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THE

CALCUTTA JOURNAL

OF

MEDICINE:

A MONTHLY RECORD OF THE MEDICAL AND AUXILIARY SCIENCES.

तदेव युक्तं भैषज्यं यदारोग्याय कल्पते ।
सचैव भिषजां श्रेष्ठो रोगेभ्यो यः प्रमोचयेत ॥
चरकसंहिता ।

That alone is the right medicine which can remove disease :
He alone is the true physician who can restore health.
Charaka Sanhitá.

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THE

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OF

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VOL. xxiv.] **July 1905.** [No. 7.

MEDICAL RESEARCH INSTITUTES OF INDIA.

We are glad to find that the agitation in the British Parliament and the medical press in connexion with the fearful mortality in India from plague and other diseases, has borne fruit. After having spent millions on durbars, memorial institutes and divers other projects of doubtful utility, our Government have at last turned their attention to the miserable condition of this country, and have issued a scheme for the provision of more adequate means for the scientific study of the etiology and nature of the diseases that are devastating this vast territory. We publish below the Home Department Resolution of the Government of India in which this scheme has been promulgated. It is a short official order and has been framed with great tact. As the subject is of vital importance to the people of this country, who are completely at the mercy of their governing body, we propose to say a few words on it, in the hope that the scheme may be placed in the hands of really able men, patient in research and successful in avoiding errors, and be worked out in a proper spirit, and thus become the means of

arresting the virulence of, if not of stamping out, some of the fruitful sources of death in tropical regions.

The resolution sets out with the remark that the necessity for a scientific study of the causes and nature of the virulent diseases prevalent in this country has recently attracted the attention of the Government of India, that various plans have been discussed from time to time, but that financial and other difficulties have hitherto prevented the adoption of a complete scheme; "while there has lingered a doubt whether, in the peculiar circumstances of this country, it would be possible to make India self-supporting in medical and sanitary research."

The germ theory of disease, on which the scientific study of its origin and character is now mainly based, owed its origin in the sixties of the last century to the investigations of scientists, such as Pasteur, Davaine and Koch. When this theory was beginning to obtain currency in Europe, and cholera was causing dreadful havoc in this country, the Government of India did not content themselves with merely discussing plans, but sent Drs. Cunningham and Lewis, who had then distinguished themselves at Netley for their proficiency in bacteriology, to Germany to study the fungoid theory of the causation of cholera. In those days the part played by microbes in the production of disease was not much known, and theories thereon which have since revolutionized medicine, were laughed at and derided. On the arrival of these officers in India, they were nevertheless placed on Special Duty to investigate the subject. Since 1871, these officers were incessantly at work with some of the deepest problems with which the practical physician and the sanitarian are concerned; and, though supplied with inadequate means, they produced results which obtained the approbation of the scientists of Europe. We give below a list of some of the publications in which accounts of their elaborate joint researches were embodied:—

1. Reports of Micoroscopical and Physiological Researches into the nature of the Agent or Agents producing cholera—First and Second Series.

2. The Soil in its relation to Disease.
3. The Fungus Disease of India.
4. The Oriental Sore as observed in India.
5. Leprosy in India.
6. Cholera in its relation to certain physical phenomena.

"All or nearly all of these contributions," to quote from a Government letter of July 1898 issued under the signature of Mr. J. P. Hewett, then Secretary to the Government of India, Home Department, now a Member of the Viceroy's Executive Council, "are classical, and have rendered the names of *their authors* familiar to students of tropical hygiene, and of tropical medicine."

From the time of Dr. Lewis' death, Dr. Cunningham had to carry on single-handed the researches in physiology and pathology. A list of his chief contributions down to 1889 will be found in this Journal for January 1896. In 1879, Dr. Cunningham was appointed Professor of Physiology in the Calcutta Medical College in addition to his special duty, and he occupied this post continuously for more than eighteen years. "He was the first Professor in India to demonstrate histological preparations to the students in a systematic way, and also the first to teach them the practical use of the microscope." In 1884 Dr. Cunningham was employed to enquire into the controversy then raging regarding the significance of Koch's great discovery of the comma-bacillus. His enquiry on the subject was most careful and thorough, and "the results of his labours," to quote Mr. Hewett again, "have added to his reputation among scientists throughout Europe." In 1894 he published the results of his investigations connected with snake-bite. Here also "he has been successful in clearing away many serious errors." We may add that the parasites which Leishman first found in the year 1900 in the spleen of a soldier invalided to England from Dum Dum, had been discovered by Dr. Cunningham in Delhi boil, and described by him in an official publication so long ago as 1884, and that Dr. L. Rogers has therefore suggested very properly that they should be known as the

Cunningham-Leishman-Donovan bodies. These and other researches have obtained for Dr. Cunningham the Stewart Prize of the British Medical Association, and the Fellowship of the Royal Society, and forced the Government of India to recognise him as "one of the most distinguished of the scientific men who have served them."

Yet when in 1895 the Government of India were awakened to the importance of bacteriological research and determined to establish an Imperial Laboratory in India, the eminent services of Dr. Cunningham were altogether ignored, in favour of Mr. Hankin, a young man who had recently been appointed Chemical Examiner and Bacteriologist to the Government of the North Western Provinces and Oudh, and whom the Government of India considered to be "eminently fit" "for the charge of the Imperial Laboratory and for the work of training the officers who may be attached to it." This supersession of a man who was not only a highly trained expert in bacteriology of long standing, patient in research, pains-taking in his labours, and independent in opinion, but was also a physician and a physiologist of the first rank, evoked the surprize and indignation of the medical profession in India, and caused such a hue and cry in Europe as to compel the Government to withdraw their order. The whole of this question was elaborately discussed by the late learned Editor of this Journal in its number for January 1896, when he availed of the occasion to recommend that "as one laboratory cannot possibly meet the requirements of all India, separate laboratories should be established at least at Agra, Bombay and Madras."

It is unaccountable why so important a scheme which was cut and dry in 1896, and which might have saved innumerable lives, was allowed to go to the wall till now. It is a good fortune for India that the scheme has been revived in a better form, though late in the day. It consists of a Central Research Institute at Kasauli, near the summer retreat of the Government of India, and of a laboratory at the head quarters of each provincial Government. The functions of the Central Institute will

be original research connected with the medical sciences, the preparation of curative serums for the diseases of man, and the training of scientific workers. It would perhaps have been better if the Institute had been in proximity to a Medical College. Dr. Cunningham seems to have done more work single-handed when attached to the Calcutta Medical College than what he did jointly with Dr. Lewis when not so attached. We may add that in the oration which Mr. Henry Morris delivered at the last annual *conversazione* of the Medical Society of London, he stated that the founding of an Institute of medical sciences for research, in association with the University of London alone, or with it in conjunction with the two Royal Colleges, would afford better opportunities to research workers to acquire skill and technique. The provincial laboratories will provide expert assistance to the local medical and sanitary officers, and also offer facilities for prosecuting original research as far as practicable.

The Government of India hopes that when the new scheme is developed, it will "be possible to make India self-supporting in medical and sanitary research," and that "it should no longer be necessary for officers to go from India to Europe to study the bacteriology and parasitology of tropical diseases, and it may be expected that workers from Europe will seek Indian laboratories to avail themselves under competent direction of the unrivalled material for study which the diseases of the country afford." We cannot say how far this high hope will be realized. The peculiar circumstances of this country offer obstacles in the way of really scientific men to carry on their researches. We hope however for the best in future.

In the absence of a scientist of the Cunningham type, the selection of the first Director of the Central Research Institute appears to be a judicions one. Lieutenant-Colonel Semple seems to be an officer of high scientific attainments and an earnest student of bacteriology in all its branches, having been Assistant Professor of Pathology of the late Army Medical School at Netley for more than five years. He

is also said to have the rare gift of imparting his knowledge in the clearest manner and of making his subjects interesting. His successful administration of the Pasteur Institute of India, is also in his favour.

GOVERNMENT RESOLUTION DATED SIMLA THE 8TH JUNE 1905.

A scheme for the provision of more adequate means for the scientific study of the etiology and nature of disease in this country has recently occupied the attention of the Government of India. From time to time various plans have been discussed, but financial and other difficulties have hitherto prevented the adoption of a complete scheme; while there has lingered a doubt whether, in the peculiar circumstances of this country, it would be possible to make India self-supporting in medical and sanitary research. The financial difficulties, happily, have disappeared; and the brilliant work done in the past by some of their officers in circumstances of great difficulty, and the successful administration of the Pasteur Institute at Kasauli, lead the Government of India to hope that if the means are supplied they will obtain from among their officers a staff of scientific workers worthy of the problems that confront them. When the new scheme is developed it should no longer be necessary for officers to go from India to Europe to study the bacteriology and parasitology of tropical diseases, and it may be expected that workers from Europe will seek Indian laboratories to avail themselves under competent direction of the unrivalled material for study which the diseases of this country afford.

In brief outline, the scheme of the Government of India comprises the establishment of a central research institute at Kasauli and a laboratory for scientific medical and sanitary work at the head-quarters of each provincial Government. The functions of the central laboratory will be original research, the preparation of curative sera for the diseases of man, and the training of scientific workers. The functions of the provincial laboratories will be primarily the provision of expert assistance for the provincial medical and sanitary officers, but the superintendents of these laboratories will be encouraged, so far as oportunities allow, to prosecute original research.

The Central Research Institute will be located at Kasauli which possesses advantages over any other place which has been suggested to the Government of India. Kasauli has a temperate climate, is easy of access by rail, is the site of the Pasteur Institute (while there are large hospitals at no great distance) and is conveniently near the head-quarters of the Government of India and their Sanitary Commissioner, under whose administrative control the Director of the Institute will work.

