

Dr. Shoemaker, in the third edition of his *Materia Medica*, makes the same mistake. As everyone knows, *Phytolacca decandra* is made from poke root and is quite poisonous, while the ripe poke berries are not poisonous. The treatment of obesity, introduced by Drs. Hale and Griffiths, was not by *Phytolacca decandra*, as so many persist in thinking, but by the juice of the ripe berries.

As to the virtues of the treatment, Dr. Sonnenschmidt says there are none—others say they are great. We know some fat people who would consider themselves highly aggrieved if deprived of their "tablets;" they say that with them they are comfortable, while without them they are not. As to the suggestion that this treatment produces "emaciation" by impairing digestion, we can only say that no case of this sort has ever been reported, either in journals or verbally, that we have heard of. There have been many reports received favorable to the treatment, while those unfavorable have not been at all numerous, and certainly none of them included impaired digestion.

NOTES BY THE WAY—SOME THOUGHTS ON DIABETES.

By Dr. Ussher, Wandsworth.

Vast numbers pass sugar in the urine and it is not discovered, nor is diabetes established—much more has to be added before that can be affirmed. A patient of a brother medical has passed large quantities of sugar for thirty years, and she ignores diet altogether. I do not approve her wisdom. Sometimes a long-lasting mischief is accidentally discovered; such happened to me. I had been taking *Hydrangea*, which had been procured for a lady in Putney, who declined it because it was an American remedy; so I took it, and was soon conscious that I had two kidneys to carry upstairs. This discomfort caused me to test the urine, which was of high specific gravity and loaded with sugar. Other symptoms were significant—dry mouth, excessive persistent thirst not alleviated by drinking, good teeth, deciduous upper incisors, micturition at night constant, loss of sleep which told on me severely, emaciation of arms and debility only to be compared with influenza, constipation, constant loss of virile power, easily fatigued, brain is tried. Such was the sum of my case. After a long time the sugar ceased, and the specific gravity fell from 1.037 to 1.018. There was no albumen, but after-

symptoms pointed to stone in the bladder, which was diagnosed and removed by my kind and skillful friend, Mr. C. Knox Shaw, to whom I owe what words cannot record.

Dr. M. Fothergill, in his *Practitioners' Handbook*, gives a case which is interesting for its accidental discovery and the failure of special diet (p. 250): "The patient felt well, but nevertheless he went to a well-known authority on diabetes, who put him on a rigid dietary. On this he rapidly wasted, and became so ill that he returned to his ordinary food, farinaceous and saccharine. On this he quickly improved, became hale and strong, and has remained so for twelve years." I did not ignore diet in my own case, but carefully tested and watched the urine, and am quite satisfied with Sir W. Roberts' copper solution. You note the density, changes of colour, in sediment, and two drops of urine dropped into the boiling test solution at once declares the mischief or its absence—this and the specific gravity told its own tale. The diet of specialists is only for those who can afford it. What use would it be to Hodge to tell him that gluten bread made only *by us*, and cheese prepared *only by us*, as well as ivory jelly, are to be his pleasant diet, whereas his ordinary fare is bread and cheese, bacon or pork (salted), and milk; for of all the abominations, gluten bread, even when assisted downwards by butter, is the worst. It reminds me of the woman to whom a doctor suggested oysters and champagne (not for diabetes). The woman, who could not accomplish this feat, gave the nearest substitute—ginger-beer and cockles. Things set down in diet lists, and there are several in Dr. Ruddock's book, which differ from each other as might be anticipated from doctors. Fruit is condemned by some, which injunction I disregarded, but used it moderately; and so with other articles of this *Index Expurgatorius*—oysters, for instance, when they disagree, and the liver of animals, cod's liver, and rabbit's, or the liver-wing of a fowl. One of these specialists bravely suggests an occasional glass of stout—Guinness's, I suppose, for that is an ambrosial article.

Doctors are not always wise, though they may be great men. It is recorded of a Dublin doctor that a recovering patient, who had passed through typhus, smelt the grateful aroma of corned beef and cabbage coming up from the kitchen. She begged and bribed the nurse to get some for her, the nurse asserting that it was more than her place was worth to do such a thing. However, the wise counsels prevailed, and the diet was thoroughly enjoyed. The nurse told the doctor at the next visit, who, horror-struck,

announced that the patient would be a dead woman. The issue was not fatal, but a good instance of a repeated dose; for when the doctor departed from the house the olfactory nerves brought the same message to the patient, who, assuming all responsibility, sinned once more, and assured the prophetic doctor next day that she was on the road to recovery.

