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THE  
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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“IF OUR SCHOOL EVER GIVES UP THE STRICT INDUCTIVE METHOD OF HAHNEMANN, WE ARE LOST, AND DESERVE TO BE MENTIONED ONLY AS A CARICATURE IN THE HISTORY OF MEDICINE.”—*Constantine Hering.*

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EDITED BY  
WALTER M. JAMES, M. D.,  
AND  
GEORGE H. CLARK, M. D.

VOL. XI.

JUL 15 1899

PHILADELPHIA:  
1125 SPRUCE STREET.  
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THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“ If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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Vol. XI.

JANUARY, 1891.

No. 1.

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EDITORIALS.

SALUTATORY.—CONSTANTINE HERING, whom we may justly call the American Hahnemann, wrote, just before his death, those warning words which appear at the top of our page. This admonition we shall keep displayed at our mast-head, to serve as a beacon-light of warning to the foolhardy practitioner who would desert our law, the true and unerring compass of therapeutics, and trust to chance knowledge of the rocky coast or hidden sand-bars which the practitioner continually meets in his stormy crusade against disease and death.

Soon after the demise of our late teacher and guide, some friends of the departed hero and earnest workers for pure Homœopathy met to consider how his last injunction could be best obeyed, and that the life-work of this prince of workers should not be rendered nugatory nor our noble school live “ as a caricature in the history of medicine.”

To assist in this noble work a pure, able homœopathic journal was considered necessary. And, that this journal might exert a powerful influence for good in our school, it was determined to ask the active co-operation of the best and ablest men in our ranks. This was done; and the hearty, willing offers of assistance which came back to us were very gratifying, and, more-

over, assured us of success; it was even more pleasing than this, as it proved our best men were alive to the danger and eager to meet it.

As to our course and work, we may say THE HOMŒOPATHIC PHYSICIAN—so called because the homœopathic physician represents the full complement of scientific medicine, and because Hahnemann considered it a title of the highest honor—will strive to show that the conscientious practitioner preserves intact “the strict inductive method of Hahnemann;” also, that the following are the true and essential features of Homœopathy:

The Law of the Similars,  
The Single Remedy,  
The Minimum Dose,

the first being the unfailing law, the last two its logical corollaries.

To establish these principles, THE HOMŒOPATHIC PHYSICIAN will offer logical argument and clinical proof; all “fatal errors,” made by those attempting to pervert these principles, all deviations from the strict application of *the Law*, will be courteously yet *fearlessly* combated. In short, this new advocate for professional favor will defend unflinchingly in its pages that law which has never failed its editors in the sick-room.

A large portion of its work will be clinical matter furnished by our able corps of distinguished contributors; the *materia medica* will be fully compared, corrected, and illustrated by the best therapeutists in the homœopathic school; current medical literature will be thoroughly scanned for interesting or instructive matter; books will be impartially reviewed; the papers will aim to be short, clear, and to the point.

The law of similars is to Homœopathy what the “vital spark” is to the human frame; crush it out and we are but a dead mass, certain to become corrupt and to decay. To preserve this law, this vital spark, should be the earnest desire of all true men and all earnest physicians. No true men could oppose such a noble work—noble, for it seeks to preserve and to perfect a science whose sole object is to relieve and cure human misery. To this work is this journal dedicated and for this purpose is it

established. We ask the aid of all true homœopaths, promising to be "independent in everything, neutral in nothing."

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The foregoing editorial written by the former editor of this journal, Dr. Edmund J. Lee, appeared exactly ten years ago in the first number of *THE HOMŒOPATHIC PHYSICIAN* ever issued.

The professions and promises there made have been faithfully kept, as most of our subscribers, who have been steady readers of the journal from the beginning, clearly appreciate. Thus the past career of *THE HOMŒOPATHIC PHYSICIAN* is in marked contrast to all the journals published as professed adherents of our school. It has never swerved from the strict line of the "inductive method of Hahnemann;" it has been "independent in everything, neutral in nothing;" it has set a shining example that other journals are now imitating. As the aim of the journal has been to teach the only successful and harmless method of healing the sick, the fact that its example *is* imitated by other journals gives us the highest satisfaction. It is a proof of the justice of our cause, the influence of our words; it is the highest compliment that can be paid us.

How many physicians have been educated in the true art by its teachings! It has been a college in itself in the instruction it has afforded to those, who, not knowing, yet desired enlightenment.

The condition of the homœopathic school at the beginning of the last decade was one of transition, a passing from the strict homœopathic practice of Hering and his contemporaneous workers into the avowedly eclectic practice of to-day. To-day we find the literature, the colleges, and the medical societies all openly professing and teaching the plainest eclecticism. Ten years ago a mongrel pretended to be a homœopathist, to-day he boastfully proclaims himself "a scientific physician," which is merely an "alias" for eclecticism. The literature of our school, nominally, homœopathic, has been steadily deteriorating, until now nothing of the true homœopathic philosophy is taught. Is there not, then, even a greater need for a strong and fearless

journal to uphold the "true inductive method" of the immortal Hahnemann?

In short, every word of that editorial is even more applicable now and for the coming decade than it was ten years ago. It is the summary of our opinion of the needs of the present, an earnest promise of our intentions for the future.

W. M. J.

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SALUTATORY.—While not competent to say just what all physicians need in a journal, tastes are so varying, we feel we are justified in saying that every one needs and should demand practical facts. Such facts as shall be of use every day, and for all time. This has been our effort in the past, and we shall continue in this course. Theories should be as playthings to the practical physician; they should have no place in the mind of a conscientious practitioner at the bedside. When one meets the sufferings of the sick there is demanded that which will give help in the quickest, safest, and most pleasant manner. Every physician should be Gradgrindian in the pursuit of practical, valuable facts, and he who possesses such should always be willing to make them known.

Notwithstanding the advantages we, as Hahnemannians, have over those who know nothing of law in the treatment of disease, efforts are being continually made to belittle the work of Hahnemann and his followers by attempts to engraft upon Homœopathy silly theories that have no connection with the law, and thus many are led away from facts, and flounder helplessly in the mire of empiricism. This is done not only by our opponents, but by many who profess to be true disciples of the master. Thus much harm is being done, and it is incumbent upon all the faithful to combat these efforts.

We know—actual proof is ours—that we possess the only *law* of cure. We know that the latest developments which are found to be true, in respect to the cause and nature of diseases, are not at variance with this law and its corollaries, and that we need only still adhere to our law to be successful in the treat-

ment of any and all affections, from the simplest to the most malignant—even if they be due to microbes.

The microbe craze now reigns supreme. The public have absorbed from the empirical school the new ideas its adherents are promulgating, and are being misled. This will last but a little time, and then, as has been usual, it will all be forgotten, and some other idea will prevail.

It behooves us to stand fast. Our position is impregnable. By continuing steadfast in what we know to be right we shall gain more adherents, and thus the world will continue to be benefited by the genius of Hahnemann and the honesty of his followers.

G. H. C.

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PROFESSOR KOCH'S DISCOVERY.—Hahnemannians possess, beside the law of cure, the only true idea regarding the *nature* of diseases. This knowledge can now be applied to Professor Koch's claims in respect to the cure of tuberculosis, and it will enable any follower of Hahnemann to pronounce a true verdict on the power of this so-called cure before all the allopathic evidence in its favor has been offered.

We do not hesitate to say that it will be found to be capable of doing only what any other one remedy can do; it has its curative sphere, and that sphere can only be known by making a proving of the substance used—no matter what it may be. After this is done we can show just what conditions of sickness it will cure. If this be done at once, and if Professor Koch and his adherents will accept it as indicating the power of his remedy—which we know they will not—we can assure them that their admirers will have less blame to throw upon them when they at last realize how they have been misled.

G. H. C.

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DR. SWAN'S THEORY.—Dr. Swan should now take the floor and show that he has priority of claim; he can also show that he has a method of administering his remedy—thanks to the genius of Hahnemann—that will not jeopardize either life or health, as Koch's remedy is said to do.

Mingled with the amusement that is caused by Koch's widely published claims must be sorrow for those who are being buoyed up with the hope that their fatal disease can now be cured.

If the laity could only realize that the history of old-school medicine is but a series of crazes similar to the present one, there would be less harm from these unstable claims. But only a knowledge of homœopathic law can teach that empiricism is hurtful, and little that is good can come from such lawless procedures.

G. H. C.

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THE DEVELOPMENT OF NOSODE PRACTICE IN THE OLD SCHOOL.—The following is an editorial from a recent number of *The Medical Record*, of New York :

“Several recent studies upon the products of the growth or activity of pathogenic bacteria show that among these products are certain poisonous proteid bodies. These substances possess in some cases the same pathogenic property as in the original micro-organism. We have, therefore, as the result of microbic activity, not only ptomaines which are alkaloids, but a class of bodies which react like albumins.

“This latter class has been called pathogenic albumoses or ‘tox-albumins.’ Mr. E. H. Hankin, of Cambridge, has obtained such an albumose from anthrax culture, and Mr. Cartwright Wood has used it successfully as a protective vaccine. Brieger and Fraenkel have studied the diphtheria bacillus of Löffler, and have obtained a toxic albumin from it. They found that it produced no ptomaine.

“They obtained similar bodies from cultures of the specific microbes of typhoid, cholera, and tetanus, and of the staphylococcus pyogenes aureus, and in each case the bodies possessed definite pathogenic properties. The details given are not numerous, but it is of interest to note that the proteid isolated from cultures of staphylococcus appeared to give rise to the formation of pus differing from normal pus only in being completely devoid of micro-organisms.

“The practical importance of these discoveries lies in the fact that it may be possible, through the use of these new bodies, to obtain protective vaccines for various diseases.”

That these bodies should possess “definite pathogenic properties” should excite no wonder in the mind of a follower of Hahnemann, but, if memory serves us, we have an impression that these men who now present “these bodies” have been heaping abuse upon Hahnemannians for using similar bodies

for curing sicknesses in which only a true homœopathician can know how to scientifically use them—that is, by adhering to the law of similars, and properly proving them.

The following is of the same character :

“The *Journal de la Santé* relates that Dr. Babchinski, a Russian physician, having had his son affected with grave diphtheria, erysipelas of the face suddenly supervened, which was followed by a remarkable change in the state of the patient—the fever fell, the false membranes disappeared, and the patient was cured in a short time. Dr. Babchinski had observed in several other patients a similar improvement taking place after the disappearance of an attack of erysipelas, and in one of them the erysipelas had invaded the leg. These facts suggested to this physician the idea of inoculating a diphtheritic patient with blood taken from a patient affected with erysipelas. Erysipelas declared itself, things passed as in the preceding case, and the child which was inoculated was cured. Subsequently he practiced inoculations on other diphtheritic patients with cultures of microbes of erysipelas, cultivated on agar-agar, and constantly the manifestations of diphtheria disappeared. It may be added that, besides the inoculations, the patients had not been submitted to any other special medication whatever, and that in no case did erysipelas present any grave symptom. Dr. Babchinski concludes his note with the following remarks: ‘If my observations and my experiments are confirmed, this treatment of diphtheria will be easy and certain, and this malady will no longer be dreaded.’”

Thus does scientific empiricism build up a therapy. We trust those who blindly follow in the footsteps of such teachings will now let us know upon what grounds they decry the proper use of any substance for the cure of disease.

Despite the opportunities offered these false scientists, in the works of Hahnemann and his followers, to become acquainted with the only real scientific method of learning what remedies for disease are capable of doing, they continue in their blindness. The darkness of the Middle Ages still obscures their vision.

Here is another specimen :

“At a recent meeting of the Academy of Medicine M. Nocard read a paper by M. Peyraud on *The Etiology and Treatment of Tetanus*. M. Peyraud, having inoculated a number of rabbits with an infusion which he made from hay, says he was able by this means to bring on an attack of tetanus in fifty per cent. of the animals inoculated. The animals thus inoculated succumbed in the proportion of five out of every six. M. Peyraud has a theory that a chemical substance capable of exciting symptoms analogous to those caused by the invasion of the system by a given micro-organism will prove by inoculation to

be a vaccine against the ravages of the microbe. He has applied this theory to Strychnine, considered as the vaccine against tetanus. His method of proceeding was as follows: He injected hypodermically for a period of five or six days a dose of Strychnine, varying the dose according to the size of the animal and the appearance of the convulsions. The animals being thus prepared, he inoculated them with pus obtained from an animal previously dead of tetanus. Ten of such rabbits were inoculated, but, in addition to these ten already prepared, he inoculated, as a controlling experiment, four others not previously protected by Strychnine vaccination. The whole four non-vaccinated ones died and three of the ten vaccinated. The death of three of the prepared animals was attributed to a supplementary injection of Strychnine, which proved too strong. M. Nocard repeated these experiments by following a somewhat different method. He prepared a pure culture of tetanic bacilli from a lamb. Then he took ten rabbits and injected under the skin of each for five days in succession, ten drops of a solution of Sulphate of Strychnine of the strength of 1 in 1,000. He next inoculated the ten with his bacillary culture, controlling the experiment by at the same time inoculating ten untouched rabbits with the same culture. The result, however, was that they all died in from three to five days. He repeated the experiment with slight modifications, but the result was not less disastrous. The conclusion, therefore, was obvious."

What was "obvious"? Certainly the ignorance of the experimenter. "Ten drops of a solution of Strychnine of the strength of 1 in 1,000"! and "for five days in succession"! The next experiment he should make should be to try the same solution on himself in order to see what effect it would have on fools.

G. H. C.

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THE FUTURE OF MEDICINE.—The British Medical Association's meeting, held at Birmingham, in the last days of July, as usual produced some food for thought. From the words quoted below of Dr. Broadbent, of London, who gave an "Address on Therapeutics," we may learn what the future may give. Dr. Broadbent said: "I can lay claim to only one quality in accepting the honor, and that is, I have an immense interest in the subject as a branch of science, and not only as a professional means of gaining a living. I have a profound conviction that, in the therapeutic art, there must be fixed laws, if only these could be discovered, and that, sooner or later, the art of therapeutics will enter the scientific epoch, and be ranked with arts



such as engineering or other arts which applied the exacter sciences to the benefit of mankind.”

Great Scott!! This in the last decade of the nineteenth century, and from a leading London physician of the scientific (?) school!

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This, from the same address, for the benefit of those who take the name of homœopathist, and still use palliatives: “It is bad practice to be continually using purgatives, stimulants, or narcotics. When the urine is turbid, it is not sufficient at once to prescribe an alkali, and it is short-sighted policy to continue giving bromides indefinitely in epilepsy. If this was done, the health of the patient might be deteriorated with no benefit to the fits. As much as possible, the practitioner must resist the desire for palliatives. One more protest I must raise—it is against the rage for new drugs which seems to have taken possession of the profession. This is absolutely fatal to accuracy of observation and precision in treatment. \* \* \* When drugs are recommended simply by an advertising chemist, it is humiliating to see such statements command general acceptance. May I take the dangerous liberty of indicating the points of my diagnosis of a weak medical man? They are indiscriminate administration of stimulants in fever, a ready resort to narcotics and sedatives, treatment directed to symptoms only, and a fondness for new drugs with high-sounding names.” G. H. C.

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## HOW TO USE A REPERTORY.\*

EDITORS HOMŒOPATHIC PHYSICIAN:

In answering the queries of your correspondent, it must be remembered that each physician has his own way of doing his own work; hence answers to his queries can only be given in a general way. Upon these four points, he asks suggestions:

1. The Abuse of Repertories.

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\* The above article, from the pen of the former editor of this journal, is in answer to a letter of Dr. Yingling asking for an article upon the use of the Repertory.—Eds.

2. The Use of Repertories.
3. The Comparison of Repertories.
4. The Physician's Repertory.

The first two points may be considered together; for if a repertory be used rightly it cannot be abused. It must be remembered that a repertory is really only an index to the *Materia Medica*, not in any sense a separate work upon that subject. It is an index which tells one where to look in the *Materia Medica* for any given subject. The *Materia Medica* itself is very defective and hence all indices, or repertories, to it must necessarily be also defective. One cannot safely prescribe for his patients by simply looking up his symptoms in a repertory. He should find in the repertory the remedy, or the remedies, most nearly indicated and then look over the *Materia Medica* to be sure of his prescription. To prescribe by looking up a few symptoms in a repertory, without any reference to a *Materia Medica*, would be an abuse of the repertory, and the result apt to be a failure.

Before attempting to use a repertory correctly it is essential that the prescriber should know how to prescribe correctly. He should know how to examine a patient properly and record such symptoms; also how to select the few peculiar symptoms from the many common ones. His prescription must be based upon the symptoms which are peculiar to the individual case under consideration; these are the ones to be sought for in the repertory.

Each case has a few peculiar symptoms upon which the prescription must be made; the many general symptoms do not count in selecting the remedy. Suppose the patient complains of a cough; one would not think of looking in a repertory to see what remedies have a "cough," it is too common. But suppose further, the patient complains of being aroused from sleep at some special hour by his cough; on referring to a repertory, it may be that only a few remedies have a cough arousing one at that special hour. Further questioning may elicit the information that the cough is accompanied by some peculiar pain in head or in chest; on reference to the repertory, we may find that only one or two remedies are given as having this symptom

and the previous one also. Now, our use of the repertory has narrowed down to, say two or three, the remedies we must study in the *Materia Medica* to ascertain the one, true simillimum. A further examination of the patient ought easily to elicit sufficient data to enable one to decide with some degree of certainty which remedy he should *study* in his *Materia Medica*, not which remedy he should prescribe off-hand.

The old pioneers in Homœopathy used to “thumb” their *Materia Medica*, running it over from Aconite to Zinc, to find the remedy having the peculiar symptoms of their patients. We, fortunately, having better repertories, do not need to do this in each case. Yet one cannot doubt but that this “thumbing” of the *Materia Medica* made our predecessors thorough students of materia medica and gave them that success which has given Homœopathy its proud title of being *the healing art*. Repertories are most certainly abused when one uses them to prescribe from instead of studying the *Materia Medica*.

The first symptom to be sought for in a repertory ought to be the most peculiar one; the one which is probably to be found under only a few drugs. The second symptom to be looked for should be the next “most uncommon;” and so on. By following this method, one generally needs to look for only three or four symptoms before he is ready to open his *Materia Medica*. As a general rule, we find that the mental symptoms are the most peculiar and so the best ones to be looked up first. Each remedy has its general characteristic symptoms and its peculiar local or pathological ones; each remedy has its peculiar headache or cough or stool and its general characteristics. So in prescribing, say for a case of headache, we must find a remedy having the local symptoms of the head—plus the general ones of the patient.

The local symptoms are generally easily given in a repertory and so easily found. But the general characteristic symptoms of a remedy are seldom given with any clearness in a repertory; indeed these general characteristic symptoms are made up of several symptoms which must be taken together to give an intelligible idea of the remedy. All of the pains and sensations

of Aconite may be found, each under its appropriate heading, in almost any repertory, but where can one find, under one heading, its general characteristics? The characteristics of each remedy are peculiar to it, as are the traits of each individual. When one sees a friend on the street, he recognizes him, even in a crowd, at a glance. He does not need to closely scrutinize each feature, to examine the color of his eyes, the shape of his nose, nor to ascertain his weight or height, etc. All of these points, common to so many persons, are dismissed without a thought, and the friend is recognized by some peculiarity of form or gesture or walk.

So it should be with our remedies; each one should be recognized by its peculiar not by its common symptoms. Aconite, for instance, has many symptoms common to many other remedies; and is therefore only to be prescribed when the patient has the common symptoms *plus* the peculiar one. The great key-note of Aconite is fear; the patient is never cheerful and contented; suppose a patient complains of this symptom, shall Aconite be given? Over one hundred other remedies have it also, in one way or another. Obviously this one symptom, peculiar as it is with this remedy, must be further qualified before it could be safely considered a key-note. So we say the characteristics of Aconite are its anxiety, fear, restlessness, fever, etc. The cough of Aconite and of Squilla are very similar; in one case the patient is restless; in the other, quiet.

In looking up a remedy in a repertory all these points must be considered; but one need look only for the peculiar symptoms of the patient and when a remedy is found which has these, one may safely turn to the *Materia Medica* to make "assurance doubly sure." Let us further illustrate, by supposing a case, of only a few symptoms, for brevity.

The patient is full blooded, well nourished, has dark hair and eyes. Complains of stitches through chest; anxious, labored breathing; painful sensitiveness to contact; sudden sinking of strength; hot, dry skin, fever; burning internally; is irritable, anxious, restless, fearful of death; is worse in evening, lying on left side, etc. These symptoms, collectively, are typical of

Aconite ; individually and separately they will be found in a repertory under several drugs. A glance at the *Materia Medica* is needed to give one this complete picture of the remedy.

Many pages might be written upon the use of the repertory ; yet it would be merely a repetition of these four points :

1. Examine patient fully, as Hahnemann has directed.
2. Select from the results of this examination the symptoms which are peculiar to the individual under treatment.
3. Seek in a repertory for a remedy (or it may be two or more remedies) having these peculiar symptoms.
4. Consult the *Materia Medica* to be sure the remedy has the peculiar symptoms ; thus one prevents errors in repertory from misleading and at same time gets a comprehensive view of the remedy.

As to a comparison of repertories, it seems best for each physician to use one repertory so as to become thoroughly familiar with it in order that he may be able to use it promptly and efficiently. He soon becomes so familiar with its arrangement that he can find anything in it and feels sure no symptom desired can elude his search. When a desired symptom cannot be found in this repertory, then seek for it in every repertory, or thumb the *Materia Medica* until it be found ; and when found, make a note of it at once, in the appropriate place in the working repertory, so that forever after that symptom will be readily found. By so entering each new symptom, as it is found, one gets finally a very valuable repertory. A poor repertory, whose arrangement and contents are well known is of more practical value to a prescriber than a more complete repertory which is a *terra incognita*. Using a repertory as a mere index to the *Materia Medica* prevents misprints, errors, and omissions from causing erroneous prescriptions. In many repertories Ars. is printed Arn. ; Ang. for Arg., etc., etc. ; such errors would readily cause one to use Arnica instead of Arsenic ; or Angustura for Argentum, etc., were he to rely solely upon the repertory.

Many physicians compile repertories in MSS., using various arrangements. It would seem more useful to use the working,

every-day repertory, as the basis and build upon it, as just suggested.

It will thus be seen that the consideration of the "Use of a Repertory" involves also the consideration of the question, "How to prescribe;" for unless one knows how to prescribe homœopathically he cannot know how to use a repertory. Unless he knows just which symptoms of his patients are to be used to base his prescription upon, he will be at a loss to know what he is to search for in his repertory. If he looks up every symptom, the common as well as the peculiar and characteristic, he will perform much unnecessary labor and most probably become confused and disheartened. By sifting out from the mass of symptoms those which are peculiar and uncommon and seeking for a remedy covering these, one makes his task easier, more certain and insures success; especially so if he refers to his *Materia Medica* to be sure he has the true simillimum.

E. J. L.

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## ACTION AND REACTION.

(Proceedings of I. H. A., evening session, June 24th, 1890.)

Dr. Hawley—I have one objection to make to the paper of Dr. Kent. In it he seems to me to be a little mixed in his use of the words action and reaction. He states, if I understand him aright, that all the symptoms resulting from the drug are drug action. Then he speaks frequently of the reaction of the vital force. There is some confusion here, to my mind, which might have been avoided by a little circumlocution.

Dr. Custis—The diarrhœa produced by the Opium must have been due to some idiosyncrasy in the patient, and shows that Opium was not a proper remedy for that person. Different people are subject to different diseases, and the same drug will operate differently upon different constitutions, and hence by a study of the peculiar susceptibilities of our patients we may often get a clue to the class of remedies needed. One man, for instance, will always have rheumatic conditions follow an exposure and he will have a certain class of remedies to which he

is most susceptible, and among them you will find his remedy. Some people are so susceptible to certain remedies that they can never take them without producing aggravations; these are due to the idiosyncrasy of the person and not to the double action of the drug. When a patient is so susceptible to Bell., for instance, that patient will never be helped by Bell., and would be a poor person on whom to prove Bell., because you would not get the finer symptoms. The two fields for study are the nature of the disease and the action of the drug.

Dr. Johnstone—The gentlemen who followed Dr. Kent and preceded me, have hardly criticized the paper, but simply confirmed it. The action of the drug is purely primary, and causes the vital force to react toward health.

The drug has an action, and the body has a reaction; the drug gives the impulse, the push to the deranged vital force, which causes it to reach toward normal life. Drugs have only one action, and that is always sick-making; it is the body which reacts. Drugs sometimes kill people when very accurately fitted to the symptoms of the case, especially if too frequently repeated. I have had one case of that kind where the patient did not improve under the indicated remedy, and I believe would have lived longer without it.

Dr. Hitchcock—There seems to be difficulty in understanding the terms action and reaction. I cannot see how anything but the reaction of the body can ever be manifest to us. Whether the individual is made sick by a drug or by a natural cause, it is the vital power trying to overcome the disturbing influence that makes symptoms which are the only things of disease that are manifest to us. Hence it is plainly the reaction of the vital force, in all cases that makes symptoms; and the only thing that we see is reaction and not action.

When we give a remedy to a prover we get certain results; these results are simply the efforts of the vital force to get rid of or overcome the power which is disturbing it. They are the reaction of the system, not the action of the drugs; of this latter we know nothing, and therefore no line can be drawn between action and reaction. In the case of the hand plunged

into cold water, the first effect is entirely mechanical and cannot be compared to the effect of a potency; the after effects are also entirely different. I do not think it is a fair example.

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## NUGGETS.

C. CARLETON SMITH, M. D., PHILADELPHIA.

Intense dryness of the mouth and fauces, so dry as to cause choking, especially on awaking in the morning, is often a symptom of the coming on of a serious attack of illness. And patients thus suffering have no thirst whatever, but they run for water as soon as they awake to moisten the parts. We have six drugs which produce this morbid condition, viz.: Paris-quad., Dioscorea vili., Lycopod., Nux-mos., Puls., and Sulphur.

Paris-quad. has great dryness of the tongue and mouth when waking from sleep at any time; tongue coated white, with roughness of the surface, bitter or altered taste, and no thirst. Dioscorea has very dry tongue in the morning with heavy brown coating, bitter taste, and no thirst.

Lycopod. has dry tongue in the morning with great stiffness of the organ, generally free from coating, bitter, fatty, saltish, or sour taste.

Nux-mos. has continual dryness, with a paralyzed condition of the tongue, and entire absence of thirst or taste.

Pulsatilla has dry tongue, as if burnt, which makes it feel insensible in the morning. Grayish coating of tough, tenacious mucus, without thirst, and with earthy, flat, but more especially bitter, putrid saltish, sour taste.

Sulphur has dry, brown, parched, rough tongue in the morning with *thirst*, and with either bitter, flat, putrid, saltish, or more frequently *sour* taste. When you hear a patient who is becoming seriously ill complain of "feeling of *great weight in the nape of the neck*," think first of Paris-quad.

When the baby cries all day long and sleeps soundly all night study Lycopod. And tell the nurse to save the baby's napkin after it has been urinated upon—lay it away on a smooth surface



to dry—look at it with a magnifying glass, and you will generally find fine particles of beautiful red sand. Lyc. will set the matter all right.

Persons recovering from a severe attack of pneumonia will frequently call your attention to the fact that their lungs are not right, they are *full of smoke*, and that they smell pine smoke as if wood was burning. Give such patients a dose or two of Baryta-carb., high. If they complain of *paper burning*, think of Coffea. A *constant* tormenting, urging in the rectum without a stool; wanting to pass a stool, but the constant pain increased by urging, and the patient is obliged to desist, Lachesis.

A most harassing titillating cough in children at night as soon as their heads touch the pillow, but not at all in day-time. Drosera will probably help you out.

Conium is also one of our best remedies for cough with aggravation as soon as head touches pillow. But it has a cough which is very troublesome through the day.

It is a well-known fact that patients suffering with dyspnoea from whatever condition of the lungs or bronchia are, as a rule, made worse by lying down. But when a case is met with which has "gasping for breath as soon as he assumes the sitting posture," think at once of Laurocerasus.

In this latitude we frequently find Rhus-tox. and Rhododendron indicated in rheumatic conditions. And in their use it is well to bear in mind these distinguishing marks: Under Rhod. pains do not admit of the limbs being at rest, a desire to move and moving relieves; Rhus occasions uneasiness in the painful parts, but on moving the pains are worse, continued motion only relieves.

Rhod. has general aggravation of pains before a change in the weather, particularly before a thunder-storm. And Dr. Hering said even in dysentery this holds true. Rhus has aggravation from the warmth of the bed or from getting wet while perspiring.

Rhod. acts more particularly on the right side of body, and Rhus on the left.

If you observe as a marked characteristic symptom in a case,

“*quivering of the LEFT upper eyelid,*” especially in convulsions of children, give *Arum-triphyllum*. Where a sharp fish-bone has wounded the œsophagus, give *Cicuta-virosa*.

When the sensation of a fish-bone remains in throat, and yet you cannot discover any, give *Hepar*.

When the œsophagus has been burned by swallowing hot potato or hot drinks, give *Sapo soda*<sup>30</sup>. In case of stools pouring away from the anus, feeling as hot as boiling water, *Mercurius-sulphuricus* is the remedy. The next similar drug to this is *Calc-phos.*, which has daily, watery, very hot stools. Acute pain in the eye after a blow from a blunt instrument, or from a baby’s fist, with spasmodic closing of the lid, with feeling as if lid slipped over a round smooth lump, calls for *Symphytum-off*. Bearing-down pains, with pressure on the bladder and frequent desire to urinate, all relieved by horseback riding, *Lycopod.* is the remedy.

We meet with young people, sometimes, whose hair has fallen out in spots and those spots have become gray when the hair is renewed. Such cases need *Vinca-minor*.

Patients who cannot sit at all because their backs ache so intensely, accompanied with burning along the whole spine, give *Zincum*. Also compare *Cobalt.*, *Puls.*, and *Sepia*.

In a case of nephralgia or urinary calculi occurring on the right side, and you are in doubt whether to give *Lyc.* or *Berberis*, if the patient should have been before the attack, or is, at the time, suffering with acute rheumatism of knee-joint on that side, *Berberis* will be the preferable remedy.

*Colocynthis* and *Staphisagria* are very similar, not only in their anger and inclination to be sorely vexed, but also in regard to the abdominal colic, neuralgia, and dysentery, and hence should be studied together. *Arsenicum*, drinks little, but often. *Bryonia*, drinks much but not often. *Bry.*, eats often, but little at a time. *Ars.*, much eating at one time.

Do not overlook the fact that the *Lachesis* aggravation does not occur after sleep. On the contrary, the *Lach.* patient sleeps *into* the aggravation which awakes him; this occurs with each nap. But aggravation after a full and complete sleep we have

under Kali-bich. And both these drugs have sensitiveness of the throat to touch or contact of clothing, but only the former in an exquisite degree.

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## BRITISH MEDICINAL PLANTS.

BY ALFRED HEATH, M. D., F. L. S.

### ORDER 4.—PAPAVERACEÆ (CONTINUED).

*Chelidonium majus* (Celandine, Greater Celandine, Tetterwort).—Found abundantly in many parts of this country, especially near villages or houses. Also in most parts of Europe as well as the United States. I have seen it in abundance growing around Philadelphia. This valuable drug was formerly used as an aperient and diuretic, and was recommended as a remedy in jaundice when not accompanied with inflammatory symptoms, but if not administered with caution it caused irritation of stomach and bowels. When collecting this plant I have been asked by country people if it is not a good thing for the liver. It was also used in dropsy and in cutaneous complaints. The fresh juice is used to destroy warts and diluted with milk to remove films in the eyes.

Jahr gives a proving of this drug, which, among other things, produces great costiveness, followed by nightly mucous diarrhoea, pressure on the bladder in the day-time with little discharge of water; also copious discharge day and night; pains and stiffness in right side of neck; cramp-like pain in right shoulder, hindering the motion of the arm; weariness and lassitude of the limbs; difficulty in moving the limbs quickly; dread of motion; yawning; feeling of drowsiness; great laziness after a meal, with drowsiness and indisposition to work; in the morning felt so weary could not get up.

### ORDER 5.—FUMARIACEÆ.

*Corydalis lutea* (Yellow Fumitory) on old walls.—There is no proving of this pretty little plant; it is probably similar in its action to the American plant, *Corydalis formosa*, of which there is a proving in Hale's *Materia Medica*.

*Fumaria officinalis* (Common Fumitory).—From *fumus*, smoke, because the juice, when dropped into the eye, produces the same sensation as smoke. It was formerly in esteem in many disorders of the skin of the leprous kind.

#### ORDER 6.—CRUCIFERÆ.

*Nasturtium officinalis* (*Sisymbrium nasturtium*) (Water-Cress, named nasturtium because the seeds when bruised irritate the nose).—This plant is known to every one, and is found in all parts of this country in water-courses, and is also extensively cultivated as a salad. Its virtues are many. It is officinal in the French pharmacopœia, and is used in various affections of the skin; it is given as a remedy in certain forms of cancer; it is an ingredient in nostrums for the cure of cancer. There is no “proving” of this drug; the tincture made from the plant when in flower and seed may be had of any homœopathic chemist.

*Sisymbrium officinale* (*Erysimum officinale*) (common name, Hedge Mustard).—Found on every roadside during the summer. There is no proving, but the plant has been recommended as a remedy in fever, and is sometimes an ingredient in nostrums for the cure of fevers. It was formerly used as an expectorant, and also on account of its diuretic properties.

*Brassica oleracea* (The Wild Cabbage, Sea Cabbage).—Found on sea-cliffs in the south and west of England. This plant is said to be the origin of all our garden cabbages, however different their appearance. In its cultivated form cabbage is considered a very wholesome article of diet, but it is apt to produce flatulency, especially in persons of weak digestion. I have known cases in which it invariably produced *ascarides*, which were apparently not present before. In its mild form, when prepared as a drug, it has been recommended in scrofulous diseases.

*Sinapis nigra* (Black Mustard).—Found on river banks and banks of ditches. The plant is cultivated largely in Essex and from its seed mustard is made. It is stated that in the Island of Ely wherever new ditches are thrown out, or the earth dug

to any unusual depth, a crop of black mustard immediately appears, the seeds having remained under ground probably for ages. Its acrimony is due to an essential oil. *Moult arde*, in old French (it burns much) might have been imagined the real meaning of the word mustard had not a whimsical history attached to its etymology. In 1382, Philip the Bold, Duke of Burgundy, granted to the town of Dijon armorial ensigns with the motto, "Moult me tarde" (I long or wish ardently), which, being sculptured over the principal gate, by some accident the middle word became effaced. The merchant dealers in *Sinapis* intending to ensign their pots with labels bearing the city arms, copied the imperfect motto as it then remained, "*Moult-tarde*," and hence the name mustard (*Cyclopædia of Botany*). *Sinapis nigra* has been used empirically in disorders of the respiratory organs and kidneys, in dropsy, and in rheumatism. Mustard water is commonly used as an emetic. There is a proving of this drug in Dr. T. F. Allen's *Hand-book of Materia Medica*. It produces among other things hoarseness in the evening, with constant attempts to clear the throat; hacking cough with expectoration of lumps of mucus, the cough generally beginning about seven or eight P. M. Pain in the bladder, frequent, *copious* urination, day and night; rheumatic pains in intercostal and lumbar muscles, worse toward night; sleeplessness from pain in back and hips; chilliness, fever, heat down the spine, as from hot water, also with sweat on the forehead and upper lip.

*Sinapis alba* (White Mustard).—Found on cultivated and waste calcareous lands. This plant has also been mentioned from time to time. Its action is probably similar to the *S. nigra*. There is no proving.

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## AN INSTRUCTIVE LESSON.

J. H. JACKSON, M. D.

Mr. M——, aged twenty-nine, dark complexion, black eyes and hair; a strong, robust man, consulted me about an acute attack of gonorrhœa.

The prepuce was infiltrated and considerably distended, par-

ticularly on right side; many painful erections at night; profuse discharge of greenish-yellow matter; burning for about half an inch of the anterior portion of urethra; very frequent and profuse urination, with inability to retain urine if the desire is not immediately gratified.

The œdema of prepuce might call for *Natrum sulphuricum*, *Rhus-tox.*, *Apis*, or in fact any remedy.

Several remedies cover the urgent and profuse urination, but the question is, What remedy covers the man's individuality?

His pulse was very full, it felt quite as large as the largest round lead-pencil.

The carotids were seen to pulsate quite plainly; the eyes were brilliant and he shunned the light.

It was quite plain to me that *Belladonna* was the most suitable medicament for this case of sickness, so *Belladonna* was given in the CM potency. First one dose and then *Sac-lac.* every three hours. In five days there was no perceptible change for the better, and *Belladonna* was given three times a day. The only improvement noticeable after a week was improvement in pulse and in the pulsation of carotids.

*Sulphur* CM controlled the urging and inability to hold urine, but the œdema of prepuce, discharge, erections, and pains were unchanged. A new symptom appeared, swelling of inguinal glands, particularly on right side, and the discharge was more greenish. *Merc-sol.* CM in a single dose and in repeated doses did not seem to change the case for the better. So *Med-orrhinum* MM and MMM were given, and all symptoms were about the same, though two weeks were given for it to act.

Methinks I have somewhere read, or have heard, that some brilliant man has at sometime said, that *Merc-cor.*, one part to five thousand of water would kill some invisible beast in the urethra, and by its use we would not get "left" in the race. Perhaps I dreamed this, for how could a professional homœopath recommend such folly to other men who had chosen to be guided by a *law* of nature in their efforts to heal the sick?

Well, the case under consideration demanded *Belladonna*.

Remedies against psora were given, principally Sulphur, and I will here mention a symptom that as a guide to the choice of Sulphur, has *never* failed to be a true guide.

Patients will go to sleep on either side, and *when they awake they will invariably find themselves on their back.*

Several remedies have the symptom "sleeps on back," but I know of no remedy but Sulphur that covers the symptom he invariably finds that *during* sleep he has turned from position on side to position on back. This may occur twenty times a night.

And to me this is quite as characteristic of Sulphur as sleeping into distress is of Lachesis.

I treated this man for six months with Belladonna CM and 10 MM with a slow improvement of his symptoms. The painful erections were gone; the discharge was greatly diminished, and the œdema of prepuce nearly gone, but yet he was not cured. A slight cold or a cup of coffee or beer and back would come an aggravation of his complaint.

What a battle of words and argumentation to keep this man from violating the law of metastasis by injections!

If any one should offer me a cash fee of like amount to do the same amount of talking, I would think it small pay for so great a labor.

I knew that at some time he had suffered a suppression of some complaint by improper treatment, but he could not, or would not answer my frequent questions in regard to past sicknesses. He would invariably say, "I have never had a doctor for anything."

But here was Belladonna plainly indicated. Was the law of the similars a lie? Was this a case for violent and senseless local treatment?

No, there was somewhere in this man's history a maltreatment of some complaint, and its suppression had added a morbid force that was acting in conjunction with the dynamis of gonorrhœal contamination. I was certain of it, from past experience.

The instructive lesson of confirmation came. One morning the patient entered my office and said, "I have a very sore

throat." I looked at it and both tonsils, and to some extent the walls of pharynx and soft palate were covered by a diphtheritic membrane. My constant admonition against local treatment had not been without avail, for he said, "Doctor, you have said so much about local applications that I was afraid to use my usual gargle of Chlorate of Potash, that on four previous occasions has cured (?) just such a throat as this."

I asked him how about the discharge from penis. He replied, "*Isn't it funny, since my throat got sore that discharge has entirely left.*"

Belladonna CM one dose, and quiet in the house for four days and that was the end of all his symptoms.

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### HICCOUGH.

W. STEINRAUF, M. D., ST. CHARLES, MO.

Mr. D. F——, brother-in-law of an old-school physician in our city, after trying different allopathic measures for a distressing hiccough, came to my office, asking to be relieved. As I was busy with other patients when he came, I had an opportunity to notice the hiccoughing. Within a few moments it occurred four or five times.

Could Homœopathy help him? With the remark: "This will cure you," I dropped ten or fifteen pellets of Nuxvom.<sup>dmm</sup> on his tongue. The relief was instantaneous! Rejoice and be exceedingly glad, all ye children of men, that Hahnemann lived and made known to the world the beautiful and divine law: *Similia similibus curantur.*

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### SYPHILINUM.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

G. H., fifteen years old, has red hair, brown eyes, fair, somewhat freckled skin, and is of good height; was fat as a baby but has grown spare; in stature like his father, in complexion like his mother; the health of his father has always been poor, without any special evidence of disease; the second son died at



the age of twenty-two (I think) of "consumption." As a child the patient had measles, whooping-cough, and mumps; in 1881 had ulcers on both shins and calves, which were healed with salves and which left depressed scars. In 1882 he had a low fever resembling typhoid. For some time he has been running down and now has bronchial breathing in the upper lobe of the right lung with prolonged expiration and crepitant râles; the heart's action is labored and the sounds, which are fairly distinct, are heard over an increased area on the right side; cough, but no expectoration; moaning in sleep; feet moist and at times hands also. Believing that the boy's taint was specific, he was given one dose of Swan's Syphilinum, very high, October 20th, 1889. On November 2d the lung sounds were better, there were no râles, no cough, and he looked better. He received no more or other medicine, and to-day (October 25th, 1890) his mother reports him still in good health.

This case, as well as many others, confirms Swan's generalization that a morbid product will cure a similar diseased condition in another person when given in a proper dose, which is simply the principle of vaccination. I have given Syphilinum repeatedly to the children of syphilitics and always with benefit. Its action seems to be similar to Psorinum (C. Hg.), which I believe to be nothing else than Syphilinum in a modified form, if it can be modified except in virulence.

I would say to that recent graduate on the back seat with his nose turned up, that the poison of man is no worse than the one he gave to that child the other day with such relief to its strangling whooping-cough—Mephitis.

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#### GONORRHŒA AND HOMŒOPATHY.—DEFENCE OF DR. T. F. ALLEN.

J. C. WHITE, M. D., PORTCHESTER, N. Y.

His critics are not wanting in numbers, but they appear to me to be wanting in a true and most reasonable interpretation of his remarks. In verbal discussions it is comparatively easy to look at a subject from the same standpoint, while in written

statements it is sometimes difficult to do so. Again, a section of given remarks may bear a very different import when abstracted from that which preceded and that which followed it. Would his critics think of making subdivisions in the classification of the so-called allopathic physician other than good, better, best, or poor, poorer, and poorest? We see nothing wanting in his own explanation to those of brotherly feelings in the profession.

Dr. Wells has given us, in his definition of a homœopathic physician, the "highest type"—something to be obtained. Hence the "School," as we are called—denoting learning—progression. If none are homœopathic physicians who fail to give the simillimum in the minimum dose in each case I fear we may have to resort to the method of the "Methodist Christian" denomination—*i. e.*, receive all applicants to our society on probation, and a long probation it would be. Dr. Wells himself represents his own standard as well as any physician of our acquaintance. In a recent number of *THE HOMŒOPATHIC PHYSICIAN* he recommends the "Bœnninghausen powders" indiscriminately in cases of croup. If we are to be judged by the "Law," this certainly is a deviation from it, and the 200th dilution is no apology for the deviation.

We do not mention this in a spirit of retaliation or unkindness, but to show how very natural it is for each and every physician to be governed by "clinical experience"—the method on which the practice of medicine was first founded.

"Let him who is without sin cast the first stone."

Highly diluted medicines given entirely upon a clinical basis is what I understand Dr. Allen to mean by "High Potency Allopathy." It is like the old school, "experimental medicine," and I do not feel like quarreling with him for the statement.

True, we may get some light in this way. The utility and success of the method depends entirely upon the value of clinical symptoms. Hahnemann when using the method did it guardedly and with the lower dilutions—as it were, "feeling" for confirmations rather than adopting them as a basis for pre-

scriptions. I agree with Dr. Allen and many others who have but little confidence in the clinical part of our repertory. I beg the patience of our readers while I give my reasons for this statement. *It is only* when a *given* medicine sensibly and perceptibly *relieves or modifies* the *intensity* of symptoms which are *expressive* of *disease* or of *functional disturbance* that it can *acquire clinical significance*.

The fact that a case of Dr. A.'s recovered from typhoid fever under a given medicine, and the case of Dr. B.'s recovered from diphtheria or scarlatina under another given medicine, etc., is comparatively of no clinical importance. I have learned to have too much faith in the *vis medicatrix nature* to believe it.

The old-school physicians have but little faith in medicine, and expect nothing more than palliative and sustaining results from it. There are some exceptions to this statement, while I observe that homœopathic physicians call every resolution from acute disease while using their medicines a *cure*.

I was the only resident physician of a small country town during a period of twenty-one years. I served as "family physician" over seven hundred resident families. I seldom passed a house on my professional rides that I did not so serve. (I make this statement to prove conclusively that my cases were not selected ones.) The first twelve years of my service I practiced allopathy exclusively, the following nine years there and the subsequent four years here I have practiced Homœopathy "as well as I could." During the first eighteen years of practice I did not lose one case of uncomplicated pneumonia—by uncomplicated I mean those not suffering from heart disease, hereditary disease of lungs, or extreme old age. It would be arbitrary to say that I *cured* each case of the subsequent six years and not those occurring during the previous twelve years. It is but just to say that in those cases of recovery resolution commenced with the administration of the remedy, while in others effusion and absorption went on by nature's method. How much was done in these cases by measures addressed to sustaining nutrition is difficult to say. In every apparently

serious case measures which Dr. Allen calls "other than homœopathic" were employed, such as warm fomentations; also counter-irritation, such as mustard plasters or dry cupping in the first stage of disease, and subsequently warm poultices, often enveloping the whole chest.

Often have I left a patient, who on my first visit was suffering from dyspnœa in the first stage of pneumonia (congestion), comparatively comfortable after a thorough *dry cupping*. I used common tumblers, exhausting the air by a common taper. Now, after learning the value of Aconite in this condition, I doubt if the disease can be so far aborted by it alone. I now trust it or the indicated remedy alone when symptoms are not grave or violent. When they are so I dare not omit such adjuvants as have served me well in extremes. While I cannot depreciate the value of medication, I affirm that pneumonia of average severity may recover without it, and that a very large per cent. of recoveries are not *cures*.

While practicing allopathy I had occasion to call upon a homœopathic physician, residing and practicing in a country place, about six miles distant. He was a man much respected, intelligent, and an enthusiastic homœopath—as every physician should be. In course of conversation he asked me if I had seen much typhoid during the season. In reply I stated that I had treated but two cases, at which he expressed surprise, adding that he had treated more than forty cases! Of course it was my turn to express surprise, knowing thoroughly the sanitary condition of the country around me—visiting each section frequently. The improbability of the statement amounted to a certainty with me. Noticing my apparent skepticism, he remarked that but one or two developed the real typhoid, but that all would have done so but for his treatment; that he cured them at the very beginning! I do not doubt but that the fever may be cured by correct medication at the outset, at least so arrested that its characteristic lesions are not developed. But his limited practice in a healthy country district makes his statement *most improbable*.

I mention this, in point, to question the value of clinical

symptoms given by the profession as a basis for prescription.

Dr. T. F. Allen declares, "And it is absolutely true that every physician in large practice is obliged to use other than homœopathic methods in the treatment of the sick." A critic of this remark, with, perhaps, a comfortable office practice of chronic cases would hardly feel the truth and practicability of this assertion. Custom cannot make the *adjuvants* (which we all use) to the application and the administration of the homœopathic remedy—essentially "homœopathic methods." The application of warm fomentations—emollient poultices—and even minor surgery is often admissible at times where it is not really essential to a cure. If they are helpful—palliative—the common sense of the patient demands them and we must use them. I have but just returned from a patient who had failed to "hit the nail on the head" and bruised his thumb badly. The nail was black and the blood-pressure so great, though a strong man, he was convulsed with pain. The administration and the application of Arnica would have relieved him of pain in time, but the application of the knife, letting out the effused blood, relieved him in one minute. To use his own language, "he was in heaven." I consider that I should have been culpable had I left him with medicine only. Yet, such measures are "other than homœopathic," "not for their *cure* but for their palliation."

Dr. E. W. Berridge, in quoting Dr. T. F. Allen, says: "Dr. T. F. Allen's argument is that in incurable cases Homœopathy is insufficient." He adds, "On the contrary I have found by experience that Homœopathy relieves these cases and promotes euthanasia far better than allopathy."

All earnest students and practitioners of Homœopathy will indorse Dr. Berridge's statement.

All such students and practitioners who know Dr. T. F. Allen, and his resources, believe him to be the last man to resort to methods other than homœopathic in such cases. I read his argument, that there are exceptions to the rule, and that, not because of any "wrong teaching of Hahnemann," but because Hahnemann *lived* and *wrought* in the *present century*, and that

our materia medica is consequently so imperfect that we can not meet all indications of disease successfully. I cannot recall but two incurable cases in my later practice where I felt obliged to resort to "other methods." Those were of chronic Bright's disease—a most distressing disease to die of. I will add that this deviation in one case was indorsed by two of the most able and enlightened homœopathic physicians of my acquaintance. We all have our "book cases;" they read beautifully, and illustrate and confirm the great truth of Homœopathy, but I confess that my own failures to cure chronic cases would fill more pages, and perhaps our failures, if we were brave enough to report them, would be quite as instructive as our cures. I am persuaded that to be successful in chronic cases, one must have patients who have some knowledge or experience of homœopathic methods, of which we have comparatively few in country towns. Although we explain our method, they have not the faith which gives patience to wait results. The severe and sometimes terrible aggravations which frequently follow the administration of the highest dilutions often frighten them away. I do not now use them except when the medium dose fails to complete the cure. Dr. Allen has, apparently, offended some of the profession by his expression of preference for the lower dilutions. I must confess that I find nothing wanting in them in the treatment of a great majority of acute cases. I find that the experience of all of my acquaintances in the profession. In the matter of dose or dilution I think we may very properly be governed by clinical experience.

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### GONORRHŒA AND HOMŒOPATHY.

EDITORS HOMŒOPATHIC PHYSICIAN :

I want to present the "other side," as I see it, by asking Dr. T. F. Allen a few questions, suggested by his statement in the December number of your journal.

(1.) Is it certain the sufferer from gonorrhœa for eighteen months received the homœopathic remedy? that is, medicine from a homœopathic physician is not always the *similar* remedy, is it? Is it not possible that the physician failed, be he ever so skilful?

(2.) Do not all acute diseases attack persons "in apparently perfect health"? and may not the cause of scarlatina be "considered a poison" just as reasonably as the gonorrhœal virus? Why not treat the conditions of throat and skin in scarlatina as only "local manifestations" of the poison, for they are exposed to the poison when receiving the infection just as surely as the urethra is when receiving the gonorrhœal infection, are they not? Do we not meet cases of only a "few days" duration and others of several months' duration in other troubles than gonorrhœa? Does not the homœopathic remedy cause the vital energy to *react* toward health? and we are not doing the "best for them" (the patients) if we bring about this reaction from the sick state? Can "other doctors" do better than this? If your object is to "cleanse" the urethra, why use a solution of a drug? Let error be corrected!

ROBERT FARLEY.

PHENIXVILLE, PA., Dec. 9th, 1890.

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## GONORRHŒA AND HOMŒOPATHY.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

It will be a great disappointment if Dr. T. F. Allen fulfills his intention to refrain from expressing his views upon what a "consistent homœopathist" may or may not do. The pleasure of reading and refuting his very peculiar ideas on the subject will then be lost, and it is hoped he will reconsider his decision.

In the December number of THE HOMŒOPATHIC PHYSICIAN, at page 548, in an article defending the suppression of gonorrhœa by injections, he says he has known of "one man suffering eighteen months continuously, though treated by a careful prescriber with the two-hundredth dilution." What of it? The man was undoubtedly in much better general health for having had his discharge so long a time under careful prescribing than if it had been suppressed by local measures within the first few weeks.

It would not have continued so long unless there was a psoric or syctic condition in the patient's system, which, under the

careful prescribing, was ridding itself of the psora or sycosis by means of the discharge.

Many patients are much more healthy after the strict homœopathic treatment of a gonorrhœal discharge that continues for a long time than ever before. The fact of having the discharge is not nearly so unfortunate as having it suppressed.

Young physicians, or older ones for that matter, should not be deterred from treating their gonorrhœal patients strictly homœopathically by this bugaboo of a discharge! Dr. Allen observes that physicians practicing pure Homœopathy treat fewer cases of this kind as the years pass on. How does he know this? It does not seem to obtain in this vicinity. Many cases still continue to come from allopathic hands after treatment by injections *secundem artem*, and the "damned spot" will not "out" except by careful homœopathic prescribing. Usually in such cases an increased discharge is noticed after the first appropriate remedy. How is that accounted for unless by the previous suppression? "Gonorrhœa may be considered a poison," says Dr. Allen. No doubt of it. What is that "poison" doing between the time of its infection and its local manifestation by a discharge? What is the poison of syphilis, scarlet fever, small-pox, diphtheria, or any contagious disease doing in the period of incubation but infecting the whole system, and at last appearing on the surface in its local manifestations?

And when the local antidotes (?) of the gonorrhœal poison, the syphilitic poison, the small-pox poison, etc., etc., are found, and the poisons are carefully washed away, what will there be left for the "consistent homœopathist"? Surely a sorry state of affairs!

Dr. Allen admits that iritis, suppurative nephritis, and "a host of bad things follow the injudicious treatment of the acute stage."

This hardly justifies him in following the same general method of suppression; and how does he know but that the same apparently "most satisfactory results" followed the "injudicious treatment," as he observes by persistent washing with his "little salt of soda or zinc or mercury."



The effects of suppressing a gonorrhœa do not appear the next day, month, or year necessarily, but they come at some future time, and if Dr. Allen does not see them, it does not invalidate in the slightest degree the testimony of those who do see them.

He says, "A homœopathic physician who determines to practice only Homœopathy must send away a great many patients to other doctors if he would do the best for them."

Shades of Hahnemann! A homœopathic physician must not practice Homœopathy if he would do the best for his patients! What shall he do, practice allopathy or eclecticism? It would then be much more consistent for the "consistent(?) homœopathist" to give up the name of homœopathist entirely, and sail under his true colors of eclecticism or allopathy. By their deeds ye shall know them.

Dr. Allen says, "Men *will not* tolerate a discharge for months when a safe washing will help them get well speedily." That may be his experience, but it is certainly not the experience of others.

When the dangers of suppressing the discharge are properly explained to the patient, such as the iritis and the suppurative nephritis that *Dr. Allen has seen*, and when the patient is told, as he should be, that the discharge may last four, six, or twelve months, for that matter, but that when he is cured that will be the end of it, most sensible men will prefer the cure to the suppression, especially if they have friends who have subjected themselves to the washing regime, and who are constantly breaking out with the same old case; those who have been through such an experience themselves are usually very easily convinced by the plain, unanswerable logic of the homœopathist.

The majority of people are not fools, they have much more respect for a physician who is conscientiously endeavoring to cure them, than for one who yields to their demand that the discharge must be stopped, and endeavors, often ineffectually, to stop it by local measures. A homœopathic physician never raises himself in his own esteem or in that of his patients by such proceedings. This is plainly seen by the constant attempts of

those who do such things to explain or apologize for their departures from Homœopathy, and if their object is simply to hold the patient, logically they will not stop at washing out urethras.

“It is unnecessary to risk stricture, cystitis, nephritis, orchitis, rheumatism, etc., by properly washing out the discharge. What is the harm !” says Dr. Allen. Well, in the first place, such things do follow the suppression of the discharge by washing out the urethra. Dr. Allen admits that he has seen serious effects, but claims that by *properly* washing out the urethra there is no harm. Does he know more about urethra washing than men in the allopathic school who have studied and followed that method of treatment for years, and who use the same salts of soda, zinc, and mercury? Undoubtedly they would tell you that they never see any bad effects, but Dr. Allen knows better. He uses the same arguments, the same salts, and claims the same result that there is no harm done, but homœopaths know better.

Worse results, of course, follow the suppression of a sycotic gonorrhœa than a simple urethritis, but no one can tell the difference in the first stages, and a physician who professes to be a homœopathist is no more justified in suppressing one than the other.

“Sores on the surface” are not cleansed by consistent homœopaths with salts of soda, zinc, or mercury. Probably Dr. Allen would claim that a “consistent homœopathist” could use carbolic acid or iodoform for their supposed antiseptic properties with perfect propriety. It is difficult to take his next statement seriously, “One may still be a consistent homœopathist and wash out or antidote by other means a gonorrhœal virus.” Probably it was intended to be taken seriously, though it is difficult to understand how one in the full possession of his senses could imagine that others would look at it in that manner.

That one may be a consistent homœopathist and yet do things entirely inconsistent with the teachings of Hahnemann, the law of Homœopathy, or the dictates of common sense, seems very strange, but that any one would defend this inconsistency is stranger still. Where will it end? The same arguments that

he uses for injections in gonorrhœa will apply to Quinine in malaria, Morphine in pain, or anything else that the prescriber sees fit to use under the guise of Homœopathy. No wonder allopathic physicians are disgusted at such subterfuges. Strict homœopathists laugh at these excuses of poisons, etc., as absurd. The so-called eclectic homœopathists hail with joy any additional excuse for eclecticism, but the pity of it is that the young beginner may be led by just such specious reasoning to try these same expedients, and they are often the means of his departing hopelessly from homœopathic truths.

In the November number of *THE HOMŒOPATHIC PHYSICIAN* for 1887, Dr. Allen gave us, in a very plausible manner, his views upon the use of Morphine, Quinine, washing out the urethra, local applications, etc., and he said that while he did not use such measures very often he used them whenever he thought them necessary. His views do not appear to have changed much since then, and it would be interesting to learn whether he uses these measures more frequently now than formerly. Such things were to be used whenever and as often as the necessity arose, and their use was to be governed simply by circumstances calling for them.

Now, if allopathic treatment is to be used whenever it seems necessary, and homœopathic measures are employed when *they* seem sufficient, it is perfectly proper to ask Dr. Allen, in the friendly manner that he wishes the discussion carried on, why he does not give up the title of homœopathist, which implies a certain strict method of practice that people expect who employ a homœopathic physician, and adopt that of eclectic, which covers all sorts of practices, and seems to exactly fit the case.

It would do away with the necessity of his constantly rising to explain procedures and endeavoring to reconcile the consistent with the inconsistent, and would be an inestimable boon to the progress of true Homœopathy.

S. A. KIMBALL,

124 Commonwealth Avenue.

BOSTON, MASS., December, 1890.

## DR. PRESTON'S CASE OF SYPHILIS.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

I was much gratified to receive the admonitions of my colleagues, Drs. Gee and Payne, which reached me through the pages of your September issue, concerning the report of a supposed case of syphilis which appeared in the August number of your journal, and which I had the honor to submit. General report, without doubt, will cordially receive these criticisms as emanating from a source quite qualified to speak *ex cathedra* on the subject, since the views there expressed coincide with opinions usually accepted as the true and recognized establishment of some of the widely-known experimentalists and writers on syphilitic ætiology. We find the medical profession of the present quite as prone as it has been in the past to yield support and credence to opinions which, though they may have originated from sources once official, have, of necessity, been superseded or modified by observations more recent and perfect. Yet certain parts of the older syphilitic doctrines still hold, by reason, I suppose, of reverence for the honored names who supported them. Thus much concerning the nature of syphilitic contagion formerly advanced still remains stubbornly contended for, against all modification whatever, but it is a pathological conception altogether, and one of little value in establishing the merits of the present case, which concerns more the phenomena observed and cited by those less tied to a regime already long past its climax. The diagnosis of my case is impugned on two counts :

1st. In that the period of inception, which was put at about ten days from the inoculation, is too short to admit of its being an instance of true chancre in any sense of the term.

2d. The nature of the ulcers was the chancroid variety, and of a consequence, innocuous, and void of the character capable of producing systemic contagion. Whether both critics desire to be so understood, is not quite certain, but Dr. Payne specifically declares this to be the ground of his objection.

Now, the moral integrity of a venereal subject can rarely be

vouched for. One who involuntarily exhibits the *prima facie* evidences of moral debasement on his own person is never incapable of using any subterfuge to improve, however slightly, his moral standing, hence the ten-day limit may not be accurate in my case. It may very possibly have been longer, but I find by consulting a world-wide authority on syphilitic ætiology, that the primitive sore has been produced in a period of ten days. And if this corroboration had not been at hand the ellipsis could readily have been supplied from my personal observations had the evidence been admissible. Therefore, if the Doctor will patiently review the literature he will not find me alone in my views of this fact. The second count against my diagnosis, which assumes the case to be simply one of chancroid, must suffer a material repulse from this decided overthrow of the first; and, further, the authority which refuses to admit the possibility of the appearance of the primitive sore in a period of less than three to six weeks, also contends that chancroid does not take on the phagadenic form, into which condition the ulcer in my case speedily lapsed and threatened serious and vital destruction by reason of it. Several years since I witnessed the destruction of the whole penis by very similar sores, and by a very similar process, for which ulcers I was totally unable to discover a remedy in time to cut short the progress, until after the greatest mischief was accomplished. Since that sadly-recalled occasion I am not a heavy stockholder in the supposed non-infectious character of what is more popularly termed chanroid, believing strongly that this form plows as deeply, and makes its furrow plain enough to satisfy the boldest skeptic, come whence he may, proclaim what he will.

I pretend no expert knowledge on the syphilitic question, but what a student may know I claim the privilege of being able to know. I have stored my mind with the knowledge of a few remedies whose indications have saved me from committing many serious blunders, preserved my self-respect, and secured for my patients such comforts, relief, and cure as allopathic practice and pathological reasoning forbade them to anticipate. I do not often write for the journals or report for societies, be-

cause I do not very highly estimate my talent as a writer, or claim for myself the highest ability as a prescriber by any means.

Dr. Gee propounds a question to me, to which I feel myself free to reply with positiveness and enthusiasm in the affirmative. The manner and occasion of the interrogatory, however, possesses so strongly the ring of bitter irony that I venture here to repeat his question: "Do you think you ever wholly removed a miasm?" The cynical contortions of the doctor's face can well be imagined at his here implied contempt for the ridiculous claim of any one to have accomplished this thing, since he evidently believes he has never advanced so far as this point himself. This fact may elucidate the scriptural idea that wisdom is sometimes withheld from the learned and great and yet vouchsafed unto babes. I cannot refrain from recalling to the doctor's mind that memorable interrogative response given to Nicodemus, "Art thou a ruler (teacher) in Israel (Homœopathy), and knowest (believest) not these things?"

