency during the year. Large numbers of serious cases have been admitted for both medical and surgical treatment, and in this latter connection the re-modelled operating theatre has been found to be most valuable.

Our private wards, which should be a source of additional income, have not been used during the past year to the extent we should have desired, nor so much as they would be if the fact were more largely known that these wards are available at a comparatively low fee.

It will be observed that our Hospital has sent 45 convalescent children to the Eaton Home at West Derby, where they were greatly benefited by their residence. The number received at the Home has not been as large as it might be, nor as is wished by the founders of this excellent Institution, and the matter is mentioned in order that it may be more generally known that convalescent children from Hospitals will be received at West Derby; and that the Institution is capable of accommodating larger numbers than have recently been presented.

Your Committee desires to acknowledge the great services

rendered to our Hospital by Dr. John D. Hayward, in his capacity as surgeon. He has now joined the consulting staff, so that while we lose his more active co-operation, his advice is still at the disposal of his successor and the other medical officers.

The Committee records its indebtedness to the members of the Executive Committee, the Ladies' Committee, and the Medical Board, upon whom so much of the work falls, and to whom so much of the success of the Hospital is due.

The thanks of the Committee of this Institution are tendered to the Committee of the Hospital Sunday and Saturday Fund for their much valued contribution to our charity. The grant has been exceptionally useful in view of the fact that the finances of the Hospital are not in a satisfactory condition, and that, notwithstanding the economy practised in every department of the work, the income is not equal to the expenditure. While the income from our permanent investments has increased, our available working capital has diminished to a large extent, through the lack of legacies, and the shortness of available funds is becoming a real source of danger, as it has been the cause of great anxiety during the past year. There is pressing need for an increase in the number of our subscribers, as the changes incident to a commercial centre must, of necessity, cause removals from our list. Large sums, however welcome, are not specially asked for; our sympathisers are numerous, and if a due proportion of those who have adopted the homeopathic method in their own homes would subscribe to the funds of our Institution, we could carry on a larger work with the present efficiency, and with less anxiety.

Your Committee is pleased to recognise the action of the Lord Mayor in opening his Century Hospital Fund, which, if the founder's hopes are realised, will provide timely help to many medical charities whose adverse balance is, like our own, apparently as inevitable as it is distressing.

ATTENDANCE OF PATIENTS FOR THE YEAR 1900.

*Out-Patient Department, Hope Street.*

Attendances at the Dispensary ... ..	37,713
Visits at own homes ... ..	3,055

*Roscommon Street Dispensary.*

Attendances at the Dispensary ... ..	25,346
Visits at own homes ... ..	1,664

67,778

Number of In-Patients treated within the Hospital during the year ended 31st December, 1900... ..	424
Admitted during 1900 ... ..	400
Patients treated in Convalescent Home, West Derby ... ..	45

## EXTRACTS.

## MARK TWAIN ON MEDICAL LIBERTY.

[WE extract the following portion of a recently published article by Mark Twain from the *Medical Century* of April.—ED. H. W.]

The State stands a Gibraltar between me and anybody who insists upon prescribing for my soul what I don't want to take, and why shouldn't I have equal liberty with regard to my body, which is of so much less concern?

I believe we ought to retain all of our liberties. We can't afford to throw any of them away. They didn't come to us in a night, like Jonah's gourd, if Jonah was the man who had a gourd. I can conceive just how it was in the Garden of Eden when the Lord told Adam he must not eat of the forbidden fruit. And my own opinion is that Adam is unjustly criticised. I am confident that if any of my tribe had been in the Garden of Eden when that injunction was served they would never have contented themselves with just one apple. They would have eaten the whole crop.

Now, what I contend is that my body is my own, at least, I have always so regarded it. If I do it harm through my experimenting it is I who suffer, not the State. And if I indulge in dangerous experiments the State don't die. I attend to that. This disposition to experiment is an inheritance from my mother. She was all the time experimenting. She bought every patent medicine that came along. Not that she needed it, but just to see what effect it would have. But withal she was cautious. She didn't try the thing herself first, nor did she just pick out any one of the flock at random. She nearly always chose me.

I can remember well when the cold-water cure was first talked about. I was then about nine years old; and I remember how my mother used to stand me up naked in the back yard every morning and throw buckets of cold water on me, just to see what effect it would have. Personally, I had no curiosity upon the subject. And then, when the dosing was over, she would wrap me up in a sheet, and then wrap blankets around that and put me

into bed. I never realised that the treatment was doing me any particular good physically. But it purified me spiritually. For pretty soon after I was put into bed I would get up a perspiration that was something worth seeing. Mother generally put a life-preserver in bed with me. And when finally she let me out and unwound the sheet, I remember that it was all covered with yellow colour, but that was only the outpourings of my conscience, just spiritual outpourings, and, fortunately, it removed all that, so that I am not troubled with it now.

But I am willing to say that sometimes my mother's experiments had such an effect upon me that she was obliged to call in "that ministering angel with the pills" to bring me around. And I do not bar allopathy in my experiments now. I am willing to take a chance at that just for old-time's sake.

At the time when I lived in the banner State, Missouri, we had a rather primitive society there. We didn't have the fine distinctions in language which we now have. To us the word dispute meant to quarrel. One day, when I was carried out to visit an uncle of mine, I saw a picture in the house, "Christ Disputing with the Doctors in the Temple." Now, although I was the model Sunday School boy of our section, I couldn't quite understand that. For to my mind to dispute meant to quarrel. There was an old slave in the house, Uncle Ben by name, who came into the room when I was revolving the problem of the picture in my mind. I thought perhaps Uncle Ben might be able to enlighten me, for he was a sort of doctor himself, a herb doctor, unlicensed, of course.

"Uncle Ben," I asked him. "What does that picture mean? Christ surely didn't begin the dispute, did He?"

"Naw, the doctors, they begin it," he said.

"And what did they want to quarrel with Christ for?"

"'Cause He ain't got no licence, dat's why; dey say He bust dem up in business."

## TUBERCULIN AND DIPHTHERINUM.

By DR. A. NEBEL OF MONTREUX.

Translated for the *Homeopathic Recorder* from *Allg. Hom. Zeit.*,  
February, 1901.

I. *Asthma infantum*. A girl of nine years, burdened with tuberculous inheritance on the father's and the mother's side, has had from early childhood asthmatic attacks occurring every three or four days. The child is emaciated, with black hair, a somewhat dark complexion, pupils very much enlarged, the upper lip thickened, the mucous membrane of the reddened nose with small ulcerations, with an acrid secretion causing eczema. The tongue is posteriorly coated yellowish grey, anteriorly there is strawberry tongue, much thirst, the lips red, the conjunctiva deep red, lack of appetite, frequent pains in the abdomen, the whole body is emaciated, but most of all the chest, in the lungs there is a slight rattling.

The child received one dose of *Tuberculin* 1000 c. and one of *Sulph.* 1000 c. In two weeks the child appeared more rosy, breathed more easily and had only one attack of asthma, during which the child was brought to me. And here is something at which those so inclined may mock. On the evening before I had prepared *Tuberculin* 1000 c. and 500 c. for my colleague, Schlegel, in Tuebingen, the thought suddenly occurred to me, now I will experiment on that gigantic swindle of Hahnemann, *smelling of medicines*.\* So I took in the evening a good whiff from the bottle containing *Tuberculin* 500 c. I could not sleep that night till 3 a.m., though I was not excited, only wide awake; at first I had a slight oppression on the chest, which, however, soon disappeared. Besides this there was a peculiar sensation of heat in spots on the skin, so striking that I felt the spots with my hand, but the skin showed no heat in these spots. The sensation was similar to that caused by *Sepia*; towards morning there was some sour-smelling perspiration in the axillæ. On the afternoon succeeding this there was some oppression on the chest, with a desire of taking the fresh air, but the evening and night succeeding were undisturbed. From this I concluded that, in my case at least, *Tuberculin* 500 c. acts more gently when it is smelled at than in oral ingestion.

\* See Bœnninghausen's *Repertory to the Antipsorics* (Boger, translator).

When the child was brought to me the next day I was glad to have an opportunity of trying the therapeutic experiment of *smelling* the medicine. The child entered my office gasping for breath and with a hissing sound at every expiration, with an anxious look of suffering, and after smelling the medicine she left the office cheerily with almost normal respiration.

In the course of the treatment she received *Arsenicum* 30 c., *Silicea* 30 c., *Sepia* 200 c., *Calcarea* 100 c., *Hepar sulph.* 30 c., *Tuberculin* 1000 c., with the result that her weight increased from 47½ pounds to 51 pounds. The child has now a full face and a rosy tint, her nose has stopped running, she has a good appetite and no more thirst, the pains in her abdomen are gone, the chest is again full, and the lungs show a normal state with the exception of a slight emphysema; the lymphatic glands on the neck have decreased in size, and the attacks of asthma have not recurred during the last two months. And yet her allopathic doctor had given up the case as incurable.

#### TUBERCULOSIS IN AN ADULT—RELIEF.

II. *Tuberculosis chronica.* The father of the child mentioned above came himself from a tuberculous family. His father and three brothers and sisters died in the flower of their age from tuberculosis. He himself had been suffering in the lungs for ten years; he was using the *Creosote* treatment until now. On both sides of the back there is a dull sound extending to the lower third of the scapula. The left lung shows a decided retardation, with a jerky, accelerated respiration and slight rattling noises. Posteriorly on the left side at the top in a spot as large as a silver dollar; there is a bronchial respiration. The patient is tall, very much emaciated, especially on the chest, with black hair, brownish complexion, without appetite, with thirst, constipation, dyspnoea, much cough, green expectoration containing tubercle bacilli, with much blood mixed in, every two or three days, so that he uses two or three handkerchiefs a night. Besides this, there were severe nocturnal sweats, strawberry tongue, the specific smell from the axillæ and the chest, insomnia, mental depression which shows at once in the face; general weariness.

I prescribed *Tuberculin* 1000 c. This caused enormous pains in the cardiac region and a sensation *as if the heart was swung by a thin thread and moved back and forth*; but this was only for a few days. The cough rapidly diminished, as also the expectoration, which contains much less blood. The perspiration is much less. *The weight diminished two pounds*. The secretion of urine is considerably increased, the respiration easier, the complexion less morbid. *Kali carbon.* 100 c., one dose for the first week; *Calcarea carb.* 4. c., three times a day five drops, for one week; *Silicea* 100 c., one dose for third week. In spite of the fact that his weight has again diminished one pound, his general health is better, but little expectoration, no more blood admixed, the cough is much less; the appetite has improved, daily stools, there is still some thirst. *Tuberculin* 1000 c., one dose; *Arsen. iod.* 30 c., two doses for three weeks. The patient breathes much more freely. Only a little cough morning and evening, no more expectoration; the respiratory murmur is more abundant, no more bronchial respiration. He cannot well bear sultry air. His weight has increased by one pound. Prescription: *Sepia* 100 c., *Calcarea carb.* 100 c., one dose a week. After two weeks he feels right well. He only coughs a little in the morning. There is only a slight perspiration on the chest. Has again increased one pound. The appetite is good. He can now walk much faster without respiratory trouble, feels much stronger and is full of hopes for recovery. He received again *Tuberculin* 1000 c. dose, *Calcarea iodat.* 5x to be taken three times a day for two weeks. I promised the man that in a year I would get him so far that he would feel better than for ten years before. After two and a half months' treatment he claimed that he had already advanced that far.

I might enumerate here two similar cases, in both of which doses of *Tuberculin* 1000 were at first followed by loss of weight, with violent neuralgic pains, showing that in case of great stability of the nervous system a still higher potency should be given.

#### A DIPHATHERINUM CASE.

In conclusion, I will add an illustration of the action of *Diphtherinum*.

III. Miss R. was some years ago freed from a violent gastric trouble by Dr. Grubenmann. Soon afterwards a series of nervous troubles appeared with a goitre, for which electricity was used. The patient asked me for a goitre remedy. I gave her *Iodium* 4x. A week later she reported aggravation of the nervousness, and I instituted a closer examination. The pupils were somewhat prominent, there was twitching and trembling of the mimic muscles and restlessness. There were cicatrices on the neck due to glandular abscesses, emaciation of the chest, cold feet, lack of appetite, constipation. The tips of the lungs showed a dull sound; during coughing there are peculiar whistling sounds. The menses are somewhat early. The patient loves the fresh, cold air. The struma soft, the cervical arteries pulsate, palpitation of the heart, cold feet. I half suspected that Basedow's disease was impending. I prescribed *Calcarea carb.* 30 c. In eight days there was no improvement. I then gave *Tuberculin* 1000 c. A few days later the patient came to my office with staring eyes and quite excited; she seems confused and complains that all the symptoms had grown worse. She has Græfian symptoms; the right pupil staring and enlarged; the struma is considerably enlarged, the arteries are pulsating visibly, very violent palpitation of the heart, pulse 180. I asked the patient whether she had not had similar attacks before. She then told me, as mentioned above, that four years before her neck had been successfully treated with electricity. In the course of the four weeks succeeding the symptoms diminished somewhat—*Calcarea carb.* 4 c. But a cold followed by catarrh and angina destroyed what had been gained. The heart symptoms especially were quite tormenting, being attended with weariness and depression, so that she could not attend to her duties. I endeavoured to get some therapeutic hint from a closer examination, when I discovered by questioning her that nine months before she had had diphtheria twice in close succession. On this I gave her *Diphtherinum* 50 c., and this was quickly followed by improvement. The heart worked more slowly, the pulse went down 80, and she became more restful. Her eyes are less prominent and she is more quiet.

This case shows the great diagnostic value of *Tuberculinum*. That it causes enlargement of the thyroid

gland is shown from the experience of the period of Koch's injections. I also found this effect several times in my practice, as, on the other hand, also the diminution of the goitre after high potencies. This case also shows, on the other hand, that where infectious disease takes place on tuberculous ground, as, *e.g.*, diphtheria or influenza, we can use with effect the respective toxins, and only when the ill effects caused by these intercurrent diseases have been removed the space is cleared for the action of the anti-tuberculous remedies.

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### RELATIONS BETWEEN THE NOSE AND THE FEMALE SEXUAL ORGANS.

A. SCHIFF (*Wien. klin. Woch.*, 1900, p. 58) discusses this subject. Fliess in 1897 published a book with this title, in which, after restating the fact that in menstruation there regularly occurs swelling and congestion of the nasal lining, he says that this change affects two special points, the front end of the lower turbinate and the tuberculum septi, which are not only swollen but specially sensitive. These he calls the genital spots. These points have special relations to the pain in those dysmenorrhœas which do not end with the onset of the flow and the pain can be stopped by cocainising these points, hypogastric pain by the turbinate and sacral pain by the tuberculum. Starting from a sceptical standpoint to test these statements Schiff ended by being convinced of their absolute accuracy. His cases were got from the clinics of Schroetter and Chrobak, and were carefully selected by excluding all in which the pain was erratic and did not regularly continue for whole days at each period, and he was very careful in avoiding any possibility of "suggestion." He painted the genital spots during the pain with 20 per cent. cocaine solution, and of 47 cases he could regularly produce cessation of the pain in 34. Some cases he observed for months and had more than 200 positive results with cocaine. So little cocaine was used that there was no question of a constitutional effect, and he got the same result with 3 to 5 per cent. solution if he first contracted the nose lining with suprarenal extract. The pain hypogastric and sacral could be painted out bit by bit by taking the genital spots in succession. In 17 of the positive cases he in the menstrual interval cauterised the genital spots with trichloroacetic acid or electrolysis and 12 had no return of the dysmenorrhœa, 3 being under observation as long as from 1½ to 2½ years. In the other 5 he thinks the cauterisation was probably not

complete. Of the 13 negative cases 9 had been examined gynecologically, 4 had fixed retroflexion, 2 adnexal disease, and 1 parametritis. Two with normal pelvic organs had marked hysteria. Of the 34 positive cases 24 had been examined; 9 had approximately normal organs and 15 marked pelvic disease, mostly inflammatory. Many of the cases had been under gynecological treatment. Perhaps the strongest confirmatory evidence of the constancy of the relation of the genital points of the nose to the pelvic pain was given by a series of experiments beginning with the following observation made on the first patient treated from Chrobak's clinic. The woman had a large adnexal swelling on the left, and when in presence of several of the staff he touched the left turbinate with the cocaine plug, she, without knowing what he was looking for, said, "That hurts me so down here," pointing to the left hypogastrium. This was repeated each time, but with the addition that it was not so sore, till the anesthesia was complete. A second patient on whom Chrobak had a week before done a ventrifixation for fixed retroflexion, had severe hypogastric dysmenorrhœal pain. When the right turbinate was touched she cried out, "I feel that down here. That hurts so much down here," pointing to the right hypogastrium. The left side gave like results, and when the tuberculum septi was touched she called loud out, "My back, my back." She had otherwise no sacral pain. This experiment was repeated by Schiff and by several others, and gave constantly the same results. The details of 2 other like cases are given, and of 16 women 12 regularly gave these results. In the intermenstrual period this phenomenon could not usually be elicited, but in a few cases with intemenstrual pain it could be got. The importance of this point, especially in the dysmenorrhœa of virgins, is considerable, and in particular the cocaineisation may be used as a test of the nature of the dysmenorrhœa. The application must of course be made exactly by exposing the genital spots by a speculum. Fliess had pointed out a corresponding relation between the anterior end of the left middle turbinate and certain gastralgias, and Schiff was able to confirm this by several observations.—*British Med. Journ.*, February 16th.

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#### SNAKE VERSUS MONGOOSE.

CAPTAIN R. H. ELLIOT, I.M.S., whose researches into the question of establishing immunity from snake-venom, by inoculation and by feeding on venom, we noticed recently

has just presented a most interesting report to the Government of Madras concerning a series of further experiments made with the same object. In this case, Captain Elliot employed a number of mongooses and other animals with a view of ascertaining especially the degree of the mongoose's immunity from the effects of snake-bite. Two sets of experiments were conducted (*a*) in the hills, and (*b*) partly in the plains and partly in the hills, and in each case there were conditions militating against the complete success of the operation. In set (*a*) the mongooses had been carried up from the plains, and the climatic change was undoubtedly injurious to their general health, at the time when the venom was injected. In set (*b*) the animals had been a long time in captivity, which had reduced their vitality, while some of them were transferred to the hills for experiment, and the change from hot to cold was an additional factor prejudicial to their condition. Captain Elliot found that a dose of .006 gramme of cobra-venom per kilo of body weight is likely to prove fatal to a mongoose, but that given a healthy, active animal much larger doses may be borne. Compared with the rabbit, the mongoose is from ten to twenty-five times as immune, but, as Captain Elliot points out further on in his report, all herbivorous animals are probably more liable to succumb to snake-bite than carnivora.

#### HOW THE MONGOOSE MAY LOSE IMMUNITY.

A very interesting question is raised as to the heredity or otherwise of the mongoose's immunity. Captain Elliot compares his experiments with those of Professor Calmette, in which death followed more rapidly and after much lighter doses of venom than in the operations under notice. But M. Calmette's mongooses came from the island of Guadeloupe, where venomous snakes are unknown, and where they had been imported from Barbados. Now Barbados is also snakeless, but Captain Elliot has found out that the mongoose in that island was introduced direct from India for the purpose of hunting down the cane rat, and he argues that if, as M. Calmette says, it was introduced into Guadeloupe from Barbados twenty-five years ago, the introduction must have occurred very soon after the animal was imported into Barbados from India. So that, for practical purposes, we may assume that the Indian mongoose was imported direct to Guadeloupe, and that M. Calmette's specimens were direct descendants thereof. "It must now be clear," writes Captain Elliot, "that the specimens of this little carnivora with which M. Calmette experimented, had not been away from contact with poisonous snakes much more than twenty-five years.

We are thus led to the interesting conclusion that the introduction of the mongoose into a country in which venomous snakes are unknown has resulted, in so short a period as a quarter of a century, in a very appreciable reduction of the animal's resistance to snake-venom. The fact points strongly to the further conclusion, that the immunity is an acquired one, and inasmuch as the acquired character has been so rapidly and easily diminished, it would appear likely that it must be maintained from generation to generation. Be it remembered that a quarter of a century probably means about fifty generations."

#### A COBRA AND MONGOOSE FIGHT.

Coming to the question, to which we alluded above, of the influence of an animal's food on its measure of resistance to snake-venom, Captain Elliot concludes that while carnivorous animals are less susceptible, there is still a large margin of immunity in the case of the mongoose to be otherwise accounted for.

In order to obtain light on the subject he writes: "I have closely watched fights between wild mongoose and untamed cobras, and have also been at pains to collect reliable information on the subject from others who have witnessed similar combats. The first thing that strikes a spectator in these contests, is the absolute indifference the mongoose exhibits in the presence of a snake, even after it has had one or two scimmages with the reptile; the cobra, on the contrary, is 'all there'; it raises its hood, follows every movement of the mammal, and hisses almost without interruption. As a rule both animals evince a strong desire to avoid a fight, but there is the greatest difference between the casual conduct of the mongoose and the lively terror exhibited by the cobra. It would, however, be a great mistake to suppose that the former animal for a moment forgets the presence of a dangerous foe, for it will dart out of the way of a sudden stroke with a combined agility and aplomb that are astonishing. When the little carnivore finds that it cannot get away, it seems suddenly to catch sight of the reptile; it then approaches slowly and stealthily, watching every movement its adversary makes, and never allowing its eyes to leave the snake's head. Now begins the 'open phase' of the fight, in which the cobra's lunges are either evaded by swift backward springs, or 'countered' by a sudden dash forward which results in the mongoose seizing the snake's head in its open jaws. The rapidity of this latter manœuvre is almost incredible, unless one has witnessed it. A very noticeable point is that the mongoose always makes for the snake's head; I have never seen it attempt any other grip,

and very often one finds the jaws of the two animals interlocked. It then looks as if the mongoose must certainly be severely bitten, but that this is not the case is often shown by the result of the fight. There is something in the grip which prevents the cobra from injecting any great amount of venom; in one case I found that the snake's fangs had been snapped off short by the carnivore's teeth, and in several instances I satisfied myself that these bladed teeth had transfixed the venom sacs, doubtless giving free exit to their contents, and rendering them useless, thus putting the poison apparatus *hors de combat*. There would seem to be but little doubt that under such circumstances venom must have found its way into the mongoose's mouth and so down its throat. This is an important point to which I shall revert later on. Such a grip as I have described may be only momentarily held, in which case open sparring is resumed, or the mongoose may hold on, bull-dog fashion, till the snake succumbs. It is a gruesome sight to see the two animals rolling over and over in a merciless death grip, the snake writhing with pain while it enfolds the little mammal in its coils, the mongoose maintaining its hold with a courage that only death can damp. There is one point I have passed over, and to which I desire to return. It is the question of the frequency with which the cobra 'gets home' in the earlier stages of the fight; to the casual onlooker the snake often appears to get its blow in, but a careful watch will show that, as a rule, it misses stroke after stroke. Even when it does succeed in striking its little foe, the agility of the latter is such that it bounds out of the way before any appreciable amount of venom can have been injected. To my mind the only chance the snake gets of injecting a full dose of poison is in the interlocking grip when, for some reason, the mongoose has not succeeded in catching its adversary's head with its accustomed knack. At the same time, I do not mean to assert that the mongoose never gets a fatal bite whilst skirmishing, though I think that such an event must be uncommon."

#### HOW IMMUNITY IS ACQUIRED.

Another weapon of defence possessed by the mongoose is its long hair, which bristles like the "quills upon the fretful porcupine" when in fight. The effect is to mislead the snake as to the available size of the target, and to terrify it in the same way as the cobra itself terrifies its foe by raising its hood. Captain Elliot has watched several snake and mongoose battles such as the one described above, and he concludes that in the fight the mongoose, besides receiving venom through bites, also swallows a good deal when it seizes the snake's head in its

mouth, and that "in both of these ways a gradual immunising process takes place—a process which is kept up through successive generations, so long as the animals are in constant contact with poisonous snakes, but whose effect dies away should the mongoose be transported to a country in which the thanatophidia are distinguished by their absence." As to proof of the theory that swallowing venom produces immunity, Captain Elliot quotes Professor Fraser as supporting the view, and promises himself to produce evidence later on tending in the same direction.

#### OTHER ENEMIES OF THE SNAKE.

The report concludes with some interesting facts concerning encounters between dogs, cats, and other domestic animals, and venomous snakes. That dogs will often attack and kill snakes, preserving themselves from being bitten simply by their own agility, is fairly well known. But some of the following stories have the merit of unfamiliarity:—

"Mr. Gray, of Coonoor, an ardent naturalist, and a most trustworthy and careful observer, informs me that he knew of a cat which used often to bring in specimens of the poisonous hill-vipers. Another gentleman, on whose word I can rely, told me that he had a cat which used to tackle cobras. On one occasion, hearing his child shrieking with laughter, he went into a bath-room and there discovered the cat engaging a cobra. She was sitting in front of the reptile, in a boxing attitude; every time the snake lunged, the cat struck the blow to one side with her paw; when the cobra made an effort to escape, and lowered its head for the purpose, the cat seized the opportunity to rush in with a bite that brought the unfortunate reptile to the defensive again, and so on till the snake was wearied out. Other trustworthy persons have confirmed the accuracy of the above statements from their own experience. Guinea-fowl and pea-fowl have the reputation of keeping a compound free of snakes, though with what amount of truth I am unable to say. A native who has given me much assistance in my work on snake-venom, assures me that he has seen a peacock kill a large cobra, and that on opening pea-fowl he has often found snakes in the alimentary canal. He adds that he has also seen guinea-fowl catch and eat young cobras or other young snakes. He is a reliable man, and he asserts that such facts are well known to natives, being matters of common experience. I cannot confirm his statements by any personal or other European evidence, but I am inclined to believe him. In this connection the following contribution from a correspondent stationed at Munzerabad is interesting: 'February 7, 1900. Three weeks ago I saw a common grey

kite attack and slaughter a Russel viper, which it afterwards carried away. The bird hovered and fluttered around, half in the air, half on the ground, striking the snake with beak and wing. I do not think the bird was touched.' There is a common belief amongst natives that Indian pigs eat snakes, and that they are to some extent protected from cobra-bite. Lieutenant-Colonel O'Hara informed me that he has watched a sound of wild pig trample a cobra to death with the greatest deliberation. Professor Calmette, too, evidently believe that pigs possess some measure of protection, though he was unable to work the matter out. I incline to the view that the pig possesses a slightly greater degree of resistance to venom than the dog does even when the dose is graded according to kilos of body weight, and to this one must add that the former animal is a much larger one, and possesses a very much tougher skin than the latter; indeed, it is a difficult matter to force a hypodermic needle through a pig's skin, after selecting its softest place."—*Bombay Gazette Summary, May 26th, 1900.*

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THE TREATMENT OF EPIDERMOID CANCER BY THE RÖNTGEN RAYS.—F. H. Williams (*Boston Med. and Surg. Journ.*, January 17, 1901) expresses his conviction that the X rays are of value in the treatment of certain forms of cancer. His experience at the Boston City Hospital indicates that we have either in the X rays themselves or in some other form of radiation from an excited Crookes's tube a valuable therapeutic agent in epithelioma, and that the beneficent action of the X rays can be brought about without causing a burn. The patients to whom he chiefly refers entered the Boston City Hospital in the service of Dr. H. L. Burrell, who, at his suggestion, had a small piece of the growth taken out and submitted to Dr. Mallory; the latter reported that the growths were epidermoid carcinoma. The patients having been transferred to Williams's care, he convinced himself that without causing any pain, and without the delay or inconvenience to the patient of an X ray burn, foul and nearly unbearable odours ceased, the discharge became less, and the growth steadily diminished in size. The earlier this treatment is undertaken the better. It is not, William thinks, improbable that it will be found that its curative action is limited to superficial growths, though as a means of relieving the painful features of the disease in other forms it may be of some use. The delay in seeking medical advice for the treatment of a new growth in its earliest stages has been caused in many cases by the dread of the knife, but there is nothing to be feared in the use of the X rays if they are properly applied; that is to say, if the apparatus, especially the Crooke's tube, is suitable, the distance of the patient and the duration of the exposures are properly chosen, and other necessary precautions taken. Later Williams promises to present in more detail the results of the use of the X rays in the treatment of cancer. *Brit. Med. Journ.*

## REVIEWS.

### VARIOUS VERSES.\*

THOUGH medicine and surgery are in general prosaic enough, it is not by any means an unheard of thing that the practitioners of the healing art should burst out into poetry now and then. Helmuth, besides being the *doyen* of American surgery, is the poet laureate of homeopathy of the present day, if not indeed the poet laureate of medicine. The present volume is as bright as any that have proceeded from his pen, and by way of example we here give from it his "Address to the Reader":—

"A poem should be a harmonious strain,  
An artistic production of soul and of brain;  
A music of words, an adornment of thought,  
Embellished by Genius and skilfully wrought,  
To speak to the senses in language so sweet  
That where the ideal and practical meet  
Is a dim, indistinct, oft invisible line  
Which even the critics can scarcely define.  
In fact, the old adage in wisdom is laid,  
That a *poet is born*, he cannot be made.  
And when I was ushered a babe upon earth  
No Pegasus wingèd stood by at the birth,  
But a gruff Æsculapian fellow, who said,  
"This baby's a boy, nurse, pray put him to bed."  
My life from that time up to this present day  
Has been spent in a practical sort of a way,  
And when I've attempted to worship the Muse  
She would hold out her hand and often refuse.  
But once in a while there would steal through my brain,  
Some thought like a beautiful far-distant strain  
Of angelic music; but ere I could write  
It slipped from my mind like a dream in the night.  
Leaving indistinct visions of poetry flown  
Before I could catch them to make them my own.  
And so I fall back on the shadows, and feel  
That though they're imperfect, they're ghosts of the real.  
And ghosts are endowed with a sentiment, when  
They rise from the stroke of the surgical pen.  
So grasp at the spirit of what you may read;  
The matter excuse. Let me bid you God-speed."

Our enjoyment of this volume was disturbed by one painful thought—the apparently increasing divergence

\* *Various Verses.* By Wm. Tod Helmuth. 1901. Philadelphia: Boericke & Tafel. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. Price 5s.

between the English and American languages! We shall soon need to carry pocket English-American dictionaries about with us. Two of the poems of the work are addressed to "Sorosis." What is "Sorosis"? An appeal to the *Century Dictionary* only supplied the information that Sorosis is a particular sort of fruit, of which the mulberry is an example. This did not explain the poems in the least, and the mystery was beginning to prey on our mind when one day an elaborately got-up advertisement arrived by post, and on its way to the wastepaper basket our eye caught the word "Sorosis." The tension was at once relieved. "Sorosis" has something to do with boots, and is also the name of a Ladies' Club in New York, of which the poet's wife was at one time president. We supply this information for the benefit of English readers of Dr. Helmuth's volume; and we can promise them very good entertainment.

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### A.B.C. MANUAL OF MATERIA MEDICA AND THERAPEUTICS.\*

THE author of this work puts at the top of his title-page this motto, "Prove all things: hold fast to that which is good." We have nothing to say against this motto, except that it is not very practicable: no person can prove all things, and certainly no one person can prove all remedies. As to holding fast to that which is good, we hope Dr. Hardy Clark does not wish to imply that all the good of the materia medica is contained in the two hundred pages of this manual. The work appears to us to be a not very successful attempt to "make the best of both worlds"; but it will perhaps be fairer to let the author give his own account of his aims. Subjoined we give his preface and a specimen of his remedies:—

#### "PREFACE.

"There is a general agreement that the physiological effects of medicinal substances upon man is the safest and most useful guide to

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\* *The A B C Manual of Materia Medica and Therapeutics.* By G. Hardy Clark, M.D. Philadelphia: Boericke & Tafel. 1901. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. Price 5s.

their selection in diseased states. Excepting a few remedies whose uses have been established upon purely empirical grounds, and a very few others whose virtues depend upon chemical, antimicrobial, or mechanical effects, this method is now generally used.

"The physiological effects of drugs are divided into two classes, the non-toxic and the toxic, which are diametrically opposed to each other. Whatever may be the reasoning applied, it is generally admitted that non-toxic doses of a drug are curative of diseased conditions similar to states induced by toxic doses of that drug. For example, *Pilocarpine* and *Picrotoxinum* will, in toxic doses, cause profuse sweating with certain other phenomena. When profuse sweating with similar phenomena occur in disease these drugs in non-toxic doses are curative in their action. *Cantharis*, *Oleum terebinthinæ* and *Copaiba* in toxic doses produce irritation and inflammation of the urinary tract with certain specific phenomena, and are curative when these phenomena with irritation and inflammation of the urinary tract are found in diseased states. The same may be said of *Digitalis*, *Nitro-glycerine*, and *Strychnia* for the heart, *Hyoscyamus*, *Cannabis Indica*, and *Valeriana* for the nervous system, and so on. It is true that drugs may be given in toxic doses to obtain therapeutic effects, as, for example, *Belladonna* to check salivation and sweating, but for the reason that it is generally considered inadvisable to burden the sick with poisonous doses of drugs this procedure is now rarely employed in practice.

"The writer has ventured to assume that the simplification of the subject gained by referring only to toxic effects of drugs, their therapeutic uses in non-toxic doses, the relation of the two as indicated by numerals, and the elimination of controversial matter, is sufficient warrant for offering this manual to students and to his fellow practitioners.

"He has to make acknowledgment for material that has been freely drawn from the writings of Bartholow, Hempel, Hughes, Ringer, Stillé, Wood, and others."

## BRYONIA ALBA.

### *Bryony.*

#### CHARACTERISTICS.

Splitting headache, worse on the slightest motion. Dry mouth and tongue. Dry, very painful cough, scanty expectoration. Must support the chest while coughing. Pleurisy with stitching, tearing pains and serous or fibrinous exudate. Acute meningitis in adults. Tongue and lips dry and cracked. Thirst. Restlessness.

#### TOXIC EFFECTS.

Frontal headache, vertigo, epistaxis. Fever.<sup>1</sup> Cough, with pain in the chest. Inflammation of trachea, but not of the bronchi. Slight serous expectoration. Lungs hepatized. Pleurisy with serous exudation.<sup>2</sup> Liver sensitive to pressure. Watery or serous stools. Colic.<sup>3</sup> All synovial membranes injected, with serous effusion.<sup>4</sup>

#### DOSE.

Therapeutic effects are received from doses ranging from the third decimal dilution to one-half drop of the tincture.

## THERAPEUTIC USES.

Congestive headaches with feeling of bursting or splitting, relieved by pressure and increased by stooping.<sup>1 4</sup>

Splitting headache, bilious disturbance, dry mouth and tongue, and nocturnal delirium.<sup>1 3 4</sup>

Acute meningitis of adults.<sup>1 4</sup>

Dry, severe cough, caused by tickling sensation behind the sternum. Scanty, serous, or blood-stained mucous expectoration. Pains severe, must support the chest while coughing.<sup>2</sup>

Pneumonia with some pleuritic involvement. Bronchial tubes almost free from mucus.<sup>2</sup>

Pleurisy with serous or fibrinous exudate.<sup>2</sup>

Pericarditis, acute, with exudation.<sup>4</sup>

Stitching and tearing pains in serous and fibrous tissue, not apt to change location.<sup>4</sup>

Joints much reddened and swollen. Pain increased by motion and relieved by pressure.<sup>4</sup>

Usually the lips and tongue are dry and cracked. Thirst. Restlessness, but much pain upon movement.<sup>1 4</sup>

Our readers will be able to judge from this sample if the work meets a want they have experienced. We are not quite clear as to the meaning of the figures affixed to some of the symptoms, but we give them as they occur.

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## NOTIFICATIONS.

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\* \* 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. BERNARD S. ARNULPHY, *Vichy*.—Homeopathy which has hitherto been unrepresented at Vichy, will now be so no longer. Dr. Bernard S. Arnulphy, formerly Professor of Clinical Medicine (Hahnemann Medical College, Chicago, U.S.A.), will henceforth be found during the summer months at Vichy (Allier), where he has assumed the position of consulting physician. During the winter Dr. Arnulphy's address is 18, rue Adelaide, Nice.

Dr. PERCY CAPPER has removed from Tunbridge Wells to *Rocklands, London Road, St. Leonards*, and he also visits at *Ellangowan, Eversley Road, Bexhill*.

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ARSENIC AND EPITHELIOMA.—Dr. van Deursen relates three cases of epithelioma illustrating the value of the late Dr. J. S. Mitchell's treatment by triturations of *Arsenic*—the 3x being taken internally and the 2x sprinkled upon the sore. The cure in all three was complete. *Hahn. Monthly*.—J. B. H. S.

## 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.

### VARIOLINUM.

Dr. SADIG ALI writes from Kapurthala, India, for information regarding *Variolinum*. *Variolinum* consists of matter taken from a small-pox pustule and attenuated for homeopathic purposes in the usual way, either by trituration or solution. It has been used chiefly in the higher attenuations, 30th, 200th, or higher, but sometimes as low as the 6th, or possibly lower. Dr. Ali wishes to know how long *Variol.* ought to be administered for protective purposes, and how long the protection lasts. These are points which can only be decided by experience, and the point of our article of April was to urge on homeopaths to work them out as opportunity might arise. *Vaccininum* (prepared from the contents of a vaccine vesicle in the same way as *Variolinum*), and *Malandrinum*, the nosode of "grease" in the horse, have also proved protective against small-pox, when administered in homeopathic attenuations.

VETERINARY PRACTICE.—"Interested" asks:—

1. I should like to know if there is any difference in homeopathic medicines prepared in America and England?

*Ans.*: There ought not to be any difference. All plant remedies, when no specific directions are given otherwise, should be made from fresh plants. Therefore American remedies should be made in America and imported here. And European remedies should be made in Europe and sent to America. This is not necessary in the case of completely naturalised plants.

2. What is the difference between pellets which are recommended in the *Poultry Doctor* and pilules in the book on dog diseases by Moore?

*Ans.*: None.

3. In *Poultry Doctor*, on page 10, it states that homeopathic medicines may also be had in liquid form, in which case from five to ten drops in water constitute a dose. Does this mean that five to ten drops is the dose for each bird according to age and breed, and what quantity of water should be used?

*Ans.*: The author probably means five to ten drops in the drinking water. We should say five drops to half a pint, ten to a pint.

4. In *Poultry Doctor*, under each disease it gives the quantity of pellets to be dissolved in water, and given to the birds to drink instead of the ordinary drinking water, but it does not give the quantity of water to be used. Can there not be any rule set down as to what quantity of water to use according to the certain number of pellets or drops used; also how often does it want changing? As, for instance,

under *Roup* it says, "Dissolve from a dozen to four dozen pellets in clean water, and put the water, the usual quantity apportioned to the fowls, in a clean vessel, where they will drink it" (quantity of water not stated); and on page 48, under *Hoarseness*, for caged singing birds it says, "Dissolve half a dozen pellets of the chosen remedy in the bird's water-cup." In comparing the sizes of the water-cups used for cage-birds and those used for fowls, also the number of pellets, it makes me more anxious to know the proper quantity of water to use for the desired number of pellets, and how often it should be changed.

*Ans.*: We should say a dozen pilules to the pint would be sufficient; and change it twice a day.

5. Can you give me a graduated scale of doses (pilules and tinctures) of homeopathic medicines (so as to dose each bird separately) for cage birds, pigeons, and poultry, including ducks, geese, and turkeys; also repetition of doses, similar to those given in the book on dog disease, by Moore, on page 38.

*Ans.*: All such scales are purely artificial. If medicines are put in drinking water, and the same strength mixed for all, each bird will get about its proper amount in the amount it drinks. A cage-bird will drink much less than a fowl.

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## Obituary.

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### GEORGE ALEXANDER CRAIG, M.D.

BIRMINGHAM homeopathy has suffered another loss in the death of Dr. G. A. Craig, which took place on March 17th, at the age of 56. Dr. Craig was an Aberdonian, and a graduate of Aberdeen University, at which he graduated M.B., C.M. in 1868 and M.D. in 1875. He was honorary physician to the Birmingham and Midland Homeopathic Hospital at the time of his death, having been house surgeon of the same institution as long as thirty years ago (as we learn from our contemporary, the *Monthly Homeopathic Review*). For some years his health has been indifferent, and he had confined himself to consulting practice.

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### THOMAS WILSON, M.D.

AN able and sincere homeopath of the old type has passed away in the person of Dr. Thomas Wilson, of Scarborough. The following paragraph announcing his decease appeared in the *Yorkshire Post* of April 22nd:—

“Dr. Thomas Wilson, of Underwood, Fulford Road, Scarborough, died on Saturday, April 20th, at the age of 82. He was a son of the late Mr. Thomas Wilson, of Hull, founder of the shipping firm of Thomas Wilson, Sons, & Co. He was not connected with the shipping business, but for many years pursued a successful practice as a homeopathic doctor at Hull and then at Withernsea. He went to reside at Scarborough about twelve years ago. He leaves a widow and several children. Mr. Charles H. Wilson, M.P., and Mr. Arthur Wilson, M.F.H., are his younger brothers. His wife, who survives him, is a daughter of the Rev. J. Patrick, vicar of Owthorne, East Yorks.”

Dr. Wilson took the M.R.C.S. Eng. and L.A.S. Lond. in 1840, and the M.D. of St. Andrew in 1864. He was already in practice in Hull when he became converted to homeopathy, and there he remained, and for many years represented the principles he had espoused. He was thoroughgoing in his homeopathy, and very successful in practice. Though retired from active practice for several years he never lost his interest in homeopathic progress. He was opposed to all compromise with, or toadying to, the dominant faction, and was one of the supporters of the revived *Homeopathic Directory* when the ill-advised opposition to that work was started.

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### HENRY M. SMITH, M.D.

WE take from the *Critique* of May 15th the following obituary notice of Dr. H. M. Smith, one of the best known of American homeopaths, one of the most energetic promoters of the Hahnemann Monument, at the dedication of which last year he was a conspicuous figure:—

“Dr. Henry M. Smith, of New York, died of pneumonia on March 16th, at the home of his daughter in Escondido, California, after an illness of about a week. This announcement will carry a genuine note of sorrow to a large portion of the homeopathic profession. Few men in our school were better known or more thoroughly admired than was Dr. Smith. His work in the American Institute of Homeopathy will make his memory as enduring as homeopathy itself. The following sketch embraces the main facts in his life:—

“Henry M. Smith, M.D., son of John T. S. and Amelia Franklin Smith, was born in New York City April 24, 1835, and always lived there. He was graduated at the New York Medical College in 1860, and joined the American Institute of Homeopathy the same year and was elected provisional secretary. He also joined the Homeopathic Medical Society of the county of New York, of which he was secre-

tary for eleven years from 1861, and the Hahnemann Academy of Medicine. He was elected a permanent member of the New York State Medical Society in 1865. He was Professor of Physiology in the New York Medical College for Women in 1865-66, and held the same chair in the New York Homeopathic Medical College in 1866-67-68. In 1859 he married his first wife, who died in 1865. In 1867 he married again. For forty-five years he was actively engaged in the business of homeopathic pharmacy, but during that time found time to edit, in connection with Drs. P. P. Wells and Carroll Dunham, and publish the *American Homeopathic Review*, and to compile a great mass of statistics concerning homeopathy, homeopathic physicians, and medicine. The last four years he had not taken active part in business, but had devoted his time largely to his work as necrologist of the American Institute, which his painstaking attention to detail made very considerable. The *Pharmacopeia* of the American Institute, of which he was one of the editors, and the raising of the Hahnemann Monument at Washington, for which he was secretary and treasurer of the fund, had occupied a great deal of his time and attention."

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## VARIETIES.

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TREATMENT OF EPITHELIOMA BY CONCENTRATED LIGHT.—Valdemar Bie (*Dermat. Zeitschr.*, August, 1900) reports on the treatment of sixteen cases of epithelioma of the skin by Finsen's method of concentrated light at Copenhagen. The diagnosis was verified by microscopic examination in all cases. Seven cases healed and no recurrence followed in one case after two and half years. Five cases were slightly improved, one relapsed, and three received no benefit. Two of the latter were situated on the eyelids, where sufficient pressure could not be used nor strong enough light employed. The best cases for treatment are superficial and well demarcated. Of the seven successful cases the largest was only two c.cm. in diameter. The case in which no relapse occurred after two and half years was the size of a pea, situated in the cheek of a woman of 60, and had lasted about three years. After thirty exposures of an hour each the tumour shrank and healed. [This would appear to be more probably a rodent ulcer.—*Brit. Med. Journ.*.]

CONDITION OF THE BONES IN PERNICIOUS ANEMIA.—Sternberg demonstrated the pathological condition present in long bones taken from cases diagnosed clinically to be pernicious anemia. The bones to which he most particularly called attention were taken from a female, æt. 66, after death. The cancellous tissue of the bone was studded throughout with small white tumours about the size of apple pips that could be easily removed. These were nowhere to be found in the compact structure of the bone. The general appearance and consistency of the bone were in no way altered, nor could any similar growths be found elsewhere. Microscopical examination of these tumours showed them to consist of large clear round cells with well-marked nuclei, and no capsules. The cells were separated by a fine stroma, through which the protoplasm protruded making tubular

junctions. The protoplasm and nuclei stained very readily. In their behaviour they sometimes resembled primary branched cells, at other times acting as degenerated mucous endothelium of the marrow.—*Med. Press.*

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

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

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

- Berry (James).** Diseases of Thyroid Gland and their Surgical Treatment. 8vo, pp. 382. (Churchill. 14s.)
- Burdett (Sir Henry).** Official Nursing Directory, 1901. Containing an Outline of the Principal Laws affecting Nurses, a Classified List of Nurse Training Schools in the United Kingdom and Abroad, Nursing Institutions, &c., and a Directory of Nurses. Compiled and edited with the assistance of a small Committee of Medical Men and Matrons. Cr. 8vo, pp. viii.-409. (Scientific Press. Net, 3s.)
- Crockett (M. A.).** Gynecology. A Manual for Students, &c. Cr. 8vo. (Hirschfeld. Net, 7s. 6d.)
- De Santi (Philip R. W.).** Golden Rules of Aural and Nasal Practice. (Golden Rules Series, No. 9). 48mo, pp. 87. (J. Wright, Bristol. Simpkin. 1s.)
- Egbert (S.).** A Manual of Hygiene and Sanitation. Cr. 8vo. (Hirschfeld. Net, 10s. 6d.)
- Eichhorst (Hermann).** A Text-Book of the Practice of Medicine. Authorised Translation from the German. Edited by Augustus A. Eshner. With 85 Illusts. 2 vols. Roy. 8vo, pp. 628, 590. (Saunders. Net, 26s.)
- Gibson (George Alexander).** Text-Book of Medicine. 2 vols. Imp. 8vo, pp. 928. (Pentland. Net, 25s.)
- Makins (George Henry).** Surgical Experiences in South Africa, 1899-1900. Being mainly of Clinical Study of the Nature and Effects of Injuries produced by Bullets of Small Calibre. 8vo, pp. 510. (Smith, Elder & Co. 16s.)
- Pembrey (M. S.) and Phillips (C. D. F.).** The Physiological Action of Drugs. An Introduction to Practical Pharmacology. 8vo, pp. 108. (E. Arnold. Net, 4s. 6d.)
- Phillips (John).** Outlines of the Diseases of Women. With 120 Illusts. and 2 Appendices. 3rd ed. revised and enlarged. Cr. 8vo, pp. 296. (C. Griffin. 7s. 6d.)
- Purdy (Charles W.).** Practical Urinalysis and Urinary Diagnosis. A Manual for the Use of Physicians, Surgeons, and Students. 5th revised and enlarged ed. 8vo, pp. 414. (H. Kimpton. Net, 15s.)
- Quay (S. H.).** A Monograph of Diseases of the Nose and Throat. Cr. 8vo, pp. 224. 2nd ed. (The Homeopathic Publishing Co. Net, 6s. 6d.)
- Rabagliati (A.).** Aphorisms, Definitions, Reflections, and Paradoxes. Medical, Surgical, and Dietetic. 8vo, pp. 308. (Baillièrè. Net, 7s. 6d.)
- Schaeffer (Oskar).** Anatomical Atlas of Obstetrics. With Special Reference to Diagnosis and Treatment. With 112 Figures on 56 Lithographic Plates, and 38 other Illusts. Cr. 8vo. (Saunders. Net, 13s.)
- Schliet (W.).** *Materia Medica Therapeutics.* Cr. 8vo. (Hirschfeld. Net, 7s. 6d.)
- Transactions of Obstetrical Society of London.** Vol. 42 for the year 1900. 8vo. (Longmans. Net, 25s.)
- Williams (P. Watson).** Diseases of the Upper Respiratory Tract. The Nose, Pharynx, and Larynx. 4th ed. Illust. Roy. 8vo, pp. 460. (Simpkin. Net, 17s. 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.

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### CORRESPONDENTS.

Dr. Wilkins Gutteridge, Launceston, Tasmania.—Dr. Bernard Arnulphy, Nice.—Mr. H. T. Gould, Hobart, Tasmania.—Dr. Roberts, Harrogate.—Dr. J. H. McClelland, Pittsburg.—Dr. Richard Hahl, Stuttgart.—Mr. Waterton, Dewsbury.—Dr. A. A. Beale, London.—Mr. F. Kopp, Greenwich, N. S. W.—Dr. Cooper, London.

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### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Med. Times—Revist. Hom.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica (Mexico).—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Hom. Envoy.—

Personal Rights.—Med. Century.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—Minn. Hom. Mag.—N. A. J. of H.—Critique.—Clinique.—J. of Orif. Surg.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Astrol. Mag.—Secolo Omiopatico.—J. of Oph., Ot., and Laryng.—Lit. World.—Amer. Med. Month.—Hahn. Adv.—Indian Homeop.—Rev. Hom. Français.—J. Belge d'Hom.—Zeit. Berl. v. H. A.—Report Liverpool Hahnemann Hospital—Pocket Manual of Homeopathic Materia Medica, by Wm. Boericke, M.D.—Out and Home, May 15th.

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## The Homeopathic World.

### CONTENTS OF MAY NUMBER.

LEADING ARTICLE.  
Burnett.  
NEWS AND NOTES.  
ORIGINAL COMMUNICATIONS.  
Materia Medica Miscellany. By J. R. P. Lambert, M.D.  
Veterinary Homeopathy—Popular Apathy. By J. Sutcliffe Hurndall, M.R.C.V.S.  
SOCIETY'S MEETING.  
British Homeopathic Society.  
INSTITUTION.  
Homeopathic Medical School of Calcutta.  
EXTRACTS.  
*Tuberculinum* and *Diphtherinum*.  
A Preliminary Note on the Etiological Agent in Vaccinia and Variola.  
A Contribution to the Study of Intestinal Sand.  
OBITUARY.  
James Compton Burnett, M.D.  
NOTIFICATION.  
Opening at Swansea.  
GENERAL CORRESPONDENCE.  
*Phosphorus* and Pleuro-Pneumonia.  
VARIETIES.  
MEDICAL AND SURGICAL WORKS.  
TO CONTRIBUTORS & CORRESPONDENTS.

THE  
HOMEOPATHIC WORLD.

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JULY 1, 1901.

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DIATHESIC HOMEOPATHY.

WE are indebted to our contemporary the *Homeopathic Recorder* for an article by Dr. MAU, further exemplifying the action of *Tuberculin*. The *Recorder*, which is conducted and published by Messrs. BOERICKE & TAFEL, performs an unique service among homeopathic journals in familiarising English readers who are not also German readers with the best work of modern German homeopathy. Dr. MAU's work, like that of Dr. NEBEL, is on the lines of what may be termed the diathesic homeopathy first clearly enunciated by BURNETT in his *New Cure of Consumption*, and the cases Dr. MAU relates show what a living force BURNETT is in modern homeopathy.

When BURNETT made the splendid generalisation that the virus of phthisis was available for therapeutic purposes, not only in cases of actual lung affections, but also in conditions arising out of a phthisical tendency, inherited or not—for "consumptiveness," as he termed it—it was not likely that his genius would let him stop there. Nor did it. Throughout his later works the key to many of his prescriptions will be found in the knowledge of the underlying principle of this diathesic homeopathy.

Once apprehended, the application of the principle is not difficult. Moreover, it simplifies the work of prescribing to a most desirable extent. Not that it in any way abrogates the cardinal necessity of finding the exact

correspondence ; but, by revealing the most vital factor in a case, it will often save the prescriber much time and trouble in hunting up symptoms, by at once indicating a remedy which covers the most important part of the ground.

In order to achieve success in the use of diathesic remedies—which are not necessarily always nosodes—the art of diagnosing diatheses must be cultivated. Carefully taken family histories will be the best guide ; but those who keep their eyes open for causes will often be able, from the symptoms themselves, to spell out the diathesis they arise from.

HAHNEMANN'S three miasms—psora, syphilis, and sycosis—have been clearly depicted by his master hand ; but they do not by any means exhaust the subject : they do little more than open it up. The cancerous diathesis is not covered by any one or by all of these : it can be met by its own nosodes. Many have written on the pre-cancerous stage in cancer, and none in a more practical way than Dr. ARTHUR CLIFTON. It is not necessary to wait until actual new growths have formed before beginning to treat a person of cancerous antecedents for the purpose of curing his diathesis. BURNETT taught that “consumptiveness” can be cured, and showed how the cure might be accomplished. In his work on Tumours he has shown how cancers and other tumours may be cured ; but he did much more important work than this in treating persons of cancerous habit.<sup>1</sup>

This is one of the lines on which homeopathy is capable of great development ; and it is by development on such lines as these that homeopathy will most signally manifest its superiority over anything that allopathy can accomplish.

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THE DYSPEPSIA OF KALI BICH.—Chronic effects of drinking lager beer and other malt liquors. Complete loss of appetite. Food lies like a load after eating. Uneasiness of stomach, better by belching and alternating with pains in limbs. Fetid eructations. Gastric symptoms supersede rheumatic. Increased thirst, foul tongue, languor.—E. Fornias in *Amer. Hom.*

## NEWS AND NOTES.

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### SARCOPATHY AND HOMEOPATHY.

THE following amusing paragraph appeared in the *Lancet* of June 8th:—

#### “HOMEOPATHY AND THYROID HYPERTROPHY.

“Mr. Walter Edmunds, in his Erasmus Wilson Lectures, draws attention to many important points in the pathology and diseases of the thyroid gland. In regard to treatment he makes one suggestion to which the attention of those who practice homeopathy may be particularly drawn. Mr. Edmunds says: ‘With respect to cases of operative goitre without symptoms—that is to say, cases in which the presence of the goitre is the only trouble—it seems now to be clearly established that the administration of thyroid gland is the best treatment.’ This statement at first sight would seem to support the homeopathic doctrine that ‘like cures like,’ but the lecturer’s further remarks tend to show that this method of treatment offers an excellent example of the futility of the homeopathic creed: ‘The effects of this treatment are so good that it [thyroid gland administration] must be regarded as a specific remedy; if it is, the enlargement of the thyroid gland must, in part at least, be attributed to an attempt at compensation, and that attempt must be unsuccessful, for otherwise the increase in size would not proceed to the large dimensions that it does.’ Far, then, from being an instance of ‘like curing like,’ the administration of thyroid gland in cases of goitre is an example of modern therapeutics in which the products of a secreting gland being in abeyance the deficiency is supplied by obtaining such products from other sources, and giving them to the patient, so providing substances which are necessary to the well-being of the organism. This method of procedure is adopted, then, with that idea and not with the object of ‘curing’ the morbid condition of the gland.”

We are not in the smallest degree concerned to answer this point. The sarcodes may be used either physiologically or homeopathically, and it depends entirely on the case to be treated whether it is the one or the other. The amusing part in this paragraph is the talk about “homeopathic creed.” The *Lancet* may have a “homeopathic creed”—we haven’t. Homeopathy isn’t a creed: it is a science and an art. A man either knows it or he doesn’t; he can practice it or he cannot. What anybody else disbelieves or doesn’t know about it doesn’t affect the homeopath’s knowledge or his power in the least.

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JOUSSET'S *PRACTICE OF MEDICINE*.

MESSRS. A. L. CHATTERTON, of 156, Fifth Avenue, New York, announce a work on *The Practice of Medicine* by Dr. Jousset, of Paris, which they are bringing out. This is an event of no small importance, and the appearance of the volume will be looked forward to with interest.

DELIRIUM CAUSED BY CAMPHOR.

THE following appeared in the *British Medical Journal* of June 12th. We should say there is room for difference of opinions as to what may constitute a "moderate" dose of camphor:—

"F. Bohlen (*Deut. med. Woch.*, May 16, 1901) reports two cases in which marked delirium followed moderate-sized medicinal doses of camphor. The first was a man with compensated heart disease, in whom the pulse was very small and thready, and a catarrh of the lungs was present;  $\frac{3}{4}$  gr. of powdered camphor was given every two hours. In the second case the patient was a woman, who was suffering from heart symptoms following an attack of influenza. The same dose was given to her. After thirty-six hours the man had received  $9\frac{3}{4}$  grs., and the woman 9 grs. The effect on the hearts had been very satisfactory, but an intractable delirium had set in in both cases. At first this was not ascribed to the drug, which was continued. Bromide was given to quiet the condition without success. After three days it occurred to Bohlen that the camphor might be responsible for the delirium; he therefore discontinued the powder and gave bromide alone, and was gratified by seeing the disagreeable symptoms disappear very shortly."

ARSENICUM AND CANCER.

THE following note appeared in the *British Medical Journal* of May 22nd:—

"THE THERAPY OF CANCER.

"P. Lassar (*Berl. klin. Woch.*, March 11, 1901) reports two cases of epithelioma treated by 'Asiatic' pills. The first patient took 1,000 pills during the course of several months, and in all thus received about 1 gram of *Ac. arsen.* She was 62 years of age. The growth was situated on the right side of the bridge of the nose, and was about the size of a lentil. A small piece was excised for microscopical examination, and showed the structure of epithelial cancer. The tumour gradually diminished in size, and eventually disappeared altogether, there being only an indistinct scar where the small portion had been excised. The second case was that of a man, 74 years of

age, who was treated by arsenious acid in 1892 for a small tumour situated on the left ala of the nose. Microscopically, the growth proved to be an epithelioma. The growth disappeared completely, and there has been no recurrence. A photograph of the same patient was taken this year, that is, nine years after. Lassar reports that of the three cases he reported in 1893 all have remained free from recurrence; one, however, a lady aged 81, having died about two years ago of an independent condition."

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### THE LATE DR. BURNETT.

THE *Medical Century* of June makes the following reference to Dr. Burnett's death:—

"Perhaps none of our English *confrères* are better known to the homeopathic profession of America than was Dr. J. Compton Burnett. His works have found an extensive sale in our land, and the charming manner in which he presented his subjects is one peculiarly characteristic of the man. Among his most popular works is his *Fifty Reasons for being a Homeopath*, though, in all, he wrote some twenty-four small works on various subjects, adding much to our knowledge of the application of homeopathic remedies in various affections. . . ."

THE *North American Journal of Homeopathy* says: "His was a personality strong and unique. His books were veritable therapeutic breezes—full of inspiration and help."

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### THE LADIES' GUILD OF THE LONDON HOMEOPATHIC HOSPITAL.

AN excellent move has been made in connection with the London Homeopathic Hospital in the establishing of a "Ladies' Guild." Subjoined are the objects and rules of the Guild:—

"The objects of the Guild are—1. To increase the annual subscriptions to the Hospital. 2. To support one or more beds in the Hospital. 3. To provide clothes to be lent or given to destitute patients on their discharge from the Hospital. 4. To arrange for ladies to visit the patients in the wards. 5. To take up any other work in connection with the Hospital which may commend itself to a general meeting of the Guild.

"The members shall be of two classes: (a) Honorary members, who shall pay a minimum annual subscription of one guinea to the Hospital, and half-a-crown to the funds of the Guild. (b) Working members, who shall pay a minimum annual subscription of five shillings to the funds of the Guild, and who will be expected to take

an active part in the work of the Guild either by visiting in the wards, attending the working party, or undertaking to contribute at least two garments a year.

“The Guild shall consist of a central association and branch associations, each with its own officers, and managing its own business.”

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### THE LATE MISS DURNING SMITH.

WE learn with very great regret of the death of Miss Durning Smith. Miss Durning Smith was one of the “Lady Bountifuls” of her generation, and the full extent of her deeds of kindness will never be fully known. The Homeopathic Hospital perhaps more than any other institution will feel her loss. To her more than to any other single person it owes its present Building. It was with the greatest reluctance that she allowed her name to transpire in connection with her gifts; but it was only fit that a part of the new building should bear, as it does, her name, and to this she gave her consent. May her example prove a fruitful one!

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### VINOLIA CREAM—A WARNING.

A LADY, near her confinement, residing in a country district far from a doctor conversant with homeopathy, writes as follows:—

“I got rubbed” (evidently exoriated) “in two places in my groin; as it was painful and inflamed I put vinolia on the places. All the day and the following night I was in agony and could not sleep: the next evening I saw that the places had become ulcers, so I showed the nurse, who said that the doctor ought to see the places, as she did not know what they were or what to do with them. The doctor” (allopath, of course) “gave me some ointment to put on, but all the spots ran together into big places, and yesterday they itched so that I did not know what to do. I left off the ointment to-day, and the nurse bathed the places with *Calendula* and water, and rubbed on some *Calendula* ointment. This is my treatment.” (A pity she did not do it at first.) “All the itching has gone off now, and the places are much better.”

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THE CHILLS AND FEVER OF NUX VOMICA.—Chill preceded by coldness of hands and feet, blueness of nails, back of hands feel numb. Fever; has thirst for beer. Wants to cover up warmly; least movement causes chilliness, &c.—E. Fornias in *Amer. Hom.*

## ORIGINAL COMMUNICATIONS.

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### FROM THE FRONT.—SOUTH AFRICA AND ITS REMEDIES.

THE following interesting letter is from a surgeon at the front:—

HARRISMITH, *May 9, 1901.*

MY DEAR —, —What with one thing and another, I have been kept fairly on the trot lately, otherwise I would have written to you before on the subject of the *Geranium*, &c. To begin with, I must first give you some sort of idea of the so-called “dysentery” which we have out here. I say “so called” because it differs in several material points from ordinary tropical dysentery.

The chief points of difference which appeal to me are: the absence of severe tenesmus, the stools are nearly always passed in a fair quantity, and do not diminish down to a slight streak of mucus and blood, as is the case in the latter disease. This is probably largely due to the fact that the disease is of a mild type, and that the patient seldom or never has to defecate with the excessive frequency so often found in tropical dysentery. It is quite the exception to get vomiting with it, and when present it is only noticeable at the onset of the disease. The temperature very seldom rises; indeed, it is much more frequently *subnormal*. One of the symptoms which has struck me very forcibly is the extraordinary suddenness with which the desire to defecate seizes the patient. This is often present in the early stages, when the other symptoms are comparatively mild. It frequently does not allow the patient time to reach the latrine, and occasionally defecation occurs during sleep. One would not be surprised at this if it occurred only when the patient was very ill, but he may be comparatively well at the time, with only what he considers slight diarrhea, the bowels being opened only about three or four times a day. I have *not* found it associated with enlargement of the liver, as is often the case in tropical dysentery, and *above all* it is *never*, to my knowledge, followed by abscess of the liver. Complications of any sort are, so far as my experience goes, extremely rare. In some cases, if the disease is neglected, a chronic condition may be set up,

but I fancy this would only be the case in individuals of advanced age, or possibly in patients who had become greatly debilitated prior to the onset of the disease.

One case which I had, became complicated with appendicitis just as he was recovering from the dysentery, which latter had been of an unusually severe type. An abscess formed round the appendix, owing to the perforation of an ulcer in it. This was temporarily relieved by operation, which allowed of the discharge of the exceedingly offensive pus one finds in these cases. The appendix itself was eventually discharged through the opening (having, of course, sloughed off). The poor fellow eventually died from obstruction, due to the formation of cicatricial bands in the gut-wall, which diminished its lumen; but of this case more at a later date.

My impression is that ulceration rarely, if ever, occurs in the gut-wall in these cases. In the above case there most certainly had been ulceration in connection with the appendix, but I could not find any traces of either active or healed ulcers in any part of the intestine itself in either its larger or smaller portion. However, having only personally seen this one post mortem on a case of this sort, I am hardly in a position to speak dogmatically on this point. The disease is so rarely fatal that it will be hard to get data respecting the usual post-mortem appearances. The hemorrhage seems to me to be due to a general oozing from the intestinal mucous membrane, which is inflamed over large areas. In the above case shreds of mucous membrane were passed before the complication became pronounced. It was the only case I saw with this particular symptom, but then it was of an unusually severe type. The shreds were due, apparently, to denudation of the mucous membrane over large areas of the bowel. The onset begins with diarrhea of a mild type, unassociated with high temperature or any other symptoms except, as I said above, in those cases in which the sudden desire to defecate is peculiarly marked. In two or three days' time, if the patient looks carefully, he will notice that he is passing a small quantity of mucus of the consistence and appearance of arrowroot. This generally appears at the end of defecation, so that it can be seen resting on the top of the motion, which might or might not be formed. I had to depend on myself for this observation, which I discovered in my own case. It, of

course, quite escaped the notice of the ordinary patient. This was the stage of the disease when *Geranium* showed up so brilliantly; so much so, that my own case never reached a more serious stage than this. As the drug had been previously used with success in the form of a decoction, I used it in this form. At an early stage of the disease, I found  $\text{m v.}-\text{x}$ . given three times a day quite sufficient to cure, although much larger quantities had been apparently used before. I never at any time found need to raise the dose to more than  $\text{m xxx}$ .

As I have before explained, I used the common red geranium of the garden, the root being cleaned, cut into strips, and boiled.

The case which ended fatally, and which I have described above, was that of a corporal of mine. We had *all*, I think, without exception, suffered from the disease on arriving in Harrismith after trekking to Wynberg and back, but I had cured it in every case with *Geranium*. This corporal, however, did not report sick to me at once, but treated himself for diarrhea; in other words, he bunged himself up with *Opium*. The result was that the disease had a fair grip of him before I could get the *Geranium* to work. Nevertheless, the dysentery itself was steadily improving, and he would undoubtedly have recovered but for the unfortunate complication which carried him off. I cannot at this moment lay hands on the notes on my cases, as my unit has gone on the trek, but I do not fancy they would convey anything more of the nature of the disease to your mind than what you can gather from these rather disconnected remarks. In the earlier part of the campaign it proved fatal in several cases, owing to the men being "run down" by constant trekking and starvation. In those days, too, I had no knowledge of the *Geranium*.

I have great hopes from the *Monsonia*, although I am now only trying it in my first case. The man is certainly wonderfully better, but I will wait until I obtain something definite before writing to you again on this drug.

I cannot help thinking that freshly made tinctures, prepared direct from the growing plant, have more power than those made from dried specimens. Unfortunately, no freshly growing *Monsonia* is forthcoming, so one must needs put up with that which one has. The natives of South Africa put a good deal of faith in the remedial

properties of the "Blue Gum," which is a form of eucalyptus that grows out here. They use the leaves for "fever." I have not ascertained what particular kind of fever it is supposed to act best in. I made a tincture from some young plants growing in the Botanical Gardens in Durban, and intend trying it when the opportunity presents itself.

[We hope the writer will have the "Monsonia" he refers to botanically verified before he returns home. Under the name *Monsonia* the *Chemist and Druggist* figured the root of *Pelargonium reniforme* (see HOMEOPATHIC WORLD, October, 1900). Our South African correspondent (see HOMEOPATHIC WORLD, February 1, 1901) sent us specimens of both *Monsonia ovata* and *Pelargonium reniforme*. They are quite different plants, though both are geraniums. Our correspondent says the *Pelargonium* is the Kaffir remedy for dysentery. Messrs. Epps have made tinctures of the dried specimens, and can supply them if any of our readers would like to try them.—Ed. H. W.]

## MATERIA MEDICA MISCELLANY.

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

*Chelidonium* in Whooping-cough.—Dr. Jean De Wée, in the *Belgian Journal of Hom.*, says: A boy of four years had been suffering for seven months from whooping-cough; the little patient had a cachectic appearance, a yellowish-grey complexion, and was emaciated to a mere skeleton. Besides the whooping-cough the child had a general bronchial catarrh, and the broncho-tracheal glands were enormously swollen. At every attack of the cough there followed vomiting of bile and food; besides this, the liver was swollen and there was an obstinate constipation. *Chelidonium* was plainly indicated, and the patient received it in the sixth dilution. In five days the irritation causing the cough was removed so entirely that the parents were frightened and did not dare to continue the medicine. At the conclusion of the second week the child was fully recovered.

Since then the child had every winter, especially on wet days, some attacks of congestion of the glands of the chest, accompanied with rattling and a cough resembling

whooping-cough, but a few doses of *Chelidonium* always sufficed to remove the slight attack.—*Am. Hom.*

*Nicotine and Epilepsy.*—Dr. Bychowski, of Warsaw, reports to *Neurologisches Centralblatt*, Nov. 20, 1900, the case of a man, aged 24, without hereditary or acquired disease, of powerful physique, who daily from six to eight hours worked in an unventilated room, preparing tobacco by a secret method of his own, stewing the tobacco leaves with the addition of certain chemicals, the intention being to deprive the leaves of part of the nicotine and to give an aroma to the product. He was, therefore, in an atmosphere of volatilised nicotine.

For two years he had attacks of becoming suddenly vertiginous, and after a few minutes would fall unconscious, the condition of unconsciousness lasting from thirty to forty minutes, and later attacks, after several months, lasting an hour; the very last continued for several hours, and in it the urine passed involuntarily. The patient had a sense of the on-coming of the attacks; all became dark before the eyes, vertigo followed, and then he would fall. He was exhausted the next day after the attack. No spasm in any part was noted by the bystanders. Dr. B. holds that the presence of aura, loss of consciousness, falling, incontinence of urine, and post-paroxysmal exhaustion are sufficient even without spasm to stamp the case as epilepsy. Dr. B. considered the condition as the result of nicotine poisoning, and directed that the patient perform his work in a large and well-ventilated room. This was done, and the attacks ceased. There is nothing in the German literature concerning any connection between nicotine poisoning and epilepsy, but French authors (Féré, Duboy) have considered the possibility of such relationship.—*N. A. J. H.*

*Ipecac. and Duboisia in Conjunctivitis.*—Dr. Cartier, writing on the subject of acute catarrhal and chronic conjunctivitis, says:—

“There are two remedies really very efficacious in fully developed intense conjunctivitis; the first, very much used in France, is *Ipecac.*; the second, nearly unknown in France, and very much used in America, is *Duboisia.*

“*Ipecac.*, when the eyes are red, blood-shot, gums swollen, probably acts well even in most infinitesimal doses, in the same way that it acts to stop a hemorrhage. I do not express a theory; but experience proves to us

that we stop a hemorrhage as easily with a Hahnemanian dose of *Ipecac.* as with vomitive doses of the official school. In the cases of intense congestion of the eyes, all dilutions of *Ipecac.* are good, from 3 to 30.