Most of the provincial laboratories are already in existence, althongh some of them must for the present undertake work which will be carried on elsewhere when the general scheme is mature. At Guindy there is the admirable institute called into existence by the efforts of Lieutenant-Colonel King, after whom it has been named. Here, in addition to general research work, vaccine

lymph is prepared, and it may be considered desirable by the Government of Madras to manufacture curative sera also. At Bombay the plague research laboratory will eventually become the provincial bacteriological laboratory; but during the persistence of plague the manufacture of the prophylactic will be continued there as well as research in connection with the disease. In Bengal there is a bacteriological laboratory attached to the pathological department in the Medical College, Calcutta. In the United Provinces there is Mr. Hankin's well known laboratory at Agra where bacteriological and medico-legal work for the United Provinces and Central Provinces is carried on. In Burma a similar laboratory is about to be opened at Rangoon. In both cases, eventually, separate arrangements for medico-legal work will be made. In the Punjab no bacteriological laboratory has as yet been provided, and, for the present, the Government of India think that the Pasteur Institute at Kasauli may suitably undertake routine work for that province on such terms as may be arranged.

The Pasteur Institute at Kasauli, with the exception noted above, and the antirabic institute about to be opened at Coonoor in Southern India will be restricted to work in connection with the prevention of rabies.

The scheme has the approval of the Secretary of State, and the Government of India propose to appoint, as the first Director of the Central Research Institute, Lieutenant-Colonel Semple, M.D., R.A.M.C. (retired), whose successful administration of the Pasteur Institute of India has marked him out as possessing the zeal and capacity to make the institute in all respects fit for the great task that lies before it.

"STYLE IN MEDICAL WRITINGS."

We commend to the attention of our professional brethren an article with the above heading which appeared in the *British Medical Journal* of 17th June last, and join with our contemporary in deploring that the "noble English speech is villainously misused by medical writers," that there are so few such writers, "who can convey the knowledge that is in them in well-chosen words arranged in properly-worded sentences," and that "but for two or three examples of happy union of medical thought with literary style, one might be tempted to suppose that there is a natural incompatibility between them." We also agree with him in thinking that "the want of accuracy in the use of words and carelessness in definition and exactness of expression are largely responsible for the imperfect respect in which medicine is held by many men of highly cultivated intel-

ligence." Considering the practical importance of the utterances of a medical man, and the dreary and complicated material on which he has to work, the necessity for "precision of language and orderly sequence in expression," is much greater in his case. If there be so few English medical men who can express themselves clearly and decently in their own mother tongue, how smaller must be the number of our countrymen who are able to do so. We propose therefore to enter into the subject, and dwell on the chief points noticed by our contemporary.

The *British Medical Journal* is by no means alone in making this complaint. In fact, it is the complaints of Mr. Edmund Owen and of Professor Clifford Allbutt that have drawn him to the subject. In addressing the students of the Leeds Medical School last October, the former said that some of their answers at the examination were, as far as literary merit was concerned, such as would scarcely reflect credit upon a boy from a Board school, that similar indistinctness of utterance was occasionally found in the writings of candidates for the highest qualifications in English surgery, and that generally speaking the diction of English Medical literature was for the most part tedious to the last degree. The Regius Professor of Physic in the University of Cambridge, complains of the same defect in candidates supposed to have had the advantage of the best literary education. In a little book entitled "Notes on the composition of Scientific Papers," recently published, he states that in course of each year he has to peruse some sixty or seventy theses for the degree of M.B. and about twenty-five for that of M.D. "The matter of these theses," he says, "is good, it is often excellent; in composition a few are good, but the greater number are written badly, some very ill indeed." "The prevailing effect of their composition," he adds, "is not mere inelegance; were it so it *would be* unworthy of educated men; it is such as to obscure, perplex, and even to hide or travesty the sense itself."

The evil being admitted, the question now is how is it to be removed. "Writing does not come by nature," the art is not to be had for the asking. It is the fruit of continued study

and application. As Alexander Pope, whose writings are models of classical English, said long ago,

> True ease in writing comes from art, not chance,
> As those move easiest who have learnt to dance.

Mr. Owen suggests that tutors and "coaches" should themselves learn to write decent English, and goes on to say, "if they deign to enquire to what source I would refer them for style, I would say the Gospels, the Pilgrim's Progress, and the Sentimental Journey." The first suggestion is a sound one. No man can be a successful writer whose knowledge acquired from books, preceptors and personal observation, is not extensive and accurate, who cannot think with clearness and precision, and who is not steady in the pursuit of his object. But he must also possess the qualities of communicating his knowledge in the clearest manner and in the most precise language, and of making the subjects treated by him interesting to his readers. As to Mr. Owen's second suggestion, it is well known that both Professor Osler, now of Oxford, and the great French Surgeon Malgaigne, consider the Bible as the only book in Mr. Owen's list, "of which close friends may be made," but they add that next to the Bible, Shakespeare is the best work in English literature for study. There is certainly no nobler English than that of the Authorized Version of the Bible, the Pilgrim's Progress and the Dramatic Works of Shakespeare; and whoever wishes to attain a pure English style, must acquire a familiarity with these books. But their style is rather antiquated and scarcely suited to scientific subjects, or for every day use at the present time; and Sterne's style would be anything but suitable in medical writings, where simplicity and clearness should be the main objects. Dean Swift's writings would perhaps be a better model for medical writers than the works recommended by Mr. Owen. It seems to us however that no writer on a medical subject ought to take any author or book for his model. As Huxley puts it, "The business of a young writer is not to ape Addison or Defoe, Hobbes or Gibbon, but to make his style himself, as they made their style themselves." He should think and observe

for himself, and give expression to his thoughts in his own way, and his style must be adapted to his subject. He should devote particular attention to the peculiar structure, idiom and genius of the language which he intends to make the medium of his thoughts, and should learn the exact meanings of the words and phrases to be found in that language. It is for want of such knowledge that the minds of such men as John Hunter is said to have "died unrevealed."

Professor Clifford Allbutt's book, though rather small in size, is an elaborate work on composition. It treats of the choice of words, of the construction of sentences, of the order of clauses, of the arrangement of paragraphs, of the division of the subject into sections and chapters. It takes note of every fault, of every inelegance of which a writer can be guilty, and illustrates by examples "wrong emphasis, the jingling of like sounds, the jarring of discordant syllables, the abuse of quotations and other defects." The Professor, to quote again from the Journal mentioned before, "writes with the authority of one in whom an inborn sense of style has been developed by familiarity with all that is best in the literature of the world," and he sets forth in an easy and authoritative manner every thing that 'goes to the making of a good style.' His book should therefore be an inseparable companion of all then, especially of students of science who wish to learn the art of writing.

In treating of the choice of words, the Professor assumes the office of a grammarian, and descends to minute points. For instance, he condemns archaisms, odd spellings, slang and foreign idioms, particularly the pedantic use of Greek and Latin plurals of words which have become part of the English language. He objects to the practice too common among medical men, of making use of the word "case" to mean the "patient," and "resents the unpleasant suggestion conveyed in the statement of a candidate who tells him, 'you may then get secondary deposits of cancer in your liver.'" He advises the student "to examine technical gibberish and unseemly medical jargon suspiciously, and to avoid them if possible." He is not opposed to the

use of hybrid words when their necessity is obvious. He defends the use of the word "appendicitis," for instance, on the ground that "itis" is an affix which can legitimately be placed after words, just as the English affix "by" is attached to words of Latin or Greek origin. Above all he complains of the wrong use of words by candidates for medical degrees at Cambridge and elsewhere, and by young medical writers, and insists upon their taking as much pains as possible to find the right words to express their meaning.

As young writers find great difficulty in beginning a subject, he advises them not to write anything until they see clearly before them the course they mean to pursue. As to endings, he says, "Let the leave-taking be easy, gracious and impressive in proportion to the theme." As each writer ought to try to hit at the gist of his subject in his opening sentence, the first advice is a salutary one. As to the second much will depend on the nature of the subject. What is most necessary is to stop when there is nothing more to say, and to avoid verbosity as much as possible.

To these detailed instructions, might be added the general advice of Professor Osler to a practitioner, that he must not be "dead to everything outside the groove of routine," and that in whatever sphere his lot is cast, culture must always produce marked effects; and, as a practical advice, he recommends him to read every day, for half an hour at least, before going to bed, and in the morning to have a book open on the dressing table.

Every young writer should particularly bear in mind that the first requisite is to have a thorough mastery over the subject he has taken in hand, that he should have as clear an idea as possible of every creek and corner of it, that his style should be at once simple and exact, clear and concise, and that to profit by the teachings of books, 'he must take endless pains to apply them to practice.' He must also remember that good writing is the product of repeated corrections. It is well known that Shakespeare, perhaps the greatest master of English, had to rewrite his best plays over and over again, and that a scientist like

Huxley "thought nothing of writing out a page four or five times over, to bring out the words" which exactly expressed his meaning.

REVIEW.

A Clinical Repertory to the Dictionary of Materia Medica together with repertories of Causation Temperaments, Clinical Relationships and Natural Relationships. By John Henry Clarke, M.D. The Homœopathic Publishing Company. London.

When the announcement was bruited out that Dr. Clarke will publish a clinical repertory, it was thought that it will be another volume of repertory both clinical and suggestive. Many students of homœopathy anticipated that a concise edition of the big work of Dr. Clarke with detailed symptoms will be given to them. The appearance of the book has taken them by surprise. They now find that it is a practical repertory of clinical materia medica. For that reason it has taken another form than that we generally meet with. Enough complaints have been raised against the repertories which are in circulation, being considered inadequate to our need. Some are comprehensive but not useful. What the shape and arrangement of our future repertories will be, is a debatable question. Be this as it may, we are satisfied that Dr. Clarke has given us a clinical repertory in a useful form. The repertory is an index to his materia medica which has taken a new place for the use of the practitioners of homœopathy. The repertories of causation, temperaments, clinical relationships and natural relationships are useful additions amplified in a modern way. The book will serve an aid to the busy practitioners of homœopathy in selecting medicines after having a reference to the dictionary of materia medica by the same author.

It can be said that no book has been published which has no fault of some kind or other. The printer's devil often comes to

create a ridiculous confusion. In the list of abbreviations *Anantherum muricatum* has been transformed into *Anantherum muriaticum*. It is a trivial mistake which can be corrected in the next edition.

Diseases of the Lungs, Bronchi and Pleura. By H. Worthington Page, M.D., Lecturer in Theory and Practice of Medicine in the New York Homœopathic Medical College. One dollar. Boericke and Tafel. Philadelphia.

The book is a useful compendium for reference by the practitioners and students of homœopathy. It contains definition, etiology, symptoms, physical signs, complications, diagnosis, prognosis, general treatment and remedies of the principal diseases by which the human lungs, bronchi, and pleura are liable to be attacked. The small price of the book may be within the reach of many who want to refer to it.