Dr. Graves used to say that he desired no better epitaph than this, "Graves fed fever patients." 'Tis the old saying, "Mortals will go where angels fear to tread"—a bold stroke is often a good one. The old-school treatment of diabetes was good. I take it from Copland's Dictionary, published many years ago. They recognized two forms, as we do, an hepatogenic and a nervous variety, the medicines useful then as now—*Nitric acid* for the former, *Phosphoric acid* for the later; and you will find both states in the one person. Medicines may reduce the sugar and the amount of urine, and this is the case with *Codeia*, *Phos. acid*, and *Uranium nitrate*—the first is a headache producer, even in the one-fourth of a grain; the latter makes you feel the weight of your liver immediately.

Sizygium jambolanum—horrid name and nasty dose—will reduce the sugar; *Urtica urens* θ gtt. v. t.d.s. lessens the red sand, and I found it a helpful tonic. If sugar is a means of dissolving uric acid (Mortimer Granville) it cannot be the wholly pernicious thing it is said to be. I never disused it myself in tea or other things. Moderately, of course, and to substitute saccharine for it, neither gout nor diabetes would overawe me. Dr. Stacy Jones, in his useful and excellent *Bee Line Repertory*, advises maple sugar *ad libitum*, and it is a grateful addition to a restricted diet. To those who would use skim milk in the suggested quarts I have no objection—the milky way is open to them. Patients would be too rigidly tied because nature has entered on pernicious courses, and is to be coaxed back. The mental depression of diabetes pleads for variety—"we want but little here below, nor want that little long," so be generous.

The liver is a much-enduring organ. It is bad policy to flog every offender; time and patience must enter into the cure. The value of change of air and surroundings is great. If the disease is associated with gout and rheumatism let it have a respectful treatment. Wines that are not sweet—Zeltinger, Burgundy, Hock, and that very grateful drink "Salutaris Water," all these are so many dutiful nurses—mitigate all manner of worries. Worries kill like poison, be merciful to the spiteful, for disease

makes them so, as I *well know* by experience, always excepting my amiable self. Cider and perry are baneful. The bowels get very constipated; often the actions are hard, and look greased like a causticum motion, and leave no stain on paper. When you get a list of things to be permitted and denied, remember that what is one man's poison may afford food to another. Fancy turning up your nose at oysters! The copper solution came from Sumner, of Liverpool.

I anxiously await Guernsey's book on Urinalysis. I like American books, though it was once said to me they must tell truth sometimes—occasionally wise, and otherwise. No medium is more beneficial than to mark, learn, and *inwardly* digest a good novel or interesting book—not those of a wicked series, that madden the brain and derange the temper, but wholesome reading, such as Sir Walter Scott, Rosa N. Carey, Edna Lyall, and others afford. I thoroughly enjoyed *Doreen* when I was taking an upstairs holiday, and it is still doing me good.—*Hom. World.*

1896.

FROM HOMŒOPATHIC WORLD.

The year on which we are now entering is a year of great import. First and foremost, it is the centenary year of the first formal statement of the Homœopathic doctrine. In the year 1796 Hahnemann published in *Hufeland's Journal* his "Essay on a New Principle for Ascertaining the Curative Properties of Drugs." This essay, which first clearly set forth the Homœopathic doctrine, was the nucleus on which the *Organon* was built up to appear in book form nine years later. Four years before the appearance of the *Essay*, in 1792, Hahnemann had tentatively broached the idea in the famous footnote in his translation of Cullen's *Materia Medica*, but it is the *Essay* which first declares the fully developed Homœopathic doctrine. Hence, we take the present year as the true hundredth birth-year of Homœopathy.

And two events of high significance will worthily signalize the completion of the Homœopathic Century.

