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HOMŒOPATHY AND GYNECOLOGY.

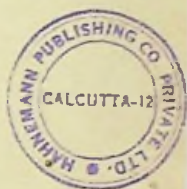
“Let Truth and Falsehood grapple. No one ever knew Truth
come off the worse for the encounter.”—MILTON.

“I seek after Truth, by which no man ever yet was injured.”—
M. ANTONINUS.

“Veritas, a quocunq; dicitur, a Deo est.”—ANONYMOUS.

“Scientia Correspondentia, scientia scientiarum.”—SWEDEN-
BORG.

Homœopathy ; Specially
in its Relation to the
Diseases of Women, or
Gynecology . By Thomas
Skinner, M.D., London



Fourth Edition
Greatly Enlarged

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PREFACE TO THE FOURTH EDITION.

AS the first, second and third editions of this *brochure* have been long out of print; as I have frequently been asked by my patients if I could oblige them with a copy to give or lend to a friend; and as I am constantly being asked by my professional brethren, if I still adhere in opinion and practice to all that I have stated in this little work, as regards my ability to treat all the diseases to which women are subject, more especially painful menstruation, vaginal and uterine discharges, displacements of the womb, neuralgias, inflammations, ulcerations, cancers, tumours, *et hoc genus omne*—WITHOUT LOCAL MEDICINAL TREATMENT OF ANY KIND—I determined to publish this the fourth edition. Since the first edition saw the light in 1875, every year has only served to confirm the high stand-point which I then took in regard to this, the greatest revolution in Gynecology, namely,

that *Constitutional treatment alone* is all that is necessary for the successful treatment of all mammary, vaginal, uterine, ovarian, and pelvic disease, and that *LOCAL TREATMENT* is not only unnecessary, but very frequently hurtful and not devoid of danger, to say nothing of its revolting character.

The third edition having performed its office, I issue the fourth with such additions and alterations as circumstances demand, and as my later experience justifies.

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4A, MONTAGU MANSIONS, PORTMAN SQUARE,
LONDON, W.,

1st January, 1903.

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"It is the genuine Hahnemannian spirit, totally to disregard all theories, even those of our own fabrication, when they are in opposition to the results of pure experience. All theories and hypotheses have no positive weight whatever, only as far as they lead to new experiments, and afford a better survey of the results of those already made."—C. HERING.

INTRODUCTORY.

HAVING been connected with the practice of Medicine half a century, it is due to the profession of Medicine, to the public and to myself, that I should give my reasons for making so remarkable a revolution in my views of the principles and practice of my profession as to change from Allopathy to Homœopathy. I have practised as an Allopath for twenty-seven years, and this year 1903 is my twenty-seventh year as a Hahnemannian Homœopathic Physician. I joined the Profession of Medicine in November, 1849, so that I have been connected with the Faculty exactly fifty-four years.

During my career as a physician I always took a decided stand against homœopathy and its practitioners, believing, as I did most sincerely, that HAHNEMANN and his followers were not only deceived, but in turn they were deceivers. The whole system seemed to me, in my then profound ignorance of the subject,

so preposterous, and so far beyond the bounds of human credibility and reason, that no ordinary thoughtsman could be blamed if he refused to give it even a hearing, far less to take the system into his serious consideration. I was one of the physicians in Liverpool who took an active part in persecuting or attempting to put down homœopathy—to stamp it out, in fact. Like the great apostle to the Gentiles, who, before his conversion to Christianity, persecuted the Church and kicked against the pricks, I have persecuted the truth in another form, and I now, with bent knees, exclaim *peccavi*, and trust to be forgiven.

Before my conversion to homœopathy, I was spending the evening with some clerical friends, when one of them asked me my opinion about homœopathy and its supporters. I candidly confessed to my catechist that homœopathy had done a world of good to those in the profession, and their name is legion, who abuse medicine; and in that light homœopathists might be regarded as a fulfilment of the text, altered to suit the occasion, that God hath chosen the foolish ones to confound the wise, and the weak to confound the mighty. As might be expected, this expression of my opinion was received with great laughter. The laugh is turned upon myself, however, as I seem now to be one of the “foolish and weak”

ones chosen by God for carrying out His wise designs. Foolish or wise, weak or strong, I trust that He will not find me wanting. So great was my abhorrence of homœopathy, and so determined was I to put it down, I was instrumental not only in passing, but also in perpetuating, the most illiberal law that ever was made by a profession styling itself "liberal." The law is still existing, I believe, as one of the code of laws of the Liverpool Medical Institution, and is as follows:—"The Liverpool Medical Institution shall consist of physicians, surgeons, and other legally qualified practitioners; but no one practising homœopathy shall be eligible either as a member of the institution or as a subscriber to the library; and any member or subscriber who may become a practitioner of homœopathy shall cease to belong to the institution."—*Laws and Regulations of the Liverpool Medical Institution*. Law II. 1861. As the existence of this law was tantamount to drawing up and signing my own death-warrant, I resigned my membership.

THE CHIEF CAUSE OF MY PREJUDICE AGAINST HOMŒOPATHY.

As it may be interesting to many to learn the chief cause which led to my intolerance of homœopathy, I

may state that I was born and educated at Edinburgh, and was a pupil of the late Professor Sir James Young Simpson, Baronet. In 1851-52 I took his gold medal in Gynecology and Obstetrics, "for the very highest merit as a pupil," and in 1855-56, after having been about three years in practice in Dumfriesshire, I became the private assistant of Sir James at his residence, 52, Queen Street, Edinburgh. Having been brought up from my youth to recognise in Sir James Simpson the leading medical light of the century, and having been in such close contact with him, I could scarcely escape becoming, as it were, impregnated with his views and bias as regards the great contest between the old school of medicine and homœopathy. So far as Sir James Simpson was capable of investigating the works of HAHNEMANN, he did investigate them in his own peculiar way—no quarter. He examined them only as a *litterateur* and a rival, never as a genuine truth-seeker or truth-lover ought to have done. He never tried the practice on the smallest scale, except to ridicule it. Besides, I do not think it possible for any man to teach himself homœopathy any more than allopathy without a master. Indeed, homœopathy is infinitely the more difficult of the two. If every new truth or discovery were investigated in the manner in which Sir James investigated homœopathy, no other result

could ensue but a wilful closing of our eyes to the truth. If any one will peruse Sir James's "Homœopathy; its Tenets and Tendencies, Edin., 1853," he cannot fail to observe that the reigning passion in the author's mind is not the sober unbiassed investigation of truth, but a thorough determination to prove the discoverer of homœopathy not only as deceived but next to insane and a deceiver, and his entire system nothing but the baseless fabric of a vision. Having a greatly exaggerated idea of the capability of Sir James Simpson for the investigation of medical science, and being for the time spell-bound by the greatness and power of his genius, which I fully acknowledge, I took his reply to HAHNEMANN and his works as a complete settlement of the question. Sir James Simpson and SAMUEL HAHNEMANN are both in their graves, but not so homœopathy, which is only commencing to bud and develop, for magna est
and prevail
veritas et prevalebit.

SIMPSON AND HENDERSON.

It may be well to remember that Sir James Simpson's critique of homœopathy was written to a great extent in reply to one from the pen of his brother professor in the University, the late Dr. William Henderson, the title of which was, "An Enquiry into the Homœopathic Practice

of *Medicine*, Lond. and Edin., 1845." It is also well to remember that the interval between the appearance of Professor Henderson's work and the reply of Professor Simpson was seven or eight years, so that the latter had plenty of time to do the subject every justice, if justice were to be had at his hands. There can be no excuse for the errors and misrepresentations which are to be found throughout the two hundred and eighty-six pages of Simpson's abuse of HAHNEMANN and HENDERSON. Professor Henderson lost no time in replying to Simpson, as in the same year he published his "*Homoeopathy Fairly Represented*," which was unanswerable as far as Simpson was capable of answering it, so he very wisely allowed it to remain unanswered. From purblind prejudice I never read this reply of Henderson until 1874, twenty-one years after it first saw the light.

HENDERSONIAN-HOMOEOPATHY.

With all my admiration of the late Professor Henderson as a pioneer of the new truth, as one of the gallant band which has hitherto in this country bravely stood the brunt of the battle, he was, nevertheless, in my estimation, not a true disciple or interpreter of HAHNEMANN, but held a dwarfed and disintegrated form of the Master's great discoveries, and which has done more to keep back their acceptance by the body of the pro-

fession than anything. He lost the true light when he (1)
alternated the remedy; because, by doing so, he could
 learn really nothing of the true genius or sphere of
 action of any one remedy. He adopted the objection or (2)
sensible signs of disease as the chief indication for the
selection of the remedy, which is not the teaching of
 HAHNEMANN. He adopted as the only sound basis for
 the proper selection of the remedy, the pathological 3
conditions which he had all his professional life taught
and been accustomed to look upon as the sine qua non
of sound scientific practice, which is condemned by the
"Organon" of HAHNEMANN; and he had the coolness to
 call his treatise "*Homœopathy 'Fairly' Represented.*"
By these false steps Henderson did great injury to the
cause, and he and all his followers fell into the error of
treating disease by name instead of THEIR PATIENTS BY
THE TOTALITY OF THEIR SYMPTOMS AND CONDITIONS.
 Hence was developed the rage for *specifics* for bronchitis,
 pneumonia, cholera, croup, diabetes, diphtheria, and the
 like, (homœopathy made easy), which is not the homœo-
 pathy of HAHNEMANN at all, however much it may
 resemble the genuine article, and however scientific it
 may be thought to be by some practitioners and their
 patients. By these deviations from the truth, as dis-
 covered, held, and practised by HAHNEMANN and his
 true disciples, Henderson was forced and tied down to
the use of allopathic doses of low potencies and mother (3)

(4) tinctures ; to alternation of the remedy ; to the constant use of external and local applications and allopathic palliatives of every kind ; above which, hitherto, neither he nor his followers have been able to rise or do without. Hence the commonly received opinion at the present day, that high-potencies are the weaker therapeutic power, and low-potencies the greater ; whereas the true Hahnemannian knows and believes and practises the very reverse,—that low-potencies are what the term denotes in Hahnemannian language, the lower power, and high potencies the higher power,—which is a further proof of the distortion of the truth as held and taught by the Hendersonian-School of homœopathy.

Hendersonian-homœopathy, which at present is all the fashion, is as different from that of HAHNEMANN as night is from day, and yet it is superior to allopathy, to which it is, unquestionably, closely allied.

I would not have it thought that Hendersonian homœopathy has been without its use. There can be no doubt whatever that it has greatly assisted in tracing the relation of certain medicines, in their action on the healthy body and mind, to certain diseases &c. more or less fixed symptoms and location, which is but a fraction of HAHNEMANN'S system. The great misfortune is, that Henderson represented *the part* which he cultivated, and which he barely understood, as *the whole*.

In spite of Henderson's shortcomings, all true ar

generous-spirited Hahnemannians cannot but admire and respect his true genius and sincerity.

It is almost unnecessary to add that I much prefer the homœopathy of HAHNEMANN to that of any interloper or would-be improver of his marvellous system, and I prefer to seek for directions how to practise it first-hand in HAHNEMANN'S OWN WORKS, where it is, thank Heaven, still to be found in its pristine purity. The true HAHNEMANNIAN revels, yea, glories, in the name of HAHNEMANN and homœopathy. He has no desire to see the day when homœopathy and allopathy will be convertible terms—the two systems being diametrically opposed to each other when faithfully and honestly practised—yet, strange to say, there are men who may leave “their footprints in the sands of time,” and who have for years past fought the good fight against the old school of medicine, who have signified their willingness to cave in and sell their birth-right, their honour, their all that they have so long fought for, the truth—if they ever possessed it—for a mess of porridge, the privilege to hobnob and fraternise with those whose system of practice they have so long and so justly opposed. I say to such men the sooner they go over to allopathy the better for homœopathy, or let us hear no more of their willingness to cave in, to resign the honorable name of “Homœopath,” or “Homœopathician,” as our American cousins prefer to call themselves.

THE "ORGANON" THE ONLY GUIDE.

Although I was misled by Sir James Simpson, I do not blame him in the least ; he himself knew no better. No one has a right to blame another for leading him astray ; we have no one to blame but ourselves. Let every man judge for himself—let him take nothing on the *ipse dixit* of any man, no, not of HAHNEMANN himself—but let him examine all things well by the light that is in him, and hold fast by that which seems to him to be good and true. Let every physician and student of medicine do as I have done,—carefully peruse for himself the *Organon* of HAHNEMANN, his *Chronic Diseases*, and his *Materia Medica Pura*,¹ (they are to be had in English), and I warrant him that he will rise from the perusal a wiser man. Above all after the perusal and study thereof, let him see the practice of homœopathy in the hands of a master in the art, and he will be forced to exclaim—Have I been all this time in so great, such dense darkness, mistaking darkness for light, and light for darkness? "*The Organon*" of HAHNEMANN is the only safe and sure guide to the student of homœopathy, who desires "Light, more light!"

THE GREAT VALUE OF THE SINGLE REMEDY.