“I should insist more upon *Duboisia*; it is a remedy of the first rank in acute as well as chronic conjunctivitis. In the New York Ophthalmic Hospital, where there are more than two hundred patients daily, it is a remedy constantly employed; in Norton’s book, *Ophthalmic Diseases and Therapeutics*, *Duboisia* is especially indicated in chronic hyperemia of the palpebral conjunctiva. I admit that I have always given it with success in catarrhal acute or chronic conjunctivitis, not purulent, with individuals of different habits, whether to rheumatics, to scrofulous persons, or healthy persons having conjunctivitis accidentally; for many years it has been my favourite remedy in this affection. The sensation of grains of sand or of foreign bodies in the eyes, with hyperemia of the palpebral conjunctiva, is characteristic of the remedy. I use *Duboisia* invariably in the third dilution, giving ten drops a week.

“In chronic catarrhal conjunctivitis, not purulent, *Duboisia* enters equally as one of the principal remedies. It will always reduce inflammation of the eyes, and will be able to bring about, whatever the time, the difficult cure of chronic conjunctivitis, of which some are reputed to be incurable.”—Translated from *Rev. Hom. Franc.*—*Am. Med. M.*

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## DIET.

By ARTHUR A. BEALE, M.B.

(Continued from p. 258.)

### II. NATURE’S LABORATORY.

“WHAT a piece of work is a man,” with his aspirations amongst the gods, and his desires at times as low as the animals—man, who comprises in his composite physical nature the mineral, vegetable, and animal! So to understand him we must view him in all these lights.

His foundations are built in the mineral kingdom, his very skeleton is earthy, and even, according to some, the basis of cell construction is the same; and when we look

at the first dawn of individual life, the cells themselves, what have we here but millions of tiny vegetable germs living upon the pabulum supplied to them through the blood? This is the vegetable side of the human body. He also shares the animal desires and passions; beyond all that, there is the life mental and reasonable which makes him a man, and the aspirations towards the Infinite, the striving after his ideals, which constitutes him, in potentiality at least, a god.

All these involve a growing, and growth means change, and change necessitates food. The mineral part of man requires a mineral food, the vegetable an appropriate sustenance; so of the animal, mental and spiritual.

Whilst we remember this we are not likely to commit ourselves in considering the food question merely in the light of chemical analysis. George Henry Lewes long ago pointed out what a fiasco the conception was that diet could be solved on chemical lines only. As we shall show, aliments can be divided into chemical compounds having a definite composition; but we err unless we see that after all the changes are *vital*, unless we see that the body is a unit with the vital forces running through it, that beyond the chemical it is magnetic, electrical, and spiritual. Starch, dextrin, glycogen have a formula— $C_6H_{10}O_5$ —but they differ intensely in their inherent properties. Then take the changes produced by the various ferments. Without changing themselves, by their very presence they cause changes in other substances; the process here is not chemical in a true sense, but vital. Again, look at the preliminary changes the albuminates pass through before they finally become peptones—viz., the para- and pro-peptones—all possessing characteristic features; whilst their chemical nature is the same, the difference is vital. Then glance at the marvellous selection, one might say intelligent selection, constantly present throughout the digestive processes from the mouth to the liver. How the gastric juice appropriates from the miscellaneous mass of matter, that which it can act upon, how the tiny lacteals in the intestine absorb certain oily and fatty molecules, disregarding others. Through the whole bodily economy the same is noticed. Dr. Rutherford Russel shows how dynamatised drugs—as *Calcareæ*—being taken, “search” the system and pursue their medicinal action, whilst at the same time large

quantities of the same substance are taken side by side in the food and water and remain inert, and he then compares the action to a note of music which produces a distinct impulse on the nervous system. The two are acting on quite different planes of consciousness, and might be compared to a number of messages sent along a telegraph wire at the same time reaching their various destinations. Dr. Russel quotes a case in which a few globules of *Pulsatilla* had cured an attack of megrim, although the body was reeking with quinine taken for the relief of a coexisting ague. Grave errors have resulted from a too strict respect for chemical analysis and wrong inferences drawn. There are, for instance, highly azotised derivatives in the body which are distinctly nitrogenous compounds; although far from being nutritious, are irritant poisons; such substances as urea, uric acid, creatin, creatinin, indican, xanthin, &c. They are vital by-products, and yet we are aware that in certain advertised meat extracts mention is made of such derivatives as nitrogenous ingredients as though they were nutritious. Many writers include as food caffenin of coffee, thein of tea, and theobromin of cocoa, which are alkaloids with a pathogenesis of their own, but very doubtful nutrients. More than these, although alcohol is considered by some a useful aliment, it has never been proved that it lends itself to metabolic changes which would constitute it a food proper. All these act by undue stimulation, followed by depression. No, we must take a deeper and more comprehensive view of the matter. Before we can do justice to the subject of dietaries, especially in relation to disease, we have to allow for what is often lost sight of—the pathogenesis of food. Although there are certain vegetable products which are more or less innocuous, especially the cereals and the cruciferæ, yet even these must have a pathogenic influence besides supplying nutriment to the body; even animal food has its share in this, carrying as it does a powerful animal aroma and stimulating qualities.

The fact is that the body is composed of thousands of colonies of tiny unit lives called cells. It is these cells that do the work of the body in their various metamorphosed states. These little lives are parts of the greater corporation of man's body, and themselves composed of more minute living elements, which are entities

in their own right. The constant law seems to be that the more minute the life, the shorter its duration; the life of the bacillus is not to be compared in length to the cell, so the molecular life of the ingredients of the cell are shorter than that of the cell itself, the cells than the tissues, and the tissues than the body generally. As the cell goes on living some of its elements fall away and their place has to be taken by other and similar elements. How is this obtained? By the processes of digestion and assimilation, by the supply of certain materials and raising them into a state of *vital* units.\* Not to endow them with vitality, for that they have, but to adjust that vital energy that it shall be coextensive with the human vitality.

Take an example. A particle of protoplasm has lived its life and is about to die; just before this, certain albuminates, which have been living ingredients in other cells (vegetable or animal), enter the stomach; they are here converted into peptones, and as such are taken into the circulation at once; their nature is changed on their way to the liver, probably by the stream of blood coming from the spleen, and in a short while become ingredients of red blood corpuscles; one of the latter passing a living cell where metabolic changes were active, would by its magnetic nature be attracted and render up to it some of its globulin, a material homogeneous with the protoplasm, such an interchange being analogous to the discharge of the polar bodies in cell fertilisation. Properly understood, the true story of cell metabolism is one of constant new births, growths, and deaths. The ingredients of the food in their passage from the vegetable kingdom through the realms of the human cosmos become endowed by man himself, from his hidden store-house of intelligent force, with an indefinite,

\* The term "vital" is here used to denote a set of changes which are not to be explained on mechanical and chemical lines. We only know vitality by its manifestation in our present state of evolution. Metaphysicians do not limit it to what is generally called animate, viz., animal and vegetable, but they include the forces that hold the minerals together. It is an impersonal force that passes through things. By them also its modes of action are limited by consciousness, and if understood this term would be more appropriate in the context than vital. By the term spiritual is not meant supernatural, but rather the hyper-physical, transcending physical, that which in the course of evolution tends to the Divine.

*i.e.*, unindividualised existence in the blood, and afterwards as an individual life in the cell. It is the story once again of the microcosm and the macrocosm—the story of the universe. Let us take a more concrete view.

Speaking of the various aliments, Dr. Burney Yeo says: "The different groups also appear to serve more or less different purposes in nutrition, although to some extent the members of one group may replace those of another. A combination of all four classes appear to be necessary for the maintenance of the animal body in perfect health. These groups of alimentary principles are here exhibited in a tabular form.

#### ALIMENTARY PRINCIPLES.

I. *Albuminates*.—Nitrogenous substances, having the same or nearly the same composition as albumin. Examples: Albumin, fibrin, syntonin, myosin, globulin, casein, from the *animal*; glutin and legumin from the *vegetable* kingdom.

(a) *Subordinate* nitrogenous substances referred to this class, and known as Gelatigenous substances (gelatin, chondrin).

II. *Fats or Hydrocarbons*, containing carbon, hydrogen, and oxygen, the proportion of oxygen being insufficient to convert all the hydrogen into water. Examples: Olein, stearin, margarin (butter is a familiar one).

III. *Carbohydrates* contain carbon, hydrogen, and oxygen, the two latter elements in the proportions to form water. Examples: Starch, dextrin, cane-sugar, grape sugar, and lactose or milk sugar.

(a) *The Vegetable Acids*—Oxlic, tartaric, citric, malic, acetic, and lactic, are by some authors referred to this class.

IV. *Mineral*.—Salts: Sodium and potassium chlorides, calcium and magnesium phosphates, iron, &c., &c.

V. *Water*."

In addition to these there are various *accessory* substances which are taken into the body as aliments, but which *per se* cannot be considered food, and all of which are quite dispensable, such as condiments—tea, coffee, and cocoa, alcohol, &c.

These different groups of foodstuffs play their own parts in the economy of the body and are acted upon in

specific ways as they pass through the alimentary canal in the process of preparation for their assimilation, and though these changes must be well known to our readers, it is expedient to give a short digest in order to draw certain important deductions preparatory to constructing our dietaries.

I. *Albuminates*.—1. They contribute to the formation and repair of the tissues. 2. They regulate the absorption and supply to the tissues of oxygen, and so materially assist the processes of nutrition through the medium of red blood corpuscles. 3. By mixing with carbohydrates they seem to assist the latter's digestion and assimilation. 4. They contribute to the formation of fat and the development of muscular and nervous energy, and to the production of heat, probably by splitting up into a nitrogenous and a non-nitrogenous part, and from the latter, as Dr. Yeo says, "fat might easily be produced." In fact, it is a question whether, by the proper exhibition of the albuminates, carbohydrates might not be dispensed with, and thus save the disagreeable results of fermentation associated with the digestion of the latter. 5. They increase waste and promote oxidation, and generally promote cell metabolism. These are important indications in the treatment of complaints. *Gelatigenous substances*, as representatives of nitrogenous foods, are useful as "albumin-sparing" food, and such aliments as contain it are preserved from destruction: hence these substances are especially useful where there is abnormal katabolic action and accompanying waste of tissue (*viz.*, phthisis).

II. *Fats and Hydrocarbons*.—1. They diminish albuminous metabolism, and are therefore regarded as "albumin-sparing" food. 2. They are important force and heat producers, and are consequently greatly used as food by those who live in or near polar regions. 3. They are greatly affected by bodily exercise, in which they differ from albuminates. 4. They form necessarily padding and protection to the muscles and other organs, assisting easy movements of the muscles, and is a protection from cold.

III. *The Carbohydrates*, like the fats, check "albuminous waste," and, again to quote Dr. Yeo, "they are ultimately resolved by combustion within the body, like the hydrocarbons, into carbonic acid and water, and so, like the fats, are capable of yielding heat and mechani-

cal work." 2. It must be conceded, after Dr. Charles Creighton's investigations "on the formative property of glycogen," that as glycogen, whose formula is  $C_6H_{10}O_5$ , they (the carbohydrates) do enter into the structure of the tissues. 3. They are generally admitted as conducing to the formation of fat in the tissues. They do not seem to be essential items of food, but in some complaints are useful adjuncts. The form of carbohydrate administered requires careful selection. That form called cellulose especially defies the action of the various digestive juices, the pancreatic fluid making the greatest impression.

IV. *Mineral Salts.*—We must not get in the habit of looking upon these as unnecessary accessories or accidentals. Schüssler propounded the idea that all the tissues have a mineral base or foundation. The proportion of the different salts to the various tissues seems to be more or less constant. They are principally the chlorides of potassium and sodium, the phosphates of calcium, sodium, and potassium, certain sulphates, complex compounds of iron, and salts of magnesium, manganese, silica, and probably fluorides. As a food these can be best presented in the organised form. They are especially plentiful in some of our cereals and vegetables, as the table adjoined shows.

The following table shows the percentage composition of the ashes of a few common vegetable foods :—

	Iron as Oxide.	Potash.	Soda.	Calc.	Magnesia.	Silica.	Phosphoric acid as Phosphates.	Sulphuric Acid Sulphates.	Chlorine as Chlorides.
Entire wheat plant	2.190	11.670	2.5	3.6	5.53	64.99	4.49	4.05	0.89
Wheat grain .....	1.124	32.392	2.497	10.668	3.784	1.964	45.269	1.294	1.007
Turnip roots .....	1.321	50.124	3.621	13.024	2.00	1.215	16.412	6.954	6.328
Turnip leaves.....	0.986	27.921	7.024	35.62	4.199	2.134	4.218	11.999	5.898
Potato tubers.....	5.150	53.800	0.710	3.020	7.940	5.000	15.630	5.210	3.500
Beans (dry) .....	1-2%	18.3	—	—	—	—	41.8	1.02	—
Cabbages .....	8-10%	33.9	—	—	—	—	12.9	8.61	—

So we see that certain vegetables are especially rich in certain salts, and can be chosen as desired. These articles

of food become very important in dealing with certain diseases, as it is our intention to show.

V. *Water*.—As this compound is absolutely essential to physiological life, and as it composes 58.5 per cent. of the body, its importance cannot be too greatly emphasised, though it is scarcely necessary. Its proper and careful presentation to the public is an essential duty of the Boards of Health.

Food is prepared for the tissues by a series of changes which involve disintegration or breaking down—hydration or moistening, fermentation, selection, vitalisation (or raising to a higher plane), absorption, and assimilation by cell metabolism.

We know the different departments of the alimentary canal through which the food passes, how in each certain selected elements of food are acted upon in an appropriate way, and how when the necessary changes have been accomplished the elementary food is passed on to be further acted upon. Shortly, to remind ourselves, the processes are as follows:—

In the mouth. Food is broken down by the teeth; softened by the saliva and mucus; some of the starch is converted into sugar, dextrin, and maltose by the ferment of the mouth, *ptyalin*. The mouth is also supplied with the nerve terminals of taste, by whose assistance the body is induced to take sufficient nourishment; perversion of this is gluttony, and, as suggested before, unless kept in check by the higher faculties of reason, &c., the body takes more food than it requires. This surplus of food is the commencement of many troubles. Indigestion at best, all the chronic maladies, probably including cancer, at the worst. The sense of desire for food must never be trusted, as it can be seduced to any extent.

After leaving the mouth and passing down the gullet the food enters the stomach, where it is churned, moistened, further broken down, and ultimately converted into chyme. The digestive fluid of the stomach is the gastric juice; the digestive principle is pepsin. This acts on the proteids or albuminous ingredients alone, converting them into peptones. These proteids are derived either from animal or vegetable food, and the fermentation takes place in an acid medium. This acidity is produced by the exhibition of free hydrochloric acid secreted by the gastric glands. The various stages of

digestion of proteids and their conversion into peptones are:—

1. Formation of syntonin or acid albumin or para-peptone. This is soluble in acids, but easily precipitated by neutralising the solution.

2. Formation of hemi-albumose or pro-peptone. This is coagulated by heat and soluble in water; it is precipitated by nitric acid, but the precipitation is dissolved on heating and falls down again on cooling.

3. Finally, by the continued action of the gastric juice the pro-peptone passes into true soluble peptone. True peptones differ from ordinary albuminates; they are not coagulated by heat or nitric acid, nor by acetic acid and potassium ferrocyanide. They diffuse easily through animal membranes and they have a peculiar cheesy taste.

After the chyme passes into the intestines it soon comes in contact with the bile and pancreatic juice. The latter contains four ferments—(a) *Amylopsin*, which converts raw as well as boiled starch into dextrin; (b) *Trypsin*, acting on albuminates, converting them by degrees into peptones; (c) *Steapsin*, a fat-splitting ferment which causes neutral fats to appropriate a molecule of water and then split into glycerine and the appropriate fatty acid; (d) a *milk-curdling ferment*. So the pancreatic juice exerts a solvent digestive action on all classes of foods—milk, carbohydrates, albuminates, and fats; it forms a fine emulsion with the last named, so assisting their absorption by the lacteals and the other food molecules in their appropriate way by the circulation. The bile assists the pancreatic juice in absorbing the fats and facilitates the absorption of the same. This is its principal use.

Then there is the "*Succus entericus*," which assists the other juices and especially in converting dextrin into grape sugar.

With regard to the ultimate destiny of the various transposed food elements, it is probable that the peptones become converted into molecules of globulin; the surplus seem to be split up in the liver and converted into glycogen, which is the common destiny of the sugar and other carbohydrates, being in this state stored up in the liver.

In the healthy stomach and intestine these processes go on harmoniously and the patient is not conscious of the existence of this organ, but this unfortunately is not the com-

mon experience, and in our large towns, at this time with all its boasted civilisation, not only is indigestion a common complaint, but itself is the starting-point of innumerable maladies. Most ordinary cases of indigestion we might state paradoxically are the most curable and yet the most incurable of complaints. By dietetic measures the most curable, by drugs alone the most difficult to cure.

In the course of the morbid processes there are many side issues and changes. Besides the host of pathogenic germs which are constantly living in the gut with the bacilli coli at the head of the list, the yeast plant is most active, and often converts the bowels into a veritable brewery; the by-products from this and other morbid fermentations being taken up into the circulation are carried to various parts of the system and open up centres of disease, carrying on their unhealthy irritation in these localities; other germs, again, start their life history in the bowel and find their way into the blood, carrying on their unholy trade as in the germ of eczema.

Indigestion should be a timely warning, and he who is wise will start about rectifying it, for not only is the victim liable to the unhealthy deposits mentioned, but is generally an unhappy, weak, and melancholic individual.

Dyspeptics, on the other hand, are often long lived, owing probably to the care they have to take to insure absence from pain.

Diet cannot be ignored with impunity, and he who does so will regret it.

26, Harley Street, W.

(To be continued.)

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## THE HEAD AND THROAT SYMPTOMS OF *BAPTISIA TINCTORIA*.

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

*Baptisia tinctoria* is a wild plant, belonging to the natural order Leguminosæ, and somewhat resembling a shrub, about two feet high, growing in the woods of the United States of America. The flowers, which are in small loose bunches at the ends of the branches, are of a bright yellow colour. The seed-vessels are about the size of a pea-pod in length, and are of a bluish-black

colour. The leaves have very little stalk, and the leaflets are roundish and small.

The tincture is prepared from the fresh bark of the root with strong alcohol.

*Baptisia tinctoria* is analogous to *Arsenicum album*, *Rhus toxicodendron*, *Acidum nitricum*, *Agaricus*, *Bryonia alba*, *Acidum carbolicum*, and *Kali chloricum*.

The following are some of the most prominent head and throat symptoms developed during a recent proving of the  $\phi$  tincture of the drug: Numb feeling in the brain, accompanied with shocks, and sometimes stitches, all over the head. The cervical muscles feel stiff and sore. Pain of a heavy character at the base of the brain, accompanied with stiffness and soreness of the cervical muscles. Sharp lancinating pains in right and left temples. Pain, of a pressive nature, in the forehead, with a sensation as if the forehead were being pressed in, accompanied with a sharp pain in the right and left temples, greatly aggravated by motion. Great soreness of the scalp, with burning in the top portion of the head. Heavy feeling in the head, with a constant desire to lie down, and a wild feeling, greatly increased by noise. Tight feeling all over the head, accompanied with fulness, and severe frontal headache. Sharp pain over the eyes, with a dull and stupid feeling all over the head, accompanied with a sharp and very severe pain in the occiput. Frontal headache, of a very violent character, accompanied with a severe pressure at the root of the nose. Peculiar sensation as if the head were all scattered about in pieces, and could not be got together again. Confused and swimmy feeling in the head with vertigo. Pain, of a pressive nature, in the right temple and right eye, accompanied with great tightness of the skin of the forehead. Heavy headache, of a pressive nature, and dull; increased in intensity by the slightest motion. Feeling in the frontal region of the head as if the brain were sore, accompanied with heat, pain, and severe vertigo, greatly increased on stooping. Fulness of and pain in the blood-vessels of the occiput, accompanied with a dull feeling in the occiput. Sensation as if the head were too large and too weighty, accompanied with a feeling of numbness all over the face and head. Pains, of a severe drawing character, along the nose. Discharge of a thick mucous from the nose. Soreness

of the eyes on moving them. Vertigo; smarting and aching of the eyes; the eyelids feel as if they were paralysed. Blood-vessels of the eyes red, congested, and inflamed. Bloated feeling of the eyes. The frontal portion of the head feels sore on turning the eyes upward or upon moving them. Unusual glistening and brightness of the eyes. Sensation as if the eyes were pressed into the head, accompanied with great dimness and confusion of the vision; cannot distinguish an object unless it has been looked at for some time. Lachrymation and burning of the eyes, with soreness of the eyeballs, and a feeling as if the eyes were swollen. Constant inclination to keep the eyes half closed. Deafness and dulness of hearing. Confusion of the mind, accompanied with roaring noises in the ears. Face feels hot and flushed, with waves of heat passing all over it. Burning heat in the cheeks. Burning heat in the face, the face being hot and flushed. External blood-vessels of the face feel full and much distended. Tongue and mouth feel very dry. Smarting and burning feeling of the tongue, and great dryness on rubbing it against the roof of the mouth. Sensation as if the tongue had been burned. Sensation as if the tongue had been scraped. Eruption of ulcers and small vesicles in the mouth, accompanied with an abundant flow of saliva. Profuse flow of saliva, of a bad and viscid taste. Tongue covered with a yellow coating in the centre, with a bitter and somewhat flat taste in the mouth. Tongue covered with a white coating, with protuberance of the red papillæ, which is afterwards followed by the tongue becoming covered with a brownish coating in the centre, the edges remaining red and shiny. Numbness of the tongue, with a sensation as if it were too thick and swollen. Soreness of the teeth and gums, with bleeding from the gums. Extension of the dryness of the tongue and mouth into the throat. Constant desire to swallow; throat feels greatly constricted. Soreness of the throat and contracted feeling, the soreness reaching to the posterior nares. Raw feeling in the throat, with large accumulation of very viscid mucus. Swollen and full feeling in the throat. Pain in swallowing at the root of the tongue, tonsils, and soft palate. A pricking feeling in the upper portion of the pharynx. Scraping and burning feeling in the throat, with great soreness.

Feeling of unhappiness, with loss of power to think, and feeling of weakness of the mind. Gloominess and despondency lasting for two or three days, accompanied at night with great restlessness, uneasiness, and hideous visions. Sleeplessness, setting in after midnight. Very heavy sleep, with a feeling of feverishness on awaking. Great drowsiness.

*Baptisia tinctoria* is indicated in the drowsiness and stupefaction peculiar to typhoid fever, in which disease it is, without exception, the most valuable remedy that we possess. It is strictly homeopathic to the "wild" feeling so common in typhoid fever, and also to that peculiar headache which always precedes and accompanies it. It is also useful in the headache resulting from exhaustion of the brain, and in that feeling of the head which is peculiar to the presence of fever and brain excitement, and which is often felt immediately before the advent of delirium. In headaches affecting the occiput it is a prime remedy, especially if the pain is accompanied with great heaviness of the head, sharp pains over the eyes, and a dull, confused, and stupid feeling all over the head. In catarrh, accompanied with a dull pain at the root of the nose, it is a very reliable remedy. It has also been used with great success in the deafness or dulness of hearing common during or after typhoid fever. In fevers, where the mouth and tongue are very dry, it is an efficient remedy. The complaint known as stomatitis materna, peculiar to feeble women, is generally easily rendered curative through the use of this remedy; an additional symptom occurring in this disease, and indicating the drug, being offensive breath. Mercurial sore mouth, with very offensive breath even when in a chronic condition, is greatly influenced by a faithful course of this remedy. It is also indicated in those forms of diphtheria where there is extensive ulceration of the throat, severe prostration, and very offensive breath. Furthermore, in the ulceration of the fauces and mouth in diphtheria, accompanied with great fetor, it is a very valuable remedy. Even in angina it is often very effective, the prominent symptoms being an unusual absence of pain but great swelling.

In the various complaints mentioned above *Baptisia tinctoria* will be found the most effectual in the  $\phi$

tincture and the lower dilutions. It has a special affinity to the low types of fevers, such as typhoid, typhus, scarlet, bilious, catarrhal, puerperal, and spotted (cerebro-spinal).

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## BLOOD-LETTING.

At the beginning of last century there was hardly a complaint which it was supposed could get well without the aid of the phlebotomy lancet; at the beginning of the present century it comes as a surprise to learn that blood-letting is ever practiced at all. The following, from the *Medical Press* of June 5th, shows that in spite of *Aconite*, *Belladonna*, *Veratrum vivide*, *Ferrum phosphoricum*, &c., blood-letting is not yet quite as extinct as the dodo:—

### “THE PRACTICE OF BLOOD-LETTING.

“Ever since Dr. W. O. Markham delivered at the Royal College of Physicians in 1864 the Goulstonian lectures, in which he formulated his teaching on the uses of Blood-Letting in Disease, the subject has never ceased to be of interest to a large number of earnest thinkers. The medical profession is indebted to Mr. J. F. Briscoe, of Alton, for investigating and tabulating the practice of the present day at eleven London medical schools in regard to this question. These medical schools were asked how often was venesection performed at their respective hospitals, and also if there was any special affection for which it was performed. At Guy's Hospital it appears that venesection is occasionally carried out. The answer from King's College Hospital errs in the direction of vagueness, for we are told merely that ‘venesection is performed whenever it is considered desirable.’ Blood-letting, however, is not unknown at this hospital, as can be seen by the articles from Dr. Duffin published in the King's College Reports for 1895. At University College Hospital blood-letting is resorted to about three times in eighteen months. At St. Thomas's it is occasionally done, but not as a routine method. Venesection is reported as being rarely performed at the London Hospital, and at Westminster

Hospital it has only been done about twelve times in three years. At St. George's Hospital blood-letting is not often undertaken. At Middlesex 'very seldom' is the answer to the first of the two questions, and at that hospital the special affection for which it is performed is returned as 'mitral disease with embarrassed heart.' At St. Mary's Hospital the proceeding is resorted to fairly frequently, and one of the physicians at that hospital, Dr. Maguire, delivered a lecture on the subject at the Brompton Hospital last Wednesday. From Charing Cross we hear that it is not done often; in fact, only about four times in the last eighteen months. A very interesting reply is sent by Dr. P. W. Rowlands, house physician to Sir Dyce Duckworth. This gentleman says that venesection has been performed three times in one ward during the last six months, each time for pneumonia, once as a last resort in a case which suddenly became serious and ended fatally. In another case it was followed by decided improvement, and in one very severe case immediately satisfactory results were observed. Sir Dyce Duckworth is a prominent exponent of this method of treatment, and students at St. Bartholomew's are not likely to look upon venesection as a therapeutical measure that is in any degree out of fashion. Incidentally it may be mentioned that Dr. H. C. Drury, who is attached to two hospitals at Dublin, says that only once in his recollection, about twelve years ago, has he seen venesection performed, and he believes that the practice of blood-letting has been practically given up in Ireland even by the older practitioners. There is no doubt that in suitable cases, and under favourable conditions, the practice of blood-letting affords certain relief, and even for this point alone it is deserving of a more extended field of action, but in view of the fact that students in general receive no practical instruction therein they can hardly be expected to hold it in great esteem."

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THE COLIC AND DIARRHEA OF IPECAC.—Flatulent colic with loose stools. Clutching in intestines better during rest; cutting about the navel as if from nails. Cutting with every movement, almost constantly running from left to right. Diarrhea with pain, causing unceasing screaming and tossing about. Stool fermented, green as grass (aconite), mucous; pitch-like, or like frothy molasses. Bloody, with tenesmus.—E. Fornias in *Amer. Hom.*

## SOCIETY'S MEETING.

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### BRITISH HOMEOPATHIC SOCIETY.

THE ninth meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, June 6th, Dr. Roberson Day, the vice-president, in the chair.

The following specimens were exhibited :

1. Large renal calculus removed by nephro-lithotomy, Dr. Wynne Thomas and Mr. Knox Shaw.
2. Small renal calculus causing pyonephrosis, removed by nephro-lithotomy. Mr. Knox Shaw.

Dr. Goldsbrough (London) read a paper entitled "The Law of Dose in Homeopathic Therapeutics: its Corroboration by Recent Researches in the Physiology of the Nervous System," in which he directed attention to the following points, viz. :

1. The law of dose is the small dose irrespective of physical division or any theory of dynamisation.
2. For purposes of comparison and analogy reference to some elementary biological principles will be necessary (illustrated by diagrams).
3. Recent researches by Waller and other physiologists on the electrical excitability of muscle, nerve, and retina will be reviewed, and some results shown, as having an important bearing on pharmaco-dynamics.
4. The minimal stimulus for the retina corresponds to the action of the minimal dose of a drug, and indirectly of the drug used as a medicine.

The main object of his paper was to prove that the dose of any drug must be less than the quantity necessary to produce similar symptoms physiologically.

Considerable discussion followed, most of which was more or less foreign to the subject, and in which the following members took part: P. Wilde, Byres Moir, Madden, Blackley, Stonham, Burford, Lambert, Jagielski, Macnish, and Dr. Day from the chair.

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COFFEE POISONING.—Dr. Combemale relates a chronic case of coffee poisoning. The symptoms were vertigo, emaciation, and intense headache—generally worse at night, and most marked in the temporal regions; he described it as a heavy cap pressing on his head. It prevented his sleeping more than two hours or so in a night. He dreamed considerably, and stated that he always saw grotesque animals passing before him.—*Hahn. Monthly.*—*J. B. H. S.*

## INSTITUTION.

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### CHELTENHAM HOMEOPATHIC DISPENSARY.

WE have received the forty-fifth annual report of the Cheltenham Homeopathic Dispensary. Dr. Stanley Wilde gives the following figures of the year's work:—

“The patients treated during the past year (ending April, 1901) are as under:—

New Patients	...	...	...	271
Old Patients ...	...	...	...	1,402
				1,673
Total ...	...	...	...	1,673

“In addition 263 visits have been paid to patients at their own homes.

“The visiting could be considerably extended if subscribers' tickets were more readily obtainable; in fact, the whole work of the dispensary could be increased if more subscribers were forthcoming. For some time, owing to the deaths of old subscribers, tickets have become scarce, and among the poorer patients, who cannot afford to buy tickets, this scarcity has proved a bar to their always obtaining the benefit of homeopathic treatment when they needed it.

“It is to be hoped that new subscribers will come forward to meet this much-felt want.”

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## EXTRACTS.

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### MORE TUBERCULIN CASES.\*

By Dr. MAU, of Kiel.

Translated for the *Homeopathic Recorder* from the *Leipziger Pop. Z. f. Hom.*,  
March, 1901.

I. THERE are cases where the patient is not properly suffering from consumption, but is only burdened with phthisical conditions. Though vigorous and well nourished, such persons show something of phthisical

\* From the *Homeopathic Recorder*, May 15th.

constitution, and later in life they are apt to be seized by diabetes or by consumption itself. Such a case came to my office in the spring of 1890 from one of the provinces, the gentleman in question being of vigorous, tall and well-developed appearance. His mother had died of consumption while still young, and his only sister bid fair to speedily follow her. In cold weather he easily succumbs to pneumonia, and, therefore, travels from one sanitarium to another to escape the cold. There is much cough and expectoration. As his father had died of pneumonia and his mother of consumption, he was naturally much concerned about his condition. He perspired a good deal and consumed much fluid, partly alcoholic, nourishment. His sleep was poor and he had a fever which was almost constant. Three months' treatment with *Tuberculin* almost made a new man of him. He now sleeps well; the glandular swellings have disappeared; the temperature is normal; there is no cough, nor expectoration, and his tissues contain much less water; *i.e.*, he does not appear quite so corpulent and large, but is on the other hand much more vigorous and healthy.

II. The second case so much resembles the first that I need only sketch it. The same inherited constitution and tendency to pneumonias, the same hydrogenoid constitution, cough, expectoration, perspiration, thirst and sleepless nights. But *no* fever.

The treatment was a mixed one. The *Tuberculin* had not the same effect on this man as in the former case, but he also became more thin and slender *without* losing in weight. From this I conclude that he actually gained in vigour and that there was only a diminution of the excess of water in his tissues. The treatment was considerably assisted by the use of *Pulsatilla*, *Spir. glandium quercus* and *Acetum lobeliae*; and when I lately met him and asked him about his condition, he answered, "Excellent!"

III. A young lady of nineteen came under my treatment in July, 1889. She had many flushes of heat, accompanied with hectic redness, dyspnea and a short cough; on the neck were cicatrices of glandular swellings which had been scratched out; there was a dingy brown complexion, a coarse rattling in both the lungs; on the left side of the neck there was a large gland *soft* to the

touch; the heart presented a pronounced murmur, in addition to the flushes mentioned before. On July 12th, I prescribed *Iodoform* 3. After two months there was considerable improvement and increase in weight, but no diminution in the flushes of heat. *Tuberculin* 100 and later on 200 was followed by a complete cure.

IV. On September 9, 1889, a young merchant came to me exhibiting plainly the phthisical type. Both his parents had died of consumption. He had been treated by nine physicians and had also been treated for a considerable time in a hospital.

There were severe piles, constipation and brown discoloration of the skin of the abdomen. His figure was long and slim and he had a long neck and a decided stoop forward. Three months' treatment with *Tuberculin*, then *Thuja* on account of vaccinosis (chronic poisoning from vaccination), and *Hydrastis canadensis* effected a complete cure.

V. A little child was brought to me in a state of extreme emaciation, and also on account of chronic diarrhea. All the glands were perceptibly and visibly swollen. Doubtless the mesenteric glands were the main seat of the disease and the cause of the diarrhea. *Elaterium* 3, *Iod.* 2, and *Thuja* 30 made a visible improvement, but the diarrhea had not quite disappeared and there were profuse sweats. After one month's treatment with *Tuberculinum* the child was much improved in its general health, and the diarrhea and perspiration had ceased. I gave *Calcarea phos.* 3 for two or three months and could then dismiss the child as cured.

VI. A distinguished author well known in theological circles, over fifty years of age, came to me in 1889 on account of dreadful pains in the head, almost total insomnia, and great debility. His brothers and sisters had mostly died of dropsy of the brain, and he himself is suffering from a congestion on the right lung, probably due to cavities that have healed up, for he has repeatedly suffered from hemoptoë. After a lengthened treatment and some time spent in the South, he had been dismissed as cured of consumption. But now it was generally apprehended that he would have softening of the brain, and would lose his reason. He described his headache as being attended with a sensation as if his brain was

being tightly squeezed together with an iron ring. His hands were tremulous, but he was most uneasy from a sensation on his back as if his clothes were moist.

It may seem hardly credible, but in less than a month the headache had gone, the morbid sensation in the back had vanished, and his sleep now is excellent. As a matter of precaution, I gave him a few additional powders of *Tuberculin*.

VII. An anxious mother brought me her child, who was a year and three months old and of a peevish, irritable, and taciturn disposition. There was constipation, and the child would scream out in his sleep, and was very restless at night. His little sister had died when two and a half years old of tuberculous inflammation of the brain, and her disease had begun in the same way. I first gave him *Thuja*, and this was followed by amelioration, but the child was not yet cured. I then gave him *Tuberculin* 100, after which he first became "fearfully sick," but soon after that he improved. This was followed by *Calcarea phosphorica* 3, and he appeared cured. About three months later he had a slight relapse, for which I gave *Tuberculin* 200. He recovered, and is now prospering.

VIII. I was consulted last summer by a merchant from London, twenty-eight years of age. He was in the first stage of consumption. His mother had died from the same disease, and his brother is now in the last stage of consumption. He had an eruption on the skin above the larynx, and his state was so low that I commenced his treatment with *Zincum acet*. This remedy cured the eruption. A further examination showed a very dark complexion, and he had long suffered from chronic diarrhea. There was humid rattling all over the chest and much expectoration. *Iris versicolor* cured the diarrhea, but the profuse expectoration continued. He had before this been operated for a fistula. After two months' treatment with *Tuberculin* he was cured, and had gained considerably in weight. The cure was complete, and he has now married with my sanction.

P.S.—He is at present well, and his wife has presented him with a healthy bouncing boy.

IX. A married gentleman, thirty years old, consulted me on account of an affection of his right knee. Some thirteen years ago a horse had kicked him on the knee,

which remained swollen and pained him at intervals ever since. He had been in a hospital in London, where they wanted to operate on him. But one of his acquaintances persuaded him to consult me, as being averse to operating. The physicians considered an operation to be urgently called for, as they considered the affection to be tuberculous. This was no doubt quite correct, since some of his brothers and sisters, ten out of fifteen, had died of consumption, and he himself had already suffered from hemoptoë and exhausting sweats.

Two months' treatment with *Tuberculin* restored him, though the last of the swelling on the knee only disappeared after *Bellis perennis*, which he took for a month.

X. Miss W., aged twenty-six, consulted me on July 17, 1891. Her whole family was consumptive. One sister had suffered from melancholia, and had ended her life by suicide. For ten years the patient had been suffering from herpes on the right eye, on the right cheek, and on the nose. Her face was extremely disfigured. She received *Tuberculin* 200, on July 24th. The nose began to improve. In the throat there appeared a small perforation of the soft palate near the uvula. She had felt a soreness there for the last few days, though she had never before had any trouble there. A small tuberculous nodule must have been seated there, which was made to break open by the *Tuberculinum*.

September 1st.—She is much improved. She received *Tuberculin* 1,000.

October 9th.—The face is improving, though at times of a deep red. *Tuberculin* 200.

November 14th.—The nose is improving slowly.

January 5, 1892.—Better, the nose is less red. *Tuberculin*, 1,000.

March 4th.—The face very much improved. She has had influenza, and her feet and legs remained swollen for some time. The physician who treated her said that she was suffering from chronic nephritis; that the homeopathic medicine had driven the lupus in and that it had fallen upon the kidneys. But since the same authority had before that pronounced the lupus to be incurable, I felt inclined to doubt his diagnosis. I examined the urine, and at the first examination I found it pale, alkaline, containing some mucus and phosphates, but no albumen. A second examination showed some

albumen but no cylinders. She was fully cured a short time afterward through the homeopathic remedies indicated, and she has not had any relapse.

## AVENA AND ARNICA AS NERVINE TONICS.

By DR. GOULLON.

Translated for the *Homeopathic Recorder* from *Leipziger Pop. Z. f. Hom.*, April, 1901.

“*Avena* and *Arnica* have been of very great service to me.”

Many readers will at once know in what this service consisted. I have heard the praise of these remedies frequently, and even in more eloquent expressions. Both these remedies are able to revive the vital force when sinking from disease, work, mental emotions and other depressing causes.

To take up first *Avena*, or rather the tincture of *Avena sativa*, tincture of oats. This remedy has been embodied in our materia medica now for fifteen to twenty years. Since that time *Avena-Cacao* and Quaker Oats have been used. In Scotland the harvesters use thin, warm oat gruel to satisfy their thirst, as with us they use coffee. This gruel not only satisfies the thirst, but it also restores the strength. All this shows that oats must contain a very wholesome principle, acting in a manner analogous now to that of *China*, then again like wine, cola, &c.; *i.e.*, those remedies which in pharmacology are denominated *roborantia*. Its effects may be strengthened by the simultaneous use of *Arnica*, given in alternation or at the same time.

A convalescent patient who feels prostrated and wretched and is slow in making his recovery may thus receive three times a day 4-5 drops of tincture of *Avena* and with it 1-2 drops of *Arnica* 2x, or the *Arnica* may be given later. This mixture should be given in a teaspoonful of water, best quite warm. This mixture has proved very effective in my practice. It is often sufficient to give 10-15 drops of tincture of *Avena* in a wineglassful of water, a sip to be taken four to five times a day. Thus we may escape the reproach of using double remedies. Though whenever we may assist a patient more quickly, we may well afford to take this reproach on us.

It is even quite a question whether homeopathy as such enters into the question at all. For this would suppose that *Avena*, if given to a healthy person in large doses which might cause disease, would excite similar states of debility, exhaustion, and prostration. I at least have heard of no such symptoms. But should our patients be deprived of the benefits accruing from this excellent remedy, and wait until theory comes limping after practice? The same may be said of *Arnica*. In the *Encyclopedia of Homeopathic Materia Medica*, by Altschul, *e.g.*, where he discusses the physiological properties of *Arnica*, I find nothing which would show the homeopathicity of the remedy in this case.

But although the curative power of these drugs may not be explained from homeopathic principles, it nevertheless is there. I must also remark, that also the dilutions of the tincture of *Avena* have an undoubted efficacy. Twenty drops of this tincture and five drops of *Spiritis vini* and vigorously shaken, and we get a preparation of sufficient strength which is, besides, cheaper than sanitary wines or other wines still more expensive. And while the latter tire a person, produce acidity and may injure by exciting palpitation of the heart, this will never be the effect of *Avena* and *Arnica* when taken in the proportion given above.

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#### TREATMENT BY CACODYLATE OF SODA.\*

M. BURLUREAUX read an interesting paper before the Société de Thérapeutique on the treatment of different affections by *Cacodylate of Soda*. He commenced by remarking that he employed exclusively the hypodermic method. Out of the seventy-two patients treated, only two showed intolerance, and that for very small doses; he attributed the curious sensations complained of by those patients to a certain idiosyncrasy.

A young girl suffering from anemia, with absolute suppression of the menses for fifteen months, was submitted to the *Cacodylate of Soda* treatment, and received daily injections for two months. At the end of that period the menses returned, while the improvement in strength and appetite was very remarkable.

A woman, who complained of great lassitude whenever extra

\* *Medical Press*, May 8th. Paris Letter.

work was imposed on her, was treated twice a week with the injections during the last year. The cacodylate acted as a powerful nervine tonic, so that when "run down" she applied of her own accord for an injection.

Another woman who had been operated on for a tumour of the breast three years previously, and who was much concerned about a possible relapse, was treated by large doses of *Cacodylate of Soda* with the hope of arresting the development of the cancer. At the end of six months her weight was increased by fifteen pounds, her general condition was greatly improved, while her hair, which had fallen considerably, grew with great luxuriance. The small nodule in the breast, however, was unaffected by the treatment.

A man who had suffered for two years from eczema of both hands was completely cured after twelve injections.

A gentleman suffering from Parkinson's disease, for which all kinds of treatment were tried in vain, was finally persuaded to undergo the injections of *Cacodylate of Soda*. After six weeks of the treatment his condition was considerably improved; he was able to take exercise out of doors, while the trembling of the head and limbs had notably diminished.

After citing several more cases, the author said that unfortunately it was not possible to promise beforehand improvement or cure, as in one patient the treatment succeeded marvellously, while it failed in another without any apparent reason. When success was to crown the treatment it was rapid and quickly observed; improvement began after the fourth or fifth injection. If after six or seven injections no improvement took place, it was better to discontinue the treatment.

He regretted to say that the cacodylate treatment did not give him much encouragement in tuberculous affections. He had treated more than thirty of these patients, but the result was only temporary. In any case, concluded M. Burlureaux, the medication, given in large and prolonged doses, does no harm to the economy if it did no good. The affections which seemed to have been the most benefited by *Cacodylate of Soda* were those derived from defective nutrition, and where the appetite and the strength were wanting.

The dose for injections was one grain per centimetre cube (a full hypodermic syringe).

By the mouth—

*Cacodylate of Soda*, x grains.

*Simple Syrup*, ℥v.

A teaspoonful three times a day in water.

TREATMENT OF SOME FORMS OF CANCER BY THE  
X RAYS.\*

At the annual meeting of the Association of American Physicians, held in Washington on April 30th, May 1st and 2nd, a paper on this subject was presented by Francis H. Williams, of Boston (*Medical Record*, May 11th). He stated that it had been recognised for years that by caustics or the actual cautery cancer could be more or less controlled, especially when situated upon the face. The X Rays might also burn, and if used in this way acted only as a caustic. He wished to report cases in which it was not used as a caustic. Burns by the X Rays should be avoided, and great care was necessary. His first case was that of a young man with a small, flat epithelioma of the lip. After treatment it had entirely disappeared. At present he had another cancer of the lip under treatment. This was one of four months' duration, and had a penetrating odour. The odour had disappeared, and the new growth was improving. Another case which showed signs of decided improvement, and was now receiving treatment, was an epithelioma of the hand of a man 73 years of age. This cancer measured 4 cm. by 7 cm., and nothing short of amputation would have seemed possible. The special points in regard to this treatment he would make were: absence of pain, no delay from the dread of an operation, healing without burns, improvement began quickly, and the patient was not forced to give up his daily duties. The chief objections were: the care necessary to avoid burns, the expense, and the fact that the treatment must be continued for some time. In reply to a question whether the diagnosis had been proved in every case by microscopical examination, Williams stated that all cases had been submitted to a most skilful pathologist.

## ACCIDENT AND DIABETES.†

At the Berlin Society fur Innere Medizin, Hr. Hirschfeld communicated a note on accident and diabetes. He said there was still great want of clearness as to the connection between accidents and diabetes. Since Bernard's experiments glycosuria had often been seen to come on after serious train injuries, but mostly transient and slight in degree. In some cases, however, the glycosuria continued a long time. In one case a locomotive engine driver, who had an accident to his train, and who, in addition to being shaken, was accused of being the cause of it, had glycosuria for a year, along with a good deal of physical

\* *British Medical Journal*, June 8th. Epitome.

† *Medical Press*, May 22nd. Letter of Berlin Correspondent.

disturbance. After an inquiry and acquittal, however, the sugar disappeared. Such cases, however, were rare. In the darkness that clung round the etiology of diabetes, accident might often be thought of as the cause, but could rarely be proved. Traumatic diabetes could not be described. Diabetes might also result from injury to the pancreas. We spoke of a pancreatic diabetes. Sometimes the clinical symptoms pointed to this form, but often the disease of the pancreas was not suspected till the autopsy revealed it. Chronic disease of the pancreas had also been found in diabetes. In a case of so-called pancreatic diabetes the nervous symptoms were very prominent. The relations were rather complicated. No safe theory could be formulated as to the factors; perhaps the accident was the last link of the chain of causes that led to the disease. Under certain circumstances there was an "unknown something" that, in the case of already existing pancreatic disease, was the immediate cause. The pancreas could be directly affected by accident. Cysts might form, acute or chronic pancreatitis might develop, and effusion of blood had been found in the pancreas. Then the disease might be made worse by accident; coma might develop, leading to death. Coma might be set up by disease of the pancreas even in mild diabetes, and in such cases the relationship between the two was beyond doubt. As regarded working power, excessive activity always reacted unfavourably on the working power.

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#### ERYTHEMA MULTIFORME AND VACCINATION.\*

By NORMAN WALKER, M.D., F.R.C.P. (Edin.), Assistant Physician, Skin Department, Royal Infirmary, Edinburgh.

In the *Scottish Medical and Surgical Journal* (April, 1901) I published a short note, with an illustration, of a case of erythema multiforme closely resembling small-pox. The difficulty of diagnosis was considerable, but we were greatly aided by the fact that the patient had been successfully vaccinated four weeks previously. It did not occur to me to connect the vaccination with the skin eruption. Since then four other cases have come under my observation, all of them recently vaccinated, and all showing features which seem to make it certain that the vaccination was causally related to the eruption. Curiously, with one exception all occurred in persons more or less directly connected with the medical profession—doctors, students, or nurses.

My second case was that of a Queen's nurse, whose hands presented an absolutely typical picture of erythema iris. On

\* From the *British Medical Journal*, May 10th.

questioning her, however, I found that the legs were also affected, and that the eruption spread up the arm beyond the usual limitation of erythema iris. When she removed her dress the vaccination lesions presented an appearance quite out of keeping with the time which had passed since the operation was performed. Although a month had elapsed the scabs were still moist, and they were surrounded by a raised erythematous patch of the same character as the eruption elsewhere.

The other cases were possibly not so perfect in their mimicry of the real disease, but having become familiar with the condition I had no difficulty in recognising them. All presented certain features in common; all were vaccinated with glycerinated lymph, and in all of them the early course of the vaccination was uneventful. In three of the five cases there was nothing more than a slight feeling of *malaise*. The eruption developed always on the hands and the face, but on other parts as well. At the same time the vaccination area showed evidence of fresh activity. In two cases the scabs had fallen off, and apparently all was over, but coincident with the eruption fresh vesicles developed on the part, just as if the patient had again been vaccinated. The course of the erythema was uneventful, the eruption rapidly disappearing.

I have since discovered that I had overlooked a reference to this condition, which was incidentally mentioned in a discussion at the meeting of the American Dermatological Association last summer, which was published under the heading "Bullous Dermatitis in Children." In the discussion, Bowen of Boston gave notes of five cases following vaccination. He noticed the tendency to appear on the backs of the hands and feet and on the face, and he suggested that the condition was allied to dermatitis herpetiformis. White of Boston drew attention to the fact that the lesions appeared on regions most exposed to autoinfection. Corlett had noted bullous eruptions appearing after vaccination, but had regarded them as closely related to impetigo. It is interesting to note that he had stated he had never observed the eruption after the use of glycerinated lymph. Gilchrist mentioned a case occurring at the Johns Hopkins Hospital, where a diagnosis of herpes iris had been made; the temperature in that case rose to 103° F. One of the lesions was excised, and sections suggested the presence of a toxin circulating in the blood. Other cases of erythema following very shortly after vaccination were referred to. These are obviously not the cases which have come under my care. Many of the American observers noted, as I did, that the vaccination wound had entirely healed before the eruption appeared; and I certainly incline to adopt the suggestion of Gilchrist that a

toxin is produced which, circulating in the blood, produces, as many toxins do, that form of erythema which we know as erythema multiforme, and especially that variety described as erythema iris. I have heard of two other cases apparently similar, but it seems incredible that there have not been many more, and it would be interesting to know whether any particular stock of lymph is especially liable to be followed by such an eruption.

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## REVIEWS.

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### MENTAL DISEASES. \*

THE name of Dr. Talcott is almost as well known in this country as in the United States as a pioneer in the management of asylums and the treatment of the insane. The annual reports issued by the Middletown State Homeopathic Hospital, which Dr. Talcott has conducted for many years, contain valuable clinical matter in addition to statistics showing results incomparably better than those of any Government institution under old-school management. In addition to his post as medical superintendent of this institution, Dr. Talcott is Professor of Mental Diseases in the New York Homeopathic Medical College and Hospital. The present work is dedicated to the "Class of 1900," and embraces, "in a series of lectures, a long experience in working for the good of the insane." It will be noticed that the institution over which Dr. Talcott presides is called "Hospital" and not "Asylum." An important chapter of the present work is devoted to the subject of "Hospital Construction"; and it may be remembered that Dr. Talcott contributed to the Paris International Congress a paper on "The Hospital Idea in the Treatment of the Insane." Dr. Talcott in his preface says: "This work has resulted in a practical development of that form of treatment which has been designated as 'The Hospital Idea.' In other words, the asylum has given place to the hospital in the protection and restoration of mental

\* *Mental Diseases and their Modern Treatment.* By Selden Haines Talcott, M.D. New York: Boericke and Runyon Co. London: Homeopathic Publishing Co., 12, Warwick Lane, E.C. Cloth. pp. 352. Price 12s. 6d.

invalids. The fact is now generally recognised that the insane man is a sick man, and needs for his comfort and cure the application of such means as are ordinarily used for the benefit of the sick in a modern general hospital."

Dr. Talcott's work does not profess to be a complete treatise on the subject of mental diseases. The ten lectures comprise these subjects: (1) The Human Brain. (2) The Insane Diathesis or Abnormal Tendencies of the Human Mind. (3) Sleep, Sleeplessness, and the Cure of Insomnia. (4) History and Classification of Insanity, Theory, Definitions, and Requirements for Commitment. (5) Melancholia. (6) Mania. (7) Dementia. (8) General Paralysis. (9) Treatment. (10) Medical Treatment and Hospital Construction. The work is concluded with a Compendium of Materia Medica.

This compendium occupies nearly eighty pages of the work and deals with a large number of remedies arranged in alphabetical order, from *Aconite* to *Zinc*. Each remedy is treated under the following headings—(1) General action. (2) Brain and Spinal Cord. (3) Mind. (4) Sleep. (5) Accompaniments. (6) Special Sphere of Action. We miss from the list of remedies *Plumbum*, *Melilotus*, and the nosodes; and we wish Dr. Talcott had given a little more of his personal acquaintance with the remedies he describes. The ordinary knowledge of them is set forth in the usual cut-and-dried method. If in addition to this he had given his personal grip of them the value of the book would have been enhanced. He praises *Silic. 30* in epilepsy as "one of the most satisfactory remedies in effecting a wholesome change throughout the general physical system of the patient"; but we miss in his account of the remedy one of its most decisive symptoms—a mania for hunting pins.

The get-up of the work is unexceptionable, but we must once more protest against the type, which is becoming increasingly popular with American publishers and authors. The type is in itself rather pretty; in fact, we have no doubt it is considered ornamental. Our objection to it is that *it does not show italics*. The chief use of italics is to catch the reader's eye. With this type the reader must look twice before he can be certain whether a word is printed in italics or not. With less ornamental type there is no difficulty of this kind.

## WORK FOR FORESTERS.\*

TREES have many other functions to serve in the world's economy besides providing wood, and it is high time the study of tree-culture and the regulation of tree-planting was taken in hand by some central executive authority.

In calling attention to this important topic Mr. Japp quotes largely from Dr. Cooper's pamphlet, and we have no doubt our readers will like to know something of what both these authors have to say. Mr. Japp writes :—

“ When, last year, I dealt with peat-bogs and bog-oak, I found good ground for saying that, once on a time, trees stood near to or where now bog is, and had helped to form it. These trees may have been cut down, leaving roots in the ground, or they may have been thinned out and those remaining overturned by tempest, but once there must, in most cases, have been trees in the area or close to it, as there are many grounds for holding—bog-oak but one of them. The tannin from the trees, in combination with other substances, I said, had had a specific effect in eating away certain elements of foundation; and this, on an impervious or rocky bottom, which allowed no great depth of earth, enabled the rain when it came down from the higher reaches simply to lift up the sheet over whole areas and shift it. The inference was that peat-bogs had not always held ground where they now do, and that it was in some degree owing to the neglect of man that they did hold the ground. Since then there has been sent to me by a friend who knew I was interested in such things, a pamphlet by Robert T. Cooper, M.A., M.D., etc., etc., titled ‘ Ireland's Real Grievance: the Re-afforesting of the Country; Being part of a Lecture delivered in the Rotunda Rooms, Dublin, 15th September, 1900; Published by J. Bale & Sons.’ I have read that lecture with the greatest interest. Dr. Cooper is a chemist and a botanist—a man who has studied not a few things, and writes with a true patriotic concern for the welfare of Ireland. He is, besides, a practical man, and one to whom wise statesmen should listen on such a matter as this. He speaks, it is clear, wholly with the hope of doing for Ireland what ought, in our own interest as well as in hers, to be done, and done forthwith and effectively. In stating the main case, he thus writes :

“ ‘ A great part of the land of Ireland throws up a luxuriant herbage, without any depth of soil or any skill on the part of

\* *Work for Foresters.* By Alexander H. Japp, LL.D., F.R.S.E., F.A.I., in *Out and Home*, May 15th.

the husbandman. The vales in many of the stoniest parts of the kingdom; as Donegal and Tyrone, are remarkable for their richness of soil and luxuriance of vegetation, which may be often accounted for by the disposition of the calcareous soil washed down by the rains of winter. . . . The Irish bogs, for the most part, lie together. In form, they resemble a great, broad belt drawn across the centre of Ireland, with its narrowest end near the capital, and gradually extending in breadth as it approaches the Western Ocean. The bog of Allen is not one continuous morass, but this name is indiscriminately applied to a number of bogs detached from each other and often divided by ridges of dry country. These bogs are not in general level, but most commonly of an uneven surface, swelling into hills and divided by valleys, which afford the greatest facility for their being drained and improved. . . . There are thus in Ireland 2,000,000 acres of bare, steep upland, which is practically unproductive so far as human existence is concerned; while another large portion is covered with heather growing upon its self-made peat; while yet another is overgrown with furze-bush, surrounding and giving a natural but imperfect shade to adjoining fields that are being cultivated. We have, then, in Ireland, an island home the soil of which, in most parts, is remarkably shallow, with—as a substratum—hard rock, and a great amount of steep mountain and hill country, overshadowing and partially enclosing a flat-lying country, a large proportion of which is bog-land resting upon impervious clay and limestone gravel.'

"Dr. Cooper then goes on to argue that by gravitation all matter tends downward—geologists telling us that much of the low-lying lands were at one time level with the hill and mountain areas, and so great was the aerial denudation that the effect of vegetation is not to be considered. But the forester can so plant and dispose trees that the effect can be made markedly different. Large portions of the upland surfaces, washed to the bare rock, where nothing but moss or lichen in clefts can flourish, might easily, if grown over and sheltered from rain and storm by suitable trees, be transformed into the most important additions to the catchment areas for the water-supply of our rivers. The effect of trees on rocky slopes is most interesting to watch. They send their roots deep down along the fissure faults of the rocks; they make new rootages as though by wedges; and there they gather soil collected from the rain-water, which is enriched by dropping leaves, &c. From this, moisture again is given off, and, trickling through, will aid to keep up the supply of water to the strata from which rise the beneficent mountain-springs. Dr. Cooper well says:—

“The mould created thus by the discarded constituents of the tree is further added to owing to its agency in disintegration of the rock upon which it rests. This is owing to the vegetable constituents forming, with its contained moisture, humic and other acids; these tend to dissolve out the silica and other hard constituents of the rocks, and in this way the rocks themselves contribute additions that go to the formation of a rich manurial mould. A rock thus covered over with fertile mould, and this mould situated under the shade and protection of a tree, is placed in the best possible condition for resisting the devastating effects of storms and torrential rains, their injurious influence being still more minimised by the intercepting medium formed by the pyramidal expansion of the trees. The washdown, therefore, from the declivities of the mountains, instead of being torrential and destructive, becomes, thanks to the agency of trees, gradual, creative, and regenerative; thus conducing to the enrichment in soil of the low-lying expansions of the country, to infiltration of moisture into the agricultural soil, and to the gradual oozing from it into the adjoining water-channels of a liquid purified, drinkable, and well filtered.’

“All this is true and admirably put; and it has all the more application to Ireland, as it has to parts also of Scotland, that the substratum is impervious or rocky, the soil thin, and apt to be washed completely away by overpowering rains to the sea, and all the enriching and fruitful elements lost, which have then, if crops are to be got, to be supplied laboriously and at great cost by science and industry. Most certainly, a river should consist of the rainfall that has undergone as efficient a filtration through the agricultural soil of the country as is possible, and not, by torrential rains, of a washdown of mould from the mountains, or of surface-washings from the pastured, ploughed, or cultivated fields. Here, in these islands, the loss to this country is unspeakable. From lack of tree-growth we suffer in measure precisely as they suffer in parts of Africa that are imperfectly forested, and where the hillsides are bared of thick-set vegetation; and if we do not suffer to the same extent, we most certainly can far less afford to suffer so much as we do, because, through our wide spaces of cultivated land, Nature is not left so free to work many of her own spontaneously recuperative forces again to balance things in so far. . . .

“Other countries *act* more wisely if they do not *know* better than we do. No portion of the country must be waste: if a man cuts down trees he is compelled by law to replant, if he does not plough or make pasturage there. If he won't do this within a certain period, the Government in due time will

resume possession, and itself, by its Forest Department, replant that area with suitable tree-growth. Germany, Russia, Sweden, Denmark, and Norway have this law. The result is that we are now dependent on them for timber, as we are dependent on Russia and America not only for grain, but, to a large extent, for our butcher-meat. . . . The tree by its roots seizes water and transpires by its leaves the excess, thus preventing torrential floods—one oak thus lifts in a season of leafage nigh one hundred and fifty tons of water. No corner, not even the rock itself, as Dr. Cooper anew points out, but they could be grown on; no bog, swamp, or morass but could be made to yield. Even an Irish bog set out with alders, willows, sallows, and other water-loving trees, birches and firs on the higher and drier reaches, what a double source of wealth were that for one and all of us!

“If H. D. Thoreau, the American naturalist, was right in inveighing as he did, well and often, against, and throwing the utmost ridicule upon those in his country whose only interest in their forests, as he said, was to cut them down and sell the timber, how much more is that now fitting to us, who are not in a new but in an old country—the soil of which wants and demands all the protection it can get against its richer constituents being washed away wholesale and utterly irrecoverable, save at such an outlay as an old country can but ill afford! Thus is a more grievous tax laid on us than any Parliament directly lays.

“In England,” says Dr. Cooper, “there is consumed annually an amount of timber equal to the standing tree-growth of the entire country. This has to be obtained chiefly from Norway and Denmark and the other countries bordering on the Baltic. Why should not Ireland supply a large quantity of this, and why should her denuded hillsides continue to be a menace indirectly to the loyalty and directly to the happiness and well-being of her people?” . . .

“At present, we have no proper Forestry Department in this old country, nor had we, only a few years ago, any Chair of Forestry in any of our Universities—the nearest approach being that, at Durham, Professor Somerville gave some lectures on Forestry as Associated with Agriculture—the proper subject of his class. Some little may have been done of late years to remedy this sad want; for here, as in so many other things, Germany is ahead of us with many Chairs of Forestry, with an effective Forestry Department, and with a large literature on the subject, of which Professor Schill’s great book is but one outstanding example. There is a great chance for Birmingham here, had the good men there the wit to take it.”

## 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.

MR. RAMSAY, of Edmondsley, writes: "In the December number of THE HOMEOPATHIC WORLD, 1900, I read of a singular death of a child ('*Arsenicum* 3 or Tinned Rabbit?'), and as the verdict of the jury was not given in the case, I would like very much to see in next month's number whether it was the result of *Arsenic* or tinned rabbit that caused the death of the child.'

The answer will be found in THE HOMEOPATHIC WORLD of the previous month (November, 1900), p. 486. At the adjourned inquest a verdict of ptomaine poisoning was returned. No trace of *Arsenic* was discovered in the child's stomach.

### IODIDE OF LITHIA.

Can you refer me to any literature as to its homeopathic use, and if any proving has been made? Should be useful in gout.—E. B. IVATTS.

We are not aware of any literature or observations regarding this salt. It would be safe to use it on combined indications of its elements.—ED. H.W.

### SALOL.

A compound of *Salicylic Acid* and *Phenol*—allopathic dose, 15 grains—said to be useful in fever and rheumatic affections. Is there any homeopathic literature or experience?—E. B. IVATTS.

A proving of *Salol* appeared in THE HOMEOPATHIC WORLD, vol. xxxiii., p. 118. This will be duly set forth with some clinical experience in Vol. II. of the *Dictionary of Materia Medica*.—ED. H.W.

### SPECIFIC BEJEAU.

This is a gout and rheumatic medicine, and I am informed by a relative in Paris it has a high repute in France. It is very expensive—ten francs per bottle. Is anything known of it in England? Its supposed basis, *Acid Giaccique* and *Iodide of Lithinia*.—E. B. IVATTS.

We are unacquainted with this remedy.—ED. H.W.

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CHININUM ARSENICOSOM AS AN ANTIDOTE TO QUININE.—"With this remedy I cured a case that was in desperate straits. The patient had been exposed to malaria, and had taken enormous doses of *Quinine*. The spleen was tender and much enlarged; prostration was extreme, as also restlessness; there was brown, offensive diarrhea and cold sweats. *Natrum mur.* and *Arsenicum* failed, but *Chininum arsenicosum* 6x cured."—Royal, *Hahn. Monthly*.—J. B. H. S.

## NOTIFICATIONS.

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\* \* 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. FRANK NANKIVELL has removed from Sydenham to 161, *Auckland Road, Upper Norwood*. This house is about eight minutes' walk from the Crystal Palace (Low Level) Station, and is the second house in Auckland Road on the right-hand side. Dr. Nankivell is at home from 9 to 10 a.m., and 2 to 3 p.m., Saturdays excepted.

DR. RAMSBOTHAM, *Harrogate*.—In reference to his removal from Leeds, Dr. Ramsbotham writes: "In sending you formal notice of my change of address, may I remind you that in thus taking up my residence in Harrogate I am only renewing a connection which had existed for eighteen years, when in 1886 circumstances led to its being broken? I have always hoped to resume practice in Harrogate, and the opportunity for doing so has now seemed to offer itself."

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## GENERAL CORRESPONDENCE.

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### A SCHOOL OF HOMEOPATHY.

*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—I read with pleasure the suggestion of the Rev. W. S. Walford that a Homeopathic School of Medicine should be established as a memorial to the late Dr. Burnett, and heartily endorse what you say in reference thereto, that nothing less than this would be an adequate memorial to him. It is quite time that homeopaths in England were on a level with their American brethren in this respect, and if homeopathy is to make headway in England a Homeopathic School of Medicine is an absolute necessity. Great gaps are caused in the homeopathic ranks by the loss of such men as the late Dr. J. C. Burnett, and only by means of such a school can the vacancies be in a measure filled up and the number of adherents increased.

Yours, &c.

"AURUM."

June 8, 1901.

LONDON HOMEOPATHIC HOSPITAL, GREAT ORMOND STREET,  
BLOOMSBURY.

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

MEDICAL AND SURGICAL WORKS PUBLISHED  
DURING THE PAST MONTH.

- Bishop** (E. S.). Uterine Fibromyomata. 8vo. (Rebman. Net, 15s.)
- Bray** (Nicholas). A Characteristic Materia Medica presented in reverse order. Cr. 8vo, pp. 704. (Homeopathic Pub. Co. Net, 15s.)
- Bryant** (Joseph D.). Operative Surgery. Vol. 2. With 827 Illusts., 40 of which are coloured. Roy. 8vo. pp. 760. (H. Kimpton. Net, 21s.)
- Clark** (Dr. G. H.). The A B C Manual of Materia Medica and Therapeutics. Cr. 8vo, pp. 197. (Homeopathic Pub. Co. Net, 5s.)
- Gatchell** (C.). Pocket Book of Medical Practice, including diseases of the kidneys, skin, nerves, eye, ear, nose, and throat, and Obstetrics, Gynecology. Surgery by special authors. 4th ed. Fcap., full leather, pp. 394. (Homeopathic Publishing Co. Net, 10s. 6d.)
- Jacoby** (G. W.). Electrotherapy. Book I. Electrophysics. A System of Physiologic Therapeutics. Edit. by S. S. Cohen. 8vo. (Rebman. Net, 10s. 6d.)
- Keating's** Cyclopaedia of the Diseases of Children, Medical and Surgical. Vol. 5. Supplement. Edit. by W. A. Edwards. 8vo. (Lippincott. Net 25s.)
- Poore** (George Vivian). A Treatise on Medical Jurisprudence. Based on Lectures delivered at University College, London. With Illusts. Roy. 8vo, pp. 558. (J. Murray. Net, 12s.)
- Reed** (Charles A. L.). A Text-Book of Gynecology. Illust. by R. J. Hopkins. Roy. 8vo, pp. 926. (H. Kimpton. Net, 25s.)
- Roger** (G. H.). Introduction to the Study of Medicine. Authorised translation by M. S. Gabriel. With additions by the author. Roy. 8vo, pp. 564. (H. Kimpton. Net, 21s.)
- Waldo** (F. J.). Golden Rules of Hygiene. (Golden Rules Series, No. 10.) Post 48mo, pp. 69. (F. Wright (Bristol); Simpkin. 1s.)
- Williams** (P. Watson). Diseases of the Upper Respiratory Tract. The Nose, Pharynx, and Larynx. Part I. 4th ed. Illust. Roy 8vo, pp. 452. F. Wright (Bristol): (Simpkin. Net, 10s. 6d.)
- Ditto. Part 2. Atlas of Plates. (F. Wright. Net, 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.

A. L. Chatterton & Co., New York.—Mr. Ramsay, Edmondsley.—Mr. Jespar, Southport.—Dr. Nankivell, Sydenham.—Dr. Ussher, Wandsworth. Dr. A. A. Beale, London.—Mr. F. Kopp, Greenwich, N.S.W.—Dr. Cooper, London.—Hovis Bread Flour Co., Ltd.—Mr. Ivatts, London.

### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Adv. (January, March, and May).—Ind. Hom. Rev.—Med. Monatshafte f. H.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica (Mexico).—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Hom. Envoy.—Hom. News.—Personal Rights.—Med. Century.—Rev. Hom. Française.—Hom.

Recorder.—Wjestnik H. Med.—Minn. Hom. Mag.—N. A. J. of H.—Critique.—Clinique.—J. of Orif. Surg.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Journal.—H. J. of Obst.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Astrol. Mag.—Secolo Omiopatico.—J. of Oph., Ot., and Laryng.—Star-Lore.—Amer. Med. Month.—Hahn. Adv.—Argus—Des Revues—Ind. Homeop.—Rev. Hom. Français.—J. Belge d'Hom.—Zeit. Berl. v. H. A.—Grundfragen Wissenschaftlicher Heilkunde.—Hovis Cycle Road Map.

## The Homeopathic World.

### CONTENTS OF JUNE NUMBER.

- LEADING ARTICLE.  
Constitutional Treatment.
- NEWS AND NOTES.
- ORIGINAL COMMUNICATIONS.
- A Note on *Ipecacuanha* and the *Violaceæ*. By Robert T. Cooper, M.D. Diet. By Arthur A. Beale, M.D.
- Veterinary Homeopathy—*Phosphorus* and the Effects of a Mercurial Sheep Ointment.
- Materia Medica Miscellany. By J. R. P. Lambert, M.D.
- SOCIETY'S MEETING.  
British Homeopathic Society.
- INSTITUTION.  
Liverpool Hahnemann Hospital and Homeopathic Dispensaries.
- EXTRACTS.
- Mark Twain on Medical Liberty.  
*Tuberculin* and *Diphtherinum*. By Dr. A. Nebel, of Montreux.
- Relations Between the Nose and the Female Sexual Organs.
- Snake versus Mongoose.
- REVIEWS.
- Various Verses.  
A.B.C. Manual of Materia Medica and Therapeutics.
- NOTIFICATIONS.
- ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.
- OBITUARY.  
George Alexander Craig, M.D.—Thomas Wilson, M.D.—Henry M. Smith, M.D.
- VARIETIES.
- MEDICAL AND SURGICAL WORKS.  
TO CONTRIBUTORS & CORRESPONDENTS.

THE  
HOMEOPATHIC WORLD.

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AUGUST 1, 1901.

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BAFFLING THE BACILLUS?

THERE is a story told of a famous Dublin professor, who, going his rounds in the hospital one day, asked one of his patients, an old lady in the last stage of some mortal disease, how she was getting on. "Oh! I'm gettin' bether," she replied; "thanks be to y'rsilf, sor, and Almighty God, I think I will soon be well." "I'm afraid," said the professor to the students, as he turned from the bedside, "I'm afraid *she'll baffle us both!*"

We are reminded of this episode by the last clause of the Royal Message to the Duke of CAMBRIDGE referring to the opening of the British Congress on Tuberculosis, on the afternoon of Tuesday, July 23rd, at St. James's Hall. Concerning the gathering, the *Daily Telegraph* remarked, "It may be doubted if the roof of St. James's Hall ever covered a more distinguished assembly." The Duke of CAMBRIDGE presided in place of the King, who sent to the Duke this telegram in response to the Duke's announcement that he had opened the Congress:—

"I have just received your telegram. I thank you for having kindly consented to open the Congress in my name, and I am glad to hear the ceremony has passed off so well. Pray heartily thank for me the eminent men, belonging to almost every nation, who have assembled to-day under your presidency, and express to them my earnest hope that the valuable information which they will give to the

world, as the result of the deliberations of the British Congress on Tuberculosis, will further assist in meeting that dire disease which has baffled the most distinguished physicians for so long.—EDWARD REX.”