EDITOR'S NOTES.

Hygienic Absorption and Elimination.

The *Buffalo Medical Journal* (June 1905) states on the authority of sanitary officers that the absorption as well as the elimination of moisture takes place quicker with linen than with wool, cotton or silk.

Relations of Allopaths with Homœopaths.

The British Medical Journal (June 24, 1905) states that whatever difference of opinion might exist in the profession as to the relations to be maintained with homœopaths, it is well known that consulting surgeons commonly meet them and operate upon their patients, so that there is precedent for giving an anesthetic if required by a homœopathic surgeon.

New Homœopathic Hospitals.

We are very glad to find that in addition to the new Homœopathic Hospital in Berlin, the hospital at Barcelona (Spain) has been enlarged, and a new hospital is in process of construction at Basle (German Switzerland). A sanitarium has also been opened at Dovas under the direction of Dr. Nebel, formerly of Montreux, one of the foremost homœopathic investigators in tuberculous disease. The Editor of the *Medical Advance* expects that the high open-air treatment of Consumption will now be continued under better auspices in a sanitarium of this kind under a very able homœopathic physician. We hope that the progress of Homœopathy in the continent of Europe, though slow at present, will be more certain in the future.

Liberalism in Medicine.

Governor Pennypacker of Pennsylvania, in vetoing a Bill entitled "An Act to regulate the practice and licensing of osteopaths, and

provide for the punishment of persons violating the provisions of this Act," is reported to have said, "If osteopathy represents some truth in the treatment of disease the knowledge and use of which would be beneficial to the diseased and the injured, with what consistency can these practitioners be prevented from making such use of it? Why should their patients be deprived of such benefit as may result from the discovery? To punish a physician who would practise or attempt to practise what osteopaths have discovered, would possibly be a great loss to the community, and certainly a great wrong to the physicians. The whole thought of the establishment of 'schools' of medicine is unscientific. All of those engaged in such pursuit ought to be seeking to ascertain the truth, and to accept it wherever it may be found."—*Buffalo Medical Journal*, June 1905.

Sanitary Administration of Calcutta.

The special correspondent from India of the *Lancet* (10th June 1905) complains that the evils of the milk supply of Calcutta are as bad as they can be, but that the health officer has proposed neither an immediate nor a drastic remedy. He adds—"Nothing could possibly be worse than the present state of things, and it is only the almost universal custom of boiling milk which probably saves the situation."

He further complains that Calcutta has no municipal hospital for the treatment of small pox cases, nor are there horse ambulances for infectious cases. Here the provisions for dealing with outbreaks of infectious diseases are the scantiest. "Even cases of plague have to be taken to the general hospitals where they are put in isolated wards, but in one hospital cholera cases and plague cases are mixed up together, and in another hospital cholera cases are put in the general ward." The heads of the Government of India assured the public the other day that most efficient measures are being taken for the prevention and treatment of diseases in the principal towns of this country. The above account shows clearly how this most needful work is now carried on in the Metropolis of India.

Beer Vs. Tea.

We are glad to find that the ill effects of habitually driking tea is beginning to be noticed in the House of Commons though in a very exaggerated form. In the course of a debate on the Sunday Closing Bill, Sir James Fergusson, a very old member of the House, attributed the loss of teeth in his part of Scotland partly to the use of strong tea, and went so far as to say that he believed "far more deterioration was caused to our race by the excessive use of tea than by the excessive use of beer." Sir William Tomlinson also asserted that tea was doing far more injury to public health than beer. Another member referred to tea as a cause of insanity. Even Mr. Cochrane, speaking for the government said that a great expert in insanity had said to him, "I am coming to the conclusion that drinking is not so much the cause of insanity as that insanity is the cause of drinking."—*British Medical Journal*, June 3, 1905.

Serum Treatment of Syphilis.

Justin DeLisle (*New York Med. Journ.*, December 24th, 1904) has treated about 100 cases of syphilis with injections of a serum obtained from animals inoculated from cultures of the bacillus discovred by Jullien and himself and announced to the medical world in 1901. In several cases of secondary syphilis, the lesions disappeared after five or more weekly injections of 20 c. m. of serum. The blood when tested afterwards was found not to agglutinate the syphilis bacillus. In one case the patient married five months after the injections, and tore the skin over the healed chancre, on the first connection with his wife. No infection of the wife occurred although the patient's blood came in contact with the lacerated vulva, and both were under observation for one year. A case of early tabes with ataxia and trophic ulcers of the feet, was treated with the serum, and the ulcers healed, and the pains disappeared. A case of tertiary syphilis which had not yielded to large doses of mercury and iodide improved quickly under serum injections. A case of secondary syphilis previously treated with mercurial injections, did not improve with serum.—*Brit. Med. Journ.*, May 27, 1905.

Cremation in Scotland.

We are glad to learn from the *British Medical Journal* of 27th May 1905, that cremation is making slow but steady progress in Scotland, and that in one crematorium 167 bodies had been cremated. Sir Henry D. Littlejohn, Medical Officer of Health for Edinburgh said, at a meeting of the Scottish Burial Reform and Cremation Society Limited, that he had made personal enquiries into the system of cremation, and seen how nicely and rapidly the whole thing was managed. Lately he had cremated the body of one of his children, which was reduced to fine ashes in the course of twenty minutes, and found every thing to go on well. He thought it a disgrace to Edinburgh that they should go to Glasgow to have their cremations carried out. He held cremation to be a barrier against foul play passing undetected, because before being cremated the body must be seen by two doctors, who certified the cause of death. Dr. E. Duncan of Glasgow added that in cremation the body was consumed by gases from the furnace, and that the process was really the decomposition of the body by hot air. There was no element in it that was offensive to any mind however sensitive. He hoped that with a little more enlightenment, this method of interment will become popular.

Tobacco Amblyopia.

We pointed out sometime ago how the smoking of cigarettes was unfavourable to the intellectual growth of children, and that laws have been passed in some parts of the United States for preventing it. Another question has now cropped up in reference to the smoking of tobacco, namely does it cause failure of vision and if so, to what extent. One medical man seems to have pronounced that the smoking of 1½oz. of tobacco a week is not sufficient to impair eyesight. On this point, the *British Medical Journal* (7th January 1905) says that no hard and fast rule can be drawn as to what is the limit of safety. "Personal idiosyncrasy plays a large part, each individual who smokes has to find out by personal experience how much he can or cannot tolerate. The smoking of cigarettes or of

cigars may, equally with the pipe, lead to amblyopia of varying degrees, given a suitable subject. Any condition which lowers the general health may be a predisposing cause, but some who are apparently in the best state of health are susceptible....It is necotine (the chief constituent of tobacco), which getting into the blood, selects certain nerve fibres (particularly the pupils—mascular fibres in the optic nerves) for its injurious action; and the stronger the tobacco—that is, the higher the percentage of nicotine—the greater will be the amblyopic effect in the susceptible person. Cases have been recorded in which quite small quantities of tobacco, even so little as ½oz. a week, have been sufficient to cause decided amblyopia." Under these circumstances we curse the original importer of tobacco in this land, and hope and pray that the habit of smoking it will be given up.

Death of Two Medical Men from Small Pox.

We reproduce from the *British Medical Journal* of 6th and 13th May last, the following account of the death of Dr. R. P. Connell, who had been in practice at Bamber Bridge near Preston for about 2 years. He was born in India about 1867, and is said to have been vaccinated there at the age of five, but had no marks on his body. Early in April last he had on his hands a case of an exceptionally mild type of discrete small pox. Towards its termination he himself began to feel tired, and experiencing a general feeling of weariness, he thought he had a mild attack of influenza. On April 20th thinking he must be going to have scarlet fever, he consulted Dr. T. Sharples of Lostock Hall. Dr. Sharples saw him the same day, and found that he had a temperature of 103 F., and a slight sore throat, while his face, hands, arms and back were covered with erythematous rash. Next morning he found a number of distinct spots which were commencing to be vesicular, and thereupon he pronounced the case to be one of small pox, and had it removed to the Isolation Hospital. In the evening he found that the spots had increased in number and extent of vesiculation, and that while many of them coalesced, the interspaces were occupied by haemorrhagic patches. From this date the extreme gravity of the case, and its marked haemorrhagic charac-

ter were apparent. The body became covered with petechiæ, and blood was passed with the urine. Delirium remained slight throughout, but exhaustion was early and complete, and the patient died on the sixth day from general blood poisoning and profound weakness. In this case revaccination had never been performed, and the evidence of even satisfactory primary vaccination had not been good. Here we have a case of the worst or haemorrhagic type following from contact with one of exceptional lightness.

Not many years ago a similar case occurred at Giridih, about 200 miles from Calcutta, where a retired Assistant Surgeon, Dr. Annoda Prosad Mozumdar died from a virulent attack of small pox infected from a case he was then treating. For a medical man, however to die of small pox, or even to acquire the disease at all, is rare.

Uses of Raw Meat, Garlic and Onion.

The following abbreviations and observations of Dr. Emil Weschcke, Professor of Materia Medica, College of Physicians and Surgeons of San Francisco, are reproduced from the *Pacific Medical Journal* of May 1905. Monsieurs Richet and Hericourt have proved in the *Le Tribune Medical* that "cooked meat does possess the specific properties of raw meat to prevent the development of Phthisis, that the therapeutic activity of raw meat is solely concentrated in the portion soluble in water, and that raw meat does not act as a superalimentary agent, but somewhat as a lymph, having a distinct and specific action against tuberculosis."

Dr. John Knott of the Dublin University recommends the systematic use of garlic to prevent tuberculosis. Dr. Carazzani in the *American Medicine* says—knowing that the Italians who eat large quantities of garlic are less liable to tuberculous infection than persons living under the same hygienic conditions who do not eat garlic, he took two groups of guinea pigs exposed to dust containing tubercle bacilli, gave 1 grain of garlic in the food of the first group, and confined the other group to ordinary food. The result was that the second group alone were infected, and those in the first group were immunized.