In perusing the *Organon* of HAHNEMANN, Simpson picked up a great treasure—a golden rule in the successful and scientific cultivation of either school of medicine—and that was, *never to prescribe more than one medicine at a time, and more particularly when testing or proving a medicine.* Any one who has seen much of Sir James's practice must have been struck with this peculiarity. I do not think it was his own idea, but a borrowed light—and a grand light it is ; and it would be well for both schools of medicine if this golden rule were more universally adopted. There are other sources from which Simpson may have obtained this practical guide in therapeutics, and I allude to it chiefly to show the great weight attached to it by at least three of the most remarkable minds which have ever adorned the study of medicine, namely, Cullen, HAHNEMANN, and Simpson. It is just possible that both HAHNEMANN and Simpson got the idea originally from Cullen, who, in his published works, wrote as follows:—
 “There is nothing I desire so much as that every disease we treat here should be a matter of experience to you ; so that you must not be surprised that I use ONE ONLY REMEDY when I might employ two or three, for in using a multiplicity of remedies, when a cure does succeed, it is not easy to perceive which is the most

effectual. I wish that you may always have some opportunity of judging with regard to their proper effects." It is a remarkable fact that HAHNEMANN first conceived of homoeopathy whilst he was engaged in translating the works of Cullen into his native language, and it is more than probable that this very passage may have had a great deal to do with the foundation of his theory and practice of medicine.

Speaking of the opposite practice, that of polypharmacy, I once saw a prescription with nine different ingredients in it; which of the nine corresponded to the lady's complaint it would be difficult to say. I should say none of them. The following is so fine a specimen of a prescription, by a fashionable metropolitan allopathic physician, that I cannot resist recording it. It was written in June, 1874, for a Liverpool gentleman suffering from chronic gout:—

R̄.	Tr. Guaiaci Am.	...	...	ʒvi.
	Tr. Cinch. fl.	...	...	ʒviii.
	Pot. Iod.	...	...	gr. xx.
	Vin. Colchici	...	...	℥. xl.
	Muc. Acaciæ	...	...	ʒix.
	Lithiæ Cit.	...	...	ʒiv.
	Aquæ—ad	...	...	ʒviii.

Sig.—Take an eighth part once a day, on alternate weeks, with a little water, about noon.

Here follow three initials.

It is to be hoped that the patient found something in the document to relieve his chalky deposits; but, if he did, to which of the five active ingredients is his relief attributable? And this is dignified with the title of scientific medicine. The writer of the above prescription is a Professor of Materia Medica, Therapeutics and Clinical Medicine, in one of our leading Universities in London. Need we wonder that medical men and medicine are laughed at in our courts of law, and are the sport of post-prandial wits and novelists, when such mixtures are licensed and vended by our clinical professors. Of all the faults of Sir James Simpson, no one can lay to his charge that of polypharmacy.

Before concluding the introductory portion of this Essay, I wish to state that it is my firm and conscientious conviction, founded on my own and on the experience of three of the greatest minds in the past, that any system of medicine which aims at perfection, must have the two following rules carried out to the life :—

1. That all medicines must be proved, whether simple or compound, as a unit or single substance.
2. When given in the cure of the sick, they must also be given in single file.

I am aware that possibly the majority are against me let it be so; we must simply agree to differ. "'Tis with

our judgments as our watches ; none go just alike, yet each believes his own."

Having endeavoured to explain the causes of my determined blindness to the merits of the Hahnemannian system of medicine, I now proceed to give some of my reasons for throwing off Allopathy and adopting Homœopathy in its stead.

ALLOPATHY AND HOMŒOPATHY CONTRASTED IN SOME SIMPLE ACUTE AND CHRONIC STATES OF DISEASE.

In the first place, allopathy at the best is entirely a system of empiricism,—a mere system of extensive palliation, but not of cure,—whilst the system of HAHNEMANN is entirely one of cure from beginning to end, and spurns palliatives, the *simillimum* always acting as the best palliative as well as the best curative remedy. As a matter of course the Practice of Surgery is not included, because Chloroform, Ether, Opiates, and Sedatives, will generally be necessary where there are wounds, fractures, and dislocations to reduce, and serious or capital operations to perform. My remarks refer solely to disease *per se*. Allopathy is all guess-work at best, as instance the prescription I have just recorded, whilst homœopathy is a system founded on the science of correspondences, which is as unerring as the laws of astronomy and physics. Homœopathy does not cure

by finding a substitute or making another disease—*the disease of the doctor*—but it simply neutralises or removes the disease, and leaves the constitution all the better for the loss. It does not relieve the pain at the cost of the constitution, by paralysing the nerve centres, the brain, *et cetera*, with narcotics, or with nervine tonics, which over-stimulate the system, producing headache, biliousness, constipation, and all kinds of other diseases. Homœopathy does not remove constipation by inducing diarrhœa, nor does it remove diarrhœa by inducing constipation; it simply removes the constipation or the diarrhœa by giving a medicine *in an infinitesimal dose*, which in itself corresponds to or is capable of inducing a similar kind of constipation or diarrhœa, and it does so without in the smallest degree impairing the constitution of the patient. For instance:—

DIARRHŒA.—Mrs. B. has had sixteen *watery stools* in ten or twelve hours, *aggravated by standing or walking*. One single dose of *Aloe* 15 m put an end to it at once.¹

DIARRHŒA.—Mrs. P., for some weeks past, has had diarrhœa *immediately after every meal with constant thirst*. *Arsericum album*, 15 m, stopped it gradually but entirely in five doses, at intervals of three hours.

¹ The italicised sentences correspond to the indications for the selection of the remedy in this and the following cases. The letters and numerals following the names of the medicines denote the potencies used; *c* standing for *centum* (hundred), and *m* for *mille* (thousand), *mm* for the millionth potency or the thousand thousandth.

DIARRHŒA.—Mrs. W., for a week past, has had *constant nausea, sickness and vomiting, great thirst for little and often, copious watery stools, feeling of great debility; terrible sense of bearing down in the vagina, with violent itching of the pudenda.* On the 31st July, 1875, I gave her, in my consulting-room, one dose of *Antimonium tart.*, 1600, and she went home. I did not see her again until the 15th September of the same year (1875), when she told me that soon after leaving my house all her symptoms entirely disappeared “as if by magic.” Now, there was no magic except the magic of the law of correspondence. If any one will compare these cases with the pathogeneses of the medicines selected, he will at once see how marvellously true is the system of HAHNEMANN. The fact of the matter is, given any number of such cases, they are all of them bound to yield to the remedies, and that, too, without leaving the patient a bit the worse for the doctor’s interference. There is no constipation induced, no locking-up of the thief in the house, no secondary consequences to fear. So much for diarrhœa; let us take its opposite.

CONSTIPATION.—A little girl, two years of age, is subject to habitual constipation, for which both *Nuxvomica* and *Sulphur* were prescribed empirically without effect. There was an absence of concomitant or other symptoms to guide one, so I enquired of her *disposition.* “*It was mild and gentle, patient, never cross.*” Her

brother, four years of age, is "the veriest little d—l." *Pulsatilla* 30. One dose night and morning for four days cured her *permanently*.

CONSTIPATION.—A.B., wet-nurse to a lady, was the subject of very obstinate constipation, the bowels remaining unmoved for days together, and this always so for years past. Copious supply of good milk, which satisfies baby. *Sinking, empty feeling every forenoon at 11, heat on top of head, hot flushes to the face, fainty turns during the day, feet usually cold, some of the fingers appear dead of a morning, throbbing headaches now and then. Sulphur mm in one dose cured her permanently and without repetition.*

I have had since 1874 hundreds of such cases, but I have given enough to put allopathy to the blush. These satisfactory results of homœopathic treatment have helped very largely to convince me of the great superiority of HAHNEMANN'S system of the treatment of constipation and diarrhœa over that of the old or any school of medicine. It will readily be observed that *each case is a separate study*, and it will be found to be so in every case as we advance; and let me add, that though the public and some homœopathic practitioners think the selection of the remedy an easy matter in uncomplicated cases of acute disease, they invariably alter their opinion when they meet a complicated case of long standing.

In cases of *Chronic Disease*, the cure by allopathy is frequently only in appearance; in a very short time the same phenomena return, or they re-appear in a changed form or platform of the system, and very generally the last stage of that woman is worse than the first, every fresh palliation being a draft on the future, living on one's capital instead of the interest. For instance, an old-standing dyspepsia, with daily vomiting for months, may seem to be cured. By and by the patient is attacked with cranial or facial neuralgia. Says the physician, this is not the same disease, but another, and fails to cure it, because his pathology fails to teach him that it is the old stomach affection which has only changed its platform of mischief—*metastasis*,—Psora likely gave rise to both, and the corresponding antipsoric, most probably *Arsenicum*, will cure both.

Again, take the following actual case in practice:—Mrs.—— lately confined of a child, consulted her accoucheur in regard to a terribly offensive sweat from her feet. Her family doctor at once ordered her a footbath or *pediluvium*, and to put into it two table-spoonfuls of Condry's Solution of Permanganate of Potassa, "Fly, presto fly!" and the offensive footsweat disappeared. What a clever doctor! Within twenty-four hours the lady was gasping for breath, felt a deathlike faintness, come over her which neither brandy nor sal volatile

relieved. Dr. M., who ordered the *pediluvium*, was called in, and as he suspected something had gone wrong with her heart, he called in Dr. W. All attempts at palliation proved fruitless for months. Dr. W., on being asked if the state of the patient was owing to the suppression of the footsweat, said, "He did not think so." Both doctors were dismissed and I was called in. She seemed to me to be suffering from a deadly cardiac poison such as Digitalis. One dose of *Silicea* cm (F. C.) acted "like magic" without restoring the offensive footsweat.

I give another case showing the danger of local treatment in curing (?) (suppressing) sweat, eruptions, or discharges. Mr. — had suffered for years from large patches all over his person of what is known as "liver-spots." On reading some quack advertisement about some marvellous cures of skin eruptions and discolourations with a lotion of Sulpholine, he bought some; applied it as directed, and away went the liver-spots. This suppression was followed by FIVE YEARS of vomiting and retching five hours after any and every meal—sour, bitter, and tasteless—and frequently in bed about 1 a.m. *Sinking at epigastrium daily about 11 a.m. Frontal headaches very frequent, accompanied with much heat and throbbing.* Two doses of *Sulphur* cm cured him in September, 1897, and he has had no return. Allopathy failed entirely to afford any relief, and under their care he had to grin and abide.

It would not be difficult to prove that every blister, mustard plaster, or counter-irritant; that every purgative, even a mild dose of castor oil; that every so-called tonic and alkaline or antacid medicine; that every opiate or narcotic, not excepting bromide of potassium, chloral, chlorodyne or hops, is a step in the wrong direction, simply because every form of curable disease can be cured without one or all of them as palliatives. Nor would it be difficult to prove that every so-called antibilious pill and "pick-me-up" is in very truth and reality another nail in the recipient's coffin, *whether they believe it or not.* Instead of these agents and modes of cure having a vitalising, they have a decidedly devitalising action on the human and every living body, either in health or in disease. I do not think there is a single allopathic practitioner whose opinion I value who will not endorse what I have now stated. Ask him whether he would give his own child food or medicine; his reply requires no reflection. Ask the follower of HAHNEMANN what he would do; he will tell you, either because he knows that if by ignorance or accident the wrong medicine has been selected, *it will do a child no harm, unless needlessly repeated*—when pathological symptoms might be induced,—*and if it be the right medicine, it will infallibly cure his child.* Was there more perfect system of medicine than this can any reasonable soul desire? These, then, are some m

of my reasons for deserting the old flag and joining the new.

Allopathy, as a curative system, has for its chief foundation the physical or objective phenomena of diseased action, whilst homœopathy is founded chiefly in the subjective or spiritual nature of man. Allopathy is, in its essence, a strictly material school of philosophy *without a vestige of soul*, whereas homœopathy is the very reverse. Whilst I am upon this subject, I would observe that the allopathist is invariably, or almost invariably, forced to disregard the statements of his patient as to his or her feelings, and very often he laughs at them *as nervousness*, by which he means imagination; the morbid feelings of the patient do not exist in reality, or it is hysteria, weakness of will power. It is difficult to say which of the terms, idiot or fool, would be the most appropriate to such a physician. When he comes, however, to have the same feelings within himself he is forced to own with his patient that nervousness is much more of a reality than he thought it was. Chronic hysteria and nervous irritability, which are all but incurable by allopathy, and which are generally put down to the debit of the womb in females, and to the brain, stomach, or liver in man, are as amenable to cure by homœopathy as any other form of disease. It is a disease of the nervous system, of the soul or mind,

of my reasons for deserting the old flag and joining the new.