It was perhaps out of consideration for the distinguished baffled ones present that a surgeon, and not a physician, was put up to do the first medical talking.

Nothing ever baffles Lord LISTER, least of all inconvenient facts, or his own unfulfilled prophecies. The bacillus of tubercule, if it has done nothing else, has infected him in the *spes phthisica*. When “Koch’s Lymph” was a secret preparation, Lord LISTER announced that the bacillus was baffled for good and all. Of course it wasn’t; or we should not have seen this mighty gathering of international talent making war on a great scale with the pertinacious foe; but Lord LISTER is still full of hope, we might say inflated with it, as of yore.

To wit:—

“Lord LISTER, whose rising was the signal for long-continued applause, spoke for the medical profession in these islands. Thanks to the illustrious man who would address them to-morrow, Dr. Koch—(cheers)—they now knew the enemy they had to fight. They also knew from Pasteur that this enemy, the microbe of tuberculosis, like all others, was incapable of originating *de novo*, but must in all cases be derived from a similar organism. Here there arose a hope, a splendid prospect of prevention; but they did not look to prevention only—they might also seek to cure consumption. In this respect matters recently had become much more hopeful. They were learning more every day of the powers of the animal organism to resist the invasion of the bacillus, and the physician might learn something of the surgeon in this respect. They could sometimes sweep away the bacillus and restore the organism affected to its pristine health. He hoped the deliberations of the Congress would be fraught with good; but the general public must help the physician and the surgeon. (Cheers.) He trusted that assembly of scientific men from all parts of the world would indicate the means by which they would be able eventually to stamp out this great scourge of the human race. (Cheers.)”

There are some qualifications here it is true. There is the bacillus all right, the enemy unmasked at last, and that is a great comfort; but there is also another factor

of which the medical profession are "learning more every day," namely, "the powers of the animal organism to resist the invasion of the bacillus." Then again, in spite of the "splendid prospect" there is of the faculty baffling the bacillus in the end, they will not be able to accomplish the conquest without the aid of the dear old "general public." In other words, if humanity wishes to be delivered from the bacillus, it must look to itself for the deliverance rather than to the faculty.

On the evening of the same day a reception was given in the Queen's Hall, and the opportunity was taken to exhibit a show of a blood-curdling kind. We give the report of the *Daily Telegraph*, which is always to be trusted in matters of sentiment.

"Dr. Sims Woodhead, Professor of Pathology at Cambridge, exhibited species of bacteria by means of lantern slides, and to him succeeded Professor McFadyean, of the Royal Veterinary College, who showed, in the same manner, samples of tuberculosis in cattle. This was, to say the least, unpleasant but impressive. Here, for example, was a magnified portion of a cow's udder. Details may be omitted. Udder rhymed with shudder presently. This, said the professor, referring to another slide, exhibits a rare mode of getting tuberculous disease—through a wound in the skin—usually we inhale it by breathing air infected by diseased subjects, or take the germs in our food or drink. But this, he added in his quiet way, is not at all a rare case. It may be seen any Saturday in the Metropolitan Meat Market. It is a cow in the last stage of consumption. The owner has sold all her milk up to the present, and now he thinks he had better sell the cow. Then the shudder followed. Now we understood the statement that in Cambridge three-fifths of the milk sold to the town and University was found to contain tuberculosis bacilli. Thus tuberculosis is no mystery. To how many scores of poor folk that one cow may have disseminated tuberculous milk—let us hope they boiled it—and then tuberculous meat? Revelations like these are hopeful; such things cannot continue. Inspection exists. But fines are insufficient, and as the audience filed out belief in the virtue of capital punishment for certain offences was stronger than ever."

A question which naturally arises in this connection is : have two-thirds of the population of Cambridge and of the university succumbed to tuberculosis? If not, is it through medical skill that the bacillus has been baffled?

These are points which would be of some value if they could be satisfactorily answered; there might be some solid foundation for the assembled medical potentates to build upon. If the two points involved in this case cannot be answered, we fear the bacillus will continue to flourish in much the same old way.

The Congress, like other similar congresses held in Berlin, Paris, and elsewhere, will doubtless bring together much valuable experience; but as it has been in the past, it will doubtless turn out that the only people able to make scientific use of the experience will be those who have mastered the principles involved in the homeopathic law. Homeopaths used *Tuberculin* before KOCH ever dreamed of it. KOCH'S researches gave a great impetus to the study of nosodes, and gave homeopaths new data for the carrying on of their therapeutic work. For this homeopaths have much to thank him. If KOCH and other nosodists of the old school could only be content to learn the facts of attenuated dosage they would do much more towards baffling bacilli of many kinds than all the congresses, British or foreign, are ever likely to accomplish. So long as they refuse to learn HAHNEMANN'S lessons, we are very much afraid that bacilli will continue to baffle both the most and the least distinguished of them all.

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THE *NATRUM CARB.* CHILD.—Scrofulous children; emaciated, with swelling and induration of glands and herpetic eruption; whose ankles easily give way and the foot bends under, when stepping on it, from sheer weakness.—E. Fornias in *Amer. Hom.*

ARTHROPATHIA IN SYRINGOMYELIA.—Hodlmoser brought in an old man who had been attacked, in his eightieth year, with extreme weakness of the upper extremities, with prominent atrophy in the shoulder muscles, more pronounced in the right than the left. The sensibility was greatly reduced. The progress of the disease was not marked by any pain. While in hospital a small swelling about the size of a pea discharged a clear fluid which flowed copiously when the clavicle was pressed against the acromium, giving every proof of luxatio clavicularis acromialis. Besides this extreme weakness, both testes were atrophied, while the hair had disappeared from the axilla and pubes. There was no trace of any congenital contraction of the aorta.—*Med. Press*, May 8th. Vienna Letter.

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## NEWS AND NOTES.

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### HOMEOPATHY IN LIVERPOOL.

IN another part of our issue we publish an account of a "Grand Floral Bazaar" recently held in Liverpool, and we are glad to know it has proved a very substantial success. The net gain to the Hahnemann Hospital amounts to nearly £3,000. This is good news. Liverpool is one of the most fertile fields of homeopathy in the kingdom, and it is very encouraging to learn that lay and medical homeopaths are uniting their forces to make the cause of homeopathy known. An additional impetus will be given this year by the meeting of the Annual Homeopathic Congress in Liverpool in September, under the presidency of Dr. George Clifton, of Leicester.

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### THE BRITISH HOMEOPATHIC SOCIETY.

AT its Annual Assembly on July 3rd, the British Homeopathic Society elected the following officers for the ensuing session:—President, Dr. Burford; Vice-Presidents, Dr. Day and Dr. H. Nankivell. Dr. Burford has the distinction of being the first president elected in the century. Ever since the Society was split up into sections, only one of them being devoted to *materia medica* (and homeopathy *is materia medica*), the number of distinctly homeopathic papers has been in a somewhat diminishing ratio. Will the new century restore the balance and homeopathise the sections?

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### DR. GANENDRO LAL GUPTA.

WE have had a pleasant visit from Dr. Ganendro Lal Gupta, of Calcutta, a graduate of Hering College, Chicago, introduced to us by Dr. H. C. Allen. Dr. Gupta, who carries with him the affection of his teachers into his new sphere of labour in India, is the son of a doctor of the old school, who purposely sent his son to the States to learn homeopathy. We do things differently in this country. Here, if a homeopathic father is rash enough to make a

doctor of his son, ten chances to one that son turns out an allopath, and ends by converting his father, if not to allopathy, at least to "ethics." Dr. Gupta, we believe, is now going to reverse this process in the case of his own father. But in Calcutta homeopathy has one great advantage—cholera, the greatest advocate homeopathy ever had, is an ever-present instructor of the people.

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### LE MÉDECIN HOMEOPATHE.

WE have received from Dr. Lardinois, of Brussels, the first number of a new homeopathic journal with the above title. The opening article is by our *confrère*, Dr. van der Heuvel, late of Kimberley, who gives a somewhat poetical *raison d'être* of the journal's appearance, and promises some of his experiences of South African practice, which we know are of great value. Dr. Jean Delvée contributes some valuable experience with *Thyroidine*. We wish all success to our bright little contemporary.

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### A CHANCE FOR CURARE.

THE following note appeared in the *British Medical Journal* last year. If any homeopath should encounter a case of paralysis of this kind we hope they will give *Curare* a trial, and report the result.

#### "FAMILY PERIODIC PARALYSIS.

"Putnam records the following case (*Amer. Journ. of Med. Sci.*, February, 1900). A young man, aged 24, of good health and unusual muscular development, and having a rather nervous temperament, was first attacked, when he was 14 years of age, with a peculiar form of paralysis. The attacks generally occur on Sunday or Monday, at intervals; the onset is generally rapid, the patient going to bed in his usual health, and waking in the morning unable to move head or foot, though premonitory signs may be present in the form of a slight tendency to toe drop. It was noticed, also, that he was inclined to irritability a day or so before the attack. In the severer seizures the paralysis is so complete that the patient can hardly move any of his muscles excepting those of the lips and eyes. He is unable to raise his head if it slips off the pillow; there is no alteration of sensation. In less severe attacks the limbs feel heavy and difficult to move. The attacks last for a few hours to two or three days, but it may be a week or so before the muscles completely recover their power. The disorder seems to begin distally, the dorsal flexion of the foot being the first to go. The patient himself is under

the impression that any set of muscles recently subjected to severe effort are the first to manifest any weakness. The paralysis usually comes on during the night, and when the attack is at its height the movements of the limbs nearest the trunk were the most impaired. The knee-jerks are absent, and the abdominal and plantar reflexes cannot be obtained. There is no response in the larger muscles to faradism, but the interossei respond to strong currents. In the interval between attacks, electrical actions are normal, the reflexes are present, in fact, no abnormality can be ascertained. The only predisposing factor seems to be taking an unusual heavy meal. Similar cases have been recorded by Taylor, Mitchell, and others, who describe cases of recurring paralysis, and often met with in several members of the same family. These writers are inclined to look upon this disease as due to an auto-intoxication acting in somewhat similar manner to *Curare*; in fact, the resemblance is very strong between the two conditions. Reference is also made to the analogies between periodic palsy and migraine."

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#### TWO INVOLUNTARY PROVINGS—*CANTHARIS* AND *CHRYSAROBIN*.

THE following important observation appeared in the *British Medical Journal* a year or two back:—

##### "DANGERS IN PREPARING DRUGS.

"Linde (*Deut. med. Woch.*, No. 34, 1898) records the case of a chemist's assistant who was told to make some *Cantharides* plaster. The patient was boiling *Cantharides* in alcohol, and, although he took every precaution he could to avoid injuring his eyes, the fumes coming from the boiling liquid must have been so saturated with the drug that in a few hours' time he was suffering from blisters on both corneæ. The patient sought medical aid, and on examination it was found that phlyctenular keratitis affected both eyes. Under strict antiseptic precautions the blisters healed in ten days. The second case is that of a man who had suffered from psoriasis for seven years, and subjected himself to a severe treatment with *Chrysarobin*. The strength of the ointment was 1 in 4 with vaseline. The eyes began to be affected eighteen days after the first application of the ointment. There was disintegration of the corneal epithelium, with loss of sensation in the cornea. The patient was also suffering from nephritis. The most probable explanation of this case is that the patient rubbed his eyes whilst some of the ointment was still adhering to his fingers."

It is possible that the latter patient *did* rub his eyes; but possibly also he did not. *Chrysophanic acid* has an established reputation among homeopaths in phlyctenular conjunctivitis; so the relation must be specific.

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## ORIGINAL COMMUNICATIONS.

## NOTES ON SOME SOUTH AFRICAN REMEDIES.

By "B. C."

[A CORRESPONDENT has sent us specimens of four South African remedies, with a few notes as to their uses. As it is very desirable that the properties of these plants should be generally known, we take the liberty of publishing the notes, that more attention may be drawn to them.—ED. H.W.]

1. *Leonotis leonurus*.—Brown, red velvet flowers; used in coughs, &c.\*

2. *Borza*.—A most valuable plant, probably like *Quinine* and *Baptisia*, for fevers. Once I had "dengue," and was ill for a fortnight or three weeks. When threatened with it again, I bit up a few leaves of *Borza*, and was quite well next morning. It is well known to the Kaffirs, who recommend it for colds. Dogs are washed with it. It has an aromatic smell, and a beautiful flower, pale lilac; each is the size of a pin's head, but they grow in bunches, six inches long, on a brittle, deciduous shrub five or six feet high, which grows near the Troppist Mill, Pine Town, Natal. It may be prepared with hot or cold water or spirit.

3. *Natal Wormwood*.—Used in cases of high temperature.

4. *Fourloaf* (probably *Grewia lasiocarpa*).—Root said to cure "horse-sickness," a disease incurable by veterinary surgeons. A horse is said once to have been cured by *Ammonium caust*. The horse has a high temperature for a few days and then dies; occasionally gets better. Great heat between the eyes is said to be the only sure sign of this disease.

The plants received were gathered in May, 1901, at Brightmet, Pine Town, Natal, South Africa.

\* See HOMEOPATHIC WORLD, September, 1899, p. 395.

## THERIDION CURASSAVICUM IN HEADACHE.

By B. B. CHAKRAVARTI, L.H.M.S.

MAY 23, 1901.—Mr. — Bose, aged 35 years, banker, well built, of bilious temperament, came to see me with reference to the "headache", he was suffering from since last February, with the following history:—

Severe headache with nausea and vomiting like seasickness and with shaking chills. Dulness and fulness of the head with throbbing headache, beginning in the back of the head and gradually extending in the occiput preceded by flickering before the eyes. The head feels large and heavy. The pains begin in the morning, increase during the day, and last till evening. Excessive irritation with loss of sustaining power; worse from least overwork and motion, better for keeping quiet in a horizontal position. General health good excepting the constipation, stools being hard, small, and dry.

By this time I chanced to be reading Dr. Hering's provings of *Theridion*, and, in order to verify the same, I at once prescribed him the drug in the 3rd decimal dilution, one drop in a little water twice daily.

Next day, at about eight o'clock in the evening, I was informed by a letter from my patient that the headache had remarkably lessened.

To continue.

25th.—Further improvement; the pain nearly gone, could sleep pleasantly last night. To continue.

28th.—The patient, calling himself to thank me, reported that he had no pains for the last two days and was perfectly cured. He, moreover, expressed his surprise at the rapid success of so small a dose of medicine.

92, Cornwall Street, Calcutta. June 30th.

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## MATERIA MEDICA MISCELLANY.

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

*Rhus in Gastric Diseases.*—Dr. C. Wesselhoeft, of Boston, in the *New England Med. Gaz.*, calls attention to *Rhus tox.* 3x or 5x for the acute forms of gastritis, catarrhal, phlegmonous, and all the catarrhal symptoms induced by ulceration and cancer.

In Hughes' *Cyclopedia* we find the following gastric

symptoms caused by *Rhus*: "Soreness of throat, with intense burning, extending to the stomach. Irritation extends to mucous membranes, redness and swelling of throat. Great thirst. Nausea and vomiting. Colicky pains throughout abdomen, especially during night, aggravated by eating or drinking. Diarrhea frequent, with tenesmus, and the stools are bloody." It is very evident from these corroborated observations, as also from the very violent form of inflammation which *Rhus* excites on the skin, that it ought to promise relief if applied according to the homeopathic maxim in various forms of inflammation of the stomach. Wesselhoeft has used the remedy frequently in the acute gastritis of children, as well as of adults, where arsenic is usually given without result. *Rhus* is better than arsenic for these cases when there is loss of appetite, bitter taste, gradually increasing to nausea; vomiting; pressure in the stomach; nocturnal colic and diarrhea.

It is, however, in those rarer forms of phlegmonous gastritis, and in cases of ulcer and cancer, that the writer would suggest the careful consideration of the *Rhus tox*.

*Rhus aromatica in Enuresis, and Frequent Micturition.*—Dr. A. K. Choudhury warmly recommends *Rhus aromat.* for enuresis and mentions two cases, the first, a child of nine who had suffered for a long time and usually improved under *Sulphur*, being a psoric child. He passed water three to four times a night during sleep. The night after beginning with *Rhus* the symptoms disappeared, and he was well at the end of a year.

His second case was a man of 60 in whom frequent micturition supervened on an attack of intermittent fever and had lasted twelve months. He had to get up four or five times at night to pass water, and had to pass it off eight times during the day. He also had an enlarged spleen; a tendency to asthma morning and evening; burning of eyes, and lachrymation. Four days after taking *Rhus* twice daily he was much improved and had not to get up at night, and micturition less frequent by day. Other symptoms also improved; and two weeks later bladder symptoms had quite disappeared.

The drug has been recommended in ten-drop doses of the tincture for this condition. Dr. Choudhury uses globules medicated with the tincture, one for a dose.—*Amer. Med. M.*

*Atropine in Gastric Neuroses.*—Dr. Goodno, writing on gastric neuroses in the *Hahnemannian Monthly*, says: "At the head of all, in my experience, is *Atropine sulphate*. In order to the best results it must be given just short of producing the physiological action. Tablets of the 3rd decimal trituration are most convenient. One, two, three or more may be given before each meal, and in some cases a second dose after each meal. In persistent hypersecretion with night aggravation, a dose at bedtime, or preferably, when possible, about an hour before the aggravation develops. The action is, to the patient, often miraculous. I can but illustrate this by a couple of cases I have seen during the past two months. Both had severe pain during digestion, but especially when the stomach became empty; were living upon most restricted diet, losing flesh (one especially), and had resorted to narcotics, as no medicine had done any good. In both, the patients professed surprise at the immediate results obtained from the use of *Atropine*. In both there was pronounced uricacidemia, and in one a history of long-continued stiff knees and other gouty symptoms.—*Hahn. M.*

*Atropine in Sciatica.*—Prof. Halbert reports the following case of a lady 40 years of age, who had, in addition to a decided neurasthenic symptomatology, extreme symptoms of sciatic neuralgia; for years she had been addicted to the use of opiates and coal tar derivatives, but no special relief had been experienced. She could hardly hobble into the clinic when she first appeared, and every symptom pointed to extreme nervous suffering and nervous exhaustion. She was given one tablet of *Atropine* 3x four times daily. After two months one could hardly observe any signs of sciatic neuralgia and she only complained of her "terrible nervousness." In connection with this case Dr. Halbert said: "I may say this experience has been confirmed in several other cases of similar character, and I have come to the belief that *Atropine* is a remedy worthy of consideration in such cases.

"In the study of *Atropine* we find that, first of all, its physiological action tends to limit functional activity. In this way it suspends or rather modifies the spastic action of inflamed and excited nerves. This, no doubt, covers the chief feature in the neuralgia. We find next that

the remedy relates to a general hyperesthesia, twitching and tearing pains; the pains come suddenly and disappear suddenly; they are more on one side at a time; there is great restlessness, turning and moving; and besides, there are redness and painful sensations in the skin. A careful investigation will reveal the fact that these symptoms represent the clinical features in sciatica. A more extended experience will, no doubt, confirm the value of this remedy in such cases."—*Clinique*.

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## DIET.

By ARTHUR A. BEALE, M.B.

(Continued from p. 309.)

### III. PREPARATORY—INFLAMMATORY AND SUPPURATIVE DISCORDS.

It is always well before giving a specific diet, to emphasise the importance of following out the rules of health as far as is consistent with the existing ailment of the patient.

#### RULES OF HEALTH.

I. Live in the open air as much as possible. When confined to the house see to ventilation of the rooms, keeping the windows open night and day, winter and summer; a few inches when cold, wide open when the weather permits.

II. Practice deep breathing with the mouth closed, through the nose, filling the lungs from below upwards (*i.e.*, first expand the abdomen by pushing out the abdominal muscles so as to lower the diaphragm, and then raising the ribs), retaining the air for a few seconds and then expelling it quietly and regularly. Six or more deep breaths like this should be taken three times a day.

III. General exercise. Take a walk or ride in the open air for a period of from one to two or three hours every day when practicable.

Or, Walk before meals and rest after.

Or, Have massage every other day.

Or, Practice Swedish movements standing or sitting.

IV. Have a hot bath, using soap, once a week or fortnight, and a cold or tepid sponge every morning, or when

desirable a plunge bath, cold or tepid; other baths, of course, can be advised as required.

V. Clothing should be porous and warm, not too thick, and only three layers. These should be changed frequently.

VI. Observe a mental control over all one's actions, practice concentration on the thing in hand, and keep the temper and desires under control, filling the mind with sunshine and joy.

The next duty is to eliminate all those things from the dietary that play a deleterious part; the list of such articles which we have found from experience to be harmful are—

Tobacco, strong tea, coffee, spirits and malt liquors (unless specially ordered), salt fish and meat, *sugar* (in all forms), preserves, confectionery, pastry, root vegetables (unless specified), pickles, relishes, strong purgatives, ices, spices, cheese, and *white bread*.

We are speaking here, of course, of diet in the ailing, though the wholesale elimination of these would be conducive to a higher grade of health in all.

Tobacco, tea, coffee, and alcohol from this point of view are nerve irritants, which leave the patient unduly stimulated, followed by a corresponding depression. They are opposed to that principle of conservation of energy which is so essential in dealing with invalids.

All diseases produce a state of degeneracy or reversion, and to restore the patient to the normal one must call out their reserve force, the will to live, the will to recover, the will to control—they are one.

Regarding sugar, we doubt not that the ultra-healthy can take this, with many other things, with more or less impunity, which to others would mean the greatest discomfort; for the invalid it stands condemned. Its suppression alone, under our observation, has disposed of several complaints, especially in children, including many skin affections, such as eczema, &c. Along with this goes confectionery and preserves.

Pastry is instinctively avoided by the unfortunate people whose attention has been called to the existence of a liver in their anatomy; only the cast-iron digestions should venture on it at any time. Relishes, pickles, ices, and spices are equally undesirable for similar reasons. Cheese, as generally manufactured in England, is a con-

centrated nitrogenous substance. There are many people who have found it an impossible foodstuff; it produces with some most unpleasant symptoms, including headache, flatulence, dyspepsia, vertigo and almost blindness, accompanied by flashes of light with zigzag vibrations in front of the eyes, and this may go on to depression and sickness with vomiting, as in our own experience. Some foreign cheeses are free from these results, not being pure casein.

In speaking of white bread, we might refresh our memories with the difference between this and the infinitely-to-be-preferred wholemeal bread.

A grain of wheat consists of three distinct layers—1st. The outside husk, including the layer of epidermis. 2nd. Immediately beneath the epidermis is a layer of cells containing highly nitrogenous elements. 3rd. An inner kernel of almost pure starch. The outer husks contain, besides the hard cellulose and lignin, many salts which are important ingredients of food; the bran formed by grinding up these elements also acts as a laxative. The next layer of cells of living protoplasm which have a brown colour and contain important nitrogenous substances including certain elements called amides (amides comprise the substances asparagin, tyrosin, leucin, glutamin), which are important agents in the assimilation of starch and the reconstruction of it into albumin (the reason that wheat cannot be used in brewing is that it undergoes such a quick fermentation that nothing can be done with it). Then there are the enzymes or vegetable ferments, which again assist in the metabolic changes of carbohydrates. These same cells are very rich also in vegetable fats, and to their presence some attribute the laxative influence of wholemeal bread. Now the white bread is made from flour from which the husk and these rich nitrogenous cells are eliminated, leaving only the starch nucleus. The result is that in wholemeal bread we have practically a perfect food, capable in itself of sustaining the human body in perfect health for long periods. In the white bread we have a concentrated starch food which greatly induces disease by setting up indigestion with all its results.

There are other food substances ill adapted to invalids, especially those suffering from dyspeptic troubles and chronic diseases, such as rheumatism and gout; of these there is rhubarb owing to the excess of oxalates, skins of

tomatoes, gooseberries, and strawberries, being mechanical irritants to the bowels.

Some diseases require abstinence from fruits ; to some eggs are almost poison and milk unbearable. Experience leads one to infer that people objecting to milk do remarkably well on meat, especially in form of minced beef and meat extracts.

Acute and inflammatory diseases require a different treatment to chronic ones, but it would seem that in all classes of troubles diet should be divided into three stages.

1. The stage of cleansing or breaking down.
2. The stage of transition, followed by—
3. The stage of building up.

The processes must necessarily differ in every case, but experience furnishes us with certain rules that if followed give assured results.

#### DIET IN INFLAMMATORY TROUBLES.

These are *sthenic* and *asthenic*. Sthenic inflammatory diseases, including the zymotic complaints in their initial stages, never require a nutritious or stimulating treatment. Nature is doing her best to adjust matters ; the processes are purely *katabolic*, or breaking down, in which germs are called into requisition and *pro tem.* the digestive and assimilative processes are in abeyance.

To give the organs extra work at such times is defeating the object in hand and putting a barrier in the way of natural processes. It is with difficulty that urea can be formed, and in consequence a discharge of urates (half assimilated matter) are passed from the kidneys. In direct proportion to the virulence of the fever so should the food be reduced. Some people, under the impression of "keeping up the system," at such times advise plenty of beef tea. The ideas are wrong, their practice good ; since beef tea is a fine thing to starve on, the only objection to it being that it contains concentrated meat poisons, especially creatin and creatinin, which form the stimulating properties of the concoction.

Independent of drugs, how then might one start to treat such a condition? Rest in bed, with appropriate bed coverings, preferably light and woollen, the ideal coverings are those of Jaeger ; open window and if weather permits a fire in the room. The skin kept clean

and if not contra-indicated the patient should have a hot bath to start with, followed by sponges hot, tepid, or cold according to the nature of the case, once or twice a day. Hot and cold packs may be left to the discretion of the physician. The room must be cheery.

If the fever is high the patient should have nothing for the first eight hours but hot lemon or orange water. The hot water is cleansing to the stomach and intestines and is a stimulant to the skin, encouraging perspiration in a short time. The orange and lemon have peculiar properties of their own, whilst they do not contain any nourishment of importance, being children of the sun, they are very vitalising and sustain the strength when nothing else will. We remember keeping a child suffering from meningitis and pneumonia over a large area of the lungs for ten days on nothing else but orange water, although the child suffered from ichthyosis at the same time, and had never been known to perspire, and did not in this instance for days; perspiration did come at last. Resolution in the lungs was quick and satisfactory, and after the temperature descended the child suffered with aphasia for two or three days. She made a perfect recovery, and remained healthy to my knowledge for years. In less severe cases, and in later treatment of such forms, barley-water, or the same with lemon squeezed into it, or barley water and milk, may be given separately at regular intervals or alternately with the orange or lemon water.

A breakfast-cupful of equal parts of barley water and milk every three or four hours and lemon water when thirsty is a good prescription. This should be persisted in as long as there is any fever. By such a measure the fever is cut short. As soon as possible the patient may be put on to wholemeal bread and milk, fresh fruit, toast, bovine, bovine and milk, and in no short time, if the temperature subsides to normal, minced beef, chicken or fish, and greenstuff or green vegetables, until convalescence is assured.

A case came under our observation and care of diffuse cellulitis of the right arm involving diffuse abscesses under the skin almost the whole length of the arm. The patient's life was despaired of, and amputation recommended. The arm and patient were saved on barley water and milk, the temperature, which was high, subsiding gradually but surely in a few days, and we

heard that he was restored afterwards to almost perfect health.

Such a treatment as this is the one we would recommend in all inflammatory conditions, including zymotic diseases, the patients always doing well without alcoholic stimulants.

It naturally follows that as convalescence progresses food may be added until the nature and amount approaches the normal healthy diet.

In the asthenic varieties such as tuberculosis, where there is an excessive katabolic process going on, the prescription changes. The fever has a different cause. We are dealing with a race for life, but even here great discretion is required. We can put on more fuel to make up for the great waste, but this subject will come on in dealing with chronic diseases.

#### DIET IN SUPPURATIVE TROUBLES.

Next to inflammations we must turn to suppuration as a most common result of the former. Many years ago the writer's attention was called to a troublesome whitlow which was persistent in pouring out a quantity of unhealthy pus. Directly an abstemious diet, in which sugar, confections, white bread, and pastry were discontinued and wholemeal bread, greenstuff, barley water and milk prescribed, the change was almost instantaneous. There are a large number of suppurative conditions one cannot trace directly to a tubercular history, which would be greatly benefited by a prescribed diet. Bone suppurations, abscesses, boils, carbuncles, suppurations of the various cavities in the head antrum, frontal, &c., would come under this head.

We must not forget that the process itself is a form of fermentation aided by the staphylococcus and streptococcus and a pabulum of fermentable solutions supplied through the blood will and does prolong the process. Whether these germs can or cannot live by breaking up carbohydrates we have no doubt that the supply of sugary and concentrated starchy foods do prolong suppuration.

Now the legumes, though often the cause of flatulence and other dyspeptic disturbances, especially if not well cooked and broken up owing to the tough nature of their coatings and walls of the *loculi*, exert a most salient

influence on these suppurative conditions, probably owing to the calcium sulphide that exists so freely. We know of a case of gonorrhœa that was cut short by a feast on peas. For a similar reason onions are useful in these conditions. Beef and hot water will also relieve these conditions.

Fruit is not desirable in such cases, especially those preserved. Wholemeal bread and butter, greenstuff, eggs, vegetables and fresh meat are the most desirable, also milk and barley water. In acute cases, with the inflammatory conditions still present, the patient could take a breakfast-cupful of barley water and milk or wholemeal bread and milk only.

In subacute or chronic conditions we should give—

*Morning and evening* a pint of hot water with a pinch of hypophosphite of soda in it, with an interval of at least an hour and a half between this and a meal.

*For Breakfast and Tea Meal.*—4 to 6 ounces of wholemeal bread, with  $\frac{1}{2}$  to pint of boiling milk poured over it without sugar. Or, wholemeal bread, 4 to 6 ounces, with a little butter and some greenstuff, such as watercress, mustard and cress, or lettuce, tomatoes, and onions sliced up. Or, wholemeal toast, an egg, and cup of cocoa.

*For Dinner.*—Fresh beef or mutton from the joint or same minced, green vegetable and bread, afterwards custard pudding. Or, pea soup or some preparation of lentils or haricot beans, afterwards custard pudding or very light milk pudding. Or, salad made with lettuce, cress, tomatoes, celery and onions, and wholemeal bread.

*For Supper.*—A cup of unsugared cocoa, or on days when no salad has been used an English onion sliced and eaten with wholemeal bread and butter.

Such a *régime* as this in combination with appropriate remedies ought to make a marked impression on any suppurative conditions combined, of course, with the other conditions of life before mentioned.

In our next paper we shall introduce the treatment of chronic diseases, with a description of a modified Salisbury diet.

26, Harley Street, W.

(To be continued.)

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## NOTES BY THE WAY.

By DR. USSHER, Wandsworth.

*Nux Vomica*.—Paralysis of lower limbs from over-exertion, *getting wet*, is a note from Hering under *Nux Vomica*, rubric, *lower limbs*. My patient, a fair-haired, placid German, 32 years of age, had to get out of bed and walk through ice-cold water which was flooding the house. This brought on a pain in the lower limbs, and fear of paralysis. My first thought was to give her *Calc. carb.* for pains worse "from working in water." Her temperament did not guide me to *Nux vomica*, and I can hardly say what did, but relief was *immediate* and permanent, and the symptoms quoted above from Hering showed I was right. What a boon a repertory would be to that book! Age and weariness make the task impossible.

*Kali Carbonicum*.—Here a letter from the patient's sister tells me: "I have a tendency to pass water, *especially in the night*. Then, *after passing water there is a terrible scalding and throbbing sensation*. It really makes me feel ill. I have not passed anything like I did when Louie was here." Cantharides 12 relieved *promptly* (which it always does), but *Kali carb.* 30, one pilule night and morning, soon took away the *throbbing*, which she described as *under the bladder*, and very wearisome.

Another remarkable experience with *Kali carb.* was this: A lady had a great quantity of stomach flatulence. "Everything turned to wind," as Nash puts it. I gave her *Kali carb.* 30 night and morning for two weeks with no result, but the third week, to use my counsel's expression, the result was *brilliant*. She has a fatty heart. Why it acted so I cannot say; hanging fire at first and then behaving so well; but I am beginning, like Dr. Nash, to love that medicine.

*Antimonium crudum* gives a fine result with callosities of the feet and distorted nails—if, as Jahr in the forty years' practice says, patients have *patience* to wait for it. One to whom I gave *Ant. crud.* 6 internally and 200 externally, five pilules to tablespoonful of water, had blackness of the sole and great relief of pain. I took *Ant. crud.* 6, and my sole discoloured, as the patient who used 200, in lotion. It was curious but true, and I never record anything but what is true, for such is due to

homeopathy. A *right toe-nail* had been very troublesome, loose, and discharging at the root. I took five globules of *Silic.* 200, and the second day the nail was in the poultice of bread and water, and since then the nail has grown almost to its proper size.

*Constipation.*—I had taken Hensel's Tonicum one teaspoonful in sugared water (tumblerful), and could only get through that quantity in four days, repeating it four times after. The action was dry, scanty, hard, then ceased. Vomiting came on at night, and looked like blood. I then followed it with a day's interval, taking *one dessert-spoonful* of castor oil mixed with glycerine peppermint; on the fourth day one tablespoonful of the same. I shall never forget the result, which was only expedited with mechanical help and straining *to the utmost*. Piles and terrible irritation of the bladder, relieved only by Jaques' flexible catheter set me free, and to those who have vesical stoppage it is a blessed help. Just "follow your leader." No force, and minimum of pain. Lubricate with oil. I use Hensel in three-drop doses when iron is indicated. But why do they put on the label, "This does not constipate"? To read its glories in the *Recorder* it is almost a promise of life and something more. Some of these things have to be read with a large margin between the lines, and I now try them first on my patients and then on myself. Castor oil does not agree with me; it always irritates the bladder. I now use a tabloid of Burroughs and Wellcome's *Nux Vom. Comp.*, one for a dose, and this old style of *Nux V. aloin Fer. sulph.* does give not heavenly relief, but better than castor oil. It is Sir A. Clark's prescription. Glycerine is, I believe, as a correspondent in the *Recorder* says, worse the longer it is used, and that hateful little syringe is full of mischief. A patient of mine used it and got actions as big as a clay pipe-stem, and with the firm conviction that she had stricture. In consultation *Bell.* 1x. gtt. ii., taken in a wineglassful of *Tamarind* water, gave her a large action, and proved to her that she was amply pervious, and her over use of brandy was the cause of much of the mischief. When she was off her head *Moschus*, the strongest I could make, charmed her to new life. *Tamarind* pulp, a teaspoonful at breakfast for a day or two, works very well.

## CASES I HAVE COME ACROSS.

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

### I.—*MEZEREUM* IN AN INTERMITTENT SORE THROAT.

UNDER the above heading it is my intention to report a few of the most interesting cases that I have come across, trusting at the same time that they will prove instructive as well as interesting to the readers of THE HOMEOPATHIC WORLD.

About the middle of May, in the year 1889, at the commencement of the Australian winter, I had the misfortune to contract a very severe cold, affecting the head, throat, and chest. The throat symptoms particularly were very severe, the soreness being very intense, consequent on the severity of the inflammation existing in the fauces. Under the alternate administration of *Aconitum napellus* 1x and *Belladonna* 1x the symptoms pertaining to the cold in general greatly diminished. The throat affection, however, took a new form. The soreness and pain which at first had been almost constant were now only felt on first rising in the morning, and gradually diminished during the forenoon, and were entirely absent in the afternoon and evening (with the exception of a very slight, rough feeling in the throat) until the following morning, when they reappeared. This, notwithstanding the use of *Aconitum*, *Belladonna*, *Acidum carbolicum*, *Mercurius sol.*, *Arsenicum album*, and other drugs, continued for several weeks, the soreness and pain in the throat re-occurring every morning on rising with clock-like regularity. Of course the soreness and pain were not of the same intensity as they had been when I first contracted the cold, but they were quite severe enough to be unpleasant, and I was somewhat troubled at the persistency of the symptoms, and also at their obstinacy in resisting treatment.

Some time before this I had been triturating the powdered bark of *Mezereum* (*Daphne mezereum*), and it so happened, as it generally does, that some of the dust arising from the drug during trituration had found their way through my nostrils to the back of my throat, and developed there a very unpleasant soreness—a soreness, in fact, very closely resembling the one I then was suffering from. This came to my mind, and I at once

determined to try it. I prepared the 1x tincture, and took three drops every four hours. On the third morning after commencing the new drug the symptoms in the throat had greatly moderated. This encouraged me to continue the use of the drug, with the result that at the end of about ten days the unpleasant symptoms had entirely disappeared. I continued taking the tincture for another week, but in smaller doses and at longer intervals, namely, one drop night and morning. The symptoms, on the cessation of the medicine, never returned, and the cure was therefore complete. The prompt action of the drug in curing the complaint impressed me strongly at the time of the importance of exercising good judgment in selecting a drug strictly homeopathic to the disease to be treated. The value of *Mezereum* in mercurial sore throat cannot be denied, as it has won for itself golden laurels in the treatment of that complaint. The simplicity and efficacy of the homeopathic system of medicine, in administering one drug only at a time is also self-evident.

(To be continued.)

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## SOCIETY'S MEETING.

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### BRITISH HOMEOPATHIC SOCIETY.

#### ANNUAL ASSEMBLY.

THE first meeting of the Annual Assembly was held at the London Homeopathic Hospital, on Wednesday, July 3rd.

Nathaniel Grace, M.D., C.M., McGill Univ., Toronto, M.R.C.S., L.R.C.P. Lond., proposed by Fred. Neild and Byres Moir, was elected a member.

Notice was given of proposed alterations of the Laws.

The section of Surgery and Gynecology arranged a Clinical Evening. Several more or less commonplace cases were shown, the most interesting being one of lupus treated by Dr. Wynne Thomas by means of sunlight focussed through a glass bowl filled with Cupric sulphate solution. The result was very satisfactory.

Mr. Johnstone gave a very interesting lantern demonstration illustrating the life history of the malarial parasite.

Some pathological specimens, photos, and paintings were also exhibited, as well as a show of instruments by Messrs. Allen and Hanbury, and books by Mr. Kimpton.

The second meeting was held on Thursday, July 4th, at eight o'clock.

The Report of the Council, the Treasurer's Report, and the Report of the Indexing Committee were presented and passed.

The Council, having had under consideration the revision of the Laws of the Society, proposed a number of alterations in the Laws of the Society, all of which were passed, a few meeting with a little opposition.

Dr. Burford was elected president, and Drs. Day and H. Nankivell as vice-presidents for the next session.

The Sectional Committees were also elected.

After the meeting there was a supper at 9.45 at the Holborn Restaurant, at which the retiring president, Mr. Dudley Wright, presided.

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### BRITISH HOMEOPATHIC CONGRESS.

*President*—George Clifton, J.P., L.R.C.P. and L.M. Edin., and L.F.P.S. Glasgow. *Vice President*—John D. Hayward, M.D. Lond., F.R.C.S. Eng. *Hon. Secretary*—D. Dyce Brown, M.D. *Hon. Treasurer*—E. M. Madden, M.B. *Hon. Local Secretaries*—A. E. Hawkes, M.D., James Watson, M.B. *Council*—The President, the Vice-President, the Hon. Treasurer, the Hon. Secretary, Richard Hughes, M.D., A. C. Clifton, M.D., The Hon. Local Secretaries.

29, SEYMOUR STREET, PORTMAN SQUARE, W.  
*July, 1901.*

DEAR SIR,—The Annual Congress of Homeopathic Practitioners will be held this year in Liverpool, at the Adelphi Hotel, Lime Street, on Thursday, the 19th of September, at ten o'clock punctually.

The Presidential Address will be delivered by Dr. George Clifton (of Leicester) at ten o'clock. Subject: "The New Century: the Increasing Purposes of the Medical Age."

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, a paper will be read by Herbert Nankivell, M.D., of Bournemouth, on "The Therapeutic and General Treatment of Cardiac Debility." To be followed by a discussion.

J. Roberson Day, M.D., London, will then show a series of photographs taken from patients, mostly children, as lantern slides.

At one o'clock the Congress will adjourn for luncheon. The members of Congress are most kindly invited to be the guests of their Liverpool *confrères* on this occasion.

At two o'clock punctually the Congress will resume business, select the place of meeting for 1902, elect officers, and transact any other business which may be necessary.

A paper will then be read by Alfred E. Hawkes, M.D., of Liverpool, on "Gyneco-Therapeutics." To be followed by a discussion.

The third and last paper will then be read by Washington Epps, L.R.C.P. Edin., M.R.C.S. Eng., of London, on "Eczema." To be followed by a discussion.

At the close of the afternoon session the Hospital will be thrown open to members and visitors. Tea will be served in the Board Room from 4.30 to 5.30 o'clock.

The members of Congress, with their friends, ladies as well as gentlemen, will dine together at the Adelphi Hotel, at seven o'clock.

The subscription to the Congress is ten shillings and sixpence. The dinner ticket alone, *for guests only*, will be seven shillings.

All members of Congress who wish to secure beds at the hotel will kindly communicate with the Hon. Local Secretaries, Dr. A. E. Hawkes, 22, Abercromby Square, or Dr. James Watson, 259, Smithdown Road.

On the evening of Wednesday, the 18th, Dr. Hawkes will be pleased to welcome the members of Congress at his house, 22, Abercromby Square.

On Friday, the 20th, Dr. John D. Hayward kindly invites the members of Congress to a garden party at his house at West Derby (about three miles from Liverpool).

An excursion is also contemplated on Friday to New Brighton Tower. But this will be carried out or not, according to the wishes of the Congress. Nothing will be arranged for this till the meeting on Thursday.

Should you know of any colleague who has not received this circular, will you kindly let me know?

The enclosed post-card is to be filled up, and returned as early as possible, but not later than September 1st. 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.*

### PRÉCIS OF PAPERS.

Dr. Nankivell's not received.

Dr. Hawkes' Paper—"Gyneco-Therapeutics." How far are medicinal agents serviceable?—Comparative paucity of pathogenetic effects—A suggestion for a clinical basis—Tubal disease treated tentatively—Ovarian medicines—Some indications—Fibroids, their clinical history and management—The endometrium, its response to symptomatic treatment—Cervical conditions and their indications—Idiopathic menorrhagia—Dysmenorrhea—Dysuria—Summary.

Dr. Washington Epps' Paper—"Eczema." Three varieties, the acute form (*E. Vesiculosum*), the Seborrhœic type (*E. Seborrhœicum*), and the chronic, inflamed variety (*E. Rubrum*); specially with reference to causes and to treatment, medicinal and hygienic, with cases.

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## INSTITUTION.

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### LIVERPOOL HAHNEMANN HOSPITAL.

#### BAZAAR AND FLORAL FÊTE.

WITH the object of increasing the income of the Liverpool Hahnemann Hospital, Hope Street, a floral fête and bazaar was opened on Wednesday, July 3rd, in the Gymnasium, Myrtle Street. The gift of the late Sir Henry Tate, Bart., the hospital has for the last thirteen years done an excellent work, and to enlarge the sphere of usefulness the suggestion was put forward that the staff of trained nurses should be added to, and that a laundry should be established. Lord Dysart, who is vice-president of the institution, offered to give £500 to the schemes provided that £1,500 in addition is raised by the beginning of August. It was to effect this, if possible, that the floral fête was organised, and its opening was as successful as could have been desired.

Over the ceremony Mr. C. W. Jones presided, and there were also present Lady Tate, Mr. J. Carlton Stitt, Mr. E. S. Eccles, the Rev. R. M. Ainslie, Monsignor Nugent, Mrs. William Oulton, the Misses Oulton, Mrs. James Smith, Mrs. L. S. Cohen, Mrs. W. Rathbone, Mrs. Gee, Mrs. Gossage, Miss Gossage, Mrs. R. D. Holt, Mrs. T. Brocklebank, Lady Willox, Mrs. E. S. Eccles, Mrs. Alfred Booth, and Mrs. Cedric Boulton.

Mr. J. Carlton Stitt alluded to the needs of the hospital. That made him look back, he said, to a time when, sixty years ago, Dr. Drysdale opened a homeopathic dispensary in 1841 at 2, Harford Street, Mount Pleasant, where he was joined by Dr. Chapman, Dr. Moore, Dr. Stokes, Mr. Wilkie, and others. The dispensary was removed in 1860 to Hardman Street, and in 1887 to Hope Street, where it was combined with the work of the Hahnemann Hospital. That the dwellers in the north end might be treated, a dispensary was opened in Wilbraham Street in 1860, being transferred to Roscommon Street in 1872. Somewhere after 1848, and prior to 1854, the late Sir W. H. Tate took his place on the committee of management of the institution, and in 1878 he was called to be chairman of the committee. It was those thirty years' experience of the treatment of the sick poor in the dispensaries, as well as what he had seen for himself, that induced him in 1884 to offer a hospital on homeopathic principles. In 1887 he had the pleasure of seeing the beautiful and well-equipped institution in Hope Street opened. That hospital had now been in existence thirteen years, and had been before the citizens of Liverpool as one of the medical charities of the city. They had, as homeopaths, done all in their power to support the institution. (Hear, hear.) The claims of the hospital for support numbered two. The first was that they were doing a large amount of work amongst the sick poor at a comparatively small cost, as they would see if they looked at the report. Looked at from a business point of view, it appealed to the business men of Liverpool. (Hear, hear.) The second claim was that the work was so carried on amongst the sick folk as not to pauperise them. Fees were charged for medicine, &c., and the people were asked to pay as large a proportion of those fees as possible. No case was refused through inability on the patient's part to pay. It had been hoped that so efficiently managed an institution would not be allowed to suffer from want of finance, but he was sorry to say that they had never had an income equal to their expenditure. The deficiency now amounted to £6,000, and had been a source of annual anxiety to the committee and others interested in the work. Lord Dysart had determined that something should be done that

would help in a substantial manner, if they on their part would do something. If they would advance a scheme whereby (at a cost of £2,000) they could increase their income, he (Lord Dysart) would be prepared to find £500, and if they were able to raise the necessary sum, he would contribute £1,000. (Hear, hear.) He proceeded to thank the ladies' committee, to whose efforts the hall was a witness. (Hear, hear.)

Purses collected by the members of the ladies' committee were then handed to Mr. E. S. Eccles (the hon. treasurer), who announced their contents—one being the sum of £250. Mr. Eccles further announced that he had received from Sir W. H. Tate a letter, which said: "I shall be glad to give £500 in aid of the funds of the hospital on the terms of the Earl of Dysart's letter of February."

The Chairman, in asking Lady Tate to perform the opening ceremony, said that one bearing that honoured name needed no introduction. (Hear, hear.) The objects of the bazaar were three-fold. The first was to wipe off the debt, the second to provide a laundry, and the third to increase the accommodation for private nurses. He alluded to the tactfulness and sympathy of the nurses, and said that there should be no hesitation on the public part in sending for those trained on homeopathic principles. (Hear, hear.)

Lady Tate having gracefully declared the fête and bazaar open,

Monsignor Nugent proposed a vote of thanks to her. He remarked that in the days of the Christian Roman Emperors it was a condition that every ecclesiastic should have within the shadow of his cathedral a hospital.

The Rev. R. M. Ainslie seconded, and the motion was carried with acclamation.

The Chairman, on behalf of Lady Tate, thanked the gathering.

The following is a list of the stallholders:—No. 1, Art and china stall, Mrs. M'Conkey, Mrs. D. M. Drysdale, Miss Grierson, Mrs. Stitt, Miss Wainwright, the Misses Grierson, Miss Stafford Northcote, Miss Stitt, and the Misses Wainwright; No. 2 (various articles of children's dress, &c.), Mrs. Ellis, Mrs. Hawkes, Mrs. Lucas Hughes, Mrs. Cash Reed, Mrs. Gordon Smith, Miss Higham, Miss Garside, Miss Ellis, Miss Hawkes, Miss G. Jordan, Miss Florence Fleming, Miss Rose Cash Reed, Miss C. Hughes, and Mrs. R. P. Robinson; stall No. 3, Mrs. Harold Crosfield, Miss Raleigh, Mrs. Rensburg, Mrs. Isaac Thompson, Miss Decer, Miss Gow, Miss Pollock, Miss Cash Reed, Miss Rilly, and the Misses Thompson; stall No. 4 (the Waterloo stall), Mrs. Cedric Boulton, Mrs. Drysdale, Miss Sampson, Mrs. Tod, Miss Boulton, Miss Duckworth, Miss

Edwards, Miss Hobbs, Mrs. Peter Stuart, and Miss Mary Stuart; No. 5 (Irish embroideries, &c.), Mrs. Gee and Mrs. Guy Winwood Gossage; No. 6 (needlework, &c.), Mrs. Tate, Mrs. Asheroft, Miss J. L. Bird, Miss M. Bird, Mrs. E. F. Gossage, Miss James, and Miss Hughes Jones; No. 7 (plain and fancy needlework), Mrs. Hayward, Mrs. John Hayward, Mrs. Charles Hayward, Miss Hayward, Mrs. Bartley, Mrs. Butt, Mrs. Coltart, Miss Craven, Miss B. Davies, Miss E. Davies, Miss Gladys Jones, Miss Read, Miss F. Read, Mrs. Steinman, and Miss Webster; No. 8 (screens, &c.), Mrs. Shorrocks Eccles, Miss Heap, Mrs. Sanday, Miss Crosfield, Mrs. Heron Eccles, Misses Eccles, Miss Gamble, Miss Harley, Mrs. Livingstone, Miss Ryder, Miss Sanday, Miss Hope Simpson, Mrs. Lucius Wood, and Miss Slater. There were also a fruit and flower stall and a "hospital stall."

During the afternoon the Blue Hungarian Band played selections of music.

The fête was reopened on the following day (Thursday) by the Lady Mayoress (Mrs. A. Crosthwaite). Sir William Henry Tate presided.—From *Liverpool Mercury*, July 4th.

## EXTRACTS.

### PERNICIOUS ANEMIA.\*

TH. RUMPF (*Berl. klin. Woch.*, May 6, 1901) publishes the results of his analyses of blood in cases of pernicious anemia. He first turns his attention to the etiology of the disease. He can only explain the disease by looking on it as a combination of symptoms due to various causes. Of these he mentions bothrioccephalus latus in the intestine—a very rare cause—carcinoma, specially of the stomach, pregnancy and parturition, syphilis, insufficient nutrition, and pathological conditions of the gastro-enteric canal. Besides cases due to or following one of these conditions, he calls attention to these cases for which no cause can be ascribed—cryptogenetic pernicious anemia (Birch-Hirschfeld). He says that just as ill-understood as the etiology of the disease is the actual condition of the blood. The microscopical appearances are well known, but the true chemical changes have

\* From the *British Medical Journal*, July 13th.

almost entirely been neglected. He conducted experiments with Dennstadt. They examined the blood of two stillborn foetuses as a control, and further compared the results with those obtained by Schmidt and other analysts. They found that the blood in pernicious anemia contained a larger quantity of water than normal blood, a smaller quantity of solids, a higher proportion of chlorine, and a lower proportion of potassium, iron, and fat. The deficiency of potassium is more evident when a comparison is made with the quantity of sodium and of chlorine. In pernicious anæmia there is not sufficient sodium to "cover" the chlorine, and the potassium also is present in too small quantities to combine with all the free chlorine. In normal blood there is an excess of sodium when estimated by the side of chlorine, without any of the potassium being needed to take up the chlorine. They further examined various tissues of the body, and found that the proportion of water was higher than normal in the heart, but considerably lower in the liver, spleen, and brain. The solids were in excess in the heart, and especially in the liver and spleen. There was also a deficiency of sodium to cover the chlorine in the liver and spleen, while in the former potassium was present in a higher proportion than normal, and in a lower proportion in all other organs. Making his deductions from these investigations, he turned them to practical use by treating pernicious anemia with potassium carbonate, tartrate, and citrate. He reports four cases, three of which he describes as dying when he began the treatment; all recovered. A fifth case was improved, but as he did not continue the treatment for a sufficiently long time, Rumpf does not include that in the trial cases. The patient relapsed later, and died after two months' further illness. He does not claim that potassium salts are a true specific remedy for all cases of pernicious anemia, but strongly recommends that a trial of the treatment should be made.

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### MENTAL OBSESSIONS.\*

MENTAL "obsessions" refer to imperative ideas, often of a ludicrous, indecent, or dangerous nature, which arise

\* From the *British Medical Journal*, July 15th.—Will any of our readers send us the *simillima* for these fixed ideas?—ED. H.W.

in the mind regardless of the proprieties of time and place, and often subject the patient to much distress and anxiety, and may even be the prelude to insanity. In the *Revue Neurologique* for April, Haskonce, of Prague, has an interesting paper dealing with these aberrant mental phenomena. Some observers, with Pitres and Regis, say that "obsessions" are often only morbid fears (phobias) in an aggravated form, and operating in the intellectual sphere, that is, that primarily they are morbid affective processes. Others hold that they are primarily intellectual conditions like "fixed ideas." In a study of 110 different cases Haskonce found that while some were primarily lesions of intellectual origin the majority were of affective origin. Fixed ideas belong to the first class, while phobias belong to the second. In some cases it was impossible to say to what category a case belonged (transitional cases). "Sometimes the visual image provoked the mental obsession, without there being at the time, as before it, any emotional reaction." The medico-legal importance of these cases was great. The patient sees, for example, a hatchet, and is suddenly beset with the idea of killing a person who is near. In such a case the presence of the person, and the internal conflict between the obsession and normal feeling produce a secondary emotional disturbance in the patient, namely, distress and anxiety lest he be impelled to do the deed. In some cases the anguish experienced is so great that self-control fails, resistance is overcome, and the crime is perpetrated. Epilepsy may be present as a complication, but apart from its presence true obsessions are attended with lucidity of consciousness, whereas with epilepsy there is usually mental automatism and amnesia, but seldom lucidity. Haskonce records the case of a young man, aged twenty, who was subject to the obsession, suddenly recurring, of his not being really alive or existent. There was no phobia or anxiety in this case, and the patient was free from headaches and slept well. Phobias and obsessions are prone to occur after disturbances of the sexual organs, including menstruation and abortion. Some phobias occurred after brain over-exertion, poisoning by coffee or gas, dyspepsia, constipation, and in exophthalmic goitre. In some of these toxic action played a determining part. A curious case of obsession was that of a man, aged twenty-six, of backward intelligence,

and the subject of *folie du doute*. He had an irresistible tendency to stop and look at objects on the ground (bits of paper, matches, etc.), and to ask questions as to whence they came, why, etc. "Plus les choses sont futiles, plus j'y porte intérêt." In another case a married woman, aged thirty-three, childless, and of nervous parentage, there was a morbid fear of carriages, agoraphobia, and feelings of suffocation, and oppression on seeing objects suspended from ceilings or walls, while she could never hold any closed object—for example, a bottle or letter—in her hand, without having it opened first. To see a corked-up bottle made her feel "choky." She was liable to nightmare. Another case is mentioned of a man aged sixty, a neurasthenic bachelor, who since the age of three experienced fright on seeing sunbeams in a house or church. True obsessions and phobias *per se* should be distinguished from the prodromes of such mental disorders as melancholia, paranoias or general paralysis.

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#### ON CERTAIN PRACTICAL APPLICATIONS OF EXTRACT OF SUPRARENAL MEDULLA.\*

By E. A. SCHAFER, F.R.S., Professor of Physiology, University of  
Edinburgh.

(From the Physiological Laboratory, University of Edinburgh.)

As the result of numerous experiments which have been conducted in this laboratory by Drs. J. D. Slight, J. Malcolm, and W. E. Frost, which are not yet published nor entirely finished, I feel justified in suggesting that a trial should be made of the extract of suprarenal medulla in all cases in which it is desired to strengthen or to induce uterine contractions. The observations which we have hitherto made show that this extract has a far greater power in causing contraction of the muscular tissue of the uterus, whether pregnant or non-pregnant, than any other drug having the same reputed action, and this whether the extract be applied directly to the muscular tissue or be introduced into the circulation. Since the active principle is unaffected by the gastric juice, it can be given by the mouth, but in *post-partum* cases it would doubtless be more advantageous to inject it directly into the uterine cavity, where it would not only tend to produce immediate contraction of the uterine musculature, but also of the uterine arterioles, and thus more effectually

\* *Brit. Med. Jour.*, April 27th.

control accompanying hemorrhage. The solution which I would recommend to be used is an infusion of dry medullary substance, 30 grs. to the pint of water. This should be sterilised by boiling and injected whilst still fairly hot. Such a solution is a powerful styptic, and its value in this respect may be still further increased by the addition of 60 grs. of *Calcium chloride*.

Another class of cases in which the extract in question may prove of the greatest clinical value are those of sudden cardiac failure, whether as the result of shock or hemorrhage, or of an overdose of anesthetics. In these cases the sterilised decoction, which may be of the strength of 5 grs. to a fluid ounce, and must be filtered, should be injected with a hypodermic syringe very slowly into a superficial vein, or even, in extreme and apparently hopeless cases, into the heart itself through the thoracic wall. I have seen such remarkable results from the application of this method to animals in which the circulation had apparently entirely ceased, and in which the heart has been completely resuscitated by the action of the drug, that I have no hesitation in recommending that it should be tried in this class of cases in the human subject.

The material which we have used has been prepared at my request by Messrs. Willows, Francis, Butler, and Thompson, of Aldersgate Street. It consists of the separated healthy medulla of the suprarenal capsules of the ox or sheep, rapidly dried in thin layers at a temperature of not more than 50° C., then powdered and kept in well-stoppered bottles. In this form it retains its activity for a considerable time, and an infusion can be prepared from it in two or three minutes. The exact strength of the solution for the purpose of intrauterine injection is immaterial; any that might be absorbed into the general circulation would be beneficial rather than otherwise. For intravenous injection in cases of cardiac failure a much weaker decoction than that above indicated can be used, but it should then be made with 0.9 per cent. salt solution, and injected warm; a dose of 5 grs. of the dry medullary substance may be introduced into a vein in this way slowly without fear of deleterious results, and may be repeated if found necessary.

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### SUPRARENAL GLAND EXTRACT IN THE EPISTAXIS OF HEMOPHILIA.\*

By DAN MCKENZIE, M.D., Leytonstone, N.E.

SCHÄFER'S discovery that the local application of suprarenal gland extract is followed by contraction of the unstriped

\* *Brit. Med. Journ.*, April 27th.

muscle fibres in the walls of blood-vessels first led to the use of this substance in hemorrhage from mucous surfaces. Since its introduction it has grown rapidly in favour, especially with rhinologists, as a speedy and efficacious hemostatic in cases of epistaxis, and in bleeding during operations upon the nasal cavities.

It is said that the condition known as hemophilia is associated with "congenital hypoplasia" (Immerman) of the vessel wall, including, of course, the muscular elements. If this statement be correct, one would expect, says Grünbaum, that in hemophilia the application of suprarenal gland extract to a bleeding surface would be of little or no use. That writer finds that his clinical experience bears out this reasoning, and as far as I can discover no case has hitherto been recorded which would induce us to reconsider our views. Weil, indeed, says that in cases of "habitual nose-bleeding" the use of the organic extracts is worth a trial, but he pins his faith to local applications of a 5 per cent. solution of gelatine for the epistaxis of hemophilia. The following case, therefore, is of value as bearing on this point:—

G. B., male, aged 13, was brought to me on February 2nd suffering from "bleeding at the nose," which had lasted off and on for ten days. Ordinary homely remedies had entirely failed, and the boy had become blanched and weak. Insertion of the speculum into the affected nostril—the left—was sufficient to start the flow. No bleeding point was found. *Tannin* was given for insufflation, and 5 grs. of *Calcium chloride* in water every four hours by the mouth. Next day I was sent for to find his condition unchanged. The nostril was then plugged and the bleeding controlled by a strip of lint introduced from the front. The following day, however, on removing the lint bleeding began again, requiring fresh plugging, and so on daily for seven days. The *Calcium chloride* was dropped after three or four days.

During this time the boy lost little blood, but the appearance of purulent discharge from the constant presence of the foreign body in the nostril, and the discomfort induced by the plug itself, led to a trial of suprarenal gland. Three tabloids (5-grain, Burroughs, Wellcome, and Co.) were bruised to powder, mixed with  $\frac{3}{j}$  of water and allowed to settle. A tampon of cotton-wool soaked in the clear fluid was loosely inserted into the nostril, with immediate success. Violent sneezing accompanied the application of the remedy. A slight recurrence of bleeding some hours after was checked at once in the same way, and there has been no further trouble.

The diagnosis of hemophilia rests upon the following facts:—

*Family History.*—His father, in youth, bled constantly and freely at the nose; and now bleeds freely with any slight cut or tooth extraction. This man's grandfather, on his mother's side, was subject to severe nose bleedings.

*Personal History.*—In March, 1893, at the age of 6, the patient had an attack of epistaxis lasting ten weeks, which was not treated "for fear of threatened meningitis." In November of that year, after measles, he was operated on at the Royal Ear Hospital, Soho Square, for adenoids. Bleeding continued for several days after the operation, demanding special means for its control. In 1896 there was a profuse epistaxis lasting three days. It stopped spontaneously. Slight cuts are always attended with a loss of blood out of all proportion to the size of the wound. Free bleeding from the gums followed the removal of loose milk teeth at different times. He was easily bruised. There is no history suggesting effusion into the knee or any other joints.

Attention is directed to two points in this case: first, the clear history, hereditary and personal, of the hemorrhage diathesis; and, secondly, the instantaneous effect of suprarenal gland extract after the other remedies had failed.

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## HOMEOPATHIC SUCCESS IN THE TRANS- VAAL AND IN JAVA.\*

Translated from *Leipziger Pop. Z. f. Hom.*, June, 1901.

THE following communications were addressed to Dr. William Schwabe, Leipzig:—

"Many thanks for the medicines sent me, which arrived safely after a journey of seven months, and, indeed, at a time in which I was in considerable perplexity. I also thank you in the name of all the recipients for the fifty pocket-cases sent for the use of the Boers. I could not, of course, send them to the hostile camps, but many of these we had before that supplied with the most necessary remedies. Since several months we have thousands of Boer women and children here, most of them coming from regions where missionaries are their only refuge for the supply of homeopathic medicines, so that all of them come to me for help, not caring to have anything to do with the allopathic doctors. So also many of the missionaries from the district of Rustenburg, also homeopaths, had to come to Pretoria for refuge; among them, as also among

\* *Homeopathic Envoy*, July.

many of the skilled women, I distributed your pocket-cases. I am sorry to state that owing to the lack of proper care there are thousands of cases of measles, diarrhoea, diseases of the eyes, rheumatism, malaria, typhus, influenza, and other diseases, so that I am constantly asked for aid by hundreds of patients, much to the astonishment of the allopathic doctors, whom the Boer women ignore. Under my treatment most of them recover in a few days, while of those under allopathic treatment daily some patients are carried to their last homes."

MISSIONARY GRUENBERGER.

*Pretoria.*

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As I successfully treated a hopeless case of Indian soor in a patient sixty-one years of age, the adherents of homeopathy here are continually on the increase, and I am requested by many to get them books and domestic cases. As I have for many years learned to love the homeopathic curative method, I gladly accept these commissions, as you may see from the orders sent through Messrs. Lembruggen, in B. I sent through them because I would not venture on a German correspondence. But I have since heard that I can write to you in Dutch, which I am now doing. The surprising effects of homeopathic remedies in diseases which are specially Indian, and with respect to which allopathy is quite at a loss, led me to the conviction that a homeopathic practitioner would find a good field here, since the people here have lost their confidence in allopathic doctors.

MISSIONARY LOGCHERS.

*Buitenzorg, Java.*

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#### TREATMENT OF INOPERABLE SARCOMA BY COLEY'S FLUID.

W. B. COLEY (*Phil. Med. Journ.*, May 25th) gives some late results of the treatment of inoperable sarcoma with the mixed toxins of erysipelas and bacillus prodigiosus. In August, 1898 (*Journ. Amer. Med. Assoc.*) he published his results in 140 cases of inoperable sarcoma treated with the mixed toxins. In 24 of these the tumour completely

or partly disappeared; 84 of this series were round-celled sarcoma, 21 spindle-celled, 9 melanotic sarcoma, 2 chondro-sarcoma; 12 were sarcoma (diagnosis confirmed by the microscope, but type of cell not stated); 6 were inoperable sarcoma resting on clinical diagnosis combined with a history of repeated recurrence in most cases. In 40, or slightly less than half, of the round-celled cases there was more or less improvement, as shown by decrease in size and cessation of growth. In only 3 of these was the treatment successful. Of the 21 cases of spindle-celled sarcoma, 10 disappeared entirely, and all the remainder showed marked improvement. In melanotic sarcoma Coley had no successes. George R. Fowler, of Brooklyn, however, reported one case of melanotic sarcoma of the tonsil and fauces, which entirely disappeared under the use of the mixed toxins. The patient remained well for two years, when a local recurrence followed and proved fatal. In addition to Coley's own results, the paper contained a summary of results in 35 cases successfully treated by other surgeons employing the same method. Of these 35 cases, 10 were round-celled, 10 spindle-celled; in 5 the diagnosis was clinical only; in 5 there was, in addition to the clinical signs of sarcoma, a history of recurrence after operation; in 4 the diagnosis of sarcoma was confirmed by microscopical examination, but the type not stated; 1 was an endothelio-sarcoma. Of these 35 cases, 26 disappeared completely; 2 others decreased so much that only a small node was left, which was easily excised. One of the latter cases was well three years, and the other one year at the time of the report. Of the 35 cases referred to 14 were well over two years, and 6 cases over three years. At the time of the report (August, 1898) 8 of Coley's own cases had remained well from three to six years. He has since made a very great effort to trace the after-histories of these cases, and he is now able to report 16 cases that have remained well from three to eight and a-half years. Of these 2 recurred after three and eight years respectively, one dying of metastases in the abdomen; the second, after remaining well for eight years, died of local recurrence. The cases were all hopeless, inoperable cases, and the diagnosis was confirmed by the microscope with two exceptions. In these instances the history of the cases, with the clinical appearances, made the diagnosis of sarcoma unquestionable. The type of

tumour in the 15 cases that passed the three-year limit was as follows: Spindle-celled sarcoma, 9; round-celled sarcoma, 2; mixed-celled sarcoma, 2; epithelioma, 1; sarcoma (clinical diagnosis only), 2. It is worthy of special note that two of the successful cases, now well  $3\frac{3}{4}$  and  $4\frac{1}{4}$  years respectively, were sarcoma of the parotid gland. The diagnosis was not only confirmed by a competent pathologist, but, further, by a history of repeated recurrences after operation. Another case still is also worthy of special mention, inasmuch as it shows that the toxins may be taken for long periods of time without harm. The patient, a well-known physician, with eight times recurrent spindle-celled sarcoma of the soft parts of the chest (anteriorly) was treated with small doses of the mixed toxins, with varying intervals of rest, for upwards of two years. The patient regained his usual health, and has now been perfectly well over six years from the beginning and four years since the cessation of the treatment. The tumours, while originally pure spindle-celled, were becoming more mixed with round cells, and more vascular with each recurrence; in other words, the disease, as so often happens, was increasing in malignancy until the toxins were begun. In addition to these 16 cases that have passed the three-year limit, in 8 others the tumours disappeared. One, a spindle-celled sarcoma of the abdominal wall, was well a year and a half, when the patient returned to her home in Europe, and was lost sight of. A third, a spindle-celled recurrent sarcoma of the leg, is now in perfect health, without recurrence, two years and a quarter after treatment. A fourth, a twice recurrent, spindle-celled sarcoma of the palm of the hand, disappeared, and the patient remained well two years and a half, when the tumour recurred. Refusing amputation of the arm, she was under the care of a Christian Scientist for eight months, during which time the tumour in the hand reached the size of a cocoanut, and extended above the elbow. Coley then amputated the arm just below the shoulder-joint, but she died of metastases three and a half months later. Though the patient was an especially intelligent person, aged 22, while under the Christian Science treatment she watched a small tumour, the size of an English walnut, grow to the size of a cocoanut, and yet was made to believe it was actually getting smaller and improving.

She also stated that she felt no pain. This is a good illustration of the utter impossibility of placing any value upon personal statements of patients in regard to improvement or cure of malignant tumours by Christian Science. A fifth case, a chondrosarcoma of the ilium of large size, disappeared; and the patient, after remaining well for seven months, had a recurrence, which proved fatal in about a year's time. A sixth, a round-celled angio-sarcoma of the breast, was well six months later, when the patient was lost sight of. A seventh, a recurrent fibro-angioma of the lip, was well when last heard of over two years after operation; and an eighth, a recurrent spindle-celled sarcoma of the thigh, disappeared; but the patient, after remaining well for a year, had a recurrence locally and in the groin, which no longer yielded to the treatment. In addition to these twenty-four personal cases, Coley mentions two other cases in which he directed the treatment, although it was carried out by another surgeon. One case (Johnson's), a large, spindle-celled sarcoma of the pharynx, entirely disappeared, and the patient was well more than six years later. The second, (Storr's and Griswold's), inoperable sarcoma of the breast and axilla, disappeared under seventy-eight injections of the mixed toxins, and is now well, more than four years after treatment. The diagnosis in both of these cases was confirmed by microscopical examination, in the latter case by Professor William H. Welch, of Johns Hopkins University. The results thus far, Coley says, seem sufficient to warrant advising the treatment as a routine measure after all operations for primary sarcoma. While the treatment is not recommended in carcinomatous growths, it has been the experience of the writer that in many cases the toxins exert a marked inhibitory influence in carcinoma, although it is rarely curative. The only cases of carcinoma in which the toxins are likely to prove of much value, he thinks, are those in which they are used after primary or secondary operation as a prophylaxis against recurrence. The writer still believes that the action of the toxins upon malignant tumours can be explained only upon the theory that such tumours are the result of some infectious micro-organism, and this view is strongly supported by the recently expressed opinion of Czerny.—*Brit. Med. Jour.*, July 6th.