POSTSCRIPT.—Since the above was written, I have learned of the death of Dr. Gee. It will not, however, do him any injustice, so I shall not revise it.

MAHLON PRESTON, M. D.

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## GRAFTS.

### EDITORS HOMŒOPATHIC PHYSICIAN:

I have read with interest the articles in the *Homœopathic Recorder*, "How Hahnemann Cured," and "Grafts," also recently in HOMŒOPATHIC PHYSICIAN, November, 1890, article entitled, "Grafts," by Dr. W. A. Yingling.

I desire to add my word of experience in confirmation of Dr. Yingling's experience. I have used, during the last ten years of active practice, the 200 (B. & T.) almost entirely and with success.

For the last two years have been using grafts (Dr. Swan's), CM, CMM, DM, DMM. I never have had any trouble in "labor cases," have never used instruments to deliver. I use only the

indicated remedy. I have never had a fatal case in confinement or a ruptured perineum.

Have never lost a case of typhoid fever or pneumonia.

My success has been more marked since using the higher potencies. I usually give a few powders of the indicated remedy and follow with Sac-lac. I try to make sure I have the indicated remedy and then permit the improvement to continue without change of remedy or a second dose. If every one who doubts would make the practical test of our law of cure as Hahnemann taught it they would find success greater with "grafts" than with the low dilutions. Faithful tests will give proof of the truth and help to hold high the banner of *strict Homœopathy*.

Close study to individualize each case, getting the characteristic, peculiar conditions concomitant with the general symptoms of cases, and selecting carefully from those remedies which cover those peculiarities, is the only way I know of to cure any sickness with certainty. Such study will give confidence to wait for a cure which will satisfy the doubtful mind as to whether or not *grafts cure*.

Experience will bring evidence if trial is made honestly and after careful study. Let us have more upon this subject of "grafts." I hope to hear from some having more experience.

Very truly,

QUINCY, MASS., November 7th.

FRANK S. DAVIS.

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## THE TEACHING OF HOMŒOPATHY IN THE COLLEGES.

KANSAS CITY, MO., December 10th, 1890.

EDITORS HOMŒOPATHIC PHYSICIAN :

The returns are not all in yet on that very important subject, the teaching of pure Homœopathy in our colleges. You will have to still further qualify your statements made in the October number of the journal. As the Professor of Materia Medica in the Kansas City Homœopathic College, I most emphatically protest against your statement. I, myself, am a thorough-

going Hahnemannian homœopath; the *Organon* is my medical Bible, and in so far as I am able I inculcate the mighty truths taught in its pages. Class-reading of the *Organon* is a part of the lecture course. Students for graduation have been notified that examination questions from this chair in part will be asked from and bearing directly on principles laid down in that book.

Requesting as wide a circulation for the foregoing as was extended your editorial comment,

I am, fraternally yours,

EDWARD F. BRADY,

Professor Materia Medica Kansas City Homœopathic Medical College.

### HOMŒOPATHY GOING TO THE BOW-WOWS.

I believe in straight outs; no milk-and-water men for me. I have taken pleasure in saying of a neighbor: "He is a homœopath *sans peur sans reproche*," and do not take pleasure in saying "he is a mongrel." And yet I will have to change my method of thinking, for Homœopathy is so greatly changing that in ten years it will be difficult to find the genuine Hahnemannian. Even the *North American Journal of Homœopathy* seems to be on the road to the *bow-wows*. What would an old-fashioned homœopath think of this: "Eminence in symptomatology is certainly commendable and desirable, and doubtless there are *certain minds* especially adapted to make the best use of them. I envy and praise such acquirements, while I deplore universal dependence upon them." This is bad enough, but, shades of Hahnemann, how is this?

"There has always been a noticeable tendency among homœopathic practitioners of therapeutics to disregard in their practice pathology and the careful diagnosis of disease. \* \* \* Aside from the interests of the patients, the practitioner owes it to himself and the profession to carefully consider pathology, lest by increasing ignorance and disregard of it they bring upon themselves, and as far as their influence reaches upon the profession, the opprobrium of being superficial and unscientific."



The last quotation is a good one: "We had at one time an opportunity of watching the practice of a physician who had a large gynæcological clinic. Chronic cases (diseases of uterus) were subjected to active catharsis by the use of purgative pills of the doctor's own make; the patients were directed to report the second day. The first examination might reveal a large subinvolved, perhaps ulcerated, cervix uteri; on the patient's return we could hardly recognize the case, so great the change brought about by relieving the portal circulation by purgatives. \* \* \* The doctor followed up this advantage by the use of the indicated homœopathic remedy."

These three quotations are from three leading articles in the October number, and by three prominent homœopaths. May we say to these erring brethren, "Drop your distinctive name, your inclination to hang on to the skirts of allopathy, and join the army of eclectics.—*The Eclectic Medical Journal* for December.

[Tis well, sometimes, to hold the mirror up to nature and see ourselves as others see us. THE HOMŒOPATHIC PHYSICIAN has been so constantly the target of malicious shafts aimed at it by those who pretending to be homœopathists are, nevertheless, rank allopathists in their treatment, that we feel justified in shoving the above piquant criticism under their eyes, that they may realize how we are sustained in the logic of our own position by those who differ from us radically.

The very journal that is, in the foregoing article, so sharply criticised, three years since, shot one of its most malignant missiles at us for the very reason that we maintain consistency in theory and practice. The malignant article in question we copied for our readers, and it may be found in vol. VII, page 32. That journal now stands condemned by the men whose views it adopted and methods of practice it imitates.

To get upon a logical plane, it should forthwith drop the word Homœopathy from its title, and join the army of eclectics, agreeably to the advice of *The Eclectic Medical Journal*.—EDS.]

## BOOK NOTICES.

A TREATISE ON HEADACHE AND NEURALGIA, INCLUDING SPINAL IRRITATION AND A DISQUISITION ON NORMAL AND MORBID SLEEP. By J. Leonard Corning, M. A., M. D. With an APPENDIX ON EYE STRAIN, A CAUSE OF HEADACHE. By David Webster, M. D. Illustrated. Second edition. New York: E. B. Treat, 5 Cooper Union. London: H. K. Lewis, 136 Gower St., 1890. Price, \$2.75.

From this volume we may get some practical facts and many theories regarding the various subjects treated. As Hahnemannians we should have the desire to know what is thought by the best minds of the old school, particularly on the subjects treated in this work. The author, Dr. Corning, is a leading New York practitioner, and we notice that his work is considered of the best by his fellow-allopaths. In this work are given the various kinds of headache, the intracranial forms being treated in the first part, while the second treats of neuralgia. When we come to the next division, the treatment, we can only pity the writer for knowing nothing of Hahnemannian Homœopathy; but to his patients we give more sympathy. The chapter on Spinal Irritation is worth, in our estimation, more than any other portion, for, as we have said in another place, this is a subject of moment to every physician. Dr. Webster's short chapter on "Eye Strain" is a practical one, giving illustrative cases. We should all know that many neuralgic symptoms and headaches are due to abnormal refraction, and properly adjusted glasses only can give relief in such cases. Hence, where our remedies fail to give permanent relief, such a condition should be suspected. In this work may be seen just what symptoms may be due to this cause, and what results from their proper treatment. At the same time, we should bear in mind that many cases that seemingly need glasses can only be made well by the properly selected homœopathic remedy. We have frequently seen apparent high degrees of hypermetropia and myopia disappear by the use of the indicated medicinal remedy alone. Therefore, we should never fail to give our patients the benefit arising from the consideration of all their symptoms.

G. H. C.

### THE STATE BOARD OF HEALTH BULLETIN OF TENNESSEE for November 20th

Has a timely article upon the need of a system of Food Inspection by government, and in proof of its argument publishes a private letter written to a grocer in Nashville by a dealer offering to furnish counterfeit coffee grains, to be mixed with genuine coffee, as an adulteration, for a small price per barrel.

There certainly ought to be some means used for checking such dastardly schemes.

REPORT OF COMMITTEE ON VITAL STATISTICS, STATE BOARD OF HEALTH OF PENNA.

This report suggests an improved method of making out burial certificates. It also contains an appendix giving a list of terms to be used by physicians in describing the cause of death; the object being to bring about greater clearness and uniformity of description in these cases, and thus to facilitate the collection of vital statistics.

THE DISPOSAL OF THE SEWAGE OF PUBLIC EDIFICES. Circular No. 20, State Board of Health of Penna.

This tract deals with the question of disposal of sewage from jails, almshouses, etc., which, according to present practice, is allowed to pollute streams of water. The tract is an eloquent protest against this dreadful practice. It concludes with a list of the best works to be had upon the question.

THE DANGERS ARISING FROM PUBLIC FUNERALS of those who have died of Contagious Diseases. Circular No. 29, State Board of Health of Penna.

This circular is a protest against this class of funerals. It is especially directed to physicians, clergymen, and undertakers.

For copies of these circulars address the Secretary, Dr. Benjamin Lee, 1532 Pine Street, Philadelphia.

TRANSACTIONS OF THE FOURTEENTH ANNUAL SESSION OF THE CALIFORNIA STATE HOMŒOPATHIC SOCIETY. Held at San Francisco, Cal., May 14th, 15th, 1890. Vol. I.

Our California brethren have succeeded in giving us in the above volume a unique work. It contains more genuine Homœopathy than any recent volume of a similar character that we have seen. Hahnemann and his work seem to be well known in California. The Bureau of Materia Medica deserves especial notice. Its chairman, Dr. A. McNeil, has succeeded in having excellent work done. We trust that we may be able to greet future volumes from this society with the heartiness which we give this. We advise our readers to apply for a copy to Dr. Geo. H. Martin, San Francisco, Cal.

G. H. C.

HOMŒOPATHY AND BLOOD-LETTING. By W. B. Clarke, M.D., Secretary Indiana Institute of Homœopathy. Indianapolis. Reprinted from the *Medical Current* of November, 1890.

This pamphlet of fifteen pages is a most pungent exposure of the follies of blood-letting. After giving quotations from a review of a book on blood-letting, the writer makes this stinging remark:

“Travers may have ‘eulogized’ blood-letting, but history shows that Hahnemann did more—he embalmed it.”

Dr. Gross, in his *Surgery*, marvels at the falling off of the practice of blood-letting, and predicts its restoration to favor at an early day. Such remarks seem very ludicrous to a homœopathist. Dr. Gross should have had a copy of Dr. Clarke's article to read.

W. M. J.

**THE MEDICAL ARGUS.** A monthly journal, published by Dr. F. F. Casseday, 211 and 212 Keith & Perry Building, Kansas City, Missouri.

This is a new journal devoted to Homœopathy. The number before us is the fifth issue. It contains several interesting articles—one on Medical Jurisprudence, by Dr. L. E. Russell; one on Protection of the Public against Tubercular Consumption, by Dr. Pemberton Dudley; and a letter, one of a series, by Dr. Charles N. Hart, upon How to Visit the Medical Attractions of London.

**CENSUS BULLETINS, Nos. 13, 14, and 15.** Hon. Robert P. Porter, Superintendent of Census.

No. 13 contains the statistics of steel, from which it appears that the output of steel for the year ending June 30th, 1890, was 4,466,926 tons, an increase over the year 1880 of 290 per cent.

No. 14 relates to the financial condition of 853 municipalities in the United States.

No. 15 relates to the census of Alaska, which is not yet completed, owing to the wild character of the country.

W. M. J.

**REPORT OF THE BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.** Session of 1890. By Thos. Franklin Smith, M. D., 264 Lenox Avenue, New York.

This pamphlet of forty pages contains a complete list of all the homœopathic societies, dispensaries, hospitals, and colleges in the United States. It is valuable, therefore, to compilers of statistics and history of Homœopathy.

W. M. J.

**THE MEDICAL BULLETIN VISITING LIST OR PHYSICIAN'S CALL RECORD.** F. A. Davis, Publisher, Philadelphia (1231 Filbert Street) and London. 1891.

This visiting list is arranged upon a novel plan. It is at once a weekly and a monthly visiting list. The columns for the marks of visits made are arranged in groups of seven, representing, of course, a week. The four weeks are similarly represented, with an allowance for the extra days above four weeks that make a month. These weekly columns are placed upon pages one-half the width of the ordinary pages of the book; consequently, but one writing of the list of names is necessary for a whole month, as none of these described

weekly accounts in any way cover up the list of names written at the beginning of the month. Of course, the book has a somewhat peculiar appearance when closed, because its thickness at the stitching is twice or three times what it is at the edges. But then it is exceedingly compact and fits the pocket well. There are pages for the special memoranda, such as births, deaths, etc. The prices are: 70 patients, daily, each month, \$1.25; 105 patients, daily, each month, \$1.50.

**THE PHYSICIAN'S ALL-REQUISITE TIME AND LABOR-SAVING ACCOUNT-BOOK:** Being a ledger and account-book for Physicians' use, meeting all the requirements of the law and courts.

Probably no class of people lose more money through carelessly kept accounts and over-looked or neglected bills than the physician. Often detained at the bedside of the sick until late at night, or deprived of even a modicum of rest, it is with great difficulty that he spares the time or puts himself in condition to give the same care to his own financial interests that a merchant, a lawyer, or even a farmer devotes. It is plainly apparent that a system of book-keeping and accounts that, without sacrificing accuracy, but, on the other hand, insuring it, at the same time relieving the keeping of a physician's books of half their complexity and two-thirds the labor, is a convenience which will be eagerly welcomed by thousands of overworked physicians. Such a system has at last been devised, and it is offered to the profession in the form of *The Physician's All-Requisite Time and Labor-Saving Account-Book*. A few of the superior advantages of *The Physician's All-Requisite Time and Labor-Saving Account-Book*, are as follow: 1. Will meet all the requirements of the law and courts. 2. Self-explanatory; no cipher code. 3. Its completeness without sacrificing anything. 4. No posting; one entry only. 5. Universal; can be commenced at any time of year, and can be continued indefinitely until every account is filled.

No. 1. 300 pages for 900 accounts per year, \$5.00. F. A. Davis, 1231 Filbert Street, Philadelphia, Pa.

**POST-MORTEM.** What to Look For and How to Make Them. By A. H. Newth, London. Edited with numerous notes and additions by F. W. Owen, M. D., formerly Demonstrator of Anatomy, Detroit College of Medicine. Cloth, 12mo; post-paid, \$1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This book is replete with information that every person interested in necroscopy should have at easy command. It has not been designed to take the place of large works upon pathology by its authors, but to present, in a tabulated way, with quick side-head references, all the important conditions of an organ met with post-mortemly, either in health or disease. To the country

physician, who makes autopsies infrequently, it is especially valuable; also, to the medical student, who is occasionally in the "dead-house" of the hospital. It is the only brief work of the kind now at command. The American editor has made a great many examinations for court uses, and he has added numerous important notes to the text of the English author. Besides the ordinary conditions met with after death, there are chapters devoted to the post-mortem appearances seen in those poisoned, drowned, hanged, or cases of infanticide. It will thus be of great use in these classes of "suspected deaths." Full directions are also given for exposing the organs advantageously for their complete examination. The book will be sent, post-paid, upon receipt of price by its publishers.

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### NOTES AND NOTICES.

WOMAN'S HOMŒOPATHIC HOSPITAL.—During October eleven patients were admitted to the Woman's Homœopathic Hospital at Susquehanna Avenue and Twentieth Street. There were twenty-five patients in the hospital during the month and nine were discharged. There were five obstetrical cases and two surgical operations. In the dispensary one hundred and thirty new patients were treated, of whom thirty were eye and ear cases, forty-five were surgical cases, six were dental cases, fifty-two were gynæcological cases, and two hundred and thirty-two were medical cases. The prescriptions prepared in the dispensary numbered three hundred and seventy-five. Seventeen patients were visited in homes and forty-six out-visits were made.

EDUCATION IN HOMŒOPATHY.—The Philadelphia Post-Graduate School of Homœopathics has applied to the Common Pleas for incorporation. The purpose of the organization is to educate persons holding diplomas of any reputable medical college of any school of medicine in the United States or elsewhere in the philosophy and practice of homœopathic medicine, to matriculate students and confer the degree of Master of Homœopathics and to issue diplomas in testimony of the same. The incorporators are: John Pitcairn, Theodore P. Matthews, Wm. A. Drown Pierce, M. D., Wm. H. A. Fritz, M. D., Wm. F. Kaercher, James T. Kent, M. D., Milton Powel, M. D., Arthur G. Allan, M. D., and Robert Bruce Johnstone, M. D., of Philadelphia; Franklin Powel, M. D., of Chester; Robert Farley, M. D., of Phoenixville.—*Phila. Ledger.*

The establishment of a post-graduate school for the teaching of pure Hahnemannian Homœopathy, with teachers of undoubted loyalty to its principles, is a step in the right direction, and certainly fills a much-needed want of our school. All success to all such endeavors!

THE OPEN COURT PUBLISHING COMPANY, of Chicago, will publish immediately, in two handsomely bound and printed volumes, a new, authorized translation of Gustav Freytag's well-known novel, *The Lost Manuscript*. This is regarded by critics as the most charming of the famous German writer's works.

THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XI.

FEBRUARY, 1891.

No. 2.

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EDITORIAL.

HOMŒOPATHY AND ALLOPATHY are as far apart regarding the nature of disease as they are at variance in respect of its cure. The allopath pretends to know, not only the character of various affections, but in many cases he assumes to be able to determine their cause. That it is mere assumption mortality tables will testify. Not only this, he views disease as something ponderable, appreciable, a *thing* which can not only be seen; but which can be driven from the system as evil spirits were driven from man in the dark ages by various methods of exorcism. The only apparent difference between the ancient mode and the present allopathic way of treating sickness is that the latter relies on noxious drugs, while the former trusted mostly to incantations. Knowing of what harm drugs are capable we should infinitely prefer the ancient way.

The homœopathician, on the other hand, makes no pretension whatever as to the nature of disease.

Knowing that it is beyond the power of finite man to solve the insolvable he contents himself with what can be known, and bends every effort toward curing his patient, without theorizing about the unknowable. He does know that disease is a condition, an imponderable, and that all that is manifest and com-

prehensible are the symptoms which are indicative of a departure from the normal state. With these as his guide and with the law of the similars and with remedies so prepared that they contain nothing noxious he is able to grapple successfully with any diseased condition, and to cure any curable case, and he does not fear to assert that almost all cases of acute disease occurring in those who have led a rational, sober life are curable—provided they have not been previously maltreated with crude drugs. This assertion is borne out by the experience of hundreds of honest men, who have conscientiously adhered to the law of Homœopathy in treating sickness, and whose testimony cannot be successfully impeached. In all epidemics which have occurred during the present century this has been the case. Cholera, typhoid fever, small-pox, diphtheria, spotted fever, scarlet fever, and the late pandemic “la grippe,” have been met, and in all places where Homœopathy had any chance to show its merits it came off with flying colors.

In 1855 (this is an old story but it will bear repetition), it was shown that in the cholera epidemic which had ravaged Great Britain, in the London Homœopathic Hospital the mortality was 16.4 per cent., while under allopathic treatment in the same epidemic the mortality was 59.2 per cent. In a letter on the subject Dr. McLoughlin (an allopath), Government Inspector of Hospitals, said: “You are aware that I went to your hospital prepossessed against the homœopathic system; that you had in me, in your camp, an enemy, rather than a friend. \* \* \* That there may be no misapprehension about the cases I saw in your hospital, I will add that all I saw were true cases of cholera, in the various stages of the disease; and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other.

“In conclusion, I must repeat to you what I have already told you, and what I have told every one with whom I have conversed, that, although an allopath by principle, education, and practice, yet, were it the will of Providence to afflict me with cholera, and to deprive me of the power to prescribe for



myself, I would rather be in the hands of a homœopathic than an allopathic prescriber."

Dr. Rubini, of Naples, in an epidemic of cholera in that city several years ago, had a mortality of less than one per cent., and he treated several hundred cases.

Several years ago a young man, who had just been graduated from a homœopathic college, went to his home in the Lehigh valley and found existing an epidemic of spotted fever. In his town there are only allopathic physicians, and their mortality in that epidemic was about 100 per cent.

Hardly one case survived under their treatment. Although the people were not familiar with Homœopathy, they felt that it could do no worse than allopathy, and on trying this fledgeling Homœopathy they realized, to their astonishment, how much superior it was in results. The homœopathician's mortality was about 10 per cent. They were mostly unlettered people, but they were not so blinded by prejudice that they were not able to see the difference between old-school, death-dealing drugging, and life-saving Homœopathy.

Homœopathy, genuine Homœopathy, needs only to be put to the proof!

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## INSTRUCTION IN THE TRUE PRINCIPLES OF HOMŒOPATHY.

In no other branch of human endeavor is the saying truer than in Homœopathy, that one must start right in order to end right; the same thought is often expressed in the maxim, "Well-begun is half done." In the practice of Homœopathy one must know its philosophy, as taught by Hahnemann and his true disciples, if he would be successful in curing the sick. This knowledge is to be acquired before one can properly use the *materia medica*, or perform any clinical duty; the theory must be studied before practice can be undertaken. A correct understanding of the true principles which are to govern the physician in his clinical work is vastly more important than the memorizing of the *materia medica*. A physician who understands

thoroughly the true principles of Homœopathy, and has at the same time a scant knowledge of the *materia medica*, will be more apt to prescribe correctly than one who knows all the symptoms of all the remedies, from Aconite to Zinc, but is ignorant of the true principles which are to guide him in administering those remedies.

A mere knowledge of the many indications for the use of our remedies does not teach one how to use them. Putting a box of tools into a man's hands does not make him a carpenter, nor does the putting of our *materia medica* into a student's head make him a physician; in both cases the tyro must be taught how to use the tools. In the education of our students too much attention has been given to a description of our tools and too little time given to training the student in the use of them. Suppose a student is perfectly trained as to when to give a remedy, Aconite for example; is he a well-trained physician unless he also knows how to give it, when to stop giving it, when to repeat the dose, or when to change the remedy?

As little attention is paid to this branch of homœopathic teaching in our colleges, the student must in general gain this knowledge for himself, and fortunate is he if he knows how and where to obtain it. Our literature upon this subject is confined to the writings of Hahnemann and to many miscellaneous essays by his disciples. The writings of the late Carroll Dunham are, or should be, familiar to all students of Homœopathy. Hering, Lippe, and others have written many invaluable essays at different times and published in different places; but no follower of Hahnemann has written more wisely and in such detail as our venerable friend, Dr. P. P. Wells. It is the purpose of this article to give a brief list of some of his essays which treat directly of the many points involved in a true knowledge of homœopathic medicine.

As these essays have been published in *THE HOMŒOPATHIC PHYSICIAN* during the past ten years, they are all, doubtless, familiar to the readers of this journal. But the following list is arranged in such order as to treat of the prominent principles of Homœopathy in a sequence of subjects; each essay, partially at

least, continuing and completing the topic considered in the previous one. In this order, these essays will doubtless appear in a new light to those well acquainted with them in their previous scattered state. It will seem obvious to any one that these essays, to a great extent, fill out a complete text-book upon the principles of true homœopathic practice; treating of its philosophy, of its materia medica, of how to choose and how to give the true remedy.

1. The Philosophy of Homœopathy.
2. What is Homœopathic Prescribing?
3. What Shall we Treat?
4. What is the Best Method of Selecting the Remedy?
5. Homœopathic Therapeutics and Pathological Anatomy.
6. Specific Prescribing as against Pathological Prescribing.
7. The Philosophy of the Materia Medica, its Study and its Uses.
8. The Materia Medica—A Science, its Nature, Uses, and How to Use it.
9. The Materia Medica and its Practical Uses.
10. Differentiation of Remedies; using Aconite, Belladonna, and Bryonia as Examples.
11. Errors in Drug Proving.
12. The Management of the Specific Remedy.
13. The Single Remedy.
14. Repetition of the Dose.
15. Alternation of Remedies.
16. High Potencies, Have they Efficient Action on the Organism?
17. Practical Surgery.
18. Hahnemann's Chronic Miasms.
19. Cholera, Snake Bite and their Lessons.
20. Hydrophobia, Prevention and Cure.

As stated before, these essays almost make in themselves a complete text-book upon the philosophy and practice of Homœopathy. Would it not, therefore, be beneficial to the profession to have them republished in a convenient book form? Would they not serve alike to freshen up the old practitioner

and to teach the young physician? Would not this little volume serve as an excellent introduction to the study of Homœopathy? These essays could, doubtless, be printed in good style for, say, a dollar a volume. Will the readers of this journal each take a copy and so help to issue a good missionary volume?

There is no reader of this journal, however experienced and learned he may be, who would not be a more thorough Hahnemannian and a more accurate prescriber were he to carefully study over these essays. If these essays can be republished in book form, our school will have better *instruction in the true principles of Homœopathy*. Will you help?

E. J. L.

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## LECTURE UPON HOMŒOPATHY.

(Before the Students of Pulte Medical College.)

WALTER S. HATFIELD, M. D., CINCINNATI, OHIO.

GENTLEMEN :—This branch of study, the *Organon*, embodies the principles of Homœopathy. The rules by which, if strictly followed, we may the more certainly fulfill our life-work. The only method by which disease can be obliterated from the system the most gently, safely, and permanently.

In the introduction we see the absurdities and inconsistencies of old medicine, and Homœopathy can be credited with the burying out of sight of many of those antiquated methods and practices. People have been educated up to a higher plane. They expect to be cured of their ailments without so often being killed in the attempt.

Hahnemann gained the ill-will of the physicians of his day, because he dared to criticise the long-established methods and practices in medicine. But as truth and right constituted his motto he cared nothing for the slurs of those who differed from him, and we should be no less courageous, and besides, we have a fair portion of the people to aid us in the battle for the right.

By reading the introduction to the *Organon* we may get a fair idea of what the practice of medicine consisted at the time the *Organon* was written. The first edition was issued in 1810

and the fifth (last) edition in 1833. Thus you see, not many years have passed since to be sick meant sure death, or very nearly so in every case, if a doctor happened to be called in.

Previously to the establishment of Homœopathy everybody was bled. Lances, leeches, and cups were used to reduce the amount of blood within the system, and besides the patient must be vomited, purged, salivated, etc. But now conditions have changed. So much for Homœopathy, if nothing more. When we are sick unto death and unable to be cured, we are more liable to die on account of the disease than the treatment nowadays.

The old school still continues to appropriate our strength, as it were. Accidentally discovering something the homœopaths have been using many years perhaps, they take unto themselves the credit of a wonderful discovery.

Think of an allopath prescribing Hepar-sulph-calc. in trituration for otorrhœa! That was a wonderful discovery, which occurred but a few years ago, while the homœopaths have been using Hepar-sulph. a long time in such troubles, when indicated. But it was only a few years ago that an old school aurist found it useful in discharges from the ear, and so recommended it in the journals.

Many of their discoveries are of a similar character. But these discoveries and advanced ideas come from the *leaders* of the opposite school only, and it will take them a long time to influence the majority.

It is a hard matter to change a man's ideas and methods after they have once become established in his mind. Furthermore, if his father before him was a physician, he has had the influence of his father's staid qualities, and even though his father were not a physician his family was brought up in the good old way of the 3 P's., and of course there is nothing to do but follow the line of his boyhood education; and, besides, everybody expects just such treatment as that, and it is not difficult. I doubt not if we were to go back into the interior of some of the States we would find there old gray-headed doctors treating their patients just as they did many years ago, and if anybody would try to

introduce a different method in his old-time families it would be found difficult, if not quite impossible. However, the more enlightened people are not so hide-bound.

But the prejudice of the old-school doctor is unbounded. It will not allow him to see the good results of Homœopathy, and the popular theme in the old school to-day is ridicule of Homœopathy. It is a dangerous rival, and how is it to be gotten rid of? is the question. They will not do as Dr. Hering did, "Read it up to write it down." And, besides, a portion of the people are too well-posted regarding the results of the homœopathic practice to allow it to be trampled under foot.

Dr. Hering was an honest man. He believed Homœopathy was wrong, and in an honest way he went about to prove it. He began by studying it thoroughly, so that he might prove it to be false, but in that investigation he became convinced of the truth of the homœopathic law. And ever afterward was, as you all know, one of its staunchest supporters and one of the brightest lights in our school. So much for honest investigation. Many of the strongest homœopaths of to-day were formerly allopathic practitioners, and, like Dr. Hering, were led out into the light after investigation, brought about by accident generally. And now that you have entered upon this field of life-work it should be your aim to learn aright.

Homœopathy is either all right or all wrong; to make a success of the practice of Homœopathy, one must understand the *Organon*. We cannot depend upon guess work and make a thoroughly proper homœopathic prescription.

In the introduction, Hahnemann mentions the fact that, for many centuries, many systems of medicine, or rather, many methods of treating the sick, have been brought forward, but not with any degree of success. About the time the new system would become started, some other method would be brought out, and so on, even until the present time.

But of all the different methods Hahnemann mentions more definitely allopathy in the introduction. And allopathy with all the rest fails to be in harmony with nature and experience in the cure of disease.

For many centuries old-school medicine has been in vogue, and for this reason allopaths assume their practice to be the nearest perfection because of the many centuries of experiment and experience.

But of what kind of experience can they boast? Every decade finds many changes made in their methods.

Their claim is that the causes of disease must be found and removed; which is impossible.

What is the cause of malaria, scarlatina, variola, etc.? The old school say it is bacteria! Everything is bacteria. A few years hence it will be something else.

Hahnemann's theory of a hundred years ago seems more plausible. But we will come to that later on.

The old-school members base their treatment upon the pathological condition. The symptoms, to them, are of no consequence, only so far as they may aid in the diagnosis. What is the name of the disease? is the all-important question with them.

After the patient is examined and a conclusion is arrived at, the treatment depends upon that conclusion. How difficult and uncertain the diagnosis is in many cases is apparent to any one who practices medicine. And to base all treatment upon an uncertain conclusion comes far from being rational. The discoveries made from post-mortem examinations are treated with great respect by allopaths, because, to them, the pathological changes mean much, while in reality, the only result is the effect following that mysterious cause—"the invisible disease power."

How often does the diagnosis prove incorrect when followed by a post-mortem, and consequently the treatment was wrong? And how often one hears the expression, "The patient died of a certain disease, and the doctors treated him for some other." But a homœopath cannot make that mistake, because he does not treat according to the name of the disease. Don't understand me to say that no diagnosis should be made, for I do not! But I do say that the symptoms, the totality of the symptoms, and not the diagnosis should be the guide in the treatment. Some physicians who are considered homœopaths will give certain remedies in pneumonia, typhoid fever, malaria, scarlatina,

and rheumatism, etc., simply because the disease happens to be one or the other. But this comes far from being Homœopathy.

With some professed homœopaths as well as allopaths, the symptoms are serviceable only so far as they may aid in the diagnosis. And when the diagnosis is settled upon, the favorite prescription is given, no matter what the totality of the symptoms may be.

That is one great draw-back to Homœopathy, and this class of homœopaths generally give Morphia to relieve pain, etc., etc., because they have not the time to make a homœopathic prescription. Perhaps some of you may conclude from this that it is much more difficult and tedious to prescribe homœopathically. In some cases it may be, but not in all.

The first prescription may be more difficult, but afterward, if the first prescription be correct, the sailing will be smooth.

How often do we hear the remark: "I don't see any difference between the homœopaths and allopaths, they both give Morphia in pain, Quinine in malaria, etc."

When a man goes into a strange place and wishes to employ a homœopathic physician, if he knows anything about true Homœopathy, he is perplexed (for every professional homœopath is not homœopathic in truth, and more's the pity, for if they only were, Homœopathy would be more respected to-day), the one whom he chances to choose may prove to be of a liberal mind, and if the patient has a pain, very likely will get a dose of Morphia; and, after all, he has received just what he didn't want, for if he is acquainted with Homœopathy he is led to expect something better than that which he would get from the opposite school.

The only way to learn Homœopathy correctly is to study the *Organon*. And the only way to heal the sick gently, speedily, and permanently is to follow the teachings of the *Organon*.

We find in looking over the introduction that Hahnemann was not the first to observe that "Like cures like." One ancient writer observes the fact that the purging qualities of Rhubarb are the cause of its power to allay diarrhœa.

Another, that colic is cured by the infusion of Senna, because



it produces colic in the healthy. Stahl, a Danish military physician, concluded thus : "The rule accepted in medicine, to cure by contraries, is entirely wrong." He is convinced, on the contrary, that diseases vanish and are cured by means of medicines capable of producing a similar affection (*Similia similibus*). Thus, Hahnemann adds : "So near had the great truth sometimes been approached, but only a hasty thought was here and there bestowed upon it. And hence the indispensable reformation of the ancient way of treating disease, the conversion of the traditional defective manner of treatment into a genuine, true, and certain art of healing remain unaccomplished to the present."

The old school claim their method of practice is rational because it is its aim to remove the cause of disease, and it follows the course of nature in her methods of getting rid of the offending presence. But, how can this "invisible disease power," this power intangible and beyond our knowledge, be affected by ponderable substances? We will see when we study the *Organon* proper that this "invisible (spirit-like) disease-power," can only be well met by a like invisible drug-power.

But to return. In a deranged stomach the old-school physician seeks to overcome the derangement by the use of medicines capable of combatting the present condition.

He believes the presence of the altered secretions in the stomach to be the cause of the sickness. And they are corrected, only to have the same conditions arise again after the action of the medicine is spent.

A patient may be affected with cancer, the offending growth is removed by the knife or external remedies used for the purpose, and the patient may be free for the time being, only to be overpowered by it later on, for the diseased condition itself, the products of the disease, and not the disease proper, was all that was removed.

Likewise, the chancre, when healed by cauterization, does not relieve the system of the poison within. The stopping of the gonorrhœal discharge, or later on removing the cauliflower excrescences only adds to the internal complication, and the external signs are removed. Very often, by this local interference, the

disease is driven to some other part ; or is forced to assume another form, and the change is attributed to the introduction of a new disease, while in truth it is the same disease, only altered in form because of the interference.

For example : If the too-free evacuation from the bowels be checked too suddenly by means of the old-school remedies generally used for such conditions, congestion of the brain may result.

The suppression of eruptions upon the skin by means of ointments, etc., often causes serious internal troubles to follow. All because nature was not allowed to dispose of the products of disease as she saw fit. The relief of rheumatic pains by using external applications often causes heart complications.

All these after-effects are far more serious than the original disease.

What could be farther removed from reason than the old method of blood-letting, salivation, excessive purgation, and overpowering glandular action, causing excessive perspiration and renal secretion ?

When I was a boy, I knew a man about fifty or sixty years of age, who had not taken a step in many a day. He has told me his history, and it is this :

When a boy of about eight years of age he was taken sick. Before that time he was as bright and active as any lad, but after that sickness he lost the use of his lower limbs, and always walked upon crutches. He was not able to touch either foot to the ground, and all because of too much Calomel. From the hips upward he was a perfect specimen of manhood, but below the hips he was utterly helpless. The lower limbs were there, but they were like those of a boy a few years old, and without a particle of use to him. I have known of other persons but this man was a personal acquaintance.

Another method of treatment was the use of fontanels. An incision is made in the skin and some foreign substance is introduced into the opening for the purpose of creating an artificial ulcer, and by that means endeavoring to relieve the diseased body of the internal derangement through the artificial ulcer, but

whatever relief came from this source soon vanished when the artificial ulcer was allowed to heal.

Likewise the internal disease is in no more danger of removal when Cantharides and other excitants are used upon the skin. The result is only a weakening of the vital powers. Still after centuries of progress many of their usages are counted the best that is known to medical science. Great is the mind of man!

Indeed we are living in a dangerous age—while we may have escaped the reign of the lancet, we are in the midst of bacteria of every description.

At this moment untold millions of these little pests surround us, only waiting the opportunity to overpower the system and lay us low with some one of the dread diseases. For my part, I cannot understand it. It seems to me that these specimens of minute animal life which the microscope reveals can only be the product of some other poison.

I can only think they are a product of a poison already within the system, the same as the ordinary intestinal worms are the product of some internal ailment. There is that invisible something within the system which caused the first lumbricoid, and that invisible something being dispelled the product must necessarily disappear.

There is no statute law to prevent a physician from doing anything for his patient that may chance to come into his mind. The literature of to-day teems with accounts of unreasonable means used in the treatment of the sick. And if the patient chances to live the world is told of the wonderful result, and the attending physician is lauded for his heroism.

Of the unsuccessful efforts, we seldom ever hear.

But with the law of similars to guide us there is no need of resorting to questionable means. Be honest with yourselves, gentlemen. Begin at the foundation, and you will never regret in after years that you enlisted in the ranks for truth, and the most good to your fellow-men.

## PRIMARY AND SECONDARY SYMPTOMS AND THE DOSE.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.\*

[The following paper seems to bear on the question asked by our venerated "S. L." in THE HOMŒOPATHIC PHYSICIAN for December, 1890, and is offered for what help the facts stated may be in solving that difficult question.]

In the *Medical Advance* for January, 1886, after reporting a case which brought up the question of primary and secondary symptoms, I wrote as follows :

"The bane of our materia medica is the incorporation of secondary symptoms ; these are not directly due to the action of the drug, but are the result of the reaction of the system against the poison. A homœopathic prescription cannot be made on the secondary symptoms of a proving, because they are not the symptoms of the drug disease, but evidence of the reactive power of the organism in the direction of health, and hence have no simile in diseased states of the body." This I will take as my text.

By primary symptoms are meant those first appearing as the result of the action of a medicinal substance upon any tissue. In fatal cases of poisoning there are *only* primary symptoms, and death follows because the secondary symptoms are lacking ; the secondary symptoms then must be the result of reaction which must and can come from the system only ; that these secondary symptoms are not due to an opposite action of the chemical substances is evident ; for no substance in its action contradicts itself ; chemical laws are God's laws : does Corrosive Sublimate ever cease to be a corrosive irritant ? do acids ever tire of acid action and become alkaline or even neutral ? Does the chemistry of the body go on under any different laws or its laws turn upon themselves ?

It may be urged that remedies in large doses act in one direc-

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\* Condensed from a paper read before the Washington Homœopathic Medical Society of District of Columbia, in November, 1890.

tion, while in small doses they act in another, as claimed by the old school ; no symptoms can be exhibited as the result of drug action until the nervous system has been irritated, the first action of which must be a giving way ; but if the onset is not too fierce, the system rallies to repel the invader, the reaction being governed in time and degree by the strength of the dose : if a small, or so-called tonic-dose be given, it must be so small that the system can rally with little delay to repel it, while if a larger, or so-called depressant dose be given, the vital force is overcome by it for a longer or shorter period according to the strength of the dose. In diseased conditions this is worse, for inasmuch as any dose, given homœopathically, will act in a direction similar to the disease, the system must overcome both drug *and* disease. Just as the plumb-line swings back beyond the centre in such proportion as it has been pushed away from it, minus the effect of gravity and friction, so the vital force will carry the reaction of the system beyond the healthful equilibrium to the same extent that it has been forced away from it, minus our inherent power to preserve health ; all have seen many examples of this.

Are we then to take the evidences of a systemic struggle against its foe as indications for a new and stronger dose of the remedy which was as a whole or a part of the prime cause of the excessive reaction ?

Prof. E. M. Hale, several years ago, propounded a law of dose which the writer never admitted, but denied, in the *Advance* in 1886 : “ Primary symptoms call for high attenuations, while secondary symptoms call for low attenuations.” The first part, the writer’s experience has proven to be true, the latter, false.

Let us suppose a patient to have had arsenical diarrhœa, and to have been cured with Arsenic<sup>30</sup>, the attack being followed by a severe reaction of the system for which he goes to Dr. No. 2, who says, “ This patient has the secondary symptoms of Arsenic.” If he shall give him Ars.<sup>30</sup>, will he not be adding force to the medication already received and so continue the violent reaction still longer until the system again swings the

other way through exhaustion of its irritability? but if the doctor shall give a dose strong enough to neutralize the over-reaction of the system against the disease, it would be substituting a drug action for a healthful action; this would be followed by new reaction of the system against the drug, and so on, the patient losing strength all the while; but if the new prescription shall be of a remedy whose primary action is similar to the over-action of the system and opposite to the primary action of the *Ars.*, and if only such a dose be given as will arouse just sufficiently new reaction of the system in an opposite direction to the reaction against the *Ars.*, then will health be restored quickly, pleasantly, and permanently, because the reaction of the system will not be toward the drug, but toward health, while, in response to a strong dose of *Ars.*, it would go away from healthful action and toward that of the drug.

As an example, let us take the case of a man who, after an *Ars.* poisoning, had obstinate constipation for two years. Would any one think of trying to cure him with tangible doses of *Ars.*?

Or if a patient should present himself with a primary constipation, resembling the reactive effect of *Ars.*, is it not evident that a strong dose of *Ars.* would be required? And this would be an action toward the drug, and hence but palliative.

Suppose that instead of giving the thirtieth of Arsenic, in the first place a dose be given sufficiently large to effect a hearty person, say the 3x. If the 3x will make a well person sick, how much more easily will it affect a sick person? It is evident, therefore, that the dose for primary symptoms must be reduced below the sick-making power in the healthy, just in proportion as the resistance of the vital force against disease action has been reduced below the normal. Let us suppose the dose to have been reduced below the sick-making power far enough to allow reaction expressed by 1. If the dose shall be reduced farther the reaction of the vital force may be expressed by 2; if still farther by 5, 10, 50, 100, 1,000, and soon up to a point where the vehicle fails to contain any Arsenic power.

Let us look at another familiar remedy, which probably has

been more abused in its symptoms of the bowels than any other, viz.: Sulphur. The provings and the poison records as well as the *United States Dispensatory* show that its primary effect is as a laxation from the watery stool, that drives one out of bed early in the morning to a pasty stool, according to the size of the dose. We find also, "stool hard as if burnt," as given by Hahnemann, but, owing to a fatal defect in his *Materia Medica* we have no means of knowing whether it was primary or secondary. We find, in the other provers, however, that those who suffered from constipation did so either after having diarrhœa, or else as a result of high attenuations used in proving.

On the contrary, as to Nux-vomica, Hahnemann says, in a foot-note, what can be corroborated by any physician: "Persistent, profuse diarrhœa-like stool, which constitutes true diarrhœa, never, so far as I have observed, occurs in the primary action of Nux-vom., and the diarrhœa expressed in this symptom consists of very small stools, mostly of mucus, accompanied by straining, or, when the evacuation is copious, and then, it is the secondary action. The curative effect in a patient who has previously suffered from constipation, *ineffectual desire for stool.*"

This constipation resembles the constipation after the diarrhœa of Sulphur. As was found under Sulphur, so we find under Nux-v. that the high attenuations produce upon the system symptoms like those produced by the vital force, in reacting against the crude doses, for instance, the following: "Exceedingly sudden attack of diarrhœa at night, when least expected. He had to get out of bed and run for his life; no premonitory symptoms whatever" (1,000 attenuation), under Sulph., from the same attenuation. "Feeling of great constipation and hardness in the bowels." In another prover, extreme constipation. From this it would seem that of the secondary symptoms of Nux and Sulph. each resembles the primary symptoms of the other, and that we may be justified in saying that those remedies that in their primary effects resemble the reaction of the symptoms against the previous remedies will follow them homœopathically; we may also say this: If a high attenuation will produce symptoms in

a well person that are *contrary* to the recognized effects of the drug and similar to the reaction by the system against the drug itself, does not our duty to our art require, that in selecting the dose we shall select such a one as will not aggravate the symptoms of the disease, in order, to lead to reaction by the system (the so-called secondary symptoms), but rather one just sufficient to enhance directly, and as far as possible, reaction in the system without such aggravation? That Hahnemann had some such idea in regard to the size of doses as compared with the strength of the vital force, is shown by his prescribing for the washerwoman. He says, "As the woman was very robust, and as the forces of disease had affected her organism so painfully that she was not able to continue her work, and as, moreover, her vital powers were unimpaired, I gave her a full drop of the tincture of Bryonia with directions to see me again in forty-eight hours. I told my friend E., who was present, that the woman's health ought to be restored after this period, which he doubted, not being yet fully converted to the new doctrines" (*Mat. Med. Pura*).

As to another case—a man to whom he gave Puls.—he says: "Being weak and worn out, he only took half a drop of the sixteenth potency of Puls. toward evening."

In the first case he shocked a strong vital force with a single dose, which, not being repeated, left the system free to react as sharply as possible against this artificial irritant; the result was that not only the strong woman in the first case was well the next day, but the weaker man also.

May we then venture to define a "high attenuation"? A "high attenuation" of a remedy is one that will produce upon the system symptoms that are contrary to the action of the crude drug, or attenuations which, in their action, are similar to the crude drug. Of course in the sick, who are thus made more sensitive to the action of medicine, homœopathically, a smaller dose must be given than would be required to affect the well in a similar manner, and must be left to the judgment and experience of the physician.

Accepting the foregoing views as true, it is evident that to



prescribe for constipation, Agar., Cocc., Gratiola, Laur., Petrol., Ratanhia, Senega, Sulphur, and above all Verat-alb., or to prescribe Bry., Nux-v., Kali-c., Lyc., Nat-m., Nit-acid, Sepia, Silic., as given by Bell, for diarrhœa can but be palliative, and allows the system to recover by action of the vital force.

There is another point in connection with this matter. Dr. C. Hering says that in a proving the last symptoms to appear are the most characteristic ; not the so-called secondary symptoms, but those symptoms which while they come late are the first evidence of an attack upon that particular part of the system : the explanation of this would seem to be that inasmuch as nature's strongest parts and the last to yield are the vital centres and as those most easily affected are the more external functions, that therefore those are first affected which are most easily disturbed, and being more easily disturbed are more apt to be affected by various but similar remedies in apparently much the same way in consequence ; but the more interiorly the action goes, the nearer it approaches to the vital force, the nearer it approaches that which individualizes the patient ; those symptoms, therefore, which are individualized by the patient are the most characteristic ; hence, as Hahnemann taught, the *mental* symptoms are the most important of *all*, and must be covered by the curative remedy, for the mind lost, *all* is lost save mere animal life, which is not much more than vegetable life.

It may be said that the provers are not unanimous always in their reports of the effects of a remedy upon them ; this is quite true ; suppose two persons one of whom has a tendency to constipation, the other to diarrhœa, whose health is disturbed ; give both Sulphur in a mild dose, can it be supposed that both would be affected alike ? Assuredly not. Often it is stated that such and such a condition to which the prover had been subject disappeared during the proving, and has not returned. That prover would of course have been affected by the remedy in a different direction from a prover whose tendency was the other way or who even was well as to that function. The combined testimony of provers is necessary to make the picture perfect.

The points I wish to emphasize are these :

1. "Primary symptoms" only are indications for the selection of a remedy, as taught by Hahnemann.

2. There are no "secondary symptoms" of a remedy, but such so-called symptoms are evidences of the reaction of the system.

3. Remedies follow each other, homœopathically, in which the action of the second is similar to the reaction against the first.

4. The dose must be reduced below the sick-making power until it is capable of inducing action in an opposite direction to the effect of crude drug upon the well without any appreciable aggravation of the symptoms, and this constitutes a "high attenuation."

5. The dose for the sick must be smaller (higher) than that required to produce the required re-action in the well.

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### DR. C. CARLETON SMITH'S NUGGETS.

#### EDITORS HOMŒOPATHIC PHYSICIAN :

In the excellent nuggets of Dr. C. C. Smith, that great teacher says, under Phosphorus: The acute chest pains are generally worse on right side, or by lying on right side. Hering, in *Guiding Symptoms*, VIII, 362, teaches: Stitches in left chest, better lying on left side. Again Smith: Worse by least pressure on intercostal muscles, while Hering has pain in chest when coughing, relieved by external pressure, which agrees with the symptom, "the patient when coughing, holds his abdomen with both hands."

In my third edition of *Homœopathic Therapeutics*, page 877, I remark, in right sided broncho-pneumonia, Phos. is worse from lying on left side, and I want to ask Dr. Smith to solve this question. I think Smith and Hering right, when we take the pathological condition in view, which causes this aggravation or amelioration, because the patient needs all the air and oxygen he can get to breathe, and will prefer that position favorable to easier breathing.

The *Cyclopædia of Drug Pathogenesis* mentions that Hol-

combe (a reliable prover), had fast shooting pains in right chest and *fugitive pains in both thorax and abdomen*, and one might say all over the body. *Materia medica pura!!!*

Yours in sorrow,

S. LILIENTHAL.

## A CRITICISM WITH CLINICAL NOTES.

F. L. GRIFFITH, M. D., EDINA, MO.

I want to ask a question or two of one or two contributors to the December number of this journal.

In the article headed, "Nuggets," by Dr. C. Carleton Smith, I notice many fine pointers, and at least one indication that does not jibe with my idea of things. In the 6th line from bottom of page 551, he says: "Phos. is worse lying on right side." Now I have relieved and cured many bad conditions of chest with Phos., and have always found it impossible for patient to lie on left side.

In Lippé's *Repertory* I find Phos. in italics as a remedy worse from lying on left side.

I will also have to ask an explanation of my Missouri colleague, Dr. Steinrauf, of St. Charles. He tells of a clinical case which he treated during the grippe epidemic last *March*, but he winds up the article by saying this cure was *two years ago*.

This is found in December number, page 557. If our friend does not correct this some of us might accuse him of inconsistency.

I am glad to notify the profession that my preceptor, Dr. H. S. Strickland, of Kirksville, Mo., has been appointed on the Board of Pension Examiners for this district. This doctor is no mongrel, but as pure a follower of the law as we have in the State.

I like to see the pure homœopath get to the front.

Now I must give a case or two from my own practice.

Three months ago I received a dispatch to come on first train to a town sixteen miles east of here. I was met at the depot

by a very anxious husband and escorted to the scene of suffering. When I entered the room, Bry. entered my mind.

Here is the history :

Two weeks previously, caught cold and had quite a tormenting cough, stiff neck, worse right side. (You are not thinking of Bry., are you?) Well, the allopath was called and gave Quinine. About a week previous to my being called she was extremely bad with acute darting pains in right chest, every breath aggravated and a full breath would make her scream. For six days and nights she suffered intense agony, during which time she neither ate nor slept at all. The old doctor was there almost continually and Calomel, Quinine, and Morphine were the implements with which he was killing her. During all this time she could not move on account of the fearful aggravation. She lay continually on the painful side and drank enormous quantities of cold water. The old doctor called it pleuropneumonia and said she was very dangerously sick.

Would any homœopath call so plain a case dangerous? Any homœopathic student could have cured that case. She just had time to take three doses of Bry.<sup>30</sup> before going to sleep. She slept well all night and was entirely well in twenty-four hours. She only got three doses, thirty minutes apart. Now this happened three months ago, and I have made over two hundred dollars in cash out of that town since.

CASE II.—Was called eight miles to see a lady with violent chills.

She had the tertian type, great emaciation and prostration, yet she had good appetite. Violent headache and thirst before chill. Said she could not live through another such chill. Chill began in fingers and toes, blue lips and nails, nausea and horrible headache. Unconscious part of time.

Fever blisters full of clear, transparent fluid. Well I poured a few pellets from my Nat-m.<sup>5000</sup> bottle and left no medicine nor blanks. She seemed much surprised when I told her I would leave her no medicine, but she never chilled nor had any symptoms of chill after that one dose of weak salt. I just want to say a word here for the benefit of all those young homœopaths

like myself who find it very hard to rely on one dose of the properly selected drug in a high potency.

I have been honestly testing the matter for the past three years, and although I find it hard to keep from repeating, I *know* I get better results if I do not.

I was called, not long since, to see a young lady afflicted with a disease called allopathy. In the first place, she had a fever for which the allopath gave three or four large doses of Calomel. The fever stopped but instead she got fearful pains in upper extremities, the pains being very much worse at night. At times the saliva would run out of mouth in a stream. Very fetid breath and large, flabby, yellowish tongue. She had been suffering so for five days and nights when I was called. The tongue said Merc., the breath said Merc., the saliva said Merc., and the great aggravation at night said Merc.

So she got Merc-sol.<sup>6000</sup>, three doses twenty minutes apart, and plenty of Sac-lac. to follow. She began feeling better in less than two hours and in four days was entirely well. Now, my friends, in coming right down to facts, all we have to do is to be sure we get *all* the symptoms exactly, then find the simillimum, to do which requires *study, study!* Well, then, don't neglect to study.

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## CLINICAL VERIFICATIONS.

GEORGE W. SHERBINO, M. D., ABILENE, TEXAS.

BERBERIS-VULGARIS<sup>cm</sup> IN CERVICAL NEURALGIA.—A postal clerk was taken with a pain in his neck, on the right side. Pain began near the right *mastoid* process, shooting like lightning to the point of the shoulder and upper arm. *He had to keep perfectly still and extend his head to the left, putting all of the muscles on the stretch and keeping them that way.* The least motion or relaxing the muscles would cause a sudden cramp, and he would cry out.

I gave Bell. and Bry., but a close study of the case brought to light the simillimum, which was Berberis-vulg.<sup>cm</sup>. I put

one dose on the tongue, and when I called again in half an hour he could move his head in any direction, without exciting the cramping in the muscles.

LAUROCERASUS<sup>1m</sup> IN MASTODYNIA.—Mrs. J. was taken with a pain in the right scapula, about the centre. Constant aching (worse from motion). This pain came on after confinement in the first week. She never had it before.

Always dreads to nurse the baby, as the pain extends from the right nipple through to the sore spot in the centre of the scapula. When the baby begins to nurse she grasps the breast with the right hand, with a relaxation and contraction. A kneading motion with the hand. This she keeps up as long as the baby nurses. I asked her why she did this and she said, without this grasping her breast and punching it in that way she could not stand the pain. Laurocerasus<sup>1m</sup>, one dose, cured.

DIOSCOREA-VIL<sup>cm</sup> IN UTERO-OVARIAN CARDIAC REFLEX.—I was called up at two A. M. to go and see a young lady suffering great pain. She said the pain began in the region of the womb and ovaries, then passed up to the heart, causing a constricted feeling, as if something were tight around the heart (Cact-g., Iod., Liliu-m-t.), causing great dyspnoea and weak, slow pulse. When the pain came on it would start from the uterus and ovaries in paroxysms, and she would scream so the neighbors could hear her. She would claw at the hypogastric region and at her heart.

I asked her where the pain seemed to go from her heart?

"*It just goes all over me.*" This led me to think of Dioscorea. I gave one dose. In five minutes she screamed no more. She was all right in the morning. I was pleased as well as the patient. Morphine was not needed, although she begged for it. I used to think this remedy had to be given in the tincture or even in the fluid extract, because some one else said so. This case shows the value of the potency.

LOBELIA<sup>1m</sup> IN CEPHALALGIA.—Pain commences in one temple or the other, passing around over the frontal bone to the other, or the pain may commence in both temples and seem to pass from one temple to the other. With this pain there is

nausea, dull, heavy pain, passing from one temple to the other, just above the eyebrows. I have never known this remedy to fail with these symptoms.

SANICULA SPRING WATER<sup>cm</sup> (SWAN), IN CATARRHAL OPHTHALMIA.—Last winter there came an epidemic of sore eyes in town, my two boys getting it first. One of them had so great swelling of the lids that he could with difficulty open the eyes at all, there was a constant straining or effort to keep the lid up (Caust., Gels.). I never saw so rapid and excessive secretion of pus from the eyes, it would run down upon the cheeks every few minutes, requiring to be wiped off. Great photophobia night and day. There was an amelioration in the morning, but about noon the exacerbation would come on and increase as the day advanced. In the evening he suffered so from intolerance of light he could not possibly keep his eyes open. They would now become agglutinated and remain so until next morning. Nevertheless we put sweet oil upon the eyelashes. I gave Argentum-nit. first without any benefit, but for the *cold clammy feet* I gave Sanicula.

I had a good many cases of this kind to treat, and this remedy acted splendidly.

*The cold clammy feet* (Calc-carb.), *cold clammy sweat on the back of the neck*. Both of these symptoms are in the proving and have been verified a great many times, and are never-failing indications.

SANICULA SPRING WATER<sup>50m</sup> (SKINNER), IN CATARRHAL OPHTHALMIA.—Mrs. P., æt. thirty-five, came to the office for medicine for sore eyes that had been sore for two or three weeks. The lids were swollen some and the eyeball red, agglutination at night, relieved by application of cold water to the eyes (Apis.). They were worse at night (Merc.). One dose of Sanicula with S. L. cured. Has had no return since.

CANTHARIS<sup>30m</sup> IN CHRONIC CYSTITIS.—Mr. A. J. C., æt. seventy-two, came to consult me for bladder trouble, which he has had for a number of years. Has been taking great deal of stuff from the regular profession; but constantly growing worse.

*Symptomatology*.—Urging desire to urinate, passing only a

few drops at a time of highly-colored urine mixed with blood. Urine very scanty with a cloudy sediment, and at times there is a white sediment looking like fragments of mortar. There was urging to urinate from the least quantity of urine in the bladder. It was worse from walking and better from sitting or lying down.

Painfulness from riding in a wagon or on horseback. Sometimes the urine suddenly stops, "like stone in the bladder."

He got one dose of *Cantl*<sup>30m</sup> dry. In a week he wrote me that he was very much better. I sent him two prescriptions *S. L.* by mail afterward and he remains well now for six months. I gave an unfavorable prognosis from the symptoms, as I thought they all pointed to stone in the bladder and taking into consideration his old age.

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### NUX-VOMICA<sup>200</sup> IN LABOR.

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

\* \* \* The patient who was the victim of the attack of puerperal convulsions reported in *THE HOMOEOPATHIC PHYSICIAN*, October number, page 464, has just been safely and easily delivered of a bouncing boy.

She had no trouble to speak of. She had been visiting the day previously and had eaten largely of fat pork and sausage which deranged the stomach. Frequent calls to stool led me to give *Nux-vomica*<sup>200</sup>, but it proved useless. I then learned for the first time of the sausage, and gave her *Pulsatilla*<sup>200</sup>. It failed. The pains continued to delay. Walking the floor, frequent and fruitless calls to stool, told me that *Nux-vomica* must be the remedy. Yet it did not work. I gave her a cup of hot water to drink, and some time afterward one dose of *Nux-vomica*<sup>200</sup>. She was compelled to take to the bed at once, with steady effective labor-pains, and in fifteen minutes was easily delivered. Do not forget hot water when the stomach is deranged and the indicated remedy fails to act. It has served well.—[Extract from a letter to the EDITORS.]



## THE TREATMENT OF WOMEN IN CONFINEMENT.

(Proceedings of I. H. A. Morning Session. June 25th, 1890.)

Dr. Custis read a paper entitled, "The Homœopathic Obstetrician," which excited the following discussion :

Dr. J. B. Bell—I wish to enter a strong protest against either Cosmoline or Lanolin coming in contact with a human being. They produce symptoms, and are therefore not entirely innocuous. And I want to protest still more strongly against Chloroform.

To give Chloroform requires the entire attention of a skillful man. It is not less dangerous to a lying-in woman than to others, and therefore the obstetrician should not trust himself to give it while his attention is taken up with other matters. Besides, it has a tendency to cause fatty degeneration, even from a few applications. Ether, on the other hand, given in the small quantity required, does not call for the services of another, does not vomit, and does not prostrate.

Dr. Hawley—What is the use of Cosmoline or of Lanolin, or of anything of that kind? Oils and fats are always heating to a mucous surface. I once took about four ounces of lard out of the vagina of a woman in labor. It had been put there by the doctor to lubricate the parts. Twenty-four hours had passed without any progress being made, and beneath that lard I found the vagina just as dry as a bone.

The baby was born in fifteen minutes afterward.

Dr. H. C. Allen—I should like to know why Dr. Custis always gives Pulsatilla in the last few weeks of gestation, without any indications?

Dr. Custis—Because, since I have been doing it I have never had a case of abnormal presentation, and because I have never seen any trouble arising from it.

Dr. Reed, in answer to a question by Dr. Alice Campbell, said: I am opposed to the administration of any remedy as a preparation for labor, unless it is indicated. To give Pulsatilla simply because it is Pulsatilla, and is often indicated, is not Homœopathy. You are liable to have just as many Nux-vomica or Hyoscyamus conditions as of Pulsatilla. Pulsatilla should

be given only when it is indicated. If gestation is normal then any remedy will do harm. There is no more excuse for giving Pulsatilla than there is for giving Chamomilla or Gelsemium, or any other remedy at such a time.

Dr. Reed then announced himself as also opposed to the use of any of the greases. He thought Chloroform might sometimes be useful, or, better still, Ether.

Dr. Carleton—A protest to a protest. Anything in this world but Ether. There may have been more deaths from Chloroform than from Ether, but there have also been deaths from Ether in the hands of the best men. Even with a careful administration of Ether it is often impossible to revive the patient without the bastinado. I never intrust the administration of any anæsthetic to the nurse; there is too much danger of death.

Dr. Farley—In the paper read, Merc-cor. is advised if there should be albumen in the urine. I do not think that advice should go unchallenged.

Dr. Reed—I entirely disagree with Dr. Custis on the Merc-cor. question. Never give any medicine unless it is indicated, and I do not think that albumen in the urine without any subjective symptoms is an indication for Merc-cor. In regard to an assistant in labor you should remember that many babies are born in the country, ten miles from any help, so that an assistant is not so easy to get. I suppose I have performed instrumental deliveries twenty-five times without help.

Dr. Hitchcock—A gentleman of large experience told me that he had never had to use forceps. Are forceps a necessity?

Dr. Wesselhœft—Dr. Bell once left a young man in charge of his practice during a short absence. The young man had two cases of placenta previa before Dr. Bell got back. Dr. Bell had never up to that time seen a case of placenta previa.

I left the same young man in charge of my practice and before I got back he had a placenta previa. I have never seen a case of that kind. Now that young man must have been unlucky.

Now when a man says he has gone through a long life of

medical practice without using the forceps, that is not an argument. He must have been awfully lucky, that's all. I have been obliged to use the instruments after the most careful and thoughtful administration of remedies which helped nothing. My father, who practiced medicine for forty years, had very remarkable mechanical skill. He was a whitesmith by trade and made all his own instruments. In forty years he had only used instruments in labor three times. I have used them much oftener than that.