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and, like all curable diseases of the mind, is particularly amenable to the law of *similia similibus curantur*. It will be a very long time before allopathy can say the same. In allopathy the soul is nowhere; in homœopathy the state of the soul and mind is *sine quâ non*. Allopathy has no means of affecting the soul or mind, except those of a moral kind, whereas homœopathic medicines act upon the spirit or soul of man, and through it and by means of it, and with a certainty which is as remarkable as it is true. This is another reason for my transferring my affections to homœopathy. The following cases will show what I mean:—

• Mrs. —, a lady from Batavia, was like to go off her mind with uncontrollable, nervous fear during a thunderstorm. One dose of *Nux* cm, followed a week by a dose of *Lycopodium* cm, and I received the following note from her: "My dear Doctor, Homœopathy must be a beautiful study, as it seems to control the mind the same as it does the body. Thunderstorms have now no terrors for her. Agitated. An unmarried sister of the last patient, when she was reading aloud to her of an evening, heard a voice behind her echo or repeat word for word she spoke. She has looked round frequently, but there was no one there. She consulted me about this, and at the same time she informed me that she had a

water trouble." About twilight she dared not look
a looking-glass, because she was certain to see
several faces, and not one of them her own—and
the faces were grinning at her. Both of these mental
 miseries were removed by a few doses of Anacardium
 n. One might fill a goodly-sized volume with such
 cases, but these will suffice to show the marvellous
 power of homœopathy over mental affections requiring
 restraint.

Again, allopathy, as a rule, does not attack
the entire disease, "the totality of the symptoms,"
 but it endeavours to drown, suppress, or neutralise
 one or more of the most prominent, so as to hide
 them, as it were, from the patient "for a time,"
 not "more fresh reviving." Vain subterfuge: but
 generally succeeds well with the patient, who,
 like the ostrich when pursued, hides its head in the
 sand or under its wing, and because it no longer
 sees its pursuer, presumes itself secure. "When
ignorance is bliss, 'tis folly to be wise." Homœo-
 pathy, on the contrary, has little power over
 individual symptoms in a complicated case; the
 remedy selected *must* correspond as near as possible
 to the totality of the symptoms in every case, and
 especially to the mental and moral symptoms
 of the patient, if they exist or if they are attainable.
 This rule has to be followed every time that a fresh

prescription has to be made in the same case. In Hahnemannian-homœopathy *the patient is treated, and never the disease by name*; whereas, in allopathy and Hendersonian-homœopathy the pathological condition or name of the disease is everything. For instance, in allopathy, almost every kind of adynamic fever is treated alike, and the same with every form of sthenic or inflammatory fever. It is not so in homœopathy every individual case of fever or disease is a separate entity and study; every case being treated simply on its own merits, that is, by finding out a remedy which, as near as possible, is capable of inducing the totality of the symptoms, whatever they may be, and giving that medicine in an infinitesimal dose. This is no rule of thumb method of treating the sick. It is not a governmental, regimental, or municipal coat to fit all comers; but it is a careful and laborious measuring of the individual in order to guarantee him a perfect and a permanent cure. *Neither is it the work of expectancy, as some would fain make us believe, or of imagination, as all the lower animals are more easily cured by similia similibus curantur than human beings.*

SPECIAL REASONS FOR ADOPTING THE HAHNE-
MANNIAN SYSTEM OF MEDICINE.

Over and above the reasons already given for following in the footsteps of HAHNEMANN, when I found that his mighty discoveries enabled me to treat the diseases of females without the use of mechanical pessaries or props, without local appliances or medication of any kind; without cauterizing, or burning the womb, as it is tritely styled, for ulceration of the os or cervix; or incising the cervix for sterility or painful menstruation; and without the aid of the vaginal speculum, except as a means of aiding diagnosis when necessary—I at once hailed homeopathy, as every modest woman must, and as every right-minded physician ought, as that which was wanted in order to roll back the fearful tide of revolting mechanical and surgical treatment of the diseases of females now established, AND WHICH IS ONE OF THE GREATEST MEDICAL SCANDALS OF THE AGE.

To use the language of a late President of the Obstetrical Society of London—he says, “It has seemed to me, in making a general survey of our ground, and weighing our present position, that the great impetus given of late years, by many admirable workers, to the progress of uterine surgery, has tended to throw the balance somewhat too much over to the surgical side of the scale, and that operative and me-

chanical methods of treatment have displaced somewhat unduly and hurtfully the medical and psychological considerations in uterine cases." I am glad there is one amongst the allopaths who sees as I have long seen; let us hope that he will extend his vision, and throw up all mechanical interference in the treatment of the special diseases of women, and throw aside all local medication and mystification as a makeshift, as a cursed thing which ought never to have been tolerated. I am pleased to find that there are others in the profession besides the late Professor Sir William Priestley of the same opinion. The late Sir William Gull expressed himself, at the General Council of Medical Education and Registration, on the 26th of June, 1874, as follows:—

"I consider there are some parts of the medical profession that a highly-trained woman could do better than a man. There are certain sex relations which might be avoided in that way with great advantage to the public. I need not say that there is a quiet scandal in certain parts of our profession about women's diseases, which would probably be got rid of by introducing high-minded, well-trained women into the practice of medicine." This is a good move and a wise suggestion, and made by a brave man; but when it is known and believed *that all local medication in uterine disease, without exception, is not only unnecessary but essentially bad*, it will be a small matter

whether a male or a female physician has the conduct of the case. Homœopathy will give the death-blow to all the disgusting management of uterine and vaginal disease, "vaginal fumbling," which has emanated from the schools of Paris in particular, and the Continental schools in general. God speed the cause and the day.

CAUTERIZING THE WOMB FOR ULCERATION.

As to the operation of cauterizing or burning the mouth of the womb and the cervical canal with nitrate of silver and other caustics for ulceration and chronic inflammation, it is homœopathic with a vengeance—like curing like. If anything is qualified to induce inflammation or ulceration, it is an escharotic. The profession has to thank, in particular, the late Dr. James Henry Bennet, of London and Mentone, and the late Sir James Simpson for the introduction of this questionable pathology and practice. It is sincerely to be hoped that, by their retirement from the scene of action, the practice will die out. Years before I joined the ranks of homœopathy—yes, half a century ago—I saw not only the folly but the extreme cruelty of such treatment, and I was led to trust entirely to soothing measures and constitutional medicines of a supporting tendency. But now, since I have seen the power of

homœopathic constitutional treatment over ulcers the cutaneous and mucous surfaces everywhere, have given up all topical or local applications whatever, except injections or fomentations with water warm, tepid, or cold, and in cancerous affections deodorant when required, and which the patient can use herself or get done for her by a nurse or female acquaintance. Even these simple measures I use only in rare cases, because the uterine and vaginal canals are, as a rule, like all the other canals or channels of the body, self-cleansing.

If we are to judge of the prevalence of ulceration of the os and cervix uteri by the number of females who consult specialists about it, one is forced to conclude that females must be subject almost to no other disease, especially married ones; and I am sorry to add that this holds true, to a very large extent, even in regard to virgins. It stands to reason that the latter must have been examined both digitally and by the speculum, which is a crying sin and a disgrace to the profession and humanity. Does any one need to wonder at the movement in favour of lady-doctors, and the immense opposition which it meets with from the profession? As I have now been a Specialist in the diseases of females since 1855, no one will deny my right, from ample experience and opportunity, to be heard on this momentous subject. I give it as

opinion, after years of special practice, that ulceration of the os and cervix uteri is not only a rare affection, but when it does exist it is much more generally confirmed, if not aggravated, by astringent or caustic treatment. I rejoice to add that the very worst forms of it are curable by carefully-selected homœopathic medicines administered by the mouth, without any local medication *per vaginam*, except cleanliness by means of water of various temperatures, and generally not even that. As for *sampons*, and all such meddling make-believes, the sooner they are dispensed with the better. I desire to think charitably of all men; but why, let me ask, is the term "*ulceration*" used for every or no diseased condition, if it is not the purpose of preying upon the already morbidly excited fears and the ignorance of the patient? Besides, "*ulceration*" is a misnomer, as it is simply a term expressive of one of the changes or terminations taking place during the process of simple or specific inflammation. It is my candid opinion that the vaginal speculum has made more ulceration than it ever cured; and it has discovered a thousand-fold more than ever existed.

PAINFUL MENSTRUATION—(DYSMENIA OR
DYSMENORRHEA).

If there is one form of disease which girls and women are subject to more than another, and which

is entirely relievable and almost always curable by homoeopathy, without the aid of opiates, sedatives or stimulants of any kind, it is this terrible scourge of the fair sex—painful menstruation. When one thinks that month after month, and sometimes oftener, and year after year, from the age of puberty till the menopause, a period of something like thirty years, or the best half of a woman's life, a large majority of the sex suffer a perfect martyrdom at almost every menstrual period, and in most cases it is unavoidable, and arising from causes unknown to them, being all but invariably constitutional—it is deplorable that so far as the Old School of Gynecology is concerned, it has been unable hitherto to afford the sufferers anything beyond temporary relief, and very often not even that, and that much only by the use of opiates and stimulants, which have ruined the health and prospects of many a poor girl, if they have not been converted into opium or morphia eaters, inebriates, or inmates of lunatic asylums. The use of opiates and stimulants are not the only objectionable treatment of the Old School and of the mongrel practitioners of the New. Useless local examinations and explorations are made, even on virgins; mechanical strictures are made out or supposed to exist, or are made by the means used to afford relief, caustics and the like; instruments of all kinds are invented and used for the purpose of dilating

imaginary or spasmodic strictures, but all to no purpose. By the use of such means and their accompaniments, such as medicated pessaries *per vaginam*, morphia suppositories *per rectum*, and tonics, alteratives and aperients *per orem*, the case is made all the more difficult for the homœopathic physician, as he has not only the natural disease to deal with, but "the disease of the doctor" as well.

It may be well for wives, mothers, adult daughters, and mistresses of young ladies' boarding-schools to know that every form of painful menstruation is relievable or curable by purely constitutional homœopathic treatment, without local examinations as a rule, and certainly without any kind of local medical or surgical treatment.

The medicines which I have found to be most generally indicated for the more acute and temporary cases are:—*Aconite*, *Apis*, *Belladonna*, *Berberis*, *Cactus grandiflorus*, *Caulophyllum*, *Chamomilla*, *Cimicifuga*, *Cocculus*, *Crocus*, *Gelsemium*, *Ignatia*, *Lachesis*, *Lilium tigrinum*, *Murex*, *Nux moschata*, *Nux vomica*, *Palladium*, *Pulsatilla*, *Sabina*, *Secale*, *Veratrum album*, *Viburnum opulus*, *Xanthoxylum* and some others.

For the more chronic or constitutional forms of dysmenia the following medicines will most likely be required if a permanent cure is aimed at, namely, *Ammonia carb.*, *Arsenicum*, *Calcarea carb.*, *Graphites*,

one or more of the Kali series, *Luesinum*, *Lycopodium*, *Natrum carb.*, *Natrum mur.*, *Natrum sulph.*, *Petroleum*, *Phosphorus*, *Platinum*, *Plumbum*, *Psorinum*, *Sepia*, *Silicea*, *Sulphur* and *Thuja*. The physician who has fully studied the pathogeneses of the above remedies and others of less value, in their therapeutic relation to dysmenia or painful menstruation, will rarely or never be at a loss to relieve or cure his or her patient, and that, too, without subjecting her to a perfectly unnecessary vaginal, uterine, or ovarian examination, as a rule, and without any local medication or surgical appliances of any kind.

A word more before I leave this portion of my theme. It is a fact that in more than one hospital in London, and I know of one in particular, devoted entirely to the *Special Diseases of Women*, where, since the introduction of chloroform and the legitimising of the operation of ovariectomy for ovarian disease, the *veterinary* operation of "SPAYING" (the removal or extirpation of both ovaries by abdominal section), for obstinate or chronic dysmenia, and in order to prevent conception, is considered "the thing" to do, and in the hospital, one surgeon has got quite a name on account. I presume, of his success, in "Spaying" women. So far as I am aware, neither the Obstetrical Society of London, the Profession generally, nor the staff of the hospital have deigned to interfere. To say the least

operation is as heroic and unnecessary as it is
 arous and unjustifiable. Before proceeding to
 an operation as a *dernier ressort*, let them send
 incurable cases to me, or such as I shall name,
 we will take in hand to relieve, or permanently cure
 n, without "Spaying" them.

Before the South African War the case of a young lady
 sent me by the late Dr. H., of Johannesburg,
 ss ——. Her suffering in the left ovary every
 month was intolerable. At last the ovary was removed.
 Her next M.P. the same intolerable pain took place in
 right ovary or region. The right ovary was re-
 moved, and as a natural consequence menstruation
 ceased. Nevertheless, at the time corresponding to
 it would be the next monthly period, the same
 intolerable pain or dysmenia appeared to possess the
 left ovary which had been removed. Physician and
 reason were now nonplussed, gave the case up as a
 job, and sent the young lady to me as a "Willy-o'-
 wisp." I found all her constitutional and other
 symptoms pointed to *Sulphur*, so I gave her *Sulphur*
 (io. F. C.), three doses at intervals of a month, and
 returned to Johannesburg perfectly cured; and in
 every respect a new woman. I do not believe either
 party to have been at fault, and if I am asked for the
 name of the disease I feel that I am safe in calling it a
 case of Sulphur-psora.

When the Old School, as a *dernier ressort*, is driven to the "Spaying" of married women, and *marriageable virgins*, in order to cure painful menstruation, it is high time that the Profession of Medicine, Gynecologists in particular, and the public knew that the worst forms of dysmenia, even the membranous variety, can be relieved or cured without the operation of "Spaying," which savours of Dr. Malthus, as it involves barrenness or sterility as a certain consequence, to say nothing of the risk to life, health and comfort during and after the operation.