## IS CANCER CURABLE ?

UNDER this heading A. Adamkiewicz (*Berl. klin. Woch.*, June 10, 1901) publishes an article dealing with cases treated by cancroin. The editor attaches a footnote inviting a discussion on the subject, which will be reported in due course. Adamkiewicz says that he has already reported the case which he uses as a basis for his present communication. The patient was suffering from "cancerous degeneration of the worst description of the womb, vagina, and parametrium." The vaginal cervix, he says, had disappeared into a tumour mass, which included the vaginal fornices, and reached over the whole mucous membrane. The vagina was so narrowed that an examination of the parametric tissue was impossible. The process was so far advanced that Albert feared that a perforation into the bladder or rectum might occur at any minute, and put aside the idea of any operative interference. Zwintz, who was treating the patient, had recourse to Adamkiewicz's method of injecting cancroin. "The picture of the illness changed as if by magic." He describes in almost dramatic language the metamorphosis which followed, and continues: "The woman, who had been bedridden for more than half a year, was able to leave her couch of pain, and, in spite of the verdict of science and of experience that she had only to wait for death, she could again busy herself with her household duties." Local examination showed softening and decrease of the tumour, but not an entire disappearance of it. He states that the anatomical condition after the use of cancroin is not a fair criterion; the true index is the physiological condition. Cancroin causes necrosis and softening of the fresh and growing cancer cells only, which ultimately become absorbed. The older cells are killed, and remain *in situ*, as dead masses, but doing no harm. He claims that the patient is cured, and that a mere arrest of the process does not describe the changes brought about by the cancroin injections. He says further that he has been able to "prove that it could not have been a mere accident" which led to the curing of the patient; for "the regularity with which cancroin displays its action always in the same way, and has displayed that action in a very large number of cases, shows that a law is manifested by this occurrence." He refers, in support

of his arguments, to his announcement in 1891 that "a cancer cell was no epithelium, but was an animal—a protozoon—specially a coccidium." The cure is the result of three factors: there is the pathological process, the means used to combat it, and the particular individuality in its relation to the disease. How these are factors of the cure he does not explain in detail. Again and again he reiterates the assertion that the patient already mentioned was in a hopeless condition before the application of his remedy. It would appear that the reiterations were intended to emphasise the fact. He proceeds next to give an account of the illness in the patient's own words (much as one reads of the person who suffered from a strange complex of symptoms, representing some wonderful disease, and was cured, after all the "doctors had given him or her up," by somebody's patent cure). He concludes by the two sweeping assertions—" (1) Cancer is curable; and (2) one may look at the problem of this cure of cancer as scientifically solved."—*Brit. Med. Jour.*, July 6th.

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#### THE ACTION OF METHYLENE BLUE ON MALARIA PARASITES.

A. IWANOFF (*Deut. med. Woch.*, May 2, 1901) reports his investigations on the effects of methylene blue on the various forms of malarial parasites. He administered methylene blue in three daily doses of 5 grs. each to patients in whose blood tertian parasites could be found. The first changes noted began at the end of the second day, and affected only the fully-grown forms; the smaller, younger forms remained unchanged. The adult organism showed diminished amœboid movement, and a breaking up of the protoplasm into several little lumps. The latter are rounded, and lie on the blood cell apart from one another, or are connected with each other by minute bands of protoplasm and pigment granules. The protoplasm of these lumps is shrunken, seems to be compacter, and stains a more intense blue than the protoplasm of normal parasites. The fine pigment bodies are spread out over all the lumps, and are mostly to be found at the periphery. The nucleus of the parasite is found generally near

the peripheral portion of the blood cell, and shows in its carmine-violet stained chromatin that it consists of numerous granules. Among the sporulation forms he found, besides normal sporozoites, others which were not fully formed. Some show their protoplasm very indistinctly, while others appear to have no plasma at all. The pigment is gathered in patches, and these are irregularly distributed. The chief points he notes in the action of blue on the tertian forms are destruction of the protoplasm and no alteration of the chromatin. In the ring-form parasite of æstivo-autumnal fever he finds no changes. In the crescent forms he is able to demonstrate the shrinking and granulation of the protoplasm. He noticed a more equal staining of the whole parasite than in the normal. The pigment granules appear coarser, and are grouped in an irregular mass, which projects from the surface of the shrunken protoplasm. The destruction process of the protoplasm of malarial crescents goes on until there is nothing of the parasite left except the pigment. He did not succeed in being able to record the changes in the embryonic cells of this form. Comparing the effect of methylene blue with that of quinine on the various forms of malarial parasite, he says that the former affect the protoplasm, and the latter the pigment (chromatin). In the early forms the proportion of the pigment to the protoplasm is quite different to that in the adult stages, and so the early forms are scarcely affected by methylene blue, while they are very markedly affected by quinine, while the adult forms show the reverse susceptibility.—*Brit. Med. Jour.*, June 29th.

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THE ACTIVE PRINCIPLES IN TYPHOID CULTURES.—Palading-Blandini (*Rif. Med.*, April 16, 1901) has isolated two substances from typhoid cultures, one a greyish-white substance having the chemical character of a nuclein, the other yellowish-brown, in shining very fragile scales, and having the properties of a nucleo-albumin. The agglutinating power was found to depend on the presence of a special nucleo-albumin, which by itself is capable of endowing the blood of animals treated with it with the power of agglutination. This nucleo-albumin is unable to act as an agglutinating agent without the presence and assistance of leucocytes.—*Brit. Med. Jour.*

## REVIEWS.

POCKET MANUAL OF HOMEOPATHIC MATERIA  
MEDICA.\*

THE first year of the century bids fair to be an epoch in materia medica production. The latest arrival is from the pen of Dr. Wm. Boericke, Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco, and joint author with Dr. Dewey of *The Twelve Tissue Remedies*. Dr. Boericke says of his work: "For many years the author has felt the need of a pocket-edition of our materia medica, containing the characteristics and cardinal symptoms of all our known remedies, arranged according to the Hahnemannian Schema for ready reference. I herewith offer the profession an attempt to supply this need of a handy *multum in parvo* edition to be used at the bedside or consulted while making the daily rounds."

Further on Dr. Boericke claims for his work that "In its present compact form it contains the maximum number of reliable facts in the minimum space." By this he means, of course, the maximum number of facts possible in the space; and we think few will be found to question the claim. In a tiny volume that any one may carry in the pocket, there are 580 pages crammed with information set forth in orderly fashion. Dr. Boericke, like Dr. Douglass, has seen the necessity of including *all* the remedies in the materia medica; and to him must be given the credit of having made the second attempt to provide a complete list. The great majority are set forth in alphabetical order, but a list of 121 remedies is given to which reference is only made under the heading of some other remedy. This is an inconvenience, and, we have no doubt, will be remedied in a future edition. A work of this kind is like a dictionary, and every member is entitled to an independent presentment, however small it may be. And where a remedy

\* *Pocket Manual of Homeopathic Materia Medica*. Comprising the Characteristics and Cardinal Symptoms of all Remedies. By Wm. Boericke, M.D. San Francisco: Boericke and Runyon Company. London: Homeopathic Publishing Co., 1901. Price 15/-.

has two names, cross references should be given. "Loco-weed" is given twice over, once under *Astragalus* and again under *Oxytropis*, a different set of symptoms appearing under each. There is some uncertainty as to the exact botany of "Loco-weed," but no hint is given of this; the plant which was proved by Gee is *Oxytropis*. Dr. Boericke has had the advantage of Professor James W. Ward's help in compiling the female symptoms. A general "Index and Repertory" is promised and will be eagerly looked for. San Francisco is to be congratulated on having produced this work, and Messrs. Boericke and Runyon have admirably seconded the author's effort.

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### HOVIS CYCLE ROAD MAP.\*

THE connection between Hovis Bread and cycling is not very obvious, except that the latter may be a means of raising a vigorous appetite for the former; and the bread a valuable pabulum for supplying the motor force. Be that as it may, there is no question about the Road-map. We have studied many in the course of our cycling career, and can confidently say that this is in every point the best we have encountered. The principal roads are marked in a striking red, and the names of all the places, great and small, are printed in a type which it is a pleasure to look at, instead of a pain, as is so often the case with maps.

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### RHINELAND.†

THIS entertaining brochure may be strongly recommended to those who have not yet been able to make up their minds where to take a holiday. There is no railway company which has done more in late years to study and meet the needs and comforts of the travelling public than the Great Eastern. One result of its enterprise has been the opening up of Rhineland to British tourists.

*Rhineland* reveals "fresh holiday districts in the little

\* *Hovis Cycle Road Map*. Section 1. Hovis, Limited, Macclesfield. Cloth mounted. Price 1s.

† *Rhineland*. By Percy Lindley. London: 30, Fleet Street, E.C., 1901.

known side valleys of the Rhine, a country even more charming and varied than the Ardennes, which were made known by Mr. Percy Lindley through *Walks in the Ardennes*. Leaving London in the evening, and the chief Northern and Midland towns in the afternoon, it is possible, at small expense, to reach some of these valleys early the following afternoon, *viâ* Harwich and the Hook of Holland."

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## PREPARATION.

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### WHIMPLE CYDER.

WE have received from Hy. Whiteway & Co., Whimble, Devon, a sample case of their various cyders. The great point and merit claimed for the brands of this firm is that they are absolutely and solely apple juice with addition of no kind whatever, that they are made from the finest Devonshire apples, and in their manufacture no chemicals are added, and neither sweetening matter of any kind nor water. On this account the firm contend that their position in the cyder trade is almost unique, as many other cyders are more or less adulterated—some of them dangerously so.

The firm attribute their success, firstly, to the purity of their cyders, and, secondly, to their quality on account of the suitability of the soil of the Whimble orchards for growing good apples.

We have every reason to know that the claims made for these cyders in no way exceed the facts.

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UNGUAL STRIATION.—Treves (*Giorn. dell' Acad. de Med. di Torino*, April, 1900), after examining the nails of some eight hundred persons, mostly mental cases, finds clear evidence that in addition to the transverse striations found in the nails after illnesses, there is peculiarly abundant and regular transverse striation which may be observed after attacks of periodic mental trouble. It is in psychoses of the periodic type that this transverse striation is especially well marked.—*Brit. Med. Jour.*

TREATMENT OF ACNE BY X RAYS.—Ullmann (*Wien. klin. Woch.*, No. 8, 1901) reports a case of severe acne of the back in a patient aged 16, treated by the X rays. Fifty exposures of half an hour were given. After fifteen sittings the acne spots swelled, and there was diffuse erythema of the skin. Afterwards the acne spots shrunk, while the skin over them exfoliated.—*Brit. Med. Jour.*

## 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.

### *ERYNGIUM MARITIMUM* FOR PANCREATIC DIABETES.

In your July number, page 325, mention is made of the pancreas being affected in certain cases of diabetes. *Eryngium m.* might be tried in such cases. I have used it for many years in liver and gastric complaints. The patient dislikes fat of meat and cannot take it. *Eryngium* will certainly remove this dislike, and patient readily eats and becomes fond of fat of meat. This points to an action on the pancreas. *Eryngium* has been principally known anciently as an aphrodisiac, and undoubtedly it is a true one.—E. B. IVATTS.

### *TUSSILAGO FARFARA* (COLTSFOOT).

Is anything known of this in our practice for gonorrhœa? I once met with a mechanic whose mother made Coltsfoot Wine. This young man had suffered from gonorrhœa and said he was cured without any other medicine by drinking three wineglasses of this wine per day. I also saw a long time ago in a small American homeopathic journal a letter from a correspondent saying he had been cured of the same complaint with Coltsfoot tincture. I once gave it in a case and the man reported himself cured.—E. B. IVATTS.

*Tussilago* was proved by Demeures. No symptoms pointing to gonorrhœa were recorded. Hansen, however, gives as an indication: "Acute or chronic gonorrhœa, yellow or white, thick discharge."—ED. H.W.

### UNICORN ROOT.

In Hale's *New Remedies* is found *Helonias dioica*—False Unicorn Root. He also quotes *Aletris farinosa* as the False Unicorn. What is the botanical name of the True Unicorn, and does it grow in England, and is it known in homeopathic practice? If so please quote reference.—E. B. IVATTS.

The true Unicorn plant is *Martynia proboscidea* of the Pedaliaceæ, a branch of the Bignoniaceæ (*Treas. of Bot.*). *Aletris farinosa* (Hæmodoraceæ, of the Narcissal alliance), and *Helonias dioica* (also called *Chamæbirium luteum*, of the Melanthaceæ, a branch of the Liliaceæ) have both been called "False Unicorn Root"; *Aletris far.* being sometimes named "Unicorn Root," without the adjective.

All are American plants, *Martynia*, which is not used in homeopathy, being most abundant in the Southern States and Mexico. Millsbaugh's *American Medicinal Plants* gives the fullest account of them.—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.

Dr. RAMSBOTHAM, *Harrogate*.—Dr. Ramsbotham's address is Fairstead, Ripon Road, Harrogate. His consultation hours are from 11 to 1. Telegraphic address, "Dr. Ramsbotham, Harrogate." Telephone, "Harrogate 245."

Dr. GRANTHAM-HILL, late House Physician London Homeopathic Hospital, will commence practice on August 3rd inst., at 3, Airedale Villas, High Road, Chiswick.

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## VARIETIES.

OCHRONOSIS.—Albrecht demonstrated a pathological preparation of yellow cartilages taken from a patient suffering from ochronosis, of which five cases only are on record. Virchow is the first who seems to have named the disease in 1860, though it must have been observed long before that time. Every cartilage of the body, from the intervertebræ to the throat, ear, and nose were quite black. The covering of the joints and patellæ were rather grey. The aorta, which was atheromatous, as well as the mitral and endocardial papillæ were quite dark. The post-mortem disclosed a tuberculous condition of the lungs and bowel. The histological examination showed that the fibres and intercellular tissue were both deeply stained with a brownish yellow colour. A granular pigment was present in the atrophic tissue. The clinical interest was concentrated on the brown chocolate urine, which was quite black for four days—melanuria.—*Med. Press*, May 8th. Vienna Letter.

THE DILUTION OF MILK FOR INFANTS.—Bonifas (*Prog. Méd.*, February 24, 1900) protests against the dilution of cow's milk in bottle-fed infants, because (1) the dilution, *pari passu*, weakens the digestive functions; (2) the added water demands an increased water-absorption by the stomach, and thus leads to early fatigue of the organ, whilst at the same time it acts as an irritant to the gastric mucous membrane; (3) the increased volume of fluid necessary for adequate nutrition causes digestive disturbances, and leads to gastrointestinal dilatation and flatulence. Admitting that the best infant's food is the mother's milk, the writer holds that cow's milk approaches the relative composition of human milk very nearly, whilst the dilution of cow's milk tends not to approximate, but to entirely alter, its likeness to "mother's milk." To take one of the cases cited: A child, healthy at birth, was fed upon milk diluted with half water. The appetite was soon lost, and when two weeks old there was vomiting and diarrhœa. The stomach was distended, skin pale and leathery, abdomen tense, and body wasting. When 2½ months old, treatment was commenced. Two-thirds milk, one-third water was given. After two to three days three-fourths milk, and after four to

five days whole milk was ordered. A week afterwards the child became bright, contented, and slept well; there was no vomiting, and the feces were quite normal. A month later the abdominal distension had almost disappeared. From the day of birth cow's milk should be given undiluted, and increased in proportionate quantities as the child ages. By this means the constant crying, frequent vomiting, diarrhea, and wasting will be considerably minimised.—*Brit. Med. Jour.*

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

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

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

- Andrews** (O. W.). Handbook of Public Health Laboratory Work and Food Inspection. 8vo. (Baillière. Net, 7s. 6d.)
- Braithwaite** (James) and **Trevelyan** (E. F.). The Retrospect of Medicine. A Half-Yearly Journal, containing a Retrospective View of every Discovery and Practical Improvement in the Medical Sciences. Vol. 123. January–June, 1901. Cr. 8vo. (Simpkin. 6s. 6d.)
- Cheyne** (W. Watson) and **Burghard** (F. F.). A Manual of Surgical Treatment. In six parts. Part 5: The Treatment of the Surgical Affections of the Head, Face, Jaws, Lips, Larynx, and Trachea; and the Intrinsic Diseases of the Nose, Ear, and Larynx. By H. Lambert Luck. Roy. 8vo, pp. 492. (Longmans. 18s.)
- Encyclopædia Medica.** Under the general Editorship of Chalmers Watson. Vol. 8: Menstruation to Orbit. Imp. 8vo, pp. 574. (Churchill. Net, 20s.)
- Fenwick** (E. H.). Operative and In-operative Tumours of the Urinary Bladder. 8vo. (Churchill. 5s.)
- Haab** (O.). Atlas and Epitome of Ophthalmoscopy and Ophthalmoscopic Diagnosis. With 152 Coloured Lithographic Plates. Cr. 8vo. (Saunders. Net, 13s.)
- Hartridge** (Gustavus). The Ophthalmoscope. A Manual for Students. 4th ed. Cr. 8vo, pp. 168. (Churchill. 4s. 6d.)
- The Refraction of the Eye. A Manual for Students. 11th ed. Cr. 8vo, pp. 288. (Churchill. 6s.)
- Lahmann** (H.). Natural Hygiene; or, Healthy Blood the Essential Condition of Good Health, and how to attain it. A Treatise for Physicians and their Patients on the Predisposition to and Prevention of Disease. 2nd ed. 8vo, pp. 228. (Sonnenschein. Net, 4s. 6d.)
- Leach** (Harry). The Ship Captain's Medical Guide. Revised and enlarged by William Spooner. 13th ed. Cr. 8vo, pp. 206. (Simpkin. 2s.)
- Nash** (E. B.). Regional Leaders. Fcap. 8vo, full leather, pp. 282. (The Homeopathic Publishing Company. Net, 7s. 6d.)
- Power** (D'Arcy). An Atlas of Anatomy and Physiology of the Child. Imp. 8vo, bds. (Baillière. Net, 3s.)
- Tilley** (H.). Purulent Nasal Discharges, their Diagnosis and Treatment. Cr. 8vo. (H. K. Lewis. Net, 4s.)
- Timberg** (Richard). Home Exercises for Spinal Curvatures. Adapted from Ling's Swedish System of Medical Gymnastics. Cr. 8vo, pp. 72. (Simpkin. Net, 2s.)
- Walsham** (W. J.). The Treatment of Appendicitis. 12mo. (Baillière. Net, 2s.)

## TO CONTRIBUTORS AND CORRESPONDENTS.

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

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

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

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

## CORRESPONDENTS.

Dr. Lardinois, Brussels.—Dr. Cash Reed, Liverpool.—Dr. Dyce Brown, London.—Dr. Charkravarti, Calcutta.—Dr. Ussher, Wandsworth.—Dr. A. A. Beale, London.—Mr. F. Kopp, Greenwich, N.S.W.—Dr. Cooper, London.—Mr. Ivatts, London.

## BOOKS AND JOURNALS RECEIVED.

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

—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Jour.—H. J. of Obst.—Le Médecin Homeopathic.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Astrol. Mag.—The Moslem Chronicle.—Export Journal.—Hahn. Adv.—Rev. Hom. Français.—Regional Leaders. By E. B. Nash, M.D.—Guide to the Schlangenbad Waters. By Dr. Baumann.—The Government and Old Age Pensions. By F. D. Perritt.—Two Years' Work in the Gynæcological World. By L. H. H., Drs. Burford and Johnstone.—Rhineland. By Percy Lindley.—Vaccination in the Light of the Royal British Commission. By M. R. Leversøn.

## The Homeopathic World.

## CONTENTS OF JULY NUMBER.

## LEADING ARTICLE.

Diathetic Homeopathy.

## NEWS AND NOTES.

## ORIGINAL COMMUNICATIONS.

From the Front.—South Africa and its Remedies.

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

Diet. By Arthur A. Beale, M.B.

The Head and Throat Symptoms of *Baptisia tinctoria*. By Frederick Kopp, Greenwich, N.S.W.

Blood-Letting.

## SOCIETY'S MEETING.

British Homeopathic Society.

## INSTITUTION.

Cheltenham Homeopathic Dispensary.

## EXTRACTS.

More *Tuberculin* Cases. By Dr. Mau, of Kiel.

*Avena* and *Arnica* as Nervine Tonics. By Dr. Goullon.

Treatment by Cacodylate of Soda.

Treatment of Some Forms of Cancer by the X Rays.

Accidents and Diabetes.

Erythema Multiforme and Vaccination.

## REVIEWS.

ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

## NOTIFICATIONS.

## GENERAL CORRESPONDENCE.

## VARIETIES.

## MEDICAL AND SURGICAL WORKS.

## TO CONTRIBUTORS &amp; CORRESPONDENTS

THE  
HOMEOPATHIC WORLD.

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SEPTEMBER 2, 1901.

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A SCHOOL FOR PATIENTS.

It is generally supposed that when a patient has interviewed his doctor, paid his fee, and got his medicine, the transaction as between patient and doctor is at an end, and all obligations have been fulfilled on both sides. But in regard to scientific prescribing this is far from being the case. It is only true so far as the *material* obligations are concerned. In the penny-in-the-slot kind of prescribing which obtains in the Old School there are, perhaps, no other considerations worth mentioning. But in the case of a scientific homeopathic prescription, the prescriber, in addition to his fee, is entitled to be informed of the result.

When a doctor has taken the trouble to go into a patient's case and fit him with a constitutional remedy, prescribing the requisite number of doses and the frequency of repetition, the contract cannot be regarded as complete until the patient has let the doctor know the effect of the prescription.

But though some patients have by nature that nice sense of the fitness of things which makes them know this without being told, it is too much to expect the majority to understand it without a certain amount of schooling. And as the only schoolmaster available is the one who prescribes, it comes about that the doctor must teach his patients as well as treat them if he is to achieve the best possible results. For it will hardly be questioned that a practice which is held with a loose grip, however

large it may be, cannot be productive of brilliant therapeutic success.

In most cases it is the doctor who is most to blame. Patients are ready, as a rule, to take a reasonable view, but if the doctor has himself no clear notion of the task he is undertaking or the conditions necessary to success, it is not possible for him to make his patient understand. If he does not know whether a condition will require a month or a year to cure, and it turns out to be the latter, the patient will probably give up in despair before the doctor has had a chance to cure him. At other times the fault lies with the patient. There are some patients who fancy themselves to such an extent that they do not think a doctor can prescribe for them without their own assistance. Among these is the man whom we have all met who "never takes anything unless he is told what it is." This person fancies he is paying his doctor a compliment by taking the medicine prescribed. Now this is sheer ignorance on the part of the patient, and if it cannot be schooled out of him he should be left severely alone or handed over to the enemy. It means that the patient claims that his ignorance shall control the doctor's knowledge.

A great factor of the success of the older homeopaths lay in the fact that they did not reveal to their patients the name of the medicine they were taking; and the most successful prescribers have almost always adopted this rule. In point of fact the mental process of selecting the remedy is so delicate, that the consideration of what a patient might think of any given prescription is sufficient to disturb the balance and spoil the choice. It is all but impossible to carry out a long course of constitutional treatment on any other condition than that of the prescriber keeping the details of treatment in his own hands.

This is one of the great lessons which should be diligently taught in the School for Patients. There are a number of others of equal importance which we may refer to at some other time.

## NEWS AND NOTES.

## MOSQUITOES.

It seems not unlikely that Major Ross will be able to carry on his researches in reference to the malaria and mosquitoes without transplanting himself to the Campagna or the West Coast of Africa. Cases of mosquito bite have been exceedingly common in this country during the last few months, and it appears from the following (from the *Standard* of August 2nd) that they are no better off in Paris:—

“Every year the mosquito plague seems to increase in the French capital, and Professor Blanchard has again made a communication to the Academy of Medicine on that subject, especially concerning the possibility of the propagation of diseases by mosquitoes, and the means of combating those insects. He calls to mind the historical fact that certain towns and health resorts of antiquity had to be abandoned on account of the mosquitoes which had invaded them, and that at the present moment there are towns and regions which on that account suffer greatly in their commerce and extension. The complaints concerning the multiplication of those insects in Paris deserve the attention of the Medical Academy, especially as there is a question as to whether mosquitoes can transmit diseases. Professor Blanchard contends that no one could affirm it, because, till now, none of those insects of the *anopheles* species, which are considered as alone capable of doing so, have been found in Paris. The *anopheles* is a mosquito with large legs and extremely long wings.

“The Paris mosquito belongs to the *culex* species—that is to say, it is a common gnat. They cannot, however, be regarded as completely inoffensive, as they are capable of transmitting a parasitical disease, the *filarirose*, which, however, fortunately, does not exist in France. Professor Blanchard, nevertheless, thinks the Paris mosquitoes are capable of propagating leprosy. He gave to the Academy of Medicine several examples, to which Dr. Chantemesse added the relation of other facts he had noted at Constantinople, tending to prove that leprosy is, perhaps, only contagious during the night. However that may be, and admitting that the Paris mosquitoes do not constitute a danger for public health, they are at least most irritating, and their destruction is evidently desirable. Professor Blanchard contends that the larva of the mosquito can be destroyed by pouring petroleum on stagnant water. He thinks that the Academy should demand of the public powers, first, the publication of a pamphlet warning the public of the possible dangers connected with mosquitoes, and indicating the means of destroying them, and, secondly, the adoption of the necessary measures to destroy the mosquito larva in the water on the public places in Paris.”

It only needs the importation of a negro baby or two (negro babies are said to be particularly virulent) to set

malaria ablaze throughout the community. Perhaps Major Ross, who appears to be acting under the patronage of the Colonial Secretary, may be able to induce the Government and Mr. Jesse Collings to divert a little of the "low-flash" oil, to which they seem uncommonly partial, from the lamps of our slum populations to the breeding-places of *culex* and *anopheles*.

### MAJOR ROSS AT WORK.

THE following letter which appeared in the *Standard* of the same date shows the Major in active operation:—

"The following letter, giving details of the operations conducted by the sixth expedition of the Liverpool School of Tropical Medicine, under Major Ronald Ross, F.R.S., and Dr. Logan Taylor, has been received from Major Ross by the Honorary Secretary of the School:—

"GOVERNMENT HOUSE, FREETOWN, SIERRA LEONE,  
"July 19, 1901.

"MY DEAR MILNE,—I gave a lecture on mosquitoes yesterday. The Governor presided. There was a very large audience. His Excellency strongly supported and commended the object of the present expedition of the Liverpool School of Tropical Medicine. He said it was eminently a practical object. Unlike most scientific expeditions, which usually asked for large sums of money, the present one came already supported with large funds. He said that he would give every assistance in his power, and advise the people of Freetown to do the same, and added that the whole scientific world was watching with great interest the present important experiment of ridding Freetown of the pests which scientific men considered were the cause of so many diseases. At the end of the meeting Sir Samuel Lewis proposed a resolution, which was carried unanimously, offering, on behalf of the people of Freetown, every support to the Expedition. Mr. Blyden made a strong and witty speech in favour of the motion. The work is proceeding very rapidly. We have twenty-four men (twelve of these supplied by the Governor) constantly engaged in draining away Anopheles pools, and some of the most water-logged and pestiferous streets have already, after only ten days' work, been drained. Another gang of seven men with carts is constantly engaged in destroying mosquito larvæ in private houses, and in carrying away tin cans, broken bottles, old buckets, &c., in which they breed. They clear about forty houses daily, and carry about ten cartloads of old pots every day, of which about one-third formerly bred mosquitoes. I am reserving my full resources for clearing the drying streams at the end of the rains. Labour is sufficient for the present. To-morrow I start by the steam-ship *Jebba* for the Gold Coast, to arrange for a similar campaign there. Dr. Logan Taylor remains here. Health of both of us perfect.—Yours sincerely,

"(Signed) R. Ross."

### INSECTS AS FOOD.

IN the course of our lives we all swallow a large number of insects which contrive to get down our throats with our food or to fly into our mouths when we open our mouths sufficiently wide to receive them. In some forms, as in cheese, connoisseurs regard the presence of mites and jumpers as a distinct improvement; and we believe there are some tribes who even prefer to have their meat "lively" before they eat it. It is no small satisfaction to have it on scientific authority that insect diet may be at once light, nourishing, and tasty. A French entomologist, Dr. Dagin, says the *Medical Times* of New York, has achieved this distinction. Hitherto we have rather turned against boiled caterpillars with our cauliflower. A diet of caterpillars dished up by themselves would be quite a different thing.

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### DR. A. C. CLIFTON.

WE are glad to number among our contributors this month Dr. Clifton, of Northampton, to whose work on cancer we made allusion in our June issue. Dr. Clifton is one of the best observers British homeopathy has produced, and we think our readers will find his latest article bear the stamp of his best work. Some of his colleagues are aware that he has been for some time past making a brave fight with ill-health, and these will be glad to know that the latest accounts we have are more favourable both as regards the local and the general condition.

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### BRITISH HOMEOPATHIC CONGRESS.

WE may remind our readers of the announcement made last month that the British Homeopathic Congress meets this year at Liverpool, on Thursday, September 19th, at the Adelphi Hotel, Lime Street, Liverpool. Dr. George Clifton, of Leicester, is the president, and his address will be on "The New Century: the Increasing Purposes of the Medical Age."

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*THE DICTIONARY OF MATERIA MEDICA.*

THE subscription list of this work is now closed. The author's part of the work has reached its close, and as soon as the printing and proof-reading can be completed Vol. II. will be distributed to the subscribers. It will then be possible to estimate the total cost of the work, and the selling price will be fixed. This will be announced in our succeeding issue, and copies for review will be distributed to the Press.

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**ORIGINAL COMMUNICATIONS.**

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**THE WAR AGAINST CONSUMPTION.**

By R. E. DUDGEON, M.D.

THE British Congress on Tuberculosis has had its great meeting, attended by experts from abroad, who have given us the results of their experience and observations.

The first Address was delivered by Professor Robert Koch, of Berlin, who may justly be regarded as the greatest authority on the subject of tuberculosis, as it is he who is credited with the discovery of the bacillus so universally acknowledged to be the cause of tuberculosis, and more especially of that form of the malady called phthisis pulmonalis, or consumption of the lungs. At one time Dr. Koch's zeal took him rather too far, when he imagined he had discovered a cure for the disease in hypodermic injections of an elaborately prepared fluid made from cultures of the bacillus itself. This, as we all know now, was a disastrous mistake, and it is not even alluded to in Koch's address, so we may conclude that the once-famed injections of tuberculin are abandoned as a remedy for all forms of tuberculosis, though they do not yet seem to be discarded as a means of ascertaining the existence or non-existence of tuberculosis in cattle. In a subsequent speech Dr. Koch did indeed assert that tuberculin injections had some therapeutic value in early uncomplicated cases, but this is very different from the immense anti-tubercular virtues ascribed to them when first proposed.

Ever since the promulgation of Koch's discovery of the bacillus tuberculosis it has been asserted, and generally believed, that the bacillus found in connection with the tuberculous diseases of cattle was identical with that asserted to be the cause of tuberculosis in human beings; and as it was proved that the milk and butter obtained from tuberculous cattle and the flesh of these animals swarmed with these microbes, the most solemn warnings were authoritatively given against the employment as food of the milk and flesh of tuberculous cattle. The proposal was made, and to a certain extent carried out, that cows and oxen should be tested by injections of tuberculin, to which if they responded they should be slaughtered, and their carcasses burned or buried, but not employed as food.

But now comes the great Koch and assures us that we have been all wrong in supposing the bovine bacillus tuberculosis to be identical with that of man. He conducted a series of experiments, regardless of expense, as he was assisted by the co-operation of the Ministry of Agriculture, which provided him with the material. Here are some of his results:—

“A number of young cattle which had stood the tuberculin test, and might therefore be regarded as free from tuberculosis, were infected in various ways with pure cultures of tubercle bacilli taken from cases of human tuberculosis; some of them got the tuberculous sputum of consumptive patients direct. In some cases the tubercle bacilli or the sputum were injected under the skin, in others into the peritoneal cavity. in others into the jugular vein. Six animals were fed with tuberculous sputum almost daily for seven or eight months; four repeatedly inhaled great quantities of bacilli, which were distributed in water, and scattered with it in the form of spray. None of these cattle (there were nineteen of them) showed any symptoms of disease, and they gained considerably in weight. From six to eight months after the beginning of the experiments they were killed. In their internal organs not a trace of tuberculosis was found.”

A corresponding series of experiments was performed on cattle free from tuberculosis with tubercle bacilli that came from the lungs of an animal suffering from bovine tuberculosis. All the animals so treated speedily suffered and either died or were killed after one, two, or three months. Post-mortem examinations showed them to be all affected with tuberculous disease.

Having satisfactorily proved that cattle could not be

infected by human tubercle, Koch proceeded to examine the evidence for the infection of human beings by bovine tuberculosis, and though he could not practise experimental investigations on human beings like those he had done on cattle, he examines the evidence, and comes to the conclusion that "if such susceptibility really exists, the infection of human beings is but a very rare occurrence. . . . I therefore do not deem it advisable to take any measures against it."

This from the great high priest of tuberculosis and the tubercle bacillus must have been a terrible blow to those who for many years have been curdling our blood and making our flesh creep with their incessant warnings against the dangers incurred by the community from drinking unsterilised milk and eating the flesh of tuberculous cattle. How many infants have been rendered seriously ill by being fed, by the advice of the doctor, on boiled milk, which their delicate stomachs could not digest! If Dr. Koch's views are correct—and there is no reason to doubt this—it follows that there is no risk whatever in drinking unboiled milk fresh from the cow, even should its source be a tuberculous animal, nor is there any danger to be apprehended from eating the flesh of tuberculous cattle. Indeed, the experiment of feeding whole communities on this flesh has been tried on a large scale, and has demonstrated the perfect wholesomeness of such flesh. Thus we read: "The authorities of Würzburg authorised, under the control of Professor Reubold and Veterinary Dr. Hoecker, the sale of the meat of tuberculous cattle to the inhabitants of certain localities, who were made to consume it themselves and in their families. These people, who were under medical inspection, consumed the suspected meat in all forms—boiled, roasted, in sausages, and even raw. It was their chief food for weeks at a time. At the end of a year (1867 to 1868) examination showed that the results were *entirely negative*. As a consequence of this experience, tuberculous meat was supplied throughout the country to the poor. After fifteen years, an inquiry made into the morbidity and mortality of the families fed on the meat showed that from 1860 to 1882 out of 130 persons, 11 had died, and in none of these could the death be attributed to tuberculosis" (Jousset, *La Tuberculose*, p. 58).

The facts regarding the innocuousness of the flesh of tuberculous cattle have been known many years, and now Koch has shown that the tubercle bacillus of cattle is essentially different from that of human beings and incapable of infecting the latter, so that cow's milk, though swarming with the bovine bacillus tuberculosis, can do no harm to infant or adult man. But this testimony of the great tubercle expert was received with much hesitation and even incredulity by the other member of the Congress. Dr. Brouardel, the eminent Parisian expert, simply ignored Koch's statements on the subject, and sheltering himself behind the "great hygienist, Sir R. Thorne Thorne," ascribed the increase of the mortality of infants from tuberculosis to their ingestion of "contaminated milk"—that is to say, milk containing bovine tubercle bacilli. As the scare about the bacilli-infected milk has led to the increased precautions against such contamination introduced into dairies and the general adoption of the sterilisation of milk by boiling and pasteurisation during the last decade or two, it seems rather strange that the increased mortality from tuberculosis among infants, amounting, according to Sir R. Thorne Thorne, to 27 per cent., should be ascribed to the milk, in spite of all the latter-day hygienic precautions taken to render it purer and freer from bovine impurities. Lord Lister, who had formerly constituted himself the champion of Koch's so-called discoveries, especially with regard to the disastrous injections of tuberculin for the cure of tuberculosis, while admitting that Koch's experiments had proved that cattle could not be infected with human tuberculosis, said that "the evidence on which Koch relied as showing that bovine tubercle could not be transmitted to men, did not seem at all conclusive." Professors Nocard, Bang, and Sims Woodhead followed in the same strain, and deprecated the cessation of the precautions against contaminated milk, and the Congress passed a resolution "that medical officers of health should in no way relax their efforts to stop the spread of tuberculosis by means of milk and meat." Of course, it could hardly be expected that gentlemen who had up till that moment been inveighing against the use of tubercle-infected milk and meat should all at once, at the bidding of even the great tubercle magician Koch, acknowledge that precautions against

bovine bacilli were useless, so they advised the retention of the precautions which in their secret hearts they knew to be superfluous. But they discreetly left the resolution to be proposed by Sir H. Maxwell and seconded by Lord Spencer, so that, hereafter, when the whole world becomes convinced of the harmlessness to men of bovine bacilli, they may triumphantly declare that it was not doctors but laymen who proposed the retention of the useless precautions against an imaginary danger. We doctors all claim to be infallible, except, perhaps, the very oldest of us, so it would never do to admit we are ever wrong. If appearances are sometimes against us, we are skilful to find a mode of extricating ourselves without a stain upon our character for omniscient infallibility. Thus, when the faculty had to abandon blood-letting in inflammatory diseases, which had hitherto been their "sheet anchor," as they loved to call it—not because Hahnemann and his followers had shown them that these diseases were more successfully treated without abstraction of blood, but because their patients refused to be bled and threatened to transfer themselves and their fees to the homeopaths, who cured inflammation much better without bleeding—the faculty was quite equal to the occasion, and invented an explanation of their change of face, which saved their claim for infallibility and enhanced their reputation for diagnostic skill. Inflammatory diseases, they alleged, up to about the middle of last century, were of such a sthenic or ardent character that they demanded blood-letting, so the doctors were right to bleed. After that period (accidentally coincident with the spread of homeopathic practice and with the refusal of patients to be bled) inflammations suddenly changed their type and became asthenic and debile, counter-indicating blood-letting and demanding stimulants and tonics. And so the patient world, who are ever ready to take doctors at their own valuation, cheerfully accepted the explanation, as it saved them from what they most dreaded—the loss of their blood and the infliction of the tortures of blisters, setons, and other painful and debilitating measures.

The ingenuity of the faculty will doubtless hit upon some analogous explanation, compatible with their pretensions to infallibility, for their abandonment of the precautions hitherto insisted on for eliminating the dreaded bovine tubercle bacillus from milk and meat.

It was evident from the proceedings and discussions at the Congress, especially at the meeting of July 24th, that the majority of the members were very unwilling to abandon the idea that tuberculosis could be conveyed to human beings by the milk and meat of tuberculous cattle. Evidently the chief experts were too deeply committed to the opposite view to allow that Koch was right. So they sneered at Koch, and insisted on the dangerous character of milk from tuberculous cows, and proposed the most stringent measures to secure milk absolutely free from the dreaded bacillus, such as constant inspection of dairies, the application of the so-called tuberculin test to all cattle, and the wholesale slaughter of all beasts who responded to this test, such as had been effected on the late Queen's herd of thirty-six valuable cows. There were not wanting members who denied the conclusiveness of the tuberculin test, such as Mr. Bowen Jones, who "referred to the numerous cases in which cows reacted to the test, shown subsequently to be non-tuberculous;" and Dr. McWeeney "had seen two cases which proved to be tuberculous after having failed to respond." It is curious that the tuberculin used to test cattle with is, according to Koch, "made from tubercle bacilli of human origin," and yet, according to the same authority, cattle are not susceptible of infection by bacilli of human origin! The explanation given by Koch is too vague to be satisfactory. Here it is, *valeat quantum*: "The reaction was produced in both man and cattle, and although the two bacilli were different, they produced a common 'group' reaction," whatever that may mean. I remember quoting the experiments of a certain doctor who had inoculated with tuberculin a whole lot of infants, on whom no effect whatever was produced! Lord Lister made a feeble attempt to vindicate the consumption-giving power of the bovine bacilli by suggesting that they might be transformed into human bacilli. The transformation of innocuous into pathogenic microbes is a favourite idea with bacteriologists, but it is merely a hypothesis unsupported by any satisfactory evidence, and Lord Lister's suggestion of the transformation of bovine into human bacilli is unworthy of serious consideration, as it is completely refuted by Koch's experiments.

The very modern opinion that consumption is a contagious and not a hereditary disease was conspicuous in

the Congress. To my mind the older opinion that consumption is an eminently hereditary disease is too firmly established by facts to allow me to abandon it at the dictum of any modern expert. Every physician and many non-medical observers are familiar with cases of families who show a hereditary phthisical taint, where one member after another have fallen victims to consumption in spite of all care taken to ensure the most perfect sanitary conditions that wealth and affection could command. We have seen the fell disease transmitted through several generations, notwithstanding all hygienic precautions.

At the Congress hardly any mention was made of hereditary tuberculosis. Phthisis was universally held to be derived from Koch's bacillus (though the best authorities state that the bacillus is only found after the disease is somewhat advanced), and the general opinion was that if we could prevent the access of this bacillus to the lungs, phthisis would cease throughout the land. Apart from the communication of the bacillus by means of the milk and meat of tuberculous cattle, which, after Koch's experiments, must be considered an impossible source of the disease, the principal if not the sole agent in the production of phthisis was held to be the sputum of phthisical patients which swarmed with tubercle bacilli. In Koch's words, "The only main source of the infection of tuberculosis is the sputum of consumptive patients." The mode of the access of the bacillus was briefly this: The sputum ejected on streets, floors of houses, railway carriages, public rooms, &c., dried, and was converted into dust; this dust, containing the living bacillus, was raised by wind and draughts of air into the atmosphere and inhaled into the lungs by healthy persons, and there produced the disease. The poor who live packed together in small ill-ventilated rooms and in other unhygienic conditions were peculiarly exposed to the attacks of these pathogenic microbes; but as consumption is not unknown among those who enjoy the best sanitary environment, it is the dust of the general atmosphere laden with the tubercle bacilli derived from the dried and pulverised sputum ejected by phthisical patients in the street and other places of public resort which infects them. In every case it is the bacillus, and that alone, which can and does infect. This conviction of the Congress was expressed in the first resolution moved

by the distinguished dermatologist, Mr. Malcolm Morris, and passed unanimously: "Tuberculous sputum is the main agent for the conveyance of the virus of tuberculosis from man to man. Indiscriminate spitting should be suppressed." I do not know by what compromise "bacillus" was replaced by "virus" in this curious resolution. Possibly some members, believing in the contagious nature of phthisis, were not yet quite converted to its microbial origin, so they insisted on *virus* rather than *bacillus*, and this substitution the bacteriologists would not object to, as most of them believe that it is not the actual microbe, but a toxin or virus it secretes (though having no organs it is not clear how it can have any secretions) which is the real morbid agent. The sputum being the medium for the conveyance and dissemination of the venomous bacilli or virus, and hence the cause of phthisis, if we could prevent phthisical subjects spitting in public resorts, we should prevent others taking phthisis. This seems to be Professor Brouardel's opinion. He says: "The danger is in the sputum, which contains thousands of the contagious germs. To expectorate on the ground is a disgusting and dangerous habit. Once the habit has quite disappeared tuberculosis will decrease rapidly." And so the resolution; "Indiscriminate spitting should be suppressed." What is meant by "indiscriminate spitting" we are not told, nor how it is to be suppressed. "In America," Dr. Brouardel tells us, "this habit is against the law," and he says that for a first offence there is a fine, for a second imprisonment. "In Sydney," he says, "a fine of £1 is imposed on persons for spitting in the streets." The Congress might have recommended the Sydney plan, which would no doubt have met with the full approbation of the Chancellor of the Exchequer, who might thereby be enabled to replenish his exhausted treasury and pay off the expenses of the deplorable Boer War.

"Do not spit to waste your spittle,  
Else you soon may have too little,"

used to be a nursery precept, but the needy Chancellor would alter that to—

"Spit whene'er occasion offers,  
The fines will fill my empty coffers."

A former Chancellor of the Exchequer boasted that the British people had drunk the cost of the Abyssinian War. If the spit fine on the Sydney scale is enforced our present Chancellor might be able to boast that the British people had spat the cost of the Boer War. But as it is only the sputum of consumptives that contains the dangerous germs, one does not see why persons who are not consumptive should be deprived of the pleasure of spitting when so inclined. To fine the whole community for spitting when only a few can do any harm by spitting is of a piece with the legislation which compelled us to muzzle all healthy and good-tempered dogs because a few had rabies and might bite.

The Congress, having unanimously decided that phthysical sputum "indiscriminately" distributed is the cause of phthisis, next passed a unanimous resolution, proposed by Dr. Woodhead and seconded by Sir William Broadbent, "That all hospitals and dispensaries should supply every phthysical patient with a pocket-spittoon." I doubt if the dispensary patient would use it. If pretty, he would probably put it on his chimney-piece as an ornament, if ugly, he would most likely give it to his wife to keep her needles and thread and buttons in, and go on spitting at large as usual. It is easy enough to get patients in hospitals to make use of spittoons; the best and simplest are paper spittoons, such as are used in the Edinburgh Infirmary, which can be burned with their contents; but as many phthysical patients have to continue at work as long as they are able, it would be difficult, if not impossible, to get them to use the most handy pocket-spittoon, or to prevent them expectorating on the ground. Ladies' trailing dresses were denounced by Dr. Knopf and others as being insanitary. But it appears to me that the fashionable skirt sweeping along the pavement is eminently sanitary. By it our pavements are cleansed of phthical sputum and of much other dirt, and thereby rendered sanitary. To be sure, the long-skirted lady does not improve the sanitary condition of her own dwelling by bringing into it the filth she has collected during her walk, but, with the self-sacrificing humanity of her sex, while she risks her own health she benefits the community and obeys the injunction: *Salus populi suprema lex esto*. Many ladies, to be sure, hold up their skirts

while walking, but this the Congress might have deprecated, as it is ungraceful, deprives the wearer of the proper use of one hand, besides preventing her from contributing to the sanitary condition of the street.

The one point which seemed to command the universal assent of the Congress was that consumption is a contagious malady, and that it is only communicated from one person to another by means of the microbes infesting tuberculous patients. The older doctrine of the hereditary nature of the disease was hardly alluded to, and then only to be scouted as false and out of date. But is the newer and up-to-date doctrine of the contagious nature of tuberculosis true? Not necessarily because it is held by the great majority of the profession. I have not been engaged for more than threescore years in the practice of medicine without witnessing the rise and fall of numerous medical theories and modes of practice. They were promulgated by some more or less eminent men, hailed for awhile as incontrovertible truth, and, after enjoying an immense but transient popularity, were inevitably consigned to the limbo of oblivion, to be succeeded by some equally popular and equally evanescent theories and practices. Brown's doctrine of the sthenic and asthenic nature of all diseases, with its corresponding practice of stimulants and depressants, was hardly extinct when I began my medical studies. Cullen's rival doctrine of spasm was only still held by a few of his ancient disciples. The theories and practices of Broussais, Bouillaud, Andral, Alison, Tod, and many others were hailed with enthusiasm, and, after enjoying an ephemeral renown, were relegated to the dust-bin of discarded fallacies. The medical profession is the most credulous of learned bodies. Some of the members of this very Congress furnished conspicuous examples of the rise and fall of medical fads. It is not so very long ago since Lord Lister's spray took the whole surgical world by storm, and in Germany surgeons were even prosecuted and fined for refusing to employ it; but after a time its noble author confessed that he was ashamed of ever having proposed it. The hero of this very Congress, Professor Koch, is "damned to everlasting fame" by his disastrous invention of tuberculin injections for the cure of tuberculosis, which, vouched for by our medical peer, created for a while a furore of enthusiasm throughout the civilised world, until expe-

rience showed that the injections killed but did not cure.

Bacteriology is the latest medical fad. It still holds the field, and though it begins to show some symptoms of its inevitable doom, it will be hard to kill, as it has unfortunately obtained possession of chairs and professorships in all our medical schools, the occupants of which will make a determined effort to maintain their position as the exponents of the only true pathology. *Beati possidentes!* But there are not wanting signs in the medical world that the reign of the microbe is threatened. Doctors are beginning to ask, What advantage to medical treatment has resulted from all this fuss about microscopical fungi? Has it enabled us to cure better than before? Has it not, with its antitoxin and its war against hypothetical pathogenic bacteria, inflicted a serious blow on the study of rational therapeutics, and does it not tend to discourage the cultivation of real pathology? Is there any certainty about the deductions and observations of the bacteriological experts? This Congress gives us specimens of bacteriological uncertainty. Thus Koch and others declare that the sputum of consumptives, swarming with bacilli, ejected on to the floor or the street dries and is converted into dust, which dust, with its dried but living bacilli, being mingled with the atmospheric air is inhaled into the lungs of healthy persons and thus gives them consumption. On the other hand, Professor Brouardel says that the phthisical sputum, "thrown into dry and well-lighted surroundings, exposed to the rays of the sun, will soon lose all its dangerous properties; but if it remains in damp and dark surroundings it will maintain its activity for a long time." Other experts have told us over and over again that as long as the bacilli remain moist they cannot be raised in the atmosphere, and consequently cannot be inhaled. Another conspicuous instance of the disagreement among bacteriological cognoscenti is afforded by Koch's declaration that bovine tubercle bacilli are quite different from the human species, and incapable of affecting man. Dr. Marsden said by this assertion "Dr. Koch had thrown a bomb in their midst"; and no doubt this was true—figuratively, of course, I mean—for most of the speakers had come primed with the idea that bovine and human tubercle bacilli were identical, and most of them were full of

schemes to prevent the access of bovine bacilli in milk and meat. Such being the differences and contradictions among the very elect, is it too much to hope that ere long the contagious or sputum origin of consumption will pass away and be forgotten? Is there any evidence whatever that this so-called bacillus tuberculosis ever gave any healthy person phthisis? In other words, has it ever been satisfactorily proved that phthisis is communicable from "man to man," as the resolution of the Congress says, or, as we may say, from one person to another? As for experiments with guinea-pigs, the favourite subjects of physiological researchers, they are not convincing, as these animals get ill and die from many things that do not affect man. They seem to be equally sensitive to bovine and human tubercle bacilli. It is difficult to understand why bacteriologists are so fond of experimenting on guinea-pigs, and inferring from what they see occurs in them how things would act on man. Perhaps the name suggests to a doctor a sort of family relationship with his patients, who are a kind of guinea-pig to the doctor, or he to them. But seriously, the guinea-pig is so different anatomically and physiologically from man, that it is utterly unsuited to such researches. There is absolutely no evidence to show the communication of phthisis from one person to another. Were phthisis contagious, as asserted and believed by all the Congress, surely we should see frequent instances of this contagion in the married state. But it is extremely rare. Dr. Jousset gives, from his own experience during fifty years' practice, 134 cases of phthisis among married couples. In 77 cases the wives were affected with and died of phthisis, while the husbands remained unaffected. In 51 cases the husbands died of phthisis, while the wives remained healthy. In the remaining 6 cases both husband and wife died of phthisis, but in 3 of these cases the partner secondarily attacked had a hereditary predisposition to phthisis, one or both parents having died of tuberculosis. It is not proved that in the remaining 3 cases it was infection from the phthisical spouse which caused the disease in the other partner. So we may say that there is absolutely no satisfactory proof of phthisis being communicated by conjugal cohabitation. Professor Knopf, of New York, the same who denounced long skirts as insanitary, said that

“infection from kissing was not unknown.” Kissing, I am told, is pretty generally practised by married couples; were it apt to communicate phthisis, surely the statistics of matrimony would reveal a larger percentage of the disease being communicated to the healthy partner by the phthisical spouse. I do not think smart ladies and amorous couples will care a button for Dr. Knopf and his denunciation of long skirts and kissing. Were consumption a contagious disease we should surely find it attacking the medical attendants and nurses of consumption hospitals and sanatoria. But all authorities report that those in the service of these establishments are singularly free from the disease, though they may be said to live in an atmosphere charged with hosts of the dreaded bacillus. That a number of persons living in the same insanitary conditions of overcrowding, insufficient and often unwholesome food, dirt, squalor, and dissipation should fall victims to phthisis does not prove that they infected one another; their unhygienic environment is sufficient to account for their falling a prey to the disease. When the disease attacks any person, caused either by unwholesome surroundings or hereditary taint, there are always plenty of bacilli about which find their congenial soil in the diseased lungs and scrofulous glands where they can increase and multiply according to their nature. That phthisis and other tuberculous maladies swarm with bacilli is no proof that the bacilli cause the disease. As well allege that the mites and mould of cheese cause the decay of the cheese. They are not found and probably could not exist in fresh cheese, but as their germs are everywhere about they settle on the cheese when its disease or decay provides them with an appropriate soil. The idea seems to be gaining ground, even among bacteriologists, that it is not the bacteria that cause the disease, but only the congenial diseased soil that attracts the bacteria; that the bacteria cannot find sustenance in a healthy tissue, because it affords no medium in which they can live. No doubt the bacteria, by their extreme fecundity, have a share in the destruction of the tissues they invade, but if they were capable of multiplication in healthy tissues, once present they would continue until they had destroyed the whole body, and bacterial diseases would be incurable diseases. But even consumption is curable in almost all stages by appropriate hygienic con-

ditions, plenty of fresh, pure air, and even by medicines. By these means the diseased structures are rendered healthy, therefore an unsuitable soil for the bacteria, so it is not by destroying the bacteria but by depriving them of their appropriate pabulum that the bacteria disappear. Grancher says: "Tuberculosis is the most easily cured of chronic diseases." This may be rather too favourable a way of expressing it, but every physician knows that cases of phthisis have been cured in almost every stage of the disease. Many diseases of the most contagious character, such as scarlatina, measles, mumps, whooping-cough, small-pox, rabies, have no specific bacteria, and it is highly probable that the contagious virus of bacterial diseases is quite independent of bacteria, though it may be that their bacteria are capable of conveying the infection virus, like the fomites of non-bacterial contagious diseases.

The establishment of sanatoria for consumptives, where the patients could obtain all the hygienic influences required for the cure of their disease, occupied the attention of the Congress. But it is evident that sanatoria, even on a very extensive scale, could reach but a small proportion of the consumptives. Few patients in the earlier stages of the disease, where these establishments would be most useful, would submit to the lengthened confinement required for their successful treatment. Many consumptives are quite able to go about and carry on their business, so as to contribute to the support of their families, and they could not afford to remain idle for the months and even years required for their treatment in sanatoria. So that these institutions would be only available for the few who had plenty of leisure and had none dependent on their labour. The mortality in England from phthisis in adults has diminished during the last fifty years by 45 per cent., owing to the improvements effected in the housing and sanitary conditions of the population. As these sanitary conditions still leave much to be desired, it is absolutely certain that a still greater reduction in the mortality from phthisis will ensue from continued improvement in this direction. It is to the improved sanitary conditions of the community, and not to precautions against innocuous milk and beef, and supplying patients with pocket-spittoons, that we must look for a diminution of the mortality from phthisis.

It has recently been shown by a French physician, that the enormous increase of alcohol consumption in France, owing to the legislation that allows every one to manufacture as much alcohol as he likes without paying any excise duty (see Debove on *Alcoholism* in *H. W.*, March, 1899), has been attended by a corresponding increase of consumption, so we may add alcoholism to the exciting causes of phthisis, and the spread of temperance to the preventive measures. As Dr. Brouardel said in his Address: "Alcoholism is the most potent factor in propagating tuberculosis."

On the whole, it cannot be said that the great international Congress on Tuberculosis has done or even suggested much for the extirpation of the disease. Their views about the dangers of sputum and the advisability of establishing sanatoria were already well known, and there were no new hints given as to how the dangers were to be guarded against or the sanatoria established. The first address, that by Dr. Koch, contained the only novel and useful thing in the whole meeting, and that was but a negative affair. I allude to his demonstration of the non-identity of the bovine and human tubercle bacillus, and the uselessness of taking precautions against the access of the cattle bacillus to the human body. Those who have hitherto been racked by anxiety lest they themselves or their families should get consumption from tuberculous milk or beef, and, by the advice of their doctors generally, have taken immense pains to keep these necessary articles of food free from the supposed dangerous bacillus, will now be delighted to learn that they may drink their milk unboiled and eat their beef cooked ever so lightly, as they used to do a few years back, before the bacillus scare was invented. We can readily forgive Koch for his grand tuberculin fiasco, if he succeeds in persuading people that there is no fear of catching consumption from their food. The downfall of the sputum delusion will assuredly soon follow, and pocket-spittoons will join Lister's spray-machines into the lumber-room of useless inventions.

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## THE CANCER DIATHESIS.

By A. C. CLIFTON.

IN the June number of THE HOMEOPATHIC WORLD an allusion was made to something which I had written on "The Cancerous Diathesis."

As that occurred twenty-three years ago, I have recently reviewed what I then said, in order to see how far it corresponds with my subsequent experience.

My remarks were contained in a paper entitled, "On the Antecedent Symptoms (Constitutional or Diathetic) to Local Cancerous Deposits," which paper I read before the British Homeopathic Society, of which I was a member, and have continued to be until the present time. I cannot here repeat in detail the several points of my arguments, nor in fact do more than present the bare lines of it. That *little*, however, seems needful by way of comparison with what I shall have to say in regard to my subsequent experience.

Should any one desire to know more in that respect, I must refer them to the *British Journal of Homeopathy* of December, 1877, the whole set of which Journals every homeopathic practitioner *ought* to possess. Should any one not be so fortunate, he may see the volume in question at the library of the Society at the London Homeopathic Hospital.

My object on that occasion was neither to *prove* nor *attempt to prove* anything with regard to cancer, but rather to submit some evidence bearing upon it, from twenty-three cases of that nature that had come under my observation, and to advance some support to the following propositions:—

*First.* That there was such a condition of the body as a Cancerous Diathesis, and one in which hereditariness was much more frequent than pathologists generally admitted.

*Secondly.* That this state of ill-health often existed for some time prior to the appearance of any local cancerous deposit—the symptoms of which I therefore spoke of as "Antecedent Symptoms."

*Thirdly.* That as some of those symptoms would by many minds be considered too trivial for notice, and as other symptoms were common to forms of disease amounting often only to what might appear functional

derangement of the stomach, liver, kidneys, and other internal organs — those symptoms were but seldom thought to indicate a cancerous state. *My view*, on the contrary, is that the symptoms are sufficient to indicate, or at least to suggest, the nature of the case.

With regard to the hereditariness of cancer, out of the twenty-three cases that I brought forward, and not picked cases, there was distinct evidence in seventeen of a cancerous ancestry, in three cases there was some evidence of what might or might not have been cancer in their ancestors, and in three others I could find no evidence of it.

With regard to Cancerous Diathesis in relation to “Antecedent Symptoms”—out of the whole number there were but two patients who had not suffered in that respect, in varying degrees, for several years before the appearance of any cancerous tumour, and for some time before cancer was so much as suspected by myself and other physicians as having anything to do with their ill-health.

I then briefly described the antecedent symptoms of three of the patients, largely typical of the rest. The most pronounced and constant symptom was chronic constipation—sometimes for half a lifetime—(which I unfortunately omitted to state existed in at least three-fourths of the cases), and, associated more or less with that, an irregular appetite, flatulence in stomach and intestines, but no alteration in the size of the liver nor symptoms of jaundice; in fact, the whole amounted to little more than what is called atonic dyspepsia, and by no means diagnostic of cancerous cachexia. The remarkable feature, however, and what I laid stress upon, was, that no medicine that I or any one else prescribed afforded more than the merest temporary relief; *ergo*, that in cases with similar symptoms and similar results from medicines you may suspect a cancerous diathesis, and should treat the case *accordingly*, and not merely for constipation, dyspepsia, and such like conditions.

The treatment of local cancerous deposit, and the cachexia coincident with it, I said but little about, beyond mentioning a few medicines from which I had seen the greatest good, such, for instance, as *Hydrastis*. I also particularised *Galium aparinense*, *Arsenicum*, *Sanguinaria*, *Phytolacca*, and a few others.

As for my subsequent experience in relation to cancer, here I am in a difficulty, and can give no clear, circumstantial, and certain account of it—for although I have no doubt that I treated from one to two hundred cases of cancer in twenty years subsequently, and kept notes of each case, I have unfortunately neglected to classify and arrange the materials, and am not, and probably never will be, able to do it.

Nevertheless, I can do nearly as well by presenting my remembrance of the chief points, from the fact that I took great interest in the subject, loved nothing better than to get a case that was consigned to surgery, trace its antecedents and ramifications, and occasionally to restore the patient to health by medicines—hence the main points were burnt into my mind, never to be quite erased.

Comparing my former experience with my later, there is but little if any difference in relation to diathesis, hereditariness, or antecedent symptoms. One point, however, was brought out more fully—that when cancerous local deposit became evident, the previous general ill-health of the patient was very much modified and was better. One other point: Patients who had not suffered from chronic constipation previous to the external manifestation of cancer, but on the contrary had suffered from persistent semi-diarrhea for years, these cases as a rule went to the bad infinitely sooner than others.

*Treatment of "Antecedent Symptoms."* In the later period I found *Sulphur* 3 to 30, *Graphites*, *Lachesis*, and *Hydrastis* do the most good. When cancer was quite evident—local deposit, in the form of tumour, &c.—*Hydrastis*, *Chelidonium*, *Arsenicum*, *Hepar sulph.*, *Silicia* I found the most efficacious, and the dilutions 1x to 6x of the three first of these—in fact of all—acted better than more material doses, or more attenuated doses. The pain of cancerous tumours was relieved by *Cundurango* more than by other drugs.

When I read my paper at the British Homeopathic Society I was sorry that, although a discussion took place upon it, no one so much as attempted to controvert my arguments. That not being the case, I hoped that in the course of time some one would examine my evidence and show how far it was true and worthy of consideration.

Up to the present time I am not aware that this has been done, but should it be thought worthy there are

plenty of opportunities at the London and other homeopathic hospitals. For this, however, to be effectual it will require more than cursory questionings of patients with regard to their ancestry or their antecedent health, for patients are very chary of speaking the whole truth on those points.

In this respect the country doctor has a great advantage over the metropolitan, as he is largely acquainted with the family history, and can learn more about it. It is, moreover, surprising the extent that patients will go not to admit any previous ill-health. Often, indeed, have I heard such replies as the following: "Yes, I have had fairly good health; only been delicate, like my mother, and take a little opening medicine." "No, I've had nothing the matter with me, except confined in my bowels, like most folk—which Epsom Salts or Larwell's Pills made right." One man, a farm labourer, suffering from cancer of the liver, said, "No, I've never wanted a doctor, but, like all my family, have been always bound in my body; that's nothing, for I cured it with Parr's Pills once a week or a good drunk once a week, and I think the last was the best."

Amongst the upper classes very many would not single out one or two symptoms—such as constipation or indigestion—but say they felt better with a rhubarb pill frequently.

In this matter I contend it is quite justifiable to put leading questions to get at the facts.

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## CANCER OF BREAST.

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

No excuse is needed for entering upon a consideration of the treatment of this fearful scourge, and the task to which I set myself is to make the inquiry absolutely independent of all previous researches or of the opinions of ancient or modern authorities, and dependent only upon the phenomena presented by the disease to the practitioner while being treated.

Cancer in the breast differs markedly from cancer of other parts in not being so unmistakably acted upon immediately remedies are exhibited.

I have stated,\* and wish to emphasise, that of all forms of chronic disease, there are none that can be so easily acted upon by internal remedies as the cancers, taking the chronic forms of malignant disease as a group.

Cancer of the breast, in its various forms, is no exception to this, save so far as the action of remedial agents upon it is not so demonstrable, and not so plainly evident as it is upon the cancers of other parts.

But—and this is the important point—the action is none the less real, none the less satisfactory, only the proof of the action requires a longer interval for purposes of demonstration. Cancer of the breast is necessarily a sluggish affection, and treated with simple homeopathic remedies its progress is so slow that under the best of circumstances it is difficult to prove what part the remedy has played in the arrest of the disease. This is particularly the case when repeated doses are being given. But when unit or arborivital doses are given, it is very easy to convince the patient, although it is not nearly so easy to show to the onlooker as it is in other forms of cancer, that a beneficial influence is being wrought.

To make my meaning clearer, for it is a point upon which I have been much misunderstood, let us suppose two cases—one of cancer of the breast and one of cancer of the stomach, or œsophagus—and suppose that upon each patient's tongue the indicated unit dose is deposited. In nineteen cases out of twenty some sort of local disturbance, greater or less according to the actual amount of disease present, will be set up within a week in the gastric case, while in ninety-nine cases out of a hundred no disturbing effect will ensue in the breast case; or if disturbance does take place it will be in parts of the body that are distant from the breast, and therefore the disturbance is not so obviously, as in the gastric case, the result of the remedy acting upon the disease. In other words, the result, though evident, is not demonstrable; it is, in fact, subjectively evident but objectively questionable.

Cancer of the breast is essentially a sluggish disease compared with cancer in other parts of the body. This may be due to the fact that breast-cancer owes its origin to marrow infection, and that long before the breast is involved the disease has been insidiously developing

\* *Cancer and Cancer Symptoms*, Marten, 67, Wigmore Street, London.

within the interior of the component parts of the osseous skeleton.

This probably is why the actual mass of disease deposited in the breast is often very deceptive as an indication of the extent of the disease present.

In no part of the body can it be said that the progress of cancer is in any sense definite or determinable, but in most parts a few months, weeks, or even days of observation are often sufficient to enable us to estimate the probable progress and duration of the case; whereas in breast-cancer it may be years before a really definite termination can be said to be within measurable distance. One point is fairly definite in regard to breast-cancer, and that is its duration *after* operation.

According to Erichsen, art. "Diseases of the Breast," *Science and Art of Surgery*, vol. ii. p. 496, 6th ed. (Longmans, London, 1872): "As to the question whether as a general rule life may not be prolonged by the performance of the operation (of extirpation of breast), it would appear, if the statistics collected by Leroy D'Etoilles are accurate, that hitherto it has not been so. Walshe comes to the conclusion that the operation cannot, as a general rule, be regarded as a means of prolonging life, but that in the majority of cases death is hastened by such interference. Sir A. Cooper and Sir B. Brodie both agree that in most cases the disease returns in two or three years after the operation, and this kills the patient."

Other trustworthy statistics give it that half the patients operated on for cancer of the breast are dead in two years; three-fourths in three years.

Dr. J. E. Simpson, of London, gives it, as recently as 1899,\* that of 90 cases where the breast was excised, 70 were alive after one year, 49 after two years, 33 after three years, 14 after five years, 8 after six years, 4 after seven years, 3 after eight years, and 1 after eleven years.

Of 455 cases collected by Gross, in which patients were traced after the operation, 47, or about 10 per cent., had passed the period of three years; and Butlin, from an analysis of 311 cases, came to a similar conclusion (Erichsen's *Science and Art of Surgery*, vol. ii., 10th ed. 1895).

It would be still more interesting to know the duration

\* *After-history, Excision of Entire Breast (Lancet, July, 1899).*

of breast-cancer that is not operated on. According to Paget, of 113 cases, 66 were not submitted to operation, and of these the average duration of life was little more than forty-eight months. Of 47 operated on, the corresponding average was little more than forty-nine months.\*

Thus it is evident the treatment of breast-cancer by the *laissez-faire* method, as well as by operation, is wholly unsatisfactory.

The true way to improve the treatment of breast-cancer is to study each case and to single it out as a special and independent inquiry.

The inquiry should have for its object the making of useful observations upon the disease, regard being had to its duration and the effect of remedies upon it.

CASE I.—Miss P., aged 50, climaxis two and a half years ago. Case condemned to operation. First seen January 9, 1899. Bad infantile history, pleurisy, pneumonia, bronchitis, &c. Always subject to bilious headaches. Five years ago these got much worse, and left breast then began to be sore.

Hard, scirrhus nodule round upper border of nipple, half an inch by half an inch, and inflammatory hardness below nipple; breasts degenerated, large axillary gland tender left side; severe smartings with shooting, darting pains locally.

The patient looked very unhealthy, and her breath was most offensive—it regularly stank. The opinion I expressed was that the case was a very bad one, as patient was in a most unhealthy state, as was evidenced by her breath and the inflammatory tendency in the local lesion.

It is difficult to apportion the effects of individual remedies on this case. The first dose was *Ruta grav.*  $\phi A$ , which seemed to lessen the shooting pains, but towards April the places began discharging with a widespread inflammatory condition of the surrounding skin and a swollen state of the arm.

I must pass over the fortnightly reports and come to the close of her career. On July 17, 1900, complained of being heavy and drowsy, was bilious, and had headache over right eye; constant aching in the arm, caused by its swollen condition, with aching in the bones of the chest and round the heart. The local lesion had not spread. *Laurocer.*  $\phi A$  was given.

\* Erichsen's *Surgery, ut supra.*

On the 8th of August she called on me before the holidays, and complained of feeling headachy and giddy, and was hardly able to walk straight; hand less swollen but more powerless, and a place had broken out under arm; she trembled very much and was troubled with palpitation of the heart.

With it all, however, she had hardly ever any cancer pains—stabbings or shootings—and she looked very well. Still, a settled melancholy had seized upon her, and she insisted upon the impossibility of her living till the end of the month. There was no use in contradicting her, as she was so determined about it; and I contented myself with simply giving her a dose—*Atrop. bell. φA.*

Here comes the interest of the case. On my return to town (September 7th) word was brought that the patient was drifting into a silly and semi-paralysed condition, and that the swelling of the arm had gone down, though the breath was most offensive. *Laburnum φA.*

From this time the patient fell into a kind of trance, eating and sleeping well to her end on October 14th, and quite unable to recognise any one, and in an absolutely painless state.

This certainly was a termination as unlike what might have been expected in a case like hers as could be, and though I cannot attribute the result to any one remedy, I do consider the *method* by which the remedies were given—in unit or arborivital doses—had a great deal to say to the painless condition in which she ended her days.

The duration of the case from the commencement of treatment was short, but a severe influenza in the February previous to her disease undoubtedly contributed to this.

CASE II.—A. S., æt. 40. Seen March 29, 1898. Hard tumour adherent to rib in left breast, upper segment, with swollen axillaries; four years ago nature declared undiagnosable; yesterday at St. Bartholomew's Hospital pronounced a very bad cancer, and that immediate operation was imperative, as it has lately been showing much activity. Shooting, cutting pains in breast, especially when bringing up flatus, with which she is much troubled. Menses too free; bowels, regular; sleep, restless; urine, normal.

I hesitated about treating this case, as the local appearances pointed to a rapid development. On this being explained to patient, she in spite of it elected to

try my treatment, which began with *Ferr. pic.* 3x, one drop in three doses every day.

April 6th : Pain goes down to the finger-tips ; sleeping better ; flatus less ; shooting less.

The *Ferr. pic.* evidently acted beneficially, and I then gave *Nerium olean.*  $\phi A$ , to be followed up in a week by *Ferr. pic.* 3x as above.

April 20th. Two hours after the dose of *Ner. olean.*, had great pain locally and in the ends of the fingers and toes, as from a galvanic shock, and as if the toe and finger-nails were being hammered and then pulled back. There have not been any of the old shooting pains.

When she began the *Ferr. pic.* she woke up the following night with a feeling of apparent rage, for she felt as if she were about to cut her head off. The menses came on a week too soon, but with less loss, and not as before, in fitful flow.

After this the case progressed very smoothly, the induration in the breast remained quiescent until in March of this year (1901) it seemed to get larger, and she complained of sharp pains, as of electric shocks, in different parts of the body, her gums and tongue felt swollen, and her head also felt swollen, while her sleep became restless.

A dose of *Lachesis* 200 was then given (March 15, 1901), and on April 12th returned to say she had kept well till four or five days back, when all strength and energy seemed to ooze out of her fingers-tips, and the place became angry with pain in it, she also felt as if stabbed with electric pains in the fingers and toes. The induration had increased slightly in size, and over the circumference of a shilling the skin was adherent and had assumed a red, angry appearance.

For these symptoms I gave *Rhododendron*  $\phi A$ , and on April 27th she came to say that directly after the dose she felt frightfully prostrate with a feeling as if she didn't care to eat or do anything, though the electric pains in the toes and the stabbings in the part were much better ; felt as if she had been ill for months. To go without medicine.

May 11th. Stabbings still ; feels very weak ; menses too free ; burning sensation inside the stomach ; no energy. The place looked angry, and I certainly considered her progress very unfavourable.