Dr. Weschcke adds the chief virtue of garlic resides in a volatile oil composed mostly of allyl sulphide, which is eliminated by the lungs, the favourite site of tubercle bacilli, and which exercises stimulant properties over the mucous membrane generally, showing as a result increased secretion from pulmonary, gastric, intestinal and renal organs. Lachrymation and sneezing occur also from inhalation of the oil. It is added that garlic when added in vinegar, is rubefacient and stimulant, that it is useful in subacute and chronic pectoral affections, especially in nervous children, and that its anthelmintic properties are well known to the laity. It is also externally applied as a cataplasm. The above observations on garlic (Allium Satioum) holds true of onion (Allium Cepa), and leek (Allium Porrum). Onions taken raw and plentifully, exert a quieting influence over the nervous system, inducing drowsiness and sleep.

Taking into consideration the sustaining power of raw meat, the value of onions as nutriment and condiment primarily and of the tonic, diaphoretic, diuretic and expectorant effects of the Allium family, Dr. Weschcke recommends them strongly as a tonic in diarrhoea, in anemia and general debility, nervousness, alcoholic excesses, chronic cystitis and other similar diseases.

Plague.

The London Correspondent of the Indian Mirror writes :

Mr. Field intends to ask the Secretary of State for India next Thursday, whether he is aware that in India in 1901, the total deaths from plague were returned at 273,679, in 1902 the number rose to 577,427, in 1903 it reached 851,263, and in 1904 it was 1,022,299, and whether he can state what steps are being taken by the Government for the prevention of the spread of plague.

Mr. Brodrick will not dispute the accuracy of the awful figures given in Mr. Field's question, and with regard to preventive measures he will have nothing to add to the statement made by Sir A. Godley (Under Secretary) published here last Saturday. Writing on behalf of Mr. Brodrick, Sir A. Godley says: "it is not true that

the Government of India is without a policy for combating the disease. Every practicable measure that gives prospects of success and that is not utterly opposed to the habits and the sentiments of the people has been and will continue to be, tried. In every District there are medical officers whose duty is to co-operate with the civil authority in advising and assisting the people, while there are well-equipped laboratories for research work and for the preparation of prophylactic fluid. The plague research expedition which has recently been sent to India under the joint direction of the Royal Society and the Lister Institute, acting in communication with the Indian Government, should be regarded as strictly supplemental to the medical organization already existing in India, and not as superseding it. The numerical strength of the expedition has been fixed by the societies which control its operations, with reference partly to the nature of the investigation and partly to the assistance which the expedition will receive in India from the medical services there."

The terms of this communication have been suggested, no doubt, by the somewhat acrid professional criticism which has been directed against the expedition on the ground of its inadequacy and *personnel.* I understand that some effort was made in medical circles to get the research party enlarged and to extend the scope of its enquiry, but without success. I am not very confident as to the practical results of the investigation, but nothing is to be gained in my opinion by discounting the conclusions of the enquirers before they are formulated. It is quite clear, however, that something more than this limited bacteriological investigation is required if the ever increasing death-roll is to be stayed.—*Indian Mirror,* June 15, 1905.

The Effects on Metabolism of Preservatives Added to Foods:

The following is the substance of a valuable paper presented by Dr. H. W. Wiley of Washington to the American Philosophical Society at its last anunal general meeting :—

During the past three years we have studied in the Bureau of Chemistry in the Department of Agriculture, the various effects produced upon health and digestion by the addition of preservatives to food products. The substances which have been studied are boric acid, borax, salicylic acid, salicates, sulphurous acid, sulphite, benzoic acid benzoates, formaldehyde and copper sulphate. The medical effects of all these bodies were carefully observed and recorded. The effects on metabolism were studied by weighing and analyzing the foods received, and collecting and analyzing the excreta of those under observation. The number of persons under observation has, in all cases, been twelve, except where accidental illness has diminished the attendance at the table. The effects produced upon the balance show the total quantity of any element ingested in the food and the amount recovered in the excreta. The research embraced protein, phosphoric acid, sulphuric acid, carbohydrates and fats. Only the data for boric acid and borax have been published. The other data are in course of preparation.

The general effect of borax and boric acid is: (1) To diminish or tend to diminish the weight of the body: (2) to diminish the avidity of the appetite; (3) a tendency to diminish the per cent. of nitrogen excreted, which, slightly marked in the preservative period, was even more marked in the after period, showing an accumulative effect in this direction; (4) the development of a tendency to increase the excretion of phosphorus. All the data taken together show that 97·3 per cent. of the phosphorus digested in the food was recovered during the four period, 103·1 per cent. during the borax period, and 97 per cent. during the after period; (5) a tendency to increase, to a slight extent, the combustion of fat in the food; (6) a tendency to slightly diminish the total calories obtained from the food; and (7) a tendency to increase the quantity of solids in the food eliminated in the faeces. This condition is easily explained in the tendency established during the exhibition of the preservative to slightly derange the digestive functions. The data also show that nearly 80 per cent. of the total borax and boric acid ingested in the food are excreted in the urine and the rest, apparently, through the skin.

The general result shows a greater or less derangement of metabolic processes of a character tending to injure the health.—*Science*, May 26, 1905.

J. L. Van Der Straaten, M.D., M.R.C.P.

Dr. Van der Straaten is perhaps the only student of the Calcutta Medical College who held the appointment of Principal of a Medical Institution. His name deserves therefore to be very widely known among us.

We have great pleasure in giving below a short account of Dr. Van der Straaten's life as presented to us in the *British Medical Journal* of 10th June last. He was born in Ceylon about 1838, and was a descendant of one of the old Dutch burgher colonist of that island, His father died when he was very young. Through the interest of an English friend of his father he was sent to the Colombo Academy. Medicine attracted him when quite young. At the age of fifteen he entered the pharmacy of a retired ship surgeon. At a later date he was formally apprenticed to another firm of chemists, and remained with them for four years, thus acquiring a knowledge of drugs, which proved very serviceable to him afterwards. He next shipped himself in a passenger vessel as an apothecary. On one of the voyages the Governor of Ceylon happened to be a passenger, and young Van der Straaten seized the opportunity to make a representation of his ambition to go to the Calcutta Medical College as a Government student. The result was that he soon after received a nomination, joined the College as a Ceylon student in 1859, and studied medicine with the late Editor of this Journal.

Some three years later as a senior student he went to England as surgeon of a large sailing vessel and entered himself as a student at St. George's Hospital. In 1863, he obtained the degree of M.D., St. Andrews, and on a further visit to England some ten years later he was admitted a Member of the Royal College of Physicians of London. On his return to Ceylon in 1863 he was given an appointment in the Medical Department of the Colony, and from that time onwards rose steadily in the service. He occupied a position in it for upwards of thirty-five years, and when he retired was Colonial Surgeon of the Western Province. On three occasions he acted as Principal Civil Medical Officer. His connexion with the Ceylon Medical College dated back to the Seventies, and he ruled its destinies for many years. A large number of Ceylonese obtained medical education under his superintendence, and many of them officered the Civil Medical Department. Twenty-five years ago he published a book on

the diseases of children, which soon became and still continues to be a general reference book in Ceylon households. He had retired from active work about six years ago, and maintained a very high position in Colombo and its neighbourhood, as a consulting physician, and in addition to holding many important offices exercised a wide influence in and outside the profession. His death occurred at Colombo about a month ago. For sometime before this event he had been a patient in the private wards of the Colombo General Hospital to which he caused himself to be removed for treatment of a diabetic carbuncle.

Malaria in the Roman Campagna.

The report of the Italian Red Cross Society on its work in the prevention of malaria in the Roman Campagna during last year states that the results have been most successful. The Society has seven stations in the Campagna, the population of which may be divided into those who live there all the year round, and those who come down from the mountains to the plains only for a certain season of the year. A certain proportion of the inhabitants of both these categories have acquired immunity, To those who are susceptible the Society distributes quinine in tablets, at first to the number of five or six a day, and after a week at the rate of one or two daily, according to age. "Immune" persons do not receive the large preliminary dose given to the susceptible, but they are supplied with one or two tablets a day throughout the bad season. In this way the amount of malaria in the Campagna has been notably diminished. Of 12,061 persons who took quinine in the prescribed doses last year, only 800, or from 6 to 7 per cent., were attacked. The measures for the protection of the inhabitants against the mosquito were not neglected. The windows of all railway stations, custom offices, and public buildings in the vicinity of Rome are covered with close wire netting, and towards sundown the customs officials wear wire masks. Although these measures have been proved very successful it is difficult to induce the peasants to adopt them. A striking proof of their fatal carelessness in this respect is given by the Rome correspondent of the *Morning Post*, to whom we are indebted for an abstract of the Red Cross Society's report. It may be remembered that Drs. Sambon and Low, of the London School of Tropical Medicine, some years ago spent the three most dangerous months of the year in the most malarious part of the whole Campagna—the lake outside Castel Fusano, near Ostia, without taking any precautions beyond the mechanical exclusion of mosquitos, and escaped scathless from the deadly breath of the "evil air." Our contemporary's correspondent found on a recent visit that the colony of people from Ravenna, who used to cultivate the marshy lands near the Castle of Ostia, had all gone, leaving an eloquent inscription and many corpses behind them in the adjacent cemetery. The ignorance and apathy of the people are ever the greatest difficulties against which sanitary reformers have to contend.—*The Brit. Med. Journ.*, July 1, 1905.

Parturition Under Seventeen.

We are indebted to the *British Medical Journal* of 20th June 1903 and of 1st April 1905, for the following observations of Dr. Picard (*Thèse de Paris*, 1903) and of Dr. Gache (*Ann. de Gynec et d'obstet.*, December 1904) on certain cases of precocious pregnancies:—Dr. Picard found that although the pelvis of very young girls was ill-developed, the joints and bones were much more yielding than in the adult so that delivery was relatively easy. In these cases the catamenia generally appeared early. The process of labour itself was essentially normal and the membranes seemed to be tough, so that the liquor amnii was not discharged till late. Among 31,921 labours, which Dr. Picard observed there were only 38 such cases. The average duration of labour was 14½ hours. In 17 out of the 38 cases, the placenta was inserted in the inferior segment of the uterus. The patients did not suffer from the well-known complications so common when low insertion occurs in the adult. In all the 38 cases the puerperium was absolutely normal and the child weighed on an average about 6lb. and 9oz. In these cases it was often difficult to rear the new born during the first few days after birth. These young mothers readily become pregnant again more so perhaps than primiparae of a more mature age.