Dr. Carr—The forceps are certainly necessary at times, but in the majority of abnormal cases we can get a natural delivery by the use of remedies, and hence I object to a too early or thoughtless use of instruments. Their proper use may sometimes prevent serious laceration of the perineum. They may even save life and so should always be on hand. I have had two cases of placenta previa. I have used Chloroform but never Ether.

I think also there is too much haste in cutting the cord and the rule to wait until it ceases to pulsate, as given by Dr. Custis, is correct, but I do not think any remedy should be given during gestation unless indicated.

Dr. Kent—All through the history of obstetrics we find women have died during child-birth, and I have no doubt but that many more women would die in the present time were it not for the forceps. The indicated remedy may not be easily found at the time, and not everybody is expert enough to find a remedy to correct the wrong in advance. I have had to deliver with forceps on that account. Yet I have known men with many times the obstetrical practice of mine who have never used the forceps.

It is a difficult question to solve concerning anæsthetics. I remember one case in which I expected to deliver with forceps without an anæsthetic as I had done before and have done since. It was a case in which thickening and infiltration of tissue had followed a pelvic cellulitis. The cervix was undilatable. Dilatation had to be performed mechanically and the forceps had to be introduced high. The intense agony, the ex-

treme suffering it seemed to me would destroy the woman's life. It was a rare case, and I had to give Chloroform, at the same time I do not want to be understood as indorsing or advising the use of Chloroform. But there are conditions which remove the case from the realm of medicine to that of surgery. Then it becomes a necessity to use Chloroform.

Dr. Custis—I am glad that my paper has been so successful in eliciting so interesting a discussion. I do not see how the remedies can possibly do away with the forceps, where we have non-conformity between the axes of the head and of the pelvis. If the head is too large it is beyond the province of remedies to decrease its size. The forceps must then be used. I have used Chloroform only in obstetrical practice. The stimulus to the heart of child-bearing seems to counteract the depressing effect of the Chloroform and I have never had any bad results. It is, of course, best to have another physician present, but not absolutely necessary. I have elsewhere, in a paper on Albuminuria, given the effect of Merc-cor. It produces an absolute physiological action in reducing the amount of albumen in the urine. Following this experience I have given Merc-cor. on a pathological basis on this symptom alone.

Dr. Hoyne—Did Dr. Custis ever hear of a death from the administration of Chloroform during labor?

Dr. Custis—No, sir, I never did.

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## A SEVERE CASE OF NEURALGIA.

DR. A. V. SYONTAGH, BUDAPEST.

(*Allg. hom. Zeit.*, No. 17, 1890.)

Madame M., fifty years old, the daughter of an old-school physician, well nourished, of quiet, phlegmatic temperament, chlorotic as a girl, as the wife always healthy and especially free of any nervous troubles even during menstruation, sterile. In her forty-sixth year, without known cause, she was attacked with a severe neuralgia in irregular paroxysms, mostly beginning during the night and continuing many hours, attacking

at first the head, then the abdomen and finally the womb. These attacks repeated themselves daily for eighteen months. Many high authorities of the old school were consulted, and every known treatment of the old school had its chance, but everything failed. She had already lost twenty-seven kilogrammes, and her mind became weak. In mere despair Homœopathy was thought of, and Dr. Hausmann (the author of *Ursachen und Bedingungen der Krankheit*) called in, and a few weeks sufficed to restore her health, which she enjoyed till 1886, when she again suffered from the same neuralgia, caused by catching cold during a heavy winter storm. At five in the morning, hardly a quarter of an hour sooner or later, the severe headache woke her up, continued in all its force during the forenoon, and gradually ceased in the afternoon. The attending physicians could benumb the pain with their hypodermics of Morphine, but could not cure the case. Hausmann had died during the interval and thus Syontagh was finally called in about February, who found the woman tortured by the most severe pains, starting in the neck and occiput, spreading over the vertex to the forehead and radiating into the eyes. The continuous pains, from the surface inwardly, are boring, pressing, off and on radiating and tearing, never hammering; more on the right than on left side, and by motion and especially by the touch of the scalp; in fact, touch anywhere is very painful, especially in back; abdomen, thighs are hyperæsthetic, hands and feet never. Face pale during the attack, eyes neither red nor weeping, nor photophobic; pupils normal; temporal artery normally pulsating; pulse small, hard, moderately frequent; increased salivation. Nux-vomica was selected as most similar to the symptoms, 3x with some Strychnine<sup>3x</sup> and the hypodermics strictly forbidden. Next morning the attack began at seven A. M., two hours later, and ceased at noon. Salivation increased. Next day the attack lasted only four hours and was milder. On the 24th no headache, only some precordial oppression, more profuse salivation. On the 27th and 28th she had only very mild attacks and then they ceased, but she still complained of this hyperæsthesia and salivation, and it seemed

as though the neuralgia had only changed places, for many a morning she complained of pains in the chest and abdomen or in the bladder and womb. Symptoms were: Sensation of constriction in the throat, oppression in chest, precordial anguish, constricting gastralgia, hiccough, intestinal colic, frequent and painful desire to micturate and passing large quantities of nervous urine; constant desire to defecate, with sensation of a ball in rectum; spasmodic pains in the womb without leucorrhœa and great sensitiveness of left ovarian region to pressure. Salivation steadily the same; gynæcological exploration and examination of urine with negative results. All other functions normal. Syontagh compared Mercur., Belladonna, Cocculus. Conium, Natrum-muriaticum, Nux-vomica, Secale, Sepia, Veratrum, and finally settled on Nux-vomica, which gave some relief, Belladonna and Conium nearly removed everything, except the ptyalism, which yielded in a few days to Pilocarpinum-mur. 6th dilution, and henceforth she seemed to be able to enjoy uninterrupted health.

Why Syontagh did not think of Cedron is astonishing. No other remedy has such clock-like regularity in its paroxysm and in the treatment of neuralgic affections. Cedron takes in my practice a high rank, and it has especially this clock-like periodicity or prosopalgia and nervous headache, also profuse ptyalism, constriction in throat, hiccough, spasms in stomach and bowels, profuse urination and all troubles worse after coitus; a state sometimes found in hysterically-inclined females. We may have either profuse perspiration or salivation. Cedron would have come nearer to be a simillimum than Nux-vomica or Belladonna. When will our physicians gain confidence enough to use the higher dilutions, for in nervous disorders they are certainly more advisable than the low ones, which are again better when the vegetative system suffers; Nux<sup>2c</sup> or M and tincture of time would have acted more promptly. Another remedy which loomed up before my mind's eye in such a chronic migraine was Silicea, and which would have followed well to eradicate this psoric condition.

S. L.

## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S.

### ORDER 6.—CRUCIFERÆ (CONTINUED.)

*Diplotaxis tennifolia* (Wall Mustard, Wall Rocket).—Found on old walls. This plant is said to have followed the Romans or to have been introduced by them; if so, it is now thoroughly acclimatized and may be found plentifully in many parts of the country, especially on heaps of rubbish and on the walls of great towns in the south and southwest and east of England. It is a *perennial* plant with leafy stem, and a very disagreeable odor. The *Diplotaxis* (of which there are only two examples found in this country) belong to the tribe Brassicæ, but is distinguished from *Brassica* and *Sinapis* by the *double* rows of seeds in the pod. There is no proving of this plant, but its virtues are probably similar to the mustards.

*Diplotaxis muralis* (Rocket).—This plant is very similar to the last mentioned, but is an *annual* and much smaller, with no leaves on the stem, but it has a rosette of leaves at the base of the stem. Its properties are probably like the *D. tennifolia*, as it smells just the same.

*Thlaspi arvense* (Penny Cress. Field Penny Cress. Trade Mustard).—Found in fields and roadsides. The seeds of this plant have an acrid, biting taste approaching to that of common mustard. They have an unpleasant flavor somewhat like garlic or onions, they are also bitter. This was at one time a Pharmacopœia plant, and was considered diuretic, provoking urine, and helping dropsy, gout, sciatica, and forwarding the menstrual functions. The seeds are the part used, and the country people give them to destroy worms and with good effect. They are also given in obstruction of the viscera, in rheumatism, and jaundice with success. They operate moderately on the urinary organs in small doses, in larger they purge briskly and in still greater quantities cause vomiting. There is at present, I believe, no proving.

*Iberis amara*, *Lepidium Iberis* (Bitter Candy Tuft. Sciatic cress).—So named from Iberia (Spain), where many kinds of *Iberis* are found. Found in chalky fields in the south and east of England. It has been used with considerable success as a cure for sciatica. It is said to be antiscorbutic, antiseptic, and stomachic. There is a proving in Hering's *Guiding Symptoms*. Among many other things it produces various disturbances of the digestive organs, as well as of the heart and lungs.

*Capsella Bursa-pastoris*. *Thlaspi Bursa-pastoris* (The Shepherd's Purse, a common weed).—This plant is said to have most extraordinary virtues, but is comparatively little used in medicine. It has a great reputation as a healer of outward and inward wounds; hemorrhages, spitting and voiding of blood; in jaundice, inflammation, erysipelas, pains and noises in the ears, and wounds on the head. It has been successful in treating passive metrorrhagia with too copious and frequent menses, as also in delayed menses caused by inertia of the uterus.

*Armoracia Sativa*. *Cochlearia Armoracia* (The Common Horse-radish).—Common in our gardens, but not a native and never seeds here. Called armoracia because it was cultivated abundantly in Armorica. This plant is well known at our tables, and although there is not the *least* similarity between them, the poisonous root of aconite has been used in mistake for the horse-radish by ignorant people, and death has been caused. The horse-radish has a long, stout white root about a foot long, and affects the organs of taste and smell with a quick, penetrating pungency, whereas the aconite root is of a darker color, tapering from the top, and not more than three or four inches in length, and has numerous fibrous roots as well; it is almost tasteless, and the numbing, tingling sensation it produces on the tongue and throat is not felt for five or ten minutes after it has been taken into the mouth. The activity of horse-radish is largely owing to an acrid substance similar to that found in black mustard. Its virtues are much impaired by drying, and the tincture should always be made from the fresh root. In allopathy, armoracia has been given as a remedy in rheumatism and palsy; for hoarseness; as a stomach stimulant; to



promote digestion ; also as a powerful *diuretic*, and with success in dropsy.

Hering's *Guiding Symptoms*, vol. I, gives a good proving of the drug. It produces on the healthy, and has frequently cured in the diseased, the following affections : " *Rheumatism of joints, which is better from motion and worse from rest. Loss of voice : whispering. Aphonia, with blood-spitting. Hoarseness and roughness of throat ; it is used by singers to clear the throat. Violent cramps in stomach, beginning toward morning, continually increasing, driving to despair ; cramp in stomach after taking cold. Greatly increased secretion of urine. Dropsy, with albuminuria, after pneumonia ; beginning of enteritis ; beginning of pleuritis.*"

#### ORDER 9.—VIOLACEÆ.

*Viola-odorata* (Sweet Violet, Wood Violet).—Every one in the country knows where to find the violet, and I suppose there is no one who does not love its beautiful and delicate perfume, reminding one of the spring and green fields. Well may Venus claim this plant. As a drug the violet possesses very cooling properties, and has been used in heated conditions of the body, in inflammation of the eyes, hot swellings in different parts, pain in the head from want of sleep, with heat ; to help suppuration in pleurisy, and affections of the lungs and chest ; hoarseness ; in affections of the liver ; in the hot stage of ague, piles, etc., and it is said to remove stone in the bladder.

*Viola-tricolor* (Heart's Ease, Pansy).—A very troublesome weed on cultivated grounds, corn-fields, etc., in England. Many old writers on *Materia Medica* represent this plant as a powerful medicine in epilepsy, asthma, ulcers, scabies, and other cutaneous complaints especially, as it has been recommended as a remedy for *crusta lactea*, convulsions of children, in pleurisy and other chest troubles. The heart's ease was at one time reckoned among the *magic herbs*. There is a proving of this plant in Dr. T. F. Allen's hand-book of *Materia Medica*. Amongst other things it produced drawing and twitching in the limbs, twitching of hands and closing of the thumbs, twitching of pectoral muscles, sticking in the ribs on left side during in-

spiration and expiration, cutting in chest on movement, oppression in region of heart, with twitches, eruptions on the face and behind ears, with burning itching, worse at night; thick hard scabs formed, crack here and there, discharging tenacious yellow pus, which hardened into a substance like gum. Nettle rash. Itching, twitches, cutting and crawling, itching of nose, scapula, inner part of thigh, anterior part above knee, on ball of big toe, between scrotum and thighs.

#### ORDER 10.—DROSERACEÆ.

*Drosera rotundifolia* (common name, Sun-dew, Round Leaved Sundus).—Found in boggy places. The tincture should always be prepared from the green plant in flower, care being taken to exclude the other forms of *drosera* found growing with it—*i. e.*, *D. intermedia*, *D. longifolia*. The action of the two last named may be similar, but we do not know. (The Scotch shepherds use *drosera* as a remedy for hæmaturia in cows, but *D. rotundifolia* does not appear to produce this form of hemorrhage. Perhaps one of the other forms of *drosera* would produce this symptom, and the cure of the hæmaturia in cows by the shepherds may be on account of one of the other forms producing this symptom. (See an amusing controversy in *Homœopathic World*, beginning April, 1883, page 150, bottom lines.) Beside the other forms of *drosera* that are often gathered in error, there is in one pound of *apparently* clean looking fresh plant, when carefully sorted, quite a quarter of a pound of pieces of grass, moss, and other extraneous matter picked out. In the dried *drosera* it is quite impossible to separate these things from the plant, so that the tincture from dried *drosera* is never pure.

This well-known and elegant little plant was at one time used to remove warts and corns. It is so acrid that when applied to the skin it has been known to produce ulceration. Before any proving of the drug was made it was esteemed as a remedy in *asthma and coughs*. It produces fatal coughing and delirium in sheep who eat it. In Homœopathy it is a prominent and common remedy in whooping-cough and various kinds of spasmodic cough. There is a good proving of the drug, showing

its action on healthy persons. The following are some of the symptoms *produced*, and they are cured by *drosera* when they arise from natural causes :

Bleeding of the nose ; frequent sneezing, with or without coryza ; profuse fluent coryza, particularly in the morning ; voice hoarse, deep, requires exertion to speak, husky, hollow, toneless ; constriction of the larynx when talking ; sensation as of a feather in the larynx, exciting to cough ; chest and throat ; symptoms worse from talking and singing ; desire to support the larynx when swallowing or coughing ; oppression of the breathing ; periodical paroxysms of whooping-cough in such frequent successions that the breath can scarcely be taken ; worse in the evening on lying down and at night, with drawing in of the abdomen, with vomiting of water, mucus, and food ; bleeding from the nose and mouth ; aggravation of the cough, by warmth, drinking, tobacco smoke, laughing, singing, weeping ; after lying down, after midnight, or in the morning, and many other chest symptoms. It produces aversion to pork.

Orders 11, 12, and 13 contain no English plants that are at present used in Homœopathy.

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## GONORRHŒA AND HOMŒOPATHY.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN :—While the gonorrhœa subject is being ventilated through the medium of your journal I shall look anxiously for light on the subject of treatment of the poison—the disease *per se*. I confess to a feeling of disappointment in reading Dr. Dever's article in the November number. Every careful student of Homœopathy is supposed to be able to treat a chronic case—where the discharge is kept up by some constitutional dyscrasia—such symptoms as then guide us in their treatment, are not in the “ foreground,” and are seldom attainable in the acute stage. How are we to treat or to cure a typical case of acute gonorrhœa? My own experience is negative. I have never seen a recovery under homœopathic treatment in less than six or eight weeks' time. I am satisfied that unaided nature does as well where the subject

is in good health. In a typical case of acute gonorrhœa of an otherwise healthy subject are we not absolutely reduced to clinical indications? If so, what remedies kill or neutralize the poison?

Are not injections of an homœopathic solution of Mercury equivalent to the dose by the mouth, and has it any preference to the Mercury given by the mouth? I have as yet seen no proof that Mercury so used can cause a suppression of gonorrhœa, in the sense in which Dr. Skinner uses the word suppression. The case he sites was suppressed by a powerful astringent—equivalent to Tannic or Gallic acid—ignorantly and evidently without expectation of curing or of neutralizing the virus. I have never been cognizant of such treatment either in the new or the old school. Give us light, and if we may choose, we prefer it without ridicule. God's light shines beneficently. Let those who first learn the truth reflect it accordingly.

J. C. WHITE.

PORTCHESTER, N. Y., December 24th, 1890.

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## A STUDY OF LAC CANINUM.

D. C. PERKINS, M. D., ROCKLAND, MAINE.

(A paper read before the Maine Homœopathic Medical Society, and published in its transactions for 1890.)

It sometimes happens that physicians as well as other worthy people allow their minds to be influenced by prejudice. It might be said that our brethren of allopathic proclivities are in a chronic condition of prejudice toward the truths and virtues of that law of cure discovered by Samuel Hahnemann and denominated Homœopathy. But the weakness of prejudice is not wholly limited to allopathic ranks. There are cases in our own school which are unaccountable, unreasonable, and to common minds, unjustifiable. Who has not heard, or read, denunciations of some of our polychrests even, as being unworthy the proof of being proved. Lachesis, Lycopodium, Natrum muriaticum, and others equally as well known have each in turn been under the ban of condemnation by a strong percentage of professed

homœopathists. Just now the remedy which is being pooh-poohed is Lac caninum, whose medical virtues, those who have tested it have no reason to doubt. It being a strong and far-reaching remedy, worthy of study, confidence, and use, has induced me to prepare and present this paper.

*Mind.*—Forgetful, nervous, very restless, cannot bear to be left alone; depression of spirits; believes he is fatally sick. Unable to concentrate the mind. Wants to leave everything as soon as it is commenced. Gloomy and apprehensive. Cross and irritable. Intense ugliness and hatefulness.

*Head.*—Constant noise in head, very confusing, worse at night, and at time of menses. Wakes at night with sensation as if the bed was in motion. Headache, aggravated by noise and talking, relieved by keeping quiet. Unbearable pains in head, change from one side to the other. Headache from below eyes over whole head. Head very sore and itches almost all the time. Sore pimples on scalp which discharge and form a scab; extremely painful when touched, or when combing hair.

*Eyes and Sight.*—Eyes sensitive to light, must have light, yet intolerant of sunlight. Retina retains impressions of subjects, especially of colors; film over eyes from reading. Eyes watery, dull, and lustreless. Upper eyelids heavy.

*Ears and Hearing.*—Sounds seem far off. Pain in both ears; noises as if ears were full. Deafness from hereditary syphilis.

*Nose and Smell.*—Nose cold. Fluids escape through nose while drinking. Nose stuffed, obstructing breathing; coryza with discharge of thick white mucus; upper part of nose seems full.

*Face.*—Face flushed; cheeks red. Lips dry, peeling off; dry and parched, but mouth constantly full of tough, frothy saliva.

*Mouth.*—Putrid taste in mouth. Tongue coated, whitish or dirty looking. Indistinct utterance. Breath offensive, putrid.

*Throat.*—Throat very sensitive externally. Breathing arrested on going to sleep. Sensation as if throat were closing.

Paralytic symptoms strongly marked; swallowing difficult, painful, almost impossible. Pricking sensation in throat as if full of sticks; uvula elongated, greatly swollen; feeling of lump in throat; goes down when swallowing, but returns again; shining, glazed, red appearance of throat; soreness of throat, commences with a tickling sensation which causes cough; *tonsils inflamed and very sore, red and shining, almost closing the throat. Whole membrane of throat swollen, dark red, with gray patches and small irregular shaped ulcers. Whole membrane of throat highly inflamed, swollen, and glands enlarged on both sides. The membrane is thick, yellowish gray, often greenish.*

These symptoms of the throat are but a few of those produced by this remedy, and when the whole are considered, so striking a picture of diphtheria is presented that in many cases to refuse to prescribe it would be to ignore the homœopathic law.

*Appetite and Stomach.*—Appetite and strength failing; no appetite; dyspepsia; thirst produced by dryness of throat; nausea with headache on waking; burning in epigastric region.

*Abdomen.*—Abdomen very hard and swollen in evening; pressure from within outward in lower abdomen. Pain in pelvis, principally in right ovarian region; pains in abdomen, intermittent.

*Urinary Organs.*—Constant desire to urinate with intense pain; urine unusually frequent and dark; great difficulty in urinating.

*Voice, Respiration, Chest, etc.*—Unable to speak aloud; distressed feeling while speaking; excessive hoarseness and tickling sensation, better when moving about; breathing hoarse and croupy, at times entire stoppage of breath. Cough from tickling in upper anterior part of larynx; worse from talking or lying down; hard metallic cough; croupy cough; sharp, incisive pains between scapulæ, passing through to sternum; trembling, jerking, and fluttering through lungs.

Pulse quick, full, and strong, with pain in chest and throat.

*Lactation.*—(Serviceable in almost all cases where it is required to dry up milk.)

*Neck, Back, and Limbs.*—Neck stiff; pain in back of neck; spine aches from base of brain to coccyx; heat, pain, and beating in small of back; shoulders and arms ache; almost constant pain in right hip. Articular rheumatism in right hip and knee-joints, especially the former; intense unbearable pain across supra sacral region extending to right natis and down right sciatic nerve; bruised pain in soles of feet, with stiffness of ankle, knee, and hip joints; numb pains chiefly in ankles; pain in limbs as if beaten.

*Nerves.*—Profound depression of vitality. *General weakness and prostration very marked; sinking spells every morning, attended with great nervousness.* When walking, seems to be walking on air; when lying does not seem to touch the bed.

*Sensations.*—Throat feels full of sticks, or as if scalded by hot fluid; pain as from a stone in pit of stomach; pain over eyes, in temples, in both ears, in whole body and limbs; in right thigh and uterus; in back of neck; in nipples, chest, and throat. The pains which attack different parts are mentioned as violent, intense, sharp, severe, lancinating, cutting, stabbing, darting, piercing, beating, acute, terrible, excruciating, unbearable, showing that the conditions demanding this remedy are as intense as those calling for Arsenicum.

Almost every region is affected. We have symptoms relating to forehead, top and back of head, brain, eyeballs, neck, cheeks, ears, nose, mouth, tongue, lips, throat, chest, heart, stomach, bowels, kidneys, liver, spleen, urinary and sexual organs, back, joints, arms, legs, wrists, ankles, fingers, toes, hearing, sight, taste, and smell.

Lac-caninum is related in its pathogenetic effects, and of course in its curative action, to a large number of remedies. Among these prominently are Arsenicum, Hepar, Belladonna, Lachesis, Graphites, Lycopodium, Kali-bich., Natrum-muriaticum. In a less degree to Anacardium, Apis-mel., Aconite, Bovista, Bryonia, Calcarea-carb., Causticum, Dulcamara, Eupatorium, Gnaphalium, Gelsemium, Phosphorus, Ruta, Sanguinaria, Stramonium, Thuja, Psorinum, and Sulphur.

Thus, briefly, are presented some of the leading symptoms

and relations of *Lac-caninum*, a remedy which is destined to occupy a place in therapeutics not less prominent than *Carbo-vegetabilis*, *Lachesis*, or *Veratrum*. Its adaptability is not limited by age, sex, color, temperament, or unbelief in its curative properties. Most heartily I commend it to my colleagues, in the firm conviction that it will fully meet their highest expectations.

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## AN ACCIDENTAL PROVING OF BALM OF GILEAD BUDS.

W. C. STILSON, M. D., BUCKSPORT, MAINE.

(A paper read before the Maine Homœopathic Medical Society and published in its transactions for 1890.)

As this is but one day, and there are many others to say things of benefit to us, I will give briefly an accidental proving, or a partial proving of Balm of Gilead Buds.

In my town lives Mr. E., who has quite an appetite for "something to take," and he is not so particular as some of us what he does take. His wife had a pint of rum in the house and had gathered some Balm of Gilead Buds and placed in it to use for a liniment. One evening Mr. E. was thirsty enough to take a drink of it, and in a few minutes went to bed. In a few hours he was breathing heavily, and his wife on awakening him found he could not speak, and so sent their son in great haste for me. When I arrived he was very nervous, and much excited; could not talk loud, but could speak only in hoarse whispers. Told me what he had taken, and said his throat and stomach felt very uncomfortable.

His pulse was up to 120; respiration affected; face ashy pale. He had a wild look, and often if asked a question would commence to answer but forget what he was saying in the middle of a sentence.

I hesitated what to prescribe, but thought of what my preceptor, Dr. Howe, once said to me when I asked him what he would give a child with such and such symptoms, and the reply was, "I would give him something as quickly as I could lest



he get well before he got the medicine," so coffee, black and strong, was ordered.

It was with much difficulty that we could get him to take it, as he said his throat was so dry, burned, and constricted that he could not swallow. The tongue was dry, and there seemed to be no saliva in the mouth; the tonsils and uvula were red and somewhat swollen, accompanied by burning sensations. He said his throat felt as if spiders had woven webs in it. I gave the coffee often, and in a few hours there was improvement and I left him.

On my return the next day I found his condition much the same, but with less fever and not so much dryness of the mucous membrane; yet there was complete aphonia, his intellect was dull and it seemed hard work for him to think. Voices of persons in the room sounded in the distance; words spoken to him seemed as if uttered a long time before; objects in the room seemed multiplied; his head felt many times larger than its normal size; he was hungry but did not dare eat lest it should lodge in his throat and choke him; his stomach felt faint and there was belching of gas, feeling, as he said, as though he was throwing heated steam from his stomach; there was difficulty in breathing, a sensation as if he could not get a good breath; a slight, dry cough, caused by the cobwebs in his throat. The bowels had not moved, and the urine passed was of a dark straw color, and looked as if clouds of smoke were mingled with it, while surely the odor was that of Balm Gilead.

I gave medicines and the next afternoon found him much improved; could talk aloud, but still with difficulty. The bowels had moved, but the evacuations were preceded by cramps in the abdomen, the stools were small and narrow; there seemed a lack of expulsive power.

There was deficient power in deglutition, and food would stop in the œsophagus or pass with difficulty. These symptoms all grew less and subsided in a few days, and he has not had any hankering for mixed drinks since.

After this I obtained some buds and tinctured them, and in testing them have found them to prove very satisfactory in

hoarse and catarrhal conditions of the throat and glottis, and in aphonia produced by catarrhal colds. This I know is of but little consequence, but when produced by causes acting upon the nervous system and without any apparent lesion of the vocal apparatus, then it becomes serious and frequently resists all treatment.

Mrs. S. had what our brother doctors called nervous prostration, and during this attack had aphonia. The nervous trouble grew better but the voice did not return. After trying several doctors without improvement, she decided to give Homœopathy a try, and I was called in. With what symptoms I could gather I decided that it was a Balm of Gilead case, and gave thirty drops in one-half glass of water, to take two teaspoonfuls every three hours. The second day I called on her and she could talk as well as ever.

I should like, my brothers, for you to give it a test for more thorough proving, and report at our next session.

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### BOOK NOTICES.

**DENTAL MIRROR.** Rodriguez Ottolengui, Editor. Dental Publishing Company, 1300 Broadway, Room No. 16, New York City. Price, \$1.00 per year.

This is a new journal devoted to dentistry. The sixth number is before us. It is full of articles highly interesting to the practical dentist. For example, we take "Comparative Methods," in which several eminent dentists, in answer to queries propounded by the editor, give their method of treatment for given defects of the teeth.

W. M. J.

**THE DIETETIC GAZETTE.** A monthly journal of physiological medicine. New York: P. O. Box 2898. Price, \$1.00 a year.

The December number of this instructive periodical is before us, and is well filled with valuable articles upon dietetics. Thus we observe an article by Allan McLane Hamilton, M. D., upon the dietetics of nervous and mental diseases; by John V. Shoemaker, M. D., upon the relation of diet to personal beauty; by J. N. Love, M. D. (editorial), upon "diet in diphtheria, with special consideration of the proper food for children."

These articles show the general scope of the journal, and we cordially recommend it to our readers.

W. M. J.

**BENNINGHAUSEN'S THERAPEUTIC POCKET-BOOK** for homœopathic physicians to use at the bedside and in the study of the *Materia Medica*. A new American edition. By Dr. Timothy Field Allen. Philadelphia: The Hahnemann Publishing House, 1891. Price, \$4.00.

The celebrated *Repertory* of Bœnninghausen has been so many years out of print and copies have become so scarce and dear that the younger generation of homœopathic physicians have scarcely any idea what it is like, and no opportunity to use it. Yet it is the volume above all others, after the *Materia Medica*, upon which the old guard of Hahnemannian homœopathists depended in their daily practice, and which, more than anything else, helped to bring about their successes.

Dr. Allen, the author of the great *Encyclopædia of Materia Medica*, has, therefore, conferred a very obvious benefit upon the profession by once more bringing this great *Repertory* within reach of the whole profession. He has not rested content with simply reproducing the work as it originally appeared, but has added seventeen remedies to the list, making a total of one hundred and forty-two remedies in all. The values of the remedies are made evident by four different styles of type, just as in the original.

The rubrics seem to us somewhat changed in a number of instances, and some change in their order of occurrence is noticeable. Still these changes serve only to increase the convenience of the book.

The work is excellently printed, the pages are small, and binding is in limp leather, making it available for the pocket. Bœnninghausen's original preface is also included, and thus the work is complete.

We recommend it to the whole profession, and have no doubt the edition will be quickly exhausted.

W. M. J.

**ADVICE TO WOMEN**, respecting some of the ailments peculiar to their sex. By J. Adams, M. D., M. C. P., and S. D., Toronto, Canada. Roswell & Hutchinson, Printers, 1890.

In this little brochure of some eighty pages, Dr. Adams calls attention in vigorous terms to the current methods of the old school in its treatment of the diseases of women. It is an interesting volume, and gives a note of timely warning against a barbarous practice; for the current methods of the so-called gynæcologists are simply barbarous butchery. Dr. Adams also shows, in contrast to this treatment, as Drs. Guernsey, Skinner, and others have done, how readily these female complaints yield to true homœopathic treatment. Rest in bed, with judicious use of hot water, may be used in conjunction with homœopathic medicines.

E. J. L.

**THE SANITARY ERA OR PROGRESSIVE HEALTH JOURNAL.**

Published on the 25th of each month by Wm. C. Conant, P. O. Box 3059, New York City. Subscription one dollar per year.

This is a quarto journal of about sixteen pages, each page having three columns. It is devoted to Sanitary Science, as its name indicates.

It is not intended for sanitarians only, but for citizens in general, for mothers, nurses, health-officers, etc. The copy before us, being No. 3 of Vol. V, contains a lot of very interesting matter upon water purifying, upon the theory of organic infection, upon Bacteriology, etc. W. M. J.

THE HAHNEMANNIAN'S ANALYSIS SHEET. By M. A. A. Wolff, M. D., Gainesville, Texas. Sample sheets five cents each. Twenty-five sheets for one dollar.

These sheets are for the convenience of the practitioner in studying a case. The sheet is divided into a number of blank spaces, in each one of which is printed the name of a remedy. There is space after the name for writing. The idea is that in using a repertory every remedy mentioned under a particular rubric shall have a mark set opposite to it. Then studying every symptom in the same way, we shall be able to see at a glance what remedies have all the symptoms and what have not. It is an ingenious idea, and is a modification of that suggested by Dr. Edmund J. Lee, and of the later device of Dr. Alfred Heath, also of Dr. Wm. Jefferson Guernsey's ingenious arrangement of Benninghausen's Therapeutic Pocket Book. Every physician who makes strictly homœopathic prescriptions ought to have it. W. M. J.

ANNALS OF SURGERY. A monthly review of Surgical Science and Practice, edited by L. S. Pilcher, A. M., M. D., of Brooklyn, N. Y., and C. B. Keetley, F. R. C. S., of London, England. Published by J. H. Chambers & Co., 914 Locust Street, St. Louis, Mo. Subscription price, \$5.00 per year in advance.

We cannot too highly commend this journal to our readers. It is the only journal now issued which is devoted exclusively to surgery. The articles are from the pens of the most eminent surgeons. Full details of the most wonderful operations are given, frequently with illustrations.

Every physician, who is in active practice, should take it, as it most certainly keeps him informed of all the latest developments of surgical art.

It is elegantly printed, with leaded lines on fine paper, and is well worth the subscription price.

Some of our subscribers have complained that there is not enough attention given to surgery in the pages of THE HOMŒOPATHIC PHYSICIAN. To all such we cordially recommend the *Annals of Surgery* as leaving nothing to be desired on that subject. W. M. J.

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- CORRECTIONS.—In Dr. Baylies' article, page 515, November No., 9th line from top, insert "in" before "common." December number, page 551, twelfth line from the bottom after the words, *In pregnancy* insert the words *under Phos.*

THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XI.

MARCH, 1891.

No. 3.

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EDITORIAL.

THE PSORA THEORY.—Beside familiarity with the law governing Homœopathy, and the corollaries of that law, there is required of the successful homœopathician powers of observation which should be constantly cultivated. By honestly adhering to our law success in the treatment of the sick is so certain that we are apt to become lax in closely observing much that goes to make more clear the cause of that success. None of the teachings of Hahnemann have received more condemnation than his Psoric theory, and yet but even slight observation will enable him who clearly grasps the master's teachings in respect thereof to put aside all doubt regarding its value, and also to convince those who deny, but who are open to conviction, as to its being true. To him who has given little or no attention to this subject we commend the writings of those whose vigilance has done much in showing the truth of Hahnemann's teachings.

In our last number Dr. Lee called attention to the writings of Dr. P. P. Wells, found throughout this journal. We heartily commend these to the younger followers of Hahnemann particularly, for we know of no articles which make more clear the philosophy of Homœopathy.

We would now direct our readers to some observations of

Grauvogl in connection with the Psoric theory. To many homœopaths, especially those who are intimate with Hahnemann's *Chronic Diseases*, the facts of Psora and the many ailments due thereto seem so self-evident that they rarely write on the subject. But when the question arises they are ever ready to attest its truth.

Grauvogl first learned from Dr. Reuter, of Nuremberg, that many years' experience had shown him that in those of a psoric tendency there would follow in almost unbroken succession the following characteristics, "provided that up to the last stage no medical aid had been sought:" 1. Gastroses; 2. Catarrhs; 3. Hemorrhoids; 4. Sweat of the feet; 5. Hoarseness; 6. Headache and toothache; 7. Diseases of the eyes; 8. Diseases of the ears; 9. Prurigo of the trunk, Furunculosis; 10. Swelling of the cervical glands; 11. Rheumatism; 12. Swelling of the axillary glands.

For example, if one is found suffering any of the above ailments, there will be established the former presence of those of a preceding number. Dr. Reuter, says Grauvogl, "accordingly shaped his therapeutics in such a manner as to undertake nothing which could disturb the reappearance of the previous numbers." In doing this he was following the teachings of Hahnemann, and thus adopting the only successful method of bringing about a normal condition of system. Here we have a beautiful example of the disappearance of symptoms inversely in the order of their appearance, which has been proved to be a guide showing progress toward a cure in all chronic diseases.

It was found, and every observer can testify to this, that unless symptoms did thus disappear there was evidence of an extension of this peculiar miasm, and instead of improvement there would appear other ailments. It is only the true homœopathician who can appreciate these observations, and it is incumbent upon all to attend to them, else they will never be able to accomplish as much as was achieved by those who in former days laid the foundations for the advance of Homœopathy.

G. H. C.

## ANÆSTHETICS IN LABOR.

(Proceedings of I. H. A., Wednesday, June 25th, 1890. Afternoon Session.)

Dr. Alice B. Campbell said—Everything should be done in the name of humanity to relieve the pangs of women in labor, and I should like to know if a homœopathic physician can consistently use an anæsthetic in normal labor. It is on this question that I should like to get the sense of this meeting.

Dr. Wesselhœft—I believe that in the great majority of cases of normal labor we get along better without any anæsthetic whatever. We all know, also, that in many abnormalities we can aid labor very materially with a well-selected homœopathic remedy.

Still there are certain occasional cases, especially in primiparæ, where, after the second stage of labor is nearly ended, the head presents at the vulva with the most agonizing suffering, and either we fail in our selection of the remedy, or it fails to act for mechanical reasons, where I say it is only merciful to give a few whiffs of Ether or Chloroform while the head is passing to alleviate this most agonizing and terrific suffering. A very few whiffs of Ether or Chloroform will be sufficient, and I do not at all believe in any more than enough to just obtund keen pain without approaching anywhere near complete narcosis.

I believe, too, that it is perfectly justifiable for us to use an anæsthetic in obstetrical operations. I do not think I will ever apply the forceps again without at least partial etherization. Many women, now, seem to expect Ether from the beginning of the pains to the end of the labor, and I think that that is all wrong. Very many cases get along better without a drop of an anæsthetic, but in many others it is, if not necessary, at least merciful to use it to the limited extent that I have indicated.

Dr. Stow—I should like to call attention to a probable effect of the administration of Ether at the last stage of labor. We all know that there is extreme distention and tension of the perineal muscles during the last throes of labor, and a little prior to the last; is it not highly probable that a little of an

anæsthetic administered at that time, will relax those muscles and do much to prevent rupture and laceration?

If I have a case of dislocation or fracture, I would not attempt to use my own slight muscular strength against the contracted and rigid muscles of the patient. I should administer an anæsthetic and then proceed to the easy and safe reduction of the dislocation or fracture aided by the relaxation of the muscles produced by the anæsthesia. The same applies to the management of difficult cases of labor, and I think we should be left to our own judgment and to exigencies of the case in this matter. I have had cases where I gave anæsthetics for the express purpose of producing relaxation.

Dr. Kent—In these painful and extraordinary cases, as in all others, the first duty of the physician is to act for the best interests of his patients; he cannot always do this by being merely merciful. If, with the idea of saving pain, you use Chloroform early in a labor case, the symptoms which call for a remedy will be entirely obliterated. I sit by the side of the bed, watching and waiting for a symptom to arise upon which I can base a prescription which will relieve the suffering and prevent puerperal fever.

It seems merciful to relieve this great suffering promptly with Chloroform, but it is more merciful to relieve it in the only right way by the homœopathic remedy when this is possible, because the relief is a real one and beneficial in its effect on the whole case, instead of merely palliating the pain.

I indorse what Dr. Wesselhœft has said, but I do not think with Dr. Stow that we are justified in producing so deep a narcosis as to relax the muscles of the perineum. It would take a great deal of Ether to do that, and I believe in a few whiffs only.

Dr. Dever—As I look at it, labor is a natural physiological process, and, in a healthy woman, should be gone through without any drugs or medicines at all. If the process is in any way abnormal, then the woman is sick and needs the homœopathic remedy, which will relieve, as we all know, more quickly and more permanently than any anæsthetic. It must be very seldom, if ever, necessary to use anything else.



Dr. J. B. Bell—If enough Ether is given to relax the perineum, then the labor is going to stop, and so deep an anæsthesia is very apt to injure the child. Another point to consider is that post-partem hemorrhage is likely to follow.

Dr. J. V. Allen—I would like to ask Dr. Bell if he is sure that Ether or Chloroform have ordinarily any effect upon the involuntary muscles.

Dr. Bell—Yes, sir, I think they do.

Dr. Stow—I do not wish to go on record as recommending either Chloroform or Ether indiscriminately. I am not in the habit of so using them, but I have had cases where the administration of anæsthetics has very materially relieved suffering. I know that I have, without deep narcosis, produced sufficient relaxation of the muscular tissue to very materially aid the passage of the head and to prevent laceration of the perineal structures. I must differ from Dr. Bell when he says that anæsthetics affect the involuntary muscles. The heart continues to beat, the lungs to move, and the expelling power of the uterus is scarcely impaired under an anæsthetic. If you unwisely carry the effect so deep as to affect the involuntary muscles you kill the patient.

Dr. Hawley had never used Chloroform but twice and one of these occasions was a case of hour-glass contraction.

Dr. Fincke—This discussion is not necessary and does not answer the question that Dr. Campbell asked. She asked whether it was, in the opinion of this Society, legitimate for a homœopath to give anæsthetics in normal labors in a sentimental way to stop pain. I say that if everything goes well she should bear some pain, for the woman will be loved better and will love her children better if she suffers some pain.

Pain is a part of labor, and if everything is normal we should allow nature to do her own work.

I have seen many cases go wrong because the doctor had no time to properly attend the case, so hurried matters up, to the harm both of the mother and child. Many women that have a quite natural child-birth will cry out with pain and say that they are going to die. If you give them a tiny pellet of Aconite it all passes off and the child will be born all right.

Dr. Carr—When I first began practice I was impressed with such great sympathy for my patients that I administered Chloroform in every case. But I did not know as much about Hypnæopathy at that time as I do now. It was not until I had some very untoward results that I turned my attention to the remedies. Aconite, Kali-carb., and Chamomilla have served me well in such cases.

Dr. H. C. Allen—One point has been overlooked in this discussion. One reason why we should not give anæsthetics in labor is because the old school do. The farther we keep away from their methods the better for all concerned. A woman is more susceptible during labor and pregnancy to the action of remedies than at any other time. Moreover, the symptoms of the mother corrected during gestation, and just prior to confinement, tend to make the labor normal. An anæsthetic masks symptoms, prolongs suffering in the end, increases the liability to hemorrhage, to mastitis, and other troubles of the mammary gland. The closer we keep to the dynamis of the remedy the better for the mother and the better for the child. Keep to the indicated remedy; it does as much for both mother and child during labor as it does during the dynamis of gestation. Anæsthetics destroy the indications for the remedies and increase the danger of hemorrhage.

Dr. Wesselhæft—I do not want to be understood, nor do I want it to go on record that I advise the use of anæsthetics, except in certain rare cases such as I have mentioned. As for our allopathic friends using or not using anæsthetics, I do not think that has anything to do with it. They are abandoning the practice more and more. I think we should use some Chloroform whenever the forceps have to be applied; also in some cases, especially primiparæ, in the last moments when the child's head is bursting through the vulva, and the woman is enduring the most excruciating tortures. Just a few whiffs are enough and it is all over. I have never seen bad results from it, and I have had women thank me for those few whiffs. Mind, that in the great majority of cases, I say we do *not* need it and are better off without, but in the cases I speak of I am glad to give relief by its use.

Dr. Alice B. Campbell—I am glad to have gotten these expressions of opinion. In my estimation those few whiffs are going to lower Dr. Wesselhœft a little. I am very jealous of the reputation of this Society, and my gratification is great to hear Dr. H. C. Allen and others stand up for true Homœopathy.

I believe Dr. Wesselhœft thinks he is right, but I do not.

Whether it is Dr. Stow with his complete narcosis, or Dr. Wesselhœft with his few whiffs, the principle is the same. If you do the same as the allopaths, wherein lies the difference? Can we not stand alone? Must we depend upon their miserable expedients? I wish the homœopathic use of Chloroform in normal labor were wiped out of existence. I have followed where it has been used and have always found more or less trouble generally in connection with lactation.

Dr. Kimball—Where the final pains are of so excruciating a character, can the labor be called normal?

Dr. Guernsey—I was called to a case in which a girl about seventeen in labor was in the most horrible convulsions. The immediate use of Ether relieved the pains, and I do not think five minutes elapsed before the child was born.

Dr. J. B. Bell—We must concede a little here I think. If things were just as we should like them to be, we would have painless labors, and we would have no surgery. I think that Ether may be safely and comfortably used toward the close of labor, when, according to the judgment of the physician, it is best.

Dr. Wesselhœft—For Heaven's sake, do not understand me to advise the use of Ether right along, from the moment the woman begins to cry out. Many of the women are abnormal nowadays, and can hardly have a normal labor. When we have a mechanical tumor pressing against and distending to the point of rupture, the vulva, with that horrible agony depicted on the face of the woman, I have used a little Chloroform, and I am glad I did.

Dr. Hoyne—I have found that women nowadays are educated up to Chloroform, and will not have a doctor attend them in confinement unless he will give them Chloroform. Very

little is necessary, and only toward the close of labor. I have never heard of its doing any damage when used in that way.

Dr. Fincke—I wish Dr. Wesselhœft had tried the remedy just at that point (perhaps, Aconite would have done it), because we would have learned something. Suppose, in cases similar to this, we try the remedies, and then we will know. How do we know that the anæsthetics do not have an after effect? There must be some reaction, I think, but I do not know enough about it to say, and should like to hear from somebody who knows.

I know of a young girl upon whom laughing gas, administered to have a tooth drawn, produced very serious effects; also a widow who was under the relaxation of anæsthesia for many hours. In course of time she began to weep, and she wept herself to death. I do not know whether this can be due to the anæsthetic or not. It is only possible, and would have to be proved.

Dr. Dever—These desperate cases are the very ones that need homœopathic treatment, and the very ones in which our remedies will do good.

Dr. Thomson—I have never used an anæsthetic in a normal labor. The more excruciating the pain, the quicker will the indicated remedy ease it. It is just as criminal to take away that pain with an anæsthetic, as it would be to cut down the red flag, the danger signal, and let two trains come together. The pains are a part of and coincident with the contractions of the uterus, and we should not interfere with them.

Dr. H. C. Allen—Let us settle this question by observing for the next three years all the obstetrical cases in which Chloroform or Ether has been given, and see how they get on. Observe especially the progress of lactation. My personal experience is that troubles in lactation are very common when an anæsthetic has been used; either caked breast or suppression of milk or some similar trouble.

Dr. W. J. Guernsey—What is normal labor? Is such a case as Dr. Wesselhœft mentioned normal? I think not.

Dr. Wesselhœft—As I said before, we have abnormal women

to deal with. A normal woman who uses her muscles, who has strength and ability, who has never injured herself by wrong dressing will have a normal baby by means of a normal labor. Such a woman will not present a head twelve inches long bursting through the vulva with such horrible pains.

I am not talking about painful contractions of the uterus at all; these are the normal pains of labor. I am speaking of the last pains due to the mechanical bursting, tearing of the vulva by an abnormal head. No remedy could correct that. It is not a dynamic condition, and a few whiffs of an anæsthetic will do the whole business. It can do no more harm than a few whiffs of Amyl-nitrite.

Dr. J. V. Allen—I have just one case in which I used Ether. At the end of the first stage of labor I wanted to use the forceps, but the patient would not allow me. I had been there three or four days and the child was ready to be expelled. I got some Ether, applied a towel to her nose, and in a few minutes the labor was over.

Dr. Custis—The best argument against the anæsthetic yet advanced is Dr. Kent's—that we thereby cover up symptoms and cannot make a prescription. The drift of the discussion amounts to this: never give an anæsthetic in normal labor. In abnormal labor correct the condition with the indicated remedy if you can, and if you cannot, help the woman with the anæsthetic.

Dr. Alice B. Campbell—I wish to sustain Dr. Wesselhœft in his position that many of the women of to-day are abnormal, and we are likely to have them remain so if we obey all their prejudices and whims, as Dr. Hoyne would have us do.

Dr. Hitchcock—If the women themselves are abnormal, are we justified in using abnormal measures in treating them?

Dr. Kent—Suppose your woman is under the influence of an anæsthetic and an active hemorrhage comes on, what are you going to do for her, with her symptoms masked by that benumbing influence?

Dr. Wesselhœft—I have had just such a case. The woman was under an anæsthetic. The child was delivered, when a sudden post-partum hemorrhage came on, such as I had never seen

before. The doctor who was connected with me in the case, ran for his instruments. I ran for my Ipecac and gave it. It stopped immediately. It was one straight, hot gush of bright, red blood as thick as a man's arm. I knew that I would have to work quickly; I have Ipecac always near me in labor cases.

Dr. Kent—Then every case of hemorrhage coming on under an anæsthetic must call for Ipecac.

Dr. Brownell—It seems to me that the Ipecac does not deserve any credit for stopping that hemorrhage. The sudden contraction of the uterus that forced out that sudden gush of blood also stopped it.

Dr. Rushmore—I recall at this moment three cases of labor in which I was called in consultation. They were all instrumental cases and in each case an anæsthetic was used.

In two of the three the child was past resuscitation and in the third resuscitation was very difficult.

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## SOME VERIFICATIONS OF SIMILIA.

D. H. DEAN, M. D., COLUMBUS, IND.

(Read at the Twenty-fourth Annual Session of the Indiana Institute of Homœopathy, Indianapolis, May 15th, 1890.)

My paper will necessarily be a random one, as you may know from the subject.

Every science must have some fixed laws upon which it is based. In order that we may know that it is certainly a science these laws must be clearly demonstrated. The cardinal principle of our science of therapeutics is, as every homœopath knows, that great law enunciated by Hahnemann almost a century ago, *Similia similibus curantur*. Every day of practice is only adding to the certainty of this law, and the time is not far distant when we may proclaim its universality.

In this paper I wish to give briefly some of my experience with a few drugs, showing the practicality of similia.

My first drug is the action of Rhus-tox in lumbago. Case: A lady, aged fifty, had been suffering severely with lumbago when she applied to me for relief, with symptoms as follow:

Unable to straighten her back and must walk in stooped

position. Slight twist in back caused excruciating pain. Unable to remain long in one position and some relief by moving about the room. She was a lady who did considerable lifting, and had, as she thought, probably overstrained herself. She also stated that damp weather caused aggravation of her symptoms. All these symptoms led me to the certain choice of Rhus, which I gave in the 3x dilution. She reported that she felt relief after the first dose, and in less than three days every symptom had disappeared. This was very prompt action, and of course was due to the fact that the drug was well indicated.

The old-school doctors are gradually "getting on to" the therapeutic values of this drug, and Dr. John Aulde, of Philadelphia, spends a good deal of time detailing some conditions calling for this drug. He says it is impossible for him to tell just when it should be given and when not in sciatica, etc. We would just tell him to make a little deeper study than he has done of our materia medica. He prefers one-half drop doses. Now this gentleman would have his colleagues believe that these values of this drug have been hitherto unknown, and that it was reserved for him to make the discoveries and hold them up as triumphs of allopathy. There is very little doubt his discoveries were like mine, made from the homœopathic materia medica, and the same may be said of his much extolled Arsenite of Copper, which he gives—shades of Cæsar!—in doses of one-thirty-two hundredth grain for cholera morbus, etc. Instead of explaining it by the law of similars, he calls it one of the enigmas of medicine and goes on. Very scientific indeed. But let this speculation go on as it's only the better for the patient.

My next remedy is China. The case was that of a gentleman aged forty who had been troubled with a diarrhœa for three weeks. Just previous to his taking the diarrhœa he had been traveling about two weeks, eating a great deal of fruit and otherwise careless with his diet. After returning home he tried dieting himself and took several simple home remedies, but to no purpose. The stools were aggravated by eating; some colic previous to going to stool; stools blackish in color and containing undigested matter; a good deal of debility. I prescribed

China, ten drops tincture in one-half glass of water. This produced marked aggravation. I then put one teaspoonful of this solution in one-half glass of water, and he felt relief from the first dose and very soon was entirely well. He afterward told me that what surprised him was that this checking of the diarrhœa was not followed by constipation and said he was a convert to that method of healing.

The next case I wish to report is a case of orchitis, where *Pulsatilla* proved the curative remedy. Case was a young man who contracted gonorrhœa three months previously to the present trouble. All acute symptoms had of course subsided, but there remained a gleet and some slight soreness in two or three spots in urethral track, all no doubt due to badly managed treatment of the primary trouble. He was a moulder by trade and strained himself by overlifting one half day. This was followed by much soreness and swelling of testicles. I prescribed *Arn.*<sup>2c</sup>, and told him to do only light work. The trouble was promptly relieved, but now unknown to me he began the use of a patent nostrum, warranted a sure cure for gleet when used as an injection. The result was a cessation of the discharge and a return of the orchitis in a much more aggravated form than previously. There was drawing through spermatic cords, tearing pains in testicles, and extreme sensitiveness to slightest touch. All these symptoms pointed unerringly to *Pulsatilla*, which I prescribed, ten drops tincture in one-half glass of water—teaspoonful four times a day—also putting on a suspensory bandage. This in a very few days completely relieved him and there has been no return of the orchitis since, although he has kept right on at his work moulding. I might add that he had gone to a regular physician, who prescribed a large bottle of nauseating stuff and told him to go to bed. The thought of swallowing this shot-gun mixture and of losing the two dollars and fifty cents a day he was making turned him against the regular, and the result was the *Pulsatilla* treatment and a few dollars more in his inside pocket.

This is another drug the allopaths are stumbling on to for these cases, and giving themselves great credit for their new discoveries.



Dr. Tucker, of Texas, speaks of its great value in orchitis in two-drop doses. The *Medical World* says better results are obtained with one-drop doses. Homœopaths for almost a century have had fine results where it is indicated in fractional drop doses.

I might detail many more cases verifying similia, but it would just be a repetition of what every homœopath has witnessed over and over again in his daily practice. However, I believe there is a tendency to laziness in a great many of us, and hence a carelessness in prescribing and a doubtfulness in results. Then Homœopathy is censured when only the practitioner is at fault. I believe Homœopathy has indeed very few faults, and that if we are constantly awake to our work and adhere strictly to its principles we may always expect prompt results. We are too liable to fall into a rut and prescribe on general principles or empirically like the ancient school. There is too much prescribing *Nux-vomica* for a headache, stomach trouble, or constipation, or of *Aconite* for every fever, or of *Belladonna* for all sore throats. Just so long as we adhere to this method of prescribing we are nothing but empirics and need not expect to achieve any greater success than our friends of the old school; in fact, not so great. If we can prescribe no more accurately than for the name of a disease, as to a greater or less extent many of us are unconsciously doing, we had better take down our banner and no longer pretend to be what we are not—disciples of Hahnemann. The fact is it's no easy task to be a successful prescriber according to similia. It requires both a close and careful study of the case before you and the materia medica. It is a little more difficult than prescribing Quinine for every case of malaria, Calomel for constipation, or Opium for diarrhœa, or as, in the case of homœopaths, *Nux-vom.* for all stomach troubles, *Aconite* for all fevers, etc. In the language of the veteran homœopath, Jahr: "Our art is and will always remain *an art of observation* which has for its object not only to investigate the effect of drugs on persons in health but likewise to examine the condition of the patient in every individual case in all its aspects, and, after administering the proper remedy, to examine him again, in order to find out what further course the disease will take."

## GONORRHŒA AND "STRAIGHT HOMŒOPATHY."

EDITORS OF THE HOMŒOPATHIC PHYSICIAN:—If I understand aright, Dr. T. F. Allen has the tuition of lady doctors as well as gentlemen doctors, and it would be well to know if he teaches the former as well as the latter, to use urethral and vaginal injections for the radical cure of gonorrhœa in its early stage in men or women, the disease being common to both—although, like Adam and Eve, the one generally blames the other.

It is all very well for Dr. T. F. Allen, who has to teach "the young idea how to shoot," to give them a stone when they expect bread, but when he goes into print and lays before the profession his treatment of primary gonorrhœa, *and before men of half a century of practice*, he need not feel surprised if he is severely "hauled over the coals."

In the January number of THE HOMŒOPATHIC PHYSICIAN, Dr. Kimball has stated all that need be stated—to all of which I cordially agree—but I should like to add a parting salute to so distinguished a physician as Dr. T. F. Allen, who, by this time in his professional existence, ought to know better.

Given a man or a woman, who, by an illicit connection, has contracted a gonorrhœal discharge from the urethra, and which, be it remembered, does not appear sooner or later than from one to seven days after the impure coitus, and which must have leavened the entire system, in the interval, with the virus (the whole man or woman), are we to believe that, by a *local* injection of anything from water to a 5,000th of a grain of Corrosive Sublimate, we can "wash out" "the damned spot," and conclude that, because the discharge ceases, we have *cured* our patient? Perish the thought! This may occur in cases of simple urethritis, arising from exposure to cold or similar causes, but never from the gonorrhœal virus. The disease goes on all the same, in an endless variety of forms, many of which a majority of the profession have seemingly still to learn, and Dr. T. F. Allen, the editor of a work which ought to immortalize him, by his own admission, is one of the majority.

Yours fraternally,

THOS. SKINNER, M. D.

# A COLLECTION OF SYMPTOMS GOING FROM LEFT TO RIGHT AND FROM RIGHT TO LEFT.

JOHN DIKE, M. D., MELROSE, MASS.

We so constantly hear of Lachesis being given for symptoms going from left to right and Lycopodium for those going from right to left, that we are apt to think that these two remedies are the only ones having this lateral peculiarity. A careful study of the materia medica, however, will reveal that there are many remedies that have the lateral characteristic more or less prominent. Even Lachesis, given as it always is, for symptoms of every kind going from left to right, nevertheless has one form of headache which goes from right to left.

In this paper the author has collected all the symptoms he could find, by a perusal of Hering's *Guiding Symptoms*, having the lateral character. It is hoped that the practical physician may find them useful at the bed-side.

## LEFT TO RIGHT.

### HEAD.

Headache: first on left side then on right ; beginning in teeth and jaw, extending to ear, temple, and vertex : Zinc.

Headache in temples : Agar.

Headache: pain as if a knife were drawn through the head from l. to r. : Arn.

Headache, frontal : Carbol-ac.

Headache, frontal, with oppression of chest : Carbol-ac.

Headache, frontal eminence : Lycop-virg.

Headache l. to r. : Cimex, Nux-mos.

Headache, neuralgic : Cinchon.

Headache, lancinating : Elaps.

Headache, shooting pain : Eupat-perf.

Burning in head : Calc-ars.

Choreic jerking of head : Ign.

Drawing, painful, in forehead : Agar.

Erysipelas upon scalp, forming vesicles : Rhus-t.

Pressure in temples : Calad.

## LEFT TO RIGHT.

Tearing in cheeks, temples, and eyes, also in right side only :  
Verat.

Tearing in forehead : Lachnan.

## FACE.

Drawing pain in jaw : Oxal-ac.

Erysipelas of ; redness of nose going from left side of nose to  
right : Hydrast.

Itching of ; l. to r. : Pallad.

Neuralgic pains in : Cinchon.

## EYES.

Darting pains in : Croc.

Diseases going from l. to r. : Apis.

Fissures in external canthi : Nat-mur.

Pain around : Pallad.

Pain in : Mur-ac., Psor.

Pressure above eyes : Agar.

Shooting in eyes : Chel.

Weeping : feeling as if left eye had been weeping, going to right  
with corresponding appearances : Croc.

## EARS.

Aching in : Merc.

Earache : Calc-phos.

Earache ; sticking pain in l. ear, later in r. : Aloes.

Hemorrhage of : Merc.

Ringling and whistling in ears : Merc.

Shooting in : Merc.

## NOSE.

Coryza with running of water : Agar., Allium-c.

Discharge from nose : Lach.

## MOUTH.

Gums, swelling of : Nat-mur.

Teeth : pain in molars : Lycop-virg.

## THROAT.

Angina granulosa : Plumb.

Diphtheria developed : Lach., Petrol.

## LEFT TO RIGHT.

Pains from l. to r.: Lach., Lyc.

Tonsillitis: Plumb., Sabad., Spig.

Tonsillitis with yellow, granulous, follicular ulcers small and painful, with burning stinging pains: Plumb.

Ulceration in: Lach.

## CHEST.

Cardiac region; stitches in; going to r.: Arn.

Left chest to right shoulder; deep seated pains in: Eupat-perf.

Chest in general: Lil-t.

Clavicles, sore: Calc-phos.

Clavicles, stitches in extending to right side: Cornus.

Mammæ; abscess of: Arn.

Mammæ; scirrhus of: Brom.

Mammæ; stitches in nipples: Carduus-mar.

Pain in upper chest: Cimex.

Pain in, below heart: Gels.

Sore pain, deep in: Agar.

Sore spot in left side with lancinating pains going to r.: Calc-c.

Stitches in: Æsculus, Kreos.

Stitches in, during inspiration, Bry.

## ABDOMEN.

Aching: Nux-mos.

After pains in: Ipec.

Cutting pains in: Ipec.

Cutting pains in: Lachnan.

Drawing pain through pit of stomach: Card-mar.

Gripping in: Agar.

Hard body seems to roll from navel, when turning from left to right: Lyc.

Lancinating pains in: Calc-c.

Ovarian region: fine cutting pain in left: when stretching in bed going across to right; first faint then stronger; increased after repeated stretching: Apis.

Ovarian tumors: left ovary first, later the right: Lach.

Pain in abdomen caused by a fall: Coloc.

## LEFT TO RIGHT.

Paroxysmal pains in : Coloc.

Pubic region : pain in, from l. to r., followed by earache : Calc-p.

Pubic region : scrotum : burning in : Lachnan.

Pubic region : testicles diminish in size first l. then r : Lyssin.

Renal region ; sharp shooting pains in : Kali-bichrom.

Rending pain across when lying in bed : Lyssin.

Tearing in hypochondriacal region : Lye.

## BACK.

Neck : nape of : pressing pain in spot size of a coin going over to right side of neck : Carduus-mar.

Renal region : burning : Lachnan.

Renal region : shooting pains in, extending down to the thighs : worse on motion : Kali-bichrom.

## UPPER EXTREMITIES.

Clavicle : soreness of : Calc-phos.

Shoulder : deltoid muscle, twitching in : Oxal-ac.

Shoulder : neuralgic pain in : Lac-can.

Shoulder : pain in : Medorrhin.

Arms : drawing in upper : Calc-ars.

Arms : dull pain in : Calc-phos.

Arm : dull pain in, worse from change of weather : Calc-phos.

Arms : pain in : Formica-r.

Elbows : shooting through : Calc-phos.

Wrists : pains in : Kreos.

Hands : burning and itching in : Medorrhin.

Hands : electrical current : sensation of in : first l. then r. :  
Lil-tig.

Hands : itching of : Ars-iod.

Fingers : sensation of electric current in : first l. then r. : Lil-t.

Fingers : stitching in : Pallad.

## LOWER EXTREMITIES.

Hips in general : Arg-met.

Hip joints : tearing pain in : Ambra.

Hip bone : stitches in : Pallad.