In all cancer cases, however, we must expect, to use an Irish expression, to meet with sufficient "to put the life across in" not alone in the patient but in the doctor as well, and the sooner both agree to keep their lives standing up the better!

At this juncture, guided by the slight burning in the stomach, I gave *Gaultheria recumbens*  $\phi A$ , and with absolute improvement in all respects; burning in the stomach went; strength returned; induration looked much less angry and seemed smaller.

The patient is still under treatment, and meantime it is something that a case that in March, 1898, had been condemned beyond all question as requiring operation imperatively, has, up to the present (July, 1901), enjoyed very fair health, and been able to maintain herself by hard work.

CASE III.—Mrs. G., *æt.* 76. Date of coming, September 14, 1899. Right breast removed last December in the Middlesex Hospital.

The case is a pitiable one; both shoulders and the right arm are studded with cancerous nodules, and the parietes of the chest on all sides of the cicatrix are infiltrated, the deltoids of both arms are hard and apparently infiltrated also, and she complains of prickings and shootings all down her back, as well as in right shoulders and round the scars of the operation. Has much sinking, worse before and after meals, in the chest, and her spirits are very low; worse on dull days.

Nothing could look more hopeless than this case, and except that remedies might temporarily alleviate, I had no hope of doing her any permanent good. *Helleb. nig.*  $\phi A$  was given.

September 28th. Easier for three or four days and felt brighter. *Helleb.-fæt.*  $\phi A$ .

October 12th. Not so well again; pains at back and chest much greater; soreness about the right arm; spirits very low, but for a day or two after dose were better; had a bad cough that caused a dragging about the arm. *Galium aperine*  $\phi A$ .

October 26th. Much cold and cough; spirits and appetite bad. *Helleb. vir.*  $\phi A$ .

November 9th. Much cough dragging on breast; pains across back and chest "flying to breath" and causing flushings and weak feelings. Prickings and shootings much better. *Laurocer.*  $\phi A$ .

January 25, 1900. Getting on very well, but gets little sleep; dull aching about chest. *Conium mac.* φA.

March 16th. Sinking less; was feeling much better till took cold; appetite better. *Helleb. nig.* φA.

April 5th, 1900. Cough constant. *Conium mac.* φA.

From this time I heard nothing of the patient, and considered that her case was one in which, though medicines had done much to relieve, the disease had probably got the better of treatment, and that a fatal termination had probably taken place.

In April of this year (1901), however, a lady happened to mention Mrs. G.'s name, and astonished me by saying the old lady was not alone alive, but had recently volunteered to help in the removal of heavy household furniture.

Naturally I experienced a desire to see her, and found (June 6, 1901) her wonderfully well and strong. She still had aching pains in the chest and back, with dyspnea, and above the *left* scapula a decided nodule of cancer existed, but in other parts it was impossible to detect any cancerous growth. Except that she had had some attacks of bronchitis in the winter, she had had a very smooth time of it. Not bad for an old lady of 78, who in September, 1899, was rapidly hurrying into her grave.

(To be continued.)

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## MATERIA MEDICA MISCELLANY.

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

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*The Pains of Lathyrus Sativus.*—An exhaustive study of *Lathyrus* appears in a recent number of the *Berliner Zeitschrift*, from the pen of Dr. Schier, of Mayence. The following are the pain symptoms of the remedy: Burning in the tip of the tongue; pain in back; pains suddenly appearing in the back and as suddenly disappearing; pain between the shoulder-blades in bed; pains along the spinal cord; short stitches occurred in one prover several times on the ulnar side of the fourth finger mornings, and especially afternoons; pains in the knees; the third toe of the right foot pained for a short time as if pressed in a vice; short pains often repeated on the outer border of the

dorsal surface of the left foot, lasting about four minutes. While most of the symptoms of the drug are motor, these pains may lead to its closer correspondence in certain cases. It is a drug which is the nearest simillimum to spastic paraplegia that we have.—*Med. Cent.*

*Iris Versicolor in Constipation.*—Dr. Claude studied the action of this remedy clinically in constipation, and arrived at the determination of the dose which should be employed. Only in the 12th and 30th dilutions did he find that it cured constipation, and this might have been foreseen since large doses produce a constant purgative effect, and the laws of pharmacodynamics teach us that all medicines have an opposite effect when given in large and small doses, and that *Iris* causing constipation must do it in small doses, hence small doses are required to cure the same.—*Ibid.*

[We have seen chronic constipation greatly improved under action of *Iris* 2x given for bilious attacks.]

*Anacardium in Hysteria.*—Dr. H. V. Halbert reports an interesting case of a woman of 30, who was supposed to be paralysed because she could not or would not talk, and because she also had peculiar interparoxysmal states of crying and apparent catalepsy. The symptoms date from a shock a month or so previously. From that moment she stopped talking, acted strangely and suffered from these occasional peculiar attacks.

After some persistent effort he succeeded, during the examination, in making her protrude the tongue, which satisfied him that it was not paralysed; then he elicited a few monosyllables from her showing that speech was possible, and found that there was a complete hemianesthesia which settled the diagnosis as hysteria. From the fact that the mental excitement was extreme, that she had fits of anger constantly, during which she would fight, bite, and swear, he concluded that *Anacardium* would be the remedy. It was given in the third decimal potency, and one month later he noted "that she is able and willing to talk, her mind is much at ease, she walks and acts more naturally, and above all, her temper is more serene."—*Clinique.*

*Bryonia in Hyperchlorhydria.*—Dr. Halbert calls attention to the use of *Bryonia* in this affection, instancing a case in which pronounced improvement occurred under *Bry.* 3x six times a day.

The chief symptoms in the case were the excessive appetite, particularly for meats, the desire for large quantities of water, which do not always satisfy, the sour and bitter eructations, the pain in the epigastrium, the extreme flatus, attended with griping and colicky pains, and above all, the tendency to melancholia. These will be recognised as characteristic features both of *Bryonia* and hyperchlorhydria, and they should serve to call our attention to this remedy, which is often neglected in such cases.—*Ibid.*

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## CASES I HAVE COME ACROSS.

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

### II. *PULSATILLA NIGRICANS* IN OTORRHEA.

THE importance of *Pulsatilla nigricans* as a remedy in the treatment of otorrhea is illustrated by the following case:—

Towards the middle of January, in the year 1890, I was called upon to see a boy (aged 11) who had been suffering for some time from a discharge from both of his ears. This discharge was yellowish in colour, and very offensive; in fact so much so that he was sent home from school. An aching pain in both ears was also another symptom. The parents informed me that the discharge came on after a cold contracted whilst bathing in salt water. I at once diagnosed the case to be one of otorrhea, and, considering cleanliness to be of the first importance, I advised the child's ears to be cleansed night and morning with warm water. I also administered a few doses of *Aconitum* 1x (one drop every four hours), for a few days, which relieved the pain considerably, and then prescribed the following: *Pulsatilla nigricans* 2x, two drops every four hours. After the child had taken the *Pulsatilla* for a few days I was gratified to notice that the discharge was less abundant, of a lighter colour, and not so offensive. The child under the action of the medicine continued to improve, and at the end of a fortnight the discharge had ceased entirely. I ordered the *Pulsatilla* to be continued, a dose twice a day for another week, so as to guard against a relapse. A few days later I received a letter from the father of the child,

which bore testimony to the efficacy of *Pulsatilla* in the treatment of otorrhea, especially when that complaint is the result of a cold, as it was in this case.

The cure proved to be permanent, as over five years have now elapsed without any further return of the complaint.

Two important points will suggest themselves to the reader on reading this case: (1) the affinity of *Pulsatilla* for the affection as being of a *catarrhal* nature, and (2) the *permanent* character of the cure as effected by homeopathic means. The *promptness* of the cure must also not be lost sight of, as, although the discharge had existed for several weeks, it was nevertheless cured within a fortnight after the first dose of *Pulsatilla* had been administered.

*Pulsatilla nigricans* is undoubtedly often strongly indicated in catarrhal complaints, especially in catarrhal affections of the eyes (both acute and chronic) and of the ears and catarrhal diarrhea. Many cases coming under this heading have been reported as having been cured by the drug in the past. Not only acute cases, but also those of long standing, have been speedily benefited, and eventually cured by its potent power in dealing with these complaints. In the case above quoted one advantage in the treatment adopted must be borne in mind, as it is a most important one. Like all diseases treated homeopathically, there was no drugging with powerful drugs, and therefore, as a natural result, there were no after-affects.

(To be continued.)

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TO CURE INSOMNIA.—A very simple method of inducing sleep in cases of persistent insomnia, and one that has succeeded where many drugs have failed, is: Simply administer a moderate amount of liquid food before the patient goes to bed. This diverts the blood from the brain to the abdominal organs, and takes away the cerebral excitement that precludes sleep.—*Med. Times*.

CHRONIC DIARRHEA CURED BY NUX VOM. 3.—A woman, 60 years of age, had suffered for five months from chronic diarrhea, unsuccessfully treated allopathically during this period. The evacuations were thin, mixed with blood, accompanied by severe pains, and frequent but fruitless urging to stool. The diarrhea awakened her every morning at four o'clock. She was entirely cured by *Nux vomica* 3, three drops three times a day.—*Hom. Monatsblätter*, December, 1900.—*Hahn. Month*, February, 1901.

## EXTRACTS.

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### NOVEL DIETETICS—INSECTS AS FOOD.

A FRENCH entomologist, M. Dagin, recommends insects as an article of food. He speaks with authority, having not only read through the whole literature of insect eating, but having himself tasted several hundreds of species raw, boiled, fried, broiled, roasted and hashed. He has even eaten spiders. However, he does not recommend them, but this may be prejudice on his part. He states two objections to spiders: they are not insects, and they live on animal food.

### COCKROACHES ARE A FOUNDATION FOR A DELICIOUS SOUP.

M. Dagin follows the recipe given by Senator Testelin in a speech delivered in the Senate on February 12, 1878: "Pound your cockroaches in a mortar; put in a sieve, and pour in boiling water or beef stock." Connoisseurs prefer this to real bisque. M. Wilfrid de Fonville, the French scientist, prefers the cockroaches in the larval state. The perfect insect may be shelled and eaten like a shrimp; that way, Dr. Gastier, member of the National Assembly of 1848, used to eat them.

### CATERPILLARS ARE A LIGHT FOOD OF EASY DIGESTION.

Not only African and American native races, but Frenchmen appreciate them. M. de Lalande, astronomer, had dinner every Sunday with the zoölogist, Quatremère D'Isjonvalle. Madame D'Isjonville, who knew his taste, collected in the afternoon all the caterpillars she could find in her garden and served them on a plate to her guest. The most popular insect food is the locust. It is eaten fried, dried in the sun, ground in flour, broiled (among the Bedouins), boiled in milk (a Morocco recipe), or fried and served with rice as in Madagascar. The Jesuit Father Cambon thinks that locust flour might become popular in Europe as a condiment. Travellers' opinions on locusts differ. Amicis finds they taste like shrimps; Niebuhr, like sardines; Livingstone, like caviare. —*Medical Times*, August, 1901.

### HEPAR SULPHURIS.

SOME years ago, writes Dr. J. M. Selfridge, in the *Pacific Coast Journal of Homeopathy*, I was treating a case of pyelitis so pronounced by one of the best allopathic physicians in San Francisco, whose prescription was extirpation of the kidney. After treating the case for a few days, during which time I selected remedies that seemed to be indicated, I was led by the following symptom to prescribe the remedy that cured: Although the patient was in bed, well covered with good, warm blankets, she said, "Doctor, I feel as if the wind were blowing on my legs." This was a purely subjective symptom, which, so far as I could determine, bore no relation to the pathological condition, and yet the indicated remedy, in the 200th potency, cured the case.

This same symptom led me to select the remedy which cured a case of asthma of long standing, which had resisted remedies selected by myself and the late Dr. Hering, of Philadelphia.

On a warm day in summer I noticed the lady was wrapped in a warm shawl. When I inquired the reason she remarked that she felt as if the wind were blowing between her shoulders. "How long have you noticed that symptom?" was my question. "Oh, for a long time, but did not think it worth mentioning." Thus it is many times the best efforts of the physician are thwarted by the patient not mentioning peculiar symptoms which are thought unimportant. The remedy which cured both these cases was *Hepar sulphur* 200.—*Med. Cent.*

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"OH! THESE DOCTORS, THEY ARE WORSE  
THAN THEOLOGIAN!"\*

IT must have been a very striking manifestation that could draw this cry from Huxley, who was bred a doctor himself, and was an upholder of vaccination and vivisection. It is given but to few to trace every phenomenon up to first principles and then to apply these principles all round. Huxley, in another place, speaks with scorn of those misguided people, who would rather rot of preventable diseases, than be made healthy by Act of Parliament.

\* From *Personal Rights*, July 15, 1901.

Yet, in the department of theology, he says, with equal scorn, that Germany and Holland are the only countries where a professor of theology can say what he believes to be the truth, without endangering his livelihood. Then again, in his own department of science, the shifty habit of mind and special pleading which are the natural results of endowing any form of belief, wrung from him the exclamation which I have taken as my text. One branch of genuine study has no more tendency than another to make a man honest or dishonest. But when once a particular set of opinions is endowed and officially stamped as orthodox, two results are sure to follow. First, since there is a natural love of power in every human being, and it is sweet to be able to bully, men are led to use the might that numbers, association, or connection with the State give them to force others to conform. This tendency is increased by the natural wish for the spread of what they believe to be truth, the wish to see an immediate result of our labours, and the mistaken idea that compulsion is the royal road to success. Secondly, the professor of an established creed is under great pressure, when a new and inconvenient fact comes to light, to shape the fact so that it will fit into his creed, instead of altering his creed to fit the fact. Hence comes a habit of mind, no doubt often unsuspected by the possessor, very unfavourable to truth and to any real advance of knowledge. Only those whose studies have led them into such fields have any idea of how, in defence of the Contagious Diseases Acts or of vaccination, or of what they take to be Christian dogma, persons otherwise of the highest honour will mutilate or suppress facts, manipulate figures, add to or take from documents, take the merest assumptions for premisses, take for granted that absence of disproof of a proposition is proof of it, and generally act in a way that they would be the first to condemn in any field where they were disinterested lookers on.

The Individualist position in this matter is, therefore, a very simple and reasonable one. Recognising certain tendencies in human nature, and knowing that it is substantially the same in all ages and countries, Individualists seek, in apportioning the various duties and offices in society, to expose as few men as possible to temptations which, if yielded to, would work harm to

the community. In fact, the Individualist applies to public matters the same common-sense methods that he would follow in his private business. No prudent father, if he knew that his son had a tendency to give way to drink, would place him in a wine merchant's office. So if, as Huxley recognised, doctors, or theologians, or any other class or calling, are liable to have their judgment warped by *esprit de corps*, the natural inference would seem to be that we should not give such men power over their fellows.

In the matter of women, as members of public bodies, Huxley took a very common-sense view. "Women are more naturally economical than men, and have none of our false shame about looking after pence. Moreover, they don't job for any but their lovers, husbands, or children; so that we know the worst." Since honesty and a capacity for finance are two of the most important qualifications for sitting on a public body, it seems not unwise to welcome a class remarkable for such attributes.

HENRY WILSON.

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#### CASE OF SNAKE-BITE.\*

A SCHOOLBOY, aged fourteen years, picnicking in Surrey on April 23rd, was bitten in the thumb by a common adder which he had caught and intended to take home.

A friend who was present immediately sucked the wound, drawing blood, and probably some poison. The boy stated that he felt as if he had been stung by a nettle, and that the flesh round the wound rose up in a hard white lump. In twenty minutes from the bite he felt sick and cold, with severe pain like cramp in the stomach, quivering of the knees, and felt that he must kneel down. He was driven home, about eight miles, but has no recollection of the drive.

I saw him about two hours and a half after the accident, by which time he was very collapsed, with a small rapid pulse, and sweating profusely, constantly vomiting bilious fluid, and crying out with severe cramps in the stomach and great pain in the hand and forearm. I gave him a hypodermic injection of strychnine gr.  $\frac{1}{100}$ , and morphine acet. gr.  $\frac{1}{6}$ , and ordered him Valentine's meat juice with soda water, and locally hot fomentations to the hand and

\* From *British Medical Journal*, July 20, 1901.

forearm, which were both swollen. When I saw him three hours later he was much easier, and the vomiting had ceased.

On the following day the whole hand was very swollen and brawny, and presented a remarkable appearance, being covered (on both dorsal and palmar surface) with large blebs, one of which was as large as half-a-crown. The forearm and arm were swollen to twice the normal size, and very tense and shining, but there were no blisters above the wrist. The axillary glands were very tender, and he could not bear the slightest movement. His general condition was now good; there was no vomiting and his temperature was 99°F. I punctured the blebs, and ordered very hot arm baths of chinosol—1 in 2,400—every hour, the forearm to be enveloped in antiseptic wool in the intervals.

On April 25th I was sent for early by the father, who said that the swelling had extended over the chest and into the neck, and that there was difficulty in swallowing. I found that the swelling had extended to the root of the neck, quite obliterating the outline of the clavicle. The whole arm was more swollen and the axillary glands more tender. There was a fresh crop of blebs on the hand, which were punctured. The boy was in great pain, but his general condition was good, and the difficulty in swallowing had passed off. At this time I was rather inclined to make free incisions in the whole arm, but decided to wait and trust to the arm baths to reduce the cellulitis. He was given a saline, which operated well.

On April 26th the general swelling was much less, there were more blebs on the hand. The clavicular outline was now visible. The swelling had not extended further over the chest, and its margin was raised and pink, mottled with small blisters, like the margin of erysipelas. There was much less pain, and he could raise the forearm.

On April 27th the blush had faded, and the swelling rapidly decreased. The only treatment now required was the removal of sloughs, the whole skin of the hand being eventually thrown off as slough.

By April 30th the patient was well, and able to use his hand, though there was still some stiffness in the fingers and elbow. There was no suppuration throughout.

Westerham.

J. RONALDSON RUSSELL.

## A SUCCESSFUL CASE OF THE SERUM TREATMENT OF TETANUS.

J. M., aged 35, a gardener, wounded his thumb with a potting-stick, to which soil adhered, on August 29, 1900. The first symptoms of tetanus appeared on September 4th. He was first seen by me on the morning of September 6th. Antitetanus serum was injected as follows: On September 6th, late at night, 30 c.cm. of Pasteur's serum; on the 8th 30 c.cm.; on the 11th 10 c.cm.; and on the 18th 20 c.cm., giving a total 90 c.cm. of serum. I prescribed full doses of *Chloral* to obtain sleep, and kept his bowels freely open with rectal injections of *Magnesium sulphate*.

The case was a well-marked one. The serum injections were followed by a gradual subsidence of the muscular rigidity and spasms. The last injection was almost at once followed by pyrexia, and a copious rose rash over the whole surface of the body, both of which disappeared on the following day. The serum was obtained from Burroughs, Wellcome & Co.—*Brit. Med. Jour.*, Feb. 9th.

ARTHUR E. LYSTER, M.R.C.S., L.S.A.

Great Baddow, Chelmsford.

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## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

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\* \* \* 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.

An American M.D. says: "I am satisfied that the yeast used in making bread provokes, as well as predisposes to, a very large number of diseases, and to none, not even excluding colic, more than in the production of cancers." May I ask if it has been noticed that persons who eat aerated bread are exceptionally free from cancerous growths? Also whether yeast has been proved?—FERRUM.

[We know of no proving of yeast, nor of any comparative observations on eaters of aerated and of non-aerated bread. Yeast has a reputation in popular medicine as a remedy for boils, and also for diphtheria. Both are characterised by the presence of living ferments.—Ed. H. W.]

## NOTIFICATION.

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\* \* 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. DUDGEON has removed to 22, CARLTON HILL, ST. JOHN'S WOOD, N.W. This is now his only address. He is at home from 12 to 2.

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## GENERAL CORRESPONDENCE.

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### “MENTAL OBSESSIONS.”

To the Editor of THE HOMEOPATHIC WORLD.

DEAR MR. EDITOR,—You ask your readers to send you the *Simillima* for these “fixed ideas.” I am not sure that I can give the *Simillima* of those particular cases taken from the *British Medical Journal*, which is somewhat mixed by hair-splitting between the etiology of the cases, whether having their origin in the emotional or the intellectual spheres. To the homeopathist it matters little or nothing in which sphere they originate so long as he can spot the *Simillimum* to each case. Fixed ideas are, in fact, the same as monomanias, and come under the term “delusions,” chiefly of the imagination. I give you the following, all of which have occurred in my practice as a homeopathic physician during the last twenty-six years:—

1. Once when alone and another time when in consultation with the late distinguished homeopathic physician, Dr. J. C. Burnett, a Miss B., of B., Cheshire, dreaded the presence of a *knife* on her plate at breakfast. She ordered it away, as *she felt horribly inclined to cut her throat with it*, at the same time *abhorring the fixed idea*. On two occasions at long intervals this case was cured almost *instantly* by *Alumina c.m.* (F.C.). The correspondence is to be found in Hahnemann's proving of *Alumina*: “As soon as she sees blood or a *knife*, she has horrid thoughts of killing herself, although she abhors the idea of doing so” (Jahr's *Symptomen Codex*, vol. i. p. 40).

## 2. FEAR OF BEING PURSUED.

A young gentleman, about 18 years of age, had been for some time afflicted as follows: He would leave his mother's house for a constitutional walk between meals in broad daylight. He would hardly get two or three miles from home, when he would suddenly imagine that some one was in pursuit of him. He would wheel round and make for home as fast as his legs could carry him. He told me that "if any one tried to stop him—a policeman, for instance—he would simply floor him." As soon as he entered his mother's house he was himself again. This case was cured by one dose of *Anacardium Orientale*, 10m. (F.C.). For corresponding pathogenesis, see Hahnemann's proving in *Symptomen Codex*, vol. i. p. 92: "Anxiety when walking, as if some one were pursuing him; he suspected everything around him."

## 3. DREAD OF SEEING SPECTRES.

His father asked S.H. to go upstairs to his room and bring down a book. It was then 7 p.m. in the month of November. "Excuse me, father, I would rather not." "Why? You are surely not afraid in the dark?" "That's not it, father; but I am sure that as soon as I open my bedroom door I am certain to see a spectre behind it." This was always the case with him for some months. *Sepia* 50m. (F.C.) cured him in a single dose. I am aware that *Sepia* has no dread of ghosts or spectres, although it has dreams of the same. It was certainly not a case of delirium tremens. I gave him *Sepia* because it covered *the totality of the young man's symptoms*. He had been an onanist, and was now suffering from the bad effects. It did him a world of good, as it made a new man of him, and put an end to his dread of seeing ghosts or spectres *of an evening* in the dark. *Sepia* is now in my repertories, "Dread of seeing spectres of an evening in the dark." Also 1. *Ars.*, *Puls.*, *Sulph*; 2. *Acon.*, *Carbo v.*, *Rhus*; 3. *Cocc.*, *Phos.*, *Stram.*, *Zn*.

## 4. DREAD OF HAVING RUINED ONE SHE OUGHT TO LOVE.

This corresponds to *Sulphur*. I have had several cases cured by *Sulphur*, the keynote being: "She imagines she is giving wrong things to people, causing their

death" (*Symptomen Codex*, vol. ii. p. 895). Mrs. —, Liverpool, had given oranges and apples to children in the streets, and she could not sleep for several nights, as she felt sure that one or more of them would choke and die by trying to swallow too large a piece at a time. Talking her out of it was impossible. Mrs. — has a boy—an only child—and she is certain that she has ruined it for life by not carrying out the physician's orders—a manifest delusion, as the son is quite well, though not robust.

#### 5. DREAD OF HAVING TO KILL THOSE WE LOVE (two cases).

The Rev. —, who resides in one of the eastern counties of England, had an only son, about ten years of age; the mother of the boy, a sweet woman who was simply adored by her husband. I had cured her of an utero-ovarian complaint. The husband had little or no faith in homeopathy until I cured his wife.

"Dr. S., I am suffering from a terrible mental affliction. I have prayed to be relieved of it, but it seems hopeless. Possibly my prayers have led me to you for relief." I really have no fault to find with my boy. He is all that I could wish in a son, but I have almost constantly a desire to give him a terrible flogging, and I dare not walk with him along the cliffs on the coast, as I feel a terrible morbid impulse to throw him over the cliff. Suppose I did so, I should have no alternative but to confess my crime, which would scarcely be believed. Can you do anything for me?" I cured him entirely with a few doses of *Nux v.* c.m. (F.C.) at intervals of a week. "The desire to kill loved ones, the impulse being deplored," will be found under *Nux v.* and *Merc. v.* I have cured cases with both.

The following is remarkable:—

The wife of a butler in a family which I attended when practising in Liverpool and before leaving for London, was so unmanageable that the butler was afraid of losing an excellent situation by the conduct of his wife. He, therefore, asked his mistress if he might employ Dr. S. I saw his wife—a very nice-looking young woman about thirty years of age. She had lost one or two children, which loss seemed to have unsettled her mind. Her milk was bad, and the children were far from sound. I was informed by the landlady of the lodgings that the

butler's wife was "a perfect demon." She was a very pleasant-looking demon, but when I asked her if she loved him she said, "Yes, I do; I mean to go for him some night!" and she showed me a knife, and she said, "I have this knife always under my pillow, and when he sleeps with me I tell him plainly that I have got the knife under my pillow, but it seems to have no other effect than a lullaby, as he goes off to sleep and snores."—It is the last thing I should do! *Nux* and *Mercurius* high did her much good; but as I left Liverpool soon after beginning the case, I know nothing more of it. The keynote in this case is, "An insane desire, when alone with her husband, whom she adores, to kill him."

Dear Mr. Editor, I shall this day week be off for a long holiday. When I return in October I may give you a few more of the same.

Yours faithfully and fraternally,

THOS. SKINNER, M.D.

6, York Place, London, W.

August 5, 1901.

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### TUBERCULIN.

To the Editor of THE HOMEOPATHIC WORLD.

DEAR SIR,—Your letter asking Dr. Nebel whether the *Tuberculin* he used was Koch's or not, and his answer to you, necessitates my writing. Dr. Nebel is in error in saying that in Germany no other preparation but Koch's is known by the name of *Tuberculin*. Numbers of doctors in Germany write to my chemists (Heath & Co.) for my *Tuberculin*; and although this preparation made by me was used by Dr. Burnett under the name of *Bacillinum*, it is only fair to myself to say that until I told Dr. Hughes about twelve months ago (who was referred to me by Dr. Burnett) how it was made, neither Dr. Burnett or any one else knew from what it was made, or how made.

In THE HOMEOPATHIC WORLD of last month (July) cases treated by Dr. Mau, of Kiel, with my *Tuberculin* were published under that heading.

I am, dear sir, yours faithfully,

E. A. HEATH, M.D.

114, Ebury Street, Eaton Square, S.W.

August 14, 1901.

## VARIETIES.

**THUJA CURES A SINGLE WART.**—This remedy, given internally, is generally less effective against single warts than when a crop is present. Dr. Hawkes relates a case, however, where a large wart on the left cheek shrank and finally disappeared in less than three weeks under such treatment.—*Pacific Coast Journ. of Hom.—J. B. H. S.*

**ALOE IN PROLAPSUS RECTI.**—In a paper on this trouble, presented to the Paris International Congress, Dr. Spalding says that when occurring in young children, and where no other cause can be found than weakness of the parts, *Aloe 3x* has proved in his hands almost a specific.—*N. A. Journ. of Hom.—J. B. H. S.*

**POTATOES IN DIABETES MELLITUS.**—A Mosse (*Klin. Therap. Woch.*, October 7, 1900) answers the mooted question as to whether potatoes should have a place in the dietary of the diabetic in the affirmative, and cites two cases in which the wisdom of such addition to the fare was evidenced by a prompt decrease in the amount of sugar excreted in the urine. The potatoes should be given to the amount of from two to three pounds daily, as a substitute for the whole or a part of the bread allowed. The cases which seemed to respond best to such management are those of medium intensity and of the arthritic type.—*Med. Times.*

**ASCARIS AND APPENDICITIS.**—Genser showed a few round worms, *Ascaris lumbricoides*, taken from a child, æt. 5, who had been operated on for appendicitis. The worms, 30 centimetres long (11·2 inches), were taken from the wound twenty-three days after the operation. The patient had suffered from severe peritonitis for two days before admission, with all the phenomena of appendicitis. Two days later the abdomen was opened and the thick gangrenous appendix removed. In the resected portion a large stone was found firmly impacted. Eighteen days later the wound was almost whole. On the twenty-third day a strong feculent odour was perceived on the dressing; next day the end of a round worm was observed projecting from the wound, which soon afterwards healed. Calomel and santonin brought away other two *per vias naturales*. Genser is in no doubt how much of the appendicitis to assign to these vermiculi.—*Med. Press*, May 8th. Vienna Letter.

**DIFFERENTIAL DIAGNOSIS BETWEEN APPENDICITIS AND TYPHOID.**—Hr. Muhsam spoke on this subject: A man was taken suddenly with obstruction, vomiting, and abdominal pain, and after temporary improvement was sent into hospital. The sensorium was then free, temperature 38·2, pulse 88. The abdomen was soft, but slightly resistant in the ileo-cecal region. No splenic tumour and no roseola. In a few hours the symptoms became so much worse that grangene of the appendix was suspected and laparotomy performed. The omentum was attached to the appendix, and a piece of the cecal wall had slipped between the adhesions. The wall of the bowel was thinner at this spot, the remainder of the cecum swollen. The mesenteric glands were also swollen. The adhesions were separated. A week after the laparotomy roseola and splenic tumour made their appearance, but neither bacteriological nor chemical test showed evidence of typhoid until the tenth day, when Purskowsky's test gave a positive result.—*Med. Press*, Aug. 21st (Berlin Letter).

**TESTEVIN'S SIGN.**—The diagnostic sign which is generally known by the name of Testevin has been lately the subject of patient investigation by Modena, of Pavia, who has lately published the record of his observations. The sign of Testevin is sought for in urine in the following manner: After removing any albumin, if present, a specimen of the child's urine is slightly acidified, some ether is added, and the mixture well shaken. In a more or less short period of time a small pellet, described as having the appearance of cullodion, is found to float on the surface of the fluid. It is stated that the substance varies in regard to thickness, consistence, and adhesiveness. It is accepted by many as a characteristic sign of infection during the incubation of acute and chronic infectious diseases, and the more pronounced is this peculiar reaction the greater is supposed to be the severity of the infection. Modena has found it in cases of infectious diseases, but does not consider that it is of any value from the point of view of diagnosis or prognosis.—*Med. Press.*

**AMYLOID DISEASE IN HORSES IMMUNISED AGAINST DIPHTHERIA.**—Experimental study of amyloid degeneration found in horses during the process of immunisation shows a diffuse visceral amyloid degeneration, especially of the liver, with hepatic and intraperitoneal hemorrhages due to rupture of the liver and fatty degeneration of parenchymatous organs. In the opinion of the investigator, Dr. Zenoni, the horse should be carefully watched for the development of symptoms of amyloid disease, which are shown clinically by exhaustion, want of appetite, loss of flesh, and rapidly increasing anemia. Unless the injections of toxin are suspended forthwith the animal becomes jaundiced, fever supervenes, prostration becomes marked, and finally collapse is followed by death.—*Med. Press.*

**CACODYLIC ACID IN THE TREATMENT OF MENTAL DISORDERS.**—Ernest Paulet (*Thèse de Paris*, 1901) gives a series of observations on the treatment of certain mental disorders with cacodylic acid and its salts. Magnan and Gautier had recently treated such cases with excellent results in St. Anne's Asylum, especially as regards melancholia, and Gautier had previously recorded cases of chorea treated successfully with the same drug, this being confirmed later by Lannois of Lyon. Cacodylic acid is a crystalline odourless solid, with a feebly

acid taste, and has the formula:  $\left. \begin{array}{l} \text{CH}_3 \\ \text{CH}_3 \end{array} \right\} \text{As—O.OH}$ . It has not nearly the toxic properties of ordinary arsenic. It is best given hypodermically, for which purpose the sodium salt (neutral) is employed. The marked diminution of toxicity is due to the combination of the arsenic organically with the two methyl groups. Given by the mouth it becomes relatively more toxic, because the oxide of cacodyl is produced in the alimentary canal, but this does not occur in hypodermic medication. The injection is prepared as follows: Sodium cacodylate, 5.0 grams; morphine hydrochlorate, 0.25 gram; cocaine hydrochlorate, 0.10 gram; sodium chloride, 0.20 gram; distilled water, 100.00 c.cm. The preparation contains 0.05 gram of sodium cacodylate per c.cm. Cases with congenital weakmindedness were not benefited; for example, a man aged thirty-two years, weak-minded, apathetic, and of dirty habits; confusion of ideas; no improvement. Cases of melancholia, and the acute functional psychic disturbances improved; for example, a woman aged twenty-eight years, with delusions of per-

secution, and hysteria, with alternations of depression and excitement, erotic tendencies, refusal of food, and cataleptoid attacks. She showed gradual and steady improvement with the hypodermic treatment. Paulet records seventeen cases in all, with full clinical histories. Further, in Magnan's clinic of St. Anne's Asylum the following cases were treated, viz.: Melancholia and mania in their excited states, neuropaths with want of mental balances (*desequilibres*), general paralytics, and demented. The Na or Mg salt was used; the general result was that the treatment was good in cases of profound depression of spirits and lowered bodily nutrition.—*Brit. Med. Jour.*

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- Bradford (Dr. T. L.).** Index to Homeopathic Provings. Cr. 8vo, pp. 305. (Net, 10s.)
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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.—Mr. K. G. Bagal, Shirol, Deccan.—Dr. Heath, London.—Dr. Lamb, Geelong, Australia.—Dr. Beale, London.—Dr. Dyce Brown, London.—Mr. F. Kopp, Greenwich, N.S.W.—Dr. Cooper, London.

### BOOKS AND JOURNALS RECEIVED.

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

—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Jour.—H. J. of Obst.—Le Médecin Homeopathic.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Astrol. Mag.—The Moslem Chronicle.—Export Journal.—Hahn. Adv.—Rev. Hom. Français.—Amer. Med. Monthly.—Minn. H. Mag.—Clinique.—The Electro-Cautery in Chronic Throat Diseases. By A. Midgley Cash, M.D.

## The Homeopathic World.

### CONTENTS OF AUGUST NUMBER.

#### LEADING ARTICLE.

Baffling the Bacillus.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

Notes on Some South African Remedies. By "B. C."

*Theridion Curassavicum* in Headache. By B. B. Charkravarti, L.H.M.S.

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

Diet. By Arthur A. Beale, M.B.

Notes by the Way. By Dr. Ussher, Wandsworth.

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

#### SOCIETY'S MEETINGS.

British Homeopathic Society.

British Homeopathic Congress.

#### INSTITUTION.

Liverpool Hahnemann Hospital.

#### EXTRACTS.

Pernicious Anemia.

Mental Obsessions.

On Certain Practical Applications of

Extract of Suprarenal Medulla. By

E. A. Schafer, F.R.S., Professor of

Physiology, University of Edinburgh

Suprarenal Gland Extract in the

Epistaxis of Hemophilia. By Dan

McKenzie, M.D., Leytonstone, N.E.

Homeopathic Success in the Trans-

vaal and in Java.

Treatment of Inoperable Sarcoma by

Coley's Fluid.

Is Cancer Curable?

The Action of Methylene Blue on

Malaria Parasites.

#### REVIEWS.

#### PREPARATION.

ANSWERS TO CORRESPONDENTS, NOTES

AND QUERIES.

#### NOTIFICATIONS.

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

THE  
HOMEOPATHIC WORLD.

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OCTOBER 1, 1901.

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THE SILLY SEASON.

WHEN Parliament is up, royalties are abroad, and people generally are enjoying their holidays, when the papers are at their wits' end to provide something interesting for their readers, then what is called "the silly season" gets its innings. We have not been favoured with accounts of the appearance of the sea-serpent—that probably is a played-out marvel. But instead we have been much amused by three doctors who have been disporting themselves in a manner that gives probably more entertainment than a netful of sea-serpents, and is therefore particularly acceptable during this dull period of the year.

The first medical contributor to the gaiety of nations is Dr. ANDREW WILSON, whose name is familiar to all readers of the *Illustrated London News*, for which he writes weekly a column of "scientific jottings" on all sorts of subjects. In the *Daily Chronicle* of July 25th he comments on the remarkable address of Professor KOCH at the Tuberculosis Congress, in which that eminent man, who discovered the tubercle bacillus and frightened the world with the dangers attending the consumption of the milk and flesh of tuberculous bovines, confessed that he had proved by careful experiment that the bovine differed completely from the human tubercle bacilli, and could not be communicated by tuberculous milk and meat

to human beings. As the other experts who spoke at the Congress were all converts to KOCH's original statement and had written and spoken far and wide in this sense, they were not prepared to accept the later doctrine of KOCH that bovine tuberculosis was not communicable to man; and though they had no counter-experiments to those of KOCH to offer, they declared that the great German bacteriologist was mistaken. "Further experimentation," writes Dr. A. WILSON, "on animals is required, and it is to be hoped that even Mr. STEPHEN COLERIDGE will, for once in his life, admit the necessity for such investigation." To which Mr. STEPHEN COLERIDGE replied that "the fact that the bacteriologists on the Continent and the bacteriologists in England have by means of vivisection arrived at flatly contradictory conclusions does not necessarily induce me to admit the necessity for further vivisection; why should it?"

This reply makes Dr. WILSON very angry, and after several letters from both correspondents, in which Dr. WILSON evades and Mr. COLERIDGE repeats his question, in a final letter Dr. WILSON says: "Science, like individuals, found it necessary sometimes to revise her opinion, and, having failed to find truth in one direction, must seek it in another." To which Mr. COLERIDGE replies: "Dr. WILSON here asserts that science, having failed to arrive at anything better than flat contradictions by means of vivisection, must seek truth in another direction. Only the pleasure of cordially agreeing with this assertion leads me to trespass once more on your space." We think that Dr. WILSON must feel rather sick and sorry that he challenged Mr. COLERIDGE, as he certainly does not come best out of the contest he gratuitously provoked.

The next exhibition of medical silliness is Sir WILLIAM BROADBENT's letters in the *Times* in reply to Colonel LE POER TRENCH, who among other things asked why no notice was taken by the Congress of a remedy for

consumption, *Lachnanthes*, which was extensively used by a London practitioner, and the value of which he had witnessed in the case of his wife and other patients suffering from phthisis. Sir WILLIAM loftily replied that "we know too much of these secret remedies to waste our time and injure our patients in trying them." And he added that "any one who held in his hands a remedy for such a disease as cancer or consumption and did not make it known for the benefit of the thousands suffering from those diseases, we should look upon as criminally selfish, blind to his own interest also, and if a medical man we should certainly judge him to be guilty of most infamous conduct." When reminded by Colonel TRENCH that the medical man who is said to have made such a successful use of *Lachnanthes* in consumption has never made any secret of it, Sir WILLIAM replies: "My excuse for speaking of *Lachnanthes* as a secret remedy is that, though a fairly diligent reader of medical literature of every kind, except the advertising pamphlet, I had never heard of it till it was named in Colonel LE POER TRENCH'S letter. Perhaps some one will have the kindness to refer me to a published account of its composition and mode of employment, . . . and I will undertake, on being supplied with full information, to make a careful inquiry into its merits, provided it is in no sense a secret remedy, and has not the taint of charlatanism."

Sir WILLIAM was not left long without getting the desired information. He was referred by one correspondent to Westcott and Martindale's well-known *Extra Pharmacopeia*, and to a correspondence about it in the *British Medical Journal* a few months ago, in which many medical men took part. Dr. DYCE BROWN writes also to inform Sir WILLIAM that *Lachnanthes* is a medicine well known to practitioners of homeopathy, as it was "proved" about thirty years ago, and the proving published in Allen's *Encyclopedia* twenty-four years ago. Besides, cases of phthisis in which it did good were published by Dr. H. NANKIVELL in the *Monthly*

*Homeopathic Review* of 1879. It is not to be supposed that Sir WILLIAM BROADBENT knows anything about what occurs in the homeopathic world, or ever reads any of its literature; and as his school have continually calumniated homeopathy as being a system of quackery, and its practitioners as charlatans or worse, he can, as Dr. DYCE BROWN says, "easily get out of the difficulty he has created for himself by saying that every remedy in the homeopathic materia medica has the 'taint of charlatanism.'" But even should he try this, he will not be able to wriggle out of his promise "to make a careful inquiry" into the merits of *Lachnanthes*, as there is plenty of evidence as to its value in phthisis in the annals of allopathy.

The unkindest cut to Sir W. BROADBENT is given by Dr. W. MURRELL in a letter that appeared in the *Times* of the 13th September. He says:—

"I am afraid that the knowledge of the literature of materia medica exhibited by some of your correspondents is somewhat defective. A fairly comprehensive account of the origin and properties of *Lachnanthes* is given in KING's well-known *American Dispensatory*, 18th edition, third revision (1890), vol. ii., page 1,112. I have certainly been familiar with the drug for the last twenty years, and have frequently referred to it incidentally in my lectures at the Westminster Hospital."

Dr. MURRELL does not quote the article from KING's *Dispensatory*, but another correspondent in the same number of the *Times* gives it in full. In this article Dr. KING states that *Lachnanthes* was "introduced into practice by the homeopaths," which is enough to damn it in the opinion of every self-respecting allopath.

On the whole Sir W. BROADBENT does not come well out of this correspondence. The only quality he displays is his ignorance, which is, as Lord LISTER would say, "profound," but which he not only parades but seems proud of. In imitation of the late Lord MORRIS he might say, "I yield to no man in the depth of my ignorance of homeopathy." And there we may leave

him to perfect his pocket spittoon for the prevention of consumption.

The third instance of medical silliness is the most amusing of the lot. Some evil power which finds mischief for idle hands to do prompted J. C. B. to write a letter to the *Times* denouncing the tweeds made in the island of Harris as fearfully insanitary, and so full of all kinds of pathogenic bacteria, especially the tubercle sort both human and bovine, that he must be a rash person who would wear clothes made of them. J. C. B. is an old acquaintance of ours; he wrote many of the silliest letters that appeared in the *Times* during the great *Odium Medicum* controversy. J. C. B. has a perfect mania for giving his opinion on all sorts of subjects. He seems to think he is a sort of "Admirable Crichton," who knows everything better than any one else. Those who have had the leisure to read his controversial letters do not think so highly of his talents. They think rather that they savour more of the Crichton Asylum than of the learned Scotch hero of the sixteenth century. J. C. B. knows little or nothing about the manufacture of Harris tweeds, and, unmindful of the wholesome injunction "*aut scire oportet aut tacere*," he writes a letter eminently calculated to frighten timorous people from wearing these tweeds, and thus endangering the trade of this article which was doing so much to improve the condition of the poverty-stricken crofters of this island of the Hebrides. The DUCHESS OF SUTHERLAND, who takes a great interest in encouraging the sale of these tweeds for the benefit of the poor people of the island, replied denying from her knowledge the statements made by J. C. B., and several medical men testified from personal experience to their excellent quality and wholesomeness. But J. C. B., having once committed himself to the disparagement of the tweeds, sticks to his theme and insists that these tweeds are dangerous to health and even life. He is particularly angry with the DUCHESS OF SUTHERLAND for telling him that any medical man would tell him

he is mistaken, and says, "I happen to be one"; and he quotes an anonymous manufacturer in corroboration of his statements—not a very convincing authority, as, being a rival trader, he would naturally try to disparage goods not produced in his own mills. But with equal good taste and politeness J. C. B. says, "I prefer the testimony of a practical man to that of a versatile duchess."

This second letter brought a spirited rejoinder from Mr. WINSTON CHURCHILL, who says that J. C. B. "has attacked, with intent to injure, an industry by which a large number of very poor people add to their slender resources." And he infers that J. C. B. is either "one of those pseudo-scientific persons who have a mania for discovering bacilli in everything," and who, "particularly in the holiday time, endeavour to alarm the British public through the columns of the newspapers;" "or his letter may be the expression of the natural though hardly very respectable jealousy which so often exists between wholesale manufacturers and independent producers." Mr. WINSTON CHURCHILL concludes: "But until we do know something definite about this correspondent and the facts which have impelled him, I venture to think the public would be well advised to receive his injurious suspicions with reserve, and his anonymous impertinences with disapprobation." To us, who know something definite about J. C. B. and have had experience of his ways in the *Odium Medicum* correspondence, there is no mystery about what has impelled him to make this attack on the work of the poor Harris crofters. It is nothing but his overweening vanity and conceit, which has already led him to give his unasked opinion on subjects on which he is perfectly ignorant or at the best very imperfectly informed. It was just this that influenced him when he rushed bald-headed into the controversy on homeopathy thirteen years ago, though he knew little or nothing about homeopathy.

J. C. B. writes a third letter of portentous length but

very little to the purpose by way of answer to the other correspondents. He of course discreetly forbears to answer Mr. CHURCHILL'S request that he would give "evidence of grievous diseases repeatedly contracted through the wearing of these garments," because he has none. We found in the homeopathic controversy that J. C. B.'s successive letters always increased in length; but, as in the present case, the longer they were the less relevant they were, they became, as in this controversy, in J. C. B.'s own genial words applied to some of the correspondents, "a remarkable mixture of truculence, ineptitude and misrepresentation." The *Times* must surely think J. C. B. a very great gun, as his letters are always printed in the largest type, while those of the other correspondents (excepting the Duchess) are all in the small type the *Times* reserves for less important personages. We who know pretty well how to estimate the relative importance of the correspondents would have been disposed to reverse this typography.

In the same copy of the *Times* which contains J. C. B.'s third and longest letter, Dr. FARQUHARSON, M.P., writes a letter in praise of Harris tweeds. He says: "Your correspondent may be a great authority on hygiene and pathology, or he may be a mere fossilized piece of antiquity, trading on the prestige of medical qualifications, no doubt honourably won, and on medical knowledge hopelessly out of date." We can answer for it that J. C. B. is not an authority on hygiene and pathology, but he has some little claim to be an authority on insanity. It might be worth his while to investigate the claims to sanity of a person who is addicted to give his unasked opinion on subjects which he evidently knows nothing about, and wantonly to set up unfounded scares which may have the effect of doing grievous harm to an industry which is of vital importance to the livelihood of an honest but very poor community of his own countrymen. We do not reveal J. C. B.'s name, though the *Westminster Gazette* is not so reticent, as he speaks

of the "reluctance of professional men to advertise their names in the lay press," and he prefers "to hide his light behind initials." Most of the other medical correspondents do not exhibit the same reluctance, as Drs. DYCE BROWN, FARQUHARSON, MURRELL, and Sir WILLIAM BROADBENT do not hesitate to sign their names to their letters. As J. C. B. prefers to give his stab in the dark, we can understand why he does not choose to reveal his identity.

We hope these opinions of medical silliness will compensate the holiday maker for the loss of the sea-serpent and gigantic potatoes that used to amuse him during the silly season.

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#### DR. J. C. BURNETT.

WHAT a pleasure it is to see that justice is done to the memory of our dear old friend, and that those who cried him down in life are among the first to sound his praises when dead! For small mercies we must be thankful! We have a different way of looking at the good works of our colleagues when in the flesh and when beneath the sod.

How differently a man's works may be judged is remarkable from the following extracts from the *Homeopathic Recorder* of August this year. In a paper by W. YOUNAN, M.B., C.M. (Edin.), reprinted by the *Recorder* from the *Calcutta Journal of Medicine*, we read:—

"About the year of my conversion to homeopathy I hailed with delight the appearance of a new book by Dr. JAMES COMPTON BURNETT, of London, entitled *New Cure of Consumption with its own Virus*. The impatience with which I waited for its receipt was only natural, considering the subject matter of the work and the promises for good that it contained. For who could be indifferent to the sufferings of thousands of consumptive humanity when medical science had proclaimed a 'new cure of consumption,' that fearful disease before which physicians had so often stood with bowed heads and folded hands.

"The book arrived in time, and the eagerness with which I

devoured its contents ensured my happy digestion of it. To secure a sufficient supply of the virus, which could not then be locally obtained, I wrote to Dr. BURNETT for the same, and he directed Mr. HEATH, Homeopathic Chemist of Ebury Street, London, to send me half an ounce of *Bacillinum* C. (one hundredth potency) in small globules, the very thing the doctor had been using himself. My satisfaction at having been so armed was immense, and I set about looking for cases to try the new remedy upon.

“Some two or three months after there came under my care a young lady, fifteen years of age, suffering from continued fever of a remittent type. No impression could I make upon the course of the fever, which had already run into the third week with persistent high temperatures. One element of gravity seriously complicated the case. The heart was damaged from early childhood by a sharp attack of rheumatic fever, and there was present a loud mitral *bruit*. At this stage typhoid symptoms supervened with an alarming diarrhea and an incessant cough, which was short and dry. An allopathic physician, a mutual friend, examined the case with me, and gave a very unfavourable prognosis, the state of the heart arresting his attention particularly. The ordinary typhoid remedies had been given in vain, and I was resigning myself for the worst, when suddenly a very bad fit of coughing suggested to me the possibility of the whole being *latently* tubercular. For I had repeatedly examined the chest for physical signs and could find none. What a straw is to a drowning man, so was the tubercular inspiration in favour of the administration of *Bacillinum* C. to me. Two globules were administered at my morning visit, and I left in fear and trembling for the possible loss of most valuable time. Imagine my surprise and delight, however, when on visiting the patient in the evening I found that the fever had been less high during the day, the number of stools diminished and the cough less frequent and troublesome. For the following days a placebo was prescribed, and I had the supreme satisfaction to note how slowly and yet surely the patient went into convalescence. A second dose of *Bacillinum* was not necessary. The young lady went up country for a change, and when some months after she returned to town, looking greatly improved, I made an examination of the heart and was surprised to find the mitral insufficiency less pronounced. I lost sight of her for over a year, when one day being called to attend her sister I found my interesting patient had just returned from school up country, where she had enjoyed the best of health. I questioned her as to the heart, and she informed me that that organ had given her less and less trouble as her general health had improved. A final examination conclusively showed me what I had never dared to expect—a complete restoration of the heart. Not a trace of the once too evident mitral *bruit* could be detected, and I have since learnt to believe in

the curability of organic vavular disease of the heart. I have lately heard that the young lady remains in good health."

A pleasing testimony this to the work of our old friend.

If, however, in the same number we look to a paper signed by the well-known and once respected initials "S. A. J."—for "S. A. J." has done lasting work in homeopathy, which BURNETT was quick to recognise—we read as follows:—

"Of the treatises upon the treatment of pulmonary tuberculosis by homeopathic writers I do not know of one that is worth the paper that was spoiled in printing it. The much vaunted booklet of the late Dr. BURNETT is only a caricature so far as diagnosis is concerned. It certainly required a remarkable liver to enable a man to publish such a 'case' as this:—

"About two years ago I was called to a boy of three years of age in the night, with diarrhea, furious fever, burning hot skin, great heat in the head, red flushed face, and eyes turned upwards quivering and rolling. Patient had been ailing a little, and ordinary homeopathic remedies had been given in vain. Considering the case to be one of incipient tuberculosis, I gave one dose of a high potency of its virus; within an hour patient quieted down, went to sleep, burst into a free perspiration, and awoke in the morning greatly improved, and very soon completely recovered, and is now a very fine boy.'\*

"That is sorry stuff to come from the press in the year of grace 1901, and it is perilous for homeopathy if it tolerates such literature."

When "S. A. J." can produce literature one-half as good as that of Dr. COMPTON BURNETT there will be no peril whatever for the reputation of homeopathy. And when homeopathy ceases to ignore grand effects of remedies simply because the pathology of the cases was obscure it will be time for it to take the place it would in that case deserve, and which certainly would be a position in every way perilous. Let it be carefully noted that HAHNEMANN prescribed according to symptoms and not for pathology; also that he gave single doses and let them expend themselves in the system.

\* *The New Cure for Consumption by its own Virus*, p. 25. Fourth edition.

## NEWS AND NOTES.

THE *CYCLOPEDIA OF DRUG PATHOGENESY* AND THE  
PROVING OF *LACHNANTHES*.

THE controversy raging round *Lachnanthes* in the *Times* has brought out some interesting points. One of these is that the Downing Professor of Medicine of the University of Cambridge thinks it necessary to possess or have access to the *Cyclopedia of Drug Pathogenesis*, and regards it as an authority on homeopathy. The fact that it makes no mention of *Lachnanthes* is regarded by him conclusive evidence that it is not considered of value by homeopaths. To this Dr. Hughes makes the following reply (*Times*, Sept. 20) :

“SIR,—In your number of the 18th inst. Dr. Latham advances the absence of *Lachnanthes* from the *Cyclopedia of Drug Pathogenesis* as an argument against the claim of homeopaths to have introduced this drug into practice. May I be allowed, as the British editor of the work in question, to explain that its omission therein has not the significance Dr. Latham supposes. The *Cyclopedia* is, as its name imports, a collection of ‘drug-pathogenesis’—*i.e.*, of the effects of these substances on the healthy body. *Lachnanthes* was left out by us because of its provings being imperfect and made only with infinitesimal doses. Our action, therefore, does not involve any ignoring, still less rejection, of its claims to therapeutic efficacy.—I am, Sir, faithfully yours,

“RICHARD HUGHES.”

This reply of Dr. Hughes is somewhat misleading. *Lachnanthes* was proved in  $\phi$ , 3, 6, 15, and 30th. The conventional rule of the *Cyclopedia* was to admit provings with attenuations up to the 6th, and *above* the 6th “when in accord with symptoms from attenuations below.” So that the Cyclopedists did not even follow their own rules in respect to *Lachnanthes*, and thus laid themselves open to the reproaches of allopathic professors. The *Cyclopedia* has its excellences and its uses, but it is in no wise a complete or a practical representation of the homeopathic materia medica.

## “THE ANTI-MALARIAL CAMPAIGN.”

THE correspondence under the above heading which has been carried on in the *Standard* for some weeks past has

provided a number of interesting letters and experiences. The following letter shows how the methods of homeopathy are making way in old-school practice; if some homeopaths, of the timid variety, don't make haste they will find themselves left out of the race by and by:—

“SIR,—I must apologise for again trespassing on your valuable space, but there are one or two statements made by correspondents on this subject that call for further remark. In a discussion on so important a topic as Malaria, the main object in view should be an elucidation of the cause of, and the best method of attacking, the disease; and, therefore, correspondents should endeavour to abstain from remarks such as ‘H.W.B.’ indulges in when he treats my observations regarding quinine as ‘folly.’

“‘H.W.B.’ says: ‘I know from personal experience that quinine is the best and safest febrifuge.’ I have travelled in malarial districts perhaps as much as ‘H.W.B.,’ and I know that quinine is not the best or safest febrifuge. I speak not as a layman, but as a medical man of thirty years’ experience, and having no interest other than the well-being of those who live in malarial districts.

“With regard to the remarks of Dr. Yorke Moore, of course I am a supporter of Koch’s theory that quinine produces blackwater fever, &c.; but I can give your correspondent a dozen other authorities of this theory. I am under the impression that Dr. Moore did not take into consideration the dose of arseniate of quinine I recommended when he wrote of the bad effects produced by this drug if used too freely by the uninitiated. That there shall be no mistake on this point, I again repeat that the most efficacious dose ranges from the *one-twentieth to the one-hundredth of a grain*, which cannot possibly poison any one.

“With respect to blackwater fever, I suggest that (whether the disease be caused by quinine or not) the best treatment is a one-drop dose of pure carbolic acid taken in a dessertspoonful of water every two hours.

“I am, Sir, your obedient,

“M.R.C.S., London.”

“Birkenhead, September 21st.”

THE following will interest teetotalers:—

“SIR,—For years I have wondered whether my being a water drinker has not saved me from malaria. I am the wife of an officer and the daughter of an officer, and since I was seventeen I have constantly had to live in the most malarious parts of India, where half our officers and soldiers would be on the sick list, my father and husband included. Yet when every one else was ill, I kept well, and I was the only water drinker. I have never known malaria. I do not like wine or spirits. Other ladies in the regiment who took wine got fever, yet I escaped. I think this is striking and deserves consideration. I also never took quinine or any precautions at all. I

am not a Blue-Ribbonite, but I do think malaria and many other evils are aggravated by the persistent way that men in the East drink, drink, drink, all day long.

“I am, sir, your obedient servant,

“ERIN.”

“September 20th.”

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### HUMAN AND BOVINE TUBERCULOSIS.

THE following account of alleged transmission of tubercle from cow to man appeared in the *Westminster Gazette* of Sept. 19th :—

#### “THE KOCH THEORY IN COURT.

“According to the Berlin correspondent of the *Daily Mail*, Professor Koch's theory that cattle tuberculosis cannot be transferred to a human being was yesterday the subject of legal proceedings in Hamburg. A beggar named Paul John Heyn was prosecuted on a charge of vagabondage. His defence was that six months ago, while slaughtering a tuberculous cow, he got some of the virus in his arm. Since then his arm had been useless. Dr. Sach, of the Hamburg Hospital, confirmed the man's statements and said that the whole of the right arm was tuberculous. He had performed an operation thereon and was satisfied about it. The Court acquitted the man.”

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### SIMILARITY BETWEEN GAYLORD'S CANCER GERM AND VACCINE DISEASE.

WE take the following striking observation from the *American Homeopathist* of September 1st :—

“In the [Indianapolis] *Sun*, of May 14th, was an interesting account of the discovery of the germ of cancer at the New York State laboratory, at Buffalo, but the most interesting point was left out, and that is that the germ was found to be not only animal in character, but identical with that of vaccine, an unexpected corroboration of my original claim of four years ago, that vaccination causes cancer. Drs. Harvey H. Gaylord and Roswell Park made the discovery, and Dr. Gaylord's 35-page descriptive and illustrated article, a report to the New York legislature, may be found in the May issue of the *American Journal of the Medical Sciences*. He says: ‘The organisms can be detected in the blood, and conform closely in appearance to the bodies found in the blood after vaccination.’ He also cites Dr. Gorrini's claim that the cancer bodies and the vaccine bodies are the same in appearance, details his tests, and verifies the statement. He calls attention to Funck's article on the cultivation of the vaccine organism (*British Medical Journal*, February, 1901), and says: ‘We repeated his experiment and found that the organism of vaccinia, while undergoing development, shows the same phases we had already noted in the organisms observed in the fresh scrapings of cancer, the

peritoneal fluid and the blood of cancer patients.' Other illustrations could be given from Dr. Gaylord's report, and also from Dr. Park's essay (in *Medical Record*, May 18th).—W. B. CLARKE, M.D."

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### SNAILS AS FOOD.

*APROPOS* of the articles on "Insects as Food" in our last issue, a friend reminds us of the part played by snails as a diet for consumptives and others. An allusion to the use of snails in the cure of consumption is made in the *Dictionary of Materia Medica* under *Helix*. Our friend tells us of an incident illustrating their food value which occurred in a part of the New Forest celebrated for snails of a particularly fine and large variety. A widow, with a family of children, in this district was on parish relief, and her children presented such a blooming appearance that the parish authorities felt sure they could not be supported by the amount they allowed her. Suspecting an undeclared source of income, they made a surprise visit to the woman's cottage, expecting to find some secret store of good things. They found—a large tubful of these particular snails! The woman fed her children on snail soup.

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### CANCER: CIRCUMSTANTIAL EVIDENCE.

DR. COOPER writes: "Inquiring into the family history in a case of cancer of the breast, a lady yesterday assured me her family was absolutely free of it, except that her sister, after partaking of mushrooms, one of which was very bitter, felt very ill, and next morning her entire arm and shoulder swelled up to an enormous size, and with this she was laid up for a good while. After the arm recovered she began having pains below the navel, and then developed what subsequently turned out to be a malignant growth that had to be operated on, and with which she died. I narrate the fact with a view to eliciting evidence as to the etiology of cancer, and not as to the settling of any disputed point."

“C. C. PERRY, M.D.”

A PERSON presenting a card bearing the above legend, and giving his address as “163, West 48th Street, New York,” recently called on two London homeopaths to “pay his respects”; and being possessed of a useful amount of knowledge of the names and doings of homeopaths on both sides of the water, he was received on his own introduction. In each instance, on the day following his first call, he repeated it just when the doctor was busy with patients; and finding himself in temporary need of £2, effected a loan, promising to return the amount next day—a promise which he has not yet had time to fulfil. This is to give notice that any colleague to whom “C. C. Perry, M.D.” may hereafter “pay his respects,” or whom he may honour with his confidence, is hereby authorised to collect from C. C. Perry the sum of £4, and transmit the same to us. We will undertake to see that it is returned to the lenders.

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ORIGINAL COMMUNICATIONS.

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CANCER OF BREAST.

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

(Continued from page 415.)

CASE IV.—This case, dated June 9, 1900, was treated by correspondence from which extracts are culled:—

Elderly lady, cancer in both breasts, quiescent in right but active in left, which is indurated with some ulceration. There are nodules of cancer scattered over adjacent tissues, “which will, of course, all break down,” the left arm is also very edematous and painful, and the left axilla is involved to some extent. The pains are burning and stinging. Dislikes too warm a room. The climacteric period stopped suddenly. Prescription: *Ranunculus bulbosus* φA.

June 26, 1900. Dose taken two weeks ago, and so far no improvement, though pains seem more localised. (Photograph enclosed showing a very cachectic lady with a large ulcerated patch in upper left breast.) Pains burn and sting, and she is very sleepless. Arm very

swollen, and drags with feeling of great weight. Prescription: *Clematis erecta* φΑ.

July 8, 1900. Arm feels so heavy that it drags on the shoulder and breast. She has less stinging pain; right arm also painful, but not swollen like left, though there is cancerous deposit in right breast. She thinks she has less pain in the left breast. The weight and dragging of the left arm give most trouble, and she has bad nights in consequence. Twitching movements of left eye. Prescription: *Helleb. nig.*

On July 26th Dr. Staley, of St. Anne's-on-Sea, Lancashire, and to whom I am indebted for above particulars, wrote very despairingly. The condition of the patient had evidently become more hopeless, for she began getting thinner, and her nights were restless with severe pain. My reply to all this was that in cases like this it is absurd to despair, more especially as there were certainly evidences of having been beneficially acted on, and in my letter I enclosed a dose of *Lobel. erinus* φΑ.

August 9th. Report: Very great improvement; no pain.

In reply to this sent same dose in case it should be necessary.

The patient soon after this was removed from St. Anne's-on-Sea, and came under Dr. Compston, of Crawshawbooth, and from his letter, dated September 5, 1900, I gather that the second powder of *Lobel. erin.* had been given, for he writes that "since taking the last powder, a fortnight ago, she was first made worse in all respects, being restless and thirsty at night, and having much stabbing and stinging in the carcinomatous parts of breast and armpit." The letter goes on to state that "she is getting more comfortable now, both sleeping better and having less pain. There is a large foul ulcerating surface on the left breast and in the left axilla, which oozes blood when disturbed, though not markedly so. The border of the disease is marked by an infected area of skin consisting of split pea-sized tubercles."

From this time up to her death, about September 19th, no medicine whatever was given, and during this time she remained quite free from pain, her death being due to gradual cardiac failure.

Here, then, was a case in which, in all likelihood, there would have been terrible suffering, and the evidence is as

strong as evidence can be that *Lobel erin.*, in  $\phi A$  form, stopped that suffering; and it also teaches that it was wrong of me to have sent a second dose at a time when the first one of the same (*Lobel. erin.*) had not ceased to exercise its beneficial influence over the disease.

I have to thank both Dr. Staley and Dr. Compston for their great kindness in watching this patient.

These *four* cases of cancer are given to show that cancer can be acted on by medicines. This I consider to be the first stage of inquiry: to prove with fair certainty that cancer can be acted upon by internal treatment. More than this, they go to show that it can be acted on beneficially, both as regards duration of the disease and assuagement of suffering.

The critical may take exception to these latter inferences, its duration and the lessening of pain. I am content to leave the matter in abeyance if the evidence is deemed insufficient, the more so as I have by me a mass of evidence to the same effect.

What I do insist upon is that the cases show clearly that breast-cancer *can be acted on by internal remedies*. They do not show that any form of breast-cancer can be *cured*.

Whether breast-cancer can be cured or not is now the question before us, and by the term breast-cancer I mean any form of malignant disease that affects the breast, and for which operation is at the present day considered imperatively necessary.

Coming under this definition is obviously the most frequent form of cancerous disease that affects the breast, the carcinomatous or scirrhus variety of cancer. However, I wish it to be understood that I have nothing whatever to do with the nosological appellation of particular varieties of cancer, only with the treatment of breast growths that have a malignant tendency, and that would otherwise have to be treated by operation.

In my work on *Cancer and Cancer Symptoms* \* I have shown the absolute necessity that exists for allowing an interval of repose to the organ after the specific effect of the indicated remedy in unit or arborivital dose has been secured.

Subsequently to laying down this proposition my mind

\* *Ut supra*, chap. i.

has reverted to a case that came under my notice in the early days of my professional career.

A woman, about 49 years of age, who had been four years before under my treatment, came to consult me about dyspeptic symptoms. I was proceeding to prescribe when she volunteered the information that her breast was quite well. "Your breast?" said I. "Why, what is the matter with your breast?" She then recalled to my mind that she had had an undoubted cancer of the breast, and it was with great delight that on searching my books I found my notes of her case. According to these notes there was no doubt she had had a fair-sized scirrhus nodule in one breast that had retracted the nipple and enlarged the axillaries of the same size. The breast had been seen by the late Dr. Markwick, and diagnosed by him as an undoubted cancerous condition as well as by, I believe, other doctors.

Naturally I looked with interest at my last prescription, which had been given four years back. The prescription was *Soda hypochlorita* (the *Liq. Sodæ Chloratæ*) 3rd dec., a drop in three doses three times a day, and beyond this she had taken no medicine whatever for four years. Yet there was no trace of cancer, nor was the nipple in the least retracted.

My first impulse at the time was to report the case, more especially as I had written largely on this remedy, but two considerations deterred me. One was that the case would be very strongly and adversely commented upon; and the other was that in all my investigation of the remedy I had met with nothing whatever to lead me to suppose a dilution of the *Hypochlorite of Soda* could in any way modify a collection of cancer tissue.

My more mature explanation of the case, as I write, is this: A favourable impression was made upon the patient's system by the prescription in which the breast, and probably every portion of the body joined, and this being accomplished the patient felt much better, and led by her own feelings, relinquished treatment. *To her having done this was due the favourable issue of the case.* She ceased to be frightened, and she allowed the part to repose naturally, and thus it obtained that *rest* which is essential for recovery, and which is the natural sequence of the specific stimulation.

My notes of the case are not now by me, so I cannot

say which breast it was, the right or the left. The fact is the same, that the cancer disappeared, and that its doing so was largely owing to the curative process not having been interfered with.

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## DIET.

By ARTHUR A. BEALE, M.B.

(Continued from p. 354.)

### IV. THE SALISBURY TREATMENT—ITS USE AND ABUSE.

THIS is a method of treating disease by dietetic measures inaugurated by Dr. J. H. Salisbury, being the result of years of patient inquiry and investigation as to the causes of disease.

He traced such causes in the majority of complaints to unhealthy alimentation. The deductions from these investigations may be mentioned as follows:—

1. Man is two-thirds carnivorous and one-third herbivorous.

2. Any exclusive diet is harmful to his body, exhausting as it does certain portions of his digestive tract to the neglect of other parts.

3. An exclusive diet of saccharine and amylaceous foods is the most harmful, setting up an unwholesome fermentation with all its bad effects.

4. Such a diet has especially a deleterious action on the stomach; this viscus having no affinity for such foods, and no proper digestive action on them, permits them, after a short sojourn, in which they set up irritation and disorganisation, to escape. If long continued the pylorus, not having any function to perform, becomes paralysed and permanently patent, probably becoming injured in consequence: hence certain pyloric diseases. The stomach itself, not having any use for its gastric juice, becomes congested and disorganised, the gastric and other glands secrete a degenerate product. Various forms of sclerosis are started.

5. In the intestines yeast and other fermentations proceed, with the manufacture of CO<sub>2</sub>, alcohol, vinegar, vinegar yeast, and other deleterious products.

6. These and other by-products are "gobbled up" by

the cells of the glands of the mucous membrane. The glands are stimulated to secrete a degenerate product, a thick glairy mucous or colloid material, which by blocking up the ducts cause this to be retained. Colloid degeneration results.

7. The blood-vessels pass through the usual changes following irritation: (a) Active congestion setting up acute (more or less) enteritis; (b) passive congestion proceeding to stasis; the tissues, especially the connective, suffer all the ill effects of hyper-nutrition, the epithelium participating, culminating in scirrhus or sclerosis.

8. Farther afield the mesenteric glands become involved, passing through the usual changes associated with chronic irritation. We all know the appearance of these organs in tubercular and scrofulous subjects—a condition so common in hogs, that the latter name is derived from this fact.

9. The unhealthy resultants are taken up into the circulation and carried to distant organs. "Fibremia" thrombosis, with its accompanying embolism, results in very extreme cases, but short of this rheumatism, gout, atheroma fibromata.

10. Similar changes to those described as occurring in the gut commence in other and distant organs by the transmission through the circulation of the same irritants; in this way are produced colloid and fibrous growths, ovarian, uterine cysts and fibromata, cirrhosis of liver, sclerosis of nervous centres.

11. Similar changes lie at the foundation of that all-pervading disease tuberculosis, the ultimate pathological states depending on temperament.

12. If permitted to continue, the colon becomes so thickened that the "passage-way" may be curtailed to one-fourth or one-eighth of an inch, and in some cases entirely closed up.

13. Such changes are sufficient in his opinion to account for such diseases as consumption in all its phases, including "chronic diarrhea," summer complaints in children, dyspepsia (in all forms), rheumatism, gout, Bright's disease, diabetes mellitus, locomotor ataxy, ovarian tumours, goitre, and cretinism; all fibrous tumours, including uterine fibroids and cancerous growths; all paralytic diseases, except those arising from injuries, poisons and infections; softening of the brain, and most cases of

insanity, purpura hemorrhagica; all forms of deafness, all catarrhs, thickenings and fibrous diseases of the digestive organs and air passages; all forms of gravel of the urinary and biliary organs, and of the lungs; *asthma in all its forms*, except such as result from animal and vegetable parasites; all fatty diseases of the heart and other organs (except such as arise from injuries), anemia in its various forms. Most cases of prolapsus of the bowels and uterus, hypochondria, loss of voice, erysipelas, eczema, and scald-head, &c.

It is only fair to say that Dr. Salisbury prefaces all remarks by stating that "the two great factors of healthy organic life may be said to be: 1. Alimentation; 2. nerve force or vital energy. Improper alimentation," he goes on to say, "is the predisposing cause of disease. Improper expenditure of nerve force hastens and assists in the maintenance of unhealthy states. Hence the judicious distribution of and economical use of nerve force becomes of the utmost importance in re-establishing normal conditions." Such a statement may save the doctor from the stigma of taking too cramped or limited a view of disease; and yet, when we look to facts, we are brought face to face with the astounding problem that there are to-day thousands of people living entirely upon what the doctor, we might infer, would condemn as unhealthy aliments, who not only are free from disease, but who enjoy perfect health, do vigorous and arduous labour, live to extreme old age, and a healthy old age at that, and who enjoy almost if not entire immunity from that disease against which he (the doctor) carried on such a violent crusade—viz., consumption. We must not forget, moreover, that these same people—and there are not solitary examples only—are confident of destroying such chronic maladies as rheumatism by a non-meat diet.