By way of illustration, I shall give three cases of dysmenia—two of them may be classed as acute, and the third chronic.

CASE, *Acute Dysmenia—Nux Vomica*.—A young lady, aged 20, was on the eve of being married, and, ever since her betrothal, she had suffered torture at every M.P. A homœopath of forty years' growth had been consulted, but in vain—he could afford the young girl no relief, on the contrary, *she got worse and worse at every M.P., the nearer the time of her marriage approached.* At the risk of a rupture with the family physician, I was called in alone, because *I refused to meet such a Hendersonian.* Arrived at the house, a loquacious mother button-holed me, and gave me a long "cock and-bull" medical history of the girl, which I ungraciously interrupted by asking her to con-

duct me to her daughter, who was then in great agony, as her M.P. began that morning. We entered the girl's bedroom, and I had not asked her more than one question when she begged her mother to "leave the room, and take the Doctor with you." She said so in a most impatient and unladylike manner, which I fully excused and duly appreciated. In another room the mother began to apologise for her daughter's rudeness, and said, "If you only knew how she suffers, you would make allowance for her violent temper and impatience. *Every five or ten minutes she has to get out of bed in order to relieve her bladder and rectum, but she passes nothing, except at times a little wind.*"

There could be no mistake about the remedy, so I at once ordered a tea-cup and saucer, a teaspoon, and a jug of cold water, which was immediately brought. Into the cup I placed a few globules of *Nuxvomica* 30. (F. C.) filled up with cold water; placed the saucer on top to keep out dust, and ordered a teaspoonful to be taken every fifteen minutes, until *all pain in the region of the womb is fairly gone, and the irritability of the bladder and rectum has subsided*. All pain and irritability left after the third dose. The marriage came off with *éclat*, and she has had no more dysmenia, so far as I am aware.

Nota Bene.—The text in italics points to the symptoms in the patient which indicate infallibly the remedy

used, *Nux vomica*: and the remedy was still further indicated by the cause of the dysmenia, the fact of *trothal*, and the fact that the dysmenia got worse the nearer the day approached for her nuptials.

CASE.—*Acute Dysmenia—Veratrum Album.*—A young lady, aged 23, unmarried, who could not well account for her dysmenia; but as she was very fond of concerts, balls, dancing-parties, late hours, and lawn-tennis, I am not surprised at the necessity of her consulting a physician. Her mother and family are all homœopathic. Her mother keeps “a book of the words” and a box of twenty-four polychrest remedies, but for all that she could not obtain the assistance of the family physician, “a physician practising homœopathically,” she could obtain relief, except from gin and barley-water hot, flannels, cloths and bottles, and the usual domestic appliances.

Semeiology.—“Every M.P. lately has begun with intense nausea, ending in vomiting and diarrhœa, and intolerable cramps in the stomach, bowels, and at times in my legs, as if I had an attack of cholera. I turn very chilly, pale and cold all over, and a cold, clammy sweat breaks out upon my forehead. The feeling all over is death-like, and suffering is something awful.”

Out of the forty or more remedies in my list corresponding to painful menstruation, there is but one medicine which has induced a similar totality of symptoms.

toms in healthy women, and consequently that medicine is *the simillimum* to the case. Besides covering the totality of the symptoms of my patient, the medicine, *Veratrum album*, has one symptom which is characteristic of it, and that symptom my patient had, namely, *cold clammy sweat on forehead, with deathly pallor of the face, and nausea*. I prescribed *Veratrum album* 200 (F. C.), to be taken dissolved in water on the approach of the above symptoms—a teaspoonful at intervals of one, two, or four hours, according to the severity of her suffering, or oftener if need be. As in the former case, so in this; after the third dose there was an end to this patient's form of dysmenia. Be it observed that in these two cases, although both came under the same name as regards the classification or nomenclature of disease, yet the two are as different as any two things in Nature, and as widely asunder as the two poles, barring the fact that they both have painful menstruation. Suppose we gave the first case *Veratrum album*, and the last one *Nux vomica*, because both medicines correspond to and have often cured dysmenia, what would be the necessary result? Both medicines would fall upon the patients like "so much water on a duck's back," neither would experience the slightest relief, and the effect upon the patients, if recent converts, would be, that homœopathy was a fraud. So much for the utter folly of

treating *the disease* homœopathically *by name*, instead of treating *the patient according to the totality of symptoms*, as HAHNEMANN directs. Instead of Hahnemannian-homœopaths, and mothers with "a book of the words" and a box of globules, wondering at their want of success in so treating, the wonder is that they have as much success as they do have; their want of greater success is simply owing to their own ignorance, and the presumption that they know how to practise homœopathy better than HAHNEMANN its founder.

CASE. — Chronic Dysmenia — Lycopodium. — (Sixteen years ill.) A lady from the United States has suffered from dysmenia for sixteen years; in other words, since she began to menstruate. Being an allopath, she had no confidence in the New School of Medicine, and she arrived in London and met a patient of my own who gave me and homœopathy a decidedly good character. As she had swallowed gallons of tonics and opiates, and bushels of pills, she was happy at the thought of being emancipated from such medicinal slavery; as she had come to England to see what a change of air would do, and to consult a relative, a leading light in Gynecology in our "gay metropolis," and as she had received no permanent benefit from the allopathic drenching with drugs, nor experienced the slightest relief from the change of air

society, and lastly, as her relative, a medical *savant*, on being consulted, informed her "that she must grin and abide as others of her sex have to do, as he could be of no service to her,"—this from a relative, a Professor of Obstetrics and Gynecology, a Hospital and Court physician—determined her to consult me.

Semciology.—Monthlies regular, normal in quantity, dark clots and flow. The pain (*dysmenia*) comes, as a rule, the day before the flow commences. It is felt to be deep in the pelvis, and is a wrenching pain, as if the womb and vagina would be torn in pieces, and it is accompanied with a boring, sacral backache. The pain forces her to scream, and to prevent her screams from alarming the inmates of the house, she was directed by her American physicians to inhale ether. When bad she is cold, chilly, and perspiring all over, with great pallor of the countenance. She is easier when recumbent, and from hot flannels or external heat; the back-ache is relieved by pressure. There is general aggravation from sudden sounds, light and noise of any kind. When the pain is on, she has sometimes experienced relief to it from riding in a waggon.

Appetite good in general, but the first and second days of M.P. she has nausea. During the flow she has total loss of appetite, and if she attempts to eat anything, it is certain to disagree, inducing an in-

tolerable amount of flatulence. *M.F.* or no *M.P.*—*her dyspeptic symptoms are always worse after an evening meal—a late dinner, for instance.* Before during, and after the flow, she has painful bloating or distension of the abdomen; worse during the flow with great relief from eructations. She has suffered all her life from habitual constipation, aggravated by every known aperient, and enemata. She suffers always from tender feet, which are icy cold but dry. Mentally, she is *low, sad, and irritable before the flow*, which mental state ceases with the flow, except on awaking, when she is almost always low-spirited. She suffers in general from nervousness—easily excited and still more easily depressed—weepy and sad, and has turns of it periodically, lasting at times for three or four months, when she feels all over a numbness, lifeless, and perfectly indifferent. External objects then seem to her without reality, as if she were in a dream. When low she desires solitude, is averse to company, and likes to mope alone. *She has hot flushes to the face, worse evenings, and always craves for fresh air.* Tender-hearted, sensitive feelings, and is easily moved to tears.

The above semeiology, is such a correct picture of *Lycopodium*, that there is little or no necessity for italicising one sentence or paragraph more than another. The mental and bodily symptoms point to this miracle-work-

ing polychrest; *Lycopodium clavatum*, commonly known as Club moss, or Staghorn moss, largely used in adorning our churches at Christmas, and the pollen is only known to allopaths as a dry subtle powder for preventing their pills from adhering to each other, to hide their bad taste, and to render them easier to swallow, that is to prevent "boggling at a pill." In theatres the pollen or yellow powder was, and is still used, as also resin and flour, for the production of artificial lightning.

This terrible sufferer, who was given up as hopelessly incurable for sixteen years, was cured by a single dose of *Lycopodium* cm (F. C.), (that is by the 100,000th centesimal dilution), and which needed no repetition, because the entire case was covered by the one medicine. The *Lycopodium* was gathered by myself on a moor in Inverness-shire, Scotland, and the tincture and subsequent attenuations were made by myself on my own CENTESIMAL FLUXION ATTENUATOR, so that I know exactly what it was which cured my patient.

The single dose created a considerable disturbance of her system for about ten days or so, worse in the mornings before rising, and at night when first in bed. Her next M.P. came on at the proper time, without bloating or lowness of spirit beforehand, and without suffering of any kind, and she has remained free now for many months. To use her own graphic transatlantic vernacular, she "Went straight to heaven on the 3rd

of May." Whether or no, she is still in the flesh and well and hearty in the United States.

Let us take an example of cure of so-called mechanical stricture. Take incision of the cervix uteri for mechanical dysmenia; and dilatation by means of sponge tents, tents of laminaria, and metallic bougies or sounds, for a similar condition; as also galvanic and intra-uterine stem pessaries, and the like. I have seen plenty of this practice, and I desire to see no more. It is bound in the future to be *non est inventus*. Homœopathy has already prepared its grave, as it can cure the worst forms of dysmenorrhœa resulting from so-called stricture of the internal os-uteri; from retroversion or other displacement; from inflammation or spasm of the cervical canal, or from ovarian irritation; yea, even the membranous variety; without the slightest local interference whatever. I give an illustration out of many of dysmenia with retroversion of the womb.

CASE.—A German nursery-maid, aged 24, has been suffering at every monthly period intense agony, partly from headaches, but chiefly from painful menstruation. Her sufferings have lasted from puberty (eight years). She consulted a lady physician in New York, who diagnosed retroversion of the womb. But displacement alone is rarely the cause of the pain, as the pain is generally removable, although the displacement may remain.

The headaches and a burning, drawing pain in the middle of her back, which was constant, with canine hunger, worst at 11 a.m., great thirst, hot flushes of the face at times, and weakness of the knees, as if she would sink, were removed in about a month, by a dose of Sulphur 30 once a day. The agonising pain during menstruation remained unmitigated, and resisted several well-directed means of relief, among which may be mentioned *Belladonna*, *Coffea*, *Pulsatilla*, *Scpia*, and *Sulphur*, all in the thirtieth potency. Once only in three months was it relieved by *Nux vomica* 200. I was first consulted on the 7th December, 1874, and, although her general health was greatly improved, it was not until April, 1875, when her headaches returned, that I observed she was very irritable when spoken to, both before and during the flow of the menses. Ill-humour, both before and during the menses, corresponds to Cauticum, Chamomilla, and Chloride of Magnesium. I had little difficulty in selecting *Chamomilla*. Menses—One week before, when her irritability begins, she has pains, like those of labour, always in the morning, before breakfast, with sickness and vomiting of her meals. Headache, with throbbing in both temples, with a bursting feeling in vertex, relieved by pressure and cold; aggravated by reading, by bright light, and by looking at an object fixedly. Her sufferings eased off generally on the second day after the flow was established.

Eight years of intense suffering, as above described, was brought to a close; cured by *Chamomilla* 200 in three doses, during the period, having been preceded by *Chamomilla* 30, every night during the interval. This case is extremely interesting, as showing the importance of mental or head symptoms over bodily ones. Had it not been that I *observed* the impatience and extreme irritability of the young woman at the time of her menses, I could never have succeeded in curing her, *as she stoutly denied that she was ever irritable*. In truth, she was not at all aware of it, like most people when in a temper. Her mistress had also observed it only when her period was approaching, and the first two days. Such cases are generally incurable, except by chance, unless the mental or moral symptoms are covered by the medicine. What could incision of the cervix, or *rectification of the uterus*, or dilatation, or any local or mechanical mystification do in a case of this kind? And they are exceedingly common, as my experience of homœopathy teaches me.

UTERINE DISPLACEMENTS.—PESSARIES OF ALL KINDS,
MECHANICAL AND MEDICATED—THEIR USELESSNESS.

As regards vaginal and intra-uterine pessaries and medicated pessaries, in every form and of every substance, they are all of them filthy nuisances; and the

time will come when antiquarians will have them in their museums as monuments of past ignorance. I have removed many a pessary during the past thirty years, and I am thankful to be able to add that I have introduced none. Since I have adopted homœopathy I have never had occasion to introduce one, and it seems to me that the day is postponed indefinitely when I shall have occasion to use another. With such medicines as *Amanita (Agaricus)*, *Belladonna*, *Calcarea carb.*, *Calcarea phos.*, *Conium*, *Kali carb.*, *Lachesis*, *Lilium*, *Lycopodium*, *Nux moschata*, *Nux vomica*, *Platinum*, *Rhus tox.*, *Secale*, *Sepia*, *Sulphur*, *Thuja*, *Zinc*, and a few others, we may safely consider ourselves equal to the cure of almost every conceivable case of pain or inconvenience from uterine displacements, without mechanical or local treatment of any kind. The cure of uterine displacements by means of homœopathy is not a rule of thumb affair, as taught by Simpson and others, nor is the selection of the remedy or remedies a mere matter of guess. Try this, and, if it fails, try that, and so on to the end of the chapter, which very generally ends in bitter disappointment to all concerned. In the treatment of uterine deviations, as in all else treated on Hahnemannian principles, there are no palliatives, no specifics; each case must be studied separately and treated with its corresponding medicine,

the key-note to which may be more mental than corporeal. If carefully sifted and prescribed for, the very worst cases are curable by homœopathic medicines, rest, diet, and general hygiene, without local manipulation, massage, and certainly without local medication of any kind.