On the free soil of America the Homœopathic seed has taken such deep root, and flourishes so luxuriantly, that it may fairly be said the eyes of the Old World are turned to the New as the

Promised Land of therapeutics. Burdened with old and crusted institutions, vested interests, red tape, the worship of etiquette, and the fear of the medical Mrs. Grundy, Homœopathy in the Old World can hardly tell whether it is advancing or not. In the New World things are very different, and it is an extremely fitting thing that the present year should be marked by the raising of a statue to Hahnemann—worthy at once of the man and the nation—in the capital city of the United States of North America.

The other event which is to take place in the other capital of the English-speaking world in July next is the Fifth Quinquennial International Homœopathic Congress. By a happy accident, in the ordinary course of events, this gathering of Homœopaths from all parts of the world falls in the present year. In this event the Old World will unite with the New in celebrating the great Centenary.

We can promise to all our brethren abroad who shall honour us with their presence the hearty welcome which we flatter ourselves (with all our faults) we know how to give to our guests. All roads lead to London, and we confidently expect a goodly gathering of our Continental *confrères*, with representatives from India and distant colonies.

But, again, it is to the New World that our eyes are chiefly turned to send us the largest contingent. This is not a British Congress, but a World's Congress, and that part of the world which contributes most largely to the numbers will have the largest share of honours and influence.

It may not be known to all how the arrangements are carried out from term to term of each of the five years' intervals. As we understand, the permanent link between the Congresses is our esteemed colleague Dr. Richard Hughes, who acts as honorary secretary. It has been the custom for some representative Homœopathic body in each nation where the Congress is to be held to elect, the year previous, officers to carry out the preliminary business and arrange for Congress meetings and social gatherings. The remaining offices are left to be filled up when the Congress meets, when every nationality receives its share of honours according to the strength of the contingent it sends. At the Annual Congress at Leeds last year the working officials were duly selected, and nothing, we are sure, is more devoutly wished by these said officials than that they may be greatly outnumbered next July by the election of members from the assem-

blage of distinguished Homœopaths from every quarter of the globe to the many offices of honour which remain to be allotted.

SOME EXPERIENCES WITH BAPTISIA.—For some time past I have been experimenting clinically with one of the greatest remedies in our materia medica—*Baptisia*. I do not think this far-reaching remedy is given the latitude that is due it, from what cause I know not. I am aware of the fact that it is not indicated as often as some of our remedies, but it is more often indicated than it is prescribed. This remedy covers many grave and important morbid conditions, although it is not accredited with a wide range of action. The antiseptic power is far-reaching—much more than is supposed, as will be demonstrated to any one who will try it in any condition where antiseptic treatment is required, such as old and bad smelling ulcers, putrid sore throat, puerperal fever, or used as a gargle, douche, and internally. In typhoid conditions I think it is often used when not indicated.

One must be cautious not to confound this remedy with *Arnica*, *Rhus*, or *Mur. acid*, in the typhoid state, and still it is not so hard to distinguish the difference between the four remedies. In *Baptisia* all the exhalations and discharges are exceedingly offensive, while in the other three remedies this is not so marked. *Rhus tox* will come nearer to it than *Arnica* or *Mur. acid* in this respect, and in *Baptisia* there is more rapid and profound decomposition of vital fluids and disintegration of tissue.

This remedy appears to exert a great influence on tubercular affections; this comes from the antiseptic qualities it possesses. I have found in catarrhal conditions of the liver and bowels, where there are putrid smelling discharges of a black color, with great prostration and very little pain, this remedy will bring about some wonderful results; also in pneumonia where it takes on the typhoid form.

I think, in prescribing, one should take into consideration the physiological action, as well as the symptomatology of the remedy; for if we do not do this we may have some which may appear to be very prominent and guiding symptoms in the case, and be still misled in selecting the proper remedy. Whereas, if you look at the physiological action and the symptomatology, we are not quite so liable to be misled as when we look at one and not at the other. Of course we are taught to select the most peculiar symptom and from that select our remedy, but what I

might call the most peculiar symptom some one else might not; therefore I claim that if we look at both we will oftentimes make a better prescription.—*Hartman.*

A CASE OF NIGHT-BLINDNESS.—In April last, when I was at Baidyanath Junction on the East Indian Railway (Chord Line), Babulal, a servant of mine, complained of Night-blindness. The blindness used to set in as soon as the sun set, and would continue till day-dawn when he could see again. There was no pain in the eye, nor any visible change in it. There was no other complaint. I could not trace it to any cause, except that after his morning work he used to go for his meals to his village, about a couple of miles from where I was living, at about noon, and come back to his duty a couple of hours after, so that he had to expose himself to the heat and glare of a powerful sun.