## LEFT TO RIGHT.

- Groin : left then right : cutting, drawing, aching, and soreness : Calc-phos.
- Leg : left ; hip, knee, and toes : pain passes to right thigh and ankle (gout) : Benz-ac.
- Legs : coldness of : Cup-s.
- Legs : fornication and pain in : Ars-iod.
- Legs : œdematous : Lach.
- Leg : rheumatic pains : Benz-ac.
- Lower leg : sensation of splinter in : Agar.
- Lower leg : pain in tibia : Agar.
- Lower leg and feet ; heat of : Cup-s.
- Knees, pains in, when walking : Calc-phos.
- Knees in general : Arg-met.
- Feet ; falling asleep of : Coloc., Millefol.
- Foot : dry, scaly herpes on left internal malleolus and then upon right : Cactus-g.
- Toe : great ; pain in first joint of left great toe suddenly moving to corresponding joint of right toe : Eupat-perfol.
- Toe : great ; gout in : Dulc.
- Toe : great ; moving pain in : Eupat-perf.

## IN GENERAL.

- Paralysis (poisoning) : Acon.
- Eruptions : Asimin-tr.
- Seems to see a bright flame terminating in a point : Cinch-bol.
- Pain in gout : Colch.
- Objects appear to move : Lac-deflor.
- Erysipelas spreads : Lach.
- Rheumatic pain : Lach.
- Pains in general : Lycop-virg.

## SYMPTOMS GOING FROM RIGHT TO LEFT.

## HEAD.

- Aching ; dull in frontal protuberance : Acet-ac.
- Aching ; headache r. to l. : Inula, Lachesis, Lyssin.
- Headaches r., in A. M., l. in P. M. : Bov.

## RIGHT TO LEFT.

- Head ; headache from vertex to left ear, then over head to right ear : Nit-ac.
- Headache ; changing back and forth : Colch.
- Headache ; acute boring pains through forehead, r. to l. : Iris-v.
- Head ; crazy feeling in head : Lil-tig.
- Head ; cutting in right occipital to left parietal bone : Bell.
- Head ; drawing through side of head and neck to clavicle : Ind-met.
- Head, is drawn to right side, later to left : August.
- Pain in occiput : Psor.
- Pain in right, then left temple : Fluor-ac., Ipomœa, Pallad.
- Pressing pain ; Eupat-purp.
- Pressing pain in frontal region, r. then l. : Colch.
- Pressure in right orbital region, afterward on left also : Cainca.
- Shocks : sudden, constrictive, in temples ; Plat.
- Shooting in right temple, passing to left, Lil-tig.
- Shooting like an electric shock from temple to occiput, Iris-v.
- Stitches in forehead, Calc-ars.
- Stitches in temples, Agar.

## FACE.

- R. to L. : Cheek and left eye, Amyl-nit.
- Erysipelas of face, Apis.
- Erysipelas beginning in right ear and spreading over face, Sulph.
- Neuralgia : supra-orbital, Natr-mur.
- Pains in lower jaw, severe, Mez.
- Pain over whole side of right face and suddenly springing to left side, Coccin-sep.
- Prosopalgia, Mez.
- Redness, dark-brown, in face, Anthrac.
- Rhus poisoning in face, Croc-tig.
- Swelling of parotid, Lac-c.
- Swelling, œdematous, under eyebrows, Kali-c.

## EYES.

- Ciliary blepharitis, Psor.
- Erysipelas in right eye and then in left, Apis.



## RIGHT TO LEFT.

Inflammation of the eyelids, Bad., Psor.

Itching on border of eyelids, Alumen.

Pains in eyes, Chel.

Stitch, sudden, in front part of both eyes, fr. R. to L. Eyes running water, Chim-umb.

Ulcers on cornea, Con.

Dark veil passes before the eyes, Natr-mur.

Warm water, feeling of, flowing over eyes, Nit-ac.

## EARS.

Darting pain in ear, Dolich.

Earache, Angust.

Earlobe, affections of, going fr. R. to L., Arg-met.

Pinching in ears, Bell.

Stitches in ear, Arg-nit.

## NOSE.

Epistaxis, going from R. to L., Coca.

Pain from R. to L. over bridge of nose, Euphrasia.

Stoppage of nostril, Benz-ac.

## MOUTH.

Soreness of under-lip, Ars.

Stabbing pains in gums, Glon.

Swelling of gums, Ars.

Swelling of gums and soreness of under-lip, Ars-met.

Toothache, Acon.

## THROAT.

Diphtheritic patches spread, Lyc.

Eustachian tubes, Arg-met.

Pain in throat, Dolich.

Dull piercing pains in side of throat, Millef.

Rawness of palate, Lyc-virg.

Sore throat, Arum-tri., Baryt-c., Lyc., Podophyl., Sulph.

Swelling and inflammation of tonsils, Gels., Lach., Lyc.

Swelling of trachea, Arum-tr.

## CHEST.

Cramps in chest ; wakens at two A. M. : Lachnan.

## RIGHT TO LEFT.

- Darting pain in hypochondria. Profuse sweat; had to bend double, clench hands, and writhe in agony : Calc-c.  
 Pain in thorax : Chel.  
 Pain from one axilla to the other : Elaps.  
 Painful spot on second rib to sternum : Bry.  
 Pleuritic pains : Bad.  
 Pneumonia : Chel.  
 Sensation as if something smooth were gliding from right hypochondrium to left : Daph-od.  
 Sharp pain with soreness to touch : Elaps-cor.  
 Stitches in lungs : Alumina.  
 Stitches in right hypochondria then in left : Brom., Thuja.

## ABDOMEN.

- Burning or boring stitches in ovaries : Lyc.  
 Cutting belly-ache, right to left iliac fossa, thence to rectum : Sanguin.  
 Cutting across hypogastrium : Lyc.  
 Cutting stitches in lower abdomen : Merc.  
 Cutting pains across abdomen : Lyc.  
 Cutting jerks : Calc-ars.  
 Darting pain in testes : Lyc-virg.  
 Pains from right iliac region to left side of abdomen : Lac-c.  
 Pain above crest of ilium : Iris-v.  
 Pains, from r. to l. : Nice.  
 Spasmodic pains in hypochondrium : Nux-mos.  
 Spasms in pit of stomach : Con.  
 Stitches across abdomen : Dros.  
 Sharp pains in lower abdomen : Cocc-cact.  
 Twitching in ovarian regions : Abrot.

## BACK.

- Burning soreness in back from R. to L., Agar.  
 Cramp-like pains in neck from side to side, Calc-ph.  
 Erysipelas across back, Apis.  
 Pain in back, Lobel-cœr.  
 Stitches in scapula, Cocculus.

## RIGHT TO LEFT.

## UPPER EXTREMITIES.

Neuralgia of shoulder, Eup-purp.

Pain in shoulders, Apis.

Rheumatic pains in right shoulder going to left upper arm and elbow joint, Lobel.

Rheumatism in shoulders, Amm-mur., Apis, Lyssin.

Pains in paroxysms, first in right shoulder and arm, down side to hip then across to left hip, Lyc.

Numbness of hands, Cocc.

Hand: Pain in right hand goes to left arm and down elbow, thence to heart, later in right thigh and ankle, Benz-ac.

Pain from right hand to left arm, Benz-ac.

Hand cold, first right then left, Medorr.

Hand and arm stiff and painful, Lil-tig.

Dull aching in fingers, Abrot.

Fingers; panaritium going from r. to l., Sanguin.

## LOWER EXTREMITIES.

Hip; pain in, Lil-tig., Lyc.

Hip bone; right, then left; tearing in; extending to knee, Canth.

Hip; soreness and drawing pain in joint, Lil-tig.

Testicles, r. to l., dragging pain: Hydrast.

Shifting pains in leg, Hydrast.

Smarting of leg, Lil-tig.

Varicose veins inside of right thigh, then of left, Ferr.

Neuralgia of knee, Benz-ac., Eup-purp.

Pains in knees, Badiaga, Benz-ac.

Shooting from knees to ankles, Lyc.

Right, then left; tendo Achilles, pain in, Benz-ac.

Foot goes to sleep, Millef.

## IN GENERAL.

Right to left in general, Aspar, Carbol-ac., Rheum.

Neuralgia, now right, now left, Magn-phos.

Sensation as if something pressed downward on right side of body and coming up on left, Chim-mac.

## RIGHT TO LEFT.

Rheumatism and gout. Benz-ac.

Acute rheumatism : Chel.

Stinging, burning rheumatic pains with great soreness and lameness ; profuse sweat relieves : Apis.

Stinging, itching on small places, Aur-mur.

Varicose veins, right, then left, Ferr.

Things whirl : Cocc.

## PRIMARY AND SECONDARY SYMPTOMS.

M. W. VANDENBURG, A. M., M. D., FORT EDWARD, N. Y.

After reading and re-reading Dr. Gilbert's article, in the February number of THE HOMŒOPATHIC PHYSICIAN, I find myself more and more in doubt how to apply it to the study of our materia medica.

It is fully allowed that there are primary and secondary symptoms, and it is claimed that "the latter are the bane of our materia medica," "and that a homœopathic prescription cannot be based upon secondary symptoms."

To one who is anxious to escape this "bane," the question naturally arises, Where is the materia medica that differentiates the primary and secondary symptoms?

Is it then impossible to make a homœopathic prescription from Hahnemann, or Hering, or Allen, or Lilienthal, or Cowperthwait? Have all these years passed, and no one yet been able to make a genuine homœopathic prescription?

If now "primary symptoms be those first appearing as the result of the action of a medicinal substance upon any tissue," and if "the secondary symptoms must be the result of reaction, which must, and can only come from the system," and if also, "the last symptoms to appear are the most characteristic; not the so-called secondary symptoms, but those which, while they come late, are the first evidence of an attack upon the particular part of the system," who shall be able to assuredly separate the one from the other, and give us a materia medica without a "bane"?

Again, it is stated, "the high attenuations produce upon the [healthy] system symptoms like those produced by the vital force in reacting against the crude doses."

The bracket is my own, but this is what it means as I suppose.

If this be the case, then either the provings with crude doses are not reliable, or at least not available for homœopathic use, or, per contra, the provings from high attenuations are useless.

For, if secondary symptoms of crude doses are "the bane of materia medica," the primary symptoms of high attenuations, being the same, must also be a bane.

Or, on the other hand, if the provings of crude doses are untrustworthy in their primary symptoms, then surely their secondary symptoms are the real materia medica, since "these are like those produced by the higher attenuations upon the healthy system."

It is then the secondary symptoms of the higher attenuations that are the real bane against which we are to guard.

I have tried to follow the doctor candidly, considerately, and with perfect fairness, and this is where he has brought me.

It may be Dr. Gilbert denies the value of primary symptoms from crude doses; but to be consistent he must allow the value of their secondary symptoms, those "like the primary of the higher attenuations."

If this is the case what becomes of conclusion No. 1—"Primary symptoms" only are indications for the selection of the remedy, as taught by Hahnemann?

So also of No. 2.—"There are no secondary symptoms of a remedy, but such so-called symptoms are the evidences of the reaction of the system."

No. 3 reads, "remedies follow each other, homœopathically, in which the action of the second (primary action) is similar to the reaction (secondary action) against (of) the first."

Here then is a wide field for this "bane" to become very useful. Again I ask, is it that these "secondary symptoms" of the "higher attenuations" are so baneful.

No. 4 reads, "the dose must be reduced below the sick-making power (that is, the one capable of producing a crude-

drug primary symptom, if we rightly understand his meaning), until it is capable of inducing an action in an opposite direction to the effect of the crude drug upon the well (that is, a secondary symptom of the crude drug), without any appreciable aggravation, and this constitutes a 'high attenuation.'

Here again is evident the value of the "secondary symptom" of the crude drug.

No. 5 reads, "the dose for the sick must be smaller (higher) than that required to produce the required reaction in the well."

This is very obscure; it would seem to be a repetition of the preceding point. The dose must be so small that it would not produce a secondary symptom if administered to the well, like the one to be cured in the sick.

Here, then, it seems again, we are to be guided wholly by the secondary symptoms of crude doses, in finding our simillimum, and not by the primary ones.

Altogether we are getting more and more deeply involved. We must stop while we can. One question more I would like to ask. Does the doctor reject the proving of "the higher attenuations," those so high that they are "capable of inducing an action in an opposite direction to the effect of the crude drug"?

And what would he have done with the "secondary effects of such provings as the 30th, advised by Hahnemann and Carroll Dunham"?

What would he have done with the primary symptoms of crude doses?

How would he invariably distinguish primary from secondary symptoms?

Are not the secondary symptoms in any case as much peculiar to the drug as the primary, and if not, why?

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KOCH'S LYMPH.—Dr. Samuel Swan, No. 13 West 38th St., New York, authorizes us to say that he will furnish grafts of Koch's lymph in the two-hundredth potency, *free* to those who wish to prove it as a remedy.

# THE AMERICAN INSTITUTE OF HOMŒOPATHY AND THE INTERNATIONAL HOMŒO- PATHIC CONGRESS.

## SECRETARY'S NOTICE.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN :—The American Institute of Homœopathy will hold its forty-fourth annual session and celebrate its forty-eighth anniversary in conjunction with the Fourth Quinquennial International Homœopathic Congress, at Atlantic City, New Jersey, beginning on Tuesday morning, June 16th, 1891. In accordance with action taken at its last session, the Institute will transact, as far as possible, its necessary routine business on that day, and the International Congress will assemble on the following morning. The sessions of the latter will occupy the morning and afternoon of each day (Sunday excepted) until Tuesday, June 23d. This arrangement of the business of the Institute makes it necessary that all the standing and special committees should have their reports in readiness before the opening of the session. But it should be noticed that all *scientific* reports of committees and bureaus appointed last year will be deferred until the session of 1892, thus giving place to the scientific work of the Congress. All members of homœopathic Medical Societies will have equal rights as members of the Congress, and equal privileges in the transaction of its business and in the discussions, under such rules as may be adopted for the government thereof. The *Transactions* will be published by the American Institute of Homœopathy and furnished to physicians on such terms as may be decided by the Executive Committee.

It is expected that the proceedings of the Congress will be of the most interesting and important character. While General Medicine, Surgery, Obstetrics, and the Specialties will have their place in the discussions, the interests of Homœopathy will furnish the main topics for consideration. It is proposed that one entire day—"Materia Medica Day"—shall be devoted to the consideration of the questions pertaining to its present status

and its further improvement. Homœopathic Therapeutics will also claim a large share of attention, while some of the subjects upon which the homœopathic school is known to hold a distinctive position, will be presented and considered. The Essays and Addresses on all of these subjects will be presented by physicians carefully chosen by the committee having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of condition and advancement of Homœopathy in all the countries of the civilized world.

A word as to the place of meeting. Atlantic City, as is well known, extends for a distance of two or three miles along the sea-coast of New Jersey, sixty miles southeast of Philadelphia, with which it communicates by three lines of railway and scores of trains daily, most of which make the distance in ninety minutes. New York and Baltimore are within four or five hours' ride, while within a radius of four hundred miles there are nearly four thousand homœopathic physicians. Atlantic City has, during "the season," a larger patronage than any other of our sea-coast resorts, her visitors coming from all quarters of the country, but chiefly from New York, Philadelphia, Baltimore, and the West and South. She has ample hotel accommodations for twenty-five thousand guests. The United States Hotel, which will be the headquarters of the Congress and the place of its meetings, is a new structure, located one square from the beach and within full view of the ocean. It has accommodations for eight hundred guests, and the "pavilion" in which the Congress will assemble is a large room on the first floor, with a seating capacity for eight hundred persons. The meeting of the Congress will occur during "the season," but the United States Hotel will be practically at our exclusive disposal. The scientific and social features of the meeting and the attractions of Atlantic City as a health and pleasure resort render it probable that this Congress will be by far the largest gathering of homœopathic physicians ever convened. It is especially suggested that the occasion will furnish an unusual opportunity for our physicians to combine the profit of a scientific convention with the



pleasures and benefits of a vacation, both for themselves and their families.

PEMBERTON DUDLEY, M. D.,  
*General Secretary, A. I. H.*

S. W. COR. 15TH AND MASTER STS.,  
PHILADELPHIA, PA.

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## THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN:—The American Institute's Committee on the International Homœopathic Congress is endeavoring to give direction and character to the Essays and Discussions of the Congress, and to this object more time and energy have been devoted than to any other part of the Committee's labors. It would seem that as the themes and discussions of a national medical association naturally take a broader scope than those of a local society, so the work of an International Congress should be more comprehensive and far-reaching than even that of a national convention. This Committee is, therefore, seeking to bring before the approaching Congress some of the highest and broadest questions that confront our profession in all its departments. It is important that the Congress should discuss, for instance, some of the broad and imperative issues of modern Surgery, rather than the technical details of some minor or major operation—the influence of the Law of Cure in a whole realm of maladies, rather than the indications for this or that remedy in some particular disease—the construction and promulgation of a *materia medica*, rather than the symptoms of an individual drug. To this end our Committee has labored, and, thus far, with most flattering prospects of brilliant success. Papers, bearing upon these classes of subjects are in course of preparation by physicians selected from among those best qualified for the work, and others, equally distinguished in the various departments, have consented to take leading parts in the discussions of these papers.

In order to correct a misapprehension, it may be stated that

the object of the Committee is to serve the Congress, not to control it. Undoubtedly the Congress will adopt and enforce rules of its own—those governing the reception and discussion of essays included. This Committee does not deem itself authorized to reject any paper that may be offered on any medical or surgical subject whatsoever. Its object is to *include* papers of a certain character, but not to *exclude* anything. All essays, whether prepared at the instance of the Committee or as voluntary contributions, must be passed upon by the Congress or its delegated authority; but the Committee will probably recommend and urge that such of the essays as are more or less in harmony with the above-mentioned views shall take precedence of others, and it is quite likely that these will occupy nearly all the available time of the session.

Notice is hereby given that to insure the publication of the title of any paper in the "Annual Circular and Programme," said title must be in the hands of the undersigned on or before April 5th, and the paper itself should be sent as soon thereafter as practicable to the Chairman of the Committee, Dr. T. Y. Kinne, of Paterson, N. J., in order that provision may be made for its discussion.

PEMBERTON DUDLEY, M. D.,

*Sec. of the Com. and General Secretary of the A. I. H.*

S. W. COR. 15TH AND MASTER STS.,

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## LA GRIPPE AGAIN.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

La grippe has again appeared in our city. Those escaping last winter are attacked this winter. The symptoms are somewhat changed this season. Sneezing is almost entirely absent. Headache is more in the form of a neuralgia, with terrible pains over the left eye. Backache is only of moderate intensity. Vomiting and diarrhoea predominate; especially the latter. There is no fever, but the heart's action is very labored. Dull-

ness of the eyes, and in many cases there is much pain accompanying the diarrhœa.

The *Law*, as usual, has again proved itself all-sufficient. Whilst our allopathic friends have advised Castor Oil with Laudanum, Calomel, and Quinine, we gave, according to the indications, Gelsemium, Bryonia, Lac-caninum, and Belladonna. They all recovered in a very short time. Where the disease had been suppressed last winter to reappear now, Pulsatilla cured. Lac-caninum was used more than any other remedy.

P. S.—Since writing the above, I have had some experience with a nosode. *Catarrhus-intestinalis*<sup>cm</sup> was given in some twenty or more cases in the very beginning of the diarrhœa, and the results were indeed marvellous. I used this nosode only as an experiment, there being no provings of it, and only in the beginning of the bowel trouble.

Lac-caninum was much used, and where indicated proved to be a grand remedy.

#### AN EXPLANATION.

I am very thankful to Dr. Griffith, of Edina, Mo., for calling my attention to a seeming inconsistency on my part in relating a case of erysipelas in the last December issue of *THE HOMŒOPATHIC PHYSICIAN*.

With the cure of the erysipelas in my seventy-seven-year-old patient, I spoke of having at the same time cured him of a chronic eczema of the nose, which had existed over twenty years. This happened. In the article referred to I said the patient was cured of his erysipelas during la grippe period last winter, and that two years later there was no recurrence of the eczema. Here is a seeming contradiction. I was writing an article on chronic diarrhœa for one of our journals at the time, and two years later the patient reported himself well, and I thus got cases and dates mixed. Hence the mistake. It is about a year ago since the erysipelas patient got well of his erysipelas, and when I passed his place of business to-day and inquired after his eczema, he triumphantly replied: "Gone, never to return." Let us hope so.

## PRIVATE REPERTORIES.

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

The extensive materia medica of the homœopathic system of medicine is beyond the capacity of the most retentive and trusty memory. The richness of the drug symptoms, and the necessity for the consideration of every and all indications of each remedy in order to obtain the absolute curative, adds materially to the necessary matter to be considered in each case. As a flash prescription is hazardous to the life of the patient, as well as to the honor and integrity of the physician, some means by which this extensive material may be employed becomes very important, and, I may say, very necessary. As no mind can retain it all, and as searching the *Materia Medica* till the remedy is ascertained is to waste too much important time, some means must be had by which the material may be at command. This agency is the repertory, or index of the fullest symptom list to be obtained. From the necessity of the case every repertory must be more or less deficient, and in a short time become inadequate to sweep the whole horizon of the *Materia Medica* sky, as each week, almost, adds new material, and even new indications of the oldest remedies. Homœopathy is progressive, not in changing the *only* law of cure, but in adding material for the complete demonstration of that law. One important consideration is that, so opposite to the allopathic school, the old material never becomes obsolete with the acquisition of the new, but the new and old become incorporated into the one great system of curative medicine.

From these considerations we see the importance of each physician having his own private repertory in which he may record the progress of his school, and be ready to give his patients the best possible return for their money, and at the same time honor his profession by integrity of purpose, and proficiency in the healing art. We urge the private repertory from three considerations. Without his own private repertory the physician loses many of the best indications of remedies obtained from his own experience, and that of others, as recorded in the various

medical journals. Again, without it he loses the benefit of his journalistic and other readings, for the mind will not always recall the remedy when needed, which would be at hand if properly recorded in his own index. It is hardly necessary to mention the waste of time frequently occasioned by searching the books to find something that one remembers fully well to have read, but can't tell just where to find it.

Each mind grasps ideas differently, or rather records ideas with different symbols. Thus each repertory has the bias of the mental peculiarities of its author. This is manifest to each one when he remembers the time consumed in searching the repertories for some symptom that he knew must be recorded, but could not find the indicating word to enable him to turn to it readily. It is simple, and easily comprehended when found; he wonders why he did not think of it, but the press of other thoughts or time prevented. His private repertory would have saved him valuable time.

In keeping a repertory the word or words of the symptom must be recorded with which the person is accustomed to think of the idea. Persons differ in this regard. One may always use and think of the word "womb," another of the "uterus," and still another may turn to "the female organs." If the record is made in the person's own thought-word, much time will be saved. This applies to all symptoms, organs, etc., as recorded in this private repertory. To facilitate the finding of what we wish there should be as many entries as there are ideas, organs, or leading words in the symptom sentence. If the sentence does not contain the word with which the recorder is most familiar, he should make the record under the word or words which come to his mind most naturally, or a reference from them. To illustrate what I mean I will give a little of my own experience, though modesty would prevent. I received a call for medicine by mail, in which the symptom, "Sensation of a *string* around the body" was prominent, and mentioned several times. I was in a hurry, busy, and pressed for time. I thought of "string," but of no other word of the same idea. I searched the repertories without success. I knew the symptom was there. I worked,

and thought hard, losing much valuable time, but from some mental state I failed to look in the right place till I asked myself what other word would imply the same idea. When "hoop," "band," came to mind I had no further trouble. I at once made a record in this way: "String, see Hoop or Band." One minute's time in recording the word would have saved me a full hour, and much chagrin.

The source of the material of the private repertory must come from personal experience, the *Materia Medica*, and references to other repertories, owned by the individual. I make it a rule to record everything that has the appearance of being in any way likely to be needed, and even record symptoms of the reliability of which I am uncertain, but in such a case I record the doubt also by the question mark, thus (?), which is afterward erased, if found to be reliable. By this means all the experience recorded in my journals is preserved, and ready at hand for speedy reference, and the new remedies, as given in the journals, can be as readily used as the older ones, for I have a full repertory of them, made by my own hands.

The repertories don't usually give the symptoms in full, but merely refer to the remedies; hence in reading the *Materia Medica* it is well to record any peculiar, odd, or characteristic symptom, or sensation, so as to be at once referred to without looking at half a dozen remedies to find it. It is also a saving of time to contra-distinguish remedies having symptoms very similiar, or the same symptom with a shade of difference, by giving the peculiar symptoms of each under the proper headings, and at the same place.

The mere fact of recording the symptoms impresses them on the mind, and they are more likely to be remembered by the plan. Another benefit which should cause every one to have and use a private repertory is that the necessity of *weighing* and considering symptoms preparatory to recording them gives the mind the power of discrimination, which is so very important in a successful prescription. Carefully keeping a private repertory, where one tries to make it the best and most useful to himself, causes the mind to be on the alert for material, and thus saves

all that is useful and beneficial. Always read the medical journals, with pencil and paper in hand to note down anything worth recording, and as it is to be recorded, and during the spare moments, or by a trusted member of the family, the notes may be properly recorded. In the busy season a good many notes may be accumulated, but being written as they are to be recorded, no trouble will be found when time permits to permanently secure them in the proper places. It is very judicious to have a few slips of blank paper in the *Materia Medica* for the purpose of noting any symptom which may impress itself on the mind, when studying or searching for something else, as sufficiently important to require recording. It will be found that almost every time the *Materia Medica* is picked up some note will be made, as the importance of symptoms is brought out by the necessities of clinical experience. The wise man fortifies himself in the time of ease for the hour of trial and necessity.

But my article is becoming too lengthy. I will add a few lines as to the way to keep a private repertory, or rather the way *I* do, hoping some one may be benefited. Secure a book, well bound and of good paper, of about 600 pages, with a margin of one inch at the top and at the left-hand side of each page; lines one-quarter inch apart, and paged with small figures. As the book is for constant use, I had one made to order of the best thin linen-paper, and bound in flexible leather so as to open readily in a smooth page. The next step is to index it by using the Index Rerum letters, thus: Aa, Ae, Ai, Ao, Au, Ba, Be, Bi, Bo, Bu, Ca, Ce, Ci, Co, Cu, etc., with *each* letter of the alphabet, giving so many pages to each combination. This represents the first *letter* and the first *vowel* of each word that is the key of the sentence. If I desired to record the symptom, "profuse, scaly dandruff on the scalp, Sanicula," I would select "Scalp," and under "Sa," the first letter and first vowel of the word, I would write: "Scalp, profuse, scaly dandruff on, Sanicula." The word "scalp," being the key of the symptom (so far as recording is concerned), should be written in the *side* margin mentioned. The "Sa" and all

others being printed in plain letters by the pen in the *top* margin. By this means the repertory is as easily referred to as the dictionary, and in the same way. Care must be taken to allow sufficient space between each separate section. I allow a half page to "scalp," two pages to "Urine," "Cough," one to "Abdomen," one-fourth to "Knee," "Hand," "Finger," "Toe," etc., each, of course, in its respective place.

When a section, for instance, all of "Ae," is full of recorded matter, refer to the page to which the "Ae" is carried forward by writing at the bottom of the *last* page containing "Ae," the number of the new page, thus, "☞ Forward, page 420," and at the top of the new page write, "From page 10." Where a new subject is entered on the continued page, no indication to the former page need be made, but where a subject first entered on the original page is continued on the added page, it saves trouble to write in the margin of the first entry the number of the new page, simply, —420—, and in the margin of the second and continued entry the old page. The necessity of this will be apparent when we come to look over the first entry, which is always first done, and find it full. Instead of looking to ascertain whether it is continued, and to find the page, the figures in the margin tell me at once whether continued and the page. The marginal figures of the continued entry refer me at once to the original entry. This makes a continual connection between different entries of the same subject, and one most easy to understand.

Ordinary symptoms are placed under the name of the disease, while special symptoms are placed under the name of the part of the body, or under Aversion, Desire, Aggravation, Amelioration, etc., as the case may be, unless especially important, when the entry should be made under the special name. To place everything a sick man might desire under "Desire" would make that section too full, but by placing "Desire for beer" under "Beer" would facilitate space and search. Every one must use his own judgment in this matter. I give my own mode, which I find to be handy.

All references to journals can be made by abbreviations, so



as to save space, and at the same time be legible. I transfer a reference from my own repertory in illustration :

“Skin diseases. H. P. 8-480, 10-74.” This means that in *THE HOMŒOPATHIC PHYSICIAN*, vol. 8, page 480, and vol. 10, page 74, will be found something of interest on skin diseases. “Sight. M. A. 22-248.” In the *Medical Advance*, vol. 22, page 248, is an article on sight.

It is well to refer to all articles in the journals of a general character, like “The Dose,” “The Potency,” “Hahnemann,” etc., so as to be able to refer to them immediately without the necessity of search. I keep an index to all subjects that refer in any way to my profession.

Refer to all notices of remedies in the journals, beside recording the indications ; then, when one desires to study a remedy, he will have at his command all journal notices of said remedy. This is simply done. “Agaricus-musc. H. P. 10-144.” “Saccharum-lac. H. P. 10-137.” “Ailanthus-glan. H. P. 7-456. H. P. 8-67, 218.” In all clinical cases refer to the remedy and the disease also. This plan gives us the cures effected by the remedy, and the remedy used in the disease, both of which are important.

I have but one excuse for writing this article. I would have been thankful for one like it some years ago. There may be others now who will be benefited by this one, imperfect as it is. “It is more blessed to give than to receive.” Let others who have a better plan give it to the profession.

[We have used an index, as suggested by Dr. Yingling in the foregoing article, for years, and find it extremely valuable. We were not obliged, however, to make our own index. There are such indexes, patented, in the market, with thumb spaces showing the letters in the margin, enabling one to turn to the place desired immediately. We cannot too strongly urge upon our readers the need of following Dr. Yingling’s advice in this matter. He has evidently given the subject careful attention, as the scope of his paper sufficiently attests. W. M. J.]

## DYSPEPSIA WITH SALTY TASTE.

DR. J. KAFKA, PRAGUE.

Dr. Moscovitz, of Pesth, in Hungary, enjoying a very large and lucrative practice, and thus constantly overtaking his strength, suffered for a long time from arthritic pains and gastric troubles; his face had a coppery tint, though he never indulged in drinking; nose and cheeks were covered with bluish veins; he felt depressed, his usual good humor had given way to hypochondriasis, and he felt himself very sick. Kafka found spleen and liver considerably swollen, pulsations in epigastrium, bloated abdomen, retarded fæcal discharges, sounds of heart normal, respiration intact, urine acid with frequent sediments. The joints of the shoulders and hands were often very painful, which disturbed his sleep. A season at Carlsbad helped him some, which he had to repeat for several years in order to attend to his professional duties; finally, as his case grew worse again, his friend and counselor was again sent for, as he had lost all appetite on account of a continuous salty taste which disgusted him; he refused nourishment, emaciated, and felt exhausted. Kafka found no gastric symptoms, but only a total loss of appetite on account of the salty taste, while the tongue was clean; no eructations; no oppression or nausea. Considering that, in every arthritic patient, the formation of Sodium salts prevails on the chylics, and when simultaneously Muriatic acid is in too large abundance in the stomach, and both combine to form *Natrum-muriaticum*, we may find that an explanation for the continuous salty taste of the patient. Following the teachings of Hahnemann and Bœnninghausen, *Spiritus niri dulcis*, 1.0 to 100.0 *Aque destillata* was prescribed, to take a tablespoonful every half hour. He took the first dose at nine A. M., and at noon he was able to enjoy a good lunch, and after a few days he was able to attend again to his practice. Long ago, Kafka read in some journal that in saltworks the laborers often complain of this salty taste, which renders them unable to

work, and their physician cures them with Spirits of Nitre.—*Allg. hom. Zeit.*, 23, '90.

Lippe, in his *Repertory*, page 104, gives us for saltish regurgitation : Arn., Sulph-acid, Ant-tart., and for saltish taste : Ars., Brom., *Carb-veg.*, Chin., Cupr., Iod., Lach., Lyc., *Merc.*, *Mercor.*, Nitric-acid, Nux-m., Nux-vom., Phos., Puls., Rhus, Sep., Sulph., Therid., *Verat.*, Zinc.

Gentry, in his *Concordance*, II, 155 : *Gels.*, dryness in mouth, as if he had eaten salty bacon. *Sepia*, food tastes too salty. *Sulphur*, food tastes too salty, like straw. Everything tastes as if salt : *Carlsbad*. Taste at first mucous, then salty : *Carlsbad*.

We cannot find any proving of sweet Spirits of Nitre in Allen's *Encyclopædia* ; he mentions it only not to confound it with Nitric Ether. In fact, in our whole homœopathic literature, we cannot find much on the action or a proving of sweet Spirits of Nitre, and, in the allopathic school, Penzolt and Nothnagel throw it among old lumber and superfluous. Still the older physicians were very fond of it, and their Hoffman's drops were conspicuous in the pharmacies of the grandmothers. The rapid cure which Kafka made after the failure of well-known homœopathic physicians, like Syontagh, brings this drug again to our consideration, and let us hope that other physicians of our school will give us their experience with sweet Spirits of Nitre.

S. L.

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## THE TRANSACTIONS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

TO THE EDITORS OF THE HOMŒOPATHIC PHYSICIAN.

GENTLEMEN :—In the August number of THE HOMŒOPATHIC PHYSICIAN for 1890 appeared a brief report of the discussion which followed Dr. W. L. Reed's paper on Albuminuria. In the proceedings of the I. H. A. which came to hand February 19th, Dr. Wm. A. Hawley's name, who spoke twice, is not even mentioned. There is interpolated a speech by Dr. H. C. Allen

after my remarks. Had such remarks been made they would not have been allowed to pass unchallenged. The error also occurs on page 50 of the January number of the *Advance*.

In the discussion on my paper, which is called, "A Clinical Case," instead of being known by the rubric I gave, there were remarks both by Dr. Bell and myself which are omitted.

A letter addressed to the *New York Sun*, which I read before the Association is also left out. And the whole of the discussion with reference to the publication of the transactions does not appear.

J. W. THOMSON.

114 W. 16TH STREET, NEW YORK.

February 21st, 1891.

## BOOK NOTICES.

CENSUS BULLETIN, No. 20. Hon. Robert P. Porter, Superintendent of the Census.

This bulletin relates to the mining of anthracite coal, from which it appears that the total number of tons mined was 25,575,875, valued at \$42,172,942.

CENSUS BULLETIN. Hon. Robert P. Porter, Superintendent of Census, Washington, D. C.

No. 22 gives statistics of distilled spirits used in the arts, in manufactures, and in medicine. No. 25, statistics of the Indians, from which it appears that the total Indian population of the United States is 249,273. No. 26, statistics of Maryland coal; No. 27, Alabama coal; No. 29, transportation; and No. 30, statistics of the population of Alaska.

ANNUAL REPORT OF THE POSTMASTER-GENERAL OF THE UNITED STATES FOR THE FISCAL YEAR ENDING JUNE 30th, 1890. Washington: Government Printing Office, 1890.

According to this report the total receipts of the Post-Office are nearly \$61,000,000. The gross revenue is nearly \$5,000,000 larger than it ever was before.

A most convincing argument is made for a system of postal telegraph service. This special improvement has been strenuously advocated by Mr. Wanamaker ever since he came to the office of Postmaster-General, and has made him distinguished.

His second pet scheme is the establishment of postal savings banks. This scheme is warmly advocated in this report.

The third alteration in the management of the Post-Office, for which Mr. Wanamaker has brought to himself general attention, is the limiting of the number of sample copies sent out by periodicals. This is designed to stop the practice of issuing advertisements ostensibly as regular journals, and entering them in the Post-Office as second-class matter at pound rates, and so evading the payment of proper rates of postage.

**RHINOPLASTY.** Being a short description of one hundred cases treated by Tribhovandas Motichand Shah, L. M., Assistant Surgeon and Chief Medical Officer at the Junagadh Hospital. 1889: Printed at the *Junagadh Sarkari Press*.

This interesting book is the record of four years' practice in India with this difficult operation. One hundred cases in four years! This is a number which rarely falls to the lot of a surgeon during a lifetime. It will be asked how does it happen that such a large number of cases should be seen by any one surgeon. The reason is explained in the preface. Outlaws in India do not, as a rule, kill their victims; instead, they cut off their noses. Every act of vengeance for a wrong, real or imaginary, is accomplished by this peculiar species of mutilation. In that country the nose, above all other organs of the body, is considered the organ of respect and reputation. "The usual saying, when a person is told that he has no nose, means that he has forfeited all delicate feelings of honor." A person deprived of his nose is spoken of as a shameless fellow, and looked down upon by society. Such a person is execrated and held as an unfortunate person whose face should seldom be seen. Hence this organ is the target of malice and revenge. Outlaws, called *Makránis*, practice it upon their victims. Husbands inflict it as punishment upon their wives, and upon their wives' paramours. Thus the crime is very common.

There are three methods of making the flap with which the mutilated organ is repaired. One way is from the arms, the second from the cheeks, and the third from the forehead. The author prefers the method of utilizing the integument of the forehead. This method has its drawback in the prominence of the root of the flap, which occurs just at the junction of the forehead with the bridge of the nose. An attempt was made to overcome this deformity by division of the root completely across forty days after the first operation. But after two cases of sloughing, one of which involved the entire flap, this method was abandoned.

The method finally adopted was to dissect down so low as to bring the isthmus of the flap into the oculo-nasal corner, then to unite the *entire* under surface of the flap with the nose. By following this method the prominence is lost. The detail of this operation is given with great minuteness, and is illustrated by diagrams and by photographs of natives taken before and after the operation.

W. M. J.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. Hering, M. D. Volume Eighth. Philadelphia. Published by the estate of Constantine Hering: F. A. Davis, 1231 Filbert Street.

We have so often spoken of and recommended this work to our readers, both in our pages and in private letters, that it seems superfluous to speak of it again. Yet the book is so valuable, it is so necessary to every one making truly homœopathic prescriptions, that we are impelled to refer to it again, and urge every one of our readers to purchase it. The present volume includes the remedies from Natrum-phosphoricum to Pulsatilla, and they are arranged in a manner uniform with the preceding volume. W. M. J.

STAUNTON, VIRGINIA; ITS PAST, PRESENT, AND FUTURE. By Armistead C. Gordon, Esq. With illustrations from photographs by Edmund Berkley. New York: The South Publishing Co., 76 Park Place, 1891.

This beautiful pamphlet of seventy-six pages, issued by the Staunton Development Co., is intended to set forth the advantages of Staunton, Va., as a desirable place to settle.

Staunton is one of the most important cities of the "New South." It is located in the famous Shenandoah Valley, and is surrounded by coal and iron mines and coke ovens. To still further advance and improve this locality is the mission of the "Staunton Development Co." They have, therefore, issued the pamphlet now under notice. It is filled with fine illustrations, copied from photographs, consisting of views of the surrounding country, of the mines, public buildings, private residences, and the fine hotel, built in the latest style and called Hotel Altemonte. For information address D. Z. Evans, Jr., agent, Room 41, Frederick Brown Building, Fifth and Chestnut Streets, Philadelphia, Pa.

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## NOTES AND NOTICES.

ANNOUNCEMENT.—E. B. Treat, Publisher, New York, has in press for early publication the ninth yearly issue of the *International Medical Annual*.

Its corps of thirty-seven editors—specialists in their respective departments, comprising the brightest and best American, English, and French authors—will vie with previous issues in making it even more popular and of more practical value to the medical profession.

We have the assurance of some of the best medical practitioners that the service rendered their profession by this *Annual* cannot be duplicated by any current annual or magazine, and that it is an absolute necessity to every phy-

sician who would keep abreast with the continuous progress of practical medical knowledge.

Its *Index of New Remedies* and *Dictionary of New Treatment*, epitomized in one ready reference volume at the low price of \$2.75, make it a desirable investment for the busy practitioner, student, and chemist.

IN PRESS.—DIABETES, LECTURES ON—By Robert Saundby, M. D., Edinburgh. 300 8vo pages, \$2 75.

IN PRESS.—SEXUAL NEURASTHENIA.—By G. M. Beard, M. D., and A. D. Rockwell, M. D. Third edition, enlarged, \$2.75.

THE FIFTH STATE SANITARY CONVENTION of Pennsylvania will be held at Altoona, Friday and Saturday, May 15th, and 16th, 1891, under the auspices of the State Board of Health, assisted by the Board of Health of Altoona and a committee of citizens. This is not in any sense a doctors' convention. All who take an intelligent interest in the promotion of sanitary reform and the protection of the public health are invited not only to be present and take part in the discussions, but to forward to the Secretary, Dr. Benj. Lee, 1532 Pine Street, Philadelphia, for consideration by the Committee of the Board, not later than April 15th, papers on sanitary or hygienic subjects which they would like to present before the convention.

DR. BENJAMIN LEE, Secretary of the State Board of Health of Pennsylvania, has accepted the position of Secretary of the Section on State Medicine of the American Medical Association.

As the meeting takes place in Washington, May 5th, it is important that all papers intended for this Section should be in his hands by the 5th of April. All members of the Association desiring to be enrolled in the Section are requested to forward him their names at 1532 Pine Street, Philadelphia.

THE POST-GRADUATE COURSE.—It is with great pleasure that we chronicle the fact of the establishment of a post-graduate course in connection with the Homœopathic Hospital, of Cleveland, Ohio. It will begin on Tuesday following commencement, and continue two weeks. It will be free to all graduates of the old college, and to others \$25. The course will consist of four lectures per day, and the subjects divided among the following:

Surgical Gynæcology, Prof. Biggar; Materia Medica, Prof. Kraft; Physical and Differential Diagnosis, Prof. Pomeroy; Practical Surgery, Prof. J. K. Sanders; Ophthalmology and Otology, Prof. Phillips; Advanced Obstetrics, Prof. J. C. Sanders; Nervous Diseases, Prof. Eggleston; Orificial Surgery, Prof. Wells; Urinary Analysis, Prof. Bishop; Nose and Throat, Prof. Hall.

Upon one day of each week especially obscure and complicated cases will be solicited and examined and treated by the Faculty as a whole.

CORRECTIONS.—February No., page 63, fourth line from top, for laxation read *laxative*; page 63, nineteenth line from top, for then read *thin*; twentieth line from top, after "constipation" insert *with*.

MISSOURI INSTITUTE OF HOMŒOPATHY.—The 15th annual session will be held at Kansas City Tuesday, Wednesday, and Thursday, April 21st, 22d, and 23d, 1891. Officers for 1891: President, T. Griswold Comstock, M. D., St. Louis; 1st Vice-President, H. C. Baker, M. D., Kansas City; 2d Vice-President, W. John Harris, M. D., St. Louis; General Secretary, A. Cuvier Jones, M. D., Holden; Provisional Secretary, L. C. McElwee, M. D., St. Louis; Treasurer, W. B. Morgan, M. D., St. Louis; Board of Censors: W. A. Edmonds, M. D., St. Louis; W. G. Hall, M. D., St. Joseph; A. C. Williamson, M. D., Springfield.

REMOVALS.—Dr. A. O. Pitcher, from Mt. Pleasant, Iowa, to Roanoke, Virginia. Dr. W. S. Hatfield, from Covington, Kentucky, to 278 West Eighth St., Cincinnati, Ohio, where he takes a professor's chair in Pulte Medical College. See his lecture on "Homœopathy" in February No., page 52. Dr. John F. Miller, from 77 West Fiftieth St. to "The Princeton," 324 West Fifty Seventh St., New York. Dr. Wm. C. Richardson, to 3913 North Eleventh St., St. Louis, Mo.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—The Secretary, Dr. S. A. Kimball, announces that the coming meeting of the I. H. A. will be held at Richfield Springs, New York, June 23d, 24th, 25th, and 26th. The hotel rates will be \$2.50 per day. Information concerning reduced rates on railroads will be given at a later date.

DR. LANDRETH W. THOMPSON, who has been for some years chief of the surgical department of the dispensary of the Hahnemann Medical College and first assistant to the professor of surgery at that institution, has been appointed by the faculty to the post of demonstrator of surgery in that college. The position was made vacant by the resignation of Dr. J. W. Giles, who goes to New York State to take charge of a lucrative practice. Since the opening of the Hahnemann Hospital a few months ago a nurses' training school has been established in that institution, and Dr. Thompson has but recently received the appointment of lecturer upon surgical emergencies and surgical dressing to that department. He is a graduate of the classical department of the University of Pennsylvania and studied surgery under the preceptorship of John E. James, M. D., Professor of Surgery in the Hahnemann College. He has had considerable experience in and devoted a great deal of attention to this branch of his profession and to diseases of the eye and ear. He is of a quiet, retiring manner, but is a hard student, and his advancement is the result of inherent ability. Dr. Thompson has been for years associated with Dr. Bushrod W. James, of Philadelphia, in eye and ear work.

THE CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE has now a list of fifty-seven registered students for the present session. We wish the college increased success under its new management.

KING'S JOURNAL DIRECTORY FOR 1891, containing a complete list of medical, dental, pharmaceutical, chemical, microscopical, sanitary, veterinary,



and medico-legal journals, both home and foreign, is published. Orders should be sent promptly, as the book is sold by subscription only. Price, fifty cents, post-paid. Address, Dr. F. King, Publisher, P. O. Box 587, New York.

The *Directory* will be sent to libraries and managers of advertising departments *free*.

THE NEW BUILDING OF HAHNEMANN HOSPITAL IN PHILADELPHIA.—The new building belonging to the Hahnemann Hospital on Fifteenth Street, north of Race, was thrown open to the public Tuesday, October 21st, at ten, and from that time until ten o'clock at night the corridors were filled with a throng of visitors. At twelve M. dedicatory exercises were held in the general clinic operating room with Judge Hanna President of the Board of Trustees, presiding. After a prayer by Dr. McVickar and some music by Mrs. Newkirk, Mrs. Brown, and Mrs. Everest, Rev. Dr. Duhring, son of a homœopathic physician, made the opening address. Dr. Thomas followed with a speech in which he showed the rapid strides the institution has taken since its incorporation in 1871. The exercises were closed by Dr. Newlin standing midway between the new and the old buildings and pronouncing the benediction.

After having been closed for two months, the hospital is now opened for the reception of patients. When closed it had twenty-five beds distributed among the various wards, while now it has between five and six times that many. The building is of pressed brick, with brownstone trimmings, finished entirely in hard wood, practically fireproof, and in every way calculated to be one of the finest and best equipped hospitals in the country. The old building has been refitted for use as a dispensary, in addition to which it has in the basement the electric light plant and most of the steam-heating apparatus. The new building has ten wards—men's medical and surgical, women's medical and surgical, men and women's private, two children's, an isolating, and a gynecological ward. In addition to these, there are about thirty private rooms, four diet kitchens, a dozen bath-rooms, linen closets, nurses' rooms, offices, dining-rooms, board-room, operating-rooms, and medical and surgical lecture-rooms.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF KANSAS.—Officers for 1890-91: President, M. Jay Brown, Salina; Vice-President, G. H. Anderson, Seneca; Recording Secretary, P. Diederich, Kansas City, Kan.; Corresponding Secretary, D. P. Cook, Clay Center; Treasurer, G. H. T. Johnson, Atchison. Board of Censors: Mrs. F. M. W. Jackson, Emporia; E. R. McIntyre, Topeka; A. M. Hutchinson, Hutchinson. The next meeting will be held at Kansas City, Kansas, commencing the first Wednesday in May, 1891.

INTERNATIONAL HOMŒOPATHIC CONGRESS.—The organization and executive management of the Fourth Quinquennial International Homœopathic Congress has been placed in charge of a committee, consisting of the executive committee and eight other members of the American Institute of Homœopathy.

The time appointed for the Congress to meet is June, 1891, and the place selected is Atlantic City, N. J.

In carrying out the duties placed upon them, the committee desire to make such arrangements as will be most acceptable to those who will participate in this Congress, and will best serve the interest of Homœopathy, and contribute to the progress of medical science throughout the world. They hope that every physician will give to it his most active efforts and strongest influence, and that our ablest men will contribute their best thoughts, either in written essays or in personal discussion on the topics selected. The time of this session will be necessarily so limited that many important subjects cannot be properly considered; yet the committee desire to select those which will prove to be of greatest service to the profession, and to have them presented by those most competent to the task, to this end they ask suggestions from those interested.

The usual five days' session of the American Institute of Homœopathy will give place to this Congress. The Institute will assemble, however, on the day preceding the Congress for the transaction of necessary business. The plan now proposed is that the Institute shall hold its session on Tuesday, June 16th, 1891; the Congress will assemble Wednesday, June 17th, and continue one week—namely, Wednesday, Thursday, Friday, Saturday morning (with rest Saturday afternoon and Sunday), Monday and Tuesday; closing on Tuesday, June 23d.

In arranging these many subjects to the best advantage, the committee ask suggestions and assistance from all homœopathic physicians. All communications may be sent to the Chairman, T. Y. Kinne, M. D., Paterson, N. J., or to the Secretary, Pemberton Dudley, M. D., corner Fifteenth and Master Streets Philadelphia.

FUN FOR DOCTORS.—Doctor—I have the pleasure of informing you, Mr. Captious, that you are the father of twins.

Mr. C.—Excuse me, doctor, but as there have been so many discrepancies in the census lately I'll have to ask you to oblige me with a recount.—*Boston Courier*.

"A great many people owe their lives to that doctor," said Kicklington.

"Is he an able physician?"

"It isn't exactly that that I referred to. He is never in his office when you want him."—*Washington Post*.

Widower.—"Doctor, your bill is something fearful. After you have doctored my wife to death, you expect me to pay you an enormous bill."

Doctor.—"That's just what I expected you to say. Such a thing as gratitude no longer exists in this world."—*Texas Siftings*.

Miss Gushington.—"Is that Dr. Drake? What a splendid looking man! He's a perfect Achilles."

Uncle George.—"Yes, and like Achilles, he's all right except in his heal."

THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XI.

APRIL, 1891.

No. 4.

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EDITORIAL.

"HIGHER MEDICAL EDUCATION." "STATE BOARDS OF MEDICAL EXAMINERS."—For some time past our esteemed allopathic contemporaries have been urging the necessity of higher medical education and the need of boards of medical examiners. To what end? Ostensibly that the public may be benefited by having in the medical profession only those best fitted for the practice of medicine; at the same time they trust to be able to work harm to Homœopathy.

That the highest medical education is desirable, we do not question, but the highest is of no value unless it be the right—unless it be of a character to enable its recipients to do better for the sick than allopathy has done and is doing.

That the most advanced education in allopathy is as much of a failure now as it has always been is illustrated in almost every journal published by that school. After reading articles written by the leading lights on the treatment of various diseases, we always wonder how the patients of the second-rate men ever survive, and we can only conclude that there are many who recover in spite of the treatment.

When we read their statistics, and compare the great mortality with what we know of the results of genuine homœopathic treatment, we can only stand aghast and ask how much longer is

this slaughter to continue, even though it be done in the name of so-called scientific medicine?

Homœopaths can show that many deaths are the immediate result of too much drugging, and that many living deaths, which are attended by much suffering, are due to the same cause. We do not hesitate to affirm that allopathic treatment is responsible for more suffering than any other one cause, not even excluding rum.

If higher medical education would only teach the allopathists this fact: that drugs kill more people than disease, there would be an advance greater than they have ever made. We have little hope of this, however, whenever we take up any of their journals in which are related cases of disease with treatment.

In a recent number of the *London Lancet* we read of the case of a woman who was under the treatment of a leading physician in London (higher medical education is supposed to prevail in that town), and if a fourth-rate homœopathician could not have done better we should blush for Homœopathy and declare it a fraud. The case was one of facial neuralgia, which did not yield to drugging. The pain was at first limited to the right inferior dental nerve, and that was stretched and then divided. This was for a time "successful" (?), but after a time the pain returned with greater violence. Another portion of the nerve was removed. The pain again recurred, this time extending along the course of the gustatory nerve. A portion of the dental and gustatory nerves was divided in the pterygoid region. "This failed to give relief, and very severe pains were experienced in the alveolar process of the upper jaw of the same side." It was then determined to remove the Gasserian ganglion. This was done, and there followed suppuration of the eyeball and it was necessary to remove it. And still the original pain continued!

What homœopathician who, after reading this, but would exclaim, "How barbarous"?

We should expect better results from an ignorant layman with the poorest work on homœopathic domestic practice.

And yet this was done in London, by a leading physician, who had all the advantages of higher medical education!

Although such a performance as this is not common, there is not wanting other evidence to show what higher medical education is doing for allopathy—and undoing for its victims.

In a more recent number of the *Lancet* is an analysis of 1,000 cases of pneumonia treated in the London Hospital. In 285 cases there was a mortality of 33.9 per cent.

“Two *great* (we italicize) methods of treatment have been examined in detail as to their influence upon the mortality from the disease. [The mortality was from the treatment.] In the one we find that the chief remedies were aimed at relieving the condition of the lung; and while stimulants were freely administered with the object of whipping up the flagging heart, the cause of its physical lameness was allowed to proceed unmolested. [The mortality would have been much lessened if the entire organism had been unmolested.] The result was that among 552 cases so treated the mortality exceeded 23 per cent., although alcohol was exhibited in no less than 70 per cent. In 108 cases of similar severity to the foregoing the treatment consisted in the systematic reduction of temperature by means of sponging or ice-cradling. Of this number only 45 (41 per cent.) received alcohol, and only 10 per cent. died.”

Is there any treatment that can show more impotence for good and more potency for harm?

No treatment would give better results.

If Malthus had known the results of allopathic treatment, we are sure he would never have thought the earth could be overpopulated.

If Hahnemannian Homœopathy could not do vastly better than the highest allopathic medical education enables its followers to do, we should denounce it as false, and cast it aside as of no value.

G. H. C.

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That allopathic treatment is not the only method of killing, the following will show:

An example of what is done in the name of Homœopathy may be found in the *New York Medical Times* for February

The same case is reported in the *Hahnemannian Monthly* for February. The one who first treated the case calls himself a homœopath, and those who assisted are also known by that name. We find from the two articles that a young lady, æt. nineteen years, had suffered for several years with naso-pharyngeal catarrh and otitis media. On October 3d the first man was called, and "found her complaining of lassitude, headache, and intense pain in left ear, which was *discharging profusely*" (we italicize). "The ears were loosely packed with Boric acid, which was removed every night by syringing. On the seventh day after my first visit [*the discharge, according to the account in the Hahnemannian Monthly, ceased on that day*] she suddenly developed tonic and clonic convulsions. \* \* \* Up to this time the treatment consisted in the application of heat to the head, Mustard over the mastoid and nape of the neck, and Belladonna, Hepar-sulph., Acetanilide, and Codeine internally."

Consultation was then called, an incision was made over the mastoid "with negative results." Then, "the next morning Dr. — trephined the mastoid, but without any indication of pus or diseased bone. It was then decided to explore the brain itself, \* \* \* but incision of the dura and pia mater and probing in every direction failed to discover pus. The patient rallied nicely from the operation, and for several hours was apparently relieved, but delirium and restlessness again recurring, she was given Phenacetine and Morphia with good results. On the following day she was rational, took bovine and chicken broth, but at eight P. M. died suddenly." The writer in the *Hahnemannian* assures us death was not hastened by the operation.

Post-mortem showed no evidence of mastoid disease, but there was pus on the upper surface of the cerebellum.

It will be noted that the convulsions did not appear until the profuse discharge from the ears had been suppressed. It will also be seen that the patient was not treated homœopathically from the beginning, and every homœopathician will also note that the cause of death was the treatment given in the name of Homœopathy.

We feel that language is not sufficient to fitly characterize the

action of these men who so bunglingly managed the case. And what they did was as followers of Hahnemann! What should be said of and done to such as these who dare drag into the mire the fair name of Hahnemann and his honest followers?

If the poor victim had been related to us in any way, we should have demanded the services of the coroner, and thus placed the cause of death where it rightly belongs—to the infernal treatment given.

And yet we are asked to drop the term “mongrel.” We are deterred from using a harsher and more expressive term only because politeness to our readers forbids. We should like to see the men who treated this case given the same treatment. Then, possibly, they might be brought to a realization of what they have done.

G. H. C.

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## SURGICAL OPERATIONS UPON THE OVARIES.

(Transactions of I. H. A., Morning Session, June 26th, 1890.)

Dr. J. B. Bell—The day before yesterday it became my duty to assist a young colleague, Dr. Emerson, in a laparotomy. I did not see the patient until she was on the table. The operation was the removal of the uterine appendages for the relief of annoying and dangerous reflex symptoms, and was beautifully and skillfully performed. It is sometimes called Tait's or Battey's operation, and consists in the complete removal of the ovaries and other appendages of the uterus, without the excuse of large tumors and abnormal growths, for the purpose of giving relief to numerous symptoms of ill-health, depending, or supposed to depend, upon the diseased conditions of these organs. It is an open question whether the operation is ever justifiable or not. Surgery is the opprobrium of medicine. There should be no surgery except that small amount rendered necessary by accidents. There should be no tumors, no cancers to remove, but we have not yet reached our ideal in surgery, or medicine, or obstetrics, and we cannot accomplish all we desire. Poor people cannot wait for a careful scientific study of their case and a perfect cure which would come in time. They have to take

what they can get, and we have to give them such prompt, if imperfect, relief as we can.

Of course, as homœopaths we do not want and do not need Battey's operation, but do we as surgeons? The case in question was a young girl who suffered so greatly from menstruation as to be incapacitated from the ordinary duties of life. Our young friend, the doctor, believed that the removal of something from the pelvis might help her. The specimen I here show you is the ovary and its tube.

I do not believe she will be cured by the operation, and the question is, whether it is proper and advisable to remove the ovaries for dysmenorrhœa. The ovary, as you see, is cystically degenerated, and in course of time would probably have become a large tumor. The operation is more frequently required in salpingitis and pyo-salpingitis; their most frequent cause being gonorrhœal infection.

Noeggerath was the first to point out the danger of gonorrhœa being transmitted from a man to his wife and giving rise to deep-seated and serious affections, thus confirming our doctrine that the malady is not at all due to the gonococcus, but to an internal miasm or virus. These views have been generally accepted by the old school, but they do not seem to have received much help thereby as regards treatment. The question is, whether in cases of deep-seated pelvic trouble from the above or any other cause, with numerous reflex symptoms, where treatment has been carried on for some time unsuccessfully we are justified in removing the ovaries and appendages.

The removal of the uterine appendages for the cure of fibroids is also a question on which there is much difference of opinion in the old school. The object of the operation is to bring about an early menopause. It is often unsuccessful, and sometimes progresses very rapidly to a fatal issue. Even when successful, so far as producing a cessation of the catamenia goes, it often brings on a state of ill-health, with an increase of the distressing symptoms peculiar to the climacteric period. The woman is then harder to cure than before the operation.

Hence, the old school has called a halt, more or less. At



least the trend of the discussion is that way. Our remedies are usually able to tide over the patient until the natural arrival of the menopause.

Besides the ovary I have here a small cyst. Surgically I approve of this ovary having been removed, but homœopathically I cannot.

Dr. Winn—The patient spoken of by Dr. Bell underwent the operation for a severe retroflexion. It was questioned at the time, whether the ovary was not prolapsed upon the uterus. I was present at the examination just before the operation. I have been reading Tait the last few days, and find that he advises in these cases two modes of treatment. Where the patients are wealthy, and surrounded by the comforts of life, he advises conservative hygienic treatment, especially complete rest during the menstrual flow, but where the patient is poor and dependent upon her daily labor for a livelihood he advises early surgical interference, as the most satisfactory.

Dr. Bell—In the operation for the relief of pelvic pain, caused by adhesions, the idea is very apparent, but as a rule the adhesions reform, and the relief is only temporary.

Dr. Winn—Tait speaks very strongly against the use of the pessary. He says it is a useless practice, and generally makes the case worse. He also directs that the uterus should not be straightened, but let alone in its mal-position.

Dr. Adams—In a case of a woman suffering with a large fibroid and excessive hemorrhages, relief was obtained under the use of *Lil-tig.*<sup>cm</sup>. The monthly sickness did not stop, but became normal in character.

Dr. Hawley—It seems to me the surgeons give up the question. They say, practically, that these conditions are curable under homœopathic treatment—only give them time enough, but the poor girl cannot wait so long, she has no place to stay, therefore we will remove the ovaries.

Now it would not cost any of us much in dollars and cents to treat that poor girl for a year or two, or three, and I, for one, would do it, and I could find friends enough who would pay her lodgings. It is the doctor's first duty to cure the sick, not

to cut them to pieces, besides, when the operation is performed, the opportunity of curing has probably been lost.

I have had, within a month, a young woman under my charge, married, and a mother, who had been for three years in the care of the gynecologists, with the idea which they had put in her head, that she had an ovarian tumor. I do not know whether she had a tumor or not; if so, the ovary was not larger than a walnut, but I do know that she is now free from pain, and so happy she does not know what to do with herself, under a little homœopathic treatment.

Dr. Fincke—I cured, during the last two years, a tumor in the ovarian region with *Lachesis*<sup>cm</sup>, no trace of it now remaining.

Dr. Thompson—Four years ago I was called to see a case of uterine fibroid in a lady about the menopause. She had been under many physicians, both allopathic and homœopathic. I also had the diagnosis of one of the Professors of Bellevue College.

It seemed to me to be a case of progressive, pernicious anemia. There seemed to be very few blood corpuscles in her system. She looked horrible; like a corpse. After an examination by the surgeon he stated that she might live a month, or six weeks, and that an operation, on account of the poverty of the blood would be impossible. I have been treating her four years, and she is better than she has been for ten years; goes about the house and does a good deal of her work. Her lips are red and the tumor, which was growing rapidly, has ceased to grow.

When a tumor is ten, fifty, or a hundred pounds, I believe an operation may be necessary, to relieve the patient of the great mechanical weight; but not in ordinary cases.

Dr. Baylies—I had a case of fibroid tumor that was diagnosed by Dr. J. C. Miner, of New York, in conjunction with myself. I treated the case, and was successful in the course of two years. The remedy was *Bellad.*<sup>9m</sup>.

Dr. Stone—I have had three cases like that of Dr. Bell, in which the consulting physicians advised ovariectomy. The first operated upon had both ovaries removed in a degenerated con-

dition. She had a very slow convalescence, and I cannot see that she is much better than she was before.

The second also had both ovaries removed, and has now fully as much trouble as before. We had counsel, Dr. Packard, of Boston, and she is now going to consult Dr. Thomas, of New York, probably with the expectation of finding something more to remove.

The third had only one ovary removed at first, and in a year the second one, but she still menstruates, and has had severe flowing spells since. She is to-day a worse sufferer than before the first operation.