As a specimen of the abuse, of the danger, and of the misery frequently attending the use of vaginal pessaries, the following is quoted from the Report of a Meeting of the Obstetrical Society of London, held on 6th October, 1874. Dr. Gervis exhibited a pessary removed from a patient, aged 56, in whose person it had remained impacted fifteen years. Four years ago she felt weak in the lower back; two years ago her legs became weak, and she was unable to walk without assistance. For six months she had been nearly bedridden, with a discharge tinged with blood, and of a highly offensive odour. "A large round metallic pessary was found imbedded in the vaginal walls, and was removed by the aid of bone forceps. What a relief it must have been to the poor woman. But that is not all; some six or eight Fellows followed suit by narrating similar if not more horrible experiences. I may add that every medical man in Europe has had similar and plenty of such experiences. When in Liverpool I removed a Hodge's pessary from a young and elegant female, a London lady, and the

patient of a *Court physician* of great reputation. The lady was going out to dinner in the evening, but could not stir one step until I removed it. The dimensions of the pessary were four and a-half by two and a quarter inches. A remark by the President of the Meeting is worthy of being recorded: "He thought these *archaic* instruments would soon be out of use." To which I sincerely say, "Amen."

I may be allowed to make two exceptions to my decided objection to the use of vaginal pessaries, namely, cases of old standing in women over the meridian of life, and cases where, from sloughing and neglected laceration of the perineum during labour, the structure and function of the parts may have become so altered as to be beyond the power of medicine to rectify. Such cases are few in comparison with the immense number of women whose wombs are *unnecessarily* propped up by Hodge's and other forms of pessaries. The exceptions I have made belong more properly to the province of Surgery. I have not seen any such cases since I adopted homœopathy, but others have seen and cured cases of long standing. The case recorded by the late highly and deservedly esteemed Dr. H. N. Guernsey, of Philadelphia, in his magnificent work on Obstetrics, pages 127-8 of the first edition, but which has reached the third edition, is a mighty triumph of homœopathic

skill. A complete procidentia uteri, of ten years standing, was cured by Conium and Platinum in high potencies, and which never returned, although the patient has since borne three children.

VAGINISMUS, OR PAINFUL COITUS, &c.

Again, let us take painful coitus, or what is improperly called *vaginismus*, or spasm of the *sphincter vaginae*, but which is in reality a neuralgia of the nymphæ and adjacent structures—a true hyperæsthesia of the pudic branches of the genito-crural and internal-pudic nerves, and probably also of the pudic branches of the hypogastric plexus of the great sympathetic. Dr. Marion Sims states that this affection can only be cured by a surgical operation,—his own operation,—which I have frequently performed as an allopath with more or less success. I have only to say that it is not always curable by a surgical operation, as it is apt to return; whereas it is capable of being permanently cured by means of homœopathic medicines administered internally, without local treatment, except cleanliness and warm or hot water.

I intended to have given two remarkable cases of *Vaginismus* cured by the law of correspondence, but as this Paper is partly intended for the general public, it has been thought more prudent to reserve them

for a strictly medical platform. I may remark, however, that one of them, a very bad case indeed, was cured by *Silicea* 15 m in about three weeks—one dose night and morning; whilst the other, an equally distressing but much more complicated case, was treated by means of Sulphur, Nux vomica, Chamomilla, and Calcarea carbonica, and ultimately cured by *Ignatia*, all in high potencies, in about three months.*

As to the barbarous operation of "melting down" the os uteri, or "boring a hole" through it and the cervix, with *potassa fusa* or *potassa c. calce*, for engorgement, with induration of the womb, I have only to say that it is entirely curable without any local interference whatever, to say nothing of the fact that far too much has been made of it. The product of disease in this, as in the most of allopathic pathology, is mistaken for the disease itself, the morbid cause. "Men, immersed in nature, mistake the forms for the essences of things." *Platinum* has cured chronic inflammatory engorgement and induration of the womb

* It may be objected that I have given too few cases in this Paper on which to build such sweeping reforms. It will not be said or thought so when I have published those which remain behind. For the reasons already stated—and considering the just suspicion of the Profession against all papers illustrated with a copious list of successful cases, especially when the Paper is partly intended to meet the public eye—I have purposely limited the number of cases to a minimum. Whatever carping critics may say on this head, Truth can afford to wait.

before now, and it will do so again; besides many other medicines, chiefly antipsoric, capable of counteracting the peculiar constitutional miasm of the patient which induces the organic change.

As for vulvitis, vaginitis, metritis, endometritis, ovaritis, pelvic-cellulitis, peritonitis, hepatitis, enteritis, and all the other itises; with leucorrhœa, menorrhagia, amenia and dysmenia, anæmia, chlorosis, and leucocythæmia; they are all of them infinitely more amenable to homœopathic than to allopathic treatment, when taken in time, and that, too, without any form of counter-irritation or local treatment of a medicated kind. Such is the result which my judgment has arrived at after twenty-seven years' experience of homœopathy. During the greater part, if not the whole of this time, I have conducted my practice without ever prescribing the mildest known aperient (a teaspoonful of castor oil); without an opiate or palliative of any kind; without once applying a blister or a mustard plaster, or prescribing medicine in any form but that of infinitesimal doses, and my success is a hundred-fold more satisfactory to myself and to my patients than it was in my balmiest days of allopathy, extending over twenty-seven years. Some allopaths may say, and they will say, that it is all the result of the *vis medicatrix Nature*—that I have succeeded in amusing the patient while Nature has cured the

disease. Supposing this were true, why do they not follow suit, but prefer to give bottles of badly-smelling, badly-tasting, nauseating, purging, body and soul-destroying, nasty physic and cod-liver oil? Some homœopaths may say, How is it that we are unable to bring about the same results? *Simply because the right method of selecting the remedy and repeating it is not adopted.* Follow the admirable directions of HAHNEMANN, as laid down in his *Organon*, page 142 of the fourth American edition—"Directions to the physician for discovering and tracing out an image of the disease," *et sequitur*,—as I have done, and no one can possibly fail. Select the remedy according to the Hendersonian-method, according to the local or pathological condition, chiefly or entirely, and alternate it with one or more medicines similarly selected, and nothing but failure can be predicated of it. What one man has accomplished others may do if they have the will and the mental capacity—*Quodcumque imperavit animus obtinuit.*

THE DANGER AND FOLLY OF LOCAL ASTRINGENTS,
ETC., IN VAGINAL AND UTERINE LEUCORRHOEA.

A word as to astringent and other injections in the treatment or *quasi* cure of leucorrhœa or "whites."

A more certain method of injuring a female and of

making work for one's self could not be invented. The same remark refers to intra-uterine injections, and cauterizing the mouth, neck, and interior of the womb with caustic. It is tantamount in folly and ignorance to attempting to dam up a river at its mouth, only it is infinitely more dangerous and to be condemned. It is not enough to say that Simpson and Bennet and all the schools of medicine taught and practised it. They do practise such enormities, and are not aware of the great danger to which they subject their patients. If they do succeed in damming up this constitutional waste pipe, their pathology is so grievously at fault that they fail to recognise the mischief set up in the womb and ovaries, as well as in other parts of the female system, by their malpractice. Leucorrhœa in all its forms, more especially when habitual or chronic, is eliminative of that which is inimical to the safe working of the female organism— and is curable only by the constitutional homœopathic *simillimum*. Pains and aches, and at all times serious inflammations, are set up in the womb itself, the ovaries, the liver, the stomach, the brain, and lungs by a suppressed leucorrhœa. It is not unusual for women to writhe in agony for hours after such treatment: and the misfortune is, that the women themselves have come to believe that it is the only course left for them, namely, to grin and abide—which is simply

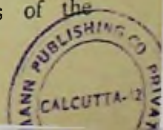
deplorable. The same holds good as regards the pains of labour and dysmenia.

VAGINAL EXAMINATIONS—THEIR ABUSE.

It is not at all unusual to meet with females—yea, the most highly-cultivated and refined of the sex, moving in the very best circles of society, from the Court downwards, brought to believe by their medical attendant, that their cases cannot be skilfully and properly treated or conducted without a regular system of vaginal examinations, both digital and specular, once or twice a week. I was brought up in this absurd, this mischievous faith, and I practised it for years, knowing no better; but I have since learned through the inspired intellect of HAHNEMANN, and from my own experience, that so-called vaginal examinations (except for the purpose of diagnosis), and all local treatment of uterine disease, not strictly surgical, are, seriously speaking, something worse than useless. (1886. I rarely now have recourse to vaginal examinations; only when suspicious of organic disease or pregnancy.)

HAHNEMANNIAN HOMŒOPATHY IN THE COMMONER AFFECTIONS OF WOMEN—WITH CASES.

In order to show the marvellous power of homœopathic medicines over the commoner forms of the



diseases of females, such as leucorrhœa, menorrhagia, and ovarian disease, I give the following cases out of many similar, *yet all different as regards the therapeutic agent.*

Case. — MENORRHAGIA — *Sulphur*. — Mrs. — has been complaining since 1868, which was about the time of her mother's death. Then and since she has had profuse menorrhagia twice a month, lasting eight days, with clots, and excessive flow of whites in the interval. Accompanying these symptoms she had the following characteristic symptoms:—*Hot flushes to the face and head frequently during the day; a sinking, empty, exhausted craving, amounting to gnawing at times, at the epigastrium, and always worst about 11 a.m.—relieved by food of any kind; her skin is always bathed in perspiration; she has great palpitation of the heart and infra-mammary pain, which is on the increase.*

Treatment.—On the 5th of August, 1874, I gave her *Sulphur* 30, one dose every morning until next menses, unless an aggravation should occur before then. The menses were delayed to four weeks, and they were very moderate and no clots. The perspirations were completely stopped, and the whites decidedly lessened. Without going further into details, I will simply add, that up to the month of December, 1875, more than one year, there has been no return

of the menorrhagia or leucorrhœa. This lady was cauterized, and otherwise treated *secundum artem*, chiefly by "local-doctoring," for six years, without the slightest real benefit: and she was cured by taking about sixteen tiny globules, having neither smell nor taste, weighing altogether two-thirds of one grain, and all in the short space of three weeks. It would be interesting to know what she paid in doctors' bills in Manchester, London, and Liverpool during the previous six years, and all for no good.

CASE.—MENORRHAGIA, WITH LARGE UTERINE FIBROID TUMOUR.—Mrs. W., aged 42, came to me at the Liverpool Lying-in Hospital Dispensary as a patient. Married one year. No child, or miscarriage. The uterine cavity measures $4\frac{1}{2}$ inches, and her girth round the navel is from $33\frac{1}{2}$ to 34 inches. The tumour is sessile, and not removable with safety. The following are her symptoms:—She wakes almost daily with a headache; a dull, heavy pain front, back, and all through; sometimes also *before* the menses she has headache. *During the menses*, whether she has headache or not, *she is terribly ill-humoured, and "just like a spoilt child."* The flow is profuse, and a bright florid colour, with very large clots, lasting for a week or more. The menses return once a month and sometimes twice. Uterine tumour.

On the 3rd June, 1874, I gave her Platinum 200,

one dose night and morning. On the 24th June she was complaining of nausea, and finding she took much tea, I stopped it,—to continue medicine. On the 8th July she reported herself much better, and is expecting her period. Bowels confined. Ordered her oatmeal porridge for supper, with a little bran in it.

22nd July. First report of menses. No ill-humour; clots decidedly less; flow lasted only three days, and with less intermission. Three weeks of interval. To continue medicine night and morning, as I was anxious to see if I could reduce the size of the tumour.

18th August. Complains of *dull aching pains after menses,* commencing *in back,* and coming round the left haunch and down the thigh, sometimes down both thighs.

Pulsatilla 15 m one dose night and morning. Pain relieved, but it returned on 15th September, *during* the menses, in another form, namely, swelling and pain of left side of abdomen, as if in a lump. I felt a little puzzled, but having great faith in the Platinum I gave it again in the highest potency which I possessed (15 m), and with the very best result. On the 30th September, 15th October, and 28th October she has always reported herself free from all pain, from all ill-humour, and that her menses now give her neither anxiety nor the slightest uneasiness.

CASE.—MENORRHAGIA, of ten years' duration, and profuse flow of whites during the entire interval in a dispensary patient. The affection dates from her first and only confinement,—there is sub-involution of the uterus, the cavity measuring three inches fully. The menses are every ten days, and they last seven or eight days. Headaches two days before and all the time. Profuse florid red flow, dark clots, great pains, like those of labour, back and front. A lump forms in the left iliac region, with a pain, which she says is like a gathering. The same pain occurs when she walks much. The menses are followed immediately by a pinkish flow of whites, which passes into the ordinary whites.

She has a sinking, empty, exhausted feeling every day, always worse between 11 and 12 o'clock.