Dr. Gache attended 91 labours in patients under 17 in the Rawson Hospital, Buenos Aires (South America). One of these was English by birth, 2 French, and some were Spanish or Italian, but the majority were Argentines, an early-maturing, prolific race. These young mothers were not more exposed than others to abortion and to other complications of pregnancy. Only 1 case had marked narrow pelvis due to defective development, and 3 cases had slightly-contracted pelvis. The forcep was applied in these 3 cases, as well as in 3 others where lingering labour endangered the fetus. Caesarean section, with the rescue of both mother and child, was performed on a European Spaniard aged 13, who had distinct pelvic contraction. In the other cases delivery was normal, but the duration was above the average in adults. In the 91 cases the presentation was vertex in 85, pelvic in 5, and the remaining case ended in abortion at the third month. Damage to perineum, vulva and vagina was rare, and in every instance was rapidly healed. No case of placenta praevia was noted. The placenta weighed on an average over 1lb. and 2oz. The expulsion of the after birth was normal in all the cases. The average weight of the fetus was 3039 grams, a little under 6¾lbs. Thus, physically speaking, juvenile primiparae do well; they certainly bear fine infants. Gache's view was corroborated by Kleinwachter who found that the younger the mother the bigger the child, and who gave the average weight of the latter as 3,270 grams.

These observations are very interesting to the people of this country, where precocious pregnancies occur in the majority of cases. We shall be very much obliged to the members of our profession here, if they favour us with similar observations of theirs in cases which come under their charge.

CLINICAL RECORD.

Indian.

TWO CASES OF BUBONIC PLAGUE.

By Dr. Hem Chandra Ray Chaudhuri, L.M.S.

I

S————————, a girl of about five years, residing at Sankaritola East Lane in a hut, was attacked by slight fever on the 27th April 1905. Her elder sister, about fourteen years, was then suffering from plague of a violent delirious form, having been bitten by a plague infected rat. The girl under treatment was not delirious. She was rather neglected on account of the severe kind of sickness of her sister. On the morning of the 29th April when the fever was more perceptible than the previous day, the attention was drawn to the condition of the girl. Temperature was not taken. *Bell.* 30 cent. At 5.P.M. the elder sister died.

30th April. It was reported that she had profuse sweating in the morning and seemed she had no fever. *Bell.* 30 cent. In the evening the temperature was 104. F. Placebo. It was reported that she had parotitis of both sides. Placebo.

1st May. The morning temperature was 100·2. Chin. 3 dec. The parotitis of both sides partially subsided. Evening temperature 98.

2nd. 98·2. Chin. 3 dec. Evening temperature 98·4.

3rd. The enlarged parotid glands were decreasing in size. Chin 3 dec.

4th. No fever, getting on better. Chin 3 dec.

The subsequent report was that she went to her home, six miles south of Calcutta, Barisa, and perfectly recovered without a relapse.

II

A————————, a boy of about sixteen residing in a hut at Jadu Nath Sreemany's Lane was attacked with fever and enlargement of both parotids on the 29th April, 1905. He had fever for the last three days, but it was thought that the type was of an ordinary character. The temperature on the morning of the 29th April was 100·6. The left parotid was worse. *Aco.* 1 dec. Evening temperature 102·4. F.

30th. The enlarged parotids were almost the same. Morning temperature 101. *Bell.* 6 dec. Evening temperature 103·2.

1st May. Morning temperature 100. The glands were almost in the same enlarged condition. *China* 3 dec. Evening temperature 101·4.

2nd. Morning temperature 99·8. *China* 3 dec. Evening temperature 101. He felt rather better than before.

3rd. Morning temperature 99·2. *China* 3 dec. Evening temperature 100. The parotids were gradually subsiding.

4th. No fever. *China* 3 dec.

6th. No fever. The right disappeared, the left still remains. *Merc. sol.* 12 dec.

8th. The report was that he was gradually getting better by the use of the same medicine.

10th. It was reported that the enlarged gland has disappeared.

Remarks.

The two cases of Bubonic plague are rather of a mild type. *China* could check the fever and produce partial absorption of the parotids. It was given on the indication of sweating on the covered parts, as in other cases, already reported in the *Calcutta Journal of Medicine.*

Foreign.

A CASE OF MALIGNANT DISEASE OF THE MOUTH.

By William Gordon, M.D. Cantab., F.R.C.P. Lond.; Physician to the Devon and Exeter Hospital.

I desire to record, for what it is worth, the following very remarkable case.

The patient, who was a man, aged 53 years, consulted me on November 8, 1904, for what I diagnosed as cancer of the tongue. Till his present illness he had been a healthy man had never had any venereal disease, is married, and his wife has had no miscarriages or still-births. One sister is said to have died from cancer and another is reported to be suffering from cancer of the breast. About six months before I saw him he began to complain of "sore throat" on the left side, which he attributed to a sharp edge of a tooth which hurt the side of his tongue. This grew worse, and he began to have pain which ran up into his ear. Later still there was difficulty in opening the mouth. Just before he came to see me he had a hemor-

rhage from the tongue (about a pint), followed next day by a smaller one. There had never been any discharge of pus. He said that he had lost a stone in weight. I found him unable to open his mouth more widely than just sufficient to admit my finger or to protrude his tongue except just beyond the teeth. There was a deep ragged ulcer on the left side of the tongue opposite the last molar teeth, with raised hard edges, very tender, bleeding on examination, and surrounded with much induration, which spread to the gum and anterior pillar of the fauces. He had severe pain, which sometimes amounted to agony at night, radiating to the ear. I could feel no enlarged glands in the neck. I told him that he had cancer and told him to consult a surgeon at once. He saw four surgeons, all men well qualified to judge of such a case from extensive experience in consulting work. All four diagnosed cancer. Immediate and extensive operation was recommended. He refused this, and proceeded to treat himself at home as follows. He took a handful of violet leaves and put them in a basin, pouring over them a pint of boiling water and leaving them to soak for twenty-four hours. At the end of that time he poured off the liquid and divided it into two equal parts. One part he drank in the next twenty-four hours and the other part he used for making hot fomentations, which he applied continuously outside the neck on the left side for two hours every night. Sometimes he used the leaves themselves as poultices outside the neck. Sometimes he kept the fomentations on all night. He began this treatment on November 10th, and was so much better by January 23, 1905, that his employers sent him to me to show himself. The change was extraordinary. He looked well. His weight had gone up from 10 stones 3 pounds (on November 8th) to 12 stones 7 pounds. The pain was trifling; he could open his mouth freely and protrude his tongue almost naturally. The ulcer was much reduced in size, its hardness was less, the surrounding induration was greatly reduced, and it was no longer tender or inclined to bleed. On February 20th I saw him again. He had continued the violet treatment just the same since January 23rd. There was almost no pain, and except a hard scar very little remained of the deep ragged indurated ulcer of last November.

The violets were sometimes wild, sometimes garden-grown. He thought the latter better because they "tasted stronger." Except

the violet treatment absolutely no other remedy had been used, locally or internally. The ragged teeth have not been removed. I believe the man to be absolutely honest. He has nothing to gain by deceiving me, and appears only anxious that others should profit by what he considers has cured himself.

I think it will be admitted that I am justified in reporting this case. It proves nothing certainly, because the growth was not cut so as to afford microscopic evidence, but it is most suggestive and interesting. Personally I am now advising the trial of this violet treatment in all cases of undoubted cancer which are inoperable, and I will in due course publish the results. The publication of this case may possibly induce others to give a more serious trial to the so-called "violet cure" than I fancy it has hitherto received.—*Homœopathic World.* May 1, 1905.

CASE OF RETROFLEXED UTERUS.

L——A——, at. 32; married 2 years.

Sept. 2, 1903.—Comes up for irregular periods, scanty, almost *nil*; recurring every three weeks. For two days before and for a week after the period there is pain (aching and bearing down) in hypogastrium, lumber region, and round body; pain only since marriage. No pregnancy; dyspareunia.

Examination shows colon loaded; vaginal orifice small and red; uterus completely retroflexed, easily replaced, but at once relapses. Ignatia 1x t.d.s. This was continued till October 21. Patient then reported that she felt much better in herself, but had pain every day —aching in hypogastrium, and especially in the left iliac region, worse on walking; period scanty, Sepia 30.

A month later she "feels almost well"; no pain till yesterday; bowels not regular; periods scanty. Senecio 12 ɱij t.d.s.

Jan. 13, 1904—Feels quite well. Period slightly painful.

Sept. 7.—Pain back after freedom for four months. Sepia 30 bis.

Sept. 21.—No better; pain still; very frequent micturition; urine pale; pain left thigh. Lycopod. 30, ɱij t.d.s.

Oct. 20.—Better till a week ago; bad with pain at period since. Hot mustard baths and mustard poultices relieved.

Gets faint; no appetite. Examination: Vagina small, orifice less red; cervix large. Uterus, as at the first examination, completely retroflexed. Dyspareunia occasionally. Phosphoric acid 3x.

Dec. 2.—Better in herself; pain now and again; chilly. *Thuja* 30, mij M. et N.

Dec. 28.—Pain has been bad, < nocte, = no sleep for several hours. Period practically *nil*. Strained, squeezing feeling L. groin. Passes less urine. Does not suffer with head now. Has been lifting her mother (ill with phthisis) and strained herself. *Tub.* 200, mij weekly. *Arn.* 30, mij M. et N.

Feb. 1, 1905.—Was much better for a month; had no sign of pain. Pain has returned one week, nocte. *S.V.R.*, mij bis.

Feb. 10.—Now, fourteen days after period, pain. *Arn.* 30, mij bis die.

Feb. (? 24).—*Tub.* 200, mij weekly. *Sac lac.*

March 29—UTERUS NOW QUITE FORWARD. Colon not loaded.—*Monthly Homœopathic Review.* May 1, 1905.

CASE OF PELVIC PERITONITIS.

H——J——, age 35; married 5½ years.

Dec. 30, 1903.—Comes for "weakness in stomach" since marriage. Seven weeks ago had a bout of bad pain with menstrual period, which has not ceased to flow since. F. H. good. Personal history: Has suffered from weakness; influenza, several times; measles. Used to have a "yellow discharge"; cured eighteen months ago by "a West End Physician." No pregnancy; no abortions.