This being my experience, I have felt considerable dislike for this operation. I greatly prefer treatment with homœopathic remedies.

Dr. Hawley—Dr. Bell has expressed the idea that the woman could have been cured under proper homœopathic treatment. I would like to ask him if the operation has not acted as a bar to the proper cure of the case. Can she ever be cured homœopathically, since the surgical interference?

Dr. H. C. Allen—No.

Dr. J. B. Bell—I do not believe that I would have operated in this case, but I do not say that I would never do it in an appropriate case, and I do not think that an appropriate case would ever come from good homœopathic hands. I do not know whether such an operation prevents the homœopathic cure or not.

Dr. H. C. Allen—The most frequent cause of this trouble is the gonorrhœal poison, as has been shown in many able articles written on the gonorrhœal infection and its effects upon the ovaries and tubes. The old school, while they have given us admirable descriptions of these troubles, are impotent to cure; they drop the matter at the description of it. If they only knew the power that lies in *Thuja* and *Medorrhinum* how much better they would get along. Irritable ovary and fibroid tumors can be relieved by the similar remedy. I agree with Dr. Bell that in our own number we do not see these cases. Six months' treatment before the operation would have done away with the necessity for the operation.

Seven or eight years ago the wife of a homœopathic physician, now in Iowa, was taken ill. Her case was diagnosed by Dr. Ormes as fibroid tumor. This diagnosis was confirmed by many physicians, both old and new school.

She was sent to an institution where she could have electrical treatment, and returned worse than she was before. Dr. Ormes said that nothing but removal of the uterus and ovaries would cure her. Her husband wrote to me to get my opinion as to who was the best ovariologist. Dr. Porter, whom I recommended, confirmed the previous diagnosis, and said the ovary was as large as a cocoanut. She had severe hemorrhages. She decided that when she died she would take her uterus and ovaries with her.

Under the action of two remedies in six months she was pregnant, and at the seventh month of pregnancy was delivered of a two and one-half pound boy. In two years she was delivered of a healthy child weighing eight pounds, and in four years there could be found no trace of a tumor of any kind.

The remedies indicated and used successively were Psorinum<sup>42m</sup> and Conium<sup>70m</sup>.

Dr. Hawley—About a month ago I treated a lady, whose physician had found, three years ago this spring, a tumor in the region of the left ovary. She went from Nebraska to New York and saw Dr. Thomas, who after an examination confirmed the idea of a tumor, and advised her to wait until the following autumn before submitting to an operation. During this interval a sister of hers, who was a patient of mine, advised her to consult me. I prescribed for her by letter and there was very soon a reduction in the growth, and two months later pregnancy announced itself. The physician attending her proposed to produce an abortion because he had the idea in his head that the woman could not be delivered with that tumor there. She went safely through the labor, however, and the tumor was discovered to be no bigger than a hen's egg. It had been much larger. I saw her lately and she was as well as she ever was in her life. I cannot remember for certain what her remedy was, but think it was Psorinum<sup>4m</sup> (F.).

Dr. Dever—A lady who had been injured in the right ovary was told by Dr. Franklin that nothing under the sun would relieve her but an operation. I prescribed Conium for her and she was cured by it.

Dr. Fincke—I should like to call on the surgeons to give us their idea of the physiological use of the ovaries and tubes.

Dr. Stow—I suppose the nearest we can get to this question is this: The uterus as well as the ovaries are concerned in menstruation. At the time of the escape of the ovum from its follicle the uterus is engorged with blood, and from its lining membrane exudes the blood which escapes with the ovum. Now there becomes established, from constant repetition of this, a habit of becoming congested at certain times, of so strong a nature that this turgescence continues to recur even when the ovaries have been removed. It is a peculiar attendant upon the normal function of the uterus, continuing even after the extirpation of the very organs upon which that function depends. There is a rapidly growing tendency on the part of both old and new-school surgeons to operate in cases where there is no necessity for operating. This formidable operation has actually been performed many times for the cure of headache. I have known of several such cases, but the headache is not cured, only modified.

A surgeon in Syracuse has performed ovariectomy five or six times for the relief of occipital pains. He claimed there was no other permanent cure of the trouble. In three of them the headache continued, and in one was slightly lessened. Such cases as have been cited here are simply beautiful, and we need more such to offset this growing tendency to extend the field of surgery to where it does not belong. The necessity for the existence of this Hahnemannian Association was never more apparent than now, when the old school are performing this operation for every female complaint. We need to combat them; we need to show that the operation is not necessary. We need to impress upon the women of this country that they can be cured of these conditions by Homœopathy without operation. It is our mission to spread these ideas as widely as possible.

## LECTURE UPON THE FIRST THREE PARAGRAPHS OF THE *ORGANON*.

WALTER S. HATFIELD, M. D., CINCINNATI, OHIO.

GENTLEMEN:—It would be difficult to find fewer words containing more truth than those found in paragraph first of the *Organon*:

“The physician’s highest and *only* calling is to make sick people well, which is called healing.”

If physicians would only give heed to the truth contained in that single paragraph and cease trying to perform impossibilities, they would be benefited thereby. There were people in Hahnemann’s lifetime, the same as now, who always searched for the impossible. Not that scientific research should be abandoned, but it should be pursued in the interest of human kind.

The healing of the sick should be our motto, and when we go beyond that we are getting out of our sphere.

There must necessarily be experiment in medicine. And the difference between the new and old school is the former experiment upon the healthy people and the latter upon the sick.

It is more safe to experiment upon the healthy, because there is no danger of injury—that is, if the toxic effects are not in view—while in the sick valuable time might be lost, besides the experiments would not be satisfactory.

The extent of the investigations of the old school is to get as near to the poisonous effects as possible without producing death, because, with them, the largest possible dose is the best. With the exception of the foremost men in that school, some of them, in treatment, reduce the dose to nearly homœopathic dimensions, some of them even using homœopathic preparations. But the rank and file of that school are still of the opinion, “If a small dose will do good, a larger one will do more good.”

In the treatment of the sick, drugs are generally compounded, and that without reason. If a patient dies, which often happens, they are not aware which of the several ingredients caused death. Or, if recovery takes place, which is sometimes the case, they

are at a loss to know to what source they should attribute their success. All is as dark as before, so far as gaining any positive knowledge from the treatment is concerned.

They do not know how the medicines acted: which, if any, was antidoted by the other, or in any way interfered with in its action.

They have observed that some few drugs are incompatible; others claim that trouble can be overcome by certain methods of preparation.

But we know there is no way of preventing one medicine from interfering with the action of another within the system, when both are administered at the same time, or if the second be given before the action of the first is entirely spent.

We will see, as we advance, that nature is not in the habit of allowing two or more separate disease forces (either natural or drug disease) to attack the system at the same time. The weaker must give way to the stronger.

It is not the aim of the physician—the true healer—to experiment when called into the sick-room. He should have done with experiment and be prepared to administer to the sick that which will bring about a return to health. That is his *only* calling. We are also instructed, further along in the *Organon*, when and how to experiment, and when we have learned that part we will find the sick-room to be unknown to experiment.

Hahnemann wrote the *Organon* after years of experience, and no one could express in fewer words more truth than that which is found in paragraph first. He emphasizes the word “*only*” and makes it doubly forcible because, the *only* calling of the physician is to make sick people well. This constitutes the physician’s life work.

Many physicians strive for notoriety, fame. The physician is fortunate in his freedom of action. In the treatment of the sick he is at liberty to make use of any means whatever, and if he has gained notoriety he has attained his aim. If the patient recovers, well and good; but if he does not it is of little difference. It is sufficient to know that the physician did all that could be done, no matter how absurd it may have been.

We have only to mention cases to verify this. Our own ex-President Grant, also Emperor Frederick, of Germany. These cases are still fresh in our minds. According to the published reports, the cases were similar, and the treatment about the same (highly scientific?) and the results identical. But the attending physicians became famous in spite of the unfavorable terminations.

But if the distinguished patients had been treated according to the homœopathic law of similars and the result had been success, there would have been nothing thought about it, only that it would have proven (according to the popular belief) the illness to have been non-malignant. In fact, there was nothing the matter with the throat of either of them.

I speak from experience. During the past year I have been treating a patient who has been suffering on account of an unnatural growth upon the forehead, which was, in my opinion, a cancer. A professor of this College also saw it and, if I mistake not, was of the same opinion. Likewise everybody who saw it, so far as I know, thought the same. And the general friendly advice (such advice you will find always to be forthcoming from relatives, friends, and especially neighbors of the patient): If I were in your place I would have this or that done, or, my doctor, or doctor so and so, always does thus and so! and he is an older doctor than this one and he ought to know more about such things. Or, my mother, grandmother, or aunt has raised a large family and always did this or that; this medicine isn't strong enough for the child; or, it may do for children, but it is too weak for grown people, and especially in such a severe case as this you want something that will take right hold and make you feel as though something was being done. And the general conclusion of the whole matter is, you had better send for Dr. —; he is our doctor, and I know he is a good one. Such advice you will find always proffered the patient and family. But the general advice in this case was to have the growth removed. All were positive on that point. It should be removed by excision while there was yet time, and if allowed to remain the eye would be lost, and, in fact, life itself would soon be made



miserable, and a slow and painful death was all that could possibly be expected.

But, strange to relate, the growth has been almost wholly removed by homœopathic remedies, and now the general opinion is that it never was a cancer. And I believe Homœopathy will succeed in its entire removal, and with the removal of that product the whole disease will probably be extinguished—driven from the system.

On the other hand, had the knife been used, the tumor or unnatural growth would have been successfully disposed of, no doubt. But what of the future? The disease would have remained within the system the same as before, and it might have been excited to greater energy.

It is not sufficient that we should succeed in relieving pain by means of the usual nerve depressants, for the pain is often one of the most important symptoms to guide us in the selection of the remedy. But the properly-selected remedy will generally relieve the pain, and with the disappearance of the pain often the system is relieved of all trace of disease.

And often pain is relieved almost instantly.

You will be astonished at the quick response from the well-selected remedy.

If, in your anxiety to relieve pain, you should administer Morphia you will find yourselves in the dark. The symptoms will be clouded and the after-treatment will be unsatisfactory.

But take the symptoms for your guide and you will be successful. Relieve the pain by means of the indicated remedy and the disease will be cured. I will give you the history of a case.

Two years ago, a man, about fifty years of age, night-watchman on the river, was obliged to be out during a heavy rain, and the weather turning suddenly cold he contracted a heavy "cold." The attending physician said it was pleurisy, and the man was treated accordingly. After several weeks of treatment the doctor failed to relieve him, and of his own accord ceased his attendance.

It was not for want of money, the doctor had been his family

physician for years and had always been paid. But it was because he could do him no good.

The doctor was all at sea. He could make no diagnosis. He had relieved the pleurisy, the symptoms had changed, and he was off the track. You are aware that when an old-school physician cannot name the disease he is in a dilemma. Being unable to make a diagnosis, the doctor was equally unable to prescribe satisfactorily. And after the several weeks had gone by, the patient seemed worse.

And the doctor failing to cure, another old-school doctor was sent for, and his conclusion was, the patient was suffering on account of malaria and general debility, with neuralgic complications, and prescribed accordingly, and assured the man he would be all right again very soon.

Two weeks later I found the following condition and symptoms.

A 200-pound man reduced to about 140 pounds. Unable to eat anything nourishing. Bowels constipated; a movement only once in several days. Lightning-like pains down the spine, around sides, in abdomen, and down lower extremities. These pains would generally come in paroxysms, in the evening, later in the night, and toward morning. Sometimes they were almost continuous and so severe as to cause loud outcry. And with the pain vomiting was generally present, and of course sleep was impossible.

During the paroxysms he would oblige his attendants to take him out of bed, sit him in a chair or hold him up while he endeavored to walk about, but in his weakened condition it was almost impossible.

*Nux-vomica* was my first prescription on account of previous drugging. The next day, after studying the case as well as I could, *Magnes-phos.* was given; improvement followed, but not marked, and in a few days, as the symptoms had changed somewhat, *Aluminum metallicum* was the next remedy. After its administration there was a marked change for the better, but on account of the nature of the disease the improvement was slow.

During the fifth week he could be up most of the time, sitting

in the big chair, but it was several weeks before he could walk as well as before. His lower limbs were partially paralyzed for a time after.

In a few months, however, he was able to return to his work and has seemed well ever since.

I concluded the patient was suffering from progressive locomotor ataxia. The diagnosis did not help me in the treatment, only in a general way helped me to find the remedy, for the totality of the symptoms guided me.

It might be a question why the *Nux-vom.* was given.

Whenever a case comes from old-school hands it is a good rule to give *Nux-vom.* generally, to antidote the drug action, and often it will help to clear up the case if the symptoms are not well defined. But it is not always best. Perhaps if the *Aluminum-met.* had been given in the first place the improvement might have been greater from the first, but I did not see the remedy so clearly indicated until the constipation was so marked. Then I was led to prescribe that remedy with the best of results.

Had I given the patient *Morphia* for his pain and cathartics for his bowels, etc., I doubt not that to-day he would be a burden to himself and family.

Let me tell you of another case received from old-school hands that did not receive *Nux*, for, as I said before, it is not always necessary to use it. It was a case of diphtheria. The patient, a boy eight years of age, was summering at Epworth Heights camp-ground. During an evening entertainment he fell asleep, rolled off the seat, and lay on the ground an hour or so before he was discovered. Nothing was thought of it until, two days later, he was taken with a high fever, neck a little stiff, thirsty, throat sore, etc. An eminent physician on the grounds said it was a bad cold and he would be well in a day or two, and prescribed for a cold. This was Saturday. On Sunday the doctor saw him again, prescribed for a cold as before, with sore throat. Next morning (Monday), on examining the child, the doctor told the parents they had better take him away, and also told them their family doctor would probably tell them it was diphtheria.

He therefore wrote the family doctor a note stating what he had given: "Potas-chlor., Tr. Acon., Tr. Iron, and Quinine freely." But instead of taking him to the family doctor they brought him to me. Since then *I* have been the family doctor. The present condition is this: Neck somewhat stiff, on account of the swelling of the throat and jaws, throat well filled with a white looking membrane, more on left side, posterior nares filled with the membrane, as far as could be seen; a clear watery discharge from nostrils, not very thirsty, pain in throat, began on *right side*, tending toward the left.

The boy did not get Nux-vom., but instead Lycopodium<sup>cm</sup>.

The next morning (Tuesday), much the same. Slept very well, except difficult breathing, on account of obstruction of the nose, much clear watery discharge from nose. R Lycopodium continued.

Wednesday.—More pain in throat on swallowing spittle, less on swallowing drink (no solid food allowed). Pain more on left side; discharges from nose, foul odor from mouth, membrane less in throat. R Lachesis<sup>cm</sup>.

Thursday.—Membrane forming again in throat, nose completely obstructed with an exceedingly acrid watery discharge from nostrils, nose, and lips, sore on account of the acrid discharge. R Arum-try.<sup>20m</sup>.

Friday.—Membrane disappearing from throat, nasal passages clearer, nasal discharge less, no pain in throat. No change in prescription.

Saturday.—Much improved in every respect.

Monday.—Throat entirely clear. Nasal passages unobstructed, feels well in every way, nothing wrong, except soreness of nose and lips, which will soon disappear. Discharged.

In the treatment of diphtheria usually one remedy is sufficient to complete the cure, but not always.

It was plain, afterward, that the giving of Lachesis on Wednesday was a mistake. But Lycopodium had ceased to be of benefit, and the left side seemed so painful, together with the foul breath, led me to prescribe that remedy, whereas, a few hours of waiting would have shown the proper remedy to be Arum-try.

The whole case was more or less influenced by the previous medication.

The second paragraph of Hahnemann's *Organon* reads: "The highest ideal of healing is the speedy, gentle, and durable restoration of health, or the cancellation and annihilation of the disease in its whole compass; in the shortest, most reliable, and least-damaging way, according to clearly intelligible reasons."

It should be our aim and only thought in the treatment of the sick, to restore them to health, and to accomplish that end in the quickest manner possible. No harsh measure should be made use of, and when health is restored it may prove to be a permanent restoration.

A young girl came to me a few months ago, suffering on account of menstrual irregularities. In fact, she had not been well since having had diphtheria about eighteen months before. Before that she had never known any trouble. The method of treatment, pursued during the attack, was that of the ordinary gargles, swabbing, simulating an antiseptic character. The membrane was dislodged, and she succeeded in remaining here while two other children died of the same disease. But was she cured?

I do not believe she was. Had she been cured she would have had no trouble afterward. Many sad cases result from the mal-treatment of diphtheria. Long-lasting throat affections, paralysis, and impaired constitutions.

Malaria is another of those troublesome complaints, when there is suppression instead of cure, the result of treatment.

The amount of Quinine given for malaria alone is sometimes remarkable. One of my patients tells me a number of years ago he had malaria for a long time. His physician concluded he could cure him, if he (the patient) could stand the treatment. In desperation the patient promised to do or take anything the doctor might suggest or prescribe. As a last resort the doctor prescribed *fourteen hundred grains of Quinine*, to be taken *one hundred grains per day*, until all were taken. The task was begun but never finished.

He says he took eight hundred (800) grains, and the even-

ing of the eighth day they took him home to die. It is his opinion that he had been very close to death.

He finally recovered from the overdosing of Quinine, and later on was relieved of the malaria, but has never been thoroughly well since. Every spring the malaria returns and he has at least one chill, and after that he can check it again, with some remedy given him by some old Indian or other ancient. The age is what gives it value, no doubt. But so far as good health is concerned, he will never enjoy that blessing again. I wish to impress upon you the great difference between suppression and cure of disease.

At the Cincinnati Hospital you have the opportunity to witness heroic treatment, and from what I can learn it is heroic.

I remember one old man at the Pennsylvania Hospital, who was given ninety (90) grains of Chloral per day for sleeplessness, and even then the result was not satisfactory.

How about the innumerable cases of cauterized chancres, chancroids, condylomatous growths, etc., injected urethræ causing strictures, and the numerous evils following the suppression of such vile disorders?

Where is the gentleness of such treatment?

Where is the genuineness of such cures?

Instead of their being *cured* they are only relieved; sometimes not even that. Many cases can never be cured afterward, because the system is too thoroughly undermined by the superficial suppressive treatment.

Hahnemann saw the evil attending the excessive use of drugs. And to that source he attributes a good portion of the world's misery. Homœopathy has caused the old school to prepare the dose so it can be taken without so much repugnance. It cannot always be overcome, yet there is some difference since Mark Twain's boyhood days.

While the drugs may be made more palatable now than then, they are generally just as severe in their action.

You will find some difficulty in giving medicine when you follow an old-school doctor in a case. The children are in the

habit of having their noses held to compel them to swallow the stuff, and they conclude all medicines are alike.

Children have a horror of the doctor because they have learned to know that torture attends his coming. But when they have once learned the taste of the little sugar pills, you will find your stock of Sac-lac will not hold out. At least, that is my experience.

The good-will of the little folks you will always have, and that is a strong point in your favor with the rest of the family, if any of them are out with Homœopathy.

Paragraph third of the *Organon* says: "The physician should distinctly understand the following conditions: What is curable in diseases in general, and in each individual case in particular; that is, the recognition of disease (*indicatio*). He should clearly comprehend what is curative in drugs in general, and in each drug in particular; that is, he should possess a perfect knowledge of medicinal power. He should be governed by distinct reasons, in order to insure recovery, by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in a patient; that is to say, he should adapt it so that the case is met by a remedy well matched with regard to its kind of action (selection of the remedy, *indicatum*), its necessary preparation and quantity (proper dose), and the proper time of its repetition. Finally, when the physician knows in each case the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly and to the purpose, as a true master of the art of healing."

There is a great difference between an old-school doctor and a homœopathic healing artist. If a man is good at guessing he will do for the former. All that is necessary for the old-school physician is to make a reasonable guess at the name of the disease and follow that with another guess at treatment.

That is distinctly "regular."

There is no effort made at precision.

A dozen different old-school doctors are likely to write a dozen different prescriptions for the same case. That is demonstrated by what Dr. Chapman, of Watsonville, Cal., did.

He wrote out the symptoms of a supposed case and sent the same to each of ten old-school doctors and ten homœopaths, and the result was, the ten homœopaths sent, each of them, a prescription for *Lycopodium*; while eight of the ten old-school doctors sent each an entirely different prescription. The other two sent none at all. Demonstrating to a certainty that to be regular one must be different.

But, how is it with the homœopath? The opposite is the case! He must be able to recognize diseased conditions which are curable in general, and in every individual case in particular. Nothing but the most rigid individualizing will do in Homœopathy. To be sure, one may be less careful and still do very well in Homœopathy, because we often do the right thing when we the least expect it. But, in generalizing we lower the probability of accomplishing good results nearly to the plane of the old school, which is the best they can do in the absence of all therapeutic law.

If the physician is capable of recognizing that which is curable in disease, he should also be able to discern in drugs (both in general and individually) that which is curative, and how to apply the same in the cure of disease.

Each remedy has its own individual action. While several remedies may have a similar general action, no one remedy can take the place of another in the perfect cure of a certain individual case. In a given case, if a remedy be administered, *not* the nearest or most perfect similar, that remedy may influence the case for good, but it can hardly result in a perfect cure.

In regard to the preparation of our remedies, it is not so necessary, as formerly, to understand all about that. Our pharmacies are capable and reliable, and we can get honest medicines.

But in Hahnemann's day, and even later, it was impossible to obtain homœopathic preparations, and of course the physician was obliged to prepare his own.

But the manner of administering the remedies, the proper dose, and the time to repeat are the question of utmost importance.

Whatever the preparation may be, mother tincture, low or



high trituration, or potency, too much must not be given, and it must not be repeated too often.

Some use the mother tinctures and lower triturations and potencies, and never go higher, while others use both low and high. And still others use almost exclusively the highest. The success of each one depends upon "how" the prescription is made. If it is made according to the law of similars, the result is always satisfactory, but if made upon general principles then disappointment often follows. And Homœopathy gets the blame. Some physicians repeat the dose too often and are disappointed also.

When we get further along, we will learn from the *Organon* that when once the system is sufficiently influenced by the remedy given, then medication should be stopped until we are certain the improvement has ceased.

And, furthermore, anything whatsoever that may hinder or prevent recovery should be able to be seen and the manner of removal should be known to the physician.

There is so much depending upon the physician in each and every case. It is not only the giving of the medicine, but innumerable things which should claim his attention. And he should be able to comprehend and guard against those hindrances to recovery.

Therefore, gentlemen, do not for a moment think that the life of a physician, your chosen life-work, is all sunshine, and there is nothing difficult to perform.

Unless one has his whole soul in the work, he may find it exceedingly irksome.

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## THE REASON WHY.

SAMUEL SWAN, M. D., NEW YORK.

Hahnemann remarks in *Lesser Writings*, p. 502: "We observe a few diseases that always arise from *one and the same cause*, namely, the miasmatic maladies: hydrophobia, the venereal disease, the plague of the Levant, yellow fever, small-pox, cow-pox, the measles, and some others, which bear upon them the

distinctive mark of always remaining diseases of a *peculiar character*; and because they arise from a contagious principle that always remains the same, they also always retain the same character, and pursue the same course, excepting as regards some accidental concomitant circumstances, which, however, do not alter their essential character.

“Probably some other diseases, which we cannot show to depend on a peculiar miasm, as gout, marsh-ague, and several other diseases that occur here and there endemically, besides a few others, also arise either from a single unvarying cause or from the confluence of several definite causes that are liable to be associated and that are *always the same*, otherwise they would not produce diseases of such a specific kind, and would not occur so frequently.

“These few diseases, at all events those first mentioned (the miasmatic), we may therefore term *specific*, and when necessary bestow on them *distinctive appellations*.

“If a remedy has been discovered for one of these, *it will always be able to cure it*, for such a disease always remains essentially identical, both in its manifestations (the representatives of its internal nature) and in its cause.”

I have thus far quoted Hahnemann’s words concerning the specific or fixed diseases, and add to his list a few of the “some others” which he mentions. These are fixed diseases, always diagnosed by their unvarying character; diphtheria, scarlet fever, typhus fever, eczema, erysipelas, itch, septicæmia, scirrhus, cancer, lupus, leprosy, glandular diseases, gonorrhœal rheumatism, and tuberculosis.

Repeated experiments by myself and other physicians with the poison of these specific diseases, obtained from the morbose products of such diseases, have proved that such poisons *potentized*, will invariably cure the disease from which they were obtained, *except* when some other miasm is present and obstructs the curative action, notably psora.

Hahnemann also says, “All the other innumerable diseases exhibit such a difference in their phenomena that we may safely assert that they arise from a combination of several dissimilar

causes." These diseases, which would more properly be termed sicknesses, are so different that each one of them occurs scarcely more than once; never occurring before or since in the same manner, there never can be found a specific remedy for them, and as Hahnemann says "they require no names—we are only required to cure them."

Hahnemann has evidently used these morbose poisons, for he says, in *Chronic Diseases*, vol. I, p. 195, "In the subsequent list of antipsoric remedies, no isopathic remedies are mentioned." The reason he gives is "that their effects upon the *healthy* organism have not yet been sufficiently ascertained." It would seem from this that *he had these isopathic remedies, had potentized them, had used them on the sick, had found how valuable they were, had partially proved them in healthy organisms, but not so thoroughly as to warrant his giving them to the profession.*

He thus disposes of Isopathy. On page 196, *Chronic Diseases*, he says: "*I call Psorin a homœopathic antipsoric, because if the preparation*" (potentization) "*of Psorin did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with that identical virus.*"

The corollary is inevitable. The potentization of the *isopathic* product *makes it homœopathic to the disease which produced it*, and it cannot have any curative effect on that disease *till* potentized, but *when* potentized it does have an effect, and the effect must be homœopathic, and, therefore, of necessity a curative effect, or, in other words, "*Morbose poison will cure the disease which produced it, if given in a high potency.*" *Had not Hahnemann tried morbose products empirically on those sick of the diseases which had produced those products, he would not have said that unless these were so altered by potentization they never could "have any effect on an organism tainted with that same identical virus."*

Hahnemann did not make public any remedy, no matter how much *he* knew about it, till it had been proved according to the rule laid down, but in the same volume he gives some toxical symptoms of psora, syphilis, and sycosis which were probably the key-notes from which he prescribed for those "tainted with

that same identical virus." He evidently believed that later the problem of the use of these morbose poisons would be solved, as he says, in the foot-note of paragraph 56, page 194, of the *Organon*, "but supposing this were possible, and it would deserve the name of a valuable discovery," etc. The problem is solved by the use of those poisons in the *high potencies*.

The *numerous symptoms* that appear when a person is attacked by any of these fixed diseases are a sufficient proving of the poison for the *cure of the disease*; a proving on healthy persons would not add to the curability of the remedy, it would only give a variety of symptoms whereby the poison could be diagnosed in diseases, where there was no other indication of its presence. An aggravation at night, ceasing with daylight, is always indicative of syphilism. If any one objects to the absence of a proving, it is his duty to make the proving himself. If I am in error, I am willing to acknowledge it when shown to me—but the unfailing success attendant on this mode of treating fixed diseases is of itself proof of its truth.

February, 1891.

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## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

### ORDER 15.—MALVACEÆ.

*Malva moschata* (Musk Mallow).—The most elegant of our native mallows, flowering very freely, and throwing out a faint perfume of musk toward evening. It was at one time famous as a remedy for the gravel and for suppression of urine, also in some forms of headache. The seed is the part generally used. There is no proving of the drug, but if proved it might perhaps be a valuable medicine.

*Malva sylvestris* (Common Mallow).—There is also no "proving" of this plant. It is used in the same way as the species previously mentioned, to promote the discharge of urine and to relieve strangury, gravel, etc. It is also similar in its effects to the following :

*Althæa officinalis* (Marsh Mallow).—Found in marshy places, particularly near the sea. The roots contain a large amount of mucilaginous matter which is extracted by boiling in water. The virtues of this plant are beyond question, and it ought to be carefully and completely “proved.” It has been found useful in offensive diarrhœa with violent pains in the bowels. It is largely used in consumptive coughs, pleurisy, and other chest and lung diseases. It helps women in labor, and increases the secretion of milk in the breasts. Pliny says: “that whoever shall take a spoonful of the Mallows shall that day be free from all diseases *that may come unto him.*” It is useful against the stings of bees, wasps, etc., the bruised leaf only being applied; also for inflammations of various kinds it is very cooling. For roughness of the skin, drandruff, falling off of the hair, etc., this Mallow is often very useful.

#### ORDER 16.—TILACEÆ.

*Tilia Europæa*\* (common name, Lime or Linden Tree).—Every one knows the lime tree, of which we have three kinds common to this country—namely, *T. intermedia*, *T. parvifolia*, and *T. grandifolia*, all supposed by botanists to be varieties of *T. Europæa*, of which there are also several other varieties. Of the three varieties mentioned, *T. parvifolia* is undoubtedly indigenous; respecting the others there is some doubt. The inner bark, called bast, is made into mats; the Russian peasants make shoes, ropes, etc., of it. Jute, an exceedingly valuable fibre, is made from another member of this order (*corchorus capsularis*). In medicine we use the flowers of the Lime, whose delicious

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\* I take this opportunity of saying that provers of and introducers of new drugs are often not sufficiently explicit in describing plants of which there are several *varieties*, and if they do not clearly state which of the varieties they used, the pharmacist cannot be blamed if he uses either of them, or the one most easily obtained. Some may answer that it makes very little difference, but I contend that it *may* make all the difference, and to be exact in prescribing according to the “law of similars,” it is necessary to be exact in describing, as well as preparing, the remedy. With respect to *Tilia Europæa* we are not told which variety is to be used, and, for aught we know, in the absence of separate provings, they may all produce some different symptoms.

perfume loads the air in June and July, attracting countless numbers of bees to the honey-like nectar contained in them. The *Tilia* was formerly used in various kinds of headaches, affections of the nerves, apoplexy, epilepsy, vertigo, palpitation, of the heart, etc. There is a proving in Allen's *Materia Medica*. Some of the symptoms produced are "heat in the head, vertigo, with tottering on turning the head, accompanied with obscuration of sight."

#### ORDER 17.—HYPERICACEÆ.

*Hypericum Perforatum* (St. John's Wort).—Found on roadsides and hedge-banks, etc., in July and August. This plant was formerly held in great esteem, and was used internally in a great variety of diseases, and externally as an anodyne, and to resolve tumors. At one time it was supposed, and not without reason, that madmen were possessed of the devil, and this plant was found so successful in curing that disorder that it had the title of *Fuga Dæmonum*, as curing dæmoniacs. It was also given in hysteria, and as a remedy for burns and stings of insects.

There is a good proving of this drug. It *produces*, when taken internally, a great variety of symptoms, of which the following are some of the most important: "Mistakes in writing, omission of letters; forgetfulness of what it is desired to say; confusion; increase of intellectual power; excitement of brain; sees spectres; delirium; singing followed by weeping, and loud screaming; anxiety, melancholy, irritability. It removes consequences of fright; effects of shock, it causes vertigo at night; headache in the morning, with tearing stitches in the brain; a sensation as if the head were elongated; is useful in fractured skull, bone splinters, etc.; causes sties on lower left eye-lid; severe aching in decayed teeth at night, relieved by lying on the painful part; a desire for warm drinks, wine, pickles; absence of taste; many symptoms of disturbance of stomach and bowels; attack of spasmodic asthma with changes of the weather from clear to damp, or before storms, especially indicated upon lesion of the spinal cord by a fall years before; useful in meningitis.

Morning dry cough with prostration ; whooping cough worse from six to ten P. M. Nervous system much affected after a fall. The slightest motion of the arms or neck extorts cries ; cervical vertebræ very sensitive to touch ; entire spine tender, bad consequences of spinal concussion ; violent pains and inability to walk or stoop after a fall on bottom of back (coccyx). Various rheumatic pains in upper and lower limbs, with weakness and trembling in all the limbs ; great dread of motion. The "prover" would not walk, screamed when lifted. It causes great nervous depression following wounds ; next to the nervous tissues the joints are affected ; all the joints feel bruised.

It is useful to prevent lockjaw from wounds in soles of feet, fingers, or palms of hands ; convulsions from blows on the head, or after every slight hurt ; epileptic spasms after injury ; injuries to parts rich in sentient nerves, especially fingers, toes, nails, and lacerations, where the intolerable pain shows that nerves are severely involved. Useful in punctured wounds, which feel very sore, rat-bites, etc. ; from crushed fingers, especially the tips, lacerated nerves with excruciating pains, painful wounds before suppuration, very painful bunions and corns.

*Hypericum Perforatum* is one of, if not the most important remedy for injury to nerves. It is one of the commonest plants, but many of the hypericums are much like it in general appearance, and great care should be exercised in collecting it, and the tincture should *always* be made from the fresh flowering plant.

*Hypericum Androsænum* (Tutsan).—Found in thickets, etc. This plant is not so common as the preceding, and although very well known in the country, its virtues are not so well known. Its marvelous power as a wound-wort entitles it to rank as high as any of the order, and it *ought* to be "proved." The flowers are of a beautiful golden yellow, and when rubbed stain the hands red. The whole plant in the autumn becomes a blood-red color, and looks very beautiful. The leaves are wonderful in curing fresh wounds, scarcely anything equals them. The young leaves at the top are best ; when bound on the wound they stop the bleeding, and very speedily cure. Many plants are famed as

wound-worts but the effect of Tutsan is surprising. There is no proving.

ORDER 18.—ACERACEÆ.

*Acer Pseudo Platanus* (the Sycamore).—This tree is very common in England. Every school-boy knows the sycamore. The bark of the young branches is so easily moved on account of the quantity of sap that it is in general use amongst boys for making whistles. It has not been much used in medicine. The juice is anti-scorbutic. It has been used in obstruction of the liver and spleen, and to ease pain in connection with such disturbances. Like all the maples, the juice yields, on drying, a large amount of saccharine matter or molasses, similar to the sugar-maple of New England and Canada, but not to such an extent. There is no proving.

ORDER 19.—GERANIACEÆ.

*Geranium Robertianum* (Herb Robert, Stinking Crane's-bill).—A pretty little plant with pink flowers and stem, and sometimes red leaves, but having a very rank, unpleasant smell. It was formerly held in great esteem as an external application in erysipelatous inflammation, mastodynia, or pain in the breast. The plant is very astringent, and is given to cattle when they make bloody water, or have the bloody flux. It is an excellent wound herb used externally or internally. An ointment made from the leaves is good for sore breasts, and has been found serviceable in the treatment of scrofulous and cancerous swellings. It has been found to give relief in stone and gravel. Cattle have been reported as being cured of what farmers call "black-water" and of the bloody flux by a preparation of this plant, after all other remedies had failed. It stops overflow of the menses, bloody stools, and all other hemorrhages. In this plant and the Tutsan we have another instance of what I have before referred to as the "Doctrine of signatures." At certain seasons of the year they both turn of a *blood-red color*, and it is remarkable that they are the two best remedies the fields produce for outward and inward bleedings. There is no proving.



## ARSENIC POISONING.

(From the *Boston Daily Traveler*.)

The regular monthly meeting of the Boston Homœopathic Medical Society was held Thursday evening, February 5th, at No. 98 Boylston Street, and was called to order at 7.40 P. M., by the President, Dr. G. R. Southwick, who occupied the chair.

A considerable amount of routine business was transacted, after which the Society proceeded to the discussion of the dangers of poisoning from arsenic used as coloring matter.

Prof. E. E. Calder, of Brown University, exhibited several simple tests for the detection of arsenic in wall-papers. He said :

The true arsenic, as it is commonly termed, applies to that compound of the element more commonly designated as white, or chemically arsenious oxide.

The most common application of arsenic is its use in the manufacture of pigments. The application of white arsenic in this direction may be considered as two-fold in its character, as in the manufacture of coloring matter. There is a class of coloring substances in which arsenic enters as an essential constituent, in fact, imparting to the color its brilliancy and value. A very large class of colors is in constant use in the preparation of which the arsenic plays simply a minor part, used as an oxidizing agent, and existing in the finished color only in very minute but appreciable traces.

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The speaker told where and from what metals arsenic was most commonly obtained. Imperial green contains an arsenite of copper prepared by mixing a solution of acetate of copper with a solution of white arsenic. Schweinfurth's green is a mixture of arsenite and the acetate of copper. These two closely allied and similar compounds, from their comparative cheapness in connection with their exceedingly brilliant and rich green color, are very commonly and extensively used as green paints. These compounds also find common application in the staining

of paper, for coloring light cotton fabrics, for preparation of artificial flowers, in manufacture of candies, etc.

Rouge yellow, an artist's color, contains ninety-seven per cent. of white arsenic, and is therefore extremely poisonous. Its application as a more common pigment is now superseded by the cheaper and comparatively innocuous chrome-yellow or chromate of lead pigment.

To the class of coloring matters not containing arsenic as an essential constituent, belong the aniline colors. The aniline red always contains some arsenic. When this color is used for tinting confectionery it is understood that the manufacturer will use some oxidizing agent other than white arsenic. It is thus clearly acknowledged that such a use of arsenic is not only not advisable but unnecessary. The aniline colors are employed in the industrial arts for numerous other purposes besides their great use as dyeing materials, as in the tinting of paper pulp, the staining of wall-papers, the preparations of water-colors, the manufacture of colored inks, the coloring of cosmetics, fancy soaps, perfumery, confectionery, etc.

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By far the most prolific source of arsenical poisoning arises from the use of wall-papers, draperies, curtains, carpets, etc., containing arsenic. There is no question but that many of the materials used to adorn our homes to-day contain arsenic in greater or lesser quantities. A wall-paper can be made to contain no arsenic, because we often find samples on sale entirely free. If paper can be prepared without any additional cost, the public has a right to insist upon receiving the benefit, and the slightest trace of arsenic in a paper ought to condemn it for use. Regarding the prevalence of arsenic in fabrics the same may be said.

Dr. Talbot spoke upon the same subject, and, among other things, said :

The peculiar character of arsenic and its wonderful power of combination with other substances to produce a great variety of brilliant and enduring colors has brought it into a very extensive

use, which has steadily and rapidly increased until it now enters into the manufacture of a very large variety of domestic articles, many of which are worn as clothing or brought into close contact with individuals, and there is hardly a household in the country but has more or less of this poison in some form within it. Aside from the large quantities produced from some of the mines in the West and from various other sources, the importations of arsenic into this country the last year amounted to about ten million pounds, thus furnishing more than two and one-half ounces to every man, woman, and child in the country.

Now, when we consider that two grains taken at once into the stomach is sufficient to cause death, the amount of this death-dealing substance which is imported is truly appalling. Fortunately the system can resist the poisonous effects of many substances, and especially of metallic substances, when introduced into it in small quantities and slowly, yet there are many instances in which persons have been directly and fatally poisoned, and a very much larger number of persons who have been seriously injured by contact and absorption of this poison. We have heard this evening of various articles of domestic use in which arsenic is incorporated. We sleep in bed-rooms the walls of which are hung with paper filled with arsenic. Our most beautiful draperies are equally loaded with this poison.

We sit upon sofas that every time they are compressed throw into the atmosphere this same poison. We wear clothing containing enough arsenic, if taken into the stomach, to produce a speedy death. Our little children are wrapped in beautiful shawls containing this same death-dealing drug. Their playthings are rendered more beautiful and attractive by this very poison. The papers in which their bon-bons and candies are enveloped are colored with arsenical preparations, and even the utensils in which our food is cooked are sometimes lined with this poison. Now, if any considerable proportion of arsenic is taken into the stomach at once, its effects are so uniformly severe that suspicion of poisoning is immediately aroused and search is made for the cause of it. But when it is taken very slowly the symptoms are so masked by many surrounding circumstances

and conditions that even the most experienced physicians do not discover the cause.

The soreness of the throat, the difficulty of breathing, the nausea and vomiting, the pallor and weakness often are attributed to entirely different causes, and it may be months, or even years before the true cause is discovered. To-day one of the most honored citizens of Boston is lying on his death-bed, after two or more years of prostration and suffering, and it is only within the last few months that it was discovered that his urine was loaded with arsenic, which his system had been gradually absorbing from long-continued exposure to it. The nicer chemical tests of late years are discovering the same condition in many chronic invalids, while every physician has had cases, which, resisting all treatment, he has been obliged to send away from home into different surroundings before they could be relieved.

Arsenic taken into the system in this insidious manner not only produces the symptoms peculiar to itself, but from its depressing influence upon all the vital functions, renders it more susceptible to every form of disease to which it may be exposed. When we consider how our little children are often, from their earliest infancy, surrounded by this poison, and their systems thus rendered susceptible to other diseases, is it strange that the mortality among them is so great? At the very least, is it not our duty as physicians, knowing the great dangers which accompany this poison, to take every means in our power to protect our patients and the community from its influence? If a mad dog let loose in the community destroys but a single life, the public are aroused to the greatest excitement over it, and pass stringent laws to protect them from this danger.

Ought we not then to have laws which will protect us from the danger much greater and more insidious, and which is concealed under forms most attractive and alluring? \* \* \*

The following resolutions were then passed.

WHEREAS, It is well known that arsenic is a virulent poison, of which two grains will produce a fatal result, and a much smaller quantity will cause serious injury to health.

That for the protection and safety of its people this State has passed laws directing every apothecary who sells even the smallest quantity of arsenic to label it "Poison," and imposes a heavy fine for neglect of such duty.

That this substance is used in large quantities in the manufacture of goods for domestic use, such as paper hangings, draperies, wearing apparel, children's toys, etc.

That many persons are poisoned through ignorantly using such articles, and often suffer loss of health and even life hereby.

*Therefore Resolved*, That in the opinion of this Society this State should pass such laws as will properly restrict the manufacture and sale of all articles for domestic use containing arsenic, by providing, among other things, that when articles containing such matter are offered for sale they shall be clearly and legibly marked to show that they contain poison, and by providing also that the violation of such laws shall be punished by fine or imprisonment or both.

*Resolved*, That a committee of five be appointed by this Society to co-operate with, and aid the committee of Massachusetts Homœopathic Medical Society in their efforts to secure proper restrictive legislation on this subject.

*Resolved*, That we call upon the other medical societies of the State, upon all the physicians, chemists, and scientists, as well as the citizens at large to aid us in this effort to protect the public health.

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## GONORRHŒA AGAIN.

### EDITORS HOMŒOPATHIC PHYSICIAN :

The February number of your journal contains an article from the pen of Dr. White, in which he expresses dissatisfaction with my paper on gonorrhœa and syphilis. He failed to give us the advantage of his criticism, but dispensed with chronic gonorrhœa in a way which would lead those who are not experienced in the treatment of those troublesome difficulties to think that a chronic gonorrhœa kept up by some constitu-

tional dyscrasia is more amenable to treatment than an acute case of the same difficulty.

Granting this to be true, no better apology need be offered for the harsh and unnatural treatment instituted by eclectic homœopaths, who, by injections of caustic medicines, have but little difficulty in converting their acute cases of gonorrhœa into the chronic form.

It is a matter of doubt with some able physicians whether an individual in whom there is no constitutional taint will contract gonorrhœa, though many times exposed to the influence of the poison. I am not satisfied in regard to the truth of the above proposition, but I do know that an otherwise healthy subject can be readily cured of acute gonorrhœa by following Hahnemann's directions, which will also answer the Doctor's question, "How are we to treat or to cure a typical case of acute gonorrhœa?"

Hahnemann has told us in his *Organon* that "The totality of the symptoms constitutes the only indication for the selection of the remedy." A remedy selected in strict obedience to the above directions will not only cure the acute gonorrhœa, but the constitutional dyscrasia will also disappear, and the patient will often tell his physician, "I am in better health than I was before I had the gonorrhœa."

I will admit that all cases do not make a rapid recovery, and that some are tedious in the hands of the best prescribers; nevertheless this is no excuse for those who abandon a law of cure for the *rule of cut and try*, and then attempt to explain away every cure to which they cannot apply the rule.

"Are not injections of a homœopathic solution of Mercury equivalent to the dose by the mouth, and has it any preference to the Mercury given by the mouth?" This is a question worthy of the attention of those who are in the habit of using injections of Mercury in gonorrhœa; but before they reach a final conclusion I would advise them to study the physiological uses of both the mouth and the urethra, which present marked differences in their relation to the animal economy.

Mercury, like all other remedies, can only be "homœopathic Mercury" when indicated by the totality of the symptoms—

subjective and objective—otherwise it would not be the homœopathic remedy, though prescribed in the CM potency. I would not use injections of a solution of “homœopathic Mercury” in a case of gonorrhœa for the same reason that I would not prescribe a local application of Arsenicum for the cure of a case of crusta lactea. I would be prescribing one remedy for the cure of a disease in which some other remedy might be indicated—worse than that—I would be throwing an obstruction in the way of Nature’s cure, which Hering tells us proceeds from the centre to the circumference—from above downward. I admire Dr. White’s honest confession; and, as his paper was undoubtedly written as a draw, I have taken the liberty to answer with this paper.

I. DEVER.

CLINTON, N. Y., March 4th, 1891.

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## NUGGETS.

### AN ANSWER TO DR. LILIENTHAL.

With regard to the conditions of aggravation and amelioration of Phos., better lying on left side and worse lying on right side, I would reply that I obtained them many years ago from my departed friend and counsellor, Constantine Hering. And would add that, later on, these were verified by the late Dr. R. R. Gregg, of Buffalo. Aggravation from least pressure on intercostal muscles, I made a marginal note of some twenty years ago after curing a little girl of an affection of the right lung with Phos. where that symptom was prominent, after a leading allopathic physician had given the case up and requested me to step in and take charge. However, aggravation in a given case from lying on right side would not necessarily exclude Phos. if the other symptoms agreed with that drug; for, as you wisely remark, “I think Smith and Hering right when we take the pathological condition in view which causes this aggravation or amelioration, because the patient needs all the air and oxygen he can get to breathe, and will prefer *that position*

favorable to easier breathing," which observation is undoubtedly the true state of the case.

The holding of the abdomen with the hands when the coughing spells come on is not, according to my observation, for the purpose of relief from *pressure*, but merely to prevent further pain from the bulging out of the abdominal walls occasioned by the concussion accompanying each paroxysm of cough, for the very patient who, in a quiescent state will not allow pressure on the walls of the abdomen, will instantly place his hands over the same locality when the cough comes on. But the action is merely for support, nothing else.

Very faithfully yours,

C. CARLETON SMITH.

### THE RHEUMATISM OF KALMIA.

EDITORS HOMŒOPATHIC PHYSICIAN :

C. Hering says, in the *Guiding Symptoms* and in Farrington's *Hering's Condensed*, article Kalmia-lat., that the rheumatic pains generally go from upper to lower extremities, or shift about suddenly, while Farrington, in his *Clinical Materia Medica*, page 357, says: "The Kalmia rheumatism, like that of Ledum, almost always travels upward." Lippe, in his *Materia Medica*, page 341, sides with Hering: "The rheumatism generally goes from the upper to the lower extremities." Guerin Mineville (*Matiere Med.*, II, 271) also says: "Les douleurs marchent la plus habituellement de haut en bas." Dunham is silent about this point, but emphasizes the weakness characteristic of this drug. The provers, as we see in the *Cyclopædia of Drug Pathogenecy*, neglect to inform us about it. And still I am loth to give up Farrington, especially as he says, "like that of Ledum, which we know to travel upward." The paralytic symptoms of Conium travel upward and the paresis of Kalmia may do the same. Will our learned men inform our readers about this point. Alas! I am always in trouble about our *materia medica pura*.

S. LILIENTHAL.



## NEVER "THE DISEASE PER SE."

EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

I wonder who of us has not forgotten for a moment, as your February correspondent, Dr. J. C. White, seems to have done, that the work of Homœopathy is never that of germicide; that it never doctors diseases "*per se*," but always the individual, with the result, when successful, of making the individual a bad harbor for that disease.

THE HOMŒOPATHIC PHYSICIAN has so much of this teaching on nearly every page that one feels hardly justified in adding to it.

Dr. White says, "My own experience is negative. I have never seen a recovery under homœopathic treatment (of gonorrhœa) in less than six or eight weeks' time. I am satisfied that unaided nature does as well where the subject is in good health."

To this we should have to say, I think, that according to homœopathic philosophy it should be so. That a person in perfect health and strength would either not take gonorrhœa upon exposure, or, taking it, he would without medicine recover in the shortest possible time. The trouble is we do not often have to deal with these theoretical cases of perfect health.

Practically we all have loose joints in our armor of health, latent possibilities of disease, undiscovered weaknesses which are sure to become the skulking-places of imported disease if such a foe is given a chance. The true treatment of a recent case of gonorrhœa is to be determined by no other considerations than those which should govern us in prescribing for a chronic case.

In either case the "constitutional dyscrasia" is the true objective-point, not the gonococci. And the dyscrasia, whether namable or otherwise, expresses itself in the symptoms which are not the necessary symptoms of the disease, but, on the contrary, belong to the individual. The ideally healthy man would have no symptoms of this kind in gonorrhœa, he would have the diagnostic symptoms only. Concerning such a case Homœopathy bids us to keep "hands off" and watch only for the appearance of any weak spot in the patient's health which permits

the disease *per se* to tarry longer than it should. "Six or eight weeks" is not a long time, providing a benign conclusion waits at the end of that time.

A *healthy* man or woman is an inhospitable host to any wandering gonococcus. The homœopathist's sole duty as a therapist in gonorrhœa is to make the subject of it too healthy to harbor the "little beast."

A. H. TOMPKINS.

JAMAICA PLAIN, MASS., February 11th, 1891.

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DR. HEATH'S PLAN FOR STUDYING REMEDIES.  
TO THE EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

Allow me to call attention to an error in your notice of Dr. Wolff's "Analysis Sheets," in the February number of HOMŒOPATHIC PHYSICIAN. You say, "It is an ingenious idea and is a modification of that suggested by Dr. E. J. Lee, and of the *later device of Dr. Alfred Heath.*" I only wish to point out that mine was not the later device, but that I was the first to publish the plan which has been looked upon with great favor by large numbers of homœopaths. It will be in your memory that as long ago as the middle of 1889 I sent you a case worked on my plan, with the working, but, although you told me it was in type, it was never, for some reason, published by Dr. Lee. In January, 1890, when I saw you, it was still unpublished, and I asked you to return it to me, which you did. It was then, by the kindness of Dr. Bartlett, published in the February number of the *Hahnemannian Monthly*. In that article I mentioned that in the February number of the *Homœopathic World*, 1882, I *published* for the first time a case of mine worked on this plan; previously to that I had used the plan myself for many years, and it was the outcome of practice. I showed it before 1882 to my friend, the late Dr. David Wilson, and he expressed the highest appreciation of the plan. This year I sent you a case worked out, and at the same time I sent another case to the *Advance*. You wrote me it would take too much space, and so did not publish it, but Dr. Allen put in the plan I sent him in December's *Advance*. As I was the first to advocate and pub-

lish this plan I see no reason why Dr. Lee should have the credit of introducing it, especially as his is *really a modification of my plan*—substituting numbers for names. He has never published his in any journal. It is true that about *three or four* months ago you sent me one of his printed sheets. It was the first time I had seen it. I feel sure that the part of the notice I object to was an oversight on your part, and that you will publish this letter. I am, dear sir, yours truly,

ALFRED HEATH, M. D.

LONDON, ENGLAND, February 16th, 1891.

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### THE RECOGNITION OF WOMEN IN THE PROFESSION.

MEXICO, N. Y., March 7th, 1891.

EDITORS HOMŒOPATHIC PHYSICIAN :

I have just received and twice carefully read the "Charter, Constitution, and By-Laws of the Philadelphia Post-Graduate School of Homœopathics." All hail! the new birth. Thanks to the several gentlemen who have inaugurated the movement and presented the world with a *bona fide* institution for the promulgation of the principles and practice of pure Homœopathy. They built upon a firm foundation, and the superstructure should be equally firm. Yet I read with surprise in Section 3 of Article III, "No person shall be eligible to membership in this Association except a male citizen of the United States of America, of full age, of good moral character," etc.

Article III defines membership, but there is nothing in it to warrant the interpretation that the association is a "limited co-partnership." Aside from the officials and faculty, it would seem well to enlarge the association by the annual election of any "of full age, of good moral character and habits, who shall subscribe to an undertaking to support and advance the principles declared in Article II of the Constitution." Why none but *males* are eligible to membership in the association will, to many, seem strange. Nearly seven-eighths of our patrons are women, and children dependent upon women; and the mothers, grand-

mothers, sisters, and female nurses of the land are the most able, persistent, and enthusiastic supporters of Homœopathy when they come to know the pure article. While women are so interested in supporting Homœopathy, while they are founding seminaries, hospitals, schools, asylums, churches, etc., and working day and night to maintain them, it does seem good policy to include the worthy of the sex in the membership of the association we take just pride in noticing to-day.

However, paradoxical as it may seem, in view of the fact that the letter and spirit of Section 3, aforesaid, creates a sort of close corporation "of male citizens," it is reassuring to see the name of a woman in the staff of lecturers. As we understand Sections 1 and 3 of Article III of said Constitution, females are totally excluded from honorary membership also.

There may be many good reasons why males can perform the duties of *active* membership better than females. But to exclude them from both active and honorary membership may turn out to be a "thorn in the flesh." For one, I am sorry that any association of persons aiming to advance the medical education of the times, should be handicapped by invidious distinctions of sex or class.

But all this sort of thing will, in the end, be of great benefit. For it forces a settlement of the vexed question, Who is a homœopathist? That once settled (as we think) in harmony with the Declaration of Principles, Article II of the before-mentioned Constitution, no person, male or female, subscribing to and *living* up to them, should be debarred membership in any association of homœopathists established for the *general* welfare.

I trust none will be unthankful for present blessings; yet we consistently may, and ought to seek more and better.

T. DWIGHT STOW.

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A DISCOURAGING OPINION OF WOMEN.—To-day, it is a fact that there are not a score of medical women who are making a decent living in all New England, and these, one-half at least, are either non-graduates, or from irregular schools.—*N. E. Medical Monthly.*

## CHLOROFORM TREATMENT IN TYPHOID FEVER.

DR. HEPP, NUREMBERG.

1.0 : 150.0, divided into three doses, is the daily maximum which Hepp has now used for nearly two years in the treatment of typhoid, as well as in acute affections of the digestive tract, in chronic ulcer of the stomach, and in croupous pneumonia. Even in grave cases its influence soon shows itself, the somnolence and the deliria cease, the dry skin becomes moist and the patient feels better ; the temperature slowly but steadily falls, and the remittent stage soon leads to convalescence. Chloroform passes as such, without decomposing, through the body, and only thus its favorable, anti-bacterial action can be explained, and it must be considered as a stimulant. It is hardly possible that this small daily dose of 1.0 : 150.0 can ever do any harm in relation to dissolving the blood corpuscles, for where the disease may be prolonged for several weeks the quantity consumed would not be over twenty grammes, while during anæsthesia as much as 150.0 grammes were used during several hours.

Munich, M. W., 45 '90.

Allen, III, p. 263, gives the following symptoms, which strongly hint to the efficacy of Chloroform in typhoid and similar diseases, and show its homœopathicity to them. 8. Seemed scarcely to understand anything said to him, and kept on muttering ; 15 and 16. Complete unconsciousness ; 74. Roaring in ears ; 81. Cadaverous countenance or intoxicated expression of face (Baptisia) ; 91. Tongue dry and parchment like ; 92. Mouth half open ; 95. Could hardly articulate ; 130. Abdomen tense ; 139 and 140. Involuntary defæcation, bloody diarrhœa ; 149. Bladder distended and bedclothes stained by the urine which had escaped ; 158. Tracheal râles, stertorous respiration, irregular breathing ; 184. Moist crepitations through lungs ; 240. Relaxation of muscles, very feeble and still restless and tossing about, etc.

Hering, in his *Guiding Symptoms*, IV. 90, mentions clinically

typhus fever (the German name for typhoid) with great prostration, delirium, subsultio, irregular respiration and nervous restlessness, but we think that the symptoms which he put down under *Arachnitis* really belong to these grave typhoid conditions, and, if given at an early stage, may prevent the fever from reaching its acme. Again, never mind the name of a disease, but be, whenever possible, a true healer. S. L.

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### BOOK NOTICES.

**FIVE YEARS' EXPERIENCE IN THE NEW CURE OF CONSUMPTION** by its own virus presumably on a line with the method of Koch. Illustrated by fifty-four cases. By J. Compton Burnett, M. D. London: The Homœopathic Publishing Co., 12 Warwick Lane, Paternoster Row, E. C. 1890.

The author of this little book is well known for his many clever monographs that arouse the interest of the profession from time to time.

The present volume is a record of cases treated with *Tuberculinum*, followed by the most favorable results. It is, therefore, a work of absorbing interest in these days when the attention of the whole medical world is centred upon Dr. Koch, and that of the homœopathic school in particular aroused by the claims of Dr. Samuel Swan to the origination of an improved method of applying the homœopathic principle.

Perhaps the best way of showing the position of the author would be by quoting from the preface the following words: "Wherever the cure of disease is concerned the practitioners of scientific Homœopathy have ever been in the van; and it is, therefore, not surprising that they should have been before all others in using the virus of consumption wherewith to cure consumption itself. But, a number of years ago, the leaders of the dominant sect of the medical profession raised a hue and cry against those of the homœopaths who were so unspeakable as to use the virus of consumption against the disease itself; and for fear of an unbearable amount of opposition and ignorant prejudice the practice was discountenanced and almost discontinued, a few only publishing here and there a striking case of the cure of consumption by the virus of the process itself.

"I am one of those on whom the opposition and ridicule have acted as an incentive for further observations and research, and for the past five years I have regularly used the bacillic virus as a part of my daily practice, and that in the aggregate with great satisfaction. Thus it is that the material that makes up this small treatise has been slowly accumulating." W. M. J.

## NOTES AND NOTICES.

THE INDIANA INSTITUTE OF HOMŒOPATHY will hold its quarto-centenary meeting at Indianapolis, May 13th and 14th, 1891.

From a small and weak body, for years struggling for existence through the trials and self-denials of its early defenders, yet full of enthusiasm and hope, the State Society of the Homœopathic Physicians of Indiana has, with the slow growth that betokens ultimate solidity and perpetuity, become large and powerful. This truth was most clearly proven at last year's meeting, when the unprecedented number (for any State Society) of forty-one acceptable candidates for admission to it presented themselves and were elected members, and when the interest was so great and sustained that an evening session had to be held on the last day (for the first time in its history), in order to hear and discuss all the interesting and valuable papers awaiting presentation.

This year new features will be introduced, the chief of these being that (as the Institute will this year publish its transactions in pamphlet form, for the first time in its history) all the discussions will be stenographically reported by an experienced medical reporter.

Non-members to whom this circular may come hardly need reminding that their names cannot appear in this volume. The requirements constituting eligibility to membership of licensed physicians are simply the subscribing to the belief in Similia and the payment of two dollars membership fee and the annual dues of two dollars, the payment of which entitles one to the fine large steel-engraved certificate of membership and a copy of the transactions of that year, to say nothing of the privileges of association.

The Secretary must early have the titles of all papers to be read in order to make up the programme, and they must reach him not later than the end of April. Address, WM. B. CLARKE, M. D., *Secretary Indiana Institute of Homœopathy*, 7 Mansur Block, Indianapolis, Ind.

THE BOSTON HAHNEMANNIAN ASSOCIATION.—The pure homœopathists of Boston have formed themselves into a society for the maintenance of the *one* law of cure, and have taken the name of *The Boston Hahnemannian Association*.

They have adopted a platform of principles, a Constitution and By-Laws very similar to the International Hahnemannian Association. We give here-with their DECLARATION OF PRINCIPLES:

The following resolutions express the sentiments and represent the practice of the members of the Boston Hahnemannian Association.

WHEREAS, We believe the law of similars to be the law of cure; we believe a proper knowledge of the curative power of medicines to be derived from provings made upon healthy persons; we believe Hahnemann's *Organon of the Healing Art* to be the true guide in therapeutics; that the totality of the symptoms forms the only basis for the selection of the remedy, and that

the best results are attained by the use of the minimum dose of the single remedy in a potentiated form; therefore, be it

*Resolved*, That we adopt the name "Hahnemannian Homœopathists," in contradistinction to that of "Homœopathists," which has been and is misappropriated by those who claim to practice Homœopathy, but who do not comply with the conditions of the law as deduced by Samuel Hahnemann.

*Resolved*, That either the alternation or combination of remedies in prescribing is non-homœopathic.

*Resolved*, That the use of local applications, unless homœopathically indicated, is non-homœopathic.

*Resolved*, That mechanical appliances are admissible only when mechanical conditions are to be overcome.

*Resolved*, That we deprecate any practice which tends to the suppression of symptoms, inasmuch as it injures the patient and renders difficult the selection of the specific remedy.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—The next meeting will be held at the Spring House, Richfield Springs, N. Y., June 23d, 24th, 25th, and 26th, 1891; hotel rates, two dollars and fifty cents per day. It is important that there should be a large attendance, as action is to be taken upon the revised Constitution and By-Laws. If it is possible to be present, it is the duty of every member to come, to assist in upholding the Homœopathy of Hahnemann, and to protest against the practices contrary to the homœopathic law, which, under the guise of Homœopathy, are daily increasing. This cannot be done by remaining at home and trusting to others to carry on the work, but every one should contribute a share to the success of the meeting by writing a paper and by being present. Address, S. A. KIMBALL, M. D., *Secretary I. H. A.*, 124 Commonwealth Avenue, Boston, Mass.

CHILDREN'S HOMŒOPATHIC HOSPITAL, 914 North Broad Street, Philadelphia.—The competitive examination for resident and junior-resident physicians will be held at the hospital on Saturday, April 4th. Applications should be sent to the President of the Medical Board.

THE HAHNEMANNIAN'S ANALYSIS SHEET.—The author, Dr. M. A. A. Wolff, Gainesville, Texas, announces that he has caused to be printed a cheaper edition, without directions, which he will sell at one dollar a hundred copies, one copy containing directions being added to insure correct use. He will also sell the entire copyright, plates, etc., at a low price.

DR. A. B. NORTON, 152 West 34th Street, New York, announces that he has succeeded to the practice of his brother, the late Dr. George S. Norton, as an exclusive specialist upon the eye and ear.