8th June.—Sulphur 30, one dose every night at bedtime. A flow followed the examination with the uterine sound for two days, during which she took the medicine. Reports that she feels much better in the head, and less of the sinking at the stomach.

22nd June. Headache and pricking pains in left side; menses threatening. Sulphur 30, one dose *statim*. To see me after menses.

8th July. Nocturnal salivation; mouth and roof of mouth inflamed; sinking at stomach gone. Menses increased in frequency, in quantity, and lasted longer,

but not so much pain. She has *ill-humour both before and during menses; dull, stupid feeling in head; photophobia worse by sunlight; quick, nervous temperament.*

Chamomilla 1 m, one dose to be taken at bedtime, and no repetition.

13th July. Better in all respects.

28th July. Longer interval and less flow. Repeat *Cham.*, same dose and potency.

15th Sept. Interval, one month all but three days; only three days poorly; no clots nor pain; ill-humour gone. Complains now only of distension, worse after meals, and *a sensation, as of the movements of a fetus after quickening, worse when sitting*, which makes her feel very nervous.

Thuja 150 m, in one dose.

29th September. Movements decidedly less. Repeat *Thuja* 150 m, twelve doses one night and morning.

13th October. Movements have entirely ceased.

On the same day (13th October), this patient informed me of an old symptom for the first time, and it was the only one she now had left, namely, *an accumulation of mucus in her trachea all day, but always worse at night*. She must sit up and hawk for hours, and cannot sleep, *with great difficulty of breathing about midnight.*

Antimonium tartarizatum 1600, three powders. One

to be taken at bedtime, one if the phlegm troubles, and the last one hour thereafter if necessary.

28th October. Reports immediate relief to have followed the first powder, the same from the second, next night, and it never returned after the third. *Discharged cured.*

The conclusion I came to on parting with this patient was, that I need never despair of curing any number of such cases as this one. It may be interesting to those who believe in treating *pathological conditions of organs as diseases*, that the womb in this case measured three inches at the end of the treatment, *when the disease was cured*, as it did at the commencement: therefore the sub-involution or chronic hypertrophy or enlargement was not the disease, nor even the cause, of my patient's bodily and mental sufferings, which were really something awful. In my twenty-seven years of practice I have never before come across a worse case. I may have cobbled them before; *I never could cure them until now.*

This patient, before leaving me for good, told me that "there was only one thing wanting to complete her happiness, and that was the birth of another child." One would have thought that, after ten years of such sufferings following upon her first and only child, she had had enough of it.

OVARITIS, WITH PELVIC CELLULITIS, ETC. LACHESIS.

The following case of ovaritis is so unique and interesting, I must record it.

CASE.—Mrs. — was placed under my allopathic care, just as I was beginning to feel my way to the light. She was sent partly by her friends, and partly by her own medical adviser, a staunch old allopath. After her first and only confinement she had an attack of pelvic inflammation, with a considerable effusion into the left broad ligament. She was having constant returns of inflammatory action, requiring her to lie up during fifteen months, when I was consulted. On internal and external manipulation, I found a hard tumour, as large as a hen's egg, and very little movable, occupying the site of the left ovary. A course of allopathic tonics, with gentle counter-irritation, was prescribed, with a little improvement to the general health during two or three months. At last the case became my own entirely, and I at once resolved on treating my patient, *secundum artem*, on Hahnemannian principles. To make sure, I made a second, careful examination of the tumour, which I found unchanged in size, locality, and tenderness. As the patient was evidently suffering from chronic inflammation with *enlargement and induration of the left ovary,* on the 26th February, 1875, I gave her one dose of Lachesis.

in the millionth^d dilution, in a powder dry on her tongue, with the direction that she was to return in three weeks. She returned at the appointed time, and, to my great satisfaction and astonishment, minus the slightest trace of the inflamed or enlarged ovary, and she has had no pain or inconvenience of any kind since. My patient had no other medicine given her, and no local treatment or application of any kind, and she was allowed to go about and do just as she pleased short of inducing pain or fatigue. The patient was not at all aware of any change in my views or treatment, she is now.

I beg it to be distinctly observed, that in all these and, in every case which I treat, I acknowledge no specifics in any particular disease by name in Hahnemannian medicine. Every case is as a mathematical problem to be solved, and it takes much time generally, and care and patience, without which there can be no lasting success. In the words of the late Constantine Hering: "The examination of the patient, to be sure, is troublesome, but you can have no success without it: if you succeed without this troublesome examination, it is by chance, not by skill. If a doctor tells you that he is so learned and skilful that he can prescribe without these questions—that he, for instance, can see by the eyes, tongue, pulse, temperature, etc., what medicines to give—he is a deceiver, and those who believe in him

show that they know nothing whatever of true homoeopathy."

SICK, PERIODIC, BILIOUS AND NEURALGIC HEADACHES.

Of all the forms of misery to which the human system is subject, there are few more common or distressing than headaches. When we consider the greater size and functions of the brain in man, its control and sympathy with the entire inner and outer man, the fineness and delicacy of its structure and plentiful supply of blood direct from the heart; and when we reflect upon the immense strain put upon it in early life by a cramming and overloading system of education, and in after life by errors in diet and hygiene, by the toils and cares of life, by luxurious living and starvation, and by the thousand and one influences which go to make up the sum of human life, industry and idleness, wealth and poverty, up to-day and down to-morrow, in peace and in war, to say nothing of the havoc and strain caused by giving loose to our passions and appetites, and this constantly going on from infancy to old age and from generation to generation, the sins of the fathers being still upon the children—need we wonder that the brain, the mainspring of the system, the crowning glory of the Creator, should become the theatre of untold misery

Natrum

remedies for headaches and neuralgias, and who can individualise them, the patients are sure to reap the benefit of his or her knowledge and skill, and remain for ever grateful if permanently cured.

THE QUESTION OF DOSE AND POTENCY.

It will be observed, in the few cases cited in this brochure, one medicine only has been administered at a time, and that generally in a high potency. If any one be disposed to think that I am tied to high potencies, he is vastly mistaken. The system of HAHNEMANN, which has many and various interpreters, admits of no such division as that of low and high-potency men. It is a mere trick of the arch-enemy of mankind and of all truth to break up our ranks by destroying our unity. I believe in and use in my practice every potency, from the first upwards. The system of HAHNEMANN, as interpreted by myself—and I allow no man to interpret it for me—is one great whole which admits of no dismemberment or disintegration without certain ruin. The keystone of the triumphal arch is the therapeutic law *similia similibus curantur*—the like cures the like; the piers and buttresses of the arch are, first, *one single medicine at a time, and second, that only in an infinitesimal dose.* What constitutes an infinitesimal dose is a much-dis-

puted point, and is, in my opinion, a question of minor importance, which every man must decide for himself according to the light that is in him, guided by experience. On the subject of the dose, the late distinguished Prof. J. H. P. Frost, in the *Hahnemannian Monthly* for 1873, expresses well my own judgment in the matter. He says, "If the *right* remedy be given in large or in smaller or even in infinitesimal doses, a cure will result in many cases. But the *wrong* remedy, given in any or in every possible dose, will cure in no case. Every actual cure is made by the potential homoeopathic remedy. We must determine the dose by the dynamic condition and susceptibility of the patient." At the same time I must add that I have a great partiality, yea, a decided preference, for high-potencies, because I know by daily experience the marvellous curative power which they possess. They can accomplish in one dose, and in a shorter space of time, what low-potencies never will effect in any dose or however often repeated. In short, in a hard and difficult or tough case, either acute or chronic, *the potency cannot possibly be too high*, so far as my own experience is concerned, provided always that the *similimum* is well made out.

It may be said that high-potencies are not what they are represented to be, because the method is not that of HAHNEMANN in detail. This cannot be said of

Bericke's, Jenichen's, Fincke's, Swan's, Lehrmann's, Dunham's, Lillie's, and my own F. C. attenuations, which are made by processes such as HAHNEMANN himself, if he could witness them, would highly approve, because all the essential points are most scrupulously observed and greatly improved upon, whilst time is enormously economised, and error is next to an impossibility, so perfect are the methods used. I am of opinion that all high-potencies in my possession are attenuated or potentised *secundum artem*, and they are thoroughly reliable as such, if I am to be allowed to judge by their effects on my patients and upon myself. It took me thirteen years to make them, and I am still making them, but not for sale.

To return to the low-potencies, let me just observe that if one finds that he succeeds better with low than with high-potencies, why find fault with him? It is better for all of us to try to creep before we walk; to begin to climb from the bottom of the ladder instead of taking flying leaps. Some may say, Why give advice which you do not take yourself? Simply because I was previously educated for the rapid advance I have made; all are not so prepared. It would appear that our Lord's remark, "I have yet many things to say unto you, but ye cannot bear them now," is as true of medical as it is of religious truth. There are only two great faults which I have to find at the present day, and

the first is, giving two or more medicines in alternation; the second is, resorting to counter-irritation, to aperients (especially *Podophyllum*, &c., in the mother tincture), opiates, even to subcutaneous injections with morphia, and other allopathic practices, which cannot be too strongly denounced as Anti-Hahnemannian in the extreme.

Regarding low-potencies, there is no doubt that cures have been effected in thousands of cases by all manner of potencies and doses, from an allopathic dose of a substance to the millionth potency and far beyond. Allopathic cures, not palliations or mere recoveries, are invariably effected by the same law of similars, only allopaths are not always aware of it, and no one can say that they deal in infinitesimal doses. To remove all doubt on this point, I have only to refer to the *Organon* of HAHNEMANN, where it will be seen that the entire facts, constituting an "Introduction" of ninety pages, on which HAHNEMANN founded the first principles of his system, were culled from allopathic sources and allopathic doses. Indeed it could not be otherwise, because there was no Homœopathic *Materia Medica* then in existence. The same may be said of HAHNEMANN'S remarkable work on *Chronic Diseases*; the facts, the cures effected by single medicines, are all from the crude form of drugs, and in allopathic doses.

I do not for one moment mean it to be understood that HAHNEMANN intended the same loose system to be carried out *in extenso vel in perpetuo*. On the contrary, he has placed it on record that every year of his long life he proceeded from higher to higher potencies. He used these allopathic facts simply to convince the medical faculty of his and our day that the truths of his system were to be gathered from facts which were daily transpiring around them; and I have alluded to them here, not to prove that the low-potency men are right or the high wrong, but to prove that the lowest potencies and even crude drugs and infusions of plants can and have cured disease on the principle that like cures like, irrespective of the dose. The conclusion is therefore forced upon us that, whatever may be said in favour of the doctrine of the infinitesimality of the dose—and I am a staunch believer in the extreme of dynamization, even to infinity—yet it is not a *sine qua non* in effecting a cure by the law of correspondence.

Whilst I would give the greatest latitude to others, I claim for myself a similar privilege in return. The allopathist doubts the results of the low-dilutionist, and the low-dilutionist in turn doubts the high, both of them forgetting that the question is one of simple experiment, admitting of no other test or explanation except experiment in the cure of diseased action; and until a man has tried all three, patiently and without

prejudice, allopathic crude drugs, low-potencies, and high-potencies, he is in no way entitled to be a judge in the matter. It strikes me that the chief cause of all our differences on the question of the potency or attenuation of the remedy is THE DIFFERENCE IN OUR MODE OF SELECTING AND REPEATING THE MEDICINE.

One other and not the least important of my reasons for seceding from allopathy, is one of deeply-felt gratitude for what homœopathy has done for me when allopathy had signally failed. All honour to those distinguished and most worthy physicians who did their very best for me.

For at least three years I had been perfectly *hors de combat* in so far as the practice of my profession was concerned. During twenty-one months of that time I had never experienced more than two hours of sleep in a couple of months, and more than once I have been as much as six weeks without knowing what it was to be one moment unconscious day and night. At the same time I was suffering from habitual constipation and terrible acidity of stomach, with bodily and mental anguish unutterable. I repeat, allopathic medicine was powerless except to aggravate my sufferings.

It may be interesting to note that I was cured of the constipation, the acid dyspepsia (which I have had all my life), my sleeplessness, deficient assimilation and

general debility, and restored to a life of usefulness, and full vigour of body and mind, by a few doses of the *millionth potency of Sulphur*, prepared by *Dr. Bæricke, of Philadelphia*. To give the indications for the selection of the remedy would be too, tedious a task. I shall never forget the marvellous change which the first dose effected within a few weeks, especially the rolling away, as it were, of a dense and heavy cloud from my mind.

THE REPETITION OF THE DOSE.