Last period began seven weeks ago, and has lasted ever since; patient lost a great deal for about a fortnight, then less for the last few weeks; colour, deep red. Patient has "dreadful pain" with her periods; it lasts a week, and is worse on the first two days. The pain is in Rt. groin and across sacrum "as if inside were being pulled out." It is < by day. Urine often thick on standing. Aching at anus, and constipation, for these seven weeks, during which she is also losing flesh.

Exam.—Cervix points forward and to left, and lies over to left. Fundus not felt anteriorly. *A mass in Douglas' pouch, fixed, semi-elastic* = fundus and pelvic peritonitis with tube and tubal mole, or = fundus with pelvic peritonitis and tube. Temp. (vagina), 98.6°. *Hydras. tampons; merc.* 6x; *sulph.* 6x.

Jan. 20.—Period stopped a week ago. Has had pain in stomach, now in chest. Appetite better. *Merc.* 30 bis die; *sulph.* 30 nocte.

Feb. 17.—Better. Has had an ordinary period c. less pain. (Merc. makes her feel rather sick!) Looks M.B. *Merc. s.* 30 mane; *sulph.* 30 nocte. . . .

Better, and worse; same medicines. . . .

On *April* 27, *sulph.* 30 only; pils iij bis.

May 25.—> Pain not nearly so bad in Rt. inguinal region. Period lasts seven days (six diapers). Gets aching in back-passage for an hour once a day. Feet cold. *Rhp.*

June 22.—Pain in abd. M.B. Pain in anus not affected by stool. (Fell thirteen months ago and struck the part.) Not tender to pressure. *Sac lac.*

July 20.—V.M.B. Weak. Last period painful. Five days later, scanty. *Puls.* 12, mij bis.

Sept. 14.—Mass nearly disappeared. *Silic.* 30, mij bis.

Oct. 12.—Easier. Leuc. acrid, not offensive. *Rep.*

Nov. 16.—Dull pain in abd., < P.C. Last period very bad pain; eight diapers; reg. as to time; dark in colour. Pain begins two or three hours before flow and lasts four days. *Ars.* 6x, mij four-hourly.

Jan. 4, 1905.—Pain Rt. ovarian region was better for a time c. *ars.*; now "medicine has ceased to act." Pain gnawing, sometimes stinging; < after all food; goes all over abd. Weak feeling. Neuralgia right side of face since here. Sinking feeling. *Sep.* 30, mij bis die.

Feb. 8.—Pain Rt. ovarian region. Feels less sinking. Has been feeling *much better.* Gets slight discharge a week before period, "very sore." < Early morning, > nocte. *Medorrh.* 200, mij weekly. *Sac lac.*

March 8.—Much worse. Pain in lower abd. still. Still constipn., c. feeling of something left behind. Irritation in bed at night. *Nux* 30, *sulph.* 30, alt. four-hourly.

April 5.—Cat. now reg. Last profuse. Dysmenia not quite better, etc., etc. *Rep.*

April 27.—*Exam.*: Lump smaller and less tender. Fundus now easily felt anteriorly.—*Monthly Homœopathic Review.* May 1, 1905.

CASE OF SALPINGITIS, *SILICEA* 30.

Rose Styles, age 32; M. 7 years. (Sent on by Mr. Dudley Wright.)

July 6, 1904.—Severe pain in "stomach." "Discharge" since confinement in Feb. "Lump" L. side of abd. F. H.: An aunt D. "tumour." Illnesses: Measles three times; quinsies; piles and fissure (operation by Mr. Dudley Wright); ulcers in mouth. Four confinements; the last "hard"; "not a bad confinement, but not well since." No miscarriages. Last period June 19; lasted ten days; lost much (fifteen to twenty diapers); deep red; clots. Recurrence, under a month, very irreg. Not much pain with periods; a little bearing down. Leuc. very bad; varies in colour, white to deep yellow.

For three weeks has had *pain* left side abd., sometimes a lump there; pain sharp, twitching, prevents sleep; "when hungry, something gnawing there." Urine has been scalding and thick. Irritable—everything a worry. Sleeps badly always. Appetite poor. General condition good. Pain has been better for Mr. Wright's colocynth 3x.

Exam.: Uterus subinvoluted. Cervix low. Mass (? tube) to left of uterus, with bands between. Mass elongated, flattish, 3in. long by 1in. in breadth; extends outwards and upwards from border of uterus to side of pelvis. A good deal of thick discharge. *Silicea* 30, mij t.d.s.

Oct. 5.—A little pain, not much. Rather more discharge. Period better; monthly now, and not excessive ("used to come twice a month, and too much"). *Lump much smaller. Rep.*

Oct. 26.—*Very much better. Exam.*: In Douglas' pouch there is still a tubal swelling, but no bands left, and all organs mobile. "Does not feel like the same." (Patient has not been up to hospital since.) *Monthly Homœopathic Review.* May 1, 1905.

Gleanings from Contemporary Literature.

HAHNEMANN.

THE ONE HUNDRED AND FIFTIETH ANNIVERSARY OF HIS BIRTH, MEISSEN, SAXONY, APRIL 10, 1755.

P. W. Shedd, M.D.
New York.

To dwellers near the mountain seldom come
Full visions of its splendor. When the sun
At dawn slips o'er the misty hills they lead
Their flocks abroad to search with downcast eye
For food and drink that therewith they may live
Their little day ; then quaff an opiate draught
Of weariness, and swoon away to sleep.

But he who gains perspective shall behold
As in a dream, yet truly, the full sweep
Of super-eminence ; shall see the night
Flame forth with golden globes of moon and star
In rhythmic beauty ; he shall watch the clouds
Wreathe incense ; he shall hear the silences
That brood o'er crystal lakes set in the hills.
He shall discern that even wintry storm
But weaves adornment, that the day may show
The great mount calmly regnant, steadfast still.
Thus fluent years, yea, even centuries
May slip away ; the lad who tended flocks
Doth sit, a trembling grandsire, by the hearth,
Then turns to dust ; another takes his place
And dreams awhile. Vacuity is theirs.
They lived and died ; were clay to meet the need
Of evanescent hours, wrought to a form
That served its day and age, therewith content.
Thus common fate ! But sometimes in the line
Is born a mountain spirit, like in form
And mien to most his fellows, yet who rises up
And gathers greatness, reaches toward the stars
Of sempitermal verity, and lives
Forever.
That intangibility
Which men call soul strikes into space and fills
What hitherto was void. Dark chaos turns
To law and light, and all the tensive years

That prayed in lowliness, softly rejoice.
The land that giveth birth to such a son
Hath served mankind. Forth from its borders flow
Rich blessing for the realms ; old Earth exults
That Truth hath taken form, and is re-born.

To-day the circling laurel and the bay
Are twined for him whom we commemorate
As master, HAHNEMANN.
A century hath run majestic course,
Another stands at zenith since the day,
The sun-kissed, laughing, tear-gemmed April day,
When to the quaint and ancient Saxon town
Of Meissen thither came a little babe
That in its infant hands bore destinies
Of healing and rejoicement to the race.
Within a fertile vale through which a stream
Flowed to the stately Elbe on toward the sea ;
Round which the darkling mountains stood on guard,
Topped with the castles of an ancient time ;
Whereo'er the pleasant sun looked down upon
Rich fields of golden grain and purple grape,
The lad saw the new world,— for the old earth
Is born again for ev'ry happy child.

He roamed its fields, its winding forest-paths ;
Heard the wild thrush's song ; beheld the clouds
Wrought into airy visions, fleeting, strange ;
Inhaled the fragrant breath of vernal blooms ;
Watched sun and star and moon sublimely swing
Through all the vasty spaces of the sky ;
Then, finally well-wearied homeward turned,
To nestle 'gainst a tender mother's breast ;
To hear the patient father's kindly voice
Bidding a fond good-night.
Here the lad grew ;
And here were laid with thoughtful loving care
Foundations of his greatness ; love for truth,
The gift of meditation, and desire
To learn, and nobly serve his fellow-men.

O happy childhood ! Pitiful are they
That knew it not ; whose age-worn dimming eyes
May ne'er recall the far Elysian fields ;
Who never heard the gentle mother sing
At eventide the drowsy slumber-songs
That wafted into dreamland weary babes.

The years fled on, till, crowned with all that then
Made lore profound, yet thrice more wisdom-blest,
The youth turned to the sterner tasks that wait,
Insistent in their claims, on every man.
And with compassionate and kindly eye,
He sought to heal the ills of humankind;
And watched the pain-racked body as it writhed,
Caught in the grasp of some fell malady,
And watched and prayed and vainly tried to find
The magic potion that should daunt grim Death.
Too oft in vain!

His meditative mind
Could find no law to guide; no light to cheer.
The universe was law; the stars that fell
From heaven shot through space obeying law;
The shimmering snows that crowned the mountain top
And fed the bubbling springs which cooled the vale,
Thence hast'ning to the wild impetuous sea;
The clouds, the flow'rs, the seasons, e'en the mind
Of man adept in subtlety,.....all these
Bound fast by law to run appointed course,
Yet here no law!.....dull hearsay, duller chance,
Tradition's babbling words, all meaningless;
Empiric farce to meet the solemn hour
When life and death are poised upon the scales.
Great God, give light! he cried,
And searched again the learning of the age
To find surcease of sorrow. None was there.
Yet still he sought, and moaned, 'Tis blasphemous
To think that He who wrought man to His form,
Tracing the subtile windings of his soul,
Crowning the wondrous body with a mind;
Who cares for e'en the insect in the dust;
Who heeds the sparrow's fall should love man less.
Should thus abandon him whose soul he freed,
To undeserved tortures of the flesh.
Nay, there is God, and God and Law are one.
And then he fled the sophistries of schools,
Their vain traditions and their cruel arts;
And with a grand simplicity sought facts,
Not theories, impalpable and vain.
He gathered up the herbs and made of each
A purest tincture; brought the sea-shell's heart
In clear solution; took the drifting sand,
Shattered its crystal bounds and drew therefrom
A magic strength; from earth's deep mines conveyed

Its healing oils, and bruised the gleaming ores
To potent dust.
Then on the altar-stone
Of sacrifice he lay him down, and said ;
Not on the sick shall these be tried. Nay, I
Will one by one prove these, and if there dwell
A virtue in them it shall then be shown ;
And if there be a Law the sun of truth
Shall glint it for me with refulgent ray.
And through laborious days and grievous nights
He garnered in the harvest, the great Law
Of Similars, whereby most dread disease,
Fought with swift weapons of as keen a steel,
Is made to cringe and supplicate and fly.