FUN FOR DOCTORS.—Widower.—"Doctor, your bill is something fearful. After you have doctored my wife to death, you expect me to pay you an enormous bill."

Doctor.—"That's just what I expected you to say. Such a thing as gratitude no longer exists in this world."—*Texas Siftings*.



THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XI.

MAY, 1891.

No. 5.

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EDITORIALS.

KOCH'S LYMPH AND SWAN'S TUBERCULINUM.—The genius of Hahnemann enabled him to give to the world, beside the law of cure, an unerring insight into the nature of disease. All that has been discovered by both pathological and physiological research since his time goes to prove the truths he proclaimed. With a knowledge of the teachings of this great philosopher one possesses the ability to pass correct judgment on all that is offered belonging to the sphere of disease and its cure.

Thus when Koch heralded to the world his great and new (?) discovery we did not hesitate to place on record views which are in antagonism to the claims made for his remedy.

We have continued to give careful attention to all that has been offered in its favor by Koch and his adherents, and we are still of the opinion that it is of no value as a remedy for tuberculosis *per se*, but in isolated cases, if properly administered, it may effect some good. In other words, it is but one remedy, and can only be of service after it has been proved upon healthy individuals, and thus only can its curative sphere be known.

Mortality tables are now showing the harm that results from using indiscriminately a substance which has such pathogenetic power that all nosodes are now known to possess.

(We need not stop here to remark the illogical position of

those scientists (?) who are so opposed to the use of secret remedies, and yet who flocked to Berlin to learn of the grand discovery. The past two months have shown that so-called scientific medicine is as far as ever from a sound therapy.)

Even two months have sufficed to show the weakness of the claims made for this remedy, and if the number of deaths thus far caused by it be not sufficient to prove how hurtful it is, and to how little confidence it is entitled, we have the testimony of some of the leading allopathic physicians of Berlin to offer. On the 21st ult. the subject was under discussion in the Berlin Medical Society. Virchow showed specimens from the body of a man who had been admitted to the hospital for pleurisy with effusion. He remained "in a satisfactory state" until injections with Koch's lymph were begun, of which five were given, each of five milligrammes. "He died, and the examination made showed, in addition to old induration at both apices and the remains of pleurisy, a widespread miliary tuberculosis in lungs, spleen, kidneys, and liver."

Other post-mortems have shown the power of the remedy to convert a local tubercular condition into general tuberculosis. Dr. Ewald, after many experiments on one hundred and fourteen cases treated at the Augusta Hospital, affirmed that "*he had not yet seen one case which he could say was cured.*" He further said: "According to present experience the physician is in the position of an operator who cannot foretell the issue of a difficult operation. The patient must be told that the remedy may produce the most severe effects, and even cause a fatal result." Summing up, he said the conviction was borne in on him that "*in no single case, with the exception, perhaps, of a few in the very earliest stages, and then not with positive certainty, can one say how the case will go, either in respect to the character of the reactions or to the ultimate result.*"

Contrast this with Hahnemann's directions in respect of finding the curative powers of a remedy! On the one hand, we have a hazardous, death-causing mode, on the other a law of nature by which the true physician is able to conquer disease without jeopardizing the health of a patient.

Induction, that process of drawing a general conclusion from particular cases, will, in a measure, render the Hahnemannian competent to approximate the curative value of such substances as nosodes. This has been demonstrated by Dr. Samuel Swan, of New York, who some twelve years ago published cures made by *Tuberculinum* before one proving was made. These cases are of so much interest now that we offer no apology for again calling attention to them. They are to be found in the *Organon*, Vol. II, 1879, page 342.

Case by Dr. Swan: "Lizzie R. came to my clinic on the 23d of July, 1874, complaining of cough, with pain and soreness of the chest; violent palpitation of the heart, with sharp pains through it in various directions; the beats of the heart were very violent, but not very fast; pulse 100; severe pains in the kidneys; urine very dark but clear; constipation; burning pain the whole length of the spine; pain in apex of both lungs; frequent attacks of hoarseness, with sometimes entire loss of voice, without adequate cause; rheumatic pains across the back from one shoulder to the other; menstruation regular as to time, but painful and scanty; some leucorrhœa; pain in right ovary; constant headache from one parietal protuberance to the other, around the front of the head.

"The history of the case showed that at the age of three years she was frightened into a fit; this settled down to chorea, which continued until she was thirteen."

She was twenty-one when Dr. Swan first saw her. From November, 1874, she had various symptoms—aphonia, pain in kidneys, spasm of the chest, which prevented inspiration for some time, when the spasm relaxed, the lungs became inflated, and she was unable to expire till she became unconscious.

"From the 19th of May till September 13th, 1875, she had severe attacks of pain in kidneys, pain and weakness of entire spine, and constant headache. From this time to January, 1877, she was confined to her bed—nearly sixteen months—and during that time passed through a variety of conditions. For nine months of the sixteen the only nourishment she took was chocolate ice-cream. In November, 1875, she then lying

speechless, but able to hear and see perfectly, the upper lip began to thicken and curl up, till at last the vermilion border was turned tightly against her nose. The lower lip during this time was drawn tightly over the lower teeth, the upper edge drawn over the corners, the upper teeth shut down tightly on the lip, with complete trismus, the muscles of the cheek being, on pressure, not distinguishable from bone. During this time she was nourished by milk given through an aperture made by the loss of a front tooth, and even then, so rigid was the throat, it was with the greatest difficulty that she could swallow.

“This rigidity suddenly ceased on January 25th, 1876, to be followed by a very sore mouth, the whole lining of the roof and cheeks peeling off in great sheets, the gums ulcerated, the teeth loose, and an intense fetid odor from the mouth. About the middle of February this rapidly healed, and the left arm became paralyzed; February 25th the headache increased in intensity until she became unconscious, and had a spasm on the evening of the 26th until three A. M. on the 27th. These spasms continued to occur daily for nine weeks. The spasm was a rapid vibration of head and body to the hips, the arms being rigid, but trembling. During the attack great loquacity, talking of the persons and occurrences of the day, making fun of everything. On April 28th these ceased and she had a severe cough for a week or two. On May 27th she began screaming with headache, became unconscious, and began beating up and down with her right arm from the elbow, the left arm being paralyzed. (She described this pain in the head ‘as if the brain in front were red hot.’) In this unconscious state she commenced a series of very violent but automatic movements, such as boring her head in the bed, while the body simulated the movements of a serpent wounded in the head, endeavoring to burrow into the ground, at other times bounding round as a chicken does with its head cut off, requiring several persons to prevent her from dashing her head against the wall or floor. These performances lasted about an hour; first one each day, increasing to five each day, commencing at six A. M. and ceasing at five P. M.; during the night she slept quietly.

These gradually decreased till they came with regularity every third day, then every fifth day, then every seventh day, and so continued for about sixteen weeks. \* \* \* From the time these ceased, in the latter part of September, 1876, she was confined to her bed with extreme sensibility of the spine, till Christmas, when she began to improve and sit up free from all complaint, except the ever-present headache. About March 1st a severe cough commenced, increasing in intensity, with sweet-tasting, purulent expectoration, great emaciation, profuse debilitating night-sweats; great prostration, and she appeared to be in the last stage of consumption. This continued six or eight weeks, then suddenly ceased, and in a few days she was wonderfully changed for the better, being up and apparently well.

“On May 31st, 1877, a new phase appeared. While sewing or talking she would become suddenly unconscious, then began screaming, tearing her hair, beating her head with her fists, or trying to dash it against the wall or floor. These continued daily until July, when the spasm with the vibratory motion commenced, with rolling of the head from side to side, and moaning. These continued five weeks, then the unconscious fits, with screaming, tearing the hair, and beating the head, returned, coming at least twice a week, and continuing till November 18th, when she said she would have an attack. I inquired what were the premonitory symptoms she then noticed. She said that a few hours before an attack she would have a *shuddering like a chill*, that seemed to go from her brain down her spine.

“Heretofore she could never help me with symptoms, being free from all complaint between the attacks, except sometimes fatigue and the ever-present headache, which was always in front. When asked about an attack she said that the head would suddenly seem to swell over the eyes and the pain become ‘horrid,’ and she knew no more.

“This shuddering like a chill being so like the formation of pus, I gave Tuberculinum<sup>mm</sup> (Swan), one dose. [Dr. Swan’s Tuberculinum is made of pus from a pulmonary abscess.]

“That evening she had an attack of great violence, lasting nearly two hours, *and that is the last she had*. Twice during

the subsequent week they commenced, then ceased. On the following 25th of November, 1877, she had a second dose; on December 2d the third dose; December 9th the fourth dose to take whenever she had any premonitory symptoms, but she has had no occasion to use it. About December 3d a most profuse purulent leucorrhœa set in, flowing so freely as to require four or five napkins a day, and continued till the middle of January with more or less flow.

“ Her mother was taken sick in January, 1878, and my patient was able to do all the housework and relieve her mother of all care. She and her family consider her well, as for the first time in her life since she can remember she has been entirely free from headache, and this for some weeks. She still feels weak on going up-stairs, with dyspnœa and palpitation of heart. In December, 1878, the patient got frightened by a fire in the house and fainted, or had a convulsion. Since then her head has ached and old spasms have returned, but under Anthrac. she is beginning to improve, the headache having ceased, but leaving a number of other curious symptoms.”

Another case is reported by Dr. Biegler, of Rochester, in which Tuberculinum, which was advised and sent by Dr. Swan, cured a child six years old of an attack of tubercular meningitis after two old-school doctors had pronounced the case hopeless.

These two cases show what Tuberculinum is capable of doing, but we must not rest here. Until we have a thorough proving of this remedy we shall not be able to fix its place specifically. It is incumbent upon us to prove not only this but other nosodes, and then we shall be competent to say to what condition of disease they are scientifically applicable. G. H. C.

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GOVERNMENT INDORSEMENT OF PROFESSOR KOCH.—Before the first craze over Koch's claims had subsided, we saw it suggested that Congress appropriate a large sum of money for the purchase of the lymph.

It is to be hoped, since it has become known that the claims cannot be made good, that we shall hear no more of an attempt to throw away the public money, and that our law-makers may

be as wise as the following shows the English to be. (This extract was translated by a contributor) : G. H. C.

From *La Semaine Médicale*, 4 Février, '91. Translated by Frederic Preston, M. D. :

Thursday last, in the British House of Commons, Colonel Nolan asked the First Lord of the Treasury if the Government of Great Britain would not consider it well to have an understanding with other governments of civilized countries with the view of according to Dr. Koch a pecuniary recompense for the eminent services which he has rendered to humanity.

Dr. Tanner took the floor and expressed himself as follows: "Before the First Lord of the Treasury replies to the question propounded to him by Mr. Nolan, I would desire to know if our colleague has taken into consideration the extraordinarily large number of deaths which have occurred among patients to whom the pretended discovery has been applied?"

Mr. W. H. Smith, Treasurer, then took the floor and made the following declaration :

"I am convinced that Mr. Nolan does not expect to hear me dilate on this subject. For my part, I appreciate fully the generous sentiment which has caused the honorable member to address me his question; but, without depreciating in the least the very great services rendered to humanity by Dr. Koch, one should in the meantime observe that he is not *the* unique savant who has patiently and laboriously searched the resources of nature for the benefit of humanity. [Laughter.] His great recompense is the certain appreciation of the value of his work by the physicians of the entire world [laughter] and the sentiment of having been the benefactor of his kind. [Hear! Hear!] I do not believe that any intervention whatever by the government of the Queen could really augment that satisfaction which Dr. Koch should feel, in presence of the reception of his discovery by the civilized world. Therefore, I hope to be excused from adding a new burden to the Government." [Hear! Hear! and laughter.]

From the *New York Medical Journal*, of February 14th, we take the following. We offer it to show how scientifically allopathy can kill :

#### A FAILURE WITH KOCH'S REMEDY.

A significant case was reported at the last meeting of the New York Pathological Society, on Wednesday evening, that seems to us to go far to exemplify the force of the cautions inculcated by Virchow's observations, subsequently reinforced by Henoch's, as to the possibility of spreading or intensifying a moderate tubercular invasion by the employment of the Koch treatment. The case was that of a man presenting the rational and physical signs of pulmonary tuberculosis, but in whom no pulmonary cavity could be detected. After he had been given twenty-four injections of Koch's liquid, in

the usual doses and at the usual intervals, the number of bacilli in the sputum was found to have increased, and the patient's condition was decidedly worse. A cavity was detected in the apex of the lung, and the patient died shortly after the discontinuance of the Koch treatment. After death, the cavity was found in the lung, about as large as a lemon, and there was miliary tuberculous disease of the lungs. The tuberculous foci were surrounded by intense congestion, and the meninges of the brain and various organs were also highly congested. The opinion was expressed that at the outset the case was eminently a proper one for testing the efficacy of the Koch treatment.

Dr. Benjamin Ward Richardson thus gives vent to his disgust with Koch's sometime secret remedy :

“The fates have not been propitious. The secret is, partly, out, but many believers in it, whilst it was a secret, shrug their shoulders now and think without utterance. Ah! if they had but known that the remedy was a poison, administered in infinitesimal proportions, they would have left it for the homœopaths to manipulate, according to their dogma and their heresy! And here are the homœopaths laughing actually at us of the school of legitimate [sic] physic, because we have been caught vulgarly swallowing their dogma, admitting even the effect of the infinitesimal dose, and they themselves keeping out of all danger within their own lines. Incredible humiliation!”

Our lines are based upon law, and this law not only enables us to keep out of danger, but it permits us to keep our patients away from the danger-line. We shall continue to laugh so long as “the school of legitimate (?) physic” continues on the danger-line.

G. H. C.

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## ISOPATHIC AND OTHER PATHOLOGICAL PRESCRIBING.

It seems to be an inherent tendency in human nature to be always seeking to find easy, short methods to accomplish difficult tasks; and this tendency is surely to be commended if success be not sacrificed in the endeavor. As far as the tendency is exerted in medicine it is very often followed by failure to secure the best curative results. Years ago, Hahnemann gave to the medical world his *Organon*, and showed what could be done



for the relief of the sick by a strict application of the *Law* of the *Similar*s. This is a law of Nature, not of man ; a law by which man can attain to almost mathematical certainty in his prescribing and curing. But it is very difficult to apply this law in its strictest sense ; hence we weak, fallacious creatures are always seeking to make it easier, and not always in a line to secure success in curing at the same time. The only true way to secure success in healing, and to lighten our task in prescribing, is to perfect our materia medica, to learn to be skillful in examining our patients, and to know the cardinal principles of homœopathic practice. One must know his materia medica, must know how to examine a patient, must know which symptoms are to be used in selecting the remedy, and lastly, but by no means least, must know how to give the selected remedy. These few thoughts upon the subject of homœopathic prescribing are so trite, and have been mentioned so frequently, that one is almost ashamed to waste space upon them again ; yet they do not seem to be understood or appreciated.

The true method of homœopathic prescribing is to select for each patient a drug whose characteristic symptoms are most similar to those of the patient. This is called prescribing by Symptomatology. It is difficult to do this correctly, for many reasons ; in the first place, we do not know, as well as we should, the characteristic symptoms of our drugs ; in the second, it is difficult to always obtain the true characteristic symptoms of each patient. At any rate, it is a laborious task to examine each patient, to find all his symptoms, and then to select from the materia medica that remedy which is most similar. Those physicians who have followed this laborious path declare it leads to successes that are simply marvelous ; those who have not followed this laborious path declare it leads one into foolish errors and worse than all, leads him away from the fashionable theories of the day ! A terrible mistake in their opinion !

A recent writer in the *New York Medical Times* (for March, 1891, p. 362), is very much disturbed over the old-fogy errors of Homœopathy, and pleads most earnestly for us to abandon our evil ways. That old bugbear, psora, troubles him very

much; he insists on calling it the "itch," and declares Hahnemann taught that all chronic ailments are products of this "itch." If that name does not suit you then choose another, my friend. The chronic miasm, or dyscrasia, or what not, will be just as active (unfortunately for us) under one name as another. Our friend asks: "Can it be possible, that our school of medicine will longer persist in harboring such untruth, such nonsense, in the bright light, the purer light, the microscopical light, which characterizes the close of this nineteenth century?" \* \* \* "We need to be disinfected. It is high time to clean house, and get rid of that which is offensive to others and detrimental to ourselves."

It is just because the pathological light of this nineteenth century is *microscopic* in its truth that we decline to give up our facts for its fancies. We do not ask whether it be offensive to others or not, we merely seek to know if it be true or false. If our friend has kept his eyes open and has observed the pathological changes which occur every day among the patients treated by allopathic physicians, he has, doubtless, noticed many cases proving the active presence of this psora, or dyscrasia. Has he never seen a young, blooming maiden, healthy and strong up to the day of her marriage; never needing a gynæcologist until, maybe after her first child is born, then some slight pelvic disturbance calls for "*an examination.*" This examination shows some slight ailment which must be treated locally; it is done, and that woman is thereafter never out of the hands of the gynæcologist. The first trifling ailment is "treated" (that is, *suppressed*), the woman is well for awhile; soon she complains again, this time of a worse pain or weakness, etc., she is again examined, treated, is "well" again; next year she complains again and goes through the same routine, which ends with an operation for fibroids, for a sarcoma, for an ovarian cyst, etc. If our friend has seen such a course of pathological conditions, then he has observed that which Hahnemann called psora, or suppressed disease action. Did he ever observe a simple nasal catarrh, or a simple laryngitis treated by a laryngologist finally end in death by phthisis? Did he ever see a simple eruption

treated (that is, driven in) by a dermatologist, end in some nervous disorder like epilepsy or insanity? There is, to-day, a young woman in an asylum near this city, and she has been there these five years, who, her allopathic physicians say, was made insane by over-dosing with narcotics used to relieve neuralgic toothache.

If our friend has ever observed any of these, or numerous other evidences of suppressed disease action, then he has seen that which Hahnemann called psora. An unfortunate name, perhaps, but one that expresses a dire fact for suffering humanity; a fact which, unfortunately, cannot be abolished by sneers or frowns.

After the bugbear, psora, the error of prescribing without a diagnosis disturbs our friend. He says: "Brothers, in all sincerity and brotherly love, I say it is hazardous to prescribe without a *reasonable* diagnosis; and, also, hazardous to prescribe with an erroneous diagnosis." One might well ask our friend how he is to prevent a "reasonable" diagnosis from becoming an "erroneous" one? Furthermore, we are told that "Similia is broad, but it has its bounds, and there are places in which it is inoperative; but the most perfect similia takes in etiology and pathology, as well as symptomatology, and thus escapes the blunder of many a misapplication. As long as there is one pathological condition in which Homœopathy is inoperative, it is hazardous to prescribe without a diagnosis."

All this is an old, old story to Hahnemannians; they all know full well that prescribing upon diagnosis is fallacious, misleading; that it is simply replacing law by theory, fact by fancy; that it has been tried and found wanting. It is equally fallacious whether the drug used be given in a CM potency or in the crude state. This is the weak spot, the error of so-called Isopathy; it is essentially prescribing upon a diagnosis which is too often an "erroneous" one and hazardous.

The isopathists claim that the specific, morbid cause of diseases will, when potentized, cure those diseases; that such diseases as syphilis, gonorrhœa, diphtheria, scarlet fever, typhus, erysipelas, itch, septicæmia, scirrhus, cancer, phthisis, and

glandular diseases (what are "glandular" diseases?) can be cured by a potentized form of their morbid cause. If this be true then Homœopathy is false, for it teaches that, under the Law of the Similars, there is only one way of treating all cases of disease, which consists in proving drugs upon the healthy and prescribing them for such symptoms as each patient may present. Potentization never makes a drug homœopathic to any disease; a drug only becomes homœopathic to a case when its symptoms are most similar to the symptoms of that case.

When we are told by the isopathist that these "poisons potentized will *invariably* cure the disease from which they were obtained, EXCEPT when some other miasm is present and obstructs the curative action, notably psora," then we have the entire fabric of isopathic theory swept away. The exception embraces the whole field; for no one ever saw a case of these diseases which was not mixed, and very much mixed, too! To prescribe upon an uncertain diagnosis an unproven remedy in a theoretical manner is not Homœopathy; it is quackery and has not been proven to be successful.

The much vaunted method of Dr. Koch is a shining example of how empirical practice flares up like a burning torch and dies down as quickly, only to leave the world in greater darkness. An allopathic journal recently spoke of his experiments as "a crime" upon mankind. Shall we imitate such experiments?

E. J. L.

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## NUGGETS.

C. CARLETON SMITH, M. D., PHILADELPHIA.

In scrofulous children, the septum narium becomes covered with scurfy, crusty deposits, sometimes spreading to the nostrils. Such a condition will call your attention to Bovista.

Bovista, also, causes such great dryness of the mouth as to cause a decided feeling of sand scattered over the buccal surface.

In children who have contracted the habit of stuttering, especially when engaged in reading, do not overlook Bovista.

The Bovista patient often complains that there is a piece of ice lodged in the pit of the stomach. Bovista is also worthy of study in severe cases of illness where we find the urine green, or yellowish-green.

Bovista will also be frequently called for in women who invariably have leucorrhœa after each menstrual period. The discharge like white of egg, and taking on a greenish color.

In some malignant cases of scald-head in scrofulous children, a cure cannot be effected without the aid of Bromine.

Women needing Bromine suffer with constant emissions of flatulence from the vagina. Lyc. has flatulence escaping from mouth of womb.

Bromine is also invaluable in many cases of dyspnœa preventing fast walking or ascending a height, all such efforts being followed quickly by complete exhaustion.

The Calcarea-carb. patient is aroused from a sound sleep every morning by a most violent aching in vertex region, lasting a longer or shorter period.

Patients with frequent snapping in head and ears as of electric sparks, will often need Calc-carb. in the course of treatment; and also individuals whose vision is too long.

Children who frequently chew and swallow in their sleep will remind you of Calc-carb. Bry., also, has a similar symptom.

White stools as if deficient in bile, streaked with blood, indicate Calc-carb.

Patients who are continually harping about being magnetized often need Calc-carb. on this account.

Forms of acute dyspepsia in which the least morsel of food swallowed causes the most violent pains are often cured by Calc-phos.

In some forms of acute lumbago, when the patient cannot make the slightest motion without screaming with the pain produced, Calc-phos. is invaluable.

Under Capsicum, we have sensation of cold water and of cold, but not of ice. Which leads the patients to ask for some hot, spicy drink to warm the cold spots up.

Cramps in the aged at night are of frequent occurrence, especially in calves of legs ; for which we have *Rhus-tox.*, *Sulph.*, *Colos-terrapina*, *Electro-mag.*, etc. But for cramps in *soles* of feet occurring nightly, think of *Eugenia-iambos*.

Patients who come to you complaining of taste in their mouths like rancid grease ; do not give, necessarily, *Pulsatilla*, but sometimes study *Euphorbium-off.*

At the commencement of some obscure cerebral disorders, patients will raise their legs high in walking, imagining they are stepping over elevated places, *Euphorbium* must be studied in this connection, also, *Agaricus-mus*.

*Euphorbium-off.* has inflammation of eyelids of a very pale color, and all objects appear larger than they really are to the sight.

In asthma, when the slow and difficult breathing is greatly improved by both walking and talking, or by reading and writing steadily, think of *Ferrum-aceticum*. Expectoration of greenish pus comes under the proving of *Ferrum-acet.* And as a congener of this, think of *Carbo-animalis* ; though the latter has pus stinking most horribly. When after a severe strain from lifting, a patient complains that he has all the sensations of an umbilical hernia occurring, *Granatum* will allay his fears by removing the feeling, and hence preventing what might have been a rupture.

Spasmodic action of the throat, causing constant deglutition, will often be best treated by *Graphites* ; this same drug must also be studied in cases of women who become hoarse during each menstrual period. Profuse sweats during the menses also belong to *Graphites*, while it must not be forgotten in those cases of illness where the breath of the patient is laden with a strong odor of urine. In excessive ill-humor and discontent, we must never overlook *Fluoric acid*. Dr. Hering once stated that he gave this remedy to an old invalid lady who vehemently quarreled with nurses, relatives, and the whole house. Two doses of the drug soon brought about a most cheerful and contented spirit.

Dr. Hering also called attention to the fact that in intense

itching of old *cicatrices*, even after thirty-two years' existence, this drug is the curative.

In ophthalmia, when the patient can bear with comfort the light of day, but cannot the artificial light at night, think of Graphites.

I have had patients come to my office, frequently asking for a remedy to stop fits of uncontrollable sneezing. When you meet such, give them Gummi-gutti.

The weak, debilitated feeling which overcomes many women at each menstrual period, accompanied with more or less painful bearing-down, will be relieved by Hæmatoxylon.

It is well to remember the three leading remedies which have greasy pellicles floating on the urine, viz.: Hepar, Phosphorus, and Sulphur.

If in varicose limbs we find intense soreness to touch of the knotted veins, Hamamelis will give us most brilliant results. Not the tincture, nor the extract, but the potentized drug.

In the treatment of diabetes, keep in mind Nitrate of Uranium, which has this characteristic group of symptoms: Constant inclination to urinate with forcing in bladder, had to cross her legs to keep urine back. When she separated her legs the urine gushed forth.

We have in the proving of Kali-bichrom. this curious combination of symptoms, viz.: the gastric symptoms are relieved after eating, but the rheumatic symptoms appear in their place; and when the gastric symptoms reach a certain height the rheumatic pains disappear for the time being.

Never forget Kali-bich. in eating or corroding ulcers which go straight down through the tissues as if they had been bored out.

If, in a case of whooping-cough, the face of the child becomes intensely blue when coughing; stiffens itself out; frequently runs to open window for air; twitches its lower limbs in sleep, and is inclined to have screaming spells, give Ipecac, and the case will soon be well.

## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

### ORDER 21.—OXALIDACEÆ.

*Oxalis acetocella* (Wood Sorrel).—A pretty little plant common in woods; it has white flowers, with purple veins; rarely the flowers are purple or blue. The plant is agreeably acid, and is good to quench thirst in fevers. A decoction of the plant has been given against scurvy and as a diuretic. It has been recommended in inflammatory, bilious, and putrid fevers. The leaves are sometimes applied externally in indolent scrofulous tumors. There is no proving.

### ORDER 22.—LINACEÆ.

*Linum usitatissimum* (Common Flax).—An escape from cultivation. The seed of this plant is what is known as linseed. An excellent drink is made by boiling the seed in water. It is very useful in coughs and disorders of the chest. It is said to be excellent for gravel and stone. The crushed seed is commonly used for making "poultices," which are not unmixed blessings, and often do great mischief. Oil is also expressed from them, which is in general use for various purposes; the cake remaining is used for feeding cattle, etc. The fibre of this plant is made into linen.

*Linum catharticum* (Purging Flax).—A pretty little plant about six or eight inches high, found in dry, hilly pastures. This plant, as its name implies, is very purgative. It has been used as a cure for rheumatic pains and as a remedy for dropsy.

### ORDER 23.—CELASTRACEÆ.

*Euonymus Europæus* (the Spindle Tree, Prickwood, Skewerwood).—The spindle tree is poisonous. The beautiful scarlet drupes which it bears in the autumn have been used as a dye. There does not appear to have been any use made of this tree in medicine until comparatively recent years. There is a proving of the drug in *Allen's Handbook*. It has been used in disturb-



ances of the liver, biliousness, headache, constipation, in gastric derangements associated with albuminaria.

ORDER 24.—RHAMNACEÆ.

*Rhamnus catharticus* (Buckthorn).—The berries of this tree have often been adulterated with alder berries, *Rhamnus frangula*, but are easily distinguished, the berry of the former having four seeds, and the latter two seeds only. Buckthorn berries have long been in considerable esteem as a cathartic, and celebrated in dropsies, rheumatisms, gout, etc. There is a short proving in Allen's *Materia Medica*.

*Rhamnus frangula* (Black Alder).—This and the last-mentioned are the only two trees of the order *Rhamnaceæ* found in this country. Decoctions made from the *fresh, green, inner bark* produce strong vomiting and griping pains in the stomach. The dried bark has been used as a remedy in dropsy and jaundice. It has been applied as a cure for the itch. The dried outer bark is said to be quite contrary in its action to the inner bark, binding the bowels and lessening immoderate fluxes. A decoction in vinegar is said to kill lice, cure scabs on the head, and dry up running humors. It is said to relieve some forms of toothache and to fasten teeth that are loose. The leaves are said to increase milk in cows, ease the pain in inflammations and swellings. When placed under the feet they are said to ease the pain and heat after walking. The freshly-gathered leaves strewed about a room are said to cleanse it of fleas. There is a short proving in Allen's *Materia Medica*.

ORDER 25.—LEGUMINOSÆ.

*Ulex Europæus* (Furze, Whin, Gorse).—This plant is said to be useful in obstructions of the liver and spleen. A decoction of the flowers was at one time used in treating jaundice; it also acts as a diuretic, and is reputed as a remedy for gravel and stone. There is no proving.

*Genista tinctoria* (Dyers' Broom).—This plant has not been much used in medicine. It is laxative and diuretic, and has been used in the treatment of dropsy. It is esteemed in Russia as a cure for hydrophobia. It is used also as a dye.

## KOCH AND HIS DISCOVERY.

C. B. GILBERT, M. D., WASHINGTON, D. C.

There is so much interest in "Koch's discovery," and there has recently been so much excitement over Pasteur's treatment of hydrophobia that it seems fitting that honor should be given to whom honor is due: First, Jenner, the discoverer of vaccination, from which discovery all these later ones have sprung; next, to the late Dr. Constantine Hering, of Philadelphia, who in 1830 directed, in *Stapf's Archives*, how to prepare virus from anthrax; it was done by Dr. G. A. Weber, who cured with it every case in cattle and the herders who had contracted the disease. His report was published in Leipzig in 1836, but no notice was taken of it except by Dr. P. Dufresne, of Geneva, who used the prepared virus and prevented the further spread of the murderous disease among the sheep and shepherds. His report was published in Geneva in January and February, 1837. Dr. Hering says that "the discovery of the bacteria and their incredibly rapid propagation seemed to be of much more importance than the cure of cattle and the loss of millions of dollars by this disease. Radiant heat, proposed scores of years ago [this was written prior to 1879. C. B. G.] for other zymotic diseases by C. Hering, was discovered in a very ingenious way by Pasteur, to prevent the increase of bacteria. Now, the heat (as it has done in hydrophobia) and the nosode [disease products. C. B. G.] may suffice to cure every case. Dr. Kasemann had moral courage enough to introduce anthracine in gangrene in 1853, and Dr. Raue has given it in carbuncles since 1858." The last use can be corroborated in every part of the United States.

In 1830 Dr. Hering, after having, in South America, experimented upon himself with snake poison, wrote as follows: "The proving of snake poison may pave the way to the prevention of hydrophobia and of variola by the proving of the respective morbid poisons." This was repeated in 1833. In August, 1833, he procured some saliva from a rabid dog, pre-

pared it by triturating with milk sugar, and then preserved it in alcohol. With this preparation in different strengths experiments were made on the healthy (provings), and later many cures were made of conditions similar to those produced upon the provers. Dr. Hering says that of many persons who, having been bitten, took Lyssin, as the prepared virus is called, none ever developed hydrophobia. This is negative testimony, of course, but just as good as Pasteur's after his treatment.

Dr. Hering did not find it necessary to dilute his virus through the spinal marrow of rabbits, or in any other elaborate or painful method, but in a simple way with non-medicinal vehicles.

Dr. Koch has yet to demonstrate that tubercle bacillus causes tuberculosis, and that he can cure with his preparation incipient tuberculosis or even lupus; if he can, all honor to him, but let us honor the pioneers even though they be not members of academies of science.—*Washington Evening Star*.

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## EPILEPSY.

(Proceedings of I. H. A. Morning Session, June 27th, 1890.)

Dr. Kimball read a paper upon epilepsy.

Dr. Carleton said:—I have never listened to a paper with more pleasure and profit than that one. It covers lots of ground and shows deep thought.

Dr. Kent—He did not repeat. He let that remedy alone and let the patient get well, and that is always a good lesson.

Dr. Kimball—Bœnninghausen said that when in epilepsy the memory was impaired he had always found the case very difficult. Has anybody here verified that?

Dr. Kent—What Bœnninghausen said, I think, was this: if the mind was impaired in the direction of true imbecility, the case was a grave one. But the memory may be impaired, and very generally is impaired in epilepsy, but that does not necessarily make a grave case. Weakness of the mind looking toward imbecility does, however, make a grave case.

Dr. Butler—I have a case of epilepsy that I would like some

help on. A woman twenty-four years old, who has suffered from epilepsy since she was five years old. She came into my hands about a year ago. For a long time before that she had been under old-school treatment, and her organism had been under the influence of Bromides for years. A so-called homœopathic physician had also given her Morphine for pains here and there, and she became an habitual Morphine eater. She was taking about three grains a day and had to be given a dose before she could be persuaded to let me see her. I found the woman about twelve years old mentally. That was her last dose of Morphine, and it was a hard fight to get her out of that habit. She made things lively for the neighbors.

As her remedy I was led by a careful comparison of symptoms to select Opium, of which she received one dose and has never received another.

When she got out from under the influence of the Bromides and Morphine she commenced having convulsions every other day, and sometimes every day. She had a very peculiar aura; it was an impulse to run. She would suddenly run into another room and fall into a convulsion.

Gradually during thirteen months she has got into this condition. She has convulsions about once a week, without biting her tongue, as she formerly did. For the last three months all her symptoms are lighter but not less frequent.

General health improved most wonderfully. She has become a rather plump woman, jolly, good-natured, never cross, and she has not grown a particle mentally, but still remains as to her mind about twelve years old. She has still the same aura but lighter.

Dr. Campbell—I would suggest Belladonna.

Dr. Kimball—I think Sepia has that symptom.

Dr. Sawyer—I have treated a number of cases of epilepsy successfully, and I have never cured one without producing an eruption. An old eruption reproduced and the cure becomes simple and easy. Dr. Kimball's case is a magnificent one.

Dr. Kent—Some two years ago an epileptic patient came to me, with an eruption over the palms of the hands. The case

bothered me for some time. The convulsions came both day and night, most violent in the night ; they were very prolonged. I carefully selected Silicea as his remedy. They gradually became less frequent and less violent until a condition that might be called *petit mal* ensued ; this improved finally into a vertigo.

At the present time he occasionally has a feeling come over him as if he would become unconscious ; it amounts to an absent-mindedness. It may last two or three seconds, and then pass away. It has been ten or twelve months since the last convulsion. His mental condition is also greatly improved. He has had a continuous succession of boils ever since. He had two doses of Silicea. His age is about forty-six or forty-seven and he has had epilepsy thirty years.

Dr. Custis—I have been particularly interested in epilepsy and particularly unsuccessful in treating it. I have never cured a case, although I have thought several times that I had. One man with inherited epilepsy came to me whose case I studied very carefully. I soon found that sweet things aggravated his trouble ; in fact, if I could keep him from touching anything sweet he would have no attacks. But he had an immense craving for sweet things ; it was as strong as some men have for liquor. He would actually steal preserves and sweetmeats from his own people. For two years we managed to control his appetite, but the first time he ate a lot of sweet stuff in Paris he had a severe attack and died in it. One reason of my poor success is, I think, that all my patients had been saturated with the Bromide treatment. I have two patients whom epilepsy has clung to from birth up to the present time. One is sixteen the other twenty-five. Neither has ever taken any Bromides, but both Drs. Hering and Lippe failed on these cases. I have found the avoidance of sugar a help in epilepsy.

Dr. Reed—I have only had one case of epilepsy—a Swede girl. The trouble started at her fourteenth year from a fright. While playing with her sisters she touched a goose egg with a stick ; it exploded with a loud noise and threw her into a fit. She would have two or three attacks in the night, and terrible ones the next day.

One dose of Calc-carb.<sup>cm</sup> was what I gave her. Six months of freedom from them followed, they then came back and I have never been able to control them since.

Dr. Kent—It is a perfectly proper question why we fail to cure epilepsy—sometimes because the symptoms of the disease are masked by the previous drugging, and sometimes it is difficult to find symptoms peculiar to the patient because there are so many symptoms peculiar to epilepsy which are worthless to prescribe on.

There is nothing peculiar and distinctive about epilepsy to prescribe on, but there is in every patient, if we can find them, peculiar symptoms not distinctive of epilepsy which are important as guide-posts to the simillimum. Violent screaming, sinking in the pit of the stomach, an aura in the knees, or in some particular part of the body, or an awful fear. These are peculiar and worthy of study, because they are peculiar to the patient and not peculiar to epilepsy.

On the other hand, the biting of the tongue, the fall, the frothing at the mouth, the rigidity of the muscles, are common to all cases of epilepsy and are poor things to prescribe on.

Dr. Sawyer—I do not believe there ever was an epileptic who did not have either sycosis, psora, or syphilis. Too much eating, too much work, and so forth, may be the exciting cause, but there must be a predisposing cause at bottom.

Dr. Kimball—The symptoms for Lachesis were very evident in my case. I think Dr. Kent's statement has yet to be proved. Brønninghausen says that cases with night attacks followed by headache are almost hopeless, but we did not have at that time the proving of Bufo.

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## A BRIEF RETROSPECT OF MATTERS SURGICAL.

T. DWIGHT STOW, M. D., MEXICO, NEW YORK.

(Bureau of Surgery, I. H. A.)

FELLOW-MEMBERS I. H. A. :—One year ago our highly respected colleague, Dr. James B. Bell, of Boston, then chairman of the Bureau of Surgery, treated us to a rare, comprehensive,

and very instructive paper on "Listerism," a copy of which should be in the library of every physician and surgeon. Since the publication of that paper, I have looked in vain, in such old-school papers and journals as have been in my reach, for some review or criticism of the same, but, probably because I take a limited number of such journals, have not seen any notice or review of the paper. But all unintentionally, the trend of old-school surgical therapeia has been in the direction of asepsis and away from what is styled antiseptis, a marked tribute to Dr. Bell's timely and truthful brochure as well as to the Doctor's forethought in producing it. "Listerism," so far as its so-called antiseptic agents are concerned, seems to be seriously imperiled among its own, and the old quotation, "He came to His own, and His own received Him not," is now in process of verification, for, one by one, antiseptis is being abandoned by those who first advocated it.

On page 1 of the *International Journal of Surgery* for January, 1890, in summing up surgical progress in 1889, we find:

"The value of Iodoform as an antiseptic has been found less than was at first thought to be the case, but its efficacy in the treatment of tubercular affections is now better recognized, and good results have followed its injection in tubercular joints."

Again:

"The toxic effects brought about by the absorption of Corrosive sublimate, in the employment of this substance as an antiseptic agent within the large cavities of the body, have led to a gradual abandonment of this drug for that purpose. It is now principally replaced by the use of water sterilized by boiling."

On page 48 of the same journal, and under the heading, "The Influence of Ventilation upon Micro-organisms Suspended in the Air," we further find: "And sprays are also worthless for the purpose of disinfection of the air." Quotations like the above might be indefinitely multiplied, but as it is my purpose to give but a *résumé* of the status of surgery at the present time, I forbear. It is evident that the disposition of chemists and pharmacists is to continually discover and combine and give new names to new agents and combinations; and

equally the tendency of surgeons to make corresponding and radical changes in their antiseptic treatment, thus clouding them with a well-founded suspicion of unreliability. Carbolic acid, Corrosive sublimate, Iodoform, Acetic acid, etc., are being replaced by the free use of pure water as an irrigant, the sterilization of instruments, hands, towels, dressings, by heat, dry and moist, free drainage, and so on. It is true that many surgeons, who have abandoned the now fading "Listerism" of the near past, seize with their first avidity new antiseptics such as "Aristol," "Campho," "Phenique" "Sanitas," "Hydronaphthol," etc., but these will in time share the fate of obsolete and dying antiseptics. Sir Joseph Lister, even, questioning the value of his "double Cyanide of Zinc and Mercury *with Starch*," has accordingly ordered his manufacturing chemists to stop its production. (See *International Journal of Surgery*, Vol. III, No. 1, page 24.) Probably the safest, best aseptics known today are Hydronaphthol and Lloyd's Asepsin. The attention of the profession is being fixed upon these and some coming germicide, to be drawn from the Phenol group.

In the field of *operative* surgery, well-marked advancement has been made. In abdominal surgery, an improved technique; earlier operations, operations even during the presence of peritonitis; the large abandonment of Opium; the treatment of "appendicitis" by operation; the treatment of perityphlitic abscess; improvements in the treatment of anastomotic operations on stomach and intestines, are sure evidences of the strides taken.

Topographical studies of *cerebral lesions*, and the almost mathematical accuracy of operations therefor, by trephining, the removal of tumors, the evacuation of abscesses, the relief of compression of the cord by removing fragments of bone; the surgery of the nerves, such as resection of nerves for the treatment of neuralgias; suture of divided nerve-ends; improved operations on the bladder, prostate gland, and the substitution of supra-pubic operations for perineal section, and Professor Bellfield's radical "prostatectomy" are most conspicuous. All in all, surgery has kept abreast of the age. Indeed, it has gone ahead!



## VENEREAL DISEASES.

I desire to present a few thoughts in respect to the present classification of syphilis, whether primary, secondary, or tertiary, and gonorrhœa.

At some time in the remote past, probably because at such time the treatment of ulcers and other external—or for that matter—internal manifestations was by the use of the knife, cautery, lotions, ointments requiring more or less *manipulation*, the treatment of patients suffering from syphilis, gonorrhœa, sycosis was turned over to the surgeon in whose hands mainly we find it to-day. To this mere fact I have no objection; for it must be admitted that a surgeon may lay down his knife, ligature, and cautery, and treat such cases in accordance with general theory as in the old school; or in accordance with *law*, as in our own—and be successful, too—but *in this case he becomes a therapeutician*. What I wish to know is: Why the diagnosis, prognosis, and treatment of venereal disease, and papers relating to the same, should be consigned to the Bureau of Surgery? Are the diseases in view so truly local, so amenable to operative attention, or so foul as to make such consignment inevitable and necessary? Orthographically and etymologically considered, surgery is that branch of the healing art that pertains to Xeipos, hand, and Epyon, work. It is that branch of the healing art that teaches the proper use of *manual* operations for the preservation or restoration of health, including the exhibition of such medicinal agents as will facilitate the reparation of lesions or cure of morbid growths.

These thoughts are not offered in a captious or critical mood, but to suggest that syphilis, sycosis, gonorrhœa belong as much and *more* to the departments or Bureau of Clinical Medicine and Materia Medica, than to the Bureau of Surgery. "*Laus illis quibus debentur.*"

Not in ninety cases of a hundred, but in *all* cases, the *cure*, the *radical* cure of venereal disease is effected by constitutional, general systemic treatment: *by strict therapeutic and hygienic processes*, hence outside the realm of surgery. Therefore, I offer the following motion:

Moved : That, in the future, so far as the interests of science and this Association are concerned—recognizing the natural order and fitness of things—all articles relating to the therapeutics of “ Venereal diseases ” be referred to the Bureau of Clinical Medicine—excepting such cases as require strictly surgical interference in conjunction with remedies, homœopathic to them.

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## A FEW CASES IN SURGICAL PRACTICE.

T. DWIGHT STOW, M. D., MEXICO, N. Y.

(Bureau of Surgery, I. H. A.)

This report of surgical cases is not made because of any particular merit in the operative measures, but as showing the merit of Homœopathy, in meeting whatever demand is made upon it for the welfare and general comfort of such cases, and to further show how unnecessary are the usual routine exhibits of the old school.

Mrs. D. S., a lady forty-eight years of age, one year and six months ago noticed a sensitive tumor in the axillary border of right breast.

The tumor was subject to paroxysms of heat and sharp lancinating pain ; was firm, hard, nodulated, and steadily increased in size until it involved nearly one-half the breast. At its summit it inflamed and ulcerated, and occasionally bled. She was not strictly cachectic, but began to have not a little rise of temperature, some thirst, and considerable alarm when she applied to me for an operation. Putting her under treatment for a month or more we set a day for the operation and removed the entire breast, December 12th, 1889. She made a nice recovery ; the wound healed by the first intention, and she had but four prescriptions, two of them Sac-lac.

The first prescription given was Bell.<sup>500</sup>. It essentially modified the inflammatory symptoms, the soreness, sensitiveness to touch and the swelling, fever, and redness of face. Pulsatilla<sup>200</sup> was given after the operation for the relief of dyspnœa, worse in a warm room ; and nausea at night sometimes aggravated by the *odor* of the ejecta.

Fracture of right tibia, followed by extensive ecchymosis, blistering and exfoliation of the epidermis.

David D., a mechanic, sixty years of age; a man addicted to the use of the ardent, in an intoxicated condition fell from the steps of his shop upon the sidewalk, breaking his right tibia in its lower third.

The fracture was long and oblique, the lower point of upper fragment nearly penetrating the skin on the inner face of the tibia. As the patient was very garrulous and uneasy, we anæsthetized him, reduced the fracture, confining the limb in an anterior and posterior Ahl's porous felt splint. Three days after the fracture, I was obliged to re-dress the whole fractured limb, on account of great swelling, erysipelatous inflammation, and the formation of many large bullæ, that covered at least three-fourths of the front and sides of the limb. Ulceration had taken place over the lower line of fracture, so that it was necessary to adjust the limb in a fracture box, packing it with fresh, sifted and baked pine saw-dust. He complained of burning heat; soreness, aching in the limb, and instinctively put out his hand to keep people away from his limb. Arnica<sup>30</sup> made him very easy, and after the second night he slept, on the average, six hours, getting, also, naps by day. His limb is now doing well; is of good shape and length; there is slight œdema of the foot, and he is fully convalescent. The limb was fractured May 6th, and now, June 10th, he is wearing a starch bandage and getting about on crutches.

He has had no whiskey, no alcoholic stimulant, no Morphine, no Chloral, no anodyne, no physic; but is doing nicely in all visible respects.

In closing, let me speak in praise of nice, clean baked, browned or slightly charred pine saw-dust in the treatment of fractures with suppurative, serous, or sanguineous discharges, erysipelatous inflammation, etc.

#### EPITHELIOMA.

About the middle of November, 1889, an old gentleman, a farmer by occupation, came to get a prescription for a sore on

his lower lip, a little to the left of the raphe. The tumor was quite hard, well-defined, as large as an ordinary chestnut; had on its surface a dirty gray, slimy mucus, which, when wiped off, revealed a reddened surface. Under a magnifying lens it had the characteristics of the columnar or cylindrical variety of cell. He complained of great soreness, burning; some sharp cutting pain in the tumor, worse in the wind or out-of-doors; better near the stove; better when covered with adhesive plaster or lint. He was also worse before, or just after midnight, and he was much inclined to be chilly. I put up a few powders of *Ars-alb.*<sup>300</sup>, one prescription. The *Ars.* mitigated the subjective symptoms above enumerated, and on the 15th of February, assisted by Dr. Bennett, of Mexico, N. Y., I excised the tumor by an incision, cutting away about one-half the lip, the wound thus formed being an equilateral triangle. The edges were approximated by transfixion with silver pins, and figure-of-eight ligature. Union was perfect on the fourth day, and he made a fine recovery. He called on me, Friday, June 6th, a well man visibly. There is no scar visible; only a preternatural tension and attenuation of the labia.

#### A QUEER CASE!

Wednesday, May 28th, 1890, a physician of our town of Mexico, N. Y., called to take me to see a patient of his that, to use his language, "puzzled him." The patient, a young man of twenty years, unmarried, was very sick, having much fever, thirst, restlessness; temperature  $104.3-5^{\circ}$ ; frequent pulse; tongue coated white, dry and red in the centre, red edges, a dry red triangular tip; lips dry, with a tendency to scale. The penis and its gland were enormously swollen and inflamed, and commencing on the dorsum, behind the corona, was a sloughing phagedenic ulcer that rapidly spread from a pimple on Friday, May 23d, to a foul ulcer, destroying all tissue down to the corpus spongiosum, bounded by the frænum preputium below. Para-phimosis was present, and a large abscess was formed along the dorsum of the organ. The lower portion of the prepuce, each side of the frænum was very œdematous, and the whole

organ very sore, and painful to touch or movement. During the night and morning there was frequent and profuse hemorrhage from the ulcer. We controlled hemorrhage by sub-integument transfixion of the dorsalis penis artery. Some three months prior to this, the patient contracted gonorrhœa, which was treated in the usual way by old-school methods.

Some three days prior to the acute attack, he got warm and sweaty while working on the track of the Rome, Watertown, & Ogdensburg R. R., and was caught in a heavy but warm shower, and wet through. The attack mentioned was ushered in by a shaking chill, aching of bones, backache, thirst, etc. All in all, he was in a pitiable condition.

He stoutly denied having any unclean connection whatever, since he had gonorrhœa, but the edges of the ulcer were raised and hard, and of a suspicious character. I should state that his physician applied Carbolic acid to the ulcer two or three times. For two more days the case was alarming. We slit up the prepuce to relieve the constriction and give vent to the rapidly-accumulating matter, thoroughly irrigated the ulcer with hot water and a weak solution of Lloyd's asepsin; covered the parts with Lister protection and plain absorbent cotton. Internally we gave Rhus-tox.<sup>30</sup> He began to improve at once, and on June 1st, he was out of danger, the sloughing and foul, cadaverous smelling purulent discharge having ceased, the ulcer looking clean and paler. The gland, now almost detached from the penis, we kept in position by means of a rubber stem inserted in the urethra to steady it, and by adhesion strips confined to the dorsum and sides of the penis. His fever, high temperature, frequent pulse, dry tongue, and thirst disappeared June 2d, and he is now convalescent. The gland has united to the body of the organ, and is covered daily with fresh protective and cotton.

I neglected to state in the proper place that during the febrile stage there was ischuria requiring the use of the catheter, also painful priapism.

Query:—Was this a phagedenic chancre, or was the frightful ulceration due to the Carbolic acid?

If it were a chancre, the rapid recovery was simply amazing.

If the ulcer were in the main, syphilitic, and the patient innocent, how did the patient become victimized ?

If the phagedenic ulcer were produced by the Carbolic acid, what shall be said of such treatment ?

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### SOME CONFIRMED SYMPTOMS.

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

(Read at the Twenty-fourth Annual Session of the Indiana Institute of Homeopathy, Indianapolis, May 15th, 1890.)

#### BELLADONNA.

Mrs. —, about forty-eight years old ; light complexion ; fat, would weigh about one hundred and ninety pounds ; dark brown hair ; blue eyes ; at the same time very nervous and fidgety ; said she could never get well—could not live twenty-four hours ; very excitable, must shed tears ; aggravated by motion. Headache as if some hard substance was pressing against the forehead ; external head extremely sensitive to touch ; eyes sensitive to light, painful, with a deep-seated, dull pain in the back of the eyeballs ; eyes very sensitive to touch. Fluent coryza from the nose ; frequent sneezing ; face pale, slightly mottled ; tongue coated white and sticky ; anterior papillæ red and prominent ; gummed-up taste in the mouth ; mouth dry with but little thirst. Throat feels raw, dry, and sore ; continuous hawking to clear out the sticky mucus ; swallowing slightly painful ; fauces bright red and sore to touch ; craves lemonade, or “something to cut the phlegm.” Suppressed or incomplete eructations, with spasmodic cramp in the stomach. Region of the liver painful and sore to touch ; great tenderness to slight pressure over the whole abdomen ; abdomen distended with gas. Frequent desire to pass small quantities of rather pale, watery urine ; the bladder must be relieved at once, or the urine would dribble away from relaxed sphincter. Breathing short, hurried, and anxious ; pulse quick (110), full, but rather soft. Every muscle in the body extremely sore, the slightest movement or touch very painful ; must stay on her back, as all

other positions were excruciatingly painful; any attempt to sleep would cause a spasmodic start or jerking of the whole body like an electrical shock, which was extremely painful, and caused her to scream out with pain. The whole body covered with a hot, drenching perspiration, which caused great restlessness; seemed to aggravate all of the other symptoms, yet wanted to be heavily covered. Perspiration like hot water; skin of normal color, or as natural when in perspiration, which was continuous.

R Belladonna<sup>10m</sup> in water, one teaspoonful every two hours, to be kept up for twenty-four hours. The next visit found some improvement; not so much sweating; muscles not so sore; could move without so much pain; beginning to want food; had slept some, felt refreshed on waking. R Sac-lac. in water every two hours. Third visit, still improving; Sac-lac. as above. Fourth visit, better in every way; Sac-lac. The fifth visit found her dressed and sitting up; continued Sac-lac. for several days. There has been no return since.

#### RHUS-TOX.

Mrs. —, aged twenty-two years; light complexion, medium height; dark auburn hair; would weigh about one hundred and twenty pounds. Rather lazy and desponding disposition, always looking on the gloomy side and ready to meet trouble more than half-way; the mother of one child about six months old. Had been on the street in a cold, drizzling rain, got her feet damp; thought little of it, and neglected to change her clothing. I found her in bed, very low-spirited and ready to weep; said she would never get well again. Very restless; symptoms all aggravated by rest; vertigo in the forehead and nausea upon rising. Pulse, 110; temperature, 102°. Wrists, elbows, shoulder, ankle, and knee joints swollen, red, and very sore to touch. Putrid, sticky taste in the mouth, with little thirst; no appetite; tough mucus in the throat, which caused nausea; urine scanty, dark brown, with smarting when voiding it, which immediately ceased with the evacuation. Stitches in the intercostal muscles, worse by rest or when commencing to

move, but after movement felt better for a short time ; stiffness in the neck and shoulders ; spasmodic yawning, but could not sleep. Some itching of the skin, relieved by rubbing, no eruption discernible.

R Rhus-tox.<sup>10m</sup> in water, one teaspoonful every two hours for the first twenty-four hours.

The next visit found a decided improvement ; had slept a portion of the night ; could remain quiet ; not so gloomy ; believed she would get well. Sac.-lac. in water every two hours.

The third visit found her up and dressed, looking after her household.

Sac.-lac. for four or five days ; discharged. No complaint afterward.

#### MERCURIUS-IOD. ET KALI-IOD.

Some years since I saw this compound remedy recommended in some of the journals as an excellent remedy in cases of acute catarrhal fevers. I procured some of it in the sixth trituration, but had to send to several pharmacies before getting it. A short time afterward Mrs. — sent for me. She had a violent attack of catarrhal fever ; dull, heavy frontal headache, not aggravated or ameliorated by motion ; felt stupid ; irritating water running from the eyes ; free, watery discharge from the nose ; tongue coated white ; the whole pharynx of a purplish red ; painful deglutition. Throat, fauces, and mouth filled with catarrhal mucus ; gummed-up, sticky taste in the mouth ; soreness of the muscular fibres of the whole body. Pulse, 90 ; skin hot and dry ; paroxysms of coughing, must sit up to cough, which sounded hoarse ; some rattling on inhaling, with a discharge of considerable yellowish, frothy sputum which gave but little relief.

Mere-iod. et Kali-iod.<sup>6</sup>, about one grain in a half glass of water, one teaspoonful every two hours for the first twenty-four hours. At the next visit found my patient up and dressed, feeling much better. Left Sac.-lac. for several days, with request to be informed immediately should any relapse occur. The Sac.-lac. completed a perfect cure.



Did not see another case for over a year, when I had a number with almost the above identical symptoms, and all were cured in the same manner.

Some patients came to the office with these catarrhal symptoms and were given powders for three or four days, and, so far as I know, every one who took the remedy for more than twenty-four hours was made a great deal worse. All of the above symptoms were severely aggravated, and would take a number of days for their relief as well as the selection of other remedies. Perhaps the aggravations would have passed off with a cure if we could have waited long enough, but their sufferings were so severe we considered it too dangerous to wait for the secondary action.

During the past winter in the epidemic of influenza which has prevailed, almost every case which I saw (if they came before dosing themselves) had more or less the above identical symptoms, which the above remedy would quickly relieve and completely cure, unless they would expose themselves and take a fresh cold, when a repetition of Merc-iod. et Kali-iod. would be worse than useless.

For these relapses I found Rhus-tox. or Dulcamara the remedy, according to the symptoms which were produced at the time.

The above symptoms have been verified hundreds of times in my cases, both of Belladonna, Rhus, and Merc-iod. and Kali-iod. In numerous instances during the past winter a single dose dry on the tongue has made a complete and quick cure. I think one dose acts more quickly and more deeply, as well as making a more perfect cure than by repeating, and is not so liable to cause a relapse or change of symptoms. I hope such of you as have not tried this last remedy will give it a fair test according to the above symptoms, and then publish all of your failures in all of the journals. I would recommend a higher potency, and shall procure it as soon as convenient.

## CLINICAL AND PATHOGENIC NOTES.

E. W. BERRIDGE, M. D., LONDON, ENGLAND.

*NUX VOMICA*.—I gave Mrs. F. one dose of *Nux-vomica*<sup>102m</sup> (F. C.) for uterine troubles. She woke next morning about six A. M. with umbilical colic, continuing all day, radiating from umbilicus across abdomen, up to right mamma, and through to angle of right scapula.

*LYCOPodium*.—Mrs. — wrote: “At four P. M., for two days, I have been feeling rather sick at stomach, giddy, and pains down back of head, coming from the top; I feel the pain as it were in a stripe of an inch wide; feel cold, no appetite, very depressed, and wake very early in the morning. To-day have a sharp attack of rheumatism in right shoulder and a sharp, but not lasting attack in foot and ankle. I feel done up.”

One dose of *Lycopodium*<sup>mm</sup> (H. S.) cured.

*CARBO-VEGETABILIS*.—Dr. Fourness Simmons, of Brisbane, Australia, wrote out for me the following effects of using charcoal tooth-powder:

The best selected remedies relieved only temporarily till the patient left off the exciting cause.

Epistaxis after blowing nose; worse on warm days. Feeling of weakness in both upper eyelids. Sensation of pain of sand in both inner canthi. Deep pulsating pains in both eyeballs, shortly after reading. Long-sightedness. Seminal emissions, without dreams, frequently repeated; followed next morning by headache and pain in back. Erections in morning, rousing from sleep at three or four A. M., with strong desire to urinate, though he passed but little. Sleeplessness after three or four A. M. Frequent hawking of thick mucus. Cannot sleep at night unless lying first on right side, then on the left, and finally turning on right side.

He never had these symptoms before, and they lingered on for more than four years later.

*MERCURIUS SOLUBILIS*.—Mr. — wrote from Liverpool,

August 21st, 1889: "I have found out within the last ten days that a hard chancre has appeared on my prepuce, and the injured glands are slightly swollen. No other symptoms, except that the legs feel a little tired.

"Dr. — (allopath) examined me and gave me the following prescription: A pill of *Mercury with Chalk* and *Dover's Powder* twice daily, and a lotion of *Lead and Opium*. As I do not care to take allopathic doses I am at present, by the advice of Dr. — [a mongrel pretending homœopathy], using *black wash* as a lotion and *Nitric acid* as medicine. My brother had such confidence in you and your medicines that he told me that if ever I got anything the matter to write to you; and I think you will agree when I say I have contracted about the worst disease on earth."

I sent on August 22d one dose of *Mercurius-solubilis*<sup>6cm</sup> (Fincke) and instructed him to leave off all quackish mongrel treatment and simply apply wet lint to the chancre. On August 24th he wrote: "After taking the powder I felt myself again, all the symptoms leaving me, except the swellings in the groin, but they are no larger than peas. The chancre is healing up very quickly." No further report.

PHOSPHORIC ACID.—November 3d, 1888, I gave a patient *Phosph-acid*<sup>cm</sup> (F. C.) a daily dose for seven days. On November 15th he reported that he had "feeling in stomach as if everything had stuck fast and was dry." He says the *Phosphoric acid* always causes this symptom with him.

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## VENEREAL DISEASES.

L. P. FOSTER, M. D., MINNEAPOLIS, MINN.

To what extent do the old school cure their cases of venereal diseases? Five years ago a young woman contracted syphilis, and was treated by the regular school and pronounced cured. Three weeks ago a young man cohabited with her, and within ten days thereafter presented himself to me with a well-developed case of syphilitic ulcer and a venereal discharge. He accused the young woman of being impure; she denied the charge,

and submitted to an examination of an old school expert and pronounced free from any venereal taint, and was given a certificate of this fact.

Seven years ago a young woman contracted gonorrhœa from her husband, and was treated by the old school and cured.

A few weeks ago a young man cohabited with her, she being now a widow, and within ten days presented himself to me with a well-developed case of gonorrhœa, and yet the old school pronounced this woman cured. If this is a cure, what kind is it?

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### CLINICAL VERIFICATIONS.

GEORGE F. DUNHAM, WENONA, ILL.

NAT-MUR. IN INTERMITTENT FEVER.—Master Bob D. and sister Emma, aged respectively ten and fourteen years, were born and raised in a malarial district of Arkansas. Have been subject to attacks of ague for years. They had both taken large quantities of Quinine. Chill every other day about ten to eleven o'clock. Vomiting was very severe; in fact, the boy vomited blood a number of times. The first prescription was Sac-lac. until symptoms developed, which plainly called for Nat-mur. I gave the 15 dil. on pellets. A single prescription cured both cases.

BARYTA-CARB. IN TONSILLITIS.—Miss F. R., aged twenty-four, has had attacks of tonsillitis for past ten years. She was very susceptible to cold, the slightest exposure causing an attack. Tonsils enlarged and indurated. Has been treated by a homœopathic physician for past seven years, each attack resulting in suppuration. I told her I believed she could be cured. Gave Baryta-carb.<sup>30x</sup> trit., a dose once a week. She has had but one slight attack in three years, which was controlled promptly with Baryta-carb.<sup>3x</sup> without suppuration.

I have found Baryta-c. very successful in such cases, and failures very rare.

CHAMOMILLA IN COLIC.—Mr. J. B., aged twenty-six, was troubled for years with attacks of pain in the abdomen. During such attacks he was very cross, and felt as if he could not

stand the pain. Warm applications would bring some relief, but he had to finally resort to Morphine. Each attack grew worse and came at shorter intervals. Considering the fact of his being a brother, I advised him to try *pure* Homœopathy. The symptoms were well marked. Chamomilla<sup>3x</sup>, was given in doses at short intervals. Cure was prompt and permanent. It was his first trial of Homœopathy, and his last attack of colic, now ten years past.