Not that either of these facts prove the nullity of his deductions, but only the inference that a meat diet, pure and simple, is absolutely essential to the rectifying or prevention of such troubles.

We must not forget also that he laboured for years on investigations which included the post-mortem examination of hundreds of hogs which had died from improper food, and the careful study of exclusive diet on many healthy men, including himself, under test conditions. But even in these latter cases we must not neglect

to take into consideration the combination of sedentary life with the experiment, a point of great importance which Salisbury himself hints at on more than one occasion. Nor will a perfect diet of whatever description compensate for a wholesale transgression of our laws of being in other directions. A healthy-minded man, at peace with the world and himself, might eat with impunity such foods that a more robust digestion would succumb to under the irritation of an ill-balanced temper or an environment of worry. It necessarily follows that the ideal is to be found in a combination of both conditions. The fact remains, and we cannot be sufficiently grateful to Dr. Salisbury for the information, that disease generally does not develop without cause, but has for causes a direct line of events that follow an unwise or ill-directed life, and that a large proportion of such impropriety is associated with alimentation. So far for maintenance of health and prevention of disease, granted that the patient has already acquired ill-health or some specific chronic malady, the point to aim at would be to encourage the more healthy secretions of the various organs of the body to assist the absorption of already deposited unhealthy adventitious tissue, and to restore the equilibrium of health. As a purging system it is the most useful. The patient, however, should be kept under a strict surveillance; it is unkind, if not dangerous, to launch a patient out on such a treatment as this without the guiding hand, the cheering voice, the watchful eye, and the abiding confidence of the physician. At some periods the patient on a strict diet feels he is losing cast with himself and the world, the terrible weakness and lassitude, the feeling of loneliness and fear, the anxiety as of travelling in an unknown land, are the common experience of such patients, and require the near presence of the physician who *knows*. Not only so, but the results of the treatment must be *checked*. The microscope and test tube should be ever at hand. The state of the blood, not only in relation to the number of the white blood corpuscles, but thoroughly.

The number, size, consistency, colour, shape, and stickiness of the red corpuscles, whether they form readily into rouleaux or remain unassociated, whether the *field* of corpuscles is *clear* or mottled, this having an important relation to rheumatism and gout.

Then the number, size, and nature of the white blood corpuscles, the number and nature of the nuclei, and hence their significance in pathogenesis. Then the distribution of the fibrin filaments, whether they are short or long, how the spaces are arranged, if they form easily and quickly, or slowly. If they are thick or thin, then the liquor sanguinis, its colour and consistency, and if it contains germs, emboli, or crystals. The urine must be watched for colour and consistency, and the increase or diminution of the various ingredients—albumen, sugar, uric acid, urates, and crystals. Indican, by its test, should also be looked for. The specific gravity should often be taken, the object being to reduce this to 1·010 or 1·005 by hot-water-drinking.

The feces must be also watched; one of the early signs that the Salisbury treatment is telling in the right direction is the soft, tarry looking nature of the motions. The examination of these by the low power of the microscope tells us immediately whether the patient is transgressing, and in what direction. With a little experience one learns to detect the various microscopic elements of our food. Undigested starch granules, fibres of plants, the leguminous cells, the bast, the various shaped follicles of the different fruits, then the various vegetable moulds and germs that find an entrance into and subsistence in the gut. But perhaps more than anything else, the presence or absence of the triple phosphates. The *absence* of these always means trouble. Their absence in the feces and the presence at the same time in the urine indicates gravity, and consequent need for care. Examinations of any and all secretions and excretions are of course useful.

Knowing from experience to what low estate an absolutely strict Salisbury diet will bring a patient, we advise a cautious recourse to this treatment, and then to observe a discreet vigilance.

The first thing is to remove from the alimentary tract all fermenting and irritating *débris* by copious draughts of hot water. This, besides removing the impurities, stimulates the vermicular action of the stomach and bowels removes the carbonic acid, improves the circulation, and reduces flatulence.

It should be done systematically, regularly and continuously. Four pints should be taken a day in four

different amounts of a pint each, at least an hour and half before each of the three meals, and the last three or three and half hours after the last and half an hour before retiring. The temperature should be distinctly warm, from 100° to 120° Fahr., to suit the patient; but it must be drunk slowly, sipped in fact, otherwise it might easily induce vomiting. When difficulty is found in pursuing this, less water and less often can be tried till the patient and his stomach can accommodate themselves; it is our custom to commence with a half-pint, night and morning, and then to increase the amount and insinuate other quantities as experience suggests. At the same time, all food other than meat is curtailed, and ultimately prohibited except perhaps well-cooked wholemeal toast. What people miss in this treatment is the stimulating effect of starchy food, by retaining the toast the patient is weaned off the harmful aliments with less distress. When weaned, the patient should be placed at once on the Salisbury steaks of minced beef, properly cooked. These are made in the following way:—

Take a cut off the round of beef and carefully remove all fat and gristle, pass through a mincing machine three times (the best is the "Enterprise" mincer); after this avoid touching the meat with the fingers using instead wooden spoons or forks, make into a cake the size required (from two to three and half ounces are usual to start with) and broil over a clear, hot, and smokeless fire, seeing that the gridiron is hot before starting. The first object should be to bake the outside of the cake all over to keep in the juice, then with less heat to cook it right through. The steak so produced should be juicy and brown, not a bit of pink left.

Instead of broiling on a gridiron they can be cooked in a frying-pan thus: Heat a small frying-pan and put into it some butter; make this hot without burning, and then turn your pulp cake previously prepared in the way specified; bake the surface all over quickly first, then turning it frequently every minute, and in five minutes it is finished and can be so served.

The patient should have three meals a day, preferably 8.30 a.m., 1 p.m., and 6 p.m. Regarding the amounts, begin with small quantities, from one to two ounces, and as the stomach feels healthier or more comfortable increase the amount by degrees to three or four ounces,

six or seven, and so up to three-quarters of pound, but at the very most a pound at one meal.

A little well-cooked wholemeal toast may be taken with it, care being taken not to over-eat, and this must be judged by the symptoms ; the patient should not feel over distended, sleepy, heavy, listless ; if there is an absence of these symptoms and he feels buoyant and happy, all is well.

Patients should be instructed to avoid all those things that are injurious. He should not eat too much or too fast. He should not weary himself mentally or physically, never worry or quarrel, never eat when tired, never eat between meals. But the mind and body should be occupied in some healthy but untiring occupation ; and keep him bright and cheery, getting as much reasonable laughter in as possible. The period during which this strict regime should be kept up varies according to the exigencies of the case, and this is where the discretion of the physician must come in. There are many patients who, whilst they lost their disease, so completely lost their capital of energy also, that a perfect reinstatement of health was almost impossible. We know of one case who, under such a treatment, was so extremely weak that only a purely vegetarian diet was able to restore him.

Our own experience would lead us to the following deductions :—

1. That the Salisbury treatment is based on sound inferences as to the cause of disease.

2. That it points especially to the harmfulness of certain exclusive diets, especially on the amylaceous and saccharine lines, and the evil influence of internal fermentation.

3. That the meat and hot water are perhaps the quickest measures for cleansing the bowels and liberating the system of impure deposits.

4. But that combining with the meat wholemeal toast the patient is saved needless distress.

5. That the strict treatment should not be pushed for long periods—years, &c.

6. That selected fruit should be added at an early date.

7. As a more permanent measure fresh meat, certain green vegetables and fresh fruit and prunes, with wholemeal bread and fruit is a combination that is both strengthening and curative.

Much harm and disgust might result from an unwise

launching out into such a treatment without proper control or guidance, but with proper supervision is a most helpful and useful adjunct to a physician's armamentarium.

26, Harley Street, W.

(To be continued.)

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## MATERIA MEDICA MISCELLANY.

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

*Atropine in Puerperal Convulsions.*—Dr. P. C. Majumdar describes an interesting case of puerperal convulsions which he cured by *Atropinum* 6, after *Belladonna* had apparently failed to do more than relieve the symptoms.

The patient, a thin, dark-complexioned girl of fifteen years, gave birth to a male child April 19th. Mother and child did well for about a week, then lochia ceased and the patient complained of severe abdominal pains. The doctor was called ten days after confinement and found patient with a temperature of 105° F., copious sweats without relief, scanty and foul-smelling discharge, intense headache and flushed face, pulse frequent and irregular, bowels loose and yellow. She had at this time frequent convulsive fits of a violent character, unconscious during attack, rolling of eyes, gnashing of teeth, foaming at mouth, followed by deep coma.

He gave the patient *Belladonna* 30 and ordered milk and sago as diet. The next day the patient was in the same state, save that her temperature had fallen a degree, yet she seemed rather exhausted. He then administered *Atropinum* 6. Quickly the temperature fell to 101.5°, the convulsions diminished in frequency and the discharge lost its foulness. The rest of her symptoms improved likewise, and in one week she was well.—*Ind. Hom. Rev.*

*Natrum Muriaticum in Insanity.*—Dr. W. E. Taylor, Superintendent of the Illinois Western Asylum for the Insane, has found this remedy beneficial in cases of insanity resulting from *overheating in the sun*. Cases of many years' standing have been materially benefited, and 10 per cent. have been apparently cured by this remedy. It acts best where the secretions are morbid, bowels torpid, tongue flabby and white, skin sticky, scalp dry, hair lustreless, and nails dead and ragged. The patient

may be melancholy and stupid, or irritable and ugly; he is usually dejected, sits with his head down, never speaks unless spoken to, except when talking to himself, which he does quite often, owing to hallucinations. The *Natrum mur.* patients usually have hallucinations of hearing, and quite often have delusions. Their conversation is disconnected; memories are poor, minds are weak, and they seem to be confused. When spoken to, they will look at you some time before answering. The author has found the remedy to act best in the 12th and 30th potencies.—*The Clinique.*

*Lycopodium in Bromidrosis of the Axilla.*—Dr. C. D. Collins reports the following case of a girl of sixteen who had been for two years annoyed by excessive sweating under her arms, which had become very offensive in odour. She was constipated, but enjoyed good health except for facial acne. The axillary sweat only slightly coloured the clothing, the special feature being its excessive quantity and offensive odour. Examination revealed nothing. She was a brunette and her skin dark.

She was ordered *Lycop.* 3x, and to bathe the parts with salt and water. This cured in two months.

The writer says, "*Lycopodium* a remedy *par excellence* in offensive secretions, viscid and offensive perspiration."—*Hahn. M. (Clinique).*

*Calcarea Carb. in Chorea.*—*Calcarea carbonica* cured a girl of ten years suffering from chorea. She came to me at the Hahnemann Hospital the last day of May, 1900. Her illness came on somewhat suddenly about three weeks before that time. When she came to me she was constantly jerking and twisting about. The right arm and leg were almost useless, so much so that at first I thought perhaps I had a paralysis to deal with. She had always been right-handed, but when she applied for treatment she had no control over the right hand. She could not write or sew; she could not even feed herself with that hand, but knocked over everything she tried to grasp with it. When she walked the right arm hung limp; the right foot dragged behind. She wore off the toe and sole of the right shoe in three weeks. For six weeks she had, first, *Gelsemium*, followed later by *Zinc*. At the end of that time her condition was nearly the same and we were all getting discouraged. I then gave her *Calcarea carbonica* 6x every four hours. Improve-

ment manifested itself almost immediately, and by October she could write, sew, or do anything that she ever did with her right hand. August 22nd she bought a new pair of shoes, which were evenly worn down.—W. S. Mills, M.D., in *N. Am. Jour. of Homeop. (Clinique)*.

*Niccolum Sulphate—its Action.*—This salt being very soluble, dilution beginning with two watery dilutions, is superior to the trituration. The salts of nickel are all very antiseptic. These substances are rather poisonous; convulsions most commonly occur in poisoning by nickel salts, and are observed as frequently in the case of mammals, as frogs: they remind one of those produced by *Strychnine*, and persist after division of the cord below the bulb; afterwards they give place to paresis and paralysis, consciousness being preserved. A fall in blood pressure occurs very soon after intravenous injection of the poison, and it seems to be due to paralytic vasomotor dilatation. This combination of facts closely allies it in its action to the salts of barium. This explains the reputation which the bromide of nickel has acquired among some allopathic physicians who claim that it is superior to other bromides in convulsive affections.

If this is correct the superiority which they claim for it can only be due to its homeopathic action.

The effects of nickel on the stomach are remarkable, and are seldom absent in animals poisoned with it; they mostly take the form of vomiting, which is clearly of central origin, since it is produced also by venous injection; one has also observed diarrhea with tenesmus.

The most peculiar symptom of nickel is an absolute unconquerable aversion to food.

The nervous phenomena may be compared with those of zinc and platinum, and with regard to the latter of these nickel has similar symptoms in the female genital organs, whilst it resembles iron and manganese in its action on the blood, and manganese again in its local action on the larynx and respiratory apparatus in general.—Translated from *Rev. Hom. Franc.*

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## MENTAL OBSESSIONS.

By E. W. BERRIDGE, M.D.

HAD the editor of the *British Medical Journal* studied homeopathy, he would have known how to cure mental obsessions as successfully as he writes learnedly about them.

Here are the *simillima* to the symptoms he quotes:—

1. Sees a hatchet, and feels he must kill some one who is near. The nearest is “Barber wants to kill his customer”: *Arsen.*, *Hepar*.

2. Delusion that he is not really alive or existent. “Delusion that he is dead” belongs to *Anac.*, *Apis*, *Camph.*, *Cann. in.*, *Ether*, *Lach.*, *Morph.*, *Stram*. “Delusion that life seems unreal”: *Medorrhinum*.

3. Must stop and look at objects on ground. The nearest to this seems to be “Hunting for pins”: *Silic*.

4. Fear of carriages. This symptom belongs to *Hydrocyanic acid*.

5. Agoraphobia. “Fear of public places” belongs to *Acon.*, *Arn.*, *Arg. nit*. “Fear of a crowd” to a large number of remedies.

6. Suffocation and oppression on seeing objects suspended from ceiling or walls. The nearest to this are: “Walls of room seem falling inwards”: *Carb. veg.* (clinical, from Dr. Skinner). “Houses on both sides seem approaching and crushing him”: *Arg. nit*. “Delusion that things will fall”: *Hyos.* *Stram*.

7. Cannot hold any closed object in hand through fear. The nearest I can find is “Fear of inanimate objects”: *Cann. ind*.

8. Fright on seeing sunbeams in house or church. The nearest are: “Fear of mirrors”: *Bufo*, *Camph.*, *Canth.*, *Lyssin.*, *Stram*. “Fear of shining objects”: *Bufo*, *Stram*. “Fear of all that shines or stirs”: *Curare*.

Almost all these symptoms are given in Kent's Repertory—the best ever published; a few I have added myself.

48, Sussex Gardens, Hyde Park, W.

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## CASES I HAVE COME ACROSS.

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

III.—*CRATÆGUS OXYACANTHA* IN HEART FAILURE.—  
*STELLARIA MEDIA* IN HEPATITIS.

PERSONAL experience with the new heart remedy, *Cratægus oxyacantha*, has compelled me to pronounce myself as an advocate in its favour as a most reliable cardiac tonic. I have found that there is absolutely no reaction following its administration, as there is in some of the other heart remedies, and this, it must be admitted, is a most important attribute of the drug, and one which will commend itself to the favourable attention of every physician who is not only interested in the introduction of new remedies to aid him in his fight against disease, but who has also his patients' welfare at heart. The action of *Cratægus oxyacantha* is gentle, prompt, and effective, and it has a decided toning-up influence on the whole nervous system. I cannot speak too highly of it in cases of cardiac weakness, and have made use of it in the majority of cases in preference to *Digitalis purpurea* and *Ferrum*. Resembling in its action that of *Strophantus*, it is far safer in its administration than that drug, and is, moreover, pleasant to the taste, which cannot be said of *Strophantus*. It also increases the appetite, improving at the same time both assimilation and nutrition. It has, furthermore, a marked influence in removing the irritability so often met with in patients suffering from cardiac trouble; it raises their spirits, causing them to appear more cheerful. The action of the new remedy is gradual, which I hold to be a great point in its favour, as I have little confidence in so-called cardiac remedies which give *sudden* relief. A case of cardiac weakness, consequent on senile decay, recently came under my notice. The patient, aged 75, whilst stirring some porridge over a fire, suddenly felt a queer feeling come over him, accompanied with great oppression in the cardiac region and vertigo, and fell down on to the floor insensible. As soon as I saw the case I administered ten drops of *Cratægus oxyacantha*, and gave instructions for the same dose to be repeated three times daily after meals. The drug had a most beneficial effect, and gradually strengthened the heart-beat, which before

had been slow, almost imperceptible, and intermittent. Although over six months have now elapsed none of the symptoms mentioned above have returned, and the patient feels an improvement in every way. The administration of the drug was continued for over a month without causing any after-effects, although thirty minims of the mother tincture were given daily, divided into three doses. I have, however, found that to obtain the best effect of this new heart remedy it is essential that it should be administered in the mother tincture and in comparatively large doses. The same beneficial result cannot be obtained by small doses of the various dilutions. Such, at least, has not alone been my experience, but also that of a number of homeopathic physicians in the United States of America, where the drug has gained a great reputation in the treatment of heart affections. In addition to the above quoted case several other instances of cardiac weakness have come under my personal notice in which the new remedy was a complete success. I must say this for *Cratægus oxyacantha*, that it is a remedy which I should always like to have on hand, and one which I could ill afford to do without.

#### IV.—*CRATÆGUS OXYACANTHA* IN THE COLLAPSE OF TYPHOID.

*Cratægus oxyacantha* should not be lost sight of in those cases of typhoid fever in which there is a sudden collapse. In a case brought under my notice the action of the new remedy was very prompt. The patient was a little girl, twelve years of age, who in the third week of the fever suffered a sudden collapse. *Cactus grandiflorus*, *Strychnia*, and *Digitalis purpurea* were administered without effect, and she was then given five-drop doses of *Cratægus oxyacantha* every two hours. The result was that she rallied at once, and eventually made a good recovery. The indications, which called for the administration of the drug, were: Cold extremities, great pallor, irregular breathing, and the pulse 120, and very weak and irregular. Before the *Cratægus* was given the condition described above had existed for two days, and only temporary relief had been obtained from the administration of *Strychnia* and the other heart tonics. Prompt and decided relief, however, was obtained from *Cratægus oxyacantha*, and a permanent cure was established.

V.—*STELLARIA MEDIA* IN HEPATITIS.

A very severe case of hepatitis was recently brought under my notice. The patient was a young man, twenty-two years of age, and the symptoms were: A feeling of tightness in the region of the liver, burning pains and pressure, and the gland extremely sore to the touch. I prescribed as follows:—

R̄ *Stellaria media* 2x ℥xxx.

℥ Ad aqua dest. ʒviiij.

One tablespoonful to be taken every three hours.

In two days there was a decided improvement, and the pains were not so severe, and in a fortnight's time all the symptoms had disappeared, greatly to the surprise and pleasure of the patient, who, before coming to me, had suffered untold agony, and had tried various remedies without avail. It is interesting to note that the first symptom noticed in the proving of the drug is a sensation as if the liver were too large for the body. This is soon followed by burning pains all over the hepatic gland, and the organ becomes sore to the touch. A general bilious feeling is also a very prominent and persistent symptom. The drug evidently acts on the liver primarily by causing torpidity of the organ, gradually inducing congestion, and, finally, enlargement. The dull pain under the right shoulder-blade, which is developed during the proving, is but another indication of the drug's action on the liver. It will be well to note that the pains in connection with the great hepatic gland are of a *burning* character, and that the pressure is *burning*. Then, again, there is the *soreness* to the touch, which is such a prominent symptom in various parts of the body all throughout the proving. The *burning pains* are not confined to one spot, but are "all over the liver," thus showing that the congestion of the organ is general. The "sensation as if the liver were too large for the body," is a most important one, and one that is very frequently met with in patients suffering from hepatic troubles. The "general bilious feeling" is but the natural outcome of the other symptoms. It will thus be seen that *Stellaria media*, on account of its action on the liver, is a most valuable remedy in hepatic complaints, characterised by congestion and enlargement of that organ. Several cases of enlargement of the liver have

come under my notice, but through the use of *Stellaria media* 2x, the organ was speedily reduced to its normal size, thus providing a striking illustration of the truth of the law of similars. How true it is that "it is not a law, but *the* law which governs the administration of all medicines." We may fail, but it is *us*, not the law. *We did not follow it.* The value of the introduction of the new drug into our materia medica as a remedy in hepatic complaints will be admitted by all those who are aware of the large number of patients who annually consult their medical advisers about their livers, whether it be simply a case of torpidity of the organ, or the more serious one of congestion and enlargement. It is, moreover, a matter of great satisfaction to me that all cases that have been reported to me as treated by the new remedy have been successful, and I trust that, now that I have made this valuable property of the drug known, it will be more generally used in that direction.

(*To be continued.*)

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## INSTITUTION.

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### BRITISH HOMEOPATHIC CONGRESS.

THE annual meeting of the British Homeopathic Congress was held on Thursday at Liverpool, Dr. John D. Hayward (Liverpool), vice-president, presiding in the absence, through illness, of the president, Dr. George Clifton, of Leicester. Delegates were present from various parts of the country. Dr. Clifton's presidential address was read by Dr. Hayward, the subject being "The New Century; the Increasing purposes of the Medical Age." He emphasized the fact of the debt which they and the world at large were under to the early pioneers of homeopathy, and pointed out that many changes had taken place in the position of homeopaths through the good work done by the British Homeopathic Society. He knew that some of their best men had hankered after recognition as members of the established medical church, but they could not admit the desirability of a united profession till they had it acknowledged that homeopathy was the science of therapeutics. The homeo-

pathic school had a distinct but not antagonistic organization, and still had an exalted mission to fulfil in the special field of therapeutics. On the proposition of Dr. Hayward, sen., seconded by Dr. Cash (Torquay), the thanks of the Congress were passed to the president for his address. Several papers on professional subjects were either read or taken as read. Mr. C. Knox Shaw, London, was elected president for the ensuing year, and Dr. Burwood, of Ealing, vice-president. Dr. Madden, of Bromley, and Dr. Dyce Brown, of London, were respectively reappointed hon. treasurer and hon. secretary. It was decided to hold the next conference in London.—*Times*, Sept. 21st.

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## EXTRACTS.

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### ALPINE RAILROADS AND MOUNTAIN SICKNESS.

By J. MURRAY MOORE, M.D., F.R.G.S.

HAVING just returned from Switzerland, I should like to point out to intending visitors to that "playground of Europe" how to avoid a disagreeable incident of travel often met with there, namely, *mal-de-montagne*, or "mountain-sickness." The rarefaction of the air at high altitudes—say, above 5,000 feet above the sea—produces in all who climb greatly quickened pulse and respiration, and in some vertigo, headache, nausea, feverishness, and even vomiting. Mr. Edward Whymper has vividly described this malady in his *Travels in the Andes*, where the great altitudes make its attacks much more severe than they are in Switzerland. I place the limit of immunity from mountain-sickness at 5,000 feet for the sensitive, and 7,000 feet for the ordinary traveller. The new feature in mountain ascents "up to date" is that the tourist can attain great heights without personal fatigue, and yet suffer from this *mal-de-montagne*, not wholly dissimilar to *mal-de-mer*, yet differing in the greater effect on the brain circulation, whereas sea-sickness affects chiefly the stomach and sympathetic ganglia of the abdomen.

To avoid mountain-sickness, and yet enjoy the glorious panoramas to be viewed from the Schilthorn, near Murren, the Flegere, the Brevent, and especially from the Gorner-

Grat, one should train oneself by staying a few days at lower elevations, one after another. Let me illustrate this by my own experience. While staying at Murren (5,350 feet) on the edge of the Lauterbrunnen Valley, I joined a party to ascend the Schilthorn mountain, and when within 60 yards of the summit, 9,748 feet above the sea, I turned giddy and fell insensible. It was the second day of my stay at Murren, and my heart could not stand the rarefaction of the atmosphere, combined with the extra strain of climbing. But this year, with my fellow-traveller (T. O.) I planned out a more judicious programme. Going straight from Paris to Geneva, which is 1,243 feet above the sea, we stayed two days in this bright, clean, and lively city: thence proceeding to Chamounix (3,445 feet), where we stopped for an entire week, and began our mountain walks. The new electric railway from Le Fayet-Saint Gervais is running smoothly, and one reaches Chamounix in four and a quarter hours from Geneva. The beautiful scenery of the long valley is well observed from the carriage windows. Leaving Chamounix by the Tete-Noire Pass and the Col de la Forclaz, where we attained the height of nearly 5,000 feet above the sea, we descended to Martigny (1,560 feet), and next day proceeded to Visp, and Zermatt, which is over 5,300 feet. We might have stayed here to "season," as it were, but as we had been fortunate enough to secure rooms at the Riffelalp Hotel, we went on there by the wonderful new "Gorner-Grat-Bahn." This is the highest mountain railway in Europe, attaining the height of 10,000 feet at its terminal station, 290 feet below the actual summit of the "Grat," overlooking the immense Gorner Glacier.

A sojourn at the Riffelalp Hotel in fine weather is an exhilarating delight. It is the best centre in that part of Switzerland for all ascents and excursions. A stay of three or four days at this elevation of 7,300 feet gives the traveller the advantages of "mountain air." But "Excelsior!" is the cry of every one, and the convenient and easy electric-trolley-and-rack-and-pinion railway hoists one up to the Riffelberg (8,430 feet), and on to the Gorner-Grat station (10,000 feet). Now comes the test to one's lungs and heart. Passengers are not informed that the actual summit is nearly 300 feet higher, and that they must walk or ride up a very steep path, with very few zig-zags. It was here I felt just a touch of *mal-de-montagne*, in the

shape of headache. But it passed off, and the superb cyclical panorama—unsurpassed in Europe—was enjoyed by both of us; my companion being perfectly unaffected by the elevation. Two ladies fainted during the ascent of this short but steep gradient; and two days later I was called upon to attend professionally on a third lady who was made decidedly ill by the *mal-de-montagne* on this very path.\*

My advice to those who traverse the route we did is to proceed from the lower elevations to the higher gradually, and to take mules or horses at the highest paths, wherever available. We crossed four glaciers during our visit, but in all cases with a guide; and we found the “Mauvais Pas” of the Mer-de-Glace strictly in accordance with its name. To follow Baedeker’s advice, “guide unnecessary,” is a dangerous economy.

51, Canning Street, September 14, 1901.

—*Liverpool Mercury*, September 16th.

### RAW MEAT IN TUBERCULOSIS.

UNDER the name “zomo-therapy” Richet and Héricourt described a form of treatment of tuberculosis which gave them definite results. C. Fraenkel and G. Sobernheim (*Berl. klin. Woch.*, July 15, 1901) have carefully tested these results, and publish their conclusions. The basis of the treatment is that dogs who are injected with virulent tubercle bacilli, and subsequently fed on from 2 to 3 lbs. of raw meat daily, were alive and apparently well after six months, while the control animals, who received ordinary diet, died in from 30 to 45 days. Cooked meat, according to the two French observers, failed to produce the same result, but raw meat juice (ζωμὸς) acted still better than the meat. Several other workers have experimented in this manner, and their results are not uniform. Salmon, for example, found that dogs first fed on raw meat and then injected, died as soon as the control; dogs first injected and then fed on raw meat lived for a considerable time, and dogs first injected and only fed on raw meat when wasting had begun died rapidly. Fraenkel and Sobernheim performed two series of experiments with dogs and one with rats.

\* *Arsen.* 3 soon removed the symptoms in this case.—J. M. M.

The 5 dogs in the first series received from 1 mg. to 5 mgs. per kilo body weight of a culture of tubercle bacilli of medium virulence. Three received raw meat subsequently, and the remaining 2 received mixed diet. One of the raw meat dogs died after 13 days, but no tuberculosis was found. The other two raw-meat dogs died after 51 and 81 days respectively of advanced tuberculosis. The first of the mixed-diet dogs died after 34 days, with slight tuberculous lesions, while the fifth animal (a bitch) is alive and well, and has since given birth to a litter of apparently healthy puppies. The second series deals with two pairs of dogs, of approximately the same weight. The first of pair No. 1 had previously and subsequently been fed on raw meat, and the second dog had previously been fed on meat and subsequently on mixed diet. The first dog of the second pair had been previously kept on mixed diet, and subsequently received raw meat, while the second dog had previously and subsequently received mixed diet. All dogs were treated with 4 mgs. per kilo body weight of a culture emulsion, and all died of marked tuberculosis. The first one died earliest, after 28 days. The series with rats gave similar results. They therefore conclude that raw meat diet has no influence on the course of tuberculosis, and they cannot agree with Richet and Héricourt that the method is worthy of a trial on human subjects.—*Brit. Med. Jour. Epitome*, August 10th.

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#### A NEW METHOD OF DISTINGUISHING HUMAN BLOOD FROM THAT OF ANIMALS.

C. TARCHETTI (*Gazz. degli Osped.*, May 19, 1901) describes a new procedure for this purpose: If into an animal (A) the blood of a different species (B) is injected, then after a certain time the blood of the animal (A) is found to be toxic towards the blood of the species (B). Thus, by repeated injections into rabbits of human blood—10 c.cm. on four or five occasions at intervals of about a week—Uhlenhuth and Wasserman got from the blood of the rabbit a serum which exhibits hemotoxic powers to human blood, not only in a fresh state, but also when dried and redissolved in normal saline solution. Ape's blood was the only other one which behaved like human

blood. Wassermann and Schultze proceed thus: Dissolve the spot of blood to be examined in a little normal saline solution; filter; place 4 or 5 c.cm. in two small test tubes, to one of which (*a*) add 0.5 c.cm. of rabbit's blood made hemotoxic as above; to the other (*b*) add 0.5 c.cm. of normal rabbit's blood. A third control tube (*c*) may be made with 4 or 5 c.cm. of solution of the blood of any animal save ape or man in distilled water. Place the solutions in a thermostat at 37°C.; if the spot of blood be human, in an hour's time the tube (*a*) will show a turbidity or a flocculent precipitate, while (*b*) and (*c*) will be perfectly limp. Tarchetti carried out similar experiments with human blood and that of animals, both fresh and dried, for more than two months on cloth, wool, and knife blades, and found the method reliable. The reaction occurs almost as well at the air temperature as at 37°C. The solutions must be absolutely clear to begin with, and he finds distilled water better for this purpose than normal saline fluid, for it brings all the hemoglobin out of the corpuscles. He has found that the diagnosis can be at once made with the greatest certainty in a hanging drop under the microscope; a slight uniform precipitate is at once formed, and in a few minutes is seen as islets united in a reticulate pattern much resembling the arrangement of Eberth's bacillus agglutinated by typhoid serum. The same thing is observed in filtered aqueous solutions of dried blood. It is only after a long time (twelve to twenty-four hours) that a similar appearance is seen in blood of other animals.—*Brit. Med. Jour.*

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#### DESTRUCTION OF TUBERCLE BACILLI IN FAT.

A. GOTTSTEIN AND H. MICHAELIS (*Deut. med. Woch.*, No. 11, 1901) record their experiments with tubercle bacilli. They point out that, although various observers have stated that the bacilli are only killed at a temperature of 100° C., the medium in which they are grown plays a very important part. Tubercle bacilli are encapsuled by a firm layer of wax-like material, which resists the direct action of heat under many conditions. If, however, the bacilli are growing in fat, the action of this layer is much less marked. They find that a temperature of 87° C. is

sufficient to destroy the bacilli in fat, and apply this fact to the question of butter and other fat foods. The sterilisation of butter containing tubercle bacillus cannot take place without affecting the constitution of the butter. They experimented with oleo-margarine, neutral lard, sesamöl, and cotton seed oil. They took 130 c.cm. of the fluid fat (heated), and applied a heat, by means of a water-bath, of 40° C. To this they added a portion of a several weeks' old agar culture of tubercle bacilli. As soon as this was mixed, two guinea-pigs were injected with 0.5 c.cm., and served as control experiments. Both animals died (19 and 53 days after injection respectively), and post-mortem examination showed ample tuberculous lesions. The oil containing bacilli was then brought up to a temperature of 87° C., and kept at this point for an hour. They took 0.5 c.cm. of the oil at the moment that it reached 87°, at 5, 15, 30, 45, and 60 minutes later, and injected it into guinea-pigs; taking precautions that the instruments, &c., remained sterile for each experiment. The two guinea-pigs injected with oil at the moment of reaching 87° died 36 and 91 days respectively later. Neither showed tuberculous lesions. The rest of the 13 animals injected remained free from tuberculosis. They therefore conclude that five minutes' heating of oil containing bacilli tuberculosis of 87° C. is sufficient to sterilise it.—*Brit. Med. Jour.*

### TURPENTINE POISONING.

F. W., aged 20, a married woman, who had had three children, swallowed by mistake on Friday, November 2nd, 3j to ʒjss of turpentine. She felt no immediate effects, and went to bed very soon afterwards (9 p.m.). At 10.40 p.m. she woke up feeling very cold, and with a sensation of dying. She got up and walked about the room, but felt very giddy and "sinking," and walked with a staggering gait. After about ten minutes she returned to bed. The next morning micturition was accompanied with great pain and followed by the passage of clots of blood. Later in the day her menses, which were eight weeks' overdue, came on, but she only used one diaper—these did not reappear afterwards. There was great "bearing-down" pain, and patient felt thirsty and feverish. On

November 4th there was increased pain at the end of micturition and a greater amount of blood passed; also pain in the loins, severe headache, and no appetite. Patient, who is a servant, kept on with her work. The pains became gradually worse until November 8th, when she consulted me. I ordered her to bed, gave her two linseed poultices over the kidneys, and had applied to her abdomen hot-water flannels. I also gave her *Mag. sulph.* ʒj, and injected *Morph. hydrochlor.*, gr.  $\frac{1}{4}$ . During the evening she was slightly delirious, after which she had a good sleep for five hours. Her diet was restricted to barley-water chiefly, and also to milk and soda water. For medicine she had diuretics, *Potassium acetate*, infusion of *Buchu* (full doses), and *Hyoscyamus*. On November 9th there was a slight improvement in her condition. The urine contained a little albumen and blood. The pulse was quick, irregular, and easily compressible, but there was no pyrexia. There was a pungent smell of violets from the urine. A gradual improvement followed until November 12th, when she refused to stay in bed, and insisted on resuming her work, and, in consequence, she became worse in every respect.

On November 15th I gave her *Tr. opii.* ʒ x, *Pot. brom.* gr. x every four hours (four doses in all).

On November 16th there was a very marked improvement. The headache had completely disappeared, as had the pains in the loins. The dysuria was better, and there was hardly any blood passed after micturition. The urine no longer contained albumen, but it still had a strong smell of "violets." Patient was again put on the diuretic mixture, and had also in one dose *Mag. sulph.* ʒvj. This improvement went on until November 20th, when she was completely free from pain. She stated that she had not felt so well for years. I then gave her *Iron* as a tonic. On November 26th the urine still had the odour of "violets."

FRANCIS G. GRAPEL, M.R.C.S., L.R.C.P.

Croydon.

—*Brit. Med. Jour.*, Feb. 9th.

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## NOTIFICATION.

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\* \* 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. ROBT. T. COOPER, of 18, Wimpole Street, wishes it to be understood that he can in future accept only cases condemned to operation or declared to be incurable.

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## GENERAL CORRESPONDENCE.

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### “A SCHOOL FOR PATIENTS.”

(AN OPEN LETTER.)

*To the Editor of THE HOMEOPATHIC WORLD.*

MY DEAR COLLEAGUE,—You have always been so indulgent with regard to my doings and perversities that, although I am somewhat engaged during weary hours of the night with work more in harmony with your feelings than this, I must nevertheless turn aside for good fellowship (if for no other reason) and have a tilt at the aberrations of mind and misreadings of life exemplified in the leading article of *THE HOMEOPATHIC WORLD* for September, entitled “A School for Patients.”

Many of our colleagues, I am sorry to think, will highly approve of it, from its being so professional in thought and expression, so conservatively ethical and protective of their interests, largely indicative of a lofty plane of work, and I wish I could say of stalwart growth; you did not always take that line of thought, for until I am informed to the contrary I am bound to assume the same Editor fills the chair as formerly. Should you be able to show me that what I take for dragons are only windmills the laugh against me will be easy. To be serious, however, which I most desire and is more to the point. In the first place I challenge some of your premises. I contend that “when a patient has interviewed his doctor, paid his fee and got his medicine, the transaction as between patient and doctor *is* at an end, and all obligations have been fulfilled on both sides.” Anything more, on the

patient's part, is a matter of courtesy and good feeling towards the doctor, unless by a previous understanding. Yes, and it is desirable "in regard to scientific prescribing."

But in the latter case, how is the patient to know that he has been fitted accordingly? The mere fact that the "doctor has taken the trouble," &c., will be no guarantee of "*science*" in the transaction—in fact, I believe you will not say that even in three-fourths of such cases any "*science*" has been shown. That it would be better were the patient to let the doctor know the result of his prescription I readily grant, but unless the patient wished for a fresh consultation no additional fee should be demanded.\* Further, I do not remember to have ever heard you claim for the practice of medicine, whether allopathic or homeopathic, that it is, or should be, considered *a science*, but rather *an art*; and for my part I think the more we speak of it in the latter sense, the nearer truth we will be.†

Again, I call in question your dictum that "a great factor of the success of the older homeopaths lay in the fact that they did not reveal to their patients the name of the medicine they were taking; and the most successful prescribers have almost always adopted this rule."

I knew something of the practice of a few of our men fifty years ago, particularly Dr. John Epps, David Wilson,‡ Thos. Engall, Charles T. Pearce, and ten years later and onwards I was happily, and to my advantage, in touch with a large number of our men, and, so far as I knew, their practice. I say, it was the reverse of secret with regard to their medicine, and they owed their success mainly to their intimate knowledge of the homeopathic materia medica, thoroughness in examination of their patients, and carefulness in selection of their medicines—a practice which happily is largely followed at the present day.

Those lines I adopted when I commenced practice, and continued until its end. *As a rule*, open of course to *many exceptions* from individual idiosyncrasies and particular circumstances, I not only told my patients

\* We said nothing about demanding a fee for the report.—Ed. H. W.

† That is true of allopathy, but with its splendid materia medica homeopathy is both a science and an art.—Ed. H. W.

‡ We have every reason for knowing that David Wilson very rarely told his patients what they were taking.—Ed. H. W.

or their friends what medicines I prescribed, but what symptoms mainly guided me in the selection of the same. I taught them also a good deal of homeopathic materia medica, together with the characteristics and general course of many forms of disease, and also how our medicines were prepared by the chemist; and although I was often blamed by my professional brethren for what they thought was so suicidal a policy, I do not believe I ever lost a patient by it; and although I lost a fee occasionally, from the fact of persons prescribing for themselves, I am sure I gained many more, as well as their hearty co-operation and goodwill.

And now I say that, could I have my time over again—but which is quite impossible—I would follow a similar course; for while it would not detract from confidence in the individual doctor it at the same time makes the people *homeopaths* in very truth and *adherents* of it ever afterwards, instead of as sometimes is the case, when a favourite doctor dies, his patients drift back into allopathy, their faith having been in the *men*, and not in the *system*—an event greatly to be deplored by every sound homeopath.\*

Holding stoutly to these views I beg to subscribe myself as in former times,

“VOX POPULI HOMŒOPATHICA.”

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### THAT INDICATION FOR *HEPAR*.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—I do not know if it is a breach of professional etiquette or ethics to comment on a case communicated by a colleague to a medical periodical, but there are several points in that short article by Dr. Selfridge taken from the *Pacific Coast Journal of Homeopathy* and transferred to your pages in last number (p. 420) that seem to require explanation, which perhaps the author will be ready to give if he reads *THE HOMEOPATHIC WORLD*, as he ought to.

The first case is stated to be one of “pyelitis, so pro-

\* The missionary days of homeopathy, in which our worthy critic did yeoman service, are, to our thinking, over. The world may take homeopathy or leave it: we have no ambition to convert the world if it doesn't want converting. Our remarks were made chiefly in reference to constitutional treatment; the everyday treatment of colds and other minor incidents of family practice are in another category.—ED. H. W.

nounced by one of the best allopathic physicians in San Francisco, whose prescription was extirpation of the kidney." As all surgeons in America seem to be doctors, we may assume this physician was a surgeon, as his advice was entirely surgical. And did he really advise extirpation of the kidney for pyelitis? I am perfectly aware that our surgeons on this side of the Atlantic advise and perform many heroic operations for diseases which were formerly thought to be amenable to purely medical treatment; but I doubt if they have got the length of extirpation of the kidney for inflammation of its pelvis, or pyelitis, as the learned call it. If this is a usual treatment of "the best allopathic physicians" in America, it will doubtless soon find imitators among European surgeons. On this occasion the extirpation of the kidney was not performed, and the patient seems to have transferred himself to the treatment of a homeopathic physician, Dr. Selfridge, who, after trying several remedies that seemed to be indicated, was led to the selection of *Hepar sulphuris* by the following symptom: "Although the patient was in bed, well covered with good warm blankets, she said, 'Doctor, I feel as if the wind were blowing on my legs.'" Now the curious thing is that no such symptom, or anything like it, is to be found in the recorded pathogenesies of *Hepar*. How then could Dr. Selfridge have been led to the selection of *Hepar* by a symptom which *Hepar* does not possess? Several medicines as *Baryta acetica*, *Sambucus*, and *Veratrum album* do indeed show the symptom: "Sensation of cold wind blowing on the legs," but nothing of the sort is to be found among the symptoms of *Hepar*, and yet this symptom led to the selection of that medicine, which, we are told, cured the case.

A similar symptom, "she felt as if the wind were blowing between the shoulders," again led Dr. Selfridge to give *Hepar* in a case of asthma of long standing, which had resisted remedies selected by himself and the late Dr. Hering, of Philadelphia. There is only one medicine, so far as I know, which presents a similar symptom in its pathogenesy. It is *Causticum*; the whole symptom runs thus: "Sensation as if cold wind blew between the scapulæ on the middle of the spine, which part remained cold even beside the warm stove." But nothing even remotely resembling this occurs in the proving of *Hepar*,

and yet Dr. Selfridge assures us that this peculiar symptom guided him to *Hepar*, which cured.

All this is most puzzling to the practitioner of homeopathy. Has Dr. Selfridge access to some proving of *Hepar* unknown to the generality of his colleagues, or to the compilers of our materia medica, where this symptom is to be found? Or is it perhaps some so-called clinical symptoms of *Hepar*—a symptom that appeared or disappeared when *Hepar* was given for some disease? for “clinical symptoms” are of both sorts? If so, perhaps Dr. Selfridge will kindly inform us his authority for the symptom that we may judge for ourselves what reliance we can place on it as a true indication for the selection of *Hepar*, which otherwise does not seem to have much homeopathic connection with the diseases it is said to have cured. To be sure, he gives us only names—pyelitis and asthma; but no details as to the symptoms of these cases in which he employed *Hepar*, which is again a pity. Pyelitis may be a slight or a severe disease, but it often terminates favourably without medicine, and asthma is merely a symptom common to a great number of different diseases. Altogether the article is not what one could call satisfactory; and it is to be hoped that some stronger evidence may be given for the homeopathic relationship of *Hepar* to pyelitis and asthma than are afforded by the “sensation of a wind blowing” on the legs and back, which was what apparently determined Dr. Selfridge’s choice of *Hepar*, though it does not occur in the pathogenesis of that medicine.

When medicines are given in what are called “high potencies” it would be desirable, for the sake of enabling us to repeat their experience, that the authors of contributions describing cases where they were successfully employed should tell us if the dilutions were made according to the Hahnemannian method or some of the non-Hahnemannian methods employed by the score or more of the manufacturers of high potencies.

Yours faithfully,

R. E. DUDGEON.

Sept. 10, 1901.

[We will endeavour to submit Dr. Dudgeon’s query to Dr. Selfridge, whose article we thought well to reproduce. In the meantime we may say that in all probability the

symptom *was* "clinical" in relation to *Hepar*; but the cases had clear indications for this remedy independently of the "cold-wind" part of them. Take the second-mentioned case first: *Hepar* has (1) "Attacks of suffocation which force the patient to throw the head back," "wheezing respiration with danger of suffocation on lying down," "Spasmodic constriction of the chest," and other symptoms in which the symptoms of asthma are reproduced. (2) It has also the element of *chronicity*, which was a feature of the case. (3) "Shiverings in the back." (4) Further it has "> from wrapping up the body warmly." The chilliness of *Hepar* may have been expressed by the "cold-wind" symptom; and if that led Dr. Selfridge to notice it as a feature of the case in the earlier one he treated, he was quite justified in regarding it as a useful pointer for other cases. In the latter case: (1) *Hepar* is indicated before almost all other remedies where suppuration is taking place. (2) The patient had the *Hepar* desire to be well covered. (3) Chilliness in bed. (4) The presence of the "cold-wind" symptom observed by Dr. Selfridge in the previous case was an additional indication for him. We are indebted to Dr. Dudgeon for supplying us with remedies having this "cold-wind" symptom in their pathogenesis, and we advise our readers to see that these are duly entered in their repertories. They may add *Hepar*, bracketed if they like, for future observation.—ED. H. W.]

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## VARIETIES.

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KOPLIK'S SPOTS IN MEASLES.—Strzelbickie draws attention to the diagnostic importance of "Svor" or patches on the tongue, to which Filatow first drew attention, and which recently has been confirmed by Koplik, whose name they now bear. In the late epidemic of measles in Tula 84 out of every 100 had well-marked Koplik patches; in 59 other cases they were present 40 times; in 30 cases, 18 times; and in 21 cases every one. The coloured patches are not to be found on the conjunctiva or nasal membrane, only on the tongue, and this is characterised as the measles tongue. It is more evanescent than the scarlet fever tongue.—*Med. Press*, Aug. 21st (Vienna Letter).

THE FORERUNNERS OF TUBERCULOSIS IN SYNOVIAL SACS.—The examination of a number of tuberculous joints reveals a considerable thickening of the walls of the vessels of the synovial membranes. This, however, is only apparent, for the thickening is really the result

of diapedesis of white cells, followed by a deposit of fibres and organisation of connective tissue, forming a sheath round the vessel. This sheath, enclaspings the walls of the vessels, reduces their elasticity, and affords an explanation of the tendency to bleed that characterises tuberculous synovial membranes. Dr. Dieterichs, who describes methods of investigation in *Vratch*, believes that the circulatory disturbance and the formation of the connective tissue sheaths are the forerunners of tuberculosis in these tissues.—*Med. Press*.

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

- Boericke (Wm.). Pocket-Book of Homeopathic Materia Medica. Fcap. 8vo. (Net, 15s.)
- Campbell (W. A.). Dissection Outline and Index for Students. Adapted for use of Morris's Anatomy. 8vo. (Churchill. 3s.)
- Chenery (Margaret). Pocket Handbook for Monthly Nurses. 32mo, sd. (Simpkin. Net, 1s.)
- Cullingworth (Charles J.). A Short Manual for Monthly Nurses. 5th ed., revised by the Author with the assistance of M. A. Atkinson. 12mo, pp. 104. Churchill. 1s. 6d.)
- De Meric (H.). Syphilis and other Venereal Diseases. 8vo, pp. 140. (Baillière. Net, 5s.)
- Dorland (W. A. Newman). Modern Obstetrics General and Operative. 2nd ed. Roy. 8vo, pp. 798. (Saunders. Net, 16s.)
- The Illustrated Medical Dictionary. A New and Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the Kindred Branches, with their Pronunciation, Derivation, and Definition. 2nd ed., revised. Roy. 8vo, 1r. (Saunders. Net, 19s.)
- Fagge (Charles Hilton) and Smith (Philip Henry Pye). A Text-Book of Medicine. Vol. 1. Roy. 8vo, pp. 1142. (Churchill. 42s.)
- Fernie (W. T.). Kitchen Physic: At Hand for the Doctor, and Helpful for Homely Cures. Cr. 8vo, pp. xxviii-596. (Wright, Bristol); Simpkin, 6s.)
- Halliburton (W. D.). Handbook of Physiology. 4th ed. 8vo, pp. 908. (J. Murray. 14s.)
- Jousset (P.). Practice of Medicine. Containing the Homeopathic Treatment of Diseases. 3rd ed. Revised by J. Arschagouni, M.D. Imp. 8vo. (Net 38s.)
- King (William Harvey). Electricity in Medicine and Surgery, including the X-Ray in 2 parts, with a Section on Electro-Physiology, by W. Y. Cowl, and a Section on the Bottini Operation by A. Freudenberg. 8vo. (Homeopathic Publishing Co. Net, 17s. 6d.)
- Pigg (T. Strangeways). Clinical Pathology and Practical Morbid Histology. 2nd ed. Cr. 8vo, pp. 108. (Strangeways. Net, 5s.)
- Senn (Nicholas). Practical Surgery. For the General Practitioner. Roy. 8vo, pp. 1134. (Saunders. Net, 26s.)
- Taylor (Frederick). A Manual of the Practice of Medicine. 6th ed. 8vo, pp. 1044. (Churchill. 16s.)
- Treves (Sir Frederick). Surgical Applied Anatomy. New ed. Revised by the Author, with the assistance of Arthur Keith. 12mo, pp. 584. (Cassell. 9s.)
- Yecki (Victor G.). The Pathology and Treatment of Sexual Impotence. 3rd ed. Revised and enlarged. 8vo, pp. 330. (Saunders. Net, 8s.)

## 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.

—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Jour. Belge. d'Hom.—Clinique.—Journal of Orif. Surg.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Jour.—H. J. of Obst.—Le Médecin Homeopathic.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Astrol. Mag.—The Moslem Chronicle.—Export Journal.—Hahn. Adv.—Rev. Hom. Français.—Amer. Med. Monthly.—Minn. H. Mag.—Clinique.—Cholera. By S. C. Ghose, M.D.—Hay-Fever v. Catarrh. By Dr. E. B. Fanning.—Electricity in Medicine and Surgery. By W. Harvey King, M.D.

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### CORRESPONDENTS.

Dr. Clifton, Northampton.—Dr. Dudgeon, London.—Mr. K. G. Bagal, Shirol, Deccan.—Dr. Berridge, London.—Dr. Lamb, Geelong, Australia.—Dr. Beale, London.—Dr. Murray Moore, Liverpool.—Mr. F. Kopp, Greenwich, N.S.W.—Dr. Cooper, London.

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### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Adv.—Ind. Hom. Rev.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Hom. Envoy.—Hom. News.—Personal Rights.—Med. Century.—Rev. Hom. Française.

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## The Homeopathic World.

### CONTENTS OF SEPT. NUMBER.

#### LEADING ARTICLE.

A School for Patients.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

The War Against Consumption. By R. E. Dudgeon, M.D.

The Cancer Diathesis. By A. C. Clifton.

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

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

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

#### EXTRACTS.

Novel Dietetics.—Insects as Food.

*Hepar Sulphuris.*

"Oh! These Doctors, they are Worse than Theologians!"

Case of Snake-Bite.

A Successful Case of the Serum Treatment of Tetanus.

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

#### NOTIFICATIONS.

#### GENERAL CORRESPONDENCE.

"Mental Obsessions."

*Tuberculin.*

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.

THE  
HOMEOPATHIC WORLD.

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NOVEMBER 1, 1901.

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THE TEACHING OF MATERIA MEDICA.

AN editorial article bearing the title which we have put at the head of this appeared in the *Medical Press* of September 25th. It contains such a candid and truthful picture of materia medica "as she is taught" in the schools of orthodoxy that we think some portions of it worth preserving. The writer says:—

"It may safely be said that medical education is still in its tentative stages, and that in spite of recent admirable advances there remains behind much that requires readjustment. The subject is certain sooner or later to arrive at a more perfect state of evolution, but that reflection should not hinder the attempt to hasten the day of salvation. Recent signs of the times tend to show that radical reforms are needed in medical training and examination. The high standard examinations demand a man crammed to the muzzle with a blunderbuss charge of details in every subject that enters into the curriculum. . . . Materia medica affords a concrete example of the useless lumber of knowledge that the student is obliged to take aboard. He has to acquaint himself with a vast mass of details as to the botany, chemistry, and physiological action of a myriad agents for which the ingenuity of man has found a place among medicaments. When the student becomes a practitioner he will confine himself to a score or so of drugs, and dismiss perhaps 95 per cent. of the remedies whose inner history and vaunted virtues he has so laboriously committed to memory. In materia medica a wise pruning of dry and withered branches would go far towards reviving the interest of medical men in what is still an important part of medical education. There can be

little doubt that the advances of surgery and our more exact knowledge of the etiology and the pathology of morbid processes have greatly lowered the relative importance of materia medica in the field of modern scientific medicine. Yet neither teachers nor examiners show any signs of relaxing their standards so far as the student is concerned. A short while since one of the leaders of the medical profession confessed in the columns of the *Times* that he had never heard of a drug which is found in the American Pharmacopeia. In a private capacity that lack of information was quite excusable, inasmuch as the virtues of the remedy in question appear to have no proved basis. At the same time it seems clear enough that a leader of the profession who enters into a public discussion in the columns of a lay newspaper should at least have taken the trouble to inform himself about the drug he was condemning. The fact that the drug figures in the American Pharmacopeia on the strength of empirical experience need cause no surprise. Our own Pharmacopeia presents a veritable chaos of unsupported theory and dogmatic assertion, which the student is nevertheless required to master before he can pass the ordeal of examination. The best man probably both to teach and to examine in materia medica would be a well-informed physician who is not a specialist in the subject."

It would be difficult to find a description of the allopathic Pharmacopeia at once more graphic and more true than that given by the *Medical Press* writer, who evidently knows what he is writing about. It is indeed "a veritable chaos of unsupported theory and dogmatic assertion." There is no wonder, therefore, that surgery should carve its way to the front, and that such curing by medicines as is to be done should be left to the unorthodox and the unqualified. "Radical reforms are needed," says the writer, "in medical training and examination"; and his idea of a "radical reform" in the teaching of the materia medica is—to hand it over to a "well-informed physician who is not a specialist!"

Whilst we welcome as a sign of grace the open confession the writer makes of the chaotic and rotten condition of his materia medica, we cannot think that his remedy is in any way adequate to his case. It is not so much the *teaching* of the materia medica that is in fault as the "veritable chaos of unsupported theory and dogmatic assertion" which the teachers are *bound to teach*, and the students *bound to learn* before they can

pass their examinations and obtain the degrees which will enable them to unlearn with impunity to themselves the teachings of their materia medica professors by putting them to the practical test on the unfortunate bodies of their patients. It is not so much the *teaching* of the allopathic materia medica that needs reform, it is the *Materia Medica* itself which needs re-writing.

There was an amusing paragraph in the same journal (October 9th), entitled, "Individualism in Medicine"—the subject of SIR THOMAS BARLOW'S address at the Sheffield School of Medicine. The address is described as an "Eloquent appeal to students to 'be not like dumb-driven cattle' in the assimilation of knowledge." Could anything be more beautiful than this sentiment in the mouths of those whose chief occupation is that of intellectual cattle-drivers? Woe betide the student who strays outside the drove, or who is caught kicking over one of the artificial fences the drivers have laboriously fixed for the prevention of students from satisfying their appetites on anything better than the "veritable chaos of unsupported theory and dogmatic assertion" which is all they can provide.

The same number of the *Medical Press* which prints the reforming article devotes the best part of a column to a "review" of the last edition of *The Prescriber*. The "review" is based entirely on the writer's ignorance of homeopathy, of which he seems sufficiently proud. He concludes it thus:—

"We have not the slightest doubt that the author is sincere in his convictions and that he has spent much time in the compilation of the work, but we cannot refrain from asking the question, 'What good is it, and what does it all lead to?' It is not pathology, it is not therapeutics, and it is not the practice of medicine, at all events in the sense in which we understand these terms."

We must refer him for his answer to those who have had the work in use any time the last sixteen years—he will find not a few of them in the ranks of his own school. The writer also suggests that perhaps he may find some of

the "mysteries" of the book solved by a study of the author's *Practical Materia Medica*. We think it possible that this work might enlighten him, and he will presently be able to find a copy at the British Museum Library. If his thirst for knowledge leads him thus far, we should advise him to master the preface before he attempts to understand the text.

The real difficulty with materia medica teaching, and, for that matter, any other teaching as well, is that teachers cannot rid themselves of the notion that their ignorance has some positive value, that what they *don't know* matters a great deal. There can be no *greater mistake*. No human intelligence is sufficiently wide-reaching to make it safe for any other human intelligence to rest satisfied within its bounds. Sir W. BROADBENT imagined that because he knew nothing of *Lachnanthes*, his ignorance of it proved the plant to be of no consequence whatever; allopathic professors imagine that their ignorance of the homeopathic principle proves that the principle is fallacious or non-existent. And *they teach this to their students*.

How comes it that the allopathic Pharmacopeia is "a veritable chaos of unsupported theory and dogmatic assertion"? It is not because the Pharmacopeia does not contain grand remedies, for it does. The proved virtues of the remedies in the hands of those who have known how to use them have compelled their acceptance by the Pharmacopeia committees. Why then the chaos? The reason is that orthodox teachers of materia medica cling to their ignorance—their *don't know*, their minus quantity of knowledge—as a *positive* good, and resolutely shut their eyes to the only light that could disclose a principle of order in the seeming chaos. To the homeopath the allopathic Pharmacopeia is by no means a chaos, because the homeopath holds the master-key of the situation. When once the teachers of allopathic materia medica can learn the true teacher's first lesson—ever to keep an open mind—allopathy will have a

chance of *possessing* a materia medica which is not chaotic, and the *teaching* of materia medica will then be able to take care of itself.

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## NEWS AND NOTES.

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### DR. WILLIAM HILL AND HOMEOPATHY.

THE following letter appeared in the *Daily News* of October 7th:—

“HOMEOPATHY.

“SIR,—In your summary of an address delivered by Dr. W. Hill at the opening of the medical session at St. Mary’s Hospital on the 1st instant, the lecturer is reported to have said that ‘faith-healing, touching for King’s evil, mesmerism, homeopathy, and clairvoyance kept occultism going from the time of the Stuarts to the end of the sixteenth century.’ The confusion of ideas involved in such a statement is even more remarkable than the historical inaccuracy; but it may be as well to point out that homeopathy was first introduced to the world in the early years of the nineteenth century. That this scientific presentation of the action of remedies should be classed with occultism or charlatanism in any form will appear simply ludicrous to every lay or medical reader acquainted with the real facts. During the comparatively short period that has elapsed since its promulgation homeopathy has extended all over the civilised world, having been gradually adopted after full investigation by an increasing number of highly qualified men in the medical profession, and by a large and intelligent section of the public, after practical experience of its advantages. I venture to think that there is less room for dogmatism with regard to medical treatment than any other subject engaging the attention of mankind; and there have probably been more advances in this art (due largely to the teaching of homeopathy) during the past half-century than in the whole period during which medicine has been cultivated. Instead of being ‘occult’ in any way, homeopathy has always courted scientific investigation. In the interests alike of the public and the medical profession, it seems to me desirable that *ex cathedra* utterances should be tempered by some knowledge of the subject.

“Yours truly,

“London, October 2nd.”

“ALFRED PULLAR.

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### SPIDERS AND MALARIA.

The following letter appeared in the *Standard* of October 10th:—

“A CURE FOR MALARIA.

“SIR,—As one who, from unhappy experience, knows something of malarial diseases, may I, for the good of others, be permitted to make

known a safe and certain specific? It came to me through the Quakers, who obtained it from the Red Indians, and it cured me immediately, when, in a malarious district of the United States of America, I was suffering from that meanest of all maladies—fever and ague. Years after, in India, when afflicted with jungle fever, it was equally efficacious; and I then found that the remedy was known and used by the wild races of Hindustan.

“Let no one despise it as a common thing, or refuse to try it because it can be obtained free of cost. I maintain that it is marvelously efficacious and rapid in its effects, and I have never yet known it fail to effect a cure of any malarious ailment. Swallow a moderate-sized pill, composed of rolled spider’s web, and in ten minutes the miserable sensations produced by malaria will cease.

“I am, Sir, your obedient servant,

“R. BATES.

“Camden Square, N.W., October 8th.”

There is nothing very strange to homeopaths in the cure of malaria by spiders, as a reference to *Aranea diadema* of the materia medica will show. Spider’s web (*Aranearum tela*) also appears among the remedies, though we were not aware of this use of it before reading Mr. Bates’s letter.

#### CANCER AND MALARIA.

It would almost seem that, if it were not for the multiplicity of diseases, any single disease might be capable of wiping out the human race. Sir W. Broadbent (*Brit. Med. Jour.*, January 24, 1891) has vouched for two instances in which an attack of small-pox cured a young man in the last stage of consumption, and we have little doubt that the diseases of our childhood—measles, scarlatina, &c.—are valuable scavengers of our constitutions. They take their toll, no doubt; but they save a vastly greater number of lives than they destroy. Here is a forcible confirmation of this theory from the *Standard* of October 22nd. We shall be breeding Anopheles and importing negro babies from West Africa if this theory proves correct, for, unless checked, cancer seems at present likely to carry all before it.

“BERLIN, Monday Night.

“Professor Löffler, of Greifswald, calls attention to an old statement that the spread of cancer is stimulated by malarial conditions. He says:—

“It has been assumed that the increase of cancer must be attributed to the decrease of tuberculosis. With the same, even with greater, plausibility the increase of cancer could be attributed to the

disappearance of malaria from the central European countries. The Tropics are the chief home of malaria. The question came naturally to my mind, in this connection—"How is it, then, with the spread of cancer in the Tropics?" Judging from the scanty information which I have been able to find in the literature on this subject, it seems that cancer scarcely exists in the Tropics. A colleague and friend of mine, Dr. Paget, who has been practising in Northern Borneo for the last ten years, tells me that he cannot remember having seen a single case of cancer all this time.

"The matter seems so important to me that I would beg medical men in the Tropics to report on their experiences concerning the spread of cancer in those regions, and also to collect new facts. It would be of the greatest interest to find out, by thorough investigation, not only in the Tropics, but, above all, in the subtropical countries, and in the temperate zones, where centres of malaria exist, in what proportion the prevalence of cancer in malarial districts stands to that in districts where malaria does not exist."

"I may add the investigation is of practical importance. Dr. Löffler has suggested the advisability of considering whether it would not be right to produce malaria in an artificial manner in the case of cancer patients, in order to ascertain its effect on the original disease."

In the meantime, homeopaths might try *Malaria 3x*. They will find all about it in Vol. II. of the *Dictionary of Materia Medica*.

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#### DIPHTHERINUM FOR SCARLATINA.

The following appeared in the *Medical Times* (New York) of September:—

#### "THE CURE AND PREVENTION OF SCARLET FEVER BY THE USE OF DIPHTHERIA ANTITOXIN.

"C. H. Dalton (*St. Louis Med. Review*, April 6, 1901) says that two years ago he accidentally discovered that diphtheria antitoxin was an excellent remedy for scarlet fever, and later investigation proved that it was equally efficacious in preventing the disease. He has now tried it in a large number of cases, so many, in fact, that he must conclude that it is a sovereign remedy in the treatment and prevention of the disease. He has used antitoxin in over thirty cases since, and has immunised the other children in the families. None of them had the disease. None of the patients died, though many of them had the disease severely. A fact which impressed him particularly was the mild form assumed after the use of antitoxin in a number of cases which were running a severe course."

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## RED LIGHT FOR RED DISEASE.

The following appeared in the *Medical Press* of October 2nd:—

“Readers of De Foe’s little-known *Roxana* may remember the description of the spare bedroom which was draped in red cloth and was kept for such cases of sickness as might arise. The old four-posters, with their heavy drapery of crimson cloth, were the sole survivors of the custom of the red-draped bedroom in modern days. The origin of the practice had been forgotten, but the custom remained of surrounding the sick man with red drapery; it was handed down for centuries, and was recommended in the *Rosa Anglica* (1305–1307) by John of Gaddesden, who probably borrowed it from Gilbert’s *Laurea*, written when medicine was at its lowest ebb in England. Physicians then seemed to gain respect neither for their skill nor conduct. Piers Plowman writes: ‘Murderers are many leaches,’ and again, ‘Lord, them amend.’ As our readers are aware, the practice has been in some degree revived, especially in cases of small-pox and scarlatina, and Don Julian Garcia Suetto (*El Siglo Medico*) reports a case demonstrating the successful use of red rays in the latter disease. The patient, a child two years old, had a severe attack, and on the fourth day of the illness the windows of the bedroom were covered with red cloth. At this time the temperature had reached 104.5°, the tongue, mouth, throat, and tonsils all indicated a fever of great severity. The only medication given was the sixth of a grain of the sulphate of quinine every two hours. Three days afterwards the child was convalescent, the temperature normal, and the little patient almost in her ordinary health. No mention is made of the desquamation of the skin or of the condition of the alimentary canal on this date. The case is interesting both as a revival of a treatment so many centuries ago discontinued, and from the wonderfully good results that treatment gave. We think it is worth trying; it is easily and inexpensively carried out, and in no way precludes the ordinary treatment.”

Who said “homeopathy”?

## TWO NEW BACILLI—TWINS.

STILL they come! The latest “unwelcome little strangers” have appeared in two places at the same time, as witness the following:—

“Professor Gussenbauer, the eminent surgeon of the Vienna University, made an interesting statement in his opening lecture yesterday. He had noticed, he said, that several operations during which asepsis and antisepsis were, of course, carefully watched, had not turned out as favourably as was anticipated, the process of healing being hindered by the so-called ‘gas abscesses’ in the wound. Bacteriological investigation showed that a new bacillus was the

cause. The peculiarities of this organism are that it develops only when oxygen is excluded, and that it generates gases during its growth. The same bacillus was then found on the ceiling and also on one of the walls of the operating theatre. Further investigation and experiments with the new bacillus are now being made, the Professor added, in Professor Weichselbaum's Bacteriological Institute, and a full report will shortly be published."—*Standard*, October 18th.

“NEW YORK, *Sunday Night*.

“Mr. McKinley's doctors receive many telegrams for details respecting a strange gas bacillus reported to have been found by them. Dr. Wasdin says it is distinct from the discovery announced by Professor Gussenbauer, of Vienna, or the similar bacillus previously described by Dr. Welch, of the John Hopkins University. The following is the text of the report of the bacteriologist (Dr. Matzinger) respecting the discovery: ‘A gas-forming bacillus which in pure anaërobic culture on glucose gelatin forms small pearly translucent colonies, with no liquefaction. In litmus milk it produces acid, but no coagulation. Morphologically, it is apparently a capsulated short bacillus, which takes stains poorly, and does not stain by Grams' method. Inoculated into the ear vein of a rabbit it killed immediately. Afterwards it produced—after twenty-four hours in the body of the rabbit—a marked accumulation of gas in the organs, and again grew out in pure culture.

“It is believed to belong to the colon group of bacilli, lives on sugar, and converts the residuum primarily into alcohol, and secondarily into carbonic acid gas, such as marked the autopsy on the late President.”—*Standard*, October 21st.

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### FLUORINE IN BEER CAUSES THROMBOSIS.

A CORRESPONDENT sends us the following important item from the *Chemist and Druggist* of August 3, 1901:—

#### “FLUORINE IN BEER.

“In the *New York Medical Journal*, July 6th, Dr. Fritz Schwyzer, of St. Francis Hospital, reports a case of a patient suffering from painful swelling of the legs and intense pain in the abdomen, and, later, swelling of the lower part of the body from thrombosis of the iliac vein. The patient was accustomed to drink considerable quantities of beer, and research showed the symptoms to be due to excess of fluorine in the system. The beer was examined and found to contain fluorides added as preservatives. Dr. Schwyzer concludes that *Fluorine* is a cumulative drug, and that it should never be used as a preservative for foodstuffs.”

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### NATRUM SALICYLICUM CAUSES BLINDNESS.

AN observation of very great importance to homeopaths

was recently brought before the Ophthalmological Society (*British Medical Journal*, July 13th):—

“Mr. Simeon Snell related the following case:—

“The patient, a girl, suffered from acute articular rheumatism, for which *Sodium salicylate* was prescribed. She woke from sleep at 7.30 a.m., and said that everything was dark in front of her. At the medical attendant's visit between eleven and twelve he found her unable to distinguish between light and darkness. The next day Mr. Snell saw her and found her perfectly blind. The ophthalmoscope disclosed nothing abnormal in either fundus. The following day he again saw her, when she was succumbing to pericarditis with endocarditis. Again nothing abnormal in either fundus was detected. There was no return of vision, and she died that same evening. It was calculated that the total quantity of *Sodium salicylate* taken must have been 140 grains, if not 160 grains, in sixty hours.

“Mr. Snell said he thought that there could be very little question that the *Sodium salicylate* was the cause of blindness in this instance. The number of similar cases recorded was very limited.”

#### PARAFFIN IN DIPHTHERIA.

THE following letter appeared in the *British Medical Journal* a short time back:—

“SIR,—In the *British Medical Journal* for June 29th, which I have only just seen, your Cardiff correspondent seems surprised at the treatment in Wales of diphtheria by *Paraffin*. I saw the suggestion in the *Journal*, I think about twelve years ago, and, acting upon it, I have applied it locally in all my cases except those of young children, who cannot be induced to submit to it. No case so treated has died, though several children treated with antidiphtherial serum have. I have not given it internally. I should be glad to know if *Paraffinum liquidum B.P.* is the same thing.—I am, &c.,

“T. LAMBERT HALL.

“Dilwyn, Herefordshire, July 31st.”

#### LACHNANTHES FOR LIGHT-COMPLEXIONED PEOPLE.

SUCH, we should infer, is the deduction to be made from the following observation (*British Medical Journal*, October 12th):—

“LACHNANTHES.

“With reference to *Lachnanthes* there is an interesting passage in Darwin's *Origin of Species* (sixth edition, 1885, p. 9) on the effects of the root of this plant on pigs. The passage is as follows: ‘From facts collected by Heusinger, it appears that white sheep and pigs are injured by certain plants, whilst dark-coloured individuals escape. Professor Wyman has recently communicated to me a good illustra-

tion of this fact. On asking some farmers in Virginia how it was that all their pigs were black, they informed him that the pigs ate the paint root (*Lachmanthes*), which coloured their bones pink, and which caused the hoofs of all but the black varieties to drop off; and one of the "crackers" (that is Virginia squatters) added: "We select the black members of a litter for raising, as they alone have a good chance of living." It may be added that Dammarsen says that white sheep fed on green buckwheat suffer from erythema and swelling of the head with formation of bullæ and eschars when exposed to sunlight."

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## ORIGINAL COMMUNICATIONS.

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

BY A. C. CLIFTON, M.D.