We have a reputed remedy by which I was myself cured when I had the disease in my boyhood, and by which I have cured several similar cases. This is the liver of the goat, which is directed to be eaten after being fried in ghee (clarified butter). A couple of days' use of this pleasant remedy or rather food has been enough to cure the disease. I have succeeded with it after failure with treatment by drugs. I was, therefore, anxious, before giving the patient any drug, to try this plan of treatment. But unfortunately I could not procure the liver of a goat. I waited three days, and still the thing could not be had. Then thinking that the remedy cures the disease by acting upon the liver, I thought of *Nux vomica*, and gave him pilules moistened with the 6th dilution. The improvement reported on the following day was not satisfactory. I thought this was due to the small size of the dose, and I, therefore, gave him drop doses of the same dilution. The improvement was rapid and remarkable, and in a couple of days he was all right. There was a slight relapse in June next, and the same remedy, in the same dilution and dose, was efficacious as before.—*Dr. M. L. Sicar, in Calcutta Journal of Medicine.*

ALOES.—A fact that highly recommends *Aloes* is, that one does not so readily become habituated to its action upon the bowels. It can be given for a long time, and the dose need not be materially increased. This is not true of many remedies of this class, if it be true of *any* other. The effect of *Aloes* is not materially increased or modified by combining with other drugs,

unless possibly *Ipecac* be an exception to this statement. Of course when other drugs like *Leptandrin*, *Podophyllin*, etc., are added to it, we get a combined action of the mixture, but the aloetic action is not increased or diminished.

The *Aloes* patient will complain of a fullness of the head, a frontal headache; he is dull, heavy, with no inclination to mental or physical effort; there is a bad taste in the mouth, with nausea and flatulence; abdominal soreness, fullness, and heaviness. He complains of a heavy weight and dragging about the rectum. If a woman, the womb is heavy, engorged; full, uneasy feeling about the pelvis, with a dull, heavy sacral pain, and perhaps a tendency to hemorrhage, the blood being dark and clotted. The urine is scanty, hot, dark, even bloody or brown, with many times a heavy sediment. The bowels do not act at all, or are slow, full, constipated.

With these symptoms in toto before us, it is not a difficult matter to prescribe *Aloes*. First comes the anæmic female. You can see her before you now. She is pale, heavy, relaxed, congested, sallow, if not jaundiced; her habit is gross; she has poor waste and innervation and nutrition. She don't need physic, but she does need stimulating and cleaning up. Give her *Aloes* and any other indicated remedy, so that she will have from one to three good full stools a day, and there will be a general awakening. She will improve the first week, the second, and the third.

Thus *Aloes* becomes a most excellent remedy in the treatment of many cases of chronic constipation. And although Prof. Webster does not deem it worthy of notice in his otherwise excellent work, *Dynamical Therapeutics*, *Aloes* should have its deserved consideration in every book we write, for we could hardly get along without it in many of these cases.

Is *Aloes* a cause or cure of hemorrhoids? Both. Give it in a case where there is already engorgement and active irritation, and you may produce piles. On the other hand, in that case of hemorrhoids with atony and relaxation, it may prove a precious boon to the sore-anused sufferer. The same is true of *Aloes* in jaundice. It may do well or ill, as the patient is atonic, anæmic, or feverish and irritable. In the same way, *Aloes* should be considered as a remedy for hemorrhage from the uterus or the lower bowel; for diarrhoea, for dysentery, as an emmenagogue, for hepatic and intestinal torpor, in hysteria, and in a dozen or more different diseases. Don't prescribe it for the name of the disease; prescribe it for the conditions of symptoms presenting and calling for *Aloes*, and you will never discard it. Because of the relief of these full, heavy, drowsy symptoms, *Aloes* is frequently an ingredient of the so-called "dinner pill." It relieves intestinal dyspepsia, by awakening the torpor of the intestinal muscular fibers.—*Eclectic Medical Journal.*