SULPHUR<sup>30x</sup> IN CHRONIC DIARRHŒA.—Master F. E., aged twelve years, has been troubled for five years with an early morning diarrhœa, obliging him to arise at five o'clock each morning in great haste. Various remedies had been tried without benefit. Sulphur<sup>30x</sup> cured promptly. He has remained well for past three years.

NUX-V.<sup>30x</sup> IN RENAL COLIC.—Mr. B. L., aged forty-five, suffered from an attack of renal colic. Excruciating pain right side with unsuccessful desire for stool. Nux gave prompt relief.

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## CARDUUS MARIANUS.

DR. H. KUNZE.

(Zeitschrift des Berliner Hom. Aerzte, Vol. IX, 4, 5.)

In the works of the old school this beautiful plant is hardly mentioned, and even in our own school it is too much neglected, except by those who are acquainted with the works of Rademacher. The chief action of Carduus Mar. extends to diseases of the liver, bile, and spleen, and different consensual affections based on organic diseases of the same, as asthma, cough with pleuritic pains, local rheumatisms, especially of the intercostal muscles, and of the abdominal muscles, or peritoneum, also gastrointestinal catarrh and dyspepsia. It has a decided action on the venous system, especially when based on hyperæmia of the liver or on hyperæmia by stasis in the portal system; in fact, this drug shows a specific relation to the vascular system. Epistaxis, menorrhagia, hæmorrhoids, hæmatemesis, and venous ulcers of the lower extremities were several times cured by it.

The first and most important indication for *Carduus Mar.* is hyperæmia of the liver, of the biliary ducts, of the portal circulation, uterus. In hyperæmia of the liver it suits acute and chronic cases, and we meet here, often, more or less swelling and painfulness of the right hypochondrium, with pressing, hammering, stitching pains on the right side under the short ribs, extending to the spine, or radiating through the chest to the right shoulder. Clinically may be mentioned that *Carduus* cured hepatic affections with great painfulness, though no swelling could be made out. There is a tendency to deep breathing, but this aggravates the pain; also worse by motion. In very acute cases this acute hepatic hyperæmia may be diagnosed as bilious fever, or acute hepatitis, or typhlitis, or be mistaken for a puerperal peritonitis or as a spurious pneumonia.

Chronic hepatic hyperæmia is often accompanied by chronic pleuritic stitches in the left and right hypochondrium, belly-ache in the cœcal region, with emaciation, dirty-yellow color of the face, hectic fever; sometimes hæmorrhages set in, as epistaxis; bloody sputa and hæmatemesis, metrorrhagia, or ischias and intercostal muscular pains. Gastro-intestinal catarrh or jaundice may complicate the case, and the indications for *Carduus* are: dull headache, especially in forehead and temples, obtuseness of head and vertigo, nose bleed, bitter, pappy, flat taste, eructations, waterbrash, white tongue, especially in the centre, with red tip and edges, or only on one side; sometimes vomiting of an acid, green fluid. Stools are at first mostly brown and consistent; neither constipation nor diarrhœa, later light-yellow, mushy or diarrhœic. The urine is at first bright-yellow, becomes brownish from the addition of biliary pigment, mostly alkaline or sour, depositing a cloudy sediment. The gastro-intestinal catarrh is subacute or a status-gastricus or a gastralgia with constricting pains and at their acme vomiting, cold risings from præcordium to the throat, and ending with the sensation of constriction in the throat. *Carduus* helped sometimes in the vomiting of pregnancy, when it takes place mornings, on an empty stomach, is watery and not tasting after food. Some praise it in biliary colic from gall-stones, but *post hoc* is not always *propter hoc*, though it stops the vomiting.

Melancholia, in consequence of hepatic troubles, may yield to *Carduus*; when accompanied by cough, which is either dry or mucous, with blood-streaks or blood; mornings, difficult expectoration of thick, yellow sputa; evening, fever and stitching pains in the side. Some patients complain of dyspnoea, so that without an examination one might think of pleuritis or pneumonia.

In gastralgia, *Carduus Mar.* is entirely too much neglected. When the pains are constricting with vomiting at the acme of the attack, and cold spasmodic constriction rising from the stomach to the œsophagus, or a pressing, stitching pain in the right hypochondrium, radiating into the back or shoulder. Such gastralgiae are often merely nervous; yielding to *Nux-vomica*, or according to indications to *Carduus*.

In chronic hyperæmia of the spleen, its indications are: chronic stitches in the left hypochondrium, hæmatemesis, intermittent fever and intermittent neuralgia. Such a state may be a sequela of typhoid fever or malaria, and yields promptly to this remedy. It was formerly considered a valuable remedy in intermittents. Pulmonary hæmorrhages in connection with hepatic troubles cannot be cured by so-called hepatic remedies, but yield to *Carduus*. The same results happen in coughing up blood from spleen troubles; where the patient is relieved when lying on left side. Acute and chronic bronchial catarrh, acute and chronic angina in connection with affections of the liver or spleen, even asthma may yield to this good remedy. *Carduus Marianus* ought to be thought of in hæmorrhages, even when there are no hepatic or splenic troubles. Prof. Rapp recommends it highly for habitual epistaxis; which in young persons appears as a symptom of psora, and differs herein from *Bryonia*, *Hamamelis*, or *Crocus*. It is especially effective in uterine hæmorrhages, which are too frequently not idiopathic uterine affections, but are caused by affections of the liver, spleen, or kidneys.

Windelband cured one hundred and fifteen cases (out of one hundred and ninety-six) of varicose ulcers of the legs with *Carduus*. The ulcers showed a bluish, browned color, sur-

rounded by dilated varicose veins, with callous, indented edges; easily bleeding after an injury, bursting of a varix, often preceded by an eczema more rarely after an inflammation of the connective tissue, and mostly emanating from the scratching of the itching eczematous skin. The pains were mostly moderate, sometimes the patients complained of burning in the ulcers, and around them, especially during the healing process.

Carduus is specific in localized muscular rheumatism, whether in the abdominal muscles, in the hip, thigh down to the ankles, or under the short ribs or sacrum, especially where hepatic symptoms prevail. The abdominal pains may be so severe that one thinks of a peritonitis. Cases from practice illustrate these applications of Carduus Marianus, and they certainly deserve a more thorough study of this too often neglected remedy.

S. L.

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## CASES FROM PRACTICE.

DR. LORBACHER, LEIPZIG.

A. N. Z., 2, 1891.

1. A rachitic girl of seven years suffered from carious ulcers of the sternum, the right knee swollen, with nearly perfect flexion of the leg, so that she could only crawl or limp on one foot, though perfect ankylosis has not yet set in. She was emaciated, marantic, and ill-humored. Treatment began with Silicea<sup>30</sup>, some globules at first daily and then more rarely, followed by Calcarea-carb. in the same manner. The ulcers at the sternum healed first, then the swelling of the knee decreased, the joint became more mobile, so that the leg could be stretched, and the atrophy of the muscles gradually gave way to a more normal state. She runs and jumps now, and her natural good humor has returned. No external adjuvants were used.

(Calcarea-silicata is with S. L. a favorite prescription in similar cases. I usually give it in the middle potencies 2 C to 5 C (200 to 500) and so far am satisfied with the results. It did me good service in some cases of hip-diseases. Saccharum-lactis is a great aid in such cases and far too much neglected.)



2. A six-months babe, of a rachitic family, and artificially brought up, was attacked by cholera infantum. Her physician prescribed Arsenicum low in frequent doses. On the fifth day Lorbacher was called in and found hydrocephaloid. The child looked pale, with sunken eyes, slightly soporous, moaning, sometimes starting up and twitching in all extremities, fontanelles sunken in, filiform pulse, chills alternating with heat, restlessness. Schweikert recommends in such cases Phosphor. and Zine in alternation, but on account of the rachitic constitution plus the cerebral symptoms, which are also found under Sulphur, Lorbacher decided to rely on Sulphur<sup>30</sup>, four globules every four hours. After twelve hours amelioration began, diarrhoea ceased, and the stools took on a better color and consistency, all cerebral symptoms ceased and after five days convalescence was established. The child has since off and on taken a dose of Calcarea, which aids him over the difficult crisis of dentition.

(The rachitic constitution certainly belonged to the totality of symptoms, worse by the artificial food, and it shows again and again that symptom-covering must be well understood to get successful results, and we often fail because we consider too much outward symptoms and neglect the individuality of the patient. Instead of increasing or diminishing our materia medica, let us prayerfully study, morning and evening, our antipsorics, for in them often our salvation lies.

3. In selecting the simile the sides of the body are often of great importance. He treated two left-sided cases of tonsillar angina; one of them showed a diphtheritic coating and difficulty in swallowing from relaxation of the muscles of deglutition. Lachesis cured them in a few days.

4. Kallanbach, of Rotterdam, reports the case of hysteropilepsy major, which was given up as incurable by many physicians. The miss of twenty years was delicate and given to nervous twitchings, menstruation regular, but tardy, often complaining of headache and toothache. Sitting at the window she became *terribly frightened* by seeing children fall out of a swing, and unconscious convulsions followed, interrupted by visions of terrible accidents. Sometimes there seemed to be a little interval,

but then the convulsions reappeared with full force, with the addition of vomituration and mucous vomiting several times a day, and a total paralysis of the vocal organs. Opisthotonos, emprosthotonos, and frightful contortions alternated, and the treatment failed even to alleviate. She was emaciated to a skeleton when Kallenbach saw her, and he tried at first to gain her confidence and set her will-power in action again, for only by this mental influence he hoped to benefit her, for gradually the fits became more rare and less terrible. Her brother had to start for America, and *this depressing mental emotion* caused her to utter again her first words, "Henry is gone," and speech remained henceforth unmolested. What did cure her? asks honest Kallenbach, for after a year's treatment she is now well and blooming. It is true, regulation of the diet, encouraging oppressed and suppressed will-power to regain its energy, massage, and rubbing were faithfully followed out. Many remedies were given, as Pulsatilla, Ignatia, Plumbum, Phosphorus, Argentum, Nitre, Lycopodium, Natrum-mur., but only from *Tarentula-hispanica* benefit could be seen, and Kallenbach is sure that it aided greatly in curing the case. (Allen's *Handbook* gives the symptoms of *Tarentula* so clearly that we are convinced of its being at least a simile.) Yet the beauty of the case lies in the soul. A mental fright set the nervous system agog as it worked in an irregular, zigzag fashion, a mental depression removed the irregularity of the nerves and thus helped the *Tarentula* to restore its equilibrium.

S. L.

## A METHOD OF EXPELLING FOREIGN OBJECTS TAKEN INTO THE DIGESTIVE TUBE.

(Translated from the Spanish by E. A. P.)

The process actually in practice at Dr. Billroth's clinics is known by the name of Potato Cure, and was indicated by Cameron (of Glasgow) in 1887.

The patient should eat a large quantity of potatoes, which will produce a uniform distention of the intestinal tube and provoke the expulsion of the foreign body by the natural way.

It has been successful in many cases. A weight of two decigrams swallowed by a child, a splinter five decimetres long and three centimetres thick swallowed by a servant, and a thorn, by a young man, all were thus removed.

Billroth thinks that many cases of gastrotomy could be avoided by first trying the potato cure.

A nail has been presented by Dr. Hochenegg to the Society of Doctors of Vienna, as a further proof of Surgeon Billroth's method. This nail was swallowed and after nine days discharged.

Professor Albert had performed a notable gastronomic operation on the same patient in 1884, for the purpose of extracting a nail of the same dimensions. Difficulty was experienced then to find it, although the stomach had been opened.

—*Revista Homœopatica*, August, 1890.

## THE HAHNEMANNIAN'S ANALYSIS SHEET.

GAINESVILLE, TEXAS, April 9th, 1891.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

In the April issue of THE HOMŒOPATHIC PHYSICIAN, I see a letter from Dr. Heath, of London, Eng., in which he seemingly accuses me of plagiarism. Another physician sent me a copy of his "Repertory checking list." Before I adopted my new plan I used something like this, viz., sheets printed from my "label-plate." Dr. Lee's plan I do not know where to look for, but from your remark that my plan is a "modification" of it I glean that so far I am not considered a plagiarist. Neither can I, by studying Dr. Heath's case in the *Advance* of December, 1891, find it to be so. But "original," as my plan will be to me until I am shown its equal antedating mine, or not—I do not care. It is not the honor of originality for which I here contend, it is the accusation of plagiarism I want to refute. For a time I used my sheet only for myself, its nearest, "Guernsey's Bœnninghausen slips," at which I had jumped with enthusiasm, soon proving themselves too cumbersome. Seeing how well my plan worked, I had plates made and had it printed for the bene-

fit of the fraternity. The points which make the analysis sheet specially useful (and it is in this I claim its originality) are: You have not to arrange your symptoms but look them up and mark them off from the repertory just as they happen in the patient's report. Then there is an upper and lower rubric for each remedy, the one for the values 1 and 2, the other for 3 and 4, indicating the difference by whole or half strokes, and if very particular these strokes may be light or heavy, and thus at a glance you will see as well the number as the importance. Lastly, the same sheet is good through the whole treatment, having room for patient's name, etc., date of prescription, directions, and further prescriptions until you are through. If anything like it, or rather, equal to it, has been published before, I shall gladly let the author enjoy the laurels, for all I care for is that it shall be useful to all concerned. Hahnemann did not invent Homœopathy, but he nailed it down as a science. If I did not first invent the plan bespoken, I do not care, it is the way to use it—I believe—that I have made public.

Yours truly,

M. A. A. WOLFF.

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### BOOK NOTICES.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX. A Work of Reference for Medical Practitioners. Ninth year, 1891. New York: E. B. Treat, 5 Cooper Union. Price, \$2.75.

This excellent work is a record, in a single handy volume, of the progress made in medicine during the year 1890, past.

It is arranged in a series of chapters, and the subdivisions of the chapters are arranged in alphabetical order; the principal word of the subdivision constituting its name being printed in bold type. The index to the whole volume is very thorough, and contains three thousand references to diseases and remedies.

That our readers may form a better idea of the character of the book, we quote the titles of a few of the chapters: "The Hand as a Diagnostic Factor in Diseases of the Nervous System," "The Character of the Sputum as an Aid to Diagnosis," "Dictionary of New Treatment," "Sanitary Science," "Concerning Climatology and Hygiene," "Improvements in Pharmacy." As a point of special interest to homœopathists, we will mention that among

the new remedies appears *Cactus grandiflorus*, and the credit of introducing it to the profession as a remedy for heart troubles is placed where it belongs, with Dr. Rocco Rubini, of Naples. Its great characteristic or keynote—*sensation as if the heart were constricted by an iron hand*—is given in italics.

This is given as a slight illustration of the value of the book.

W. M. J.

DIABETES ; Its Causes, Symptoms, and Treatment. By Charles W. Purdy, M. D., Queen's University. Philadelphia : 1231 Filbert Street, F. A. Davis, Publisher. 1890. Price, \$1.25 net.

This volume of 184 pages constitutes No. 8 of the "Physicians' and Students' Ready Reference Series," several previous numbers of which we have from time to time noticed.

The object of the volume, as stated in the preface, is to furnish the physician and student with the present status of our knowledge on the subject of diabetes in such practical and concise form as shall best meet the daily requirements of practice.

Accordingly diabetes mellitus is defined, on page 19, to be a "disease characterized by a perverted elaboration in the economy of the food products whereby chiefly, though not exclusively, the carbo-hydrates become converted into sugar, and the efforts of the system to eliminate the latter give rise to certain symptoms and disturbances." "Our present knowledge of physiological chemistry renders it more than probable that this disturbance is seated chiefly in the liver, and for the last fifty years the most earnest efforts have been put forth in attempts to unravel the nature of this morbid process."

For the benefit of such of our readers as may not have the time to peruse this excellent book, and the better to show its character, we make the following selections from the text, page 19 :

"Bernard laid the foundation for subsequent research by demonstrating that one of the functions of the liver in health is the formation and storing up of glycogen or animal dextrine—a substance chemically identical with starch. Bernard showed that when an animal is recently killed and the liver removed and placed in a warm place, it soon becomes charged with sugar by the conversion of part of this glycogen into glucose. If, next, all the sugar be washed out of the liver by means of a stream of water, and the organ be permitted again to remain in a warm place for twenty-four hours, it becomes abundantly charged with sugar. This may be repeated again and again until finally all the glycogen contained in the liver is converted into sugar. Since the sugar obtained from glycogen or animal dextrine in the liver is identical in all respects with the glucose found in diabetic urine, it cannot be doubted that the source of diabetic urine is the liver."

Page 20: "It has just been stated that glycogen is chemically identical with starch. They are both convertible into glucose by contact with saliva, pancreatic juice, or diastase. They possess one important difference, however,

viz., glycogen is converted into glucose by contact with arterial blood, while starch remains unchanged by the latter. The blood, therefore, contains a peculiar ferment capable of converting animal dextrine into sugar; as yet this ferment has not been isolated."

This rather copious extract gives the reader a glimpse of the probable origin of the sugar that appears in the urine. The remainder of the argument we have not space to present here and must refer all interested inquirers to the book itself. The etiology, morbid anatomy, and symptomatology are given in detail, concisely and yet satisfactorily, and then follows the treatment.

In this regard, the main reliance is upon selected food. At page 81 the author says: "Until future investigation shall have revealed some agency through which we are able to check the excessive formation of sugar in the liver, our chief resource against the disease must consist in withholding from the system that which it is capable of converting into sugar, and in supplying that which it is capable of assimilating as nourishment." Accordingly, all foods containing starch and sugar in any form are withheld. This is especially true of bread. Alcoholic beverages are not withheld unless they contain sugar. A complete list of wines, with the quantities of sugar they respectively contain, is given, and full statements of foods allowed and forbidden are added. Thus the reader can, in a very moderate compass, get a very clear knowledge of all he wishes to know concerning this disease. This is a characteristic of the whole series of books to which this one belongs.

W. M. J.

### THE DAUGHTER: HER HEALTH, EDUCATION, AND WEDLOCK. Homely Suggestions for Mothers and Daughters.

By William M. Capp, M. D. Philadelphia: 1231 Filbert Street, F. A. Davis, Publisher. 1891. Price, \$1.00 net.

This elegant little volume should be in the hands of every mother having a daughter to raise. It gives plain and simple directions for the management of every event in the life of a daughter from birth to marriage. It is divided into short paragraphs, no chapters, each paragraph being a concise and clear statement for the guidance of the mother. At the end of the book is an index by which any paragraph may be readily found. It is printed in large, clear type, and is tastefully bound. We cordially recommend it. W. M. J.

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### NOTES AND NOTICES.

THE COMMENCEMENT OF THE HOMŒOPATHIC MEDICAL COLLEGE, OF MISSOURI, took place on Thursday, March 12th, in Pickwick Theatre. The exercises were opened by the Rev. Dr. H. F. Deters invoking the Divine blessing. Mr. Charles Kunkel then gave one of his own compositions upon the piano-forte, which was followed by a song and the encore of the Amphion Quartette. The Rev. J. W. Ford, D. D., then delivered the address on behalf

of the Faculty, entitled the "Victories of Defeat," which was beautiful, instructive, and sensible. Miss Agnes Gray gave a violin solo, after which W. A. Edmonds, A. M., M. D., conferred the degree of Doctor of Medicine upon the following: Jacob Smith, John Dryden, W. B. Young, E. A. Elfeld, A. Killmer, J. B. Julian, Dennis Lyons, H. A. Lott, W. W. Minick, C. F. Hitchcock, Frank Saitz, R. Y. Henry, Miss E. D. Wilcox, Miss Lina Rosat, Miss Lizzie Lovejoy. After the delivery of the diplomas, Miss Louise A. Peebles sang a song, entitled "My Darling," which was succeeded by the presentation of flowers. After Mr. Kunkel had given another piece upon the piano, the benediction was pronounced by Rev. Dr. Deters and the assembly dispersed.

The efficient committee upon arrangements was composed of Dr. James A. Campbell, Dr. I. D. Toulon, and Dr. L. C. McElwee, Secretary, 219 S. Jefferson Avenue, St. Louis.

COMMENCEMENT OF CLEVELAND HOMEOPATHIC HOSPITAL COLLEGE.—The commencement exercises were held in the association hall of the new Y. M. C. A. building, Tuesday evening, March 24th. The graduating class consisted of eight members, seven men and a girl, whose names were Arthur Eugene Chamberlain, Robert Sinclair Evelyn, Lucy Stone Hertzog, Thomas Fletcher Hogue, Thaddeus Lincoln Johnson, James D. McAfee, Justus Elden Rowland, and Augustus B. Smith.

The exercises opened with prayer, after which Miss Marie St. Urbain executed a piano solo, grand galop de concert, by Kellerer. Prof. J. C. Sanders, M. D., Dean of the College, presented his report of the work of the College for the past year and the high average and individual standing of the graduating class.

Thaddeus L. Johnson, one of the graduating class and also a member of the Hahnemann Society, which is an adjunct of the College, delivered the society address, selecting as his subject, "Battle Fields." His theme was the renowned victories of the eminent physicians of the past and the present in battling the ravages of disease. After he had made his bow a pleasant little incident occurred which made a ripple of amusement on the placid literary sea. A little black eyed girl, some three or four years old, trudged down the aisle with a big bunch of red, yellow, and white roses clasped tightly in her fat little hand, and, espying the orator, exclaimed, "Here, Mr. Johnson," and gave him the flowers.

Miss St. Urbain then executed Godefroid's "Danse de Sylphes" very cleverly upon the harp.

Rev. Dr. George R. Leavitt, of Plymouth Church, rose and said: "By the courtesy of your Professors and the Board of Trustees, the pleasant duty of conferring your degrees devolves upon me. I had nearly said bachelors' degree when I suddenly remembered that the term would hardly be applicable to the one of your number who is a lady. In my profession the end is sometimes to be a doctor. In yours you must be doctors to begin with. I hope you will be good ones. The field of medicine never presented in times past such opportunities as it now does. You will not fulfill all your hopes nor all the hopes which your alma mater has for you, for what man ever did fulfill all the hopes

of himself or his friends. But it is wholly probable that you will all achieve success, and that I wish you with my whole heart."

Diplomas were then conferred on the members of the graduating class by Dr. Leavitt, who also conferred on Drs. Edward A. Darby, Stanton L. Hall, Myron H. Parmelee, Frank Kraft, and W. P. Phillips the ad eundem degree and announced that the honorary degree had been conferred on Dr. Launcelot Younghusband, of Detroit.

Rev. Dr. S. P. Sprecher, the pastor of the Third Presbyterian Church, delivered the address of the evening at this point.

Dr. H. F. Biggar followed Rev. Dr. Sprecher, after which he conferred the fellowship of the Hahnemann Society degree upon Drs. B. W. Baker, DeForest Baker, H. F. Biggar, Joseph T. Cook, C. D. Ellis, E. R. Eggleston, Julia C. Jump, R. B. Rush, John Kent Sanders, Jacob Schneider, W. E. Wells, George Edward Turrill, and M. D. Wilson.

After the benediction the audience repaired to the banquet in the Hollenden.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—To the Members: Richfield Springs is right before us. The Bureau of Surgery is short. If it is to make a fair showing, members will have to write for it soon. Too many have the notion that only cases requiring mechanical assistance belong to this bureau. A great mistake! Every one is requested to contribute the history of some case cured with medicine that would have been condemned to the knife by the old school; or some case, necessarily operative, rendered more surely or quickly successful, and more comfortable, by homœopathic medicine. We should put many such cases upon record, and confound our enemies.

Reader, this is addressed to *you*. Please send the title of your paper at the earliest moment practicable.

EDMUND CARLETON, M. D., *Chairman*,  
53 West 45th Street, New York.

OTHER ERRORS IN THE PUBLISHED "PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION FOR 1890."—After *rising*, on, *amel.*: Phos. on p. 261, there should be inserted all of p. 264, beginning with *eyeballs*, p. 265, p. 266, and p. 267 to and including *light*, from: Ast., Gin., Merc. P. 262, beginning with ACCOMMODATION, p. 263, should be carried over to p. 267, when it will be seen to make continuous reading with sense. Other careless proof-reading is to be seen throughout the volume, and the omission of dashes throughout the repertory of ASTHENOPIA makes it less valuable than was intended.

G. H. C.

ICE IN THE SICK-ROOM.—A saucerful of shaved ice may be preserved for twenty-four hours with the thermometer in the room at ninety degrees F., if the following precautions are observed: Put the saucer containing the ice in a soup plate, and cover it with another. Place the soup plates thus arranged on a good, heavy pillow, and cover it with another pillow, pressing the pillows so that the plates are completely embedded in them. An old jack-plane set deep is a most excellent thing with which to shave ice. It should be turned bottom upward, and the ice shoved backward and forward over the cutter.



THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XI.

JUNE, 1891.

No. 6.

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EDITORIALS.

**SUPERSTITIONS.**—In this enlightened age, as we are wont to term it, superstition is usually looked upon as an attribute of the ignorant only, or of the uncivilized. It requires but slight observation in the sick-room to see that many who boast of intelligence are under its influence.

A lack of what is supposed to be possessed by many—common sense—is found very often at the bedside. There are to be found some of the wildest ideas regarding the proper care of the sick.

There is no greater fallacy in existence than what is well termed the "fresh-air superstition," more particularly regarding night air.

If ordinary "horse sense" be applied to the subject we should understand that, no matter what be the nature of the trouble, fresh air is as of much importance in the treatment of the sick as the best selected medicine. Without it we cannot hope for much improvement in any case.

There is no doubt on our part that the majority of cases of sickness are due to the want of pure air in our houses—the microbe theory to the contrary notwithstanding.

If this superstition were confined to the laity only it would be all the better for the sick, for then the practical physician

could do much to allay it ; but unfortunately there are many who are known as physicians who are equally superstitious. There is no greater than the night-air superstition. What ! have a sick person breathe the night air ? How under heaven is he to breathe if he does not breathe night air ? The bugbear malaria is always offered as an unanswerable argument. As if there could be found worse malaria than in an unaired room ! To healthy nostrils, and equally healthy lungs, nothing is more nauseating than an occupied room from which the air has been excluded during the night—and nothing is more unhealthy.

Hygeia, brought into such contact is outraged, insulted, and endeavors to rid herself of the poison by creating nausea and even vomiting.

Tuberculosis, pneumonia, and all contagious diseases are more often due to living without sufficient fresh air and light, plus heredity and allopathy, than to any other one cause.

Go into a house where there is malignant diphtheria, and there you will find the odor peculiar to all such places ; not only the characteristic odor of the disease, but also that which comes from a want of air and light. And there, usually, you will find so-called disinfectants. There is no disinfectant in existence comparable to fresh air, and none so efficacious.

Open windows and a breeze through the room are of more value than all the so-called deodorizers and disinfectants known.

The following, from Dr. Felix Oswald, should be spread broadcast : “The influence of anti-naturalism is most strikingly illustrated in our dread of fresh air. The air of the out-door world, of the woods and hills, is, *par excellence*, a product of Nature—of wild, free, and untameable Nature—and therefore the presumptive sources of innumerable evils.

“Cold air is generally the scapegoat of all sinners against Nature. When the knee-joints of the young debauchee begin to weaken, he suspects that he has ‘taken cold.’ If an old glutton has a cramp in his stomach, he ascribes it to an incautious exposure on coming home from a late supper. Toothache is supposed to result from draughts ; croup, neuralgia, mumps, etc., from raw March winds. When children have to be forced to

sleep in unventilated bed-rooms till their lungs putrefy with their own exhalations, the mother reproaches herself with the most sensible thing she has been doing for the last hundred nights—opening ‘the windows last August when the air was so stifflingly hot.’

“The old dyspeptic, with his cupboard full of patent nostrums, can honestly acquit himself of having yielded to any natural impulse; after sweltering all summer behind hermetically closed windows, wearing flannel in the dog-days; abstaining from cold water when his stomach craved it; swallowing drugs till his appetite has given way to chronic nausea, his conscience bears witness that he has done what he could to suppress the original depravity of Nature; only once the enemy got a chance at him: in rummaging his garret for a warming pan he stood for half a minute before a broken window—to that half minute, accordingly, he attributes his rheumatism.

“For catarrh there is a stereotyped explanation: ‘caught cold.’ That settles it. The invalid is quite sure that her cough came on an hour after returning from that sleigh-ride. She felt a pain in the chest the moment her brother opened that window. There is no doubt of it—it is all the night-air’s fault.

“The truth is that cold air often reveals the existence of a disease. It initiates the reconstructive process, and thus apparently the disease itself; but there is a wide difference between a proximate and an original cause. A man can be too *tired* to sleep, and too *weak* to be sick. The vital energy of a person breathing the stagnant air of an unventilated stove-room is often inadequate to the task of undertaking a restorative process—though the respiratory organs, clogged with phlegm and all kinds of impurities, may be sadly in need of relief. But during a sleigh-ride, or a few hours’ sleep before a window left open by accident, the bracing influence of the fresh air revives the drooping vitality, and Nature avails herself of the chance to begin repairs, the lungs reveal their diseased condition—*i. e.*, they proceed to rid themselves of the accumulated impurities. Persistent in-door life would have aggravated the evil by postponing

the crisis, or by turning the temporary affection into a chronic disease.”

To get rid of the fresh-air superstition it is only necessary for the physician—who is sufficiently enlightened—to explain to patients the necessity of air, and to insist that the sick particularly shall have it. By doing this many sufferers will rise up and call him the true physician—the healer. G. H. C.

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**MERCURIAL DENTISTRY.**—The late Dr. R. R. Gregg, of Buffalo, was the author of several articles showing the harmful effects of mercury as used by dentists for tooth-filling, for dentures, and for other purposes. Slight observation on the part of any homœopathician will show that Dr. Gregg was right in calling mercurial dentistry a “curse.”

We are frequently called upon to prescribe for throat affections and other ailments which we are positive are due to amalgam fillings in the teeth, and we find that the sufferers are never entirely rid of their distressing symptoms until such fillings are removed. Not only are acute symptoms due to this cause, but, as one having a knowledge of the effects of mercury would expect, there is marked chronicity in such cases, and at times constant ailments which can only be permanently relieved by removing the cause. Dentists invariably deny that any systemic effects are due to this cause, but their denial is of no weight in presence of the symptoms.

Physicians should caution patients against the use of mercury in the teeth, and by so doing they will save much suffering and have less difficulty in curing many affections. G. H. C.

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**INFANT FOOD.**—The season is again at hand when stomach and bowel troubles, particularly in infants, prevail, and then the question of the proper kind of food is appropriate. After some experience with the below mentioned food we can heartily commend it in cases needing other than the mother’s milk :

“Put four tablespoonfuls of rice into three pints of water and boil half an hour ; then set aside on the back of the range to simmer during the day, water being occasionally added to main-

tain the original three pints. At night strain through a colander and place on ice. When cold a paste is formed. Three table-spoonfuls of this paste are added to each nursing-bottle (half pint) of milk, and fed during the next day, a fresh supply of rice-paste being under way in the meantime. If constipation be present farina may be prepared in the same way, and in the same proportion."

G. H. C.

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THE PSORA THEORY AND DR. REUTER'S OBSERVATIONS.

—In our March number we adverted to Hahnemann's Psora theory, and to the observations of Dr. Reuter in connection therewith. We think the following goes to prove the truth of those observations.

Twenty years ago the late Dr. Lippe said to us: "Some time back toothache was a common complaint among patients. Now I rarely see a case of that trouble. Catarrh has taken its place, and is now more often met with than ever before."

This was before Dr. Reuter's observations were given to the profession through Grauvogl.

Turning to Dr. Reuter's list we find toothache removed four points from catarrhs. Then, using Dr. Lippe's observations, we can but conclude that the intervening affections have to a great extent disappeared. In this connection it must not be forgotten that the large majority of Dr. Lippe's patients had been under his—Hahnemannian—treatment for a number of years, and that the result was a disappearance of ailments which sequentially appear in those of a psoric taint, and an advance toward a normal condition of system.

Here is a field for observation which we trust will not be left untilled.

G. H. C.

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DR. WELLS ON INTERMITTENT FEVER.—In this number we give the first installment of a book upon "Intermittent Fever" by the venerable Dr. Wells, of Brooklyn.

The book was written years ago; but Dr. Wells could not decide to publish it and so it was laid aside. We have happily succeeded in overcoming Dr. Wells' scruples and he has placed

the manuscript in our hands with permission to publish it in full.

We consider ourselves fortunate in securing this excellent work for publication, and our readers will certainly congratulate themselves upon the privileges they enjoy in *THE HOMŒOPATHIC PHYSICIAN*, which, in addition to all the valuable assistance it has afforded in the past to earnest seekers after the simillimum, now offers them this additional treasure.

Dr. Wells has become very feeble by reason of repeated strokes of paralysis, and is therefore no longer able to practice his profession, nor to write his strong articles in defense of the cause. But he continues to take a lively interest in everything that happens in homœopathic circles. It is our privilege frequently to see him and give him information upon the occurrences of the day. The preface of his book he dictated to us a few days since in an interview. We wrote it out and submitted it to his inspection. It is, therefore, the latest utterance of the venerable Hahnemannian.

W. M. J.

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## KOCH'S LYMPH AND SWAN'S TUBERCULINUM.

Under the above quoted heading, an editorial appeared in the last number of *THE HOMŒOPATHIC PHYSICIAN* which should not be allowed to pass into oblivion without a notice. The writer, after commenting upon the experiments of Dr. Koch, telling us of their unscientific character, of their failure to cure, and of their danger of killing, thus continues: "Contrast this with Hahnemann's directions in respect of finding the curative powers of a remedy! On the one hand, we have a hazardous, death-causing mode, on the other a law of nature by which the true physician is able to conquer disease without jeopardizing the health of a patient. Induction, that process of drawing a general conclusion from particular cases, will, in a measure, render the Hahnemannian competent to approximate the curative value of such substances as nosodes. This has been demonstrated by Dr. Samuel Swan, of New York, who, some twelve

years ago, published cures by Tuberculinum before one proving was made."

Now, Messrs. Editors, I respectfully declare that the Hahnemannian does better than "approximate the curative value" of his remedies, for he knows them through their provings. Approximate really means a close guess; knowledge, a certainty. Do we "approximate the curative value" of our grand polychrests? Should we "approximate the curative value" of any remedy when we can attain a certain knowledge by simply proving it upon the healthy, as Hahnemann did.

Again, Messrs. Editors, you tell us that "*This has been demonstrated before one proving was made.*" What has been demonstrated before one proving was made? The curative value of a homœopathic remedy? Never! Proving remedies before trying them upon the sick was the key-note of Hahnemann's great revolution in medicine. Trying them *before one proving was made* has been the old, old fallacious method of the old school these thousand years. Are we going back to it?

And worst of all, Messrs. Editors, you quote a case to prove or to show how "*this has been demonstrated before one proving was made,*" and if your reasoning was bad what shall be said of your proof! The history of a young girl is given, who had been sick since she was three years old—at the time the history begins she was twenty-one; therefore she had been sick for eighteen years. Most of these years she had been very sick, at least such is the impression one gathers from the meagre and disjointed "case" given. Such patients do not recover except under the best of care, and even then, only after years of most judicious treatment. But in this case, the patient recovers immediately after the exhibition of a dose of a remedy given upon a *supposition*. After three years of treatment, the physician strikes upon a lucky guess and cures his case in the twinkling of an eye. Truly marvelous. Did you ever make such a cure, Mr. Editor? Did you, reader?

From May to November the patient had "unconscious fits," each preceded by a *shuddering like a chill*, that seemed to go from her brain down her spine. One cannot gather from the

narrative just how many of these shuddering chills the patient had, but it may fairly be presumed she had at least a dozen. "This shuddering like a chill being so like the formation of pus I [Dr. Swan] gave Tuberculinum<sup>mm</sup>, one dose. That evening she had an attack of great violence, lasting nearly two hours, and that is *the last she had.*" This is certainly one of the most marvelous cures on record: a medicine given because the patient had shudderings like a chill which were *supposed* to be like the formation of pus. As the patient had had at least a dozen of these shudderings before, one might ask, How about the pus they heralded? A somewhat similarly rapid cure is recorded in Acts III, 1-8.

But, really, Messrs. Editors, such cases are too ridiculous to find place in any creditable journal. Just think, a remedy is *supposed* to be "good for curing pus"; it is given on the further *supposition* that pus is forming and, presto! the patient is cured. This may be true but it surely is not Homœopathy. If these nosodes are such wonderful curative agents as unproven empirical agents would they not be immensely more valuable if proven? Would our present great polychrests be such if they had not been so thoroughly proven? Using such unproven agents is a departure from the inductive method of Hahnemann. Dr. Hering said, "If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine." E. J. L.

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["Optics sharp it takes, I ween,  
To see what is not to be seen."]

If we understand English we are at a loss to determine where our esteemed correspondent finds ground for the ridicule contained in the above. All that is logically embraced in his objections may be found in the last paragraph of the article to which he refers, and which he fails to quote. It is as follows:

"These two cases show what Tuberculinum is capable of doing, but we must not rest here. Until we have a thorough proving of this remedy we shall not be able to fix its place specifically. It is incumbent upon us to prove not only this but



other nosodes, and then we shall be competent to say to what condition of disease they are scientifically applicable."

Our esteemed correspondent refers us to Acts III. If he will continue in that chapter he will find as much amazement expressed at that cure as is often now given utterance to at the cures made by Homœopathy, for "they were filled with wonder and amazement at that which had happened unto him."—G. H. C.]

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## CURATIVE TREATMENT OF BACTERIAL DISEASES (SO-CALLED).

SAMUEL SWAN, M. D., NEW YORK.

In a very interesting article in the London *Lancet* of January 31st, by Dr. Sheridan Delépine on "Bacterial Diseases," the effort appears to be made to explain the preventive, protective, and curative methods of such diseases.

"1. The *preventive method* consists in *destroying* or *attenuating the cause*, or avoiding it in some way or other so that the body may remain unaffected. (a) *The antiseptic method* introduced by Lister is a good instance of the methods which aim at *destroying the cause* before it has acted. (b) *Residence* in high localities, *drainage*, etc., are instances of the methods by which the causes of disease may be so *attenuated* or *diluted* as to become harmless. (c) *Absolute cleanliness*. *Aseptic* methods are based on the possibility of avoiding certain causes entirely without destroying them.

"2. *Protection* consists in so *modifying the possible host* as to render it able to resist the virulent parasites. This can be done either by (a) increasing its *strength* and activity, as by diet, warmth, functional activity, and other hygienic conditions. (b) Rendering its tissues and fluids *unsuitable media* for the *growth* or *full development* of the parasite. *Inoculation* and *Jenner's vaccination* are good instances of that method, which has been further extended by Pasteur and others; (c) by establishing *tolerance*.

"3. The *curative methods* consist in *attenuating* or entirely de-

stroying the virus causing the disease, *after it has penetrated into the body.* (a) *The actual destruction of the parasite within its host is apparently still a desideratum.* (b) *Attenuation of the virulence can be obtained by introducing into the blood and tissues some product either interfering with the full development of the parasite, or modifying the tissues and fluids of the body so as to increase their resistance to the extension of the parasite or to its products.* This seems to be the chief principle at the root of Pasteur's *vaccination* for hydrophobia, etc. (c) *Neutralizing the physiological action of the virus by using its physiological antagonist.* (d) *Destroying and removing the substratum or ground which has become contaminated by the parasite.* This is *apparently the view which Koch has taken of the action of his 'Lymph.'* He states his 'object in the paper was less to give an account of any single method than to trace the development of the ideas which are at the basis of the treatment of bacterial diseases. In this way I hope I may have been able to show you how *science* prepares the way for the highest branches of the *art*, viz.: *preventive, protective, and curative medicine.'*"

In discussing this subject, let us inquire into the cause of these so-called bacterial diseases. Is the disease caused by bacteria, or are the latter a result of the disease? Certain it is that when disease invades the organism, bacteria are discovered that are attendant in that especial disease *after* incubation. There are myriads of infinitesimals that inhabit the fluids, and their use is to destroy any peccant matter in the blood, and they have hard work to do when Koch or Pasteur injects poisoned baccilli into the blood. When the "virus causing disease" (as the above writer states it) invades the system, those parasites in the blood (not belonging to the regular army) that are in affinity with the poison have a "high old time" gorging and fattening themselves with the poison, thereby becoming objective, and are hailed as the cause of the disease.

According to esoteric science, in the far-away time called the Silver Age, these infinitesimals were strength, gentleness, kindnesses, or life-giving productivities—there were no parasites. These, from some occult cause, came later, and invaded the red

and white fluids; "those in the white fluids being forms of ferocities." The infinite smallness of these infinitesimals enabled them to pass freely through the sheaths of the vessels and tissues. The invading poison comes first in the white or nerve fluids and thence to the red or blood fluid. All the infinitesimals each in their separate use unite to destroy the invading poison, and by absorbing it, change its nature and thus weaken it, so that in many cases the vital force is able to overcome it, and the patient recovers.

As it is well known that if two similar currents of electricity of equal power are started at the same moment from each end of a wire, they neutralize each other, so if any drug produces a poison similar to that which invades the organism, and is given to the individual, it neutralizes the action of the invading poison, and health results. In order to ascertain how a drug can be selected for the case of sickness, we must note the effects of the invading poison—that is, the symptoms produced in the organism. Then a drug which will produce a similar group of symptoms in a healthy person, if potentized by attenuation, and a dose given to the patient neutralizes the poison, as illustrated by the opposing currents of electricity. These results will be better obtained if hygienic measures are enforced, but even when they are not obtainable the result will be the same but not so quickly.

If such a remedy be given it cures by neutralizing the poison that *caused* the disease, and the parasite, the *result* of the poison disappears, probably eaten up by some of the innumerable families.

If we can realize in our thought that the disease causing poison is an immaterial aura, undetectable until it has made itself manifest in the system after a period of incubation, and that the objective bacteria are the result of that poison in the system, we can see that our endeavor should be made to antidote the poison, rather than killing the microbes. They are doing a legitimate work, helping nature, or the vital force, in ridding the system of the poison. These infinitesimals are filled with the poison, and if that can be secured, the remedy is in our hands for the cure of the disease. This can be done by taking

the morbose matter and attenuating it in a definite proportion of water till it has become potentized, and all the peccant matter has disappeared, and the poison is in the potentized preparation, and so undetectable by any analysis except that of the most sensitive of all tests, the human organism.

That the presence of the microbe is not necessary to convey the poison is shown in a crude way by using Koch's Lymph or Pasteur's hydrophobic preparation. When it has settled, and the clear liquid injected, the same results follow, while the most powerful microscope can discover no microbes. Preparations potentized as above do not need to be administered by the barbarous method of injections, but are more effective when taken on the tongue. This method of cure is also the preventive, and is used successfully in small-pox, diphtheria, scarlet fever, tuberculosis, erysipelas, syphilis, glandular diseases, leprosy, scrofula, etc., etc.

If all the hard students and able writers would rid themselves of the microbe necessity, and turn their attention to antidoting the poisons that cause the disease, destructive epidemics would soon succumb to the power of the neutralizing antidote and "the actual destruction of the parasite within its host" would be the result of destroying the poison on which it feeds.

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### A LYCOPODIUM CURE.

DR. H. GOULLON, WEIMAR.

A. H. Z., 13, '91.

H., fifty-five years old, took sick last February with a severe neuralgia, which he had repeatedly experienced during last spring. It begins as a dull pressure in the right side below the last rib near the vertebral column, the increasing pains radiate forward into the abdomen, simulating enteralgia, or into the back. Characteristic is the increasing impossibility to lie down, he turns and twists and finds the most relief in the kneelbow position. Sleep is impossible, as the pains continue nearly all through the night. Micturition and vomiting of acid and bitter stuff, taste bilious and bitter, with disgust for all food.

As mental complication may be mentioned excessive irritability, as our otherwise gentlemanly patient swears like a trooper, a thing unusual with him. Constipation for several days, till intestinal functions show returning activity again by the passage of some inodorous flatus. He probably caught cold during the inclement snow weather, aggravated by an acute gastric catarrh, so that digestion is at a low ebb, and he is disgusted with himself and wishes to be left alone, moaning continually and damning his pains and every other thing. On the second day of his suffering a complete acute vesical catarrh set in, with fever and nocturnal palpitations (probably from the use of cold beer), or by radiation from the original point of the disease. The patient had to get up thirty or forty times during the night, with tenesmus and intense burning pain during and after micturition, as if hot lead passed through the urethra. The scanty urine was murky, brown, dirty-red, thick, and of a moldy odor. Lycopodium<sup>12c</sup>, six drops in half a glass of water, was prescribed, a teaspoonful every three hours, producing very soon a copious, though still painful urination, which ceased with the copious passage of more urine, and soon old Richard was himself again.

Compare Allen's *Encyclopædia*, Lycopodium, Symptoms 8, 9, 30, 62, 70, 89, 90, in relation to mind; 1030, 1070, 1112, 1133, 1215-1220, stomach and liver; 1400, colic, especially in transverse colon; 1570, 1583-1590, 1622, etc., in regard to micturition. As usual, the mental symptoms aided to elucidate the bodily symptoms, and in their totality the simillimum was easily found by such a good prescriber as Goullon is known to be.

S. L.

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## SOME QUEER SYMPTOMS OF LYSSA.

DR. PROELL, MERAN.

In a village a boy was suddenly taken down with lyssa and died, though there was no mad dog all around. A few days before the boys played soldiers, and one of them, who personated the commander, went up into an attic and got an old, rusty sword. Accidentally he slightly wounded the boy and the lyssa

followed. An old man recollected that many years ago there was a mad dog in the village which was probably killed by the same sword, and then, without cleaning it, it was thrown among old lumber up into the attic. Probably a minute part of the poison clung to it, and it did not lose its virulence for years, though it became very rusty. Proell was (1848) interne at the surgical wards of the Vienna Hospital, when a patient was brought in who constantly laughed and complained of unbearable itching. He was immediately put in a separate room and two internes were ordered to remain with him and watch him. In spite of excruciating pains he was patient and often begged us, when giving him medicine, to be careful that he may not injure us. He dictated us a farewell letter to his family, and with the Lord's prayer on his lips he passed away. Nearly the same sorrowful resignation was observed in another patient who also died in less than forty-eight hours after being bitten. A young lady had a pet dog, and, from mere mischief her lover threw it on her bare neck, which frightened her greatly, so that she uttered a scream sounding like the barking of a dog. Many years have passed, and still the woman utters the same bark in stores and people have become used to it. Another consequence of her fright was, she could not withhold her thoughts; she had to talk them out, though they might have been offensive, for it was really an *incontinentia idearum involuntaria*. S. L.

Allg. Hom. Zeit. 6, '91.

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## A NEW PROCEDURE IN DYSTOCIA.

J. W. THOMSON, M. D., NEW YORK.

On December 30th, 1890, called in consultation by Dr. M. in a case of dystocia. Dr. F. had also been called and was in attendance. The child lay in the second position of descent of the right shoulder, and had been dead from eight to nine hours. The liquor amnii had broken away at about ten o'clock on the previous morning. It was from three to four hours afterward before the physician in attendance had been called. They had tried to get along with

an *experienced nurse*. The indicated remedy had been exhibited, and repeated efforts made to bring down the feet; all attempts, however, at version proved abortive. We each essayed it after my arrival, but the child was so thoroughly wedged that it was found impossible to get a hand up sufficiently to grasp the feet. In all probability it was too late for the successful performance of this operation when Dr. M. was called. Chloroform had been and was being administered, but all to no purpose. The uterus would not relax. Even had we been able to grasp the feet of the dead babe, the uterus was so tensely contracted that I feared rupture. I protested against the administration of Chloroform. The reply was that she must have something to relieve her sufferings. She was praying for death. The agony could not be much longer borne. To take the child away piecemeal was thought to be the only alternative. It was feared that the mother could not endure the shock and the waiting much longer.

I resolved to attempt what would have been impossible; or, at least what I would not have thought of attempting had the child been alive. I ordered that no more Chloroform be administered. I desired the woman perfectly conscious that her vital force might fully respond. My thought was to bring the head from the right iliac fossa to the pubis. In the interval I introduced my right hand under the body of the child, the left grasping the arm at the shoulder. When the contractions began I pushed carefully yet firmly upward with my right hand, and with the left pulled downward and forward, striving to operate in the direction of the pelvic axis. The uterine contractions, which had hitherto been weak and feeble, became strong and forcible, as though they felt and responded to the stimulus. The mother held her breath. The child moved. When the pains ceased the head was compressed under the right side of the pubic arch. The body of the child had risen in the direction of the superior strait. During the next contractile efforts I supported the perineum with my left hand, striving to compress the head as much as possible with my right hand, and the head was born. There was joy when I announced success. The danger was past. The

next pains brought the poor dead babe into the world. There was no rupture. I saw the woman about a month afterward. She made a good recovery.

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### MEDICINAL SHOCK—ARNICA.

WM. JEFFERSON GUERNSEY, M. D., FRANKFORD, PHILADA.

It was my misfortune, in the winter of 1882, to suffer from an agonizing odontalgia. The pain was so intense as to drive me from the office in desperation. As I seemed utterly unable to think what medicine I needed, one of my family suggested the application of Arnica tincture, and it was rubbed upon the gum and teeth for about fifteen minutes without effect. After suffering for an hour my wife called attention to my peculiar position, and it was the only one I could tolerate, namely, bending *my head down as low as possible*. I was doubled over so as to have my head nearly touch the floor. Although stupefied with pain, I managed to refer the symptom to Arnica, "lies preferably with the head low;" not an exact description, to be sure, but a similarity in the condition of amelioration. Besides this I had an inordinate dread of having any one approach me, and was particularly afraid that my child would "run into me." Here was a second strong indication of the remedy and Hering gives "excruciating pain \* \* \* right, upper jaw," the exact location. I dissolved a few globules of Arn.<sup>45m</sup> (Fincke) in water and on taking a teaspoonful, felt, *at once* a marked "*shock*" as from electricity through the entire body, and the pain was entirely gone. The transition to freedom from suffering was indescribable. I was afraid to move. After assuring myself that the relief was real, and enjoying about twenty minutes of bliss, I felt a slight, dull ache in the teeth, and in five minutes more the principal tooth had gotten pretty well down to business again.

Another teaspoonful produced the same "shock" and was followed by the same instantaneous relief, but after a second respite of about the same duration, the programme was repeated. This third dose would doubtless have removed the trouble permanently, had not a little foolish curiosity got the better of me.



After tea, while resting in a reclining chair, I was amused to find that I could *produce* a slight, dull pain in the tooth by assuming the prone position; strange as it seemed, having my head at all low now caused the pain. While thus experimenting too long, I found my tooth really aching some. Instead of sitting up and waiting patiently, I took another teaspoonful of the solution. Now mark the result: the pain returned in all its old severity and with it the absolute necessity to take the clownish position of standing on my head, or nearly so. Feeling assured that the extra dose had caused the relapse, I determined to wait an hour or two before taking anything else. This was not necessary, for in half an hour the pain *gradually* abated and I fell asleep to wake an hour later without it. The next day a dentist satisfied me that I had not had an ordinary toothache from cold alone by plunging into an exposed nerve.

It is worthy of note that the pain was benefited by the 45M *Fluxion* potency while the tincture had failed to aid in the least when applied, or when swallowed (for some of it did pass into the stomach with saliva).

Turning to the drug in Allen's *Encyclopedia*, we find, p. 491, "Jerks and shocks in the body, as by electricity," showing that the sensation which preceded the rapid amelioration was undoubtedly a proving. I recollect having heard the expression from others, who had experienced the symptom on taking medicine, but do not know the drugs under which it occurred.

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#### NOTES FROM PAST MEETINGS OF THE HOMŒOPATHIC MEDICAL COUNCIL.\*

Tuberculinum is indicated where the patient shows a constant disposition to catch cold. Catches cold, but does not know how.

Sabadilla, sensation in left testicle, as if it were revolving.

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\* The Medical Council is a society composed of physicians practicing Homœopathy in Philadelphia and adjoining counties in Pennsylvania and New Jersey.—EDS.

Alumina has enlargement of the right testicle.

Aurum, enlargement of left testicle.

Æthusa, headache goes off with a loose stool.

Silicea has headache, which comes on from exhausting, or hard work of any kind, whether mental or physical.

Medorrhinum is an excellent remedy for headache of exhaustion, or from hard work.

Dr. Mahlon Preston cured a case of gonorrhœa which had the indication, sore spot in the urethra, which commences with the erection, and continues until the erection ceases. The pain is as if torn. Alumina was the remedy.

Calc-carb. is indicated in gonorrhœa, when there is tickling at the meatus urinarius on urination.

Petroselinum is indicated where there is tickling, itching at the meatus urinarius on urinating.

Ratanhia is indicated in straining after stool, with intense pain and prolapsus of rectum.

Grindelia-robusta, Ammon-carb., and Carbo-veg. all have the indication, the patient sleeps into an aggravation. As soon as he begins to lose consciousness in sleep aggravation begins.

Dr. Robert Farley said that Grindelia-robusta has the symptom, upon going to sleep wakens up with shortness of breath. Respiration seems to stop. The following remedies all have the same symptom, sensation of smothering, or as if respiration ceased on falling asleep: Amm-c., Ant-t., Badiaga, Carb-an., Carb-veg., Dig., Graph., Grind-r., Lach., Op., Ran-b.

Lachesis is pre-eminent in all cases where the patient sleeps into an aggravation. As soon as he falls asleep aggravation sets in, waking him up.

Thus a baby when put to sleep would sleep twenty or thirty seconds, then waken up with a start and a scream, then fall to sleep again, when the same phenomena would be repeated. Lachesis<sup>4m</sup> was given, and was followed by an immediate cure.

Dr. Farley had a case of a child with catarrhal laryngitis. He gave several remedies without effect, until he noticed that as soon as she went to sleep she began to cough. He gave Lachesis, and the result was the patient was cured.

Phos., Lach., Anacard. are all better after eating. Aggravation sets in as soon as the stomach is empty, and relief occurs on eating.

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## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

### ORDER 25.—LEGUMINOSÆ. (CONTINUED.)

*Trifolium pratense* (Purple Clover).

*Trifolium repens* (White Clover or Dutch Clover).

*Trifolium arvense* (Haresfoot Trefoil).

The trifoliums have not been much used in medicine, and I only give the names of the three kinds that have been mentioned in homœopathic works. The white clover was at one time esteemed as a remedy in gout, inflammation, etc. The juice dropped into the eye was said to remove films, heat, and inflammation. It was also applied to the bites of adders and other venomous creatures. Dr. Allen's *Materia Medica* contains some short provings of the two first named.

### ORDER 26.—ROSACEÆ.

*Prunus spinosa* (Sloe, Blackthorn).—A form of *Prunus communis*. Common in our hedges, flowering before the leaves appear, in the early spring. The wood of the blackthorn is very hard, and elegant walking sticks are made from it, also that very handy instrument of torture our Irish brothers are so fond of using on each other, or any other, the shillalah, also called "illigant." The young leaves have been used to adulterate tea. The deep-red juice of the sloe is used to adulterate wine. So, possibly, the sloe may be in at the beginning of a quarrel as well as at the end of one. The juice of the berry is said to make famous marking ink, and it is said to be so indelible that no acid will take it out. It is also very purgative, so also are the flowers. Preparations made from the sloe have been used as gargles in enlargement of the tonsils and uvula, sore mouth and gums, loose teeth, etc. It has also been used as an astringent in hemorrhages.

There is a proving of this drug in Hering's *Guiding Symptoms*. It produces both diarrhœa and constipation, pains in the teeth as if they would be torn out, or, as if the teeth would be raised from the gums, and many other symptoms.

*Prunus Pádus* (Bird Cherry).—The kernel within the stone was the part used, and it was given as a remedy against *apoplexies, palsies*, and many other *nervous diseases*. The water distilled from it was in constant use as a remedy for children's diseases, but it fell into disuse, as, if not given carefully, or made too strong, it was found to *aggravate or occasion the disorder it was given to cure*. This is easily accounted for when we remember that many, if not all of the sub-order *Amygdalææ*, to which *Pruni* belong, contain *Hydrocyanic acid*. There is no proving of *Prunus Pádus*, but the analogy will be seen when I come to *P. Laurocerasus*. It has cured intermittents, and been found useful in syphilis.

*Prunus Avium* (Wild Cherry).—Probably similar in character to the preceding. There is no proving.

*Prunus Laurocerasus*, or *Laro-cerasus* (The common Laurel or Cherry Laurel).—This shrub is not indigenous, but it is a native of Asia Minor and Persia. It was introduced into Europe about the middle of the sixteenth century, since which time it has managed to live and thrive in all parts of this country. Having had between three and four hundred years' residence with us, entitles it to be considered naturalized. The *young* leaves and buds collected in May or June are the best; they yield 6.33 grains of oil in one thousand, whereas, in July, when they have attained their full size, the yield sinks to 3.1 grains, and this goes on lessening until, at twelve months old, they only contain 0.6.

Linnæus informs us that in Switzerland this drug is commonly and successfully used in *pulmonary* complaints. Langrish mentions its efficacy in *agues*. Baylies found it particularly efficacious in *rheumatism, asthma*, and scirrhus affections. Hering's *Guiding Symptoms* tells us that this drug *produces* and has also cured loss of consciousness, vomiting, eyes turned up and fixed, pupils dilated, vanishing of sight, roaring and sing-

ing in the ears, trembling and twitching of the muscles of the face, distortion of the face, rush of blood to the head, moaning and groaning, dry almost constant cough, cough with evening aggravation and rapid sinking of vital forces, continuous night cough on lying down, threatening paralysis of the lungs, pains in the pleura, cough, with great amount of expectoration, mingled with clots of blood; great dyspnoea and sensation as if the lungs would not sufficiently expand, gasping, suffocating spells. It also produces chills and external coldness, coldness and shivering in the afternoon and evening, not relieved by external warmth, chill alternating with heat, sweat after eating, during and after heat, till toward morning. Also laming pains in the right shoulder-joint, pain as if sprained in the wrist-joint, painful stiffness of left side of neck, pains as if sprained in hip-joint, and a great many other symptoms affecting every part of the body.

*Spiræa Ulmária* (Meadow-sweet).—The root of this plant is said to be singularly effective in fevers; also recommended in disorders of the skin, scrofula, etc. The flowers are said to be alexipharmic and sudorific and anti-spasmodic, and good in malignant distempers, in fluxes of all kinds; it promotes sweating. It is also a good wound herb, and has been found good in inflammation of the eyes. There is a short proving of this drug in Dr. Allen's *Materia Medica*.

*Spiræa Filipendula* (Dropwort).—A very elegant spiræa found on our chalk hills. This plant was at one time officinal. It possesses astringent properties, and is also said to be lithontriptic, but is seldom used in practice now.

*Agrimonia Eupatoria* (Common Agrimony).—This plant has been recommended in jaundice, and has been found good in diabetes and incontinence of urine, bloody urine, spitting of blood, cleansing the skin. It has the reputation of healing all inward or outward wounds, bruises, gun-shot wounds, etc., bites of serpents, coughs, agues, etc. It is said to cure bloody flux. Made into an ointment it is good for old sores, cancers, and inveterate ulcers; it is said to draw forth thorns, splinters, nails,

and other such things that have got into the flesh. It is useful in sprains and dislocations. There is no proving.

*Potentilla Anserina* (Silverweed).—The leaves of this plant are mildly astringent and possess corroborant qualities, but are mostly used by the country people. No proving.

*Potentilla Tormentilla* (Tormentil).—This plant is said to be useful in diarrhœas and dysenteries, especially when attended by fever, it is accounted alexipharmic. It is useful in hemorrhages from the nose, mouth, or womb, for looseness of the teeth and relaxation of the uvula. It is said to be a good medicine in small-pox, and if purging comes on in that disorder nothing excels it. It is good against spitting of blood, bleeding piles, bloody stools, or immoderate menses.

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#### ADVICE WANTED.

A. T. NOE, M. D., BETHANY HEIGHTS, LINCOLN, NEB.

Mrs. L. F., age twenty-four years, tall, dark hair and eyes and complexion; bilious temperament; weight one hundred and thirty-five to one hundred and forty pounds. Has been married five years; has two children; both are girls. The older one is four years, and the younger one two years old. One miscarriage about a year ago, caused by "La Grippe." She is very jealous. If her husband speaks to a certain lady, she gets angry, cries, and threatens to shoot herself or the one she hates. She does not hate her husband at all. She has no *reason* to be jealous of him. There never was a better man than her husband; but she has become suspicious of a certain lady, and gets angry every time she sees her or thinks about her. She imagines that the woman is trying to break up or disturb her domestic relations, or ruin them as she often expresses it.

I have seen her sitting in church intently watching her enemy during the whole service. She has been heard to say that she went to church purposely to watch her husband, yet it is certain that she has no rational grounds for her jealousy. I have known her to kiss her children farewell, give them her rings and other

jewelry, and leave the house with a revolver, threatening to shoot herself. When her husband interfered, she would take the butcher-knife and, offering it to him, beg him to kill her. When he refused, she would threaten to take poison. She has been acting in this manner ever since her first baby was born. She assures her husband that she loves him and does not wish to be in his way ; that she cannot stand it and does not want to see him anxious about her conduct, which she declares she cannot help.

She has some leucorrhœa, but very thin and watery. It comes after these spells. She has headache, but mostly on left side. She cannot stand much noise. Children irritate her. She quickly becomes impatient and sharply threatens them with punishment. Her manner is rough and abusive. Her menstruation is normal.

Every spring, as soon as warm weather comes on, her feet become painful, with cramp in the soles. Her corns are sore and painful, with some stinging and burning in them. She is of a cold nature. Can't stand being left alone. She thinks and studies about her husband all the time he is gone, and is happy only when he is at home.

Will the readers of THE HOMŒOPATHIC PHYSICIAN give me some suggestions as to the remedy indicated in this case?

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### THE INTERNATIONAL CONGRESS—FINAL NOTICE.

The annual circular of the American Institute of Homœopathy will have reached the profession before this notice appears in print. If any homœopathic physician has failed to receive a copy, the undersigned will mail one on application.

There is not a single indication pointing to a failure of the Convention. The fear that it might be international only in name has no longer any warrant in fact. There will be representatives present from England, France, Germany, Russia, and probably some other European countries, and of our transatlantic brethren there will be at least twenty-five of them rep-

resented either by essays or reports, or by their personal presence.