There has lately been a considerable amount of dogmatism in the air about the single dose, in so much so, that I consider I am entitled to have my say in the matter. If there are any facts to guide us, let us by all means make use of them. First and foremost, we have the unquestionable fact, that in order to increase the power of any remedy, *we must dilute or attenuate it*, and the more we dilute the remedy the greater becomes its therapeutic power, and the less, as a rule, does it admit of frequent repetition. Second and last in importance, in order to increase the therapeutic power of every remedy which is to be used homœopathically, *we have to increase the frequency of the repetition of the dose*. Why we should be dogmatised out of the use of this mode of increasing the therapeutic

power, deponent knoweth not. I may be wrong, but I think the explanation of "the fatal error" is as follows: HAHNEMANN gave us but two cases of his own curing — one by *Bryonia* in one drop of the mother-~~fr~~uncture in a simple case of washerwoman's rheumatism, where he evidently spotted the *simillimum* by careful differentiation. In chronic disease, complicated with previous allopathic treatment, the *simillimum* is not so easily spotted, when recourse must be taken to repeating the dose until the *simillimum* is found. How frequent? From every five minutes to once a month, according to the seriousness of the case, the susceptibility of the patient, and the acuteness, sub-acuteness, or chronicity of the case. In acute suffering, every fifteen minutes to every two or four hours, and in chronic or constitutional cases, one dose at bedtime weekly, fortnightly, or monthly. THE GOLDEN RULE IS TO BE GUIDED BY A SOUND AND WELL-BUILT JUDICIOUS EXPERIENCE.

Lastly, the pioneers of the New School of medicine, including HAHNEMANN, tried to make out the length of time, each medicine, especially antipsorics, acted — but in practice the idea will not hold water, as the saying goes, as there are not two of us similarly constituted in regard to the action of medicines and the sensitivity to said action. There is no hard and fast rule to go by, therefore each of us must build up his

rule of practice by a judicious experience, devoid of dogmatism.

THE DEATH OF INFANTS "IN UTERO." ITS PREVENTION AND CURE. A DISCOVERY.

The late Sir James Simpson, of Edinburgh, wrote much on this subject under the title of "PLACENTAL PHTHISIS"—an extremely good name, as the placenta is the lungs of the child while in the womb—and in the affection here treated of, we have the organ undergoing fatty and other forms of degeneration, destructive of the child's respiration, the oxygenation of its blood through that of the mother. Sir James had a chemical theory of the treatment by means of *Chlorate of Potassa*. He concluded that because the *Chlorate of Potassa* was composed of seven atoms of oxygen and one of chlorine, by giving ten or twenty grains of the salt a day, it would superoxygenate the mother's blood. All very well in theory, but we have no evidence that the system has the power of decomposing the salt, or that the superoxygenation is ever effected. Inhaling oxygen and drinking oxygenated water would be a much more likely plan, but I question very much if it would succeed—as the mother's constitution is syphilitic, and *Chlorate of Potassa* will never alter or cure that, and certainly not in nine months. In every

case where Simpson was equal to the saving of the child's life, he had recourse to bringing on labour after the six and a half and before the eighth month—the womb being examined daily after the six and a half month in order to ascertain any change in the pulsation of the heart of the foetus or weakness in its movements, *the child when born being a syphilitic child, and the mother's constitution remaining the same.*

All this is now unnecessary, and it is quite possible to prevent and cure the disease of the after-birth or placenta, by curing the mother according to the principles of homoeopathy, and to carry the mother to the full time, nine months, *without fail.*

It is not generally known that constitutional or hereditary syphilis is the *fons et origo mali* of the degeneration of the placenta partial or complete. I am indebted for this invaluable information to Professor Diday, of Paris. Full particulars of his opinion will be found in his work on the subject, translated and published by the New Sydenham Society.

It is now close on thirty years since this idea entered my head, and my experience in practice bears it out, that Diday is right. Syphilis is the cause of the degeneration of the placental tufts and substance in every case which has come across my path in practice, and I have never failed to carry the patient *to the full time*, who may have had previously any

number of mishaps. As a matter of course, the case must be entirely under my care *until parturition*, which I do not now attend.

As this *brochure* is intended largely for the general public, I must curtail my description of cases. The subject will be treated more freely and fully in our Medical Journals and Transactions of Societies. In the meantime, I give some of the particulars of the worst and most difficult case which has ever come under my care:—

April 2, 1900.—Mrs. — informs me that she has had three confinements: (1) 1896, twins, one undeveloped; both stillborn about full time. (2) Child stillborn at eighth month; movements gradually subsiding two months before delivery. (3) Dr. —, of London, scraped off the interior lining membrane of the womb on March 16, 1898. Conceived next September 20th, confined April 28th (seven months). Previous to the birth the movements gradually subsided. N.B.—After the scraping till now, a small membrane comes away at each M.P. During the last two pregnancies she has felt very weak in the lower abdomen. (*The above was written by patient.*)

Mrs. — (the same lady) consulted me on April 2, 1900. I must say that I could not have wished a worse, a more complicated, or more maltreated case to manage. To begin with, I gave my patient

MERC.-v. 50 m, one dose at bedtime. On May 11th following she had LUES. cm, which was repeated on June 7th.

July 31st.—She had diarrhoea, *the weather being several degrees warmer.* BRYONIA 30, one globule after every loose stool. *Great lassitude after M.P.,* ALUMINA 50 m, one dose at bedtime.

October 5th.—*Pieces of membrane come away with the close of the M.P.* PHYTOLACCA 1 m, one dose at bedtime.

November 22nd.—Reports that she thinks she has conceived, say about October 24th, after taking the PHYT. 1 m. Mrs. — now received at bedtime LUES. 2 cm, and on December 27th LUES. 3 cm. ,

January 23, 1901.—Complains of the vagina and vulvæ being very much swollen and inflamed.

February 18th.—Thinks she has quickened—well otherwise.

March 15th.—LUES. 4 cm, one dose at bedtime.

April 12th.—Backache, great debility; cannot walk, stand, or sit; must lie down. SULPHUR 2 cm., one dose at bedtime.

May 21, 1901.—“Nearly seven months pregnant, and I have not looked so well for a long time. All my friends say so.” Her accoucheur was desirous of bringing on premature labour for fear of losing the child's life. I wrote back to my patient, “I

promised you, that if you conceived and trusted to my guidance, so great is my confidence from a long experience of the system I practise, you may tell your Dr. Accoucheur that I mean to carry out my promise, and he must not touch you until your full time is up." On June 25, 1901, my patient got the last dose of LUES. 5 cm at bedtime—the 500,000th centesimal attenuation of LUESINUM.

July 18, 1901.—My patient was delivered of a daughter, well and healthy. The mother says, "There could not be a finer child." On May 20, 1902, last year, I wrote for particulars. "Our baby is the very picture of health, and is 20½ lbs. in weight." The mother suckled her infant nine months herself, and since then the child has been on "Neaves' Food, which suits baby well."

From October 24, 1900, to July 11, 1901, is near enough to *nine months* for all practical purposes. The mother is enjoying an amount of sound health she has been a stranger to for the better part of her life.

I have had a few such cases, but I think I have only published one, a Liverpool lady. All of them without a single exception have proved to my satisfaction that Professor Diday's view is the only correct one, and that LUESINUM in a succession of high dilutions once a month during gestation is by far the

best and the most certain practice, a perfect specific, or "*fail me never.*"

It is a mighty triumph of homœopathy that constitutional or hereditary syphilis can be removed from the mother during the nine months of utero-gestation, and that a mother's best feelings can be gratified by the birth of a child with a sound mind in a sound body. I claim this as my own discovery, and I am indebted to Hahnemann and Professor Diday who enabled me to make it.

Sir John
Simpson

NOTA BENE.—The writings of Simpson on this important subject will be found in the second volume of his *Obstetric Memoirs and Contributions*, first edition, 1856, p. 451, *et sequitur*.

MORBUS SIMPSONII.

All the world gives Simpson full and grateful credit for his discovery of *Chloroform*, but there are few who know anything of his marvellous discovery of Chronic Pellicular Eruptive Inflammation of the mucous membranes, particularly of the colon. The description of the disease is too extensive for these pages, but the only reliable description of the affection and its *allopathic* treatment will be found in the first volume of Simpson's *Obstetric Memoirs and Contributions*, page 308 of the first edition, 1845.

I am not aware of the disease being treated or described by any text-book known to the Profession in English or in any other language, but it was the making of Simpson, *Chloroform* being a secondary consideration. As regards the treatment, Sir James placed great confidence in *Arsenic*, *Tar*, *Liquor potassæ*, *Oxalate of Cerium*, *Aqua Tilia Europa*, and a few others, with counter irritation, and the invaluable assistance of DR. TIME. On my introduction to Homœopathy I very soon found out its immense superiority in combating this desperate chronic malady, alas so common and so little understood.

TREATMENT.—The best homœopathic remedies are *Arsenic*, *Belladonna*, *Calcarca*, *Lycopodium*, the *Kalis*, *Mercurius*, *Nux vomica*, *Phosphorus*, *Pulsatilla*, *Sepia*, *Silicea*, *Sulphur*, *Tellurium*, and *Thuja*, but there are many more. Hot bottles, poultices, &c., are useful; but routine practice is out of the question—every case must be treated according to *the totality of the symptoms*, mental as well as corporeal, past and present—and *pathological symptoms are best ignored*. Lots of cases are treated as diseases of the heart, or the nervous system, the stomach and liver; and, of course, it ends in smoke—total failure. There is no doubt that the genuine Hahnemannian homœopathic treatment is what is wanted, and I have seen patients *in articulo mortis*, raised as it were from the dead.

TUMOURS BENIGN AND MALIGNANT.

The late Dr. Burnett, of London, published an excellent work on the *Curability of Tumours by Medicines*, second edition, 1898, being about his last work. I am happy in being able to back him, as I have had a considerable experience with satisfactory success in the complete removal of all kinds of tumours, if consulted in time, and before the surgical butchers have operated.

I am often asked if operative measures are justifiable under any circumstances? My reply has always been, as an Allopath or as a Homœopath, the same. I do unto others as I would be done by, and I reply NEVER! What is more, if a patient consults me who has been operated upon for a real cancer, I prefer to have nothing to do with the case, because the cicatrix following the knife being of a fibrous character, does not yield (when the cancer returns, as return it will), the pain and irritation is increased, and the organ is no longer in a naturally morbid condition, rendering our medicines helpless, and *Morphia* becomes the only palliative possible.

I have seen this occur often enough to cause me to decline cases which have been under the surgeon's knife. It must be remembered that whatever some medical men may say, cancer, real cancer, is a Con-

stitutional, and never a Local Affection. It embraces the whole blood and tissues. The time must come when Society will get so enlightened, that the surgeon's knife for pruning and lopping off disease will be a thing of the past.

The medicines best corresponding to malignant disease when alphabetically arranged are: (1) *Arsenic*, *Calc.-carb.*, *Calc.-oxal.*, *Carbo-an.*, *Carb.-v.* *Conium*, *Euphorbia heterodoxia*, *Graphites*, *Lycop.*, *Nitric-ac.*, *Phytolacca*, *Silicea*, *Sulphur*, and *Thuja*. (2) *Acet.-ac.*, *Apis*, *Ars.-iod.*, *Aster-r.*, *Aur.*, *Citric-ac.* (locally *Anodyne*), *Cund.*, *Hydrast.*, *Kal.-ars.*, *Kal.-iod.*, *Lachesis*, *Phos.*, and many more for bridging a difficulty; besides the three best nosodes, namely, *Luesinum*, *Medorrhinum*, and *Tuberculinum*.

At a Conversation in New York in 1876, in the house of Dr. Kellog, I was asked, if I mistake not by the late Dr. Temple Hoyne, if I had ever cured a case of cancer of the breast. I replied that I had, and having described the case very fully — I concluded that the only difficulty I had in deciding whether it was cancer or not was because I CURED IT. As an allopath, I should have given it up as incurable. GRAPHITES 14 m was the remedy.

As to benign tumours, there is such a variety of them, suffice it they are all of them amenable more or less to Hahnemannian treatment, whether internal

or external, the knife never or rarely ever being required.

The following is as good an illustration as I can pick out of my practice:—Miss — consulted me because of a tumour in her right mamma which had been steadily growing for about a year or more. It was now the size of a hen's egg, and as hard as ivory, evidently fibroid, and imbedded in the gland, the skin and the nipple being in no way implicated. The case was very severely handicapped by the fact that the patient received a letter stating that an only brother had died in an hospital from what was said to be cancer of the stomach. More than one surgeon had been consulted, and, as a matter of course, they advised excision of the growth.

No operation was ever resorted to when I took the case in hand.

TREATMENT. — As all her symptoms pointed to Sulphur, I at once gave her *Sulphur*, cm (F. C.) after her M.P., and after the next M.P. she got *Sulphur* 2 cm (F. C.), and after the next she got the 3 cm. (F. C.). With every dose there was a decided diminution of the tumour, and about a month after the third dose, on examining both breasts, it was impossible to detect any difference, the tumour having been entirely absorbed, leaving no trace of its existence.

It is more than three years since, and there has been no return.

APPENDICITIS AND FLOATING KIDNEY.

A few words on these *fashionable* diseases may be interesting. One is disposed to think that these two affections, instead of being of rare occurrence, are the most common cases in every-day practice.

A lady patient of my own, when I asked her if she ever heard of Appendicitis in her circle—and that a very large one—replied, “We women have all got appendicitis!” On being asked if she had ever heard of Floating kidneys? To which she replied, “Why, of course, we have all of us got Floating kidneys.” This lady is not singular in this respect—as I have heard similar ideas expressed by ladies, chiefly of Allopathic education.