THE title of this paper might seem to suggest that its purport was to disparage surgery in comparison with medicine. That, however, is not the case; it is rather to protect medicine from being ousted from its proper sphere of usefulness for the restoration of the sick and maimed, to health and wholeness of the body.

Both medicine and surgery have a place for which they are severally best suited; but from the fact that the science and art of surgery have made marvellous progress in efficiency during the last few years, and that many more lives have been saved by it than aforesaid, the trend of faith in restorative means is now more in the direction of surgery than of medicine. But I contend that this is *unduly so* and without warrant—that, in short, surgical operations are much too frequently resorted to in cases that might be *cured*, and cured with greater completeness, by medicine alone.

With this profound conviction (which some persons will call a *delusion*) I propose to set forth in as plain and unprofessional phraseology as I can command, the main features of several cases that came under my observation and treatment in the course of forty years' experience as a homeopathic practitioner—cases particularly that were considered by some of the most eminent members of the old school beyond the reach of any curative means except surgery, but which, nevertheless, were cured by medicine in accord with the principles of homeopathy. While the mere outlines of the cases will be presented, the medicines

prescribed will, moreover, only be cursorily noticed, inasmuch as several of the cases have already been published in detail in other journals more strictly professional, and also because more than that would serve no really useful purpose; for, as no two cases are ever exactly alike, the medicine that would be curative in one would not necessarily be curative in another, the *totality* of the symptoms having to be considered, particularly those of a constitutional character. In other words, the individual has to be treated, and not the disease from its recognised nomenclature. In fact the sole intent here is to show what *homeopathy can do by medicine* "lest we forget," giving a secondary place the particulars of *how it is done*.

*Anal fistula.* Thirty-five years ago I prescribed for a gentleman who said he was suffering from piles. He being no better after a month's treatment, he allowed me to examine him, when instead of piles I found a complete *anal fistula*. My patient, fearing to trust to homeopathy, then consulted an eminent London specialist, who confirmed my diagnosis, and said a surgical operation was necessary, after which he would go home cured. My patient, being in a large way of business, got permission to return home for five or six weeks, after which he was to undergo the operation. On returning home he immediately saw me and reported the result of the consultation, and added, "Although I suppose I will have to submit to the knife, if you like to treat me meanwhile you may." That I assented to, went circumstantially into his previous physical condition, found that for several years he had suffered from constipation and sometimes from piles; his skin was generally dry and rough, he suffered from chapped hands in winter, and scarcely ever perspired. For this condition, with several other occasional but pronounced symptoms, I prescribed *Sulphur* and *Graphites* in alternation a week each, with intermissions for a week at a time.

In seven weeks my patient, being somewhat better, but still dreading the knife, wished to continue my treatment. The same medicines in varying dilutions, with occasional intermissions, were persevered with for six months longer (sometimes taking *Causticum* for other symptoms). At the end of this time I considered he was cured.

He then thought he was in honour bound to show himself again to the London specialist, and, in fact, would like his opinion. After the surgeon had examined him and referred to his notes he said, "Had you not a fistula when you were here nine months ago, and promised to come up again for an operation?" "Yes," was the reply. "But there is nothing the matter with you now; what have you been doing?" he was asked. "I have been under homeopathic treatment and was considered cured, but thought I would like your opinion," was the reply. "— your homeopathy and such-like humbug! you need not have troubled me," was the exclamation, and the patient was dismissed.

That patient had no return of the disease in any way up till death forty years afterwards. He was a gentleman well known in the commercial and political world, and whenever in the company of other gentlemen where, without offence, he could mention his case, he did so, and made a good many converts to homeopathy. He was a liberal supporter of it in his own town and of the Homeopathic Hospital in London.

Some time after that occurrence I had a similar case to treat, which had come on several years subsequent to an operation for the excision of piles. In addition to the *anal fistula* this gentleman had an affection of the urinary organs, and was of a gouty habit of body. Without entering into further details in that respect, I may say my treatment consisted in having the lower bowel washed out with water after every alvine evacuation, an injection of *Calendula* water into the fistula, and for his general and local condition he took *Causticum* in varying dilutions twice a day for about *three months*, with occasional intermissions, and sometimes taking *Sulphur* for a few days. At the end of this time he was permanently cured.

"Were you as successful with other cases of this nature that came under your care?" it may be asked. "No, I was not," is my reply. "I never treated more than four others; two of these were benefited, the others were so bad constitutionally that there could be no hope for them either from medicine or surgery."

*Nævus* (for the lay mind this may be described as "a mark or blemish of a red colour, consisting of a number of dilated and distended minute blood-vessels on the

surface of the skin or within its texture"). The subject of this case was an infant girl, born with two of these marks on the body, and one of them in a conspicuous part. Each measured about two inches by one inch, and was of a dark red colour, but they did not appear to be painful. There were also several very small florid spots in other parts of the body; the child was also pale and ill-nourished. Nothing was done for the nævi for about a month, but medicine was given for the general condition, as the nævi and florid spots increased in size, and an attempt was made to destroy them by caustics. The application, however, caused so much pain and would leave a scar, even if successful, and was desisted from, and internal medicine alone was decided upon.

I knew the health history of the mother, and also of her mother, both of which had been bad and showed characteristic constitutional degeneracy; and, taking all the circumstances into account, I thought if any medicine would do good (which I considered was very doubtful) *Lachesis*, *Phosphorus*, or *Lycopodium* were the most likely agents.

*Phosphorus* was then given, but without benefit; then *Iron* and *Fluoric acid*, but with no result. *Lachesis* was then given, which seemed to do some good, but as the child was constipated, and the urine deposited lithates on the napkin, and several other symptoms had arisen, all pointing to *Lycopodium*, I gave that medicine. After a month there was manifest improvement in the health of the child, and the nævi were smaller and paler. The medicine was therefore continued at rather longer intervals for about nine months, at the end of which time the nævi and other marks had disappeared and the child was well.

I saw her sixteen years afterwards, when her mother told me she had scarcely had a day's illness since that time.

I never treated a similar case by medicine alone, and had I attempted it I doubt if my success would have been so complete. To attain to that requires a large amount of time to unravel the phenomena of the case, and in finding a suitable remedy, which but few men *could* give to it. Moreover, the patience and perseverance shown by the parents is an important element, and not always forthcoming.

Should you, Sir, think these cases worthy of notice by the readers of THE HOMEOPATHIC WORLD and you would like more, I will (health permitting) meet the demand in future numbers of your journal—cases different in character from the foregoing, but such that were deemed irremediable except by surgery.

Had these and similar cases been published in as popular and unprofessional a style years ago I might have been accused of grinding my own axe, but inasmuch as I have unfortunately been compelled to discard that implement—and for ever—that objection cannot be maintained. There is not so much as a glimmer of *science*—often falsely so called—in the treatment which I have presented, but merely the result of patient toil and perseverance, which must stand only for what it is worth.

[We cordially invite our good friend to send us all the material of this kind he can possibly put into shape.—Ed. H. W.]

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## CANCER—HEARSAY EVIDENCE—A NEW USE FOR *VIOLA ODORATA*.

By DR. COOPER.

THIS morning a lady wrote me as follows :—

“DEAR DR. COOPER,—I wish you could look in ; I want very much to tell you of a most extraordinary case of cancer being cured by a simple remedy. It was a most virulent type of the disease. It happened to an old lady of seventy, a connection of our family. I think you would be interested to hear about it. It was a homeopath who recommended the remedy without knowing its virtue.”

Accordingly I turned up to hear that the old lady referred to had been rapidly choking with a malignant growth in the gullet which prevented her swallowing, the malignancy of which was confirmed by the independent microscopical investigation of the four doctors attending, all of whom agreed in the extreme malignancy of the type and the complete hopelessness of the case.

It was at this juncture that a homeopathic friend in London was appealed to, and he advised the application externally to the neck of poultices of common violet leaves. After the first application the lady felt somewhat

relieved. On persevering with the violet leaves rapid improvement set in, and in two or three weeks she was quite well. The case is creating a great stir and accurate information may in time be obtainable. Meantime I give the facts as furnished to me, as I consider it worth publishing, even in this form.

The common violet has a far deeper action than it is usually credited with, and when we know that it and its ally—*Ipecacuanha*—have both been used locally to antidote the virulent effects of snake-bites and bee-stings, the probability of its dispersing a malignant growth does not seem wildly improbable.

The name given me of the homeopath who advised violet leaves was not that of any of our doctors or chemists, and I presume he was a layman.

18, Wimpole Street, W., September 17, 1901.

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## A SIMPLE PREVENTIVE OF SMALL-POX.

By DR. COOPER.

THE impression that onions have the property of absorbing poisons of different kinds has prevailed for ages. An instance of this is recorded where a cholera-stricken ship had a cargo of onions on board; the cholera ceased, but some weeks afterwards, on coming into port, the onions with which even the decks of the ship were strewn, were distributed amongst the townsfolk. Result, an immediate outburst of cholera.

A lady lately mentioned to me an instance in which every house but one in a street was stricken with small-pox, and in the house which remained exempt there had been hanging in the passages strings of onions. These turned quite black during the epidemic and were subsequently destroyed. The prejudice against eating a cut onion that has been lying about overnight is prevalent in almost every kitchen, and this may be from its property of absorbing noxious gases, which it naturally would do more freely from a raw and unprotected surface.

Anyway there can be no great harm in these epidemic times in the timid hanging up onions in the passages of their houses and destroying them should the onions become discoloured or show signs of shrivelling.

## CANCER OF THE BREAST.

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

*(Continued from p. 451.)*

As bearing upon the possibility of cancer dispersing, this narrative is interesting:—

On speaking to a lady on the subject of cancer she mentioned this occurrence as having been brought under her immediate notice. A lady moving in London society, in her own circle and well known to her, was afflicted with what had been unanimously pronounced by several doctors to be a very severe cancer of the side of the neck. Its incurability by any known means was admitted beyond a doubt. There were three prominent London doctors in attendance upon the case, and on one occasion they met in consultation, and after their deliberations were over, the spokesman thus addressed his patient: "My dear lady, we have consulted about your case and are very pleased indeed to be able to inform you that we can find no change in the disease, and that it has apparently remained unchanged for the last twelve months." "Well, then," replied the patient, "if this is all you can tell me, and that my disease has remained stationary notwithstanding the great amount of medical attendance I have had during last year, I must decline any further treatment, and will let matters take their course."

As the doctors were leaving the house they inquired of the patient's friend who accompanied them what treatment the patient intended to try, as it seemed to them incredible that a patient with such a fearful disease could have the fortitude to go untreated. The attendant expressed her belief in the sincerity of the patient's statement, and that all treatment would be given up. This was exactly what was done, and the lady went and travelled abroad from place to place, and on her return home after two years of journeying she was perfectly free from all traces of cancer, and this too without having taken a dose of additional medicine, or undergone any kind of treatment.

My explanation of the disappearance of the cancer is this: Among the various remedies that were given the patient by her doctors was the indicated remedy, and this had begun to act upon the disease, and had also possibly strengthened the patient's mind and had opened

her eyes to distinguish between good and evil, and had given her courage to discontinue a treatment that was admittedly powerless to overcome her disease, and in this way the necessary repose required by the homeopathically related remedy was secured, and time was thus given for it to expend itself upon the disease which thus led to its gradual dispersion.\*

Case V.—This case, which would come under the term of "*Fibroma of Adolescence*," is given more from the fact that nothing short of operation was found remedial for it in a metropolitan hospital, than from its cancerous nature. The treatment she had had was malignant, the tumours were not!

E. A., a dressmaker, came to me July 12, 1899. Delicate looking, impressionable, and anxious; auburn hair, aged 26.

*Family History.*—Mother died of uterine trouble at 26, Phthisis, tumours, and cancer are known to prevail in her family.

*Patient's History.*—Has been eight years under constant treatment, never more than two months away from hospital. M.p. came at six years old and was stopped by medicines; at seven had typhoid fever. At eighteen pain in the left side (inguinal region) set in, and has ever since attended Soho Hospital for Women and more recently St. Bartholomew's.

Bowels confined all her life, uses enemata. Left inguinal region: Sharp dragging pain with irritation of vagina and backache. Leucorrhœa yellowish, m.p. two and a half days' duration, brownish colour. Breath unpleasant, sleep restless.

In July, 1895, had small tumours removed from left breast at Bart.'s, and sometimes left breast swells and is painful. Much neuralgia of the head, and aching of eyes. Subject to colds and loses voice. Throat easily inflames, and has much phlegm at these times. A great deal of palpitation and throbbing headache, worse in the morning, better as day goes on, worse at m.p. Local examination of breast: Left breast large and lumpy, especially upper segment.

The last treatment proposed was to have the womb

\* Mr. Pearce Gould refers to an undoubted case of cancer of breast that had disappeared without treatment.—Trans. Clin. Soc. of London, vol. xxx., 1897, p. 209.

curetted, but no treatment has ever given her any relief, and she is gradually getting feeble and looks forward with apprehension, as her mother died at this age, namely, 26. Prescription, *Atropa bellad.* φA.

Sept. 27, 1899.—Very much better. Bowels still confined. Leucorrhœa still, and profuse, much less pain at the two first m.p.'s, but at third time a good deal the first day. For the last three weeks pains round eyes and back of head, and eyes ache a good deal; pain gone from breast. Aphonia a month ago, but voice returned of itself. Much less palpitation. Sleep better but still restless.

I should say that *Bellad.* had been probably given hundreds of times to this patient, and yet this single dose brought decided relief. It was again given at this date, September 27th, with relief to the ovarian pain, but otherwise with disturbance, viz., increase of breast pain, restless sleep, and sore throat.

Space will hardly allow of full reports of each interview beyond saying that *Actea racemosa*, *Cannabis indica*, *Spirea ulmaria*, and *Nerium oleander* were her chief remedies, always in arborivital dose, and that from the time she took the second dose of *Belladonna* the treatment of her case may be said to have been a very simple matter, as she was well able to keep at work and earn her living. I will content myself with giving the few last reports.

May 1, 1901.—Nerves feel weak. Leucorrhœa a good deal. Prescription, *Lobelia erinus*, φA, with *Kali brom.*, 30, two tablets every fourth hour if in pain.

June 26th.—Greatly improved. Pain in the ovary, relieved by pressure. A good deal of leucorrhœa still, also palpitation of heart. Takes cold easily. Bowels confined (1 in 3). Bearing down relieved by lying on back. The *Kali brom.* 30 tablets relieved the dysmenorrhœa at both m.p.'s very much.

For the symptom,\* "pain in the ovary relieved by hard pressure," I gave a dose of *Platinum* 200, and on Sept. 26th, when I saw her after the holidays were over, she was looking in every respect well. She had walked eighteen miles in one day, and on other days eight or nine miles. The bowels were acting well, her spirits were good. The ovarian pain had nearly gone, and except for headache at the m.p., and painfulness of the

\* This symptom was given me by Dr. Skinner, by word of mouth; I cannot, as I had expected, find any written record of it.

left breast at these times, she was quite well. The lumpiness of the left breast had gone.

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## DIET.

By ARTHUR A. BEALE, M.B.

(Continued from p. 458.)

### V. IN INFANCY AND CHILDHOOD.

FOR every effect in the universe there is an antecedent cause. The healthy physique of adult life depends, to an inestimable extent, on the wise care in infancy and childhood. Such care includes appropriate food. The line of cause and effect is infinite. Mothers neglect themselves: their children, grandchildren, and great-grandchildren suffer. So there is much to be said for the old adage, to reform a child commence at the grandmother.

As the writer has so often emphasised, diet in its wider sense must include all that enters a man. Fresh air, water, and solid food only form a portion; there is the wider and more potent field of mental pabulum, since, whilst one can often combat the bad effect of improper alimentation by a pure and healthy mind, no food can stay the malignant influence of poisonous thoughts.

The mother, on whom the child entirely depends for nourishment and mental sustenance before birth, and for a period afterwards, is in the majority of cases ignorant that she exerts any influence mentally, and careless what physical food she supplies. Prenatal influence was till very lately considered a superstition, and even now in this country is propounded with a great deal of reticence, whilst in America it is a practically recognised fact by the more intelligent. How, then, is the mother able to set into operation those forces which, were they known, would create a race of gods instead of this puny community of syphilitised and scrofulous malcontents? Does not a great responsibility rest with us to supply to mothers and those probationers for the sacred post of maternity that information which they ask for and, we fear, in vain? Instead of this, so great is the ignorance in many quarters, that the

child has hardly breathed ere the first incentive to an unhealthy life or an early grave is given, by the Mrs. Gamp *pro tem.*, in the tempting morsel, the delectable concoction of sugar and butter, administered with such regularity and zeal that one might almost fancy the future welfare of the child depended upon it. Unfortunately this is only the initiation of such a long series of improprieties, that the wonder might well be, not that so many, but rather, that so few die. The early infantile exploits might well be compared to those of the venturesome mountaineer who, without a guide, tempts Providence by "attempting" the Alps, with their perilous series of crevasses and glaciers. Much if not all of this might be avoided by a series of tuitions on the duties of maternity. As has often been pointed out, every post in life but the all-important one of motherhood requires careful preparation and examinations. No doubt when we wake from our present troubled sleep we shall commence to remedy this.\*

The first food of a newborn child should be the mother's milk, and that alone. There is, as every doctor knows, a difference between the first milk taken by the baby after a confinement, and that which is ultimately secreted. It is called the colostrum, and is very rich in fatty matter; this acts as an aperient upon the child and assists in clearing the meconium from the bowels.

It is seldom that the "draft" of this special milk comes into the breast before the third day.

Every child should wait for its first nourishment until the mother can supply it, the only application allowable being cold water in teaspoonful doses; this knowledge would prevent sleepless nights, worry to the mother, at a time when she requires the greatest rest and peace of mind, and discomfort to the baby, who after taking this will often fall to sleep.

*Treatment of the breast.*—Delay in the secretion of milk is often caused by an undue and unnecessary prescription of nourishing food for three days after the birth. A suggestive coincidence! If there be no complications and the patient's temperature be normal, there is no reason why the diet should be limited, always with the understanding that the selection of food is rational, viz.,

\* Since writing this we are glad to see that such a series has been started at Battersea.

the same reasonable diet as in health, with perhaps the addition of more milk in the interims.

Cleanliness, douching, compresses, and fresh air should be used as needed. Bathing the breast in cold water is often an aid to encourage the milk and prevent complications.

The nipple must always be a matter of care and concern by the nurse, the habit of applying to it some harmless antiseptic or at any rate thorough cleansing, before applying the child, is necessary. Many of the complications of the breast, including ulcerated or painful nipples and abscesses, are probably due to the absorption of lurking germs near the orifice of the ducts, combined with the necessary bruising of the nipple by the baby in the act of sucking.

Let it be understood that the habit of recommending stimulants and gross drinks like spirits and malt liquors to improve the condition of the milk is a useless and injurious one. The healthy supply of milk must depend on healthy food and surroundings, and any increase in quantity of the milk will be at the expense of its quality.

The influence of the alcohol on the parent at this important period must be to diminish that constant control which is so important an influence on the child and the mother, gives to the child a legacy of irascibility, bad temper, and ill-health; besides this, the alcohol passes through the milk into the child, impressing upon its system a liking for the stimulant and, at the same time, reacting on its tissues directly, depreciating their health.

*Regularity of feeding.*—Some mothers use the breast to keep the child quiet, for her own comfort. This creates a habit of irregularity, and the breast, the mother, and the child's stomach never get the rest required. It does not satisfy the child, and only irritates. All things work in cycles; the "draft" is no exception, there is a period of flow and a period of rest. There is no necessity to feed a child exactly at the allotted minute as some do, but this is a thousand times better than the indiscriminate *attentions* of others. It may be calculated that up to  $2\frac{1}{2}$  or 3 months the child should be fed every 3 hours. And after that every 4 hours; twice during the night for the first 3 months, and once after up to 5 or 6 months,

when an attempt should be made to wean the child from the night feeding.

Up to the time of the appearance of the first two teeth the breast milk is the right and proper nutriment, and no other should be added, but should this fail, as I fear is more the case than the exception in our large cities, the question of what to do becomes a pressing one.

It is here that a great danger enters, and sound advice from the physician, taken in time, may save much illness and perhaps the baby's life. Two courses are open: 1st. To select a wet-nurse; 2nd. To use artificial feeding.

In selecting the wet-nurse, which should fall to the lot of the physician, care must be taken to avoid one who is subject to syphilis, consumption, gout, or rheumatism. The woman must be robust and the breasts healthy. Examine the nipples carefully. So-called chapped nipples should be looked upon with suspicion. If possible the child of the foster-mother should be also examined. If the child of the woman has died or was stillborn, examine into the cause. The physician should remember that he has a duty to the woman substitute as well as the child. A woman with sore or festered nipples more easily contracts syphilis than otherwise. If possible the development and stage of the breast should correspond with the age of the baby to be suckled. She should, moreover, be an abstainer for reasons previously mentioned, and others easily imagined.

The greatest care and knowledge is required in advising the mother or nurse as regards artificial feeding. There are various animals whose milk forms a fair substitute for the mother's, but none that are identical. The most convenient and in many ways desirable substitute for the mother's milk is that of the cow. It is always get-at-able! Some suggest that *one* cow's milk be exclusively used. This is a very doubtful policy, since, should the cow fail, the baby is stranded; then the defects must be more emphasised where the milk comes from one alone than where the milk from many cows is mixed, and there is less likelihood of variations, where the defects of one are hidden in the many.

Look at this comparative analysis in 1,000 :—

			Human Milk.	Cow's Milk.
Casein	...	...	39.24	48.28
Albumen	...	...	—	5.76
Fat	...	...	26.66	43.05
Sugar	...	...	43.64	40.37
Salts	...	...	1.38	5.48
Total Solids			110.92	142.97
Water			888.08	857.06

Cow's milk is richer in solids, especially cream, casein, and salts, though deficient in sugar.

This is in a rough way overcome by diluting down with water and adding sugar; the latter is too often cane sugar excessively used. This is the first mistake. Of late many companies have put upon the market products they call humanised milk. Not all of these are reliable. Ignorant dairymen sometimes sell sterilised milk, saying it is the same as humanised. That manufactured by the Aylesbury Dairy Company is the best known perhaps, and is thoroughly reliable. Their preparations are made up ready for use after warming in three qualities to fit the growing child. In these products the cow's milk is subject to changes which approximately constitutes it equal to human milk. There is a product too sold by Burroughs & Wellcome, called Zymine powders, for peptonising the milk. The same firm also send out a more complicated powder, one of Fairchild's preparations, which are useful for the same purpose. In the absence of all these accessories, and where, by location or want of funds, they are unobtainable, the physician's ingenuity is taxed. Experience has taught us that many expedients are possible.

Warn the mother to avoid cane sugar in all forms. Boiled and filtered water should be added warm to the milk (milk for early months of infant feeding should never be boiled, only warmed). To this may be added a teaspoonful of sugar of milk. Instead of the boiled water, barley water makes a great improvement in conjunction with the milk-sugar. To this homeopaths can often add with advantage certain medicines, as Schüssler salts, *Calc. carb.*, and *Chamomilla*.

A word of warning with regard to the feeding-bottle will not be out of place. It is scarcely necessary at the

present time to give warnings against the long india-rubber tubing formerly in almost universal use. The latest inventions and improvements in feeding-bottles have all eliminated this tubing with advantage, especially Allen and Hanbury's, Maw, Son's, and Burroughs & Wellcome's. But at the present time the Alexandra feeding-bottle can be supplied with a nipple, on to which the teat can be fitted by any chemist. The milk thus remains fresher. Two bottles should be always at hand, the one kept in water whilst the other is in use, and then changed; these should be free from angles inside and kept scrupulously clean.

We must next consider when and how we should wean the child from the breast and afterwards from the bottle. Children should be permitted to pursue an unchanged course either of the breast or the milk in the bottle, as directed above, until the appearance of the first two incisor teeth. This event should at once indicate an advance in the *régime*.

If the breast has up to this been adhered to, cow's milk, with some additional solid food, may be added either from the bottle or spoon. It becomes a question then what form of solid should be used. There are many alternatives; the market is simply swarming with infant foods, some excellent, others very doubtful. Most consist for the most part of some finely-ground preparation of wheat, oats, and barley. It would be neither germane nor desirable to criticise these various foods, but on principle we should object to any that had an excess of sugary ingredients. Fine wholemeal flour, mixed with oat or barleymeal finely ground, with a certain proportion of milk sugar, is good and wholesome. Some children's condition indicates the desirability for maizemeal being substituted for the barley. These can be added to milk and boiled up with it to a thick decoction; or, what is better, mixed with a certain proportion of water and boiled to a pulp, then add this to the warmed milk.

The proportions of ingredients and of these to the milk, also the amount taken at each meal, must vary according to the size and capacity of the child, but it is always a good plan to keep to regular meals every three or four hours. Three, and at the outside four, meals a day are all that are necessary.

The first meal of this character to be added should

be at midday, the second one at breakfast, and the last solid meal at or about five o'clock.

Besides this, certain fruits may be permitted at a much earlier date than is generally recognised. Baked apples, bananas (baked especially), oranges, stewed prunes, when given judiciously, will often obviate resource to the aperients in so much request. One of the proofs of a sound dietary in children is the absence of constipation; if this exists the food is faulty. Also the nature of the stools should be watched. This gives us the best indications for change of diet or otherwise.

The best times of the year for weaning are March, April, May, September, October, November. Suckling should never continue over the nine months corresponding with the period of gestation; any infringement of this rule must be alike disastrous to mother and child. By the time the child is ten to twelve months old he should be introduced to wholemeal bread in the form of bread and milk. The bread may be at first crumbled, the crust being removed, and boiled milk poured over, or, what is preferable, let the bread be cut up or crumbled into and boiled in the milk, quantities being changed to suit age and robustness.

This, for a time, should be the staple diet for the following year and a half. There is no comparison between children brought up on this food and those destined to live on white bread and milk. At an early date porridge, made with wheatmeal, oatmeal and maize-meal can be added or substituted, so also custard and other fruits than those mentioned. By the time the child is two years and a half old, meat in the form of minced beef, vegetable soups, vegetables in other forms can so be insinuated as to permit the stomach to accommodate itself without suffering.

The after feeding becomes a matter for due consideration, but does not come within the limits of this paper.

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## MATERIA MEDICA MISCELLANY.

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

*Phosphorus in Progressive Muscular Atrophy.*—The following case is reported by Dr. T. F. Allen in the

*Hom. Recorder*: A young married woman who has been in the habit of *golfing, hunting, shooting*, and, especially during the past summer, *swimming* (long distances), complained of pains in her right shoulder which increased until her arm became helpless; the muscles about the shoulder and right side, chest and back, wasted, so that the whole region became perceptibly emaciated, the subclavicular region, especially, sunken; the shoulder drooped, and if the arm were permitted to hang down the head of the humerus would actually slip down out of its socket, often causing extra pain in the axilla and shoulder; it became impossible to put the hand to her head, so that she could not put up her own hair, nor could she dress herself. The wasting and powerlessness involved at last the whole shoulder region of the right side of the body, pectoral, scapular, and axillary regions, and the arm, as far as the elbow. Soon the trouble invaded the forearm, and also began to show itself in the right hip and thigh. Eminent specialists were consulted, electricity, galvanism, massage, and many other injurious expedients were recommended and tried with steady decline, and the husband was told that the disease could not be, and had never been, arrested. Finally, after the recovery of the husband's mother (in the house of an allopathic physician, who was her son-in-law) from pneumonia, complicating chronic interstitial nephritis, the husband of my patient, who had been informed by the attending and consulting physicians that his mother could not recover, appealed in despair to me to try homeopathic treatment for his wife. The symptoms of the case were as follows: Pain in the right shoulder extending from the top down the arm to below the elbow. This pain was a constant dull ache, becoming, on motion, a sharp shooting; the pain was worse at night; in a wind; in the cold; on uncovering; and when lying on the right or painful side. There was a feeling of powerlessness. (She could not raise the arm to her head, nor could she dress herself.)

On January 4th *Phos.* 7, t.i.d. for three days and occasional doses after that.

January 22nd.—The record states decided improvement, very little pain, can now lie on the right side with comfort, which, for months, she has been unable to do.

February 15th.—Continued gain; the shoulder does not any more slip out of joint as formerly; she is a

trifle fleshier now, over the right pectoral and shoulder regions.

February 28th.—*Can dress herself* (a great gain, naturally noticeable in the household economy); the arm gets tired only after use, but not immediately after; is growing perceptibly stouter.

March 2nd.—Complains of drawing pains in the front of the right hip and thigh, finds it difficult to go up stairs on account of this pain, which has been getting worse for for a week past, the whole right leg feels heavy and weak.

*Calcarea carb.*—This prescription was effective, at once, as to the lower extremity, but it was followed by aching in the forearms and palms of the hands after any attempt to use the hands or with occasional pains about the elbow. *Return to first remedy.*

March 30th.—Great improvement, uses both arms freely now without pain; no pain at night, is able to lie on the right side without any discomfort.

Since that time there has been no return of the former troubles; an occasional disturbance of digestion, due apparently to inability to exercise as much as she has been accustomed to, has required a corrective, but lately the lady has resumed, cautiously, her active life out of doors, and is rejoicing in her renewed health, and is able to wear her evening dresses with grace and satisfaction.

*Ferrum Phosphoricum in Earache.*—This is the remedy *par excellence* in this painful affection. If the attack has been induced by wet weather, the pain comes on in paroxysm and after the discharge appears there still remains pain, it will prove curative in a large number of cases.—*Exchange.*

*Castanea Vesca in Whooping-cough.*—J. K. Eberle, M.D., in the *Medical Visitor*, says that an infusion of the leaves of the chestnut-tree is one of the best remedies in the materia medica for whooping-cough. It was first discovered and used in domestic practice, but for some years it has been occasionally used by physicians. "I have been using *Castanea* for the past eighteen years with great success in whooping-cough.

"This winter we have had an epidemic, and I have used it in the 3x dilution and with as good success as when I used the 2 $\frac{7}{8}$  dilution. It loosens up the cough

mucus, shortens the paroxysms from day to day until by the tenth day you would not know the child ever had an attack of whooping-cough, unless there are complications, and these you treat as they are indicated. If given in the early stages its prompt action will surprise and please you.

“My rule for its use is to fill a two-drachm vial with No. 30 pellets, medicate them, and give the suitable dose, according to age, every three hours, lengthening the time between doses as the patient improves. I have never had a patient return for the second bottle.”

*Calomel in Cirrhosis of Liver and Kidneys.*—Struck by the good effects of minute doses of *Calomel* in cirrhosis of the liver, Dr. Jousset has experimented with it on rabbits in the laboratory of the Hôpital St. Jacques. He finds the condition of liver set up by it to be precisely that of the initial stage of cirrhosis. Finding a similar condition set up in the kidneys, he has tried the drug in renal dropsy also, and relates a case in which anasarca cleared away nicely under its use, in doses of about 1-33 gr.—*Am. Hom.*

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## NOTES BY THE WAY.

By Dr. USSHER, Wandsworth.

*Diabetes and Glycosuria.*—A vast number of people pass sugar who do not go on to diabetes; and there is albumen at times, but not much. A very good illustration in a late *Homeopathic World* of an engine-driver who was accused of being the cause of a railway accident, and was so upset by it that he got diabetes very badly; worry and fright caused this, and when he was proved innocent *the sugar left him*. Many doctors make too much of such departures from health. In the August number of the *Recorder* of this year five cases are given by Dr. Sarat Chandra Ghose, all cured by *Secale cor.* 6. I took note of it as I had long passed sugar with sp. gr. from 1048 to now 1016½—keeping note for years and using Sir W. Roberts's test. Of these five cases one forty years of age had diabetes for seven years, and another was fifty years old, and a third had it eleven years, and was a mere skeleton; the fourth, palpitation in the evening, slow, intermitting pulse, trembling of hands,

clamminess of the hands and toes, considerable prostration, skin always dry, irritable, nervous temperament; cured.

Case V.—Sugar and albumen; had taken *Syzygium jambol.* without effect, voracious hunger even after eating.

January 6th.—Sp. gr. 1045, much sugar.

January 10th.—No improvement.

January 11th.—*Sec. cor.*, a quiet night.

January 20th.—No fever in the twenty-four hours. 70 ounces, sp. gr. 1035. Still much sugar.

January 30th.—60 ounces, sp. gr. 1024. Considerable sugar.

February 16th.—Urine 50 ounces, sp. gr. 1020. No sugar.

February 22nd.—Urine 44 ounces, sp. gr. 1018. No sugar.

February 28th.—Urine 40 ounces, sp. gr. 1014. No sugar. A continued use cured him.

I at once made *Sec. cor.* 6 and took one dose daily. My urine is free from sugar, and albumen lessening.

Now read Hering with care, and see what a picture he gives of *Secale cornutum*. It is the picture, and I am grateful for it. A severe illness I have passed through, abscess of foot bursting finally through toes, and gangrenous, for which *Corrosive Mercury*, a lotion 1-1,000 was used for weeks, was I believe the cause of albumen in the urine; it cured the stone-hard cartilaginous base in the foot (right), although the knife removed it twice before the abscess revealed itself. This state of things with the foot, making walking painful, was due to *Staphisagria* in strong form prescribed for me, and of which I had four doses in one year. *Corrosive Mercury* removed this. Some years ago a patient of mine went to one of the hospitals; he had enlarged and inflamed cartilage of the knee, and was plastered up with *Ammoniacum c. hydrargyro*. He got some relief, but under my hands was soon well with *Merc. cor.* 3—pilules. I knew the fact that *Merc. cor.* acted on cartilage; it is another illustration of the fact that the external application of the allopath is the internal of the homeopath. Once I had a man in very bad health with thirteen ulcers, as if punched out between trochanter and knee, and gave him internally *Plumb nit.* 2x trituration, which gave bad headache, but cured the ulcers in a month. It had been used as an external lotion in a Belfast hospital.

Quick urine testing is now made easy and clean by the use of a well-planned and thought-out case of Messrs. Burroughs and Wellcome. It is not a toy, but a complete pocket-case, aluminium, costing one guinea. When open a rack for tubes rises, and urinometer is supplied with graduated glass for determining albumen, tubes with tests, spirit lamp to hand, and a card of *precise instructions* on the lid—qualitatives on one side, quantitatives on the other; it is a *handy-help*, and with it every one will be pleased. The size of the urinometer and glass enables you to utilise small quantities of urine.

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CASES I HAVE COME ACROSS.—*RHEUM*,  
*ARSENICUM*, *BELLADONNA*.

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

VI.—A *RHEUM* CASE.

THE following case affords a striking illustration of the action of *Rheum*, and its perusal may prove interesting to the homeopathic profession. The symptoms complained of by the patient were as follows:—

*Head*.—Intense oppressive pain in the *right* side of the head only, there being no pain whatever on the left side; pain worse on stooping; slight occasional attacks of vertigo; thirst; tongue covered with a yellowish-brown coating; sore pimple inside right nostril.

*Chest and Throat*.—Oppressive feeling in the chest; sensation as if a lump were rising in the throat.

*Stomach and Bowels*.—Great disinclination for food; sore, aching pain across the stomach, towards the region of the liver, the pain being of an intermittent character and the part sore to the touch; stools (four a day) mushy and of an *ochre* colour; nausea (almost constant); much accumulation and emission of flatus of an offensive nature.

*Kidneys*.—Urine dark, and passed in less quantities than normal.

*Generalities*.—General debility and excessive weakness.

*Baptisia tinctoria*  $\phi$  was tried, two minims every two hours, but had no effect in ameliorating the symptoms. *Rheum*  $\phi$ , ten minim doses, every four hours on sugar,

was then administered, with the result that relief was obtained after two days' treatment, and the case cured in five days after first taking the drug.

In the above case, while loss of appetite was a prominent symptom, that of thirst was very marked, and the nausea proved a very troublesome attendant thereto. It is interesting also to note the *one-sided* character of the headache, and its aggravation on stooping. The yellowish-brown coated tongue, the mushy, ochre-coloured stools, and the great accumulation of offensive flatus are also symptoms of interest, and should prove useful in acting as a guide to the selection of *Rheum* as *the* indicated remedy in similar cases.

#### VII.—*ARSENICUM ALBUM* IN NEURALGIA.

Some time back a man came to me and stated that his wife was suffering intense agony from neuralgia, and asked whether I knew of anything to relieve the pain. On requesting him to furnish me with the symptoms, I found that they were as follows: Neuralgia on the *left* side of the face, the pain being of a tearing, *burning* character, intermittent, almost *periodic*, aggravated by cold, worse during rest and *at night*, but ameliorated during exercise. The *left* side of the head, the *left* ear, and the *left* eye were involved in the pain. There was also excessive restlessness, irritability, and anguish. On examination I found that the system was in a *greatly debilitated condition* and *much exhausted*; the pulse was *small*, and the extremities were *cold*.

The above symptoms pointed strongly to *Arsenicum album* as the indicative remedy, and it was accordingly administered, one minim of the 2x tincture every hour, while hot *Camphorated Oil* was used at the same time as a liniment externally. The effect was very prompt. After the third dose the symptoms ameliorated, and the remedy was then given every two hours, and, later on, every four hours. The case was completely cured in three days, and, although it is now some years since it came under my notice, the symptoms have not returned. In the symptoms enumerated above I have italicised those which specially led me to select *Arsenicum album* as the indicative remedy, and which will prove a guide in cases covering similar symptoms.

VIII.—*BELLADONNA* IN NEURALGIA.

It is now over twelve years ago since a lady came to me suffering from neuralgia, with the following characteristic symptoms: Throbbing, tearing, intermittent pains, with both cheeks flushed and very much swollen; the eyes were red and watery, with pain around the orbit, and twitching of the muscles; there was great sensitiveness to sounds and to sight; congestive pain in the head, of a throbbing nature, with a sense of undulation in the forehead, the pain being aggravated on stooping; these pains were also sometimes of a jerking, lancinating, and tearing character. She had been largely dosed with *Quinine* by an allopathic physician, and had even had several teeth drawn by a dentist, with the hope of obtaining relief, but without any effect on the neuralgia. As the patient was of a plethoric habit, and the symptoms strongly indicated *Belladonna*, I put her on the first decimal, dilution, two minims every hour, till there should be an amelioration of the symptoms. After the fifth dose the pains were less severe, and the patient stated that she felt easier than she had for some time past. After the tenth dose the interval of administering the medicine was increased to a dose every two hours, and, later on, every four hours for ten days, when every symptom had disappeared. A dose was then taken every night at bedtime for a fortnight, and then discontinued. The cure proved to be permanent, although the patient informed me that she had been a constant sufferer for *twenty-three* years! The above case is one of the most striking illustrations of the truth of the law of similars that I have come across in all my experience, and shows that when a drug is selected, whose symptoms correspond most closely with those of the disease to be treated, success is certain to follow its administration.

(*To be continued.*)

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ACUTE GANGRENOUS APPENDICITIS IN A GRAVIDA.—Hr. Sonnenburg related a case. Vomiting, pain, and distension set in in a woman five months pregnant. Resistance was found in the right side independent of the uterus. Laparotomy was performed, and the appendix was found gangrenous at the tip; stinking pus behind the uterus. The appendix was removed, the abscess emptied, and recovery took place, with abortion following some weeks later.—*Med. Press*, Aug. 21st (Berlin Letter).

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## SOCIETY'S MEETING.

### BRITISH HOMEOPATHIC SOCIETY.

THE first meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, October 3, 1901.

Miss Octavia Margaret Sophia Lewin, M.B., B.S. Lond., M.D. Chicago, of 25, Wimpole Street, W., was proposed as a member by D. Dyce Brown, M.D., and C. Knox Shaw.

Mr. Percy Alexander Ross, M.R.C.S., L.R.C.P., B.A. Cantab., of the London Homeopathic Hospital, Great Ormond Street, W.C., was proposed as a member by Washington Epps and C. Knox Shaw.

The President (Dr. George Burford) delivered his inaugural address on "Homeopathy: its Polity and Policy." The address dealt with some of the more pressing problems of modern homeopathy, and indicated their right solution. The important points in the address were illustrated by the free use of lantern demonstrations, the slides being derived from various sources. There appears to be a desire among the younger members of the Society to break away from the ultra-conservative lines on which this venerable institution has hitherto been run; and Dr. Burford gave an energetic and eloquent voicing to the sentiments of the "Progressives," if we may so term them. We hope to refer fully to Dr. Burford's address when it appears in the Society's *Journal*; in the meantime our best wishes go with the Forward Movement.

At the conclusion of the address the President invited the members present to meet him at supper at the Hôtel Russell, Russell Square, E.C.

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THE GROWTH OF THE HAIR IN THE INSANE.—A French alienist has remarked by a comparison of the growth of the hair in normal and insane women that the growth of the hair is much more pronounced in the latter than in the former, and the phenomenon is specially well marked in the victims of senile dementia and general paralysis. He even goes so far as to regard a profuse growth of hair as an indication of physical degeneration, due, in all probability, to functional disturbance of the thyroid gland or the ovary.—*Med. Press.*

## EXTRACTS.

THE FREQUENCY OF TUBERCULOSIS AMONG  
ALCOHOLICS.

FELIX IMBAULT (*Thèse de Paris*, 1901) draws attention to the importance of the relations between alcoholism and tuberculosis, especially since the recent revival of a vigorous campaign against these two potent causes of disease and social degeneration. According to Landouzy alcoholism "makes the bed for tuberculosis" (*fait de lit de la tuberculose*). It is with a view to get precise conclusions on this point that the present research was carried out—namely, as regards the frequency of tuberculosis among alcoholics. In 1864 Leudit, in a paper presented to the Medical Congress at Lyon, stated that among 121 adult drunkards who had died from various kinds of alcoholic intemperance, 20 were found to be tuberculous. He concluded that pulmonary phthisis was less frequent among habitual drunkards than among the habitually sober. Imbert (*Thèse de Paris*, 1896-97), from a total of 318 male alcoholics examined at the Laënnec Hospital, made a special study of 131, and found that 15 of these, or 11 per cent., were affected with tuberculosis. From a similar special study of 68 females he found six cases of pulmonary tuberculosis and one of tuberculous peritonitis, or 10 per cent. It should be added that Imbert did not search specially or systematically for tuberculosis among these patients. Paul Raymond (1896) made observations at the Hôtel Dieu in Paris. Among 62 drunkards of excessively intemperate habits and incapable of working he found 14 cases of pulmonary tuberculosis. These cases were apparently free from a phthisical heredity, and comprised 38 males and 24 females. Imbault, from a series of inquiries addressed to medical practitioners in the country and in small towns, obtained trustworthy accounts of 248 alcoholics as regards the causes of death; of these, 44 died of pulmonary tuberculosis, 2 of tuberculous meningitis, 1 of laryngeal phthisis, 1 of general tuberculosis, and 1 of diabetes and tuberculosis, thus showing 49 deaths from tuberculosis, or 19.7 per cent., a proportion that he thinks is apparently very high. Tabarry, in a recent

*Thèse de Paris* (1899–1900), from a careful statistical study of the geographical distribution of tuberculosis in France, came to the conclusion that it prevailed most in the districts where most alcohol was consumed, the correspondence being very close in the majority of the departments. In some, however, no parallelism could be traced. It appeared that in Brittany, where phthisis is very prevalent and is on the increase, other factors (hygienic and social) co-operate with alcoholism (Renault, *Thèse de Paris*, 1900). From observations collected by Destrée and Gallemaertz (*La Tuberculose en Belgique*, 1889), from the Annual Official Statistics of Italy (1892), and from those of Bertillon for Paris (1897), it appears that “the professions or occupations in which alcoholism is common have in general a high mortality from tuberculosis.” This is partly due to alcoholism, but other etiological factors are also present. Among 45 phthisical patients studied Imbault found eight to be of temperate habits, the daily consumption of wine not exceeding 1½ litres per head. The rest were heavy drinkers, but of these seven had ceased to drink heavily after the appearance of phthisical symptoms. All were male adults. The descendants of alcoholic parents show an excessive mortality, in which tuberculosis and meningitis play a most important part, as shown by the observations of Legrain, Grenier, and others, and confirmed by the author.—*Brit. Med. Jour.*, Epitome, Aug. 10th.

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#### SOME SPORTSMEN: No. 2.—THE DOCTOR.\*

FROM Monday morning to Friday afternoon you will find him in his consulting-room, in the heart of fashionable Doctor Land. He is a specialist, with the ripe experience of thirty or forty years and a record of wonderful cures behind him; his power of concentration and diagnosis is remarkable even in these days of big achievements; the faint-hearted and hopeless take heart of grace when he speaks to them. The consulting-room suggests a one-sided life; its books are medical treatises and pamphlets on obscure diseases; there are small cases of instruments, an electric apparatus, some bottles, and the Doctor himself fills the foreground of the picture—a big man with a head that inspires confidence in the student of physiognomy. In customary suit of solemn black the Doctor pro-

\* From the *Sketch*.

laims his calling; meet him in the street, you would know him for one of the disciples of Æsculapius.

On Friday evening in the autumn and winter season you will see the Doctor at one of the great railway termini, and will wonder at the change. He wears a shooting suit, carries a gun and cartridges, a dog follows at his heels; he is off to the country to shake off the fatigues of the past week and gather vigour for the week to come.

"I am no longer a young man," he said to me once, "and five days in a consulting-room leaves me very ready for a day in the open air. If I'm to do justice to my patients I must be in the best possible condition."

So he goes off in search of sport, and whether they be ground-game, or driven birds, or wild fowl, it is all the same to him. The fur or feather that gets away may indulge in self-congratulations. For the Doctor's eye is as keen in the field as in the consulting-room, his hand is as steady with the gun as with the lancet. It has been my privilege to bear him company on many occasions, and he would be the first to acknowledge that he is a bit of a martinet. He has his own theories with regard to the land, the sport, the guns, and the wind; if you have others it is best to get rid of them, for there is no room for two sets of opinions.

The Doctor explains the action of the leaf or flower, and turns again to the field. We walk over grass-fields with a dozen tussocks scattered here and there. Half a dozen he passes by; the next he walks up to and pushes with his foot. Away goes the rabbit that could not conceal its presence, goes free for fully thirty yards, and then turns a somersault, neatly shot through the head. The bag mounts, I forget my original intention to have a full day's shooting, and raise gun only if we put up partridges in easy range.

We put up for brief rest at some farmhouse or cottage. Somebody has an incurable ailment; the Doctor asks a few questions, gives a few directions, or makes a note to send something from town. You know where he has been by the cures he leaves in his tracks. He is no faddist, but if you ask for his opinion you will have it—straight from the shoulder. If you don't find it palatable, so much the worse for you. In his fearless, outspoken honesty he reminds one of another distinguished doctor, big-brained, big-hearted Max Nordau.

Shooting does not exhaust the Doctor's activity. He swims, is an expert fisherman, and doubtless, in the days of lighter weight, followed the hounds in his native county. Special problems, theology, geology, early forms of worship, forestry, sport in all its forms—these are but a few of the questions upon which he will discourse for hours, while, if the shooting,

if for the size of the bag rather than the exercise, he is silent as a partridge when a hawk is hovering above the stubble. From head to heel he is a sportsman, and only a sportsman may claim his company in the field. He rejects imitations with scant ceremony.

The Cockney, with or without guilt, is better off in the nearest county. Woe to the man who loiters to pick blackberries, or puts down a gun without drawing the cartridge, or goes over a fence with a gun at full-cock, or fires into hedge that is lined on either side! Woe to the cheerful idiot whose gun "goes off by mistake!"

And, having taken every ounce out of his holiday-time, the Doctor returns to town, and Monday's patients find him with strength renewed, like Antæus of old, from contact with the great Earth Mother.

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## REVIEWS.

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### A PRACTICAL MATERIA MEDICA—VOL. I.\*

By its AUTHOR.

Now that the author's part of this work is finished and the subscription list is closed, copies of Vol. I. have been sent to the Press for review. It is therefore permissible for me to supplement the remarks I made when the volume first made its appearance in July last year. But I should like, in the outset, to say a word about Vol. II. In case some subscribers may feel disappointment that this volume is not already in their hands, I must ask their forbearance a little longer, and at the same time I think I can promise them that they will feel neither surprise nor disappointment in respect to the delay when they receive it. The mass of material comprised within the letters I to Z is far greater than was imagined, and I think the chief feeling that will be felt will be one of surprise at the speed with which the printers have turned out the work. There is no room for hurry in any department of a work of this kind; and I

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\* *A Dictionary of Practical Materia Medica.* By John Henry Clarke, M.D. In two volumes. Vol. I. London: Homeopathic Publishing Co., 12, Warwick Lane. Price (net): Half morocco, £3 12s. 6d.; Buckram, £3 3s.

can assure my readers that not a moment of time is being lost in turning my MS. into print.

I think it will give the best idea of the work if I make a few extracts from the preface :—

“In the preface to the fourth edition of my *Prescriber*, which appeared in 1893, I remarked that I was then engaged in writing a ‘Materia Medica,’ and I stated that it was to take the form of a *Materia Medica Companion to the Prescriber*. Such, indeed, was the original idea with which I started the work, soon after the first edition of the *Prescriber* was published in 1885. But as the materials accumulated, the scope of the work developed beyond the original intention, and it became apparent that to produce anything short of a complete Materia Medica would only be to add to the number of condensed and abridged Materia Medicas, of which there is already a sufficiency of excellent examples. I therefore determined to include in the new work all the remedies of which definite use had been recorded in homeopathic literature. . . . I have named this work a Dictionary of ‘Materia Medica’ because no other name would have been intelligible. But the name, nevertheless, in homeopathy, is somewhat of a misnomer. We are dealing with forces which, though derived from materials, are anything but ‘material’ in the common acceptation of the word. Our agents are forces of a higher order than any known to Old Physic, and it is important that homeopaths should know them as such. We have to individualise patients, and individualise remedies. However convenient it is to think of remedies in connection with the diseases in the treatment of which they are most frequently called for, it must never be forgotten that this is a convenience merely and nothing more. To allow our conception of our remedies to be limited by any list of nosological terms is to accept again the mental fetters of old-school therapeutics. To understand and utilise our remedies to the fullest extent, we must know them as powers ready to serve us in any case, no matter what the name of the disease may be, when the indications for them come to the front. And we must be prepared to find these powers hidden in common articles of food and drink, which we are constantly taking into our bodies with complete impunity; and even in the tissues and secretions, morbid and healthy, of our bodies themselves. My object in the *Dictionary* has been to so present the picture of each remedy that it may be at once recognised and distinguished from any other by those who consult its pages. In doing this I have considered first those points which have a *practical* bearing; points which have seemed of academic interest only I have left in the main to other works.”

The above extract will, I think, sufficiently explain the genesis and aim of the work. I believe I may lay claim to possessing what is termed a practical bent of mind, so I generally ask myself when a new thing is presented—what it has done, what use it has been, or can be turned to. And that is all I am particularly anxious about. If other

interesting questions are involved I may be interested in them, but it is the *facts* and *uses* alone that I seek, and these in the *Materia Medica* I have sought to put together into the most easily get-at-able shape.

I believe I am devoid of prejudice: wherever a therapeutic fact is to be found I am glad to accept it, with acknowledgment, whatever may be its source. There were great curers before Hahnemann, and his great light does not make their lesser lights darkness. There are therapists at the present day who, though not consciously homeopaths, yet use single remedies and obtain definite results. Drugs have their physiological as well as their homeopathic uses; the fact that they are non-homeopathic does not make them untrue or non-existent. All the powers of a drug are related to each other, and when known and defined I have sought to depict them in their true relations.

My chief aim in practice and in this work has been to know and present a remedy as it *is*. I have very little concern with what it *isn't*. The world is not big enough to hold all the volumes that might be written on that subject. And the worst of it is that no sooner have you made up your mind about what a drug *isn't* than an inconvenient fact arises to show that that is just what it *is*. The only correct attitude for a man of science and a therapist is to ascertain as far as may be what a thing *is*, and keep his mind open for the rest; though I don't say that the negative attitude is not in some respects more comfortable. Having said this much, I may fitly conclude this notice with another paragraph from my preface.

“Every homeopath, in the last resort, must make his own *materia medica* for himself. It is not alone what an author offers to a reader, it is what the reader can get out of his author that tells. I have done my best to put the matter in an orderly and tangible shape, but nothing short of hard work can make a proficient homeopath, no matter how handy his tools may be. I have selected paper for the book which will take ink, so that any reader may make annotations, corrections, or additions, as his experience or reading may suggest. If I had chosen to wait a few more years before publishing, I have no doubt I could have improved my work; but if I had waited till doomsday I could not have made it perfect. In the meantime I want it every day for my own use; and if I could have found any one else to do the work for me I should most gladly have spared myself the task.”

One advantage, as I take it, in having *all* the remedies

of the materia medica presented in uniform shape, is that the artificial divisions of the materia medica into "old" and "new," "animal" and "vegetable," "organic" and "inorganic," which were, perhaps, a necessity of former times, are now done away with. Each remedy acts on its powers, whatever they may be, just as every other remedy, and the knowledge of its source is not of sufficient practical importance to warrant the splitting up of the materia medica into classes. This unifying of the materia medica effects a great practical simplification of the subject.

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### REGIONAL LEADERS.\*

ONE of the chief charms about Dr. Nash's famous *Leaders in Homeopathic Therapeutics* was the absence of any general order in its arrangement. The author had many good things to tell of many good remedies, and he told his story naturally as the themes arose in his mind. The Hahnemannian Schema is the essential form of the homeopathic materia medica; but in a *descriptive* account of a remedy the Schema arrangement is out of place. The objections raised against the Schema are only valid when brought to bear on attempts to introduce the Schema form into drug pictures. In his later work Dr. Nash has provided a sort of repertory to his *Leaders in Therapeutics*. The leading symptoms of the different remedies are arranged in anatomical order, the name of the remedy being affixed to each symptom in the margin in such a way that it may be easily covered by the student who wishes to examine himself in his knowledge of "Keynotes." In this way *Regional Leaders* forms an expanded edition of Hering's famous *Materia Medica Cards*, and every one who wishes to be a skilled and ready prescriber should make himself master of its contents. Our criticism on the work is that it is somewhat lacking in arrangement. Whilst the charm of *Leaders in Therapeutics* is the absence of arrangement, the chief point of utility in a repertorial work is the perfection of the arrangement. Dr. Nash gives the symptoms under their

\* *Regional Leaders*. By E. B. Nash, M.D. Philadelphia: Boericke and Tafel. London: Homeopathic Publishing Co. Half morocco. 7s. 6d

regional headings, but within the headings the order is anyhow. Under Mouth and Throat we find this on page 79: "Greatly troubled with dryness in the mouth and throat while sleeping; always awoke with a very dry tongue, but without thirst." The medicine which has this symptom is *Nux mosch.* On page 82 we have this: "Great complaints about the dryness of the tongue, which is not very dry"—*Nat mur.* Now if these two symptoms had been placed side by side it would be much easier to remember them both and the remedies to which they belonged. The same want of arrangement is evident throughout the work. The addition of it would greatly enhance the value of the excellent material which is comprised in the volume.

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#### VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.\*

DR. LEVERSON has done a valuable work in putting together the evidence given by Mr. Tebb before the Vaccination Commission. Mr. Tebb combines in an almost unique degree the temper which we expect to find on the judicial bench, the nice apprehension of what is and what is not evidence which should characterise a man of science, and the burning patriotism which cannot endure to see his country's laws, nominally the bulwark of liberty, forged into fetters and instruments of tyranny. Dr. Levenson has done well to add to his brochure a memoir of Mr. Tebb, whose life and work made the Royal Commission a necessity. In his evidence we see him under the keenest cross-examination which his interested opponents could bring to bear, with the result that the facts he brings forward are only more firmly established thereby.

\* *Vaccination in the Light of the Royal British Commission*: Comprising the Testimony of Mr. William Tebb before the Commission. Edited, with Portrait and Biographical Memoir, by Montague R. Levenson, M.D. Philadelphia: Office *Homeopathic Physician*. London: Homeopathic Publishing Company.

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### CHOLERA.\*

THIS little volume contains the articles on cholera contributed by the author to the pages of THE HOMEOPATHIC WORLD. Our readers will remember that these articles contained much practical and valuable information on the subject of cholera arranged under convenient headings. We have no doubt many practitioners in regions where cholera is rife will be glad to have this information in book form. Dr. Ghose does the editor of this journal the honour of dedicating the work to him.

### ZADKIEL'S ALMANAC, 1902.†

WE have received the seventy-second yearly edition of this well-known *Almanac*, which is, as usual, full of information terrestrial and celestial, of the past, present, and future.

\*\* We have on our table for early notice Dr. Pierre Jousset's *Practice of Medicine*, translated from the third, revised and enlarged non-published French edition, by John Arschagouni, M.D. (A. L. Chatterton & Co., New York); and *Electricity in Medicine and Surgery*, by William Harvey King, M.D. (Boericke & Runyon Co., New York). We regret being unable to review them this month. Both are published in this country by the Homeopathic Publishing Co., 12, Warwick Lane, the former at 38s. net and the latter at 17s. 6d.

\* *Cholera: its Symptomatology, Etiology, Morbid Anatomy, Diagnosis, Prognosis, Prevention, and Homeopathic Treatment.* By Sarat Chandra Ghose, M.D. Calcutta: Lahiri & Co.

† *Zadkiel's Almanac for 1902.* London: Glen & Co., 14, Red Lion Court, Fleet Street, E.C. 6d.

## GENERAL CORRESPONDENCE.

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### HEPAR AND THE "COLD-WIND" SENSATION.

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR DR. CLARKE,—When I read in the September number of THE HOMEOPATHIC WORLD of the "cold-wind sensation" I immediately took a drop of *Hepar sulphuris* 6 to remove a troublesome "sensation as if a draught of cold air was blowing on my right leg, anteriorly and exteriorly." The feeling had been persistent for some days when sitting still, and was > walking about or crossing legs so as to press against the part with my left calf. I repeated the dose about twice, and then forgot all about it. The "cold-wind sensation" has vanished. I have added this symptom to my repertories and your *Dictionary*, which latter I prize as a treasure mine of pathogenetic and clinical *material*.

Yours sincerely,

CHAS. S. SPENCER.

226, Stamford Street, Ashford-under-Lyne.

October 2, 1901.

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## VARIETIES.

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APPENDICITIS AND TRAUMA.—Hr. Sonnenburg discussed this subject from a medico-legal point of view. Whether an injury could set up appendicitis had been decided by Bramann to the effect that it might if the appendix harboured a coprolite. The speaker, on the contrary, believed that trauma could excite inflammation only when the process was previously altered in structure.

The following case was very instructive: A woman, who had had pains off and on for a long time, had violent pains after a slight injury. This recurred several times, and after two years and a half led to extirpation of the appendix. Near the tip of this were found some coprolites, the mucous membrane in a state of catarrhal inflammation, and fixed by adhesions. These adhesions were caused by hemorrhage following the injury. It was remarkable that when a trauma occurred where perityphlitis was present, the result did not correspond in severity to that of the injury. Previous disease of the process was necessary for trauma to set up peritonitis.

Hr. v. Bergmann confirmed the views of the previous speaker.—*Med. Press*, Aug. 21st (Berlin Letter).

FOREIGN BODIES IN THE THROAT.—Spira, of Cracow, in his review of Polish work, relates a number of interesting cases. The first, a

female, was admitted to hospital under Dudrewicz, with a peculiar history. While at a meal she swallowed some bread which gave her sharp pain. Shortly after she began to vomit, which rather increased the pain when endeavouring to swallow, more particularly on the left side, which was tender to pressure, the pain being increased with coughing, which was accompanied with hoarseness. A week later there was blood in the sputum and saliva.

After this a careful exploration of the larynx was made, with special attention to the seat of pain. The internal surface of the larynx was greatly swollen, more particularly the left side, and left false vocal cord. Between the Santorini and Wrisberg cartilages on the left side, just over the processus vocalis, was observed a grey-coloured point which turned out to be the head of a pin. Cocaine was applied to the inner surface of the larynx to bring down the swelling. A later examination revealed a red line below the vocal cord, indicating the presence of a foreign body. With the assistance of a pair of long forceps the head of the pin was secured and extracted, being 32 mm. long or 1.3 inch. The point of the pin, which was evidently swallowed with the bread, seems to have been lying free in the trachea, which would increase the pain in vomiting. —*Med. Press*, Aug. 21st (Vienna Letter).

THE CONNECTION OF NASAL DISEASES WITH CATARACT.—The importance of nasal diseases with regard to cataract is a subject which has up till now only been slightly touched upon. Professor Zieni, of Dantzig, says in the August number of the *Journal of Laryngology, Rhinology, and Otology* that it may be assumed that by correct treatment of disease of the nose, not so much by bloodless galvanocauterisation, especially of the middle turbinal, but by the withdrawal of blood from the nose, by the removal, attended with loss of blood, of obstructive swellings or polypi, by syringing of the nose, by counter-irritations in the post-auricular space, and, last but not least, by the removal of febrile processes, the further development of cataract will straightway be prevented. Granting the assumption that the development of a cataract can be brought about by obstructed purulent disease of the nose as by other factors, such as diabetes, &c., it would have to be further established whether the obstruction in the nose by itself would be able to accomplish the clouding of the lens, or whether it would require the presence of a purulent disease of the adjacent cavities. The formation of cataract in such cases would have to be looked upon as being due to infection, or in some cases it would appear necessary that there should exist in addition some acute febrile trouble invariably connected with diseases of the nose, notably, for example, influenza. A striking illustration of the possible significance of febrile diseases in the etiology of cataract is to be found in the frequency of opacities of the crystalline lens in countries where febrile infectious diseases are of an endemic character, such a tract of marshy woodland, for instance, as the "Sunderbunds," and also the district of Galicia. Much, no doubt, could be written on this theme, and perhaps, in the course of time, we shall live to see "Ophthalmology" added to the sonorous title of *Journal of Laryngology, Rhinology, and Otology*.—*Med. Press*.

ANKYLOSTOMA EMBRYOS.—In 1898 the fact was published by Dr. Looss that ankylostoma embryos can enter the skin of the human being, chiefly by the hair follicles. Dr. Looss happened on this

discovery quite by accident. While engaged at laboratory work at the Cairo Medical School a drop of pure culture of ankylostoma embryos fell on to his hand. He examined the drop a few minutes later, and to his surprise he discovered numerous empty sheaths of embryos, the embryos having evidently penetrated the skin. The effect was to cause an inflammation at the spot where the embryos entered, followed by ankylostoma infection, as shown by the fæces, with the usual symptoms of intense anemia and extreme debility. Subsequent observation demonstrated the fact that the embryos enter the skin by the hair follicles and push their way towards the hair papillæ, at which spot they pierce the surrounding tissue of the true skin. These views were received with hostile criticism in 1898, but Professor Sandwith, of Cairo, brought the matter up again at the last meeting of the British Medical Association, and remarked on the importance of the discovery in relation to other parasitic diseases. He was supported by Col. Giles, who, however, drew attention to the difficulty of explaining the method of infecting the intestine by embryos introduced through the hair follicles. Dr. Patrick Manson discussed the matter impartially, and suggested as an efficient test that the experiments should be repeated in a country where the chance of previous infection was practically impossible. Dr. Manson's opinion that the embryo sought the hair follicle simply for shelter will not, we think, find universal acceptance.—*Med. Press.*

A CASE OF COLOCYNTH POISONING.—A woman believing herself pregnant purchased a quantity of "bitter apple" of a druggist, and, putting it into a quart jar, poured upon it a pint of gin. This she allowed to stand twenty-four hours, and drank nearly the entire amount of the supernatant liquor during one day. The writer saw the case at 9 p.m. of that day. The patient was a large woman of about forty-five years. She presented the appearance of one suffering from apoplexy. She was unconscious, breathing noisily, her face congested, with pupils dilated and conjunctiva injected. At first it was thought she was simply drunk, but upon investigation it was found that she was having frequent bloody stools and passing large amounts of bloody urine. Her body was rigid, and bloody froth exuded from between her tightly closed teeth. No history whatever was obtainable. Apomorphia hypodermically quickly relaxed her and produced emesis. The ejected matter had the faint odour of gin. The stomach was now washed out and a hypodermic of atropine given. The next morning the condition was unchanged. She was rigid at times and had numerous bloody evacuations, and the urine was now smoky and almost pure blood, indicating hemorrhage from both kidneys and bladder. She had uterine hemorrhages of a bright colour. The patient, while not entirely unconscious, would give no intelligent answer, but a thorough search of the house disclosed the cause of the trouble. On the top shelf of the pantry was found a fruit jar containing the "bitter apple" and two or three ounces of gin. The woman was now forced to take large quantities of hot water at intervals, and full doses of powdered opium with bismuth were given every three hours. The symptoms were not relieved. The next day she was able to talk a little, and confessed the whole business. She suffered with gastro-enteric pain, vomiting, and hemorrhages from mucous surfaces for over a week. Examination revealed the fact that she was not pregnant.—*American Homeopathist.*

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MEDICAL AND SURGICAL WORKS PUBLISHED  
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- Ball** (James B.). A Handbook of Diseases of the Nose and Pharynx. 4th ed., with 61 illust. Cr. 8vo, pp. 452. (Baillière. 7s. 6d.)
- Boericke** (Wm.). Pocket Manual of Homeopathic Materia Medica, comprising the Characteristic and Cardinal Symptoms of all Remedies. pp. 572, full Illust. (Homeopathic Publishing Co. Net, 15s.)
- Carpenter** (George). Golden Rules for Diseases of Children. (Golden Rules Series, No. 11.) 32mo, pp. 101. (J. Wright and Co., Bristol; Simpkin. 1s.)
- Carter** (Alfred H.). Elements of Practical Medicine. 8th ed. Cr., pp. 606. (H. K. Lewis. 10s. 6d.)
- Finsen** (Niels R.). Photography. Trans. from the German ed., and with an Appendix on the Light Treatment of Lupus, by James H. Sequeira. 8vo, pp. 86. (E. Arnold. Net, 4s. 6d.)
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- Orr** (John). Handbook of Public Health. Cr. 8vo, pp. 248. Livingstone. Net, 4s.)
- Peters** (John Andrew). Manipulation; or, Massage. 8vo, pp. 176. (Longhurst. Net, 3s.)
- Roberts** (C. Hubert). Outlines of Gynæ Pathology and Morbid Anatomy. With 151 Illusts., mostly Original. Roy. 8vo, pp. 354. (Churchill. 21s.)
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- Thresh** (John C.). A Simple Method of Water Analysis. Especially Designed for the Use of Medical Officers of Health. 3rd ed. 12 mo, pp. 58. (Churchill. 2s. 6d.)

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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.

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### BOOKS AND JOURNALS RECEIVED.

Hom. Review.—Zoophilist.—Mind.—Revist. Hom.—Calcutta J. of Med.—Med. Times.—Allg. Hom. Zeit.—H. Monatsblätter.—H. Tidsk.—La Propaganda Homeopatica.—Maanedsk. f. H.—H. Maandblad.—La Homeopatia.—Hom. Envoy.—Hom. News.—Personal Rights.—Med.

Century.—Rev. Hom. Française.—Hom. Recorder.—Wjestnik H. Med.—N. A. J. of H.—Clinique.—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Minn. H. Mag.—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Jour.—H. J. of Obst.—Le Médecin Homeopathe.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Astrol. Mag.—The Moslem Chronicle.—Hahn. Adv.—Leip. pop. Z. f. H.—Z. f. H. Pharm.—Practice of Medicine. By Pierre Jousset, M.D. Translated by John Arschagouni, M.D.—Zadkiel's Almanac, 1902.—Microbes Pathogènes. By P. Jousset, M.D.—Geelong Homeopathic Dispensary Report.

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## The Homeopathic World.

### CONTENTS OF OCT. NUMBER.

#### LEADING ARTICLES.

The Silly Season.  
Dr. J. C. Burnett.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

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

Diet. By Arthur A. Beale, M.B.

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

Mental Obsessions. By W. E. Beridge, M.D.

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

#### INSTITUTION.

British Homeopathic Congress.

#### EXTRACTS.

Alpine Railroads and Mountain Sickness.

Raw Meat in Tuberculosis.

A New Method of Distinguishing Human Blood from that of Animals.

Destruction of Tubercle Bacilli in Fat. Turpentine Poisoning.

#### NOTIFICATIONS.

#### GENERAL CORRESPONDENCE.

"A School for Patients."

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#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS

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THE CARBONIC ACID GAS CURE.

PERHAPS it is owing to the over-crowded state of the profession, and the difficulty experienced by many of obtaining a livelihood by practising on the ordinary lines—a difficulty felt not in this country alone, but also on the Continent—that every now and then we see some ingenious and ambitious medical man proclaiming the invention of some novel mode of treatment which, he says, will cure hitherto incurable diseases, and shorten the duration of many other diseases, which, though not mortal, are tedious. The latest panacea of this sort is the carbonic acid cure. We find a detailed account of this in a French Paper, *Le Signal*. At first we thought it must be an advertisement of a new gazogene; but as it appears in the portion of the paper devoted to science, and is given in large type almost as though it had been a blood-curdling letter by “J. C. B.” in the *Times*, we are bound to regard it as a serious account of a new method of treatment of formidable diseases, more especially of tuberculosis. We had always been taught and believed that the presence of carbonic acid in the lungs was deleterious, and that the object of respiration was to get this carbonic acid expelled and replaced by oxygen; but, according to this author, we are now to

regard carbonic acid as a purifier of the blood. But we shall let him speak for himself.

“TUBERCULOSIS, ITS CURE, THE PURIFICATION OF  
THE BLOOD BY CARBONIC ACID.

“It is a fact of capital importance, perfectly established by numerous experiments, that carbonic acid gas is a fatal medium for the microbe of tuberculosis. Thanks to a remarkable communication from Professor GIROD and Dr. BOURON, this truth has just been displayed in full light at the Congress at Ajaccio.

“If then—and these authors demonstrate it superabundantly—we impregnate the diseased lungs with carbonic acid the bacilli of KOCH will be destroyed; still better, after the lapse of a certain time, the ‘soil’ itself, as the doctors call it, will be modified and the pulmonary parenchyma will first be ameliorated and soon cured. This ends the phthisis.

“But, it may be replied, carbonic acid is a poison; an atmosphere containing one-tenth of carbonic acid suffices to cause asphyxia; when endeavouring to kill the microbe, you are going to kill the patient!

“The objection is only apparently valuable. In the first place, it is from poisons like opium, belladonna, aconite, digitalis, nux vomica, not to mention others, that therapeutics derives its best instruments; then, carbonic acid, which is toxic if breathed, ceases to be so when it is absorbed by the digestive passages.

“‘There is no fear of toxic accidents,’ writes Professor BERLIOZ, ‘by gastro-intestinal absorption, for the gas is rapidly eliminated by the lungs.’

“Unfortunate trials have sufficiently demonstrated the dangers of inhalations. Then there is the way by the stomach, which is no doubt better; but how many quarts of seltzer-water should we not need to pour into the stomach before we could obtain any action on the respiratory organs? That would be impracticable. It was in consequence of a consideration of these scientific data that GIROD, repeating the experiments of RICHET and BERGEON proved that, ‘when we introduce into the intestines a certain quantity of carbonic acid, the whole of it escapes through the lungs after having permeated the pulmonary parenchyma which serves as a sort of filter. Five litres of gas administered by the rectum are totally rejected by the organism in the expired air.