Thus with pure science, sinking to the depths
And rising to the stars, he built the fane
Which stands today unshaken, permanent.
So true the fabric that the storms of time
But fix its firm foundations, and the years
With subtile touch add beauty unto strength.

War has its captains whose incisive steel,
Whose thundrous cannon and whose iron-shod horse
Force on an oriflamme of Right or Wrong
To victory ; they primal passions loose
In awful, awless grandeur till the fields
Grow rich with flesh and crimson run the streams.
But thou, Great Captain of the eager hosts
That wage unceasing strife with ills profound,
Art greater !
Thine the master-mind that rules
Because it cherished Truth, and questioned not
What said this man or that, nor bowed before
The bloody altars of a sin'ster art,
Whereon the sick were laid to test the power
Of monstrous potions rivalling the broths
That witches brew at midnight ; where the lance
Cut through the tender flesh to exorcise
Phantasmal demons pestering the blood ;
Where shattered frames, though pure or vile the soul,
Endured the agonies of hell, vouchsafed
In long and gen'rous dose by ignorance.
Think ye the picture over-drawn, then read
The tomes of history ; nay, e'en today
Some potions strange and dubious are mixed.
O thou, my Captain, whose ingenuous mind

Sought law where insolent disorder reigned ;
Simplicity where dull confusion ruled ;
Thy precepts are of gold, and oft I turn
Back to thy lucid pages, there to find
The balm that soothes and mitigates and cures.

We call him mortal ; 'tis a word that means
So much or little. Years sweep Lethe-ward
Our dreams, our hopes, our toils, our prayers, and yet,
He who hath caught the truth and held thereto,
The truth that brings humanity new hope ;
That lights the sombre eye ; that turns the moan
To cry of joy ; that stays the hand of Death,
Saying, Not yet the end !.....
For him while earth
Shall last, the grateful sons of men shall bear
A dear remembrance.
All good physicians, good because they love
Their fellow-man, and serve as best they may,
Are worthy of remembrance, but, we hold
That he who sneers at truth because, perchance,
Another than Hippocrates hath delved
And found the gem, doth act flagitiously.
Such persecute, and force a "school" to rise
And staunchly guard the truth and hold it safe.
Such call him quack, themselves but charlatans.
But Hahnemann, steadfast, unmoved and calm
Like the great mountain white with ancient snows,
Towers o'er the footling hills.

They call him mystic ; he, the scientist
Who wrought stupendous structure with the stones
Of simple fact cut true with genial hand ;
Who said, "Each stone and beam thou too may prove,
And verify my work. What I here build,
Is no conjecture."
Time hath shown its worth ;
The years enrich its beauty ; it hath stood
Colossal mid the storms of arrogance,
Of ignorance and spite, and we today
Acclaim its massive strength and coming fame.

We celebrate, the wide world celebrates
The birth of HAHNEMANN.
Isles of the sea,
The frozen north, the equatorial zones,
Ay, ev'ry land where man hath noblest grown

Hath knowledge of him ; such his Hall of Fame ;
Some still refuse to honor.
Let them know
Mohammed bade the mountain come to him ;
But, when they stood together it was found
That great Mohammed had most foot-sore grown.
Or, let them ponder over Canute's fate.
King Canute set his throne upon the sands,
And bade his minions scourge the rising tide
Of the vast tranquil sea. And so they scourged,
And Canute cursed, but still the pond'rous waves
Rolled up the flinty sands, caught in the grasp
Of law immutable.....and Canute fled.
So to the mountain shall dull prophets come ;
And cursing Canutes learn the hopelessness
Of waging war 'gainst Truth's omnipotence.

A parting look at genius near to death !
The piercing eye glows softened with the film
Of dissolution ; from the noble brow
The snowy locks sweep back ; the clarion voice
Grown weak, yet still decisive, calmly speaks,
"To me God nothing owes ; I all to him."
Then in the shadowed room a silence came.

But while the surging tides of centuries
Shall ebb and flow across the sands of time ;
While hearts shall love, and Love be doomed to watch
The patient suff'rer count the midnight chime
And wonder if the day will dawn again ;
And while the steadfast helper bends to catch
The wav'ring pulse, and gives the simple draught
That bringeth healing, if there healing be.....
So long shall HAHNEMANN, chief of his craft,
Be loved and cherished, lauded and revered.—*North American Journal of Homœopathy*, April, 1905.

THE LONDON HOMŒOPATHIC HOSPITAL (ENGLAND).

By JAMES SEARSON, M.D.
Physician to the London Homœopathic Hospital—London, Eng.

At the request of the Editor of this journal, I have pleasure in contributing the following sketch of the hospital.

It is the oldest established general hospital of the metropolis, being 55 years old. Of the 103 best known hospitals of London 84 are its juniors. It was founded to demonstrate to the medical profession and the public, by treating the sick poor, the truth and importance of the reformed practice.

Dr. Frederick Foster Quin was largely responsible for the medical organization of the scheme. Its first home was in a commodious house in Golden Square. The Duchess of Cambridge became its patron, and the list of vice-patrons included many well-known names, including the Duke of Beaufort, the Archbishop of Dublin, the Marquis of Anglesey, the Marquis of Worcester, the Earl of Essex and Lord Ebury. Its life began at No. 32 Golden Square, now the site of the London Throat Hospital, on April 10th, 1850, the anniversary of Hahnemann. It afforded accommodation for 25 in-patients and excellent facilities for out-patients. In the year 1854 a terrible epidemic of cholera, which ravaged the metropolis, brought the hospital prominently into public notice. Hahnemann on receiving a description of the stages of the disease, had prescribed some remedies, which during the epidemic now under consideration, proved pre-eminently successful. The number of cholera cases admitted was 61, no less than 36 reaching a state of collapse. Of the 61 patients only 10 were lost, equalling a death rate of 16.4 per cent., while under allopathic treatment, the losses under the most successful method were 36 per cent., and under less successful, 46 per cent. The contrasts between the two systems of treatment were so striking that Dr. MacLaughlin (one of the medical inspectors appointed by the General Board of Health for visiting the wards of the newly founded Homœopathic Hospital) stated, "I went to your hospital prepossessed against the homoeopathic system, and I have taken some pains to make myself acquainted with the rise, progress and treatment of cholera. I saw several cases which did well under your (homoeopathic) treatment, which I have no hesitation in saying would have sunk under any other. Although an allopath by principle, education and practise, had it been the will of Providence to afflict me with cholera, I would rather have been in the hands of an homoeopathic than an allopathic adviser."

In 1859 the smaller hospital in Golden Square had so far demonstrated itself to be a public want and benefit, that it closed its doors to open them wider in Gt. Ormond Street, in a building more worthy of the enhanced position of homoeopathy, and capable of enlargement to the proportions demanded by the future progress of the science. In Gt. Ormond Street, a sum of £10,000 having been raised, three houses, Numbers 50, 51 and 52 were purchased, and adapted for hospital work, and formally opened on the 12th of May, 1859, the friends of Dr. Quin contributing nearly half the building fund.

The increase in the work done during its career is shown by the following figures: In the first year (1850) in Golden Square the in-patients numbered 156, and the out-patients 1,547, making a total of 1,703. In 1890 in Great Ormond street, the in-patients were 830 and the out-patients 10,363, making a total of 11,193. At Golden Square it existed nine years. Its history up to 1895 is divisible into five periods of nine years.

	Patients. (in-and out-)
First nine years to 1859	24,894
Second nine years to 1868	42,003
Third nine years to 1877	65,995
Fourth nine years to 1886	72,420
Fifth nine years to 1895	93,665
Total	298,977

From 1896 to 1900, inclusive (five years), the total registrations have been 108,841, and finally in 1903, which is the last year for which the figures have so far been published, the in-patients were 1,145 and the out-patients 23,869.

In the year 1890 the Hospital Board, under the chairmanship of Major William Vaughan Morgan, decided that a new building should be proceeded with on the site of the old hospital. A sum of £30,000 was promised and paid in the course of a year and a half. Additional houses were purchased for the purpose, and a temporary building was constructed so that no interruption in the work of the hospital should be allowed to occur. Meanwhile plans and designs were prepared for the new building, and it is not too much to say that every excellence possessed by the most approved modern hospitals is represented in the new building. It accommodates 100 in-patients, and adequate provision is made for the surgical and medical departments. The foundation stone was laid on June 23rd, 1893, by their Royal Highnesses, Princess Mary Adelaide, Duchess of Teck, and Princess Victoria May of Teck. The hospital is in three main blocks. The out-patients' department is in the basement and the building reaches an elevation of four stories above the out-patients' department. The three blocks are separated by air spaces, bridged and covered by cross ventilated corridors. The operating room is laid in white terrazzo mosaic, giving a perfectly impervious polished floor. It is lighted by plate glass giving an extensive light, and provided with adjustable electric lights, and a system of basins and flushes on the treadle plan. The out-patients' department is lofty, well lighted at every point, and affords comfortable accommodation for 400 patients per day.

There is nothing in the developments of modern medicine or surgery, from whatever reliable source, which is not gladly taken advantage of for the rapid and complete recovery of its patients and the widening of the knowledge of its medical staff. The latest refinements in antiseptic surgery, the application of electricity on the most advanced methods; in short, every aid that modern science can give is impressed into the service of the hospital patient. The hospital claims, therefore, to be in the front rank of reformed medicine and advanced surgery. Every qualified medical man is heartily welcome to see the wards and the manner in which this claim is sustained, because it is believed that his visits should be of advantage to him and to medical science generally.—*North American Journal of Homœopathy*, April, 1905.

IRON.