We hear of the successful cases of appendicitis where an operation has been performed, but we hear nothing of the unsuccessful ones, they are buried with the patient. When does THE CAUSE follow the EFFECT? When the doctor or surgeon follows his patient to the grave! Doctors never or hardly ever attend funerals! I mean to exhume one of the unsuccessful cases. A lady and gentleman just returned from their honeymoon, which had lasted two months, to reside in a flat of mansions well known to me. The husband, a young man, had got a chill on his return journey; a doctor was called,

appendicitis was diagnosed, and the usual operation was performed *secundum artem*—day and night nurses in attendance. In a few days something went wrong (secondary hæmorrhage likely), a secondary operation had to be performed, and death supervened before morning. The lady, only two months married, is now a widow, and for all I know may be with child. I repeat, we hear nothing of these cases as they occur in private practice, and in hospital practice we hear, if anything, less. It does not pay to tell tales out of school.

Appendicitis and Perityphlitis are terms signifying one and the same thing, namely, inflammation of the *appendix vermiformis*, generally considered by the Faculty as a useless rudimentary appendix to the cæcum in man. It is nothing of the sort, as its function is to secrete from the blood a watery mucus intended to liquefy the fæces entering the colon or large intestine before rising in the ascending colon. Appendicitis is a wrong term to use, Perityphlitis being much more correct and much the older of the two—a local or partial form of peritonitis—inflammation of the peritoneal covering of the cæcum and neighbourhood.

When I was private assistant to the late Sir James Simpson of Edinburgh I saw lots of cases of perityphlitis conducted to a perfectly safe termination by a

very simple and safe treatment, *without a single death*. I give the treatment for the benefit of my Allopathic brethren. Rest on the back with the shoulders and head raised and the right hip and knee flexed or both. A large poultice of linseed meal as hot as can be borne, and if fevered and thirsty ice to be swallowed, and if the pulse is hard and wiry, half a dozen leeches may be applied. The only medicine was quarter of a grain of opium every four hours, and the bowels to be left severely alone. With such treatment I never knew a single death from idiopathic peritonitis or perityphlitis. Where it is complicated with Bright's disease, Tuberculosis, Carcinoma &c., that is quite another thing, then an operation is simply madness.

So far as the Homoeopathic treatment is concerned, I must refer my brethren to an excellent article in *The Medical Advance*, vol. xxxii. p. 73, by Drs. Prosper, Bender, and Olin M. Drake, contributed to the Boston Bonninghausen Club. With a little study it should not be difficult to select those remedies best suited to the successful treatment of any case of the complaint.

As regards FLOATING KIDNEY, the mass of the faculty are certainly "Off it!" I believe I am right when I state that when I was the private assistant to Sir James Simpson he discovered what he believed to

My lady patient called on her friend and offered her her congratulations, and wished her much love and happiness. The bride exclaimed, "My dear Mrs. So-and-so, my husband is in his consulting-room, and is anxiously waiting to make your acquaintance." Without further ado, my patient was introduced to the distinguished hospital surgeon. He broke silence by taking my patient by the hand and expressing his delight at making her acquaintance; because, "I hear that you have a floating kidney." (He never saw her before in his life.) "If you will only lie down on that couch, I will soon convince you of it." My patient being easily led, yielded, and all the conviction she got was, "Madam, you have got a floating kidney, and you will require to undergo an operation, and the sooner the better, as you have no time to lose." My patient rose from the couch in a terrible state of alarm, and told him, "Before I submit to any operation, I must see my own doctor."

My patient came to my rooms as much dead as alive—as pale as paper and her nerves fearfully shaken. In order to appease her I examined her there and then, which must be three years ago. I found no movable or immovable tumour of any sort, and as she is a very slimly built woman I could feel the vertebral column and the beating of the abdominal aorta.

Another case came to me where I could find no tumour, far less a floating kidney. A Court physician advised this lady to enter his private hospital for six weeks, where she would be nursed and dieted and taught how to wear abdominal belts for floating kidneys. Her husband was next advised to consult at same time a noted surgeon for floating kidneys, who of course advised an operation *at once!* I repeat, I examined her and found nothing in the shape of a floating kidney or a floating tumour of any kind. She had *sinking at the epigastrium daily at 11 a.m.* On going up or down stairs, getting into or out of a hansom cab, or from movement in general, *she feels a hot pain in the right ovarian region, and a feeling as if cold water were being poured down her limbs.* On December 14, 1895, she got SULPHUR cm, one dose at bedtime. On January 6th, 1896, I gave her ARSENICUM cm, one dose at bedtime, for *chilliness even in Egypt—hugs the fire and external warmth and wraps in and out of bed—with general debility.* On February 17th she got LYCOPODIUM cm, and on March 25, 1896, I gave her LYCOPODIUM 2 cm, all her remaining symptoms being under *Lycopodium.*

On December 14, 1895, I₁ was first consulted; on the 31st I received a note asking for a second appointment, stating at same time, "I am glad to say that I am better." On April 5th she left London

for her husband's estates in the West, free from pain, and a new woman—*the floating kidney being a myth!* How is the prevalence of these two rare diseases to be accounted for?—diseases which in my student days were never met with, and known only by name. This would be about the year 1849. Chloroform was discovered by Sir James Young Simpson, Baronet, in 1847, and were it not for the discovery of that wonderful anæsthetic, these operations for appendicitis and floating kidneys and “Spaying” of women would never have been heard of or tolerated by the Profession or the public. Unfortunately there are needy men in the Profession who must live, as instance my “West-End.” If society could open its eyes wide enough, they would see that the prevalence of these two diseases within the last twenty or thirty years is largely if not entirely a question of L.S.D., and why? Because Appendicitis or Perityphilitis has always been curable by medicine alone, and floating kidneys are best let alone by surgery — as in the run of cases they are due to PSORA, which cannot be removed by the surgeon's knife, and of which animal miasm the Allopathic faculty knows nothing. The removal of both ovaries for painful menstruation or to stop conception are, in the great majority of cases, equally objectionable. Yet no one says a word.

CONCLUDING REMARKS.

In what I have stated I think I have given sufficient reason for my forsaking the ranks of Allopathy, and preferring for the future to fight under the banner of Homœopathy. Of my brethren in the ranks of Homœopathy, I know little; but I trust that, however we may differ, there will be found common ground enough for us to agree upon, and to advance the cause which all must have at heart,—the raising of a living temple, dedicated to the genius of medicine, the foundation of which was so substantially and firmly laid by SAMUEL HAHNEMANN.

Homœopathy being but in its infancy, it wants men of independent courage, who can stand upon their own feet, regardless of outside organisation, and fearless of the tyranny of numbers. With such men to nurse her, she is independent of Allopathy and all its conservative rights and privileges; its Government grants; its poor-law, army and navy, and other appointments, even its hospitals and dispensaries; I would I could add its colleges and universities. Homœopathy being but a young shoot of the noble and eternal tree of life and truth, it has to be made strong by opposition—by contests with stormy and warlike elements. Like all new truths, it has to be baptised in a baptism of fire and of blood; it has to meet with persecution and treachery

even from its vaunted friends, and when it has withstood all this and much more, then the ignorant and the prejudiced will adopt it as their own child—one of their own bringing up. All will then espouse the new truth, and that which was but a tender shoot will become a stalwart stem. “The stone which the builders refused is become the head-stone of the corner.” That such will be the future of HAHNEMANN’S unprecedented discoveries I have no doubt.

I have said that I have renounced the therapeutics of the Old School entirely, but I have retained all that is good in other respects. No man can ever cease to be grateful to the giants of thought, the wise and the good, the advanced guard of all schools and of all ages, for what they have done, and in particular in the causes of surgery, obstetrics and pathology, anatomy and physiology. The names of Rokitansky, Virchow, and Müller, of Germany; of Trousseau and Cruveilhier, of Velpeau and Nelaton, of France; of Harvey and Jenner, and Todd and Bowman, of England; of Syme, Simpson, Ferguson, and Christison, of Scotland; of Graves, Neligan, and Stokes, of Ireland, and of Mott, Gross, and Draper, of the United States of America, are names which will ever live, like their works, in our best remembrance.

FAREWELL TO MY ALLOPATHIC BRETHREN.

I have yet a very painful duty to perform, and that is to bid adieu to my allopathic brethren, amongst whom, I am happy to say, I have many a dear friend, and it is sincerely to be hoped no enemy. I have no alternative. By the laws of our Medical Institutions, we are outlawed and no longer to be trusted; and by the trades unionism of the Profession, they will not meet us in consultation; nor is it advisable we should meet under any circumstances, because as regards the treatment or therapeutics of disease, we have no common ground to stand upon. By the Profession and by the Press, its mouthpiece, we are considered "incapable of weighing medical evidence in a scientific way" (*British Medical Journal*, 10th April, 1875). The editor of this journal further remarks, "Homœopathy, like spiritualism, is not truly a doctrine, in any scientific sense, but an abnegation of reason." It may be some consolation to those who think with the late Mr. Hart to know that they and I are not the only men who have at one time entertained and given the strongest expression to the same opinions.

This being the unhappy mood of the Profession towards a part of itself, possessing equal ability, honesty of purpose, research and clinical experience, I repeat, I have no alternative but to bid them farewell;

and, in doing so, I beg to express myself deeply grateful to more than one member of the allopathic body for their untiring kindness and skill exercised towards me during long and sustained illnesses of a most trying nature to all concerned. I trust they will accept this small tribute of my gratitude, respect and esteem. My only regret is, that, having found, after thirty-five years of hard search, a true and reliable, a transcendently beautiful and thoroughly practical science of therapeutics, that I cannot convert them, and thereby enable them to participate in so great a discovery. If any of them will give me a fair hearing, I shall only be too happy to initiate them into a knowledge of what I now believe to be the only true science of therapeutics—the discovery of our immortal HAHNEMANN.

Lastly, at the risk of repetition, I state it as fact, that during the past twenty-seven years I have never once prescribed the mildest aperient or purgative, nor a blister or counter-irritant of any kind, not excepting a mustard-plaster, nor an opiate or allopathic palliative. But what I consider by far the greatest triumph, is the fact that, educated as I have been, under the late Sir James Simpson, to believe in the local medication and manipulation of almost all vaginal, uterine, and ovarian diseases, I now openly and solemnly declare it to be altogether unnecessary, except in so far as

the diagnosis of pelvic disease is concerned. For this mighty improvement—for this pressing desideratum in the management of all the diseases of women in my own practice—I am indebted to none other than the brilliant discoveries of HAHNEMANN. I can honestly state that, for twenty-seven years at least I have conducted a practice chiefly gynecological, without once examining a woman or girl, except to render my diagnosis of the state of parts more certain, or to satisfy the often groundless fears or scruples of my patient and her friends. To say the least these facts are remarkable, and, what is more, they cannot be gainsaid.

I will only add, as a proof of the sincerity and depth of my convictions, that there are very few men indeed at my time of life — IN MY SEVENTY-EIGHTH YEAR — who would risk the loss of a certainty for an uncertainty. So sure am I of the truth of all the practical teachings of HAHNEMANN that I would sooner retire from my profession altogether than give up one of them, or return to the darkness of the most advanced and enlightened allopathy. What is more, I am quite prepared to live and die, so far as my own person is concerned, trusting to no other system of medication but that of the Master—HAHNEMANN. As a corollary upon this, let me add that, as we ought to do unto others as

we would be done by, it stands to reason and morals that we should only treat our patients and restore them to health by the same law and system of the Master that restored ourselves. Thereby we should be realising the prophetic words of Cicero: "*Homines ad deos nulla re proprius accedunt quam salutem hominibus dando.*" ("In nothing do men more nearly resemble the gods, than in giving health to their fellow creatures.")

ERRATUM.

PAGES 82 TO 87.

It must be difficult for any but myself to understand how I have made so great a mistake as to give to Professor Diday, of Paris, the credit of guiding me to this discovery, while the credit is due solely to the late Sir James Simpson, Bart. The mistake arose thus:—

Previous to my conversion to Homœopathy, I had suffered for nearly three years from complete Insomniac following Intluenza. In July, 1874. I declared myself to be a true follower of Hahnemann, but it may easily be imagined that my brain was not then equal to the strain I put upon it, by studying the works of Hahnemann and practising a perfectly new system of medicine.

In 1875, when the First Edition of this *brochure* appeared, I had been reading up this subject in a variety of works, and I must have got a little *mixed*; suffice it, that since the Fourth Edition came out I have been led to revise my reading, and I find that Professor Diday's work is limited to the disease in the fetus and in children. The real source of my inspiration came more likely from my old teacher and master himself, and the following quotation from his Works shows it:—

“That a great proportion of those children of syphilitic mothers that die in the latter months of pregnancy may be shown to have perished under attacks of peritoneal inflammation. Further observations have led me to conclude that the evidences of peritonitis, in several successive children of the same mother, is a pretty certain test of one or other of the parents, especially the mother, being tainted with syphilis.”—*The Works of Sir J. V. Simpson, Bart.* Edited by J. Watt Black, M.A., M.D., 1871. vol. i., p. 140.

I have since found, by years of study and practice, that all the diseases of the placenta which are accompanied by the death of the fetus *in utero* in the latter months of pregnancy are curable by Homœopathy without the induction of premature labour, if the treatment is begun soon after conception.

Therefore Simpson and Hahnemann, my two household gods, are my inspirers.