“It is impossible for us to enter here into the details, which are much too technical; for those of my readers who desire to understand how the carbonic acid, introduced in the manner indicated by Professor GIROD, behaves itself in the economy, I will only say that the gas arrives in the lungs by two routes, the lymphatics and the

veins; it does not rise up to the stomach as one might suppose, but, being absorbed by the capillaries of the intestine, it is borne on in the torrent of the circulation till it gains the pulmonary artery, thence it penetrates into the pulmonary alveoli, to be then eliminated with the expired air.

“ Thus, not only will it go to bathe the lung, while modifying the parenchyma and killing there the bacillus of tuberculosis, but it will in addition have previously performed a real scavenging of the blood, carrying with it, as BROWN-SÉQUARD has shown, all the toxins—all the poisons, to speak more simply—which have invaded the organism. Its beneficent action, therefore, will not be limited to the destruction of most of the bacteria, but it will be favourable to the expulsion of those products of secretion which are more injurious than themselves; from these incontestable facts it results that if we inject a certain quantity of carbonic acid into the economy by the rectum, we shall effect the cure of all the diseases affecting the organs situated in the course taken by the gas.

“ This grand discovery is not a mere conception of the mind; MM. GIROD and BOUTON have demonstrated that they have, by this procedure, successfully treated obstinate diarrheas, malarious enterites, dysenteries of hot countries, and enterites of tuberculous origin. Let us follow the gas in its upward course: it will modify the lungs, will act on the whole of the respiratory track; it is in this way that GIROD treated and cured chronic bronchitis, asthma of apparently incurable character, tuberculous laryngitis, angina, and even a common cold in the head.

“ ‘ But,’ says the eminent Professor of the University of Clermont-Ferrand, ‘ the administration of carbonic acid demands a series of essential conditions.’ In the first place we must have an absolutely pure gas, the slightest impurity may cause colic; hence the carbonic acid of commerce must be rejected.

“ It is absolutely necessary that its administration should be slow, graduated, limited, regular; it should last for fifteen to twenty minutes, and the volume of gas produced should be calculated strictly according to the effect we wish to obtain. In order to fulfil all those conditions, M. SERRÉS, chemist of Besançon has invented an extremely ingenious apparatus which he calls ‘ the anti-bacillary Gazogene of Serres.’ Drs. BOUTON and GIROD have testified that this gazogene is the only instrument which perfectly fulfils all the required conditions. This is a high recommendation by the inventor of the treatment by gaseous lavements.

“ The quantity of gas required for an injection can be measured by this instrument. The gas lavements should be used morning and evening, and the use of the instrument is so simple that the patient can administer the lavements by himself. It is indispensable not only for phthisical patients but also for healthy persons who may by

its use prevent a great number of diseases, the carbonic acid being a great purifier of the economy.

“Let us wash our lungs which are incessantly attacked by thousands of bacteria floating in the air we breathe; let us cleanse our blood and make it more fluid; let us profit by the exciting properties of carbonic acid to give tone to our nervous system; let us thank Professor GIROD for his grand discovery, and M. SERRES for his excellent invention.”

What a charming idea! To cure our consumptions and to prevent all diseases which are supposed to be caused by bacteria all we have to do is to sit on a gazogene for a quarter of an hour twice a day, and let the gas, which would otherwise be employed in making effervescent water, rush into our bowels, where it will penetrate to our lungs, kill all the bacteria in our body, purify our blood and give tone to our nervous system! The Elixir Vitæ of our ancestors was a liquid, but nowadays it is something more ethereal—a gas! And such a gas!—carbonic acid, which we have hitherto known only as a lethal agent, which it was desirable to get rid of, as otherwise it might suffocate us.

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NAIL-BITING AND NEUROSIS OF THE SKIN.—Some discussion has taken place in medical circles concerning a Continental professor's contention that biting the nails was not merely a bad habit but was also a symptom of local asphyxia of the extremities—that is to say, biting the nails was an outward and visible expression of certain pathological changes in the body. This question has been once more brought forward, in the *Méditsinskoe Obozrenie*, of June, 1901, by Pospeloff, who holds that nail-biting is a result of a peculiar venous stasis in the ends of the fingers in people so affected, and the gnawing of the nails is only a means of relieving the numb and heavy feeling in the finger-tips. We are not convinced, however, that nail-biting is therefore to be regarded as a neurosis of the skin, but it is certainly worth noting, as Pospeloff points out, that intelligent persons who are addicted to this habit explained that they are impelled thereto, especially when under the stress of emotion, by a feeling of weight and fulness at the finger-tips. It is further advanced in favour of this view that some medical students were observed to be addicted to the habit of biting their nails only when studying hard just before examination, and cases are also reported of patients suffering from Raynaud's disease who exhibited this peculiarity in common with their children. All the phenomena in connection with Raynaud's disease have not yet been fully worked out, and until further advances have been made in this respect it would certainly be somewhat premature to dogmatise on a matter of this kind.—*Med. Press.*

## NEWS AND NOTES.

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### DR. BURFORD'S ADDRESS.

WE have received an early copy of Dr. Burford's Presidential Address before the British Homeopathic Society, delivered on October 3rd last. Dr. Burford explains the position of homeopathy as an isolated portion of the profession, and the desirability of expanding our borders. Here are some paragraphs which will interest our readers:—

#### "ALL AVAILABLE KNOWLEDGE IS OUR PROVINCE.

"We have reviewed our progress, we have re-stated our position in the light of the century's development, and we find neither our intellectual position isolated, nor our progress indefinite.

"All available knowledge is our province; we advance with its expansion, we amend with its rectification, we consolidate with its development. This position is an ideal one; nothing less will satisfy us as professors of the healing art.

"But while thus broad is our declared policy, our policy is necessarily affected by the reaction of external agencies upon us. Ringed by prejudice, circled by dislike, we are by compulsion a self-contained body, charged with the prime functions of all individual bodies—of protection, of nutrition, of expansion. Because we may not pronounce the negative shibboleth of *nescio*, we, having passed out of the Slough of Despond, are subjected to a policy of isolation and starvation—as though the history of mankind was not replete with proofs of the fatuous inutility of such procedure!

#### "OUR SELF-CONTAINED POSITION.

Through some such discipline most new developments in truth have to pass.

"Braced and stimulated by these chill attentions, alike in our corporate life and our daily practice, we have risen beyond the need of any begrudged assistance. The experience has been severe but salutary. It has developed our self-reliance and our resource; it has made of the homeopathic body not a stunted organism, but one with constantly new centres of development. It has shaped a policy for us scarcely of our own choosing; in brief, the epoch is that of the conversion of our faith from a passive bond into an active force.

#### "OUR SYSTEMATIC EXPANSION.

"But for our faith to be a force, there must be added to it the resources of civilisation. A policy of expectation, that the great world of its own initiative will one day suddenly acclaim our merits—this is a policy of drift, and will neither achieve nor deserve success. I hold it disloyal to the faith that is in us that we should be content with any subordinate sphere of influence in public life, or acquiesce

in any ignoring of our professional status, or subserviently refresh ourselves with the crumbs contemptuously allowed to Lazarus. But 'who would be free himself must strike the blow'; and the time is now ripe for a blow in the direction of expansion.

#### "OUR DEFECTS IN TEACHING AND TRAINING.

"I ask then—What academic attractions or advantages do we offer to the abler graduates to seriously take up the study of homeopathy? Other than the somewhat narrow circle of resident appointments, I reply, None of consequence. At present we do not undertake to systematically teach the *materia medica* we are sedulously urging the neophyte to spare no pains in acquiring. Here, as elsewhere, pressure follows the course of least resistance; the frequency of such study depends on the facility with which it can be brought about.

"Nor, this Rubicon passed, do we offer any financial aid or assistance for the post-graduate pursuit of special studies at home or abroad—such study, in fact, as is the mental necessity and the delight of the abler graduates to cultivate. For it is the influx of the abler among our younger *confrères* which we require. I say the abler of them, for the practice of homeopathic medicine is a pre-eminently difficult art to acquire; nor is it given to all to be masters in this art; and as the grade of homeopathy depends on the gifts of its adherents, we wish the best for our converts.

"Further, we offer them no countenance in the undertaking of original research in the collateral branches of medical science—research which gives distinction and value to any initiating society. The gifts of all are not in the direction of general practice; and as our art is many-sided, so also, due proportion being observed, should be our contributions to it.

"So much for our peculiar methods in the attraction of recruits to our ranks. Next, let us take stock of our up-to-date work in drug-proving—that peculiar institution of homeopathy—well worth the best work of our best men."

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#### THE PHYSICS OF HIGH ATTENUATIONS.

THE British Homeopathic Society at its last meeting was occupied with the discussion of physical proofs of the possible efficacy of high attenuations of substances. The subject was found so fascinating that another evening is to be devoted to it when *Materia Medica* comes in for its next turn at the Society. This seems to us rather like turning again to the "beggarly-elements" stage of things. The human organism presents a test for reactions inconceivably finer than any instrument or process man's ingenuity can devise on lower planes; and why homeopathy should be anxious to obtain the patronage of chemistry or mechanics passes our understanding. It seems to us on a par with the desire of some homeopaths

to bask in the smiles of ignorant allopathy. The fact that attenuations, far beyond the reach of chemistry or physical science to detect, have wrought mighty changes in diseased human organisms, has been on record in the work of the masters in homeopathy any time these hundred years. It is a fact that any one can demonstrate for himself by making the trial. There is no room for *credo* in this matter. It is a case of *scio* or *ignoro*. Explanations on the physical plane are useful as homeopathic kindergarten exercises: they don't affect the work of Hahnemann, Hering, Dunham and their kind. An ounce of fact is worth many tons of explanation in these matters.

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ALLIUM SATIVUM AND RANUNCULUS AS REMEDIES  
FOR CONSCRIPTION.

THE following appeared in the Berlin letter of the *Medical Press*, of October 30th:—

“AN UNUSUAL CASE OF SELF-INJURY.

“The *Militararzt*, July 26th, 1901, relates the following: ‘A recruit was admitted for treatment suffering from numerous ulcers on the feet and lower limbs. The circumstance that all the ulcers had dry, brownish-red scabs, firmly adherent at the edges, led to the conviction that they were caused by some corrosive substance. In the man's haversack the leaves of a kind of *Ranunculus* were found, and a head of garlic. He now confessed that he had used these plants in the hope of being discharged from military service on account of the ulcers they set up.

“‘The *Ranunculus* contains a volatile oil-like material of a yellow colour which decomposes into ammoniac acid and ammonium, the latter being an irritant. The garlic contains mustard oil. Both plants are therefore capable of causing superficial ulceration.’”

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GELASMOPATHY, OR THE SMILE-CURE.

“MOTION begets emotion,” said that apostle of deportment, Delsarte. On this dictum, or on the truth it enshrines, a new therapy is being founded, according to the *Medical Press* (October 9th):—

“A transatlantic specialist in mental disease calls attention to the reflex effect of facial expression in mental disturbances of a melancholic type. He asserts that just as the state of mind is reflected on the features, so, conversely, the contraction of the facial muscles

reacts on the mental condition. If the risorius muscles are called into action, producing the simulacra of a smile, the trend of the thoughts is thereby changed and melancholy departs. So long as you laugh you cannot cry, such is his maxim, and he states that considerable experience has convinced him of the efficacy of this method of treatment. All that the melancholic patient has to do, when he feels 'the blues' coming on, is to curl up the corners of his mouth, and forthwith his drooping spirits will revive and his humour change. He invites incredulous readers to try the experiment on themselves and impartially to note the effect."

We should say that the experiment is well worth the trial. The reason why age is usually so "crabbed" would seem to be due to the neglect with which we treat the corners of our mouths. The force of gravity naturally draws them down, and unless the risorius muscles are sufficiently exercised in the contrary direction, there is no help for the mouth after middle age is reached—the corners drop lower and lower, and the temper becomes correspondingly sour. Gelsomopathy has a future before it.

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#### A BREATHING CURE FOR SEASICKNESS.

THE *Westminster Gazette* (November 18th) is responsible for this:—

##### "ANOTHER CURE FOR SEASICKNESS.

"So many delusive remedies have been suggested for the traveller's greatest affliction that many who go down to the sea in ships have given up all hope of any protection against seasickness. A prescription warranted by a correspondent of one of the New York papers may, however, be worth notice, as it is at any rate simple and inexpensive. He reports that the secret is to breathe with the ship. As the ship falls he breathes out, and as it rises he breathes in. He declares that, whereas he formerly sympathised heartily with Gonzalo's willingness to give a thousand furlongs of sea for an acre of barren ground, he finds now that nothing is pleasanter to him than a long sea voyage."

The chief difficulty we see about this is that the ship might dodge up and down either too quickly or too slowly for ordinary lungs to keep pace with. Perhaps if it should not be possible to work it accurately the "smile-cure" might come in as an adjuvant.

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PLATINUM AND OVARIAN PAIN AMELIORATED BY  
PRESSURE.

DR. COOPER mentioned a case last month (HOMEOPATHIC WORLD, p. 499) in which an ovarian pain > by pressure was removed by *Platinum* 200. He mentioned that he owed the indication to Dr. Skinner. He now writes that a correspondent informs him that *Palladium* is the medicine which has "ovarian pain > by pressure," and that it was a case cured by Dr. Skinner with *Palladium* which made a profound impression upon him at a critical point of his career. *Palladium* and *Platinum* are found together in nature and Hering says of them that in their provings "they showed such similarity in their effects that the question arose whether any corresponding differences might be found." Dr. Cooper's case shows that *Platinum* as well as *Palladium* can cure cases characterised by "> by pressure."

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COUGHING PLANTS—A CHANCE FOR SIGNATURISTS.

THE following is from *Pearson's Weekly* of November 14th:—

"PLANTS THAT HAVE COUGHING SPELLS.

"Man, or even the animal kingdom, has no monopoly of coughing, or even getting red in the face, in an effort to throw off foreign substances. Before there was a vertebrate on the earth, while man was in process of evolution, through the vegetable world, *Etada Tussien*—that is what the botanists call him, while we know him as 'the coughing bean'—coughed, got red in the face and blew the dust out of his lungs. Recently botanists have been giving special attention to this bean, and tell interesting things about it. It is a native of warm and moist tropical countries, and objects most emphatically to dust. It has an effective means of getting rid of objectionable matter. When dust settles on the breathing pores in the leaves of the plant and chokes them a gas accumulates inside, and when it gains sufficient pressure there comes an explosion, with a sound exactly like coughing, and the dust is blown from its lodgement. And more strange, the plant gets red in the face through the effort."

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A CATTLE-PROVING OF *TUBERCULIN*.

THE infallibility of the *Tuberculin* test appears to be somewhat in doubt to judge by the following sent by a

Middlesboro' correspondent. The unfortunate effects on Mr. Pease's cattle may be a useful guide for homeopathic prescribing:—

“HUMAN v. BOVINE.

“MR. A. E. PEASE, M.P., ON *TUBERCULIN* TESTS.

“Presiding (on October 29th) at the annual meeting of the Cleveland Chamber of Agriculture, Mr. A. E. Pease, M.P., took part in a discussion on the prevention of tuberculosis among animals. He said he had had considerable experience of tuberculosis. Supposing it could not be transmitted from animals to human beings, and some scientific men were willing to accept and give force to Professor Koch's theory—farmers would still have to take measures to get rid of the disease from their stock, which means that they might have their cattle inoculated with *Tuberculin*, and those which could not be so inoculated should be taken out of the herds of this country. He had done what many farmers would not care to do, in his efforts to get rid of the disease. His herd was as healthy as any in the country, but he put them through the *Tuberculin* process, and found that when inoculated they all reacted to the test. The result was that they suffered in health, those that had given good supplies of milk fell off, and their condition was much deteriorated. He showed his table of reaction to an eminent authority in London, and asked him what he was to do, and he was advised to get rid of his herd and start afresh. But what guarantee had he that if he did this he should not have the same thing again? He was not only disconcerted, but he suffered great loss, and he did not know whether he had yet got to the end of his troubles. He certainly should not inoculate with *Tuberculin* again.”

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AN ARCHPRIEST ON HOMEOPATHY.

GEELONG rejoices in the possession of an arch-priest whose full style and title is “The Venerable Archpriest McKenna.” This divine, in the course of a Hospital Sunday sermon, remarked that “he did not believe in the existence of a homeopathic hospital—which was not recognised scientifically in any part of the world” (*Geelong Advertiser*, October 7th). The grounds of faith are often curious, and the grounds of disbelief no less so. Dr. Wm. Lamb had no difficulty in showing in the next issue of the paper that the existence and status of homeopathy was—strange to say—in no way affected by the belief or disbelief of archpriest or layman. Dr. Lamb closes his letter with this practical argument against the unfairness of the clerical opposition to the claims of the Geelong

Homeopathic Dispensary on the Hospital Sunday Fund:—

“In conclusion, let me bring this pregnant fact before the notice of Archpriest M’Kenna, namely, that one morning not long since, out of ten applicants at the dispensary, six prescribed for were Roman Catholics, while out of sixty-two fresh cases during the last two or three months, no less than twenty-one, or about one-third, were Roman Catholics, for whom, according to his own showing, we get, and are to get, not one farthing by way of subscription from the Hospital Sunday Fund.”

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ORIGINAL COMMUNICATIONS.

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CANCER OF BREAST.

By Dr. COOPER.

*(Continued from p. 500.)*

As our dear old friend, Dr. Compton Burnett, used to say—alas, how unhappily illustrated in his own case!—life is not long enough to work out the many problems relating to such a chronic affection as cancer of the breast.

Many cases of cancer of the breast disappear, I feel perfectly sure, after homeopathic treatment, without our knowing anything about it.

I have exampled one case where the patient returned after four years to be treated for indigestion, and when, almost by chance, she mentioned about her cancerous breast having got well. This, I feel sure, is but one of many, only that in the hurry of work we seldom think of reverting to notes taken, it may be, many years previously.

Few diseases cause a patient greater fright and anxiety than the various forms of cancer of the breast, but unfortunately for the accuracy and reliability of clinical observations, there is no disease in which it is easier to assure the patient as to the duration of her disease being probably prolonged—in other words, to remove her chief anxiety; and equally unfortunately the tendency on the part of the patient seems almost irresistible to discontinue treatment when no longer in terror.

While, therefore, on the one hand it is necessary to

encourage the patient in order to give remedial powers a fair chance, on the other hand this very encouragement often leads the patient to relinquish treatment, and in this way a stop is placed to all further observation.

Case VII. is an instance of this. An old lady of seventy-eight came to me in March, 1900, with a scirrhus mass in the right breast, about the size of a hen's egg, but angry-looking and inflamed, and threatening to break down. The lump had existed in the breast some twenty years, and ten years ago operation was strongly advised, but for some unexplained reason declined.

The left breast had been removed for what was described to her as a cystic tumour twenty-five years ago. The late Sir J. Ferguson operated.

At the present moment the patient is recovering from bronchitis, with which she has been laid up for eight weeks, and is much weakened by it. It is only since the bronchitis that the tumour has become so angry-looking. A well known and distinguished pathologist has seen it quite lately and advised immediate operation.

Patient suffers a good deal from flatus, and is subject to diarrhoea, also subject for thirty years to tinnitus aurium, which is much worse at night, and is synchronous with the heart; a good deal of phlegmy cough.

Two years ago was operated on for double cataract, which upset her nerves a good deal.

Gave for these symptoms March 21, 1900, a unit dose ( $\phi A$ ) of *Agraphis nutans*.

April 4th, cough gone; has had some irregularly coming neuralgia in head lately, tinnitus the same. Dose: *Kali hydr.* 30, 3 globs.

I find the old lady has been for a long time in the habit of taking "a Night Cap" of blue pill, with a morning Refresher of seidlitz powder—a sure sign of imperfect conversion to the principles of Hahnemann! This of course was prohibited.

On May 30th I made a further discovery, namely, that she poultices her liver every evening, and that she urinates very freely at night. Dose: *Juniperus communis*  $\phi A$ .

The next report is July 9th, when she complained of itching in a hard gland in axilla, but the place in breast was very much smaller, and no longer threatened to break; still much flatus, palpitation of heart and tinnitus. Dose: *Ornithog. umbell.*  $\phi A$ .

July 23rd. Itching much less, flatus less, palpitation and tinnitus less; of late has been passing much gravel and has felt relieved by it. Prescription: *Lycop.* φA.

This is all I saw of my patient. At her advanced age, and with the subsidence of activity in the cancer, I considered it much more likely that she would die of bronchitis than of cancer, and I candidly told her so. This, doubtless, is her reason for not coming again; her fright as to cancer was removed, and this was "just all" she required from her doctor.

To suppose that it would have been better to have operated on this old lady of seventy-eight is ridiculous; the entire report shows that a cancerous mass can be acted upon by the indicated remedy, and that such treatment is infinitely better than operation.

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## FROM THE FRONT—SOUTH AFRICAN FORESTRY. FLIES AND ENTERIC.

By A SURGEON AT THE FRONT.

HARRISMITH, *October 16, 1901.*

WE are at last getting the town into a sanitary state. The new magistrate is very keen on it, and backs me up, as do two or three of the officers on the Staff. The town is very well situated, having a water-supply which, as Professor Simpson says, compares favourably with any in England. If the Platberg and the surrounding higher ground were planted with trees, on rational principles, it would be quite an ideal town. It will, however, be many years before this is brought about. Still, the need is recognised, and they have commenced by planting trees on waste ground, and I hope will line the Wilge River and the Spruits which run into it, with willows. These latter, together with various species of eucalyptus gum-trees, grow very well here.

I am sure that the flies are the great cause of the spread of enteric fever out here. Seeing that Nature has designed their legs to convey pollen from one plant to another, it is only natural to imagine that they can convey disease germs in a similar manner. It is a notable fact, which I have heard lately, that, although the enteric was terrible in Ladysmith during the siege, there was

hardly any last year. They had adopted a plan of distributing meat and other attractive things, which had been previously soaked in a certain sheep-dip, about the town. In consequence, there were very few flies and hardly any enteric. Of course, it may be said that the enteric was less because it had worn itself out the previous year, but I doubt this being the cause.

Everything was favourable for a severe epidemic, as there were numbers of troops encamped round the town. I have written to Ladysmith to obtain, if possible, information as to the exact composition of the sheep-dip in question.

## MATERIA MEDICA MISCELLANY.

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

*Verbascum in Neuralgia.*—Dr. Erastus E. Case, in *Medical Advance*, gives the case of a black-haired widow, aged 36, who had long been over-worked, sewing, and her life made miserable by neuralgia.

The following were the symptoms: Tearing, stitching pain about the left ear, downward and inward for the most part; numbness of the outer ear; dulness of hearing in left (painful) ear; sensation of heavy pressure on the vertex; shivers run up the back and left side with the pain; irritable and despondent.

January 1, 1900.—One powder *Verbascum thapsus* 1m, taken in four doses, three hours interval, cured.—*Am. Hom.*

*Silica in Occipital Neuralgia.*—Dr. A. L. Blackwood reports the following case: Mr. L., aged 45 years, for the past ten years had been suffering from a constant pain extending from the nape of the neck up behind the right ear. It was throbbing in character, relieved by pressure and wrapping the head up warmly, but returned at once if the wraps were removed. One dose of *Silica* 200, each night for three nights, was the prescription. In two weeks the patient reported himself free from pain for the first time in ten years.—*Ibid.*

*Kali Iodide Characteristics.*—From a paper on this drug by Dr. J. C. Loos, in the *Hahnemannian Advocate*, we extract the following:—

“One most characteristic feature of the *Kali iodide*

patient is his desire to walk. *Aconite*, *Apis*, *Arsenicum*, *Camphor*, *Cham.*, *Ferrum*, *Kali iodide*, *Pulsatilla*, *Rhus tox.*, *Stramonium* all want to walk about, but each has its own peculiar reason. In *Kali iodide* walking continually is restful. He takes long walks without fatigue, but to rest is not only tiresome but aggravates his complaints. So long as he walks he feels better and does not grow weary. Most of his complaints are better in the open air—he desires open air with nearly all his ailments, hence walking in the open air for miles gives the greatest relief.

“ Ordinarily he is a warm-blooded patient, wants to get where it is cool, throws off the covers, and gets out doors in the cool air. Internally he is cold. No matter what his complaints, he will always be worse at night, bone pains worse at night—calls to mind syphilis, which this remedy strongly resembles.

“ Like syphilis and *Mercury* it attacks the mucous membranes, glands, and periosteum, and the patient complains of catarrh, rheumatism, and glandular swelling and suppuration. There is violent nasal catarrh; profuse discharge of clear, watery, acrid mucus, or more frequently thick, greenish-yellow discharge, soreness of nose, severe pain at root of nose, causing much suffering. Every cold increases the catarrh, which may involve the frontal sinus and antrum. Severe profuse yellow-green discharge, always worse in the open air, just contrary to most of his complaints. For his general state he wants the open air, but with his coryza he has more trouble in open air.

“ All discharges from the *Kali iodide* patient present a greenish tinge from eyes, nose, ears, throat, chest; leucorrhœa and gonorrhœal discharges without pain are thick green or yellow green, often acrid, often offensive.”

*Ceanothus Americanus* in *Leucorrhœa*.—Dr. Fahnestock calls attention to a clinical symptom of this drug, often noticed in schoolgirls, viz., leucorrhœa. The following are the indications which he gives:—

The patient is weak, anemic; dragging pains in the back; pain in region of spleen; can scarcely wear corset—its pressure aggravates the pain; loss of appetite; pale, flabby tongue, with a general weakness.

The leucorrhœa generally is of a light colour, and the patient always complains that it makes her so weak. Headache frequently attends the above symptoms.

When you administer this remedy, give one dose of the potency selected, and let it act as long as it will; then, if required, repeat, but use a higher potency. In the intervals give placebo.—*Am. Hom.*

*Antimonium Tart. for Backache.*—Dr. Stauffer, in a paper on “Backache Remedies,” gives the following indications for this drug, which is not often thought of for this common symptom:—

The sacro-lumbar region is the seat of pain. Should the patient make the slightest effort to move, retching and a cold, clammy sweat is superinduced. Back is weak, but sitting up and eating ameliorates, while damp weather and change of weather are unwelcome conditions, because they aggravate.

*Silica in Sleeplessness.*—Dr. Dewey gives the following indication for this drug:—

*Silicea* is the remedy for sleeplessness of utter mental and physical inanition, when food fails to nourish, when the heart loses courage, and when there is abject despair and total absence of hope. Talcott says: “It will often work a wondrous and magical change in the condition of affairs.”—*Am. Hom.*

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## A FEW CLINICAL OBSERVATIONS ON THE NEW REMEDIES.

By B. B. CHACKRAVANTI, L.H.M.S.

### CASE I.—PHTHISIS PULMONARIA, CURED BY *CALOTROPIS GIGANTEA.*

ON the 5th of April, 1900, I was called to see a lady, the wife of a wealthy merchant of this city, for whom “all the hopes of life were given up,” as the husband said.

On approaching the bed of the patient I saw her fully prostrated, and the general appearance was comprised of pallor, languor, and leanness. I could then comprehend fully the meaning of the words of her husband, that “all the hopes of life were given up.”

She was about the age of thirty years, of medium stature, leucophlegmatic, with blond hair, light complexion, fair skin. She had had influenza last winter, and in the spring a cough came on which was continuous. She was always very sensitive to cold, and of late there were

several attacks of hemoptysis. Her mother died of the same disease.

On examination, percussion gave dulness of the whole anterior surface of the chest, more marked from the third interspace up to the apex. By aid of the stethoscope crepitation, tubular breathing, and increased vocal resonance were clearly detected; and on placing the hand upon the chest of the patient a vibration (vocal fremitus) was felt. There was pain, stitching and piercing in the infra-clavicular region, extending thence through the left shoulder-blade, aggravated by making a deep inspiration and a sensation of burning, especially in the left chest. Cough frequent, dry, short, sharp and harsh, fever worse in the afternoon; stools offensive even if of natural consistency. Soreness under the sternum; cough accompanied by tearing, beating pain in the head and followed by bloody or greenish, fetid, purulent expectoration. Great irritability of heart, with palpitation from least motion or jar. The voice was indistinct and whispering, and the tongue was covered with aphthæ. There was vomiting, especially in the morning, and swelling of hands and feet. She was having profuse sweat at night. The cervical glands were swollen.

The temperature in the axilla was 102° in the evening, the pulse 110° accompanied by forty respirations per minute, and the respiratory movements were laboured. The sounds of respiration were bronchial, attended with mucous râles and occasional gurgles.

From the above symptoms and physical signs there could be no doubt that softening and inflammation in the surrounding structures had set up, and that one or more ragged, irregular-shaped cavities had been produced, forming the third stage of the disease.

Prescribed: *Calotropis gigantea* in the first decimal dilution every four hours, to be followed by careful dieting, exercise, and general hygiene.

Under this treatment she continued for a month, when on examination percussion gave only slight dulness at the left apex; the remainder of the lungs being found wonderfully clear; the other symptoms remaining the same as before, but a little improved. Continued *Calotropis* as before, with occasional doses of *Sulphur* 30th substituted at night.

June 15, 1900.—She was doing exceedingly well in

every respect. The pain and all other threatening symptoms had greatly abated, and examination proved that the moist râles were very much diminished and the respiration found to be much easier, but certain evidence of the existence of a deep cavity was detected. A little crepitation was heard in the left lung. Continued *Calotropis* twice daily.

July 20, 1900.—Her health and strength have since improved a little; the cough has nearly disappeared and has never been bloody; there were no troublesome night-sweats or the evening febrile disorders. Examination could not now detect either the tubular breathing or the vocal resonance. Continued *Calotropis* twice daily.

September 3, 1900.—She was looking bright, plump, rosy, perfectly well and hearty, and examination could detect no abnormal pulmonary signs. Continued *Calotropis* twice in a week and advised a change of air in the mountainous districts.

March 12, 1901.—The husband of the patient calling to thank me for my trouble, informed me that his wife was now doing perfectly well, and that she has increased in strength and health and could now attend to her domestic work; that she has been "restored to life" by the small doses of the medicine I prescribed for her.

#### CASE II.—DEAFNESS WITH NOISES IN THE HEAD CURED BY *Coca*.

A retired pleader of the Calcutta Police Court, aged fifty years, a person worn out under the strain of a busy life and greatly suffering from exhausted nerves and brain, was seen on the 25th of January last, the complaint being deafness with noises in the head, which, he said, was troubling him since last summer. Had been to a dozen allopathic physicians and used several "baths" without least improvement.

There was no history of otorrhea, and on examination of the ear it appeared quite natural, except that the Eustachian tubes were affected slightly, causing whizzing, roaring, cracking, and drumming sounds with reverberation of the sounds. Hardness of hearing, frequent sensation as if something were lying against the ear impeding hearing, and as if air was penetrating into the Eustachian tubes. He complained of an inability to hear himself when reading aloud.

The other functions quite good, except that he was little costive and that the urine was deficient in solid matter.

Prescribed *Coca* in the third decimal dilution, one drop in an ounce of water twice daily.

February 6th.—Hears much better. The noises have entirely ceased. Continued *Coca*, one drop in an ounce of water once only in the morning.

February 20th.—Still better hearing—in fact he could hear quite well. The noises did not reappear. Continued *Coca* one drop in an ounce of water every other day.

March 16th.—Hearing perfectly restored; the noises did not reappear. The bowels all the while were performing their natural action.

### CASE III.—UTERINE HEMORRHAGE CURED BY *USTILAGO*.

August 25, 1900.—Mrs. Bose, wife of a native gentleman of this town, aged twenty-five years, light hair and eyes, fine complexion, delicate skin, of sensitive and nervous temperament, was seen three weeks after the birth of a child, prostrated from severe hemorrhage from the uterus. When I arrived I found Mrs. Bose lying upon a bed partially unconscious and rigid. The eyes were closed and the jaws shut. Respiration slow, pulse weak, rapid and thready; skin cold and covered with oily perspiration. Excessive thirst. The bed on which she was lying (though constantly cleared) was wet with blood, bright, thin, and copious. On examination the uterus appeared to be very soft and spongy. There was pain and tenderness in the left ovarian region extending towards the uterus and going down to the knees.

From the symptoms, "Blood bright, thin, with soft and spongy uterus and pain extending to the knees and tenderness of the left ovary"—characteristic of this drug—I prescribed *Ustilago* in the 3rd decimal dilution, two drops in little water every hour.

The next day found that as soon as the fourth dose of the medicine was given all the evulsive action on the part of the uterus stopped, the pain ceasing altogether at the same time.

August 26th.—Continued *Ustilago* every two hours.

August 27th.—Further improvement; the pain did not appear and seemed entirely vanished; the muscular coating of the uterus appeared greatly strengthened, the

blood oozing out very slightly. Pulse and respiration normal. Perspiration stopped. Thirst less and could answer my questions sensibly. Continued *Ustilago* every three hours.

August 28th.—No more discharge; is sleeping profoundly from last night. Continued *Ustilago* twice daily.

September 3rd.—No trace of blood. Greatly improved in health and could walk out of her room to the parlour with ease.

#### CASE IV.—*CARB. SUL.* IN DYSURIA.

Chedi Kahar, aged forty years, an up-country native, formerly well built and ruddy, with black hair and eyes, a constitution now broken down by the combined effects of Mercury and gonorrhoea, called at my clinic on the 15th of July, 1900, with following symptoms of dysuria. Great urging to urinate, only passing a few drops of albuminous, turbid urine, at times a few drops of pure blood, with severe pain (burning) in the urethra and neck of the bladder. During micturition there was cutting, smarting, and burning pain. Pain in the loins and hips.

Prescribed *Carboneum sulphuratum* 30, two drops a dose every two hours.

July 16th.—Passed an enormous quantity of urine in the evening and the pain much less. Continued *Carb. sul.* twice daily.

July 17th.—Feeling perfectly well. No more pain. Urine natural and profuse.

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## HOMEOPATHIC TREATMENT OF SURGICAL CASES.

Communicated by ALFRED J. PEARCE.

A FEW interesting and instructive cases were published in the *Homeopathic Record* in 1851 and 1852. The following one appeared in the issue of that journal of November, 1851:—

### CASE OF DISEASE OF STERNUM CURED AFTER INEFFECTUAL OLD-SYSTEM TREATMENT.

By the late DR. CHARLES T. PEARCE, M.R.C.S.

Mr. M., aged 40 years, a grocer, residing in Northampton, complains, September 1, 1851, of debility and general

loss of tone. He has an abscess on the front of the chest in lowest third of sternum, discharging pus, which escapes on making pressure with the finger above the opening; a fistula, between three and four inches in length, leads from opening to diseased bone; great tenderness on pressing the upper part of the fistula, and constant pain. The pus which escapes has an offensive odour. The opening has been in existence for about two months, preceded by a swelling, to which, by the advice of a physician, Mr. M. applied *Iodine*. This being ineffectual, he was ordered to poultice it, which he did, but the discharge seems to weaken him. He is scarcely able to attend to his business. He perspires with little exertion.

Prescription, *Calcarea carbonica* 30th potency. Six globules in six ounces of water. A tablespoonful to be taken morning and evening.

September 8th.—He appears better. The pain is not so constant. The discharge is about the same in quantity, but less offensive. Appetite improved; general health rather better. Prescription, *Aurum* 30.

September 15th.—The discharge is less at night, about the same by day in quantity, quality thinner. Pain less constant. Is gaining strength. *Aurum* repeated.

September 22nd.—Very much improved. There is very little tenderness on pressure; he breathes and coughs with ease. Repeat *Aurum*.

September 29th.—Has discharged scarcely at all since last visit. Can now work with pleasure. Appetite good; no cough; feels well. Repeat *Aurum*.

October 6th.—Quite well. Dismissed cured.

After his recovery the patient stated: "I think I had better tell you now what I have been doing." He then detailed the treatment he had been under. For six months he had been seen by a physician, who ordered the application of lint, wetted sometimes with warm water, sometimes cold, for about four months, taking medicine at the same time. The physician ordered him to apply *Iodine* to the part, and subsequently, as it did not improve, to poultice it. His health failed; he could not lift a canister, nor turn a small coffee-mill. On the 1st of September (the day he came under homeopathic treatment) the physician told him to go to a certain surgeon in Northampton, *who would lay open the fistula* about four inches with a knife, that it might heal from

the bottom. He advised the patient then to go to Ramsgate, "for his health's sake," for a few weeks, and while there to see another surgeon, who would most likely *take away a piece of dead bone*. The patient hesitated, and replied, "I must consider before I do this." He resolved on trying homeopathy, and consulted Dr. Pearce the same evening, who cured him in four weeks with infinitesimal (high attenuations) doses of *Calcarea* and *Aurum*. Dr. Pearce suggested that the question should be asked: "Why did not Nature smile on the *Iodine* treatment?" if, as old-school practitioners say, "Nature cured the patient," and not homeopathic medicine. "Nature abhors injurious meddling. Let the physician cure disease and spare the knife."

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## SOCIETY'S MEETING.

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### BRITISH HOMEOPATHIC SOCIETY.

THE second meeting of the session was held at the London Homeopathic Hospital, Great Ormond Street, W.C., on Thursday, November 7th, the president, Dr. George Burford, being in the chair.

Mr. Adam Crawford White, M.B., C.M. (Glasgow), of 31, Union Street, Oldham, was proposed as a member by T. H. Hayle, M.B., and George Burford, M.B.

Mr. Stephen Francis Smith, L.S.A., M.R.C.S., of 291, Romford Road, Essex, was proposed as a member by Edwin A. Neatby, M.D., and C. Knox Shaw.

Miss Octavia Margaret Sophia Lewin, M.B., B.S. (Lond.), and Mr. Percy Alexander Ross, M.R.C.S., L.R.C.P., were duly elected members by ballot.

The evening was devoted to a paper by Dr. Percy Wilde (Bath), entitled, "Energy: in its Relation to Drugs and Drug Action."

The following is his synopsis: The absence of exact knowledge of drug action—Some drugs act by chemical combination—A study of the physical conditions essential to the act of chemical combination—Energy necessary before energy is liberated—How substances acquire and store up energy—Potential energy.

*Triturations.*—The physical structure of triturations—Not simple mechanical mixtures—Gain of potential energy by each act of trituration—Physical demonstration of this energy.

*Solutions.*—Physical structure of—Potential energy gained by dilution—The increase of chemical activity by extreme dilution—The methods of physically demonstrating and estimating this.

*Particles.*—Their physical properties and affinities.—The relation of these properties to the action of crude drugs and strong solutions—Can act as physical irritants but not as sources of energy.

*Conclusions.*—The physical nature of drug energy—The necessity of infinite dilution before a large proportion of drugs can enter into chemical combination with protoplasm and become sources of energy—The physical explanation of the "Law of Similars."

Dr. Wilde's paper, which was full of interest and contained some striking and original experiments bearing on dynamisation, was highly appreciated by those present. The discussion was opened by Dr. Dudgeon, who objected to the action of drugs being considered chemical. If drugs acted on protoplasm chemically, it would cease to be protoplasm and become a new chemical substance. He thought the action of drugs is vital, and that one cannot act on protoplasm chemically without killing it. Dr. J. W. Hayward said that energy cannot be transferred; the power of medicine depends on the motion of the molecules. If attenuation is carried too far a medicine is split up into its component parts. Dr. Hughes suggested that the discussion of the paper be postponed to the next meeting of the *Materia Medica* section, so that members might be able to read the paper at leisure, and thus be in a better position to discuss it. Drs. McLachlan, Byres, Moir, Johnstone, Madden, Pullar, Goldsbrough, Beale, Jagielski, and the president also took part in the discussion. In the course of his reply Dr. Wilde said that one grain of *Aniline* contains five hundred million billion molecules, so that a microscope would be of no use in such research (as Dr. Madden had suggested), since it could not show anything smaller than  $\frac{1}{400000}$  grain, which is a coarse particle in molecular physics. He also said that triturations of metals are of no use with sugar of milk.

## INSTITUTION.

### GEELONG HOMEOPATHIC DISPENSARY.

#### THE THIRTY-EIGHTH ANNUAL REPORT.

IN presenting their annual report of the thirty-eighth year of the establishment of the dispensary the committee are pleased to notify the subscribers that the benefits of the institution are still largely availed of by the sick poor of Geelong and district of all creeds, and would particularly urge the claims of the institution to a more generous support of the public generally than is at present bestowed upon it.

Established in 1863 the dispensary has been recognised by the Government as an institution entitled to participate in the annual Grant-in-Aid to Medical Charities; indeed, the Government of the State consider dispensaries as most useful institutions for the treatment of out-door cases. The homeopathic dispensary, as well as affording such relief, also treats patients too ill to attend the dispensary at their own homes by the medical officer, Dr. Lamb, the cost of housing and keeping the patients being thus saved to the State.

Since 1875 the dispensary has participated in the Hospital Sunday Collections, but this source of income has been somewhat jeopardised through the desire of the committee of one institution to monopolise the whole of the funds raised in that way, though in London this fund, when it was established, was for the benefit of all hospitals, dispensaries, and infirmaries. The committee trust, however, that the resolutions carried at a representative meeting of the Hospital Sunday Committee held in the Town Hall on the 17th ult. will satisfy all parties interested.

The committee are pleased to report a considerable improvement in the subscription list this year, but this is accounted for to a considerable extent by a generous contribution of £4 4s. from Mr. Thomas Shaw, Camperdown, in response to a special appeal made by our honorary treasurer.

The committee desire to express their grateful thanks for a bequest of £20 from the late Mrs. Street, per her executors.

The number of patients admitted for the year was 178, representing all the ailments which fairly claim the relief of the dispensary. The attendances were 889, and Dr. Lamb paid 174 visits to patients in their own homes.

A statement of receipts and expenditure for the year will be found in the treasurer's balance sheet, and the medical officer's report and classified summary immediately following this Report.

The committee would again thank all who have aided them in any way in continuing the operations of the dispensary.

JOHN SINCLAIR, *Chairman.*

In the medical report to the committee Dr. Lamb refers to a peculiar type of influenza:—

“This year a peculiarity presented itself in connection with the diarrhea period, which was the existence of influenza of enteric or intestinal form. The chief feature of this was the co-existence of a latent pneumonia, which was quite obscured by the more prominent bowel symptoms in infants, and which caused or helped to cause death in two of my cases.

“WM. LAMB, M.B., C.M.,

“1, Wellwood Terrace.

“July 6, 1901.”

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## EXTRACTS.

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### WITH THE WHITE FLAG INTO PRETORIA!

SURRENDER DEMANDED BY A SYDNEY OFFICER.

As the hero of the following historic episode of the war is the son of our *confrère*, Dr. W. G. Watson, of Sydney, it will no doubt interest our readers, although this is not the first time that it has appeared in print. It is a “white flag incident,” with nothing regrettable about it. The “white flag” (*i.e.*, handkerchief) itself has, we understand, lately received the autograph of the Duke of York and Cornwall, now Prince of Wales:—

Writing from Pretoria to his parents in Sydney, Captain W. W. Russell-Watson says:—On the morning of the 4th of June, 1900, we were ten miles south of the city on the Jukeskei

Spruit, when we—that is, Hamilton's force, of which we are a unit, French's column, and Broadwood's division—received orders to make a flank march on Pretoria, and attack the city forts from the north-west. Off we went, about 7,000 strong, and had gone four miles when orders came to return to our former camp, and march direct on the city, as little resistance was expected. This news caused great excitement amongst our troops, and cheer after cheer rang out on the veldt. After advancing a few miles the shells from the Boer forts, seven miles away, commenced to fall amongst us, so open order was the formation of the day, and on we went. A little later we came under a heavy fire from field artillery, pom-poms, and Maxims and rifle fire. Still on we went. We could see Lord Roberts' column on our right about six miles away, and they were also catching it hot.

Then came the order from General Hamilton that Colonel De Lisle's corps, composed of ourselves, with the West Australians and the 6th Imperial Mounted Infantry, were to make a rapid flank move round the enemy's right. Off we went, north-north-west, Colonel De Lisle and myself leading. We managed to get round at the back of their position. The Colonel then said, "See that ridge, Watson; go and tell Antill to lead the regiment up there, and if you do not meet with too hot a fire, carry on as far as he thinks safe." Just as I moved at the gallop from him, he shouted out, "Show them the way yourself." And so I actually led the regiment. Holmes' horse, Dove's, and my own are the finest in the corps. We three led the way, followed by a crowd. The only weapon I had was a revolver. When the Boers saw us behind them they fled in confusion, and we followed in hot haste. I fired my revolver point blank at several; but as I was at the gallop, and they also, I did not hit them, although we took a great number of prisoners. By this time we were all speechless, and the horses at a standstill. So we struggled up the last slope and there, three-quarters of a mile away, lay the city. Colonel De Lisle came up, beaming with delight, and said, "Now lad, you have done so well, are you fit to take the white flag into the city and demand the surrender of the city in the name of Lord Roberts and the British Army?" "Rather!" said I. So we tied a handkerchief on to a whip, and after saying goodbye to Holmes and the others I started for the Landrost of the capital with the white flag in the air, alone and unarmed.

As soon as I advanced our boys stopped firing, and watched (most anxiously, Holmes said) my progress. I had not gone far when I was stopped by an artilleryman, so requested him to take me into town. He did so; but the Landrost (chief magistrate), the Burgomaster (mayor), the Commandant-

General were still fighting on the hills about the city, so the Secretary of State was found, and he conducted me to Commandant-General Botha's private residence. He then telephoned to the Secretary for War, and they then despatched messages to their generals to come at once to a council of war. First, General Botha himself came; then Generals Meyer and Walthusein and the military governors of the city. By this time I had been there two hours, during which time Mrs. Botha kindly gave me coffee and sandwiches, which, as I had not had a square meal for 36 hours, were most acceptable.

Now came the discussion of the council. The General asked my mission, and this I told him with as much dignity as I could muster. "I came with a message from Lord Roberts, demanding the immediate surrender of your capital; if the surrender is forthcoming all persons will be respected and property uninjured, if not, the bombardment of the city will take place at sunrise to-morrow morning." He looked me up and down, and told me to be seated. They all spoke in Dutch, and some of them were very excited. However, after an hour's chat, they drew up a letter, and Botha informed me that if I would conduct the Governor of the city to Lord Roberts, terms and conditions would be arranged. So they all shook hands with me, and said that I ought to be pleased at meeting their greatest statesmen and generals.

Off I went with the Governor and General Walthusein to Colonel De Lisle, who was waiting on the outskirts of the city for my return. The Colonel then joined us, and away we went to Lord Roberts, who was six miles off; so we did not arrive until 10.45 p.m. He was in bed, so just sat up and said, "How do you do? If General Botha wishes to discuss with me the unconditional surrender of the town, I will meet him at Colonel De Lisle's camp at 9 a.m. to-morrow. In the meantime I will not fire a shot. Good-night."

We then left there, to be conducted back to the town by the A.D.C.; and Colonel De Lisle and myself returned to our post, and slept on the ground, turning in at 12.30, thus ending what I suppose will be a most eventful day. I have the now celebrated and historical handkerchief, and on it have received the autographs of Lord Roberts and of all the generals and chiefs of staff who took part in the operations on the 4th of June at Pretoria.

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## VIOLET LEAVES AND CANCER.

CANCER alone among diseases has increased with civilization, and has defied every medical effort at cure. Professor Roswell Park, of New York, recently declared that if the present relative death rates are maintained during the next ten years "there will be more deaths from cancer alone than from consumption, small-pox, and typhoid combined."

This summer the King promised the highest honours to the man who would discover a cure. To judge from the case of Lady Margaret Marsham, sister of the present Earl of Romney, a remedy has been found, not by scientific research, but in an old wife's cure. "The Onlooker" gives the details of the story.

Lady Margaret Marsham, who is 67 years of age, was for four months ill with an affection of the throat which the doctors pronounced cancer. This diagnosis was supported after analysis by a London specialist, the analysis being made at the laboratories of the Clinical Research Association. Lady Margaret became so bad that her throat nearly closed up, nourishment had to be artificially administered, and her death was expected in a week.

At this point a neighbour, the daughter of an old friend, Lady Mary Ross, recalled a story she had heard when a child, that cancer could be relieved by an infusion made from violet leaves. It was not expected that this would cure, but only relieve the pain. Lady Anne Marsham, sister of the patient, obtained the recipe, and as a forlorn hope determined to try it.

## THE RECIPE.

This recipe was exceedingly simple, and ran as follows:—

"Take a handful of fresh green violet-leaves and pour a pint of boiling water upon them, cover them, and let them stand twelve hours, until the water is discoloured and green. Then strain off the liquid, dip a piece of lint into the infusion, of which a sufficient quantity must be warmed. Put on the wet lint hot wherever the malady is. Cover the lint with oil silk or thin mackintosh, and change it whenever dry or cold. The infusion should be fresh about every alternate day."

The effect was, in Lady Anne's words, "almost like a

miracle." Relief was immediately obtained. A large, hard external tumour disappeared in a week. All pain ceased, and the cancerous growth in the tonsil disappeared in a fortnight.

The apparently dying woman is now in good health and able to travel and visit her friends.

The most striking fact about this story is that there can be no possible doubt of the disease really being cancer. Many alleged cures on other lines have been ignored because there has been a doubt on this point.

Lady Anne Marsham, writing on November 6th, said:—

"It is marvellous that the remedy should have come just in time, as at the time it was begun she (Lady Margaret) could hardly speak or swallow, and was not expected to live a week. There is no doubt about its being a case of cancer—or the correct name is, I believe, 'epithelioma'—and the specimens taken from the throat have been freshly examined by the head of the Pathological Society and again pronounced to be cancer."—*Daily Mail*, November 11th.

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### CANCER-CURES.

THERE appears to be a run on cancer and its cures at present. Within the past two weeks we have read papers in medical journals which attribute it to the excessive consumption of aerated beverages, and another which seemed equally far-fetched. As to cures, the *Times* had a long telegram the other day from the United States regarding a Chicago Hahnemannian doctor's success with X-rays. He gives medicines which supply the material needed for rebuilding the destroyed tissues, and subjects the patient to the influence of the rays for weeks or months as the case may be. We have received a shoal of cuttings regarding the violet cure, and also have the following note from a medical contributor who has personal knowledge of the case referred to—

"A new treatment for cancer, startling in its simplicity, and novel inasmuch as it is not a serum, has recently come to light. It consists merely of an infusion of the green leaves of the common violet, which is applied on lint, in the form of fomentations, to the part affected.

Only one case, so far, has been treated—that of a bad form of cancer of the throat in which the specialists in attendance gave the patient a week to live. There can be no possible doubt as to the case being one of cancer, as two independent bacteriological reports have confirmed the diagnosis. The progress was marvellous and immediate, and the growth apparently entirely disappeared. At first sight the use of this infusion of green violet-leaves may seem to be a piece of mere empiricism—an ‘old woman’s’ remedy. Any one, however, who loves the wild plants and studies Nature will see in the violet just the plant to cure this dire disease. If the remedy for cancer is to come from the vegetable kingdom, it is the acme of high vegetable life, just as the fungus is the antithesis of it. The two grow together side by side in woods, in the same way that the ‘dock’ flourishes in the ditch near to the nettle. In other words, the antidote is usually found near to the poison. If the remedy for cancer is to come from the vegetable kingdom, the violet, the primrose, the hyacinth, and other highly organised plants, growing under similar conditions to fungi, may yet show us the way to cure it.”

The weak point about the foregoing is the reference to bacteriological reports. There is no one microbe of cancer generally agreed to be the real thing, although there are many which their discoverers and none else have found. Lady Margaret Marsham, sister of the Earl of Romney, is the patient who has been cured by violets.—*Chemist and Druggist*, November 23rd.

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## NATURAL HISTORY OF INSECTIVOROUS PLANTS.

By A. H. WARE.

THE subject for the meeting of the Chemists’ Assistants’ Association, at 73, Newman Street, W., on November 7, was a paper on the above subject by Mr. A. H. Ware.

Mr. Ware was not able to be present, and his paper was, therefore, read by Mr. R. E. Lownsbrough, while Mr. Charles Hymans had charge of the slides, many of which were beautifully coloured reproductions of the plants dealt with. Carnivorous plants were defined as plants which possess contrivances for entrapping small animal forms, the proteids of which are subsequently absorbed in soluble form as food. The number of species possessing these powers is much larger than is generally supposed, there being about four hundred in all, belonging to sixteen or eighteen genera, included in five, or possibly seven, natural orders. All the plants of five of these orders are com-

posed entirely of insectivorous plants, but there are two supposed carnivorous plants belonging to orders not known to contain others, viz., *Lathræa Squamarea*, the toothwort, belonging to the N.O. *Orobanchaceæ*, and *Bartsia alpina* of the *Scrophulariaceæ*. As regards the natural relationships of the five natural orders containing none but insectivorous plants, modern systematists group the orders *Sarraceniaceæ*, *Nepenthaceæ*, and *Droseraceæ* together, to form a cohort termed *Sarraceniales*, which falls naturally among the other thalamifloral orders of the class *Dicotyledones*. The N.O. *Cephalotaceæ*, comprising only the single species *Cephalotus follicularis* is closely allied to the *Saxifragaceæ*, whilst the *Lentibulariaceæ* are closely allied to the *Scrophulariaceæ* and *Orobanchaceæ*. Mr. Ware made a biological classification, including in the first group those insectivorous forms which have neither motile nor digestive organs. The second group is furnished with digestive organs, but no motile entrapping apparatus, whilst the third group includes those highly-advanced forms which catch their prey by means of motile apparatus, and leisurely digest the insects. Group one is again divided into two sub-divisions. The first includes plants of the "eel-trap" group, furnished with traps, having open orifices for the entrance of small animals, which close on any attempt at exit. The second sub-division is composed of the pitcher plants, which show an advance in the production of bright colours to attract insects, and secrete honey to lure them to their destruction in the fluid of the pitcher. The second group is similarly sub-divided, the first division comprising the true pitcher-plants belonging to the solitary genus *Nepenthes*. While the *Nepenthes* are similar in many respects to the *Sarracenias*, considerable advance is met with, and a true digestion first found. In the second division (sometimes termed the "lime-twigg" group), instead of finding chamber-like traps or pitfalls, the plants are furnished with emergences, secreting a sticky semi-fluid, to which the insect adheres. The insect's struggles only bring it closer to the digestive glands of the plant, which

#### POUR OUT A SECRETION

resembling that of the human stomach. The third and last group are plants with motile as well as digestive

organs, and this group is also divided into two sections, the first consisting of the genera *Drosera* and *Pinguicula*, in which the irritability of the motile parts is comparatively slight; whilst the second division comprised the genera *Dionæa* and *Aldrovanda*. These, instead of possessing sticky emergences, catch their prey by means of a motile organ, which instantly closes upon it like a spring-trap, forming a chamber in which the digestive functions are carried on. Illustrative examples from each group were then described and figured by means of the lantern. *Utricularia* (submerged water-plants) were first shown as representing the first group, *Sarracenia purpurea* being selected from the next group. This plant bears a rosette of radical leaves, all of which are transformed into pitchers. Attractive colours are developed in the laminal portion of the top of the pitcher.

Another slide showed *Nepenthe distillatoria*. The pitcher here is furnished with a lid, closed in very young plants, but which gradually opens as the plant grows. If one is cut before opening it is found to be full of a fluid secreted by epidermal glands. If a small piece of meat is placed in a recently-opened pitcher, the fluid becomes strongly acid, and is found to contain an enzyme resembling that of the human stomach. The meat by the action of the fluid is rapidly converted into absorbable, soluble products.

The paper then dealt with *Drosophyllum Lusitanica*—a most effectual fly-catcher of the “lime-twigg” kind—and the two well-known natives, *Drosera rotundifolia* and *Pinguicula vulgaris*, the first examples of the group having motile organs. *Drosera* exhibits an advance upon *Pinguicula* in the direction of irritability, but in the differentiation of organs for diverse functions, is beaten by both *Pinguicula* and *Drosophyllum*. *Aldrovanda* and *Dionæa* were mentioned as the two genera which together form probably the highest group of insectivorous plants. *Dionæa* and its ally live on situations where a display of colour is unnecessary. Its leaves, lying close to the ground, render it readily accessible to both crawling and flying animals. As the mechanism of *Aldrovanda* leaves closely resembles that of the Venus’s fly-trap, Mr. Ware dealt solely with the latter. The lower portion of the leaf is generally regarded as a winged petiole, and is the only motile portion. If the “trigger-hairs” are

touched, the two halves of the leaf close almost instantly. Mention was made of a curious fact, known to some botanists, but about which most of the

BOOKS ARE IGNORANT,

and often in error. If the trigger-hairs are just touched *once* lightly, as when an insect brushes it momentarily in flying past, the leaf does not close. The advantage of this to the plant is that the closing of the leaf under such conditions would be futile, and result in a waste of energy. Let the touch, however, be immediately repeated, or let the insect momentarily remain in contact with the leaf, and the trap instantly closes, be the touch never so gentle, or the insect never so light. Another error appearing in most books is the statement that the surface of the leaf is less irritable than the trigger-hairs, the leaves closing only very slowly if touched on the surface instead of on the irritable emergences. This is true of all parts except the upper surface of the mid-rib, which is the most sensitive portion of the whole structure.

The explanation of the process given by Mr. Ware was that, in touching the irritable organs, the slight shock results in the breaking-down of some complex reserve-energy containing body, much as a slight shock would decompose some of the fulminates. This leads to a redistribution of the vacuole sap in the cells, those cells nearest the subsequent bend parting with sap to those on the opposite side. These become more turgid as the others become less, and hence occasion the bending or closing of the leaves.

A vote of thanks to Mr. Ware brought the meeting to a close.—*Chemist and Druggist*, Nov. 16.

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GOUT AND THE TONSILS.—Among the viscera involved in irregular gout, the digestive tract heads the list. Pharyngeal and tonsillar inflammation is not uncommon. Duckworth describes it as follows: "The gouty throat is like no other. The pillars of the fauces, especially the posterior pair, the velum, and the uvula, are very red and glazed. The uvula is greatly enlarged and elongated, sometimes seeming to fill up the gap between the pillars. It has often an edematous border and tip. The surface of the pharynx is not so smooth as that of the fauces. It is coarse, with red, glairy prominences upon it, and depressions here and there, covered with grayish, slightly adherent patches of mucus, and it has sometimes enlarged venules upon it. In elderly people the redness is less marked.—*N.A.J.H.*

## REVIEWS.

## JOUSSET'S PRACTICE OF MEDICINE.\*

PIERRE JOUSSET may certainly lay claim to the title of "the Grand Old Man of French homeopathy." He appears to be possessed of an inexhaustible fund of energy and enthusiasm; and his supreme fitness for writing a systematic text-book like the work before us lies in this: that his enthusiasm runs equally strongly in the two channels of general medical science and of homeopathic therapeutics. There is no sign of fossilism about any of his work. An expert bacteriologist, he has not failed to show how bacteriology is related to homeopathy, and how homeopathy may be not only the safest but the best of germicides. In his preface Dr. Jousset says:—

"This English edition will contain all the modifications that advances in science have made necessary.

"We have endeavoured to keep abreast of contemporary progress. The nosography will remain the same as it was in the former French edition, and it will be based upon the doctrine of morbid species.

"We shall revise the class of neuroses and that of diseases of the heart and arteries.

"Here and there will be added a paragraph to the diagnosis and prognosis. We shall render more complete the ætiology and pathological anatomy by the addition of the most recent bacteriological knowledge.

"The therapeutics will be replete with all the knowledge that pathogenesis and clinical experience have taught us since 1877, the date of the publication of the second French edition of our work. We shall also add whatever seems to us as positive in the homeopathic action of toxines produced by the pathogenetic microbes, and of the injection of organic extracts, sterilised according to Brown-Sequard's method."

Dr. Arschagouni, in his capacity of translator, adds a preface of his own, in which he briefly sketches Dr. Jousset's career. So long ago as 1856 he began to work on the staff of *L'Art Médical*, of which he is still editor. Dr. Arschagouni adds:—

\* *Practice of Medicine*, containing the Homeopathic Treatment of Disease. By Pierre Jousset, M.D. Translated from the third revised and profusely enlarged non-published French edition, with additions and annotations by John Arschagouni, M.D. New York: A. L. Chatterton & Co. London: Homeopathic Publishing Co., pp. 1115. Price, cloth, 38s. net.

“Jousset's *Practice of Medicine* is an original work and not a compilation. Everything found there is not only the result of his own fifty years' of clinical experience, but includes in addition the concise views and clinical knowledge of Dr. J. P. Tessier, his master, thus making the work a “Century Medical Recorder.” It is entirely a clinical work, concisely written, with all that is necessary for a practitioner to know, and especially is the therapeutic portion up to date, being accompanied by the characteristic indications of each drug in each case, and the doses are ascertained by bedside practice, ranging from the crude drug, the  $\phi$ , up to the 200th potency.

“The reader may find annotations, the result of my ten years of clinical experience in America, thus bringing out remedies used particularly by American practitioners in various diseases.

“The homeopathic treatment of a few aboriginal diseases has been borrowed from local homeopathic physicians, thus rendering the work complete.”

Those who want to know the extent and value of Dr. Arschagouni's additions should read the list of new remedies appended to the chapter on typhoid fever. The remedies are given in full Schema form, and not merely two or three practically useless indications as is so often the case. An excellent and elaborate index concludes the work, and a table of French and English weights and measures is added for reference.

Dr. Jousset has been eminently fortunate in his translators, and we predict for his great work a renewed, prolonged, and vigorous period of existence. A word of praise must be given to the publishers for the excellent manner in which they have produced the work.

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POISONING BY PICRIC ACID.—Drs. Achard and Clerc, in a case of burn of the cheek with a hot iron, where the wound had been rubbed with picric acid, observed toxic symptoms follow. The same evening the patient complained of itching of his whole body, and noticed that his face had swelled. On the third day his whole body, arms and legs were covered with a scarlatiniform eruption; the volar surfaces of his hands, as well as the soles of his feet, were full of numerous painful blisters; no fever. In about eight days the eruption had disappeared, and his hands and feet desquamated. Examination of the patient's blood revealed a considerable increase of eosinophile cells, even 15 per cent. of the leucocytes, which gradually decreased during the course of weeks. It is a question whether this eruption be wholly due to the picric acid, for a case of typical scarlatina eruption has been noticed after a slight burn of the right forearm. The exanthem which covered the whole body vanished, to be followed by pronounced desquamation. Only an oxide of zinc ointment had been applied to the wound.—*Centralblatt fuer Chirurgie*, No. 25, 1901. *Hahn. Monthly*.

## ANSWERS TO CORRESPONDENTS, NOTES AND QUERIES.

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\* \* 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.

### REFERENCE FOR A DEPILATORY WANTED.

*To the Editor of THE HOMEOPATHIC WORLD.*

10, GERALDINE ROAD, WANDSWORTH,  
November 12, 1901.

DEAR DR. CLARKE,—Will you let me make this query? Either in the HOMEOPATHIC WORLD or the *Homeopathic Recorder* I came across a note of a medicine for removing superfluous hairs without harm. I cannot trace it. Can any reader help me? The lady is growing a whisker of a poor kind on right side.—I named the urine test case of Burroughs Wellcome & Co.; its value comes from the tabloids used in it as this is its chief convenience, and portable and dry.

Faithfully yours,  
HENRY USSHER, B.A., M.B., Surgeon.

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*To the Editor of THE HOMEOPATHIC WORLD.*

SIR,—I am unable to meet with the following characteristic in any of the books to which I have access, viz.—A yellowish white coating upon the tongue with an oval red patch upon the *left side*—as if scooped out of the white coating—about half way back. No soreness.

Perhaps yourself or a correspondent could assist me in finding the remedies (or remedy) that have this symptom.

Thanking you in anticipation,

Yours, &c.,

“AURUM.”

October 11, 1901.

[Remedies having “mapped tongue” are *Tarax.*, *Nat. m.*, *Ran. Scel.* Under “deep insular patches on tongue,” *Aral.*, *Kali. c.*, *Mancin.* are given. Perhaps some reader can supply a remedy having the particular patch our correspondent names.—ED. H.W.]

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SOME CLINICAL INDICATIONS FOR LUESINUM IN MAL-NUTRITION.—Emaciation with anorexia; menses have odour of decaying flesh; albuminous leucorrhœa; nausea and vomiting after eating; sharp pains in left temple; lumbar backache; bad taste in the morning; easily chilled; sharp pain in hypogastrium; blood boils.—N.A.J.H.

## Obituary.

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### WILLIAM LLOYD MATHIAS.

THE following paragraph, sent us by a correspondent, will be read with great regret by many friends of Dr. Mathias in this country, and especially by the staff of the London Homeopathic Hospital, of which he was Resident Medical Officer.

#### “DEATH OF DR. MATHIAS.

“Dr. William Lloyd Mathias, M.R.C.S.E., L.R.C.P. London, died on Friday, October 11, 1901, at Prince Alfred Hospital, after a brief illness. The deceased gentleman, who was only 37 years of age, received his medical training in England, as his degrees indicate, and shortly afterwards came to Sydney, when he became associated with Dr. Kyngdon, of Darlinghurst, subsequently succeeding to the practice, which he carried on until a few days ago at No. 83, Darlinghurst Road. Dr. Mathias leave a widow and one child.”

It was partly owing to his somewhat delicate health that Dr. Mathias left this country for the South in 1888, in response to a letter of Dr. Boughton Kyngdon which appeared in *THE HOMEOPATHIC WORLD*. Dr. Mathias's loss will be severely felt in Sydney; and we believe there is ample scope for homeopathic talent in the great new Commonwealth of the South.

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## GENERAL CORRESPONDENCE.

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### HOMEOPATHIC WORKS WANTED FOR PUBLIC LIBRARIES

*To the Editor of THE HOMEOPATHIC WORLD.*

DEAR SIR,—The Public Library here is sadly deficient in homeopathic literature. Can you, or friends, help to remedy this? Perhaps if you let this appear in *THE HOMEOPATHIC WORLD*, some homeopathic friends may like to forward some books.

The librarian's address is: Mr. G. Rickword, Public Library, Colchester.

I have just presented a petition to the Public Library

Committee, signed by about thirty ratepayers and residents, in order to get this blank in their catalogue filled.

Yours obediently,

E. J. FROST.

162, Military Road, Colchester, Nov. 9, 1901.

## VARIETIES.

HOMARUS.—For “distressed” stomach, or indigestion, with sore throat and general malaise, homarus, 4x trit., will prove a useful remedy.—*Clinique*.

THE POISON OF TAPEWORM.—Messineo and Calamida (*Rif. Med.*, July 17, 1901) believe that the effects of tapeworm are not due so much to mechanical reasons as to some toxic substance in a secretion by the tænia itself. They found that by injections or inoculations of extract of tapeworm constant and characteristic symptoms were produced—for example, tremor, depression, paresis of posterior extremity, somnolence, &c. These symptoms were more marked in the case of extracts non-stored than in those where the extract had been kept at a temperature of 40° to 45° F. Control experiments showed that the results were not due to the injection of proteid substances merely, but especially related to the tapeworm. All the species tried gave the same result.—*Brit. Med. Jour.*

GONORRHOËAL MYOSITIS.—Ware (*Amer. Journ. of Med. Sci.*, July, 1901) has been able recently to demonstrate gonococci in inflamed muscle. His patient, a man, thirty-five years of age, who had contracted gonorrhœa two months previously and suffered from chills and pain in the left knee a month later, complained of severe pain about the shoulder. Passive abduction of the arm caused spasm of the adductor muscles, and a tender, indurated patch was detected in the muscles of the posterior axillary fold. As the patch increased rapidly in size, an incision was made into it. The muscle was sodden, greyish, and in parts friable. No pus was found, but much turbid serum exuded. Tubes of sugar agar and sugar bouillon remained sterile after inoculation, but coverglass smears showed diplococci without any other organism. These were typical gonococci in shape and arrangement, and were decolorised according to the Gram stain. A section of the muscle showed typical interstitial inflammation. Some of the fibres were the seat of cloudy swelling. The connective tissue proliferation was so great as to separate and compress the individual muscle fibres. Stained sections showed a liberal scattering of diplococci grouped about the nuclei and in the interstices of the muscle fibres. The incision relieved the pain, but the inflammation spread as far as the insertion of the latissimus dorsi. Ware thinks that the myositis was more probably due to extension from the shoulder-joint than to metastasis.—*Brit. Med. Jour.*

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MEDICAL AND SURGICAL WORKS PUBLISHED  
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**Allingham** (William and Herbert William). The Diagnosis and Treatment of Diseases of the Rectum. 8vo, pp. 484. (Baillière, Tindall & Cox. Net, 12s. 6d.)

**Dattas** (Dr. Atul Krishna). Twenty Years' Experience of Diabetes and its Homeopathic Treatment. With an Introduction by W. Younan, M.D. (Price, net, 4s. 6d.) The Homeopathic Publishing Co.

**Finsen** (Niels R.). Phototherapy. Trans. from the German ed., and with an Appendix on the Light Treatment of Lupus, by James H. Sequeira. 8vo, pp. 86. (E. Arnold. Net, 4s. 6d.)

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

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Dr. Villers, Dresden.—Dr. Cooper, London.—Dr. Clifton, Woking.—Dr. W. Lamb, Geelong, Australia.—Dr. A. A. Beale, London.—Dr. Chackravanti, Calcutta.—Dr. Ussher, Wandsworth.—Mr. F. Kopp, Greenwich, N.S.W.—Dr. Watson, Sydney, N.S.W.

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### BOOKS AND JOURNALS RECEIVED.

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

—New Eng. Med. Gaz.—L'Art Médical.—Amer. Med. Mon.—Minn. H. Mag.—Amer. Hom.—J. of Homeopathics.—Tasmanian Hom. Jour.—H. J. of Obst.—Le Médecin Homeopathe.—Hahn. Monthly.—Pacif. Coast J. of H.—Vacc. Inquirer.—Astrol. Mag.—The Moslem Chronicle.—Hahn. Adv.—Leip. pop. Z. f. H.—Ind. Hom. Rev.—Med. Advance.—Zeit des Berl. V. H. A.—Merck's Digest.—Geelong Advertiser.—Diabetes. By Atul Krishna Datta, M.D. With Introduction by W. Younan, M.B., C.M.

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## The Homeopathic World.

### CONTENTS OF NOV. NUMBER.

#### LEADING ARTICLE.

The Teaching of Materia Medica.

#### NEWS AND NOTES.

#### ORIGINAL COMMUNICATIONS.

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

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#### SOCIETY'S MEETING.

British Homeopathic Society.

#### EXTRACTS.

The Frequency of Tuberculosis among Alcoholics.

Some Sportsmen. No. 2. The Doctor.

#### REVIEWS.

A Practical Materia Medica. Vol. I.

Regional Leaders.

Vaccination in the Light of the Royal British Commission.

Cholera.

Zadkiel's Almanac, 1902.

#### GENERAL CORRESPONDENCE.

Hepar and the "Cold-wind Sensation."

#### VARIETIES.

#### MEDICAL AND SURGICAL WORKS.

#### TO CONTRIBUTORS & CORRESPONDENTS.