P. W. Shedd, M. D., New York.

"Man is tormented by a desire to know the first cause of what he sees, and when the impossibility of discovering it is demonstrated to him, he takes refuge in a supposition."—*Broussais.*

This tormenting desire to know, to reach the Ultimima Thule, the first cause, is the untamed, untrained strength of mankind, its adolescent vigor, and *per se*, is as valueless, practically, as any other misdirected dynamia.

Inductive reasoning, the marshalling of particulate facts which tend, illuminatively, toward the discovery of a practical law; Newton, the falling apple, the law of gravitation; Hahnemann, experimentation on the healthy body with *Quinine*, the law of similars—these make for progress in physics and therapy; this procedure is the dominant factor in all modern true science.

The action of *Iron* in the human economy has been fully explained in six different theories by allopathism; in anæmia (not pernicious) and chlorosis it is administered not infrequently with benefit, but "how *Iron* accomplishes this feat is, as usual, in the matter of the action of a medicine, entirely unknown," says one author, which is a damnatory admission since a seventh or eighth theory might be easily propounded, printer's good ink used profusely, and the allopathic medical mind once and again be befuddled.

The homœopath, after the fashion of Newton and Hahnemann, is content with facts, although ratiocination is not to be denied either to Newton or Hahnemann. Having established the factfilled pathogenesis of *Iron;* having discovered by acute observation and inductive reasoning the law of similars, he is ready to meet a *Ferrum* case and cure *cito, tute et jucunde*, whether it be chlorosis (Cf. *Absinthium, Alumina, Argentum Aurum arsenicosum, Bryonia, Chlorum, Cuprum*, etc., etc., etc.,) or rheumatism of the left upper arm and deltoid (Cf. *Nux moschata*), or any other derangement of health presenting *Ferrum* indications.

Homœopathic treatment of disease is a process of absolute inductive reasoning, as opposed to the deductive process—*Iron* cures anæmia, this is a case of anæmia—practised by the allopathic infant in drug therapy.

Note the infantile mechanism of the allopathic mind: Bright things are diverting toys; a red-hot coal is bright; ergo—unfortunately, the allopath has the discretion to use his patient as cat's paw, and the allopathic monkey goes unsinged.

To return to inductive science. We have a case of menses delayed from climatic change for three months. There are present florid complexion, which easily flushes and pales, physical and mental irritability, periodic headache, pulsating, hammering, constipation. R. *Ferrum* 30, gtt. v, in half glass of water, teaspoonful night and morning. Three doses establish the normal flow at the scheduled time with disappearance of concomitant troubles. The ponderable quantity of *Iron* ingested was null. What did it? Possibly a theory. It is well to have the medicine case fully equipped with indicated theories of this description; they ameliorate the health of the community.

Iron is used in the following forms:

Ferrum metallicum,
Ferrum aceticum,
Ferrum arsenicosum,
Ferrum bromatum,
Ferrum carbonicum,
Ferrum iodatum,
Ferrum magneticum,
Ferrum muriaticum,
Ferrum nitricum,
Ferrum phosphoricum,
Ferrum phosphoricum hydricum,
Ferrum picricum,
Ferrum pyrophosphoricum,
Ferrum sulphuricum,
Ferrum tartaricum.

The red line of irritability of fibre (or alternate laxity), physical and mental, or both, runs through the group.

Some of the compounds, *Ferrum aceticum arsenicosum, carbonicum, pernitricum, pyrophosphoricum, picricum, tartaricum,* have not been proved, but used on component indications.

Ferrum metallicum is predominantly left sided; *Ferrum muriaticum, phosphoricum, phosphoricum hydricum,* right-sided; the others more or less balanced.

A characteristic feature of the pure metal is the alkalinity of urine. (Room for a theory here!)

In *Ferrum metallicum,* also, we have the "cramp" element; bladder cramp, stomach cramp, bowel cramp, vascular cramp, throat cramp, lung cramp (asthma), limb cramp (fingers, calves, soles, toes); *Ferrum magneticum,* eye cramp (temporary amaurosis) *Ferrum muriaticum,* abdominal cramp, cramp in calves, especially at night; *Ferrum sulphuricum,* limb cramps, especially feet, calves, arms are flexed at elbows and fingers flexed on forearm, yielding to forcible extension, but flexing again.

In combinations where the metal element is less predominant, or where the remedy has not been proved and hence a full pathogenesis not developed, we find the cramp element disappearing as in *Ferrum aceticum arsenicosum, bromatum, carbonicum, iodatum, phosphoricum,* and *picricum.*

It is noteworthy that all pure metals are more or less "crampy," *Cuprum, Ferrum, Iridium, Mercurius, Plumbum, Platinum, Stannum, Zincum* leading in this indication. The vegetable world, too, draws from the earth and compounds organically these self-same elements. Accurate chemical analyses of plant remedies might make clearer some of their actions.

Retrospectively the patients of *Ferrum* or its compounds might be keynotely sketched as follows:

Ferrum metallicum.

Excitable; sanguine temperament; flushing blushing weakness.
The heart suddenly bleeds into the blood-vessels, and as suddenly draws a reflux, leaving pallor of surface.
Hæmorrhage, menstrual, nasal or elsewhere, with fiery red face. Sanguineous excitement.
Hammering, pulsating, congestive headache, with distinct anæmia.
Midnight aggravation.
Symptoms better after rising, by walking slowly about.
Intolerance of *eggs.*

Ferrum arsenicosum. (Unproved.)

Enlarged liver, enlarged spleen, both with continued high fever, without thirst. (Cf. the *iodatum.*)
Constipation predominant.

Ferrum bromatum. (Partially proved.)

Spermatorrhœa with anæmia, debility, depression (?).
Uterine prolapse, with sticky, excoriating leucorrhœa.
Dead, numb feeling of the scalp.

Ferrum iodatum.

Enlarged spleen, enlarged liver, both without fever.
"Sweet-smelling" urine; light in color (?).
Abdominal fulness even after but little food.
Scirrhus near right nipple, small and painless at first, then with lancinating pains to axilla, sensitive to touch. (Clinical; cured.)
Dreams that he has grown large, gigantic; everything about is small insignificant (in the dream).
"Scrofula," glandular enlargements, tumors.

Ferrum magneticum.

Spasmodic amaurosis.
Painful sensibility of teeth when chewing.
Tinglings, prickings (Cf. Faradic current), itchings, contractions.

Ferrum muriaticum.
Right shoulder rheumatism ; generally a right-side remedy.
Pain in the spleen.
In hæmorrhage the blood is thick, black, viscid fluid.
Headache and neuralgia of right face and head.

Ferrum pernitricum. (Not proved.)
Cough, with florid complexion.
Scrofulous children with enlarged glands and obstinate ophthalmia. (Cf. *Ferrum* and *Nitric acid.*)

Ferrum phosphoricum.
First stage of inflammations, with less bounding pulse than *Aconite*, and without *Aconite* mentality.
Painless irritability of fibre.
Aversion to meat and milk.
Right shoulder rheumatism.
Agg. 4-6 A.M.; agg. at night.
With the cough, spurting of urine.
Rheumatism goes from joint to joint, high fever, agg. by motion.

Ferrum phosphoricum hydricum.
Right-sided ; dull right headache ; right eyelids smart ; right ear feels as if penetrated by a stick on going to bed.

Ferrum picricum. (Not proved.)
Dark, bilious, "liver" patients.
Multiple warts on the hands.
Chronic deafness ; with old pedunculated warts.
Deafness from diffuse auricular vasculitis (not neural deafness).
Prostate enlargement.

Ferrum pyrophosphoricum. (Not proved.)
Cerebral congestion and congestive headache following great loss of blood.
If *Ferrum phosphoricum* fails to remove tarsal cysts, Cooper says give *Ferrum pyrophosphoricum.* (Clarke.)

Ferrum sulphuricum.
Atony ; congestions.
Eczema with sluggish liver.
Frequent headache between menses, which are copious and colicky.

Ferrum tartaricum. (Unproved.)
A 15 gr. dose produced sensation of great weight on upper head, with gloomy fear of apoplexy. (Berridge.)

Ferrum aceticum has been commended for chronic painless diarrhœa of malarious origin ; *Ferrum carbonicum* for crampy pains in lower limbs.

The investigations of Baron Reichenbach (1854) on the action of metals on individuals of a hypersensitive nervous development (and hence open to influences not perceived by the normal or average sensory apparatus) are of permanent scientific value.

In his electro-positive (od-positive) series, as determined by his hypersensitive human instruments (Reichenbach himself was normal in nervous development, but verified this particular investigation through thirty-eight several hypersensitives at various times and places) he places *Bismuth*[7], *Cadmium*[12], *Chromium*[2], *Cobalt*[5], *Copper*[25], *Gold*[22], *Iridium*[10], *Iron*[21], *Lead*[16], *Mercury*[25], *Nickel*[6], *Osmium*[7], *Palladium*[11], *Platinum*[12], *Potassium*[9], *Rhodium*[5], *Silver*[18], *Tin*[10], *Titanium*[4], *Zinc*[8].

In the electro negative (od-negative) group, including some non-metals, *Antimony*[1], *Arsenic*[1], *Bromine*[3], *Carbon*[6], *Iodine*[3], *Phosphorus*[6], *Selenium*[12], *Sulphur*[20], *Tellurium*[16].

(The indices represent a relative intensity of action on his hypersensitive instruments.)

In the electro-positive (od-positive) metal group we find curiously sum-

marized our cramp and convulsion remedies arranged, we might say, almost according to their homœopathic value in these conditions, viz.:

Mercurius[25],	*Plumbum*[16],
Cuprum[24],	*Platinum*[12],
Ferrum[21],	*Cadmium*[12],
Argentum[18],	*Palladium*[11],

Thus we see the verification of drug pathogeneсy by an entirely extra-medical investigator, for Reichenbach was a chemist and physicist a contemporary and friend of Berzelius, making no pretension to medical knowledge.

The limits of magazine space preclude an exhaustive treatment of the *Ferrum* group. Perhaps the foregoing may be of some interest to some readers and students.—*Homœopathic Recorder*, March 15, 1905.

Acknowledgments.

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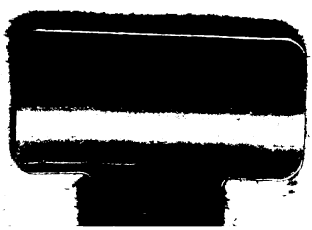

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