A casual examination of the list of papers and addresses to be presented will show that the Convention is not likely to follow, altogether, the well-beaten track of the typical society meeting. In its effort to secure the discussion of broad and comprehensive questions and issues, the Convention has not labored in vain. The profession has approved and supported the effort.

It is requested that the instructions for securing reduced rates on railroads shall be read with great care. Every direction necessary will be found there. Also that physicians not members of the Institute act promptly on the suggestions about uniting with that body. And also that each of those who attend shall, before leaving home, decide which of the essays he or she can discuss to the greatest advantage of the profession and come prepared to do so.

PEMBERTON DUDLEY, M. D.,

*Gen. Secretary, A. I. H.*

FIFTEENTH AND MASTER STREETS,  
PHILADELPHIA, PA., May 18th, 1891.

## SIX CLINICAL CASES.

F. H. LUTZE, M. D., CHESHIRE, NEW YORK.

I. HEADACHE.—Miss H., *æt.* seventeen years, robust, sanguine temperament, suffered from severe headache, worse in the morning, face red and bloated; no other symptoms. Had been treated in Illinois by an old-school doctor without any benefit.

*Nux-vom.*<sup>2c</sup>, a powder every third day till three were taken, and *S. L.* As she did not return, I called at her residence three weeks later, and heard that the headaches had been entirely relieved at first, but later returned worse than ever; thought there was no use taking any more medicine.

From her aunt I received the following additional symptoms: Miss H. had been suffering in the West from chorea, but had been cured (?) by the old-school doctor there; then the headache came on, which he could not cure. She was afraid in the dark,



when going to bed had to look with the light under the bed, in the closets and dark corners, before she could go to sleep. If free from headache, it would begin at any time on being startled or frightened. On attempting to set a plate on a high shelf yesterday the plate slipped, and though she caught it again without damage, a most terrible headache was the result. She cannot think quick enough when speaking, which causes stammering. Menses regular, no pain, but flow rather watery. Stram.<sup>1m</sup> and S. L. She never had another headache, no fear in the dark, no stammering; menses normal, in short, feels better in every respect than ever before.

There is no doubt that the whole diseased condition resulted from the suppressed chorea, Nux-v. antidoting the effects to some extent, at least; the aggravation followed, yet it required but one dose of the proper remedy in high potency to cure.

II. BACKACHE.—Miss T., a school-teacher, has been suffering for years from a pain in the sacrum, with constant nausea. She is never free from it; feels it at night on awaking from sleep. She has been under old school-treatment now and then, but without any benefit; she can give no other symptoms, and looks apparently healthy. She received S. L. with instructions how to observe symptoms, and to call again in a week. Then she reported the following additional symptoms:

Backache worse riding in a carriage; always with nausea. Fullness to bursting on the left side of the spine; all these symptoms are worse since taking the medicine—Sac-Lac! (This is no doubt due to trying to observe new symptoms, whereby the attention was drawn more to the suffering.) Does not urinate from morning till night on going to bed, and even then the urine is scanty. On repeated trials the quantity for the twenty-four hours less than a pint of urine; color and specific gravity normal; reaction nearly neutral, tests showed only some phosphates. Every morning on arising the tongue has a thick yellow coat on the base. Kali-bichrom.<sup>1m</sup>, one powder, and S. L.

After a week she wrote: "I feel a great deal better in every respect, please send some more of the same medicine." I sent S. L.

Three weeks later she reported not quite so well. Headache in forehead and temples, affecting the vision, sometimes awakens with it in the morning ; again does not come till the afternoon. Flushes of heat ; hands and feet cold. Kali-bichrom<sup>75m</sup>, one powder, and S. L.

Three months later I met her ; she looked very much improved, and said she was perfectly well.

Colocynthis, Psorinum, Pulsatilla, Physostigma, and Zingiber are the only remedies I could find, having the peculiar symptom : " Backache with nausea." Had I given either of these remedies this symptom might have been cured, and perhaps not, but certainly not the patient, and the case would no doubt have been complicated thereby. The symptom worse by riding in a carriage is sometimes cured by a remedy having worse from motion or jarring. I have seen it disappear under Bell. Yet Bœnninghausen gives Kali-carb. among the remedies covering the symptom, and Kali-bichrom. has no doubt the same.

III. HEADACHE.—Miss Hattie P. came about a year ago to be cured of her headache. She said it was a constant companion, she had it day and night ; occupied the whole head, was more severe now and then, but she could give no time or conditions of aggravation or amelioration. Menses regular, but always accompanied with pains in the uterine region for the first two or three days, which were often so severe that she had to go to bed. Between the periods a constant heavy pressing-down pain in the sacrum.

Objective symptoms : The red color of the hands and face had a decided bluish tinge, and the skin was very rough. The whites of the eyes appeared as if painted with yellow ochre.

She had been under old-school treatment some, but with no benefit ; had been examined by an oculist, who said her trouble was due to astigmatism, and prescribed spectacles ; these ameliorated the headache for a time, but had no influence upon backache or menstrual pains. Bell.<sup>cm</sup>, one powder, and another powder one month later, which cured all the disease symptoms, so that she even found no more use for her spectacles.

Lippe's *Repertory* mentions about thirty-five remedies having yellowness of the conjunctiva; but the other symptoms pointed unerringly to Bell. as the simillimum, and the result proved the correctness of the choice, and it required but two doses to cure the entire diseased condition, which had existed for many years, and which allopathic drugging had not benefited in the least. I am also convinced that even Bell. in a lower potency, and often repeated, would only have produced an aggravation, not a cure.

IV. WORM FEVER.—Arthur H., æt. three years, has been a pale, feeble child since birth; never had a normal stool, but always diarrhoea, generally with prolapse of rectum. Awakened, or, at least, sits up at night in bed screaming, and cannot be pacified; wets the bed at night; also passes worms now and then. I had treated the child now and then, giving Cina<sup>200</sup>, which improved him very much, but finally the mother brought him to me, saying he had the worst worm fever he had ever had, though he had this every now and then. She could give no new symptoms. The boy's cheeks and tips of ears were a brilliant scarlet red, the other parts of the face, especially around the mouth, white as snow; brilliant staring eyes, dilated pupils. Skin dry and hot like fire. When I spoke to him coaxingly he flew in a rage, such as I should have thought a child so young hardly capable of.

Bell.<sup>cm</sup>, one powder in water, a teaspoonful every hour, produced such a remarkable improvement in one day that he seemed almost well, but on the third day there was some return of the fever and irritability, when I gave a small dose of Bell.<sup>m</sup> (Fincke), which cured in a week the whole condition, and he has been well and healthy ever since.

The appearance of the face, as described above, I have often noticed in children, and found this objective symptom always a good indication for Bell., so that I never hesitate to give Bell. in the highest potencies, and have always found it to act promptly.

Apis has a somewhat similar objective symptom, which I have verified several times, but here the color is not scarlet, but

a bright pinkish hue, often extending from one cheek downward across the chin, more or less, and again upward on the other cheek. The ears are white like the rest of the face, but do not appear as white as under Bell., on account of the paler pinkish-red. I consider such objective symptoms very valuable, especially in practice among the less intelligent classes of people, who are less observant, and often even become irritated when asked many questions. I gave Apis in two cases of hydrocephalus mainly on these indications, with excellent results.

V. SCIATICA.—Mr. H., æt. forty-two, has been all of nine months under treatment, first allopathic, then with two eclectic physicians successively, for a pain in the right leg and hip, which I called sciatica. When he came to see me he presented the following symptoms :

Pain in right hip and lower extremity, better from continued exercise, especially running, till tired, then better for awhile by lying still ; better from heat and rubbing ; worse in damp weather *and in the daytime* ; at night in bed he can turn over and roll around freely without suffering any pain. Rhus<sup>75m</sup>, one powder, although it does not correspond to the aggravation in the daytime, yet every other symptom seemed to correspond.

The next day I was sent for, as he was very much worse, yet the night had been passed as comfortable as usual. He showed me some homœopathic pellets, the last eclectic doctor had given him, a one-half ounce vial nearly full, with about a half drachm of a tincture looking very much like Rhus-tox., and concluded that the symptoms presented the day before were all due to this drug, for the Rhus<sup>75m</sup> had removed them all, except the amelioration at night, which continued along with the following new symptoms : Pain in the right hip and lower extremity of a drawing, tearing, cramping character, with a sensation of contraction or shortening ; drawing aching on inner side of the left thigh, all worse in the daytime and from slightest motion ; better from lying perfectly still and at night ; can move and roll around in bed at night freely, without any pain. Bowels constipated, has to urge a great deal to expel the dry,

hard stool, this as also coughing, sneezing, or stooping forward, aggravates the pain. Colocynth.<sup>200</sup>, one powder and S. L.

After a week there was only a slight improvement. Colocynth.<sup>200</sup>, a powder daily for a week. Now the improvement was marked. Coloc.<sup>200</sup>, a powder daily for two weeks. Very much improved again. S. L. for two weeks. Reports about well, but the stool is still dry, requires much urging, and causes same pain at anus on voiding. There is an oozing from the anus, keeping the perinæum and coccyx moist. Anus is surrounded with a pimply eruption. Sepia<sup>cm</sup> (F.) completed the cure. I am inclined to think the daily repetition of the dose would not have been necessary if I had had a higher potency of Colocynth to give. The following case likewise shows the better action of the higher potency :

VI. FACIAL NEURALGIA.—Mrs. L. Neuralgia on left side of face, neck, and left shoulder ; better from warmth of fire, rubbing, and external hot applications and motion, must move or rock, cannot keep still ; worse in the morning at nine A. M., and evening from eight to twelve, from rest or cold. Picking or pressing with a toothpick at and between the teeth on the left side also relieves somewhat. Sleepy after the aggravation. Rhus<sup>200</sup>, and next day Rhus<sup>1m</sup>, no change. S. L. for three days, but getting worse. On the sixth day I gave in the morning Rhus<sup>105m</sup>, one dose in water, a spoonful every hour, and a cure followed in four hours. The neuralgia returning a few days later, another small dose of the same, Rhus<sup>105m</sup>, was given, which put an end to the trouble.

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## OBITUARY.

DR. WILLIAM A. HAWLEY died at his residence, No. 407 Montgomery street, Syracuse, at midnight, May 15th. He had been sick about two months. Dr. Hawley has practiced medicine in Syracuse for about fifty years and attained considerable eminence in his profession.

He was a member of the International Hahnemannian Association and took an active part in the discussions of the last an-

nual meeting, as those of our readers will remember who have perused the reports of the meeting published by this journal from time to time since last June.

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DR. ALFRED ISAAC SAWYER, one of the most prominent homœopathic physicians in the State of Indiana, died at 6.45 o'clock, May 7th, at Monroe, Indiana, of apoplexy, in the sixty-third year of his age.

Dr. Sawyer was born in Lyme, Huron County, O., October 31st, 1828, and was the eleventh child and eighth son of a family of thirteen children. He studied medicine at the Western College of Homœopathy, at Cleveland, receiving his diploma in 1854. He then attended the New York University, fitting himself for the practice of ophthalmic surgery. He came to Monroe in May, 1857, and had resided there ever since. He was a Mason of high degree, and was for several years president of the Order of High Priesthood in the State. He was elected Mayor of Monroe in 1869, 1870, and 1877. This was the only office he ever held, but he was a Tilden elector in 1876. He was married June 21st, 1859, to Sarah Gazena Toll, who survives him, and they have two living children, a son and a daughter.

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DR. DAVID S. SMITH, of Chicago, died April 29th, 1891, aged seventy-five years. His death occurred on the day following the anniversary of his birth, and was caused by angina pectoris. He was a native of New Jersey, and went to Chicago in 1836, where he has remained ever since. He was reputed to be the pioneer homœopathic physician of the West.

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### BOOK NOTICES.

A HOMŒOPATHIC BIBLIOGRAPHY OF THE UNITED STATES, from the year 1825 to 1891, inclusive. Containing alphabetical lists of Homœopathic Books, Magazines, and Pamphlets; also condensed statements, data, and histories of the Homœopathic Societies, Colleges, Hospitals, Asylums, Homes, Dispensaries, Pharmacies, Publishers, Directories, Legislation,

Principal Books written against Homœopathy, and Homœopathic Libraries now or at any time existent in the United States. Compiled and arranged by Thomas L. Bradford, M. D., 1862 Frankford Avenue, Philadelphia, Pa.

The desirability of publishing this book will be seen at once by every one having any love for, or pride in, Homœopathy. It will not be published until a sufficient number of subscribers have been received. It will make a book of from 400 to 500 octavo pages, will be well printed on good paper and substantially bound, and the price will be \$3.00.

We hope our readers will all subscribe for this book at once that its publication may not be delayed.

**MATERIA MEDICA AND THERAPEUTICS, WITH ESPECIAL REFERENCE TO THE CLINICAL APPLICATION OF DRUGS.** By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, etc., in the Medico-Chirurgical College, of Philadelphia. Vol. II being an independent volume upon drugs. Philadelphia (1231 Filbert Street), and London, 1891. Price, cloth, \$3.50 net; sheep, \$4.50 net.

This work is devoted to materia medica from the stand-point of the Old School or Regular School of medicine. It contains all the remedies and measures of the old school arranged in alphabetical order. The information is full and yet concise. It is an excellent exposition of the sphere of drugs, but, of course, is not so useful to a physician of the Homœopathic School, except as a book of reference to throw light upon the origin of some of the remedies of our own school. Still it is a most excellent book, and is brought up to date in its information. It contains about 1,000 pages, and is well printed.

W. M. J.

**THE POST-GRADUATE CLINICAL CHARTS.** Designed for use in hospitals and private practice. Arranged and published by Wm. C. Bailey, M. D., and J. H. Linsley, M. D. New York. Copyrighted, 1891, by Drs. Linsley and Bailey.

The need of a clinical chart differing somewhat from any they had seen published induced the authors to prepare these charts.

Both authors are professors in the Post-Graduate Medical School and Hospital, of New York, and their charts were primarily adapted for use in that institution. These charts are unique and give opportunity for very thorough study of cases and very complete records of such study. It is difficult to describe these charts, and, therefore, every one interested should send twenty cents for a sample copy. We may say, however, that these charts are arranged

in books of ten each; and a book will give the history of one case for eight weeks.

The first chart records the general characteristics of the patient and has diagrams in outline of chest, front and back, for recording the results of auscultation and percussion. The second chart gives views of the larynx, with ruled spaces for recording the results of laryngoscopic examination and treatment, which results may be graphically represented upon these diagrams. The four succeeding charts give temperature, pulse, and respiration for eight weeks, and the four succeeding charts record all the general symptoms of the patient. Prices are twenty cents for each book, or \$2.00 a dozen. Address, Dr. J. H. Linsley, 226 East Twentieth Street, New York. W. M. J.

### NOTES AND NOTICES.

THE GLEN MARY HOME, a private homœopathic asylum, has been opened at Owego, Tioga County, N. Y., by Dr. A. J. Givens, formerly of Middletown and Wesborough Insane Asylums.

DR. FRANK KRAFT, Professor of Materia Medica, etc., in the Cleveland Homœopathic Hospital College, has removed to 1905 Euclid Avenue, Cleveland, Ohio, where he will continue the practice of his profession, as well as his excellent lectures on materia medica. His specialty is materia medica, he is therefore particularly suitable as consulting physician in difficult cases.

THE RHODE ISLAND HOMŒOPATHIC SOCIETY, at its April meeting, unanimously voted that the *American Institute of Homœopathy* be invited to hold the session of 1892 within the boundaries of that State. It is understood, accidents excepted, that the particular place will be the "Ocean House," Newport, and the time the fourth week in June.

REMOVALS.—Dr. R. S. Kirkpatrick, from Harlan, Iowa, to 609 East Locust Street, Des Moines, Iowa. Dr. C. H. Krause has located at 2308 Taylor Avenue, St. Louis. Dr. O. F. Hill, from Epworth, Iowa, to Englewood, Ill. Dr. W. C. McDowell, from Mt. Pleasant to Morning Side Sanitarium, Sioux City, Iowa. Dr. George W. Dunn, from Atlanta, Illinois, to Tiffin, Ohio. Dr. F. M. Leitch, from Lerna to Charleston, Illinois. Dr. Charles F. Hitchcock, from St. Louis to Warner's, Onondaga County, N. Y. Dr. J. B. Sullivan, from 210 Penn Avenue to Butler and 41st Streets, Pittsburgh, Pa. Dr. F. Keller, from Trinidad, Colorado, to Moscow, Idaho. Dr. J. W. Thomson, from 114 West 16th Street, to 248 West 14th Street, New York City. Dr. M. Florence Taft, from Middletown to Waterbury, Conn. Dr. Stuart Close, from 182 Hart Street, to 641 Willoughby Avenue, Brooklyn. Dr. M. R. Jamison, from Connellsville to 165 43d Street, Pittsburgh, Pa. Dr. C. C. Howard, from 49 East 59th Street to 64 West 51st Street, New York. Dr. Thomas M. Stewart, removed to 104 West Eighth Street, Cincinnati, Ohio. Dr. F. R. Schmucher, removed to 228 North 5th Street, Reading, Pa.

CORRECTION.—May No., page 199, third line from top should read "cannot bear the light of day, but can the artificial light at night, think of Graphites."



# INTERMITTENT FEVER.

BY

P. P. WELLS, M. D.

TOGETHER WITH THE

REPERTORY OF CARL VON BENNINGHAUSEN, M. D.,

Also Translated by P. P. WELLS, M. D.

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ISSUED AS A SUPPLEMENT TO

THE HOMŒOPATHIC PHYSICIAN.

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PHILADELPHIA:

PUBLISHED BY

THE HOMŒOPATHIC PHYSICIAN,

1125 SPRUCE STREET,

1891.



## PREFACE.

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This book was originally begun as an ordinary paper to be contributed to the pages of THE HOMŒOPATHIC PHYSICIAN, but in preparing it it grew to such large proportions that I finally concluded to publish it as a book. It was, therefore, withheld from the pages of that journal for several years.

It had remained in my desk for so long a time that I had forgotten its contents. I have now decided to present it to THE HOMŒOPATHIC PHYSICIAN for publication in such manner as seems to its editors best.

It represents my own experience during fifty years of practice. I have not undertaken to make a complete treatise upon Intermittent Fever—not at all. It is only the record of my own thoughts and experience during these fifty years. It took me thirty years to learn how to examine a case for prescription. For upon the proper getting of the picture of the condition of the patient depends the success in treating it.

I have cured about fifty cases of intermittent fever in succession upon the *first* prescription of a *single* remedy. I think this a sufficient evidence that the law of similars and the totality of the symptoms—which is the principle upon which I have practiced—is the correct one. I think the reader may be assured that there is no more difficulty in treating intermittent fever than in treating any other disease. By strictly following this principle any one can cure ague.

The Repertory which is added will be recognized as the work of the immortal Bœnninghausen. I translated it, not knowing that Dr. Augustus Korndorfer, of Philadelphia, had already published a most excellent and accurate translation.

P. P. WELLS.

158 Clinton Street, Brooklyn, N. Y., May, 1891.



## INTERMITTENT FEVER.

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By this term we mean a disease, the nature of which is to appear in paroxysms which recur at intervals with intervening periods of freedom from the paroxysmal phenomena, these periods being of various duration in different cases. The paroxysms, when perfectly expressed, are made up of four elements—the phenomena of the circulation, chill, heat, and perspiration—which appear in succession, the three last in the order named, and have, in the complete form we are now contemplating, a certain symmetry of proportionate duration and intensity in relation of each to the other. This disease is the result of the action of a specific poison on the human organism. It attacks all classes and conditions of men who are exposed to its action with perfect impartiality. The duration of its effects is not subject to any self-imposed limitation, but continues till the life of the patient is destroyed or the action of the poison is conquered by appropriate means. But the manifestations of the presence and action of this poison are not always met in the perfect, symmetrical paroxysms. On the contrary, these are oftener than otherwise very irregular, either in the comparative duration or intensity of the different paroxysmal elements, or any one or two of these may fail of appearance in any given case, or these may change the order of their appearance in any possible order of succession, or any two of these elements may be mixed, appearing at the same time, or may be alternated in repeated succession for a longer or shorter time. Or, instead of the fever as described, there may be, as a result of this poison, a variety of affections, more or less painful and annoying, appearing as rheumatism, neuralgia, dysentery, etc. But in whatever form the effects of this poison may appear, it is a peculiarity of each that it is characterized by this one feature of periodicity.

The origin of this poison was formerly charged to the presence of stagnant water in the infected locality, especially as this is found in swamps and marshes. But it chanced there were many of these localities where there were no cases of ague. Then decomposing vegetable matter was added as another factor in its production, and these two combined were credited with the origin of the whole evil. But observation has fully established the fact that there are many localities where these are both present, and yet there are no malarial fevers. And more than this, some of the localities where the fever is met in its most malignant form have neither of these elements present as a generating cause. Such are the Walcheren district, in Holland, and the high, arid desert in Central Spain, and many others. So that, while it is known and admitted that these two are active agents in producing this poison in some localities, there are others where they are absent, and yet the fever is there met at its worst. It follows, then, that there are other factors producing this poison, of which at the present time but little is known beyond the facts which result from its action. And more than this, there are localities where, after the absence of agues from time immemorial, they suddenly appear, while all external circumstances, so far as these can be appreciated, remain the same as they have ever been. And then it has happened, where agues have so suddenly appeared, the generation of the poison has extended in a given direction, say from west to east, as of late years on the north shore of Long Island Sound, each year adding new territory to the dominion of the disease, till large districts of country are invaded which but lately were wholly exempt from the plague. Such facts plainly declare that, as to the etiology of ague, there is much still remaining unknown. It is not uncommon to refer the facts just stated to telluric influences of some sort, which only leaves the whole subject in the same darkness as before, in which, notwithstanding this attempted explanation, it is likely to remain till it can be further shown what is the kind and nature of this influence so charged. At present, certainly, we know nothing about this branch of causation, and we should know nothing of

the existence of the poison so mysteriously produced but that its existence is revealed to us by its effects. The prevalence of the poison is more common in warm latitudes than in cold, and yet in these there are many localities where there is no ague. Where it is present, its production and the intensity of its action are favored by increase of heat, as well as in swampy districts, by drying the surface, which is usually wet, and by its being wet again after being dried. In such localities the fall of rain is often followed by increase of agues. It is notable that though in these cases water seems to play so important a part in the production of the cause of these fevers, yet they prevail in others where there is little or no water, and where this agent can be supposed to have had little to do in the production of their cause. A notable example of this is met in the high sandy plains of Spain. In this and the dry localities of Italy and Greece the fall of rain is followed by abundant malaria. This has been attributed to the ammonia present in the water of the rain-fall, which is, of course, merely hypothetical.

It is also worthy of remark that in many localities, notably in mountainous regions, in spite of frequent exposure to chills, and of extreme changes of temperature from hot days to cold nights, and the greatest exposure of persons, there are no intermittent fevers, while, on the contrary, localities where the greatest evenness of temperature prevails, the sickliest months are those which show the least variation.

The production of the poison is modified by the quantity of water present in the infected locality. Where the water is deep it is less, and more where it is shallow.

The facts stated above and many others show conclusively that while water, decomposing organic matter, and high temperature are active factors in the genesis of ague poison in many instances, in others, where these are mostly or wholly absent, the poison is present and active in a notable degree. From this it may be accepted with confidence that there are other factors which originate the poison in question, either conjointly with these, or, in some localities, apparently independent of them. As to just what these last factors are, we may speculate as much

as we please, and at the end remain in the same ignorance as at the beginning. We know they exist and act by reason of their effects, which are only too apparent. Beyond these we know little or nothing of them. How far these unknown factors may be responsible for the great variety exhibited in the symptomatic combinations of the resulting fevers, by their impress on, and modification of the results of the action of the better known causes of ague poison, can only at present be matters of conjecture. That the poison is not, in each instance of its presence, an identity, represented fully in every other specimen wherever met is clearly indicated by the varied character of the phenomena of resulting fevers, and more clearly still by the varied specific relations of these to their respective curatives. How far a knowledge of the nature and characteristic action of the unknown factor or factors may hereafter explain the known facts that agues contracted in different localities, even in those of near neighborhood are not cured by the same remedy, in the epidemics of the same year, for example, those contracted at the opposite ends of a given lake, as has been observed of one in Lombardy; or the fact that agues of the same locality are not cured by the same remedy in the epidemics of succeeding years, is a question for the future to solve. But experience has already taught, by a multitude of examples, that these facts have their place in the history of intermittent fevers, as this has grown from the observations of those who have seen most of them and have seen them best. This difference of susceptibility to the action of curatives plainly declares a difference of identity in the fevers of different localities and epidemics. Though all have the defining characteristics which place them properly in the family of intermittents, and by which they are related to this family, they differ in the specific characteristics by which they are related to their curatives. It does not matter that defining symptoms in successive cases so like to each other as to make distinction difficult or impossible, and that therefore it has been concluded that the same remedy must be a cure for all, for it is not in this class of symptoms that the law of cure finds the elements with which it has to do. It is inevitable that a practice so founded will meet



with more of disappointment than success. For though the intelligence of the practitioner may fail to detect the distinctions which relate his case to its specific curative, the keener perceptions of the living susceptibilities of the organism will not, neither will they respond curatively to remedies not so related, let popular or professional opinion, prejudice, or expectation, be what they may. Then it follows that the idea that Cinchona or any of its constituent elements, or any other drug or nostrum, is or can be a specific cure for this class of fevers, is without foundation in truth or in sound medical philosophy. The variety in the causation of the poison is followed by a corresponding variety in its results—the fever—and variety in this last calls for a corresponding variety in the means of cure.

The poison finds its way into the organism of those who come in contact with it through the absorbing surfaces which it meets, passes through these to those organs and tissues for which it has special affinities, and upon these and through these it works its special mission of destruction.

Its first impression seems to be made, as might be expected, on the nervous centres. The manifestation of this is various in different cases. In uncomplicated intermittent the attack is often initiated by fever without preceding symptoms intimating its approach. In other cases there is found an introductory stage of simple debility, with slight febrile phenomena, without symptoms as yet of any localization in any particular organ. With these there may be headache, loss of appetite, coated tongue, pressure in the epigastrium, nausea, and vomiting. In other cases with the early febrile symptoms there may be greater debility, with continued gastric pains, confusion and heat of the head, vertigo, accelerated pulse, and dark-colored urine. In other cases there are violent pains in the limbs. This state may continue six, eight, or even as long as ten or twelve days before the appearance of the fully developed characteristic paroxysm. During this stage the spleen may become somewhat swollen and sensitive to pressure. The face pale or of an earthy color, and the *bruit de diable* may be heard in the large veins of the neck. This may be followed by a succession of slight chills which in-

crease in violence till they come to the fully developed paroxysm, or strong chill may be followed by the heat and sweating which complete the series of stages of the complete paroxysm. This is succeeded by a remission of symptoms, or by those which may be characteristic of the fever, and when recognized are of the utmost importance as guides to the simillimum the law demands at the hand of the prescriber.

After this period of remission, which may vary greatly in its duration in different cases, the paroxysm repeats itself, and the process is fully set up in the organism which results in a series of these which return at regular or irregular intervals, with little tendency in the disease to find its limitation in length of time, or in any number of repetitions of the paroxysms. There is little tendency to self-exhaustion of its power in the cause of these repeated phenomena.

The object of this paper is to help, if we may, those who need help to a right treatment in accordance with the homœopathic law and philosophy. In endeavoring to carry out this object we have given a brief consideration to its etiology and symptomatology. We have seen that the cause, produced in different circumstances, generates fevers composed of elements very various in their intensity of action, as well as in the combination of these in their paroxysmal manifestation, these differences in the elements of the paroxysms and in their varied combination as to intensity, duration, or absence of one or more of them in cases, as well as the time, condition, and circumstances of their manifestation, together with the concomitants of each element of the paroxysm, these, with the development of morbid phenomena in the intervals of the paroxysms are the facts with which we have to do in our search for the curing agent of the case. It is with these and not with the diagnostic name, or with defining elements of the case which have given to it its name that we are to be chiefly concerned. Loyal dealing with these, as required to constitute any treatment of a case *homœopathic*, will speedily and certainly relieve the practitioner of foolish notions of the insufficiency of our law and the means it employs for the cure of this often perplexing and troublesome malady. It can-

not be denied that these are very common exhibitions of weakness in those who call themselves of our school, but who have understood and embraced our law but partially, and have but partially acquainted themselves with its scope, and the powers of the agents it employs for cure, and are therefore easily led to mistake this personal defect in themselves for insufficiency of the law and its means when they fail to cure intermittents.

We hear this complaint of "inefficiency" often from this class of practitioners, and are not in the least surprised when we hear it. Indeed, it is difficult to see how it could have been otherwise with them than that they should fail. Being to so great extent ignorant or rejecters of our law and its corollaries, and equally defective in knowledge of the means it employs, as well as of what is comprised in this familiar expression of a fundamental factor in *all* homœopathic prescribing—"the totality of the symptoms"—being ignorant of the extent of the meaning of this phrase, they are of necessity wholly incapable of compassing this fundamental element in all homœopathic prescribing, and of course they fail to cure. They do not know *how* to go to work to find this, and so, instead of with this in hand, or trying to gather it, they are content with the few generic symptoms—chill, heat, and sweating—and with these they proceed to give same one or *more* of the hundreds of drugs which have these more or less in their pathogenesis, and, of course, fail. And, therefore, Homœopathy has "failed to cure ague." Homœopathy has had no more to do with the whole proceeding than has the 119th Psalm. Then, having failed in this proceeding, they have one perennial resort—*i. e.*, to some one of the drugs which has power to suppress the paroxysmal phenomena of the disease, and after their kind of investigation, it is not surprising that they "generally find this to be *Quinine*." The paroxysm suppressed, and they cry—Behold a cure of which one "may brag a little."\* Of all cures which are not cures, these so bragged of are the most pernicious.

We have said the practice described is not homœopathic. If it

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\* See description of this subject in *Hahnemannian Monthly*, April, 1882.

be asked why is it not, we reply, because it is wanting in the first element in every homœopathic prescription, without which the homœopathicity is wanting, here and always, viz.: “*The totality of the symptoms.*”

We will now try to see in what this “*totality*” consists in the disease we are now concerned with. We shall find it in four general divisions :

1st.—The circulation.

2d.—Chill.

3d.—Heat.

4th.—Sweating.

To find this “*totality*” each of these is to be examined as to its especial disturbances and their concomitants, and these each and all, as to time of manifestation, causes of aggravation, and relief, as well as to all other circumstances and conditions which modify these phenomena. We shall give some of these, with a view to showing the extent of this examination, leaving the names of the medicines connected with them to be sought by the searcher in the *materia medica*.

In the first place, then, of the *circulation*, we have distention of the veins generally, of those of the head, of the face, of the throat, on the hands, on the feet. Burning in the veins, inflammation of the veins, cold sensations in the veins, throbbing, varicose veins, marbled appearance of capillaries.

*Congestion*—in general ; to the head ; eyes ; ears ; nose, nose bleeding ; face ; chest ; abdomen ; upper extremities ; lower extremities.

Plethora.

Anemia.

Sensation of obstructed circulation ; agitation of the circulation.

*Heart*—palpitation of, in general, with anxiety ; intermittent heart-beating. Heart beat—shaking ; fluttering ; felt (sensible) ; audible ; visible ; trembling.

*Pulse*—intermittent ; accelerated ; thread-like ; tense ; large ; frequent ; hard ; audible (to patient) ; jerking ; small ; slow ; quick ; quick in the morning, in the daytime or evening slow ;

quick in the afternoon, slow in the morning ; quick in the evening ; quick at night, slow in the daytime ; weak ; strong ; imperceptible ; unequal ; irregular ; gone ; unchanged ; full ; soft ; trembling ; jerking.

*Time* of aggravation of the disturbances of the circulation, as morning, forenoon, afternoon, evening, night.

*Conditions of aggravation* of the disturbances of the circulation. Prostrated mental condition ; after anger ; in the paroxysms ; from bodily exertion ; from rising up ; from motion ; from stooping ; before sleep ; on waking ; from vomiting ; before eating ; while eating ; after eating ; while walking ; while walking in the open air ; after walking in the open air ; from mental emotions ; from coughing ; from lying in bed ; from lying on the back ; lying on the left side ; lying on the right side ; before the catamenia ; during the catamenia ; from music ; after lying down ; in repose ; in sleep ; in sleep in the afternoon ; from sleeplessness ; while sitting ; while stooping ; from speaking ; from standing ; in a warm room ; after stool ; from tobacco smoke or from smoking ; going up-stairs ; from drinking ; from drinking beer, brandy, coffee, tea, wine ; from turning in bed ; from warm weather.

Such are the facts in relation to the circulation which are to be inquired into in every case of intermittent fever. That such of them as are present in the case to be treated may be brought to light and given its true place and importance in the selection of the one specific, which is the objective of every true homœopathic prescription, the finding of which is the end of the duty of every true homœopathic physician in every clinical effort.

The second general division of the "totality of the symptoms" is the *chill*.

This second division is to be dealt with in the same manner as to detail and analysis as in the first, and the first fact to be inquired into is, is the chill predominant ? Then is it *external* only ? Does the skin present goose-flesh with this ? Is it *one-sided* ? Is it *left* or *right* side ? Chill which *runs downwards* or *upwards* ; *internal chill* ; chill with *shaking* ; chill running over the whole surface ; chill with trembling ; *slight* chilliness ;

*coldness in general ; partial coldness ;* in the upper part of the body ; in the lower part of the body ; in front ; in back of the head ; proceeding from the head ; from the back ; in the head ; on the ears ; on the nose ; on the face ; proceeding from the face ; of the lips ; in the epigastrium ; proceeding from the epigastrium ; in the hypochondrium ; in the abdomen ; going from the abdomen.

*Partial coldness*—of the neck ; of the chest ; going from the chest ; of the shoulder-blades ; going from the shoulder-blades ; of the back ; going from the back ; of the loins ; going from the loins ; upper arms ; going from upper arms ; of the fore arms ; of the hands ; going from the hands ; of the fingers ; of the lower extremities ; of the thighs ; of the knees ; legs below the knees ; of the feet ; going from the feet.

*Chilliness in general*—partial ; one-sided ; on the back of the body ; on the left side ; on the right side ; on the suffering part ; on the head ; on the ears ; on the nose ; on the face ; on the cheeks ; on the lips ; on the chin.

*Coldness*—in the mouth ; of the tongue ; in the epigastrium ; in the abdomen ; of the genitals ; of the glans penis ; of the testicles ; in the chest ; on the back ; on the loins ; proceeding from the loins ; of the upper extremities ; of the hands ; of the fingers ; of the ends of fingers ; of the lower extremities ; of the thighs.

*Partial coldness*—of the knees ; of the legs below the knees ; of the feet ; of the toes.

*Sensation of coldness in general*—local sensation of coldness on the head ; in the head ; in the eyes ; in the eyelids ; in the ears ; on the face ; on the face, one-sided ; on the lips ; on the chin ; in the teeth ; in the mouth ; in the throat ; of the tongue ; in the stomach ; in the hypochondria ; in the abdomen ; in the genitals ; in the trachea ; on the throat and neck ; in the chest ; on the chest ; on the shoulder-blades ; on the back ; on the loins ; on the upper extremities ; on the hands ; on the fingers ; on the ends of fingers ; on the lower extremities ; on the right lower extremity ; on the thighs ; on the knees ; on the legs below the knees ; on the feet ; on the toes.

*Shivering in general*—with goose flesh ; one-sided ; ascending ; descending ; here and there, wandering ; internal ; running over the body.

*Partial shivering*—on the head ; going from the head ; on back of head ; on the face ; going from the face ; on the chin ; in the epigastrium ; in the hypochondria ; in the abdomen ; on the scrotum ; over throat and neck ; over the chest ; over the shoulder-blades ; over the back ; going from the back ; over the loins ; on the upper extremities ; going from the arms ; on the lower extremities ; on the knees ; on the legs.

*Time of exacerbation*—morning ; noon ; forenoon ; afternoon ; evening ; night ; before midnight ; about midnight ; after midnight ; daytime ; recurring at the same hour ; about three o'clock in the afternoon ; evening ; between four and eight o'clock ; every fourteen days ; recurring at the same time of the year.

*Conditions of exacerbation*—after anger ; after each paroxysm ; from taking hold of cold objects ; from undressing or uncovering ; from rising up ; from rising from bed ; in bed ; from being touched ; touching cold objects ; from moving ; after moving ; after vomiting ; after being heated ; after waking ; before eating ; while eating ; after eating warm food ; after paroxysms of epilepsy ; in the open air ; while yawning ; while walking in the open air ; after walking in the open air ; before urinating ; while urinating ; after urinating ; from coughing ; in the cold air ; before catamenia ; during catamenia ; after catamenia ; from warm stove ; in sleep ; after sleep ; during the pains ; after the pains ; during coryza ; after fright ; during vertigo ; in the side on which one lies ; while sitting ; while speaking of unpleasant subjects ; in a warm room ; before stool ; during defecation ; after defecation ; after drinking ; from turning in bed ; after taking cold ; after taking cold by being wet through ; from alternation with mental symptoms ; from alternation with pains ; from damp, cold weather ; from stormy weather ; from pains in the teeth ; from wind current.

*Circumstances which relieve*—after arising from bed ; while in bed ; from motion ; after eating ; in the open air ; from walking

in the open air; while lying down; after sleep; when sitting; in the sunshine; in a warm room; from drinking; from external warmth.

*Concomitant symptoms—Disposition*—anxiety of mind; irritability; indifference; serenity; melancholy; discouraged; dejected; depressed spirits; sadness: super-sensibility; insensibility; restlessness of mind; angry irritability; despairing; disposition to weeping; rage.

*Intellect*—dullness; insensibility, loss of consciousness; delirium; giddiness; confusion (*eingenommenheit*); ecstasy; weakness of memory; delusions; vertigo; staggering; intellect excited; intellect weak; madness (insanity); empty-minded.

*Headache*—with rush of blood to head; burning in the head; throbbing; jerking; shooting; bursting pain; contracting pain. External head—swelling; hair standing on end (sensation of); sensitiveness of scalp; heat; sweat.

*Eyes*—burning; pressure; inflammation; sparkling; pupil dilated; pupil contracted; pains in the eyes; staring; shooting; tears; burning of lids; twitching of lids; swelling of lids; dryness of lids. Vision—movings before eyes; flames; flickering; photophobia; clouded vision; dimness of vision; darkening of vision; disappearing of the power of vision; trembling before the eyes.

*Ears*—pains; pressure; heat; heat of external ear; redness; shooting; hearing sensitive; ringing; roaring; deafness.

*Nose*—bleeding; pressure; heat; itching; redness; dryness.

*Face*—swelling; pale; bluish; purple; earth-colored; yellow; pale red; one-sided redness; also with coldness, and also alternating with coldness; heat; coldness; convulsions; perspiration; pains; tension; distortion.

*Lips*—eruptions; swelling; dryness.

*Teeth*—chattering; grinding; painful.

*Mouth*—burning in the mouth; dryness; offensive smell from mouth; pain in throat; increased saliva; coated tongue; dry tongue; aversion to food; nausea from food; hunger; thirst for beer; for stimulating drinks; thirst; before the chill; be-



THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“ If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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Vol. XI.

JULY, 1891.

No. 7.

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EDITORIALS.

MISCARRIAGE.—Given a case of inevitable miscarriage, what is the best method of ending it safely and as quickly as possible?

The treatment of this condition by allopathists is, as is usual with them in the treatment of all affections, very variable.

One advocates active measures for removing the membranes which may not be at first expelled; such as using the finger for their removal, or the curette, or ergot in some form. Another upholds the plan of doing nothing but tamponing and waiting for the placenta to be forced out by uterine contractions; but all have sepsis before their vision, and various harmful drugs for its prevention.

For the past nineteen years we have invariably resorted to a simple method in the treatment of this condition, and it has not failed in one case. It is simply to tie the cord and wait for the expulsion of the placenta, which usually occurs in from six to twenty-four hours.

In cases where gestation has not advanced far enough for the formation of the cord there is usually but little difficulty in treating such with the indicated remedy. It is, of course, understood that in all cases abnormal symptoms are to be treated in the same manner as symptoms in other conditions, by the *simillimum*.

G. H. C.

OPHTHALMIA NEONATORUM.—In a recent article on this subject, by an English ophthalmic surgeon, it is acknowledged that “a moderate estimate gives thirty per cent. of all cases of blindness as due to this disease alone.” The same writer says: “I have kept a record of all children admitted into the Sheffield School for the Blind since its opening. I find that after excluding three (which were not seen by me, or for some other reason) there is up to the present a total of 116. Of these in no fewer than 46 can the cause of their blindness be traced to the disease of which we are speaking—a percentage of 39.6.”

He then argues for the use of sublimate solution and silver nitrate as preventives of the affection. As these substances are in almost general use for this purpose by old-school practitioners, we fail to see the benefit arising from their use, taking his own figures as a guide.

We should like to ask whether any Hahnemannian has ever seen blindness follow ophthalmia of the new-born treated homœopathically?

If any one has had such a result, we can say from experience that he has then not followed the teaching of Hahnemann in treatment. And we are sure that the conditions in which loss of sight should occur, under genuine homœopathic treatment, must be very extraordinary indeed.

We have repeatedly had aggravated forms of this affection to treat, and in no one case has the result been other than favorable, each case always terminating with perfect vision and a clear cornea.

We have frequently restored lost vision—lost through such treatment as advised by the above-quoted writer—from nebulous cornea by following Hahnemann’s teachings.

As we have often written, it is a great pity that patients of old-school practice cannot read old-school journals, for they would then be better able to judge of the results of such treatment.

In the absence of this knowledge it is incumbent upon us to enlighten them.

G. H. C.

HEART FAILURE.—For the past several years the term heart failure has occupied a prominent place in old-school journals. The same term is now glibly used by many of the laity, more particularly since the influenza epidemic of 1889–90. Like many other terms with which our old-school friends are so ready to cover their ignorance, the flippant use of this one has come to have a meaning full of terror to many victims of drugs, as well as to others who have been fortunate enough to escape drugging.

The number of deaths charged to “heart failure” is rapidly increasing, and if there be no other apparent cause for sudden death, this affords an easy way to pacify the mourning relatives.

It is time the public should be enlightened on this subject, and assured that death never occurs without heart failure, and that preceding this there must be conditions—brought about by disease or drugs, or both—which bring about heart failure, and, consequently, death.

Formerly the poor liver had put upon it the burden of all ailments occurring, but now the heart is being burdened with more than it can bear—and who can wonder that it should fail?

G. H. C.

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## SYPHILINUM.

THOMAS WILDES, M. D., KINGSTON, JAMAICA.

This remedy, which I have acquired the habit of always using in the 1,000th potency, and which I invariably give once a day only, a dose every night on retiring, from my hands has cured nearly every one of the very many cases of Hunterian chancre that I have treated in the past fourteen years, unaided by any other medicine, the chancre or chancres growing larger for the first two weeks, and then gradually fading away from the margin toward the centre until they disappear in six, seven, or eight weeks, and are never followed by any secondary or tertiary symptoms. I prefer to get the cases during the first three days after the chancre appears.

In cases where the edges of the chancre assume the appear-

ance of proud flesh in the third or fourth week, and become averted, jagged, and angry dark red, I substitute *Lac-caninum*<sup>100,000</sup>, Swan, a dose every night for ten days or two weeks, and until the sore takes on a natural appearance, when I finish the cure with *Syphilinum*<sup>1,000</sup>, Swan.

When, after healing, an indurated spot is left, I give *Nitric-acid*<sup>30</sup> four times a day until it disappears, having clinically learned its advantage over *Silicea* in such cases.

In Jamaica I have had abundant opportunity to verify the foregoing, as also I had in New York. Moreover, in New York I have lived to see my patients whom I had cured of syphilis marry and raise healthy children—in one instance three children—and never in any case could I, as a hereditarian, discern the slightest sign of syphilis in any of the children, either from their teeth or otherwise, nor in their mothers, either as uterine difficulties or otherwise. This is more than can be said in favor of any other method of treating syphilis that I have ever known of, or in favor of the treatment by other doctors in cases where it has fallen to my lot to treat the *after effects* in either the father, the mother, or the children of a man who has been syphilized.

I have in mind two men in this Island who, as I believe, I have cured of syphilis with *Syphilinum*, who have since married and have children, one each, and these children and their mothers are apparently well and strong. The *first* wife of one of these men, whom I treated for tertiary, had died with, from description, evident signs of syphilis while carrying her first child.

I cannot apply the children test to all of my cases, of course. Nor can I apply the larynx test to any of my cases, as that requires that fully twenty years shall elapse after the so-called cure was performed.

Where the cartilages of the throat are attacked, thus bringing the case to the notice of the laryngoscopist, it is usually eighteen or twenty years after the inception of syphilis, and, until the patient is questioned, he has forgotten his former "difficulty

with a woman." Therefore, I do not consider any of my cases, dating back only fourteen years, as absolute cures as yet.

It is also early for me to apply the crucial test of TIME to my cases of cures of primary, secondary, or tertiary syphilis in Jamaica, and until later I am not prepared to state as a fact, though I believe it to be true, *that there is no longer any trace of syphilis in the blood of those I have cured in this Island.*

Syphilinum has cured more headaches among my patients than has any other remedy. Its chief headaches are: linear, from or near one eye backward; lateral headaches, frontal headaches, headaches often from temple to temple, or deep into the brain from vertex, or both; headaches as from pressure on vertex; violent headache in either temple, extending into or from the eye, relieved by warmth; violent pain in the bones of the head or face; headaches all aggravated by the heat of the sun, after effects of sunstroke, are cured by Syphilinum. Headaches are usually accompanied by great restlessness, sleeplessness, and general nervous erethism. Syphilinum cures the headaches of Kali-bichroni., Spigelia, Sanguinaria, Silicea, Aranea-diadema, Agaricus, Stannum, Mezereum, Lac-felinum, and many others. It cures headaches through temples, thence vertically, like an inverted letter T, accompanied with eye symptoms of incipient tumor of the optic chiasm and stale, mouldy, fetid breath. It cures ptosis. It relieves paralysis of the superior oblique. It cures aphasia in its various forms, with its full complement of concomitants, including, as in one case cured here, facial paralysis (seventh pair), left side, ptosis and sudden paralysis of optic nerve of left eye, causing many weeks of blindness; partial paralysis of tongue, which was protruded, crooked, sluggish, heaviness of speech, complete hemiplegia for first thirty-six hours, afterward partial for several weeks. I took the case after an allopath had treated him for six weeks, and thereafter he progressed steadily to a cure.

Very many such cases occur here, the persons believing themselves to be "*moon-struck.*" The allopaths frankly avow their helplessness in such cases. I have cured many—all who came.

One case, with facial paralysis, right side, thick speech, hemi-

crania, jactitation of right eye and lid, was cured in five weeks, after the allopaths had given her up, in a woman of forty. Other cases, and many, I have cured in three weeks. One old gentleman of seventy-six, a retired minister, with thick speech, difficulty of finding his words, and with debility and other remnants of aphasia, I cured in three weeks, so that he was strong and well and talked as straight as any one, after he had been tinkered at and given up as a hopeless case by allopaths for about one year and a half, and had also tried electricity unavailingly. That was three years ago this month, and the old gentleman is still alive and hearty.

It cures periosteal pains anywhere in the body.

It cures the chronic congested spots on the eye, more often on the temporal side, and usually about one to three lines behind the cornea, of a dark red color, apparently imbedded in the sclera, which are always indicative of syphilis.

In cases of acute attacks resulting from tertiary syphilis, such as disease of the cartilages of the throat, or of the periosteum, the action of Syphilinum is often violent at first, and brings on decided aggravations. So also will it aggravate at first the acute pharyngitis of secondary syphilis, or the acute nervous erethism, or acute syphilitic paralysis of the tertiary stage, but it hastens and promotes the cure of all.

Syphilinum has been of great help in my cases of catarrhal and nerve deafness, where a marked cachexia exists. Two such cases are now under my care and markedly improving. One, a grown man, is also gaining strength rapidly, after repeated slight pulmonary hemorrhages for four years past.

It cures itching in the nostril. Attacks of fluent coryza. Dark purple lines between the alæ nasi and the cheeks.

Always curative in itching, scabby, eczematous eruptions when they appear on the face or breast, singly, or in clusters, and looking like herpes.

It cures pain and pressure behind the sternum.

It first aggravates, and afterward is curative, in cases of so-called *heartburn*, with pain and rawness extending from stomach to throat-pit, and often accompanied by cough.

It promptly relieves, and eventually hastens the cure of violent attacks of dyspnœa, with wheezing and rattling of mucus, coming on from one to four A. M., whether from emphysema, capillary bronchitis, or simple asthma proper, and is always a valuable adjunct remedy in such cases.

It cures dyspepsia. Daily vomiting for weeks or months, due to erosion from superficial ulceration of lining of viscus. I claim this erosion or ulceration to be due to herpetic rash of syphilitic origin.

It cures dyspepsia, flatulence, belching of wind. Cures all *nervous dyspepsia* when not originating in pressure at base of brain, in which case *Psorinum* is more often the remedy, especially in the absence of syphilitic cachexia.

It is the best temperance advocate on earth, and cures tendency to heavy drinking; all habitual drunkards being syphilitics.

Its action on the liver is beneficial and lasting. In chronic constipation, with fetid breath, earthy complexion, gaunt appearance, it produces desire for stool every morning, which stools are yellow and easily passed, bringing great relief.

It restores appetite when capricious or scant, or absent, during melancholy moods.

It cures yellow leucorrhœa of offensive odor, either watery or not, and so profuse that it daily soaks through the napkins and runs down to the heels of the stockings, if the woman is much on her feet—at least six cases in my practice since 1877–8.

It cures the profuse leucorrhœa so often found in sickly, nervous children of five to ten years of age.

I believe that it often prevents the formation of ovarian tumors and cures congestion and inflammation of the ovaries and fallopian tubes, and I know that it cures inflammations and indurations of the spermatic cord.

It is an indispensable remedy in many cases of uterine and ovarian diseases, especially in married women, and particularly if accompanied with pronounced nervous disorders. It reaches the cause; for many a married woman carries with her to her (often early) grave, either oophoritis, salpingitis, metritis, ulcer-

ations, congestions, or hydatids, the result of latent syphilis or gonorrhœa in her husband, transmitted to her and to her children.

It quickly allays the pain of rheumatism of shoulder joint, or at insertion of deltoid, which is aggravated by attempts to raise the arm laterally, and in a few days the mobility of the joint is greatly increased. It hastens the cure of the case.

It cures rheumatism where the muscles are caked in hard knots or lumps. Also cases of excruciating arthritis, where the swelling, heat, and redness are intense.

Occasional doses of Syphilinum or Psorium are indispensable in obstinate cases of cholera infantum.

Syphilinum often aggravates the acute ophthalmia neonatorum. I have always found it better to cure the ophthalmia first, and then drive the syphilis out afterward.

It vies with Sulphur in its wonderful power to produce a quiet, refreshing sleep.

It has cured for me many cases of epilepsy.

It causes and cures a contracted and painful feeling in the soles of the feet, as if the tendons were too short.

In 1876, I cured with Syphilinum<sup>m</sup>, Swan, a bookkeeper in New York who had suffered for many months with a piercing, pressing, excruciating headache over the right eye and extending deep into the brain. It was so severe that he was losing his continuity of thought and his memory.

He made repeated mistakes in figures, and often made out and sent bills twice, on consecutive days, unnecessarily, to the same persons.

He was in danger of losing his situation. Under this remedy, a dose every night, his headache entirely disappeared in ten days, and his mental faculties were fully restored.

In six weeks his whole eyebrow on that side broke out in a scabby, yellow, syphilitic eczema, with a red, angry, and oozing base, extending under the arch to the lid, also a finger's width upward on the forehead, and from canthus to canthus, and down on and partly across the nose—the whole being not only unsightly but also very tedious and most difficult to heal, because



of my folly in changing my medicine too often. I should have stuck to Syphilinum. When the rash appeared and I questioned him, he then acknowledged what he had denied before, viz. : that he had had syphilis a few years before, but claimed that it had been *cured*. He is now manager of an institution that is known the world over.

In 1878 there came to me an operator in the employ of the Western Union Telegraph Company, who had known me in a previous boarding-house. He had suffered from chancre for nearly six weeks, and the only results of the repeated nitric-acid-burning treatment of his former physician was that the chancre had eaten its way freely from the frænum up the left side of the glans penis, thence backward, involving the foreskin through and through, thence backward, involving even the deep tissues of the cuticle almost to the root of the penis, and half a finger breadth in width. I told him that his blood was already involved, and that I could not prevent secondary and tertiary symptoms coming. They did come, and with a vengeance, so soon as he began to take Syphilinum<sup>m</sup>, Swan. Abscesses and ulcers formed in his throat, and his face, scalp, body, and extremities broke out in a violent syphilitic rash, as thick as measles, angry-red, each papule developing a scab which would scale off to give place to another. For several weeks he was a holy show! The chancre gradually healed, and finally the syphilitic rash followed the throat trouble and disappeared. Then came headaches and *plaques mucosa*, the latter covering the vermilion border of both lips, which were swelled, and lying in patches in the mucous lining of his mouth, and affecting the edges of his tongue. His anus also began to show signs of rawness, fissures, etc. He took the Syphilinum every night at bedtime, and in about five months I pronounced him cured. He afterward married, and five or six years ago I had the pleasure of seeing his then three maiden efforts in the shape of matrimonial bonds, two of them with coupons on, and I could discover no evidence of syphilis in either one of those three children, and yet I was looking to find it.

Next to our old Mayor, Fernando Wood, who had "an eye

for the public good," I believe that I have the keenest eye for detecting syphilis of any man in either school of medicine.

In 1879, a lady came to me for a dreadful ozæna. She also had curvature of the spine, and a congestive trouble of the right ovary which was so pronounced that I sent her to a specialist to be examined for ovarian tumor. She was an extremely bright and intelligent young woman of about twenty-six or twenty-seven years, but from a child had always been very delicate. Her mother, whom I know but little, was also always a very delicate woman with some eczema trouble, but a woman of great nervous energy. Syphilinum cured the ozæna, and helped her health, but, *miserere*, it drove out a *saddle* to which the Sepia saddle is not even a shadow! It consisted of a furious, inflammatory mass of syphilitic sores, scabs, and eczema, red and angry, with a fiery base, extending from one malar prominence to the other, across the nose, up to the eyelids, and on the forehead, chiefly over the frontal sinuses. It was a horrible disfigurement for a young woman, and I confess to being eighteen months removing the rash and with it the hideous picture that her face presented. Her ozæna never returned, she is still living and enjoys fairly good health. I learn that her brother's child, five years old, is now being treated for obstinate catarrh. He will soon get Syphilinum<sup>m</sup>, Swan.

In 1883, I cured a man who lived on Hudson Street, New York, of syphilitic destruction of hard and soft palates. He was sixty years old, and admitted having had syphilis many years before. There was an open hole from the floor of the nares to the roof of the mouth about one inch long and a half inch wide. The soft palate was gone, and the pillars were going. He could not swallow liquids except he held his nose to prevent escape. After many weeks of the steady use of Syphilinum, the destructive process ceased, and the parts healed in their then denuded state. It was my first case of the kind, and so soon as the fresh surfaces had healed, I gave Aurum-mur.<sup>30</sup>, four times a day for several weeks, for fear that the bones would go bad again. My later experiences have shown that Aurum is never necessary.

Recently I have cured of the same thing, same parts involved, and same destruction of tissue, a boy of ten, whose brother is in the Post Office here. I can get no history of syphilis, but Syphilinum cured him.

I now have on hand a precisely similar case in an old black woman who is recovering. She fights shy of history. I give her Syphilinum.

[TO BE CONTINUED.]

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## MEDICAL PERSECUTION IN BRITISH COLUMBIA.

EDITORS OF THE HOMEOPATHIC PHYSICIAN :

It may be as well that your numerous readers, particularly those seeking new homes for their medical skill, should know the real condition of things in this Province. Indeed, such knowledge ought, perhaps, have been given sooner had not writing been such a labor.

On coming here from Toronto for a warmer climate, in which city the writer had practiced some thirty years, he was surprised to find that this very close community, though in Canada, had formed, by the medical men there existing, a bill, afterward passed as law, by which all resident physicians were admitted and called legally qualified practitioners, taking from their number sufficient to form a Board of Medical Examiners for those who might afterward come to this Province with the object of practicing.

The subscriber applied both in Vancouver and Victoria to the officers of this board for liberty to pursue his profession, but was met by the answer of their impossibility of complying with such a request; that no one, whatever his age or experience, could avoid a personal examination by their board, the conditions of which were the payment, first, of a fee of \$100, and, if passed, of a subsequent one of \$5 annually as a member of that body.

Of course, it will be readily believed that such an assumption of power was strongly protested against, the writer feeling unwilling to submit, while prerogative was in their hands and

the door effectually closed. This Province was then left for the States, where such a liberty as was sought for would not be denied. Unfortunately, when there, the subscriber found himself a stranger, none knowing him or those who had written letters of introduction, and weight of years made it almost impossible to face the current of public opinion and hostility which every new-comer must more or less experience, especially in a profession which was so opposite to that spurious Homœopathy which extensively prevailed. Actuated by such thoughts, steps were again directed to Victoria as presenting the most promising field for a successful homœopathic practice. Having this in view, most of the eminent men of Parliament were seen promptly and the position made fully known to them. Among them were the late Hon. Robert Dunsmuir, a member of the Privy Council, and the late Hon. T. M. Humphreys, of the Opposition, both of whom, with many of their colleagues, whose names need not be mentioned, promised cordial support. On the strength of this, at the next assembling of Parliament, a bill was prepared and introduced by Mr. Anderson, embodying mainly that "the present bill was unfair, as expelling a body of men from the Province whom the public had a right to see admitted; that these practitioners were not afraid of examination, even if severe, but were specially averse to being forced before a hostile board, who, notwithstanding their frequent protestation to the contrary, were opposed to our progress. We particularly desired independence of their examination, and on that ground we sought a board of our own, when sufficient true men could be admitted to form one." This bill would have passed had not the printer made some mistake in rendering it, causing a delay of three days, whereby the dominant school got knowledge of our intentions and mustered all their resources against us, defeating the measure, though its friends had fought ably to the last for it, Mr. Humphreys being so ill at the time as to be hardly able to attend the discussion.

But the bill was lost to our school, the writer's own claim being admitted, provided the Privy Council were satisfied with his diplomas. Their decision resulted satisfactorily. This law

admitted us on the same ground as others, but before an opposing board. And, seeming too liberal, at the next session of the Legislature a bill was introduced by the Hon. Theodore Davy with an amendment to the Medical Act "that hereafter no one should be eligible for examination but those who had received their diplomas from a college or university requiring *three years' study of medical science AS A HABIT.*" The writer sent a very strong protest to the government paper here, the *Colonist*, which would probably have killed this bill, but it was so passed, the amendment then becoming law, killing our men at one blow.

Since then, medical men have been elected to the Parliament who will surely give their influence against any new legislation in our behalf.

Such is a condensed view of our affairs in British Columbia, called by our enemies fair and impartial, both schools being recognized on the same terms, and this is so lauded by them that the public is made to believe that such conduct is fair and just to us because the law is on the statute book.

JOHN HALL.

VICTORIA, B. C., April 25th, 1891.

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## THE NEW YORK HOMŒOPATHIC UNION.

### MINUTES OF MEETING OF APRIL 23D, 1891.

A meeting of the Union was held March 19th at the office of Dr. Carleton, 53 West Forty-fifth Street.

Sections 82-94 of *The Organon* were read. Attention was called to an error in Section 86 of Stratton's translation. It occurs in the sentence "and in what *part* of the body was it (the pain) the worst," which should read, "and in what *position* of the body was it the worst." It was thought that these sections which deal with the taking of the case were more frequently transgressed than any others of *The Organon*.

Hahnemann advises, in Section 91, in those cases where the true picture of disease is masked by drug symptoms, to wait a few days before giving medicine. This seems in many cases the only thing to do, but often the totality of symptoms may at

once be prescribed for, thus antidoting those symptoms due to previous medication, and at the same time clearing up the case.

As regards the aggravation of high potencies, which subject was next discussed, it was thought that the aggravation might sometimes be avoided by giving a very minute dose, for instance one No. 10 pellet. Other members thought that with the high potencies the size of the dose made little difference, but that too frequent repetition was the chief factor in the aggravation.

The aggravation of a high potency might be antidoted by a higher potency of the same remedy. *Lycopodium* was cited as the drug that is more apt to aggravate, in a high potency, than any other.

Dr. Young gave his experience of an extreme sensitiveness to drugs, when in ill health some years ago. At that time, he said, he could get a proving of any drug by holding a vial containing the drug in his hand for a short time, and such a proving that would enable him to say positively what medicine he held. He could distinguish one metal from another by simply holding it for a few minutes between his fingers. By feeling a patient's pulse he could obtain a fair picture of the patient's condition.

This hyper-sensitiveness of the nervous system, which at first was an amusing novelty and promised to be of much value, proved shortly most annoying to Dr. Young. The condition was to a great extent corrected by *Agaricus-muscarius*.

#### MINUTES OF MEETING OF MAY 21ST, 1891.

The previous meeting of the Union was held April 23d, at Dr. Carleton's office, 53 West Forty-fifth Street. In the absence of Dr. Fincke, Dr. Morgan occupied the chair.

The minutes of the previous meeting were read, and Dr. Young's peculiar sensitiveness to drugs was further commented upon. Dr. Morgan said he remembered a series of experiments some years ago which showed how very susceptible some persons are to certain drugs. Potentized *Ipecac.* in a vial hermetically sealed caused a severe attack of asthma in a person experi-

mented upon, and musk used in the same way produced frequent attacks of fainting in a woman.

Sections 95-103 of *The Organon* were read.

Is there any medicine of value in the prophylaxis of measles? was asked.

Pulsatilla was suggested as useful in many cases, and Swan's Morbilin<sup>mmm</sup>, given three times daily, was thought to be of service in shortening the disease or making it lighter.

Hahnemann, speaking of the epidemic diseases in Section 100, says that each epidemic must be separately and carefully explored, "as every prevailing pestilence is in many regards a phenomenon of its own kind, and on exact examination will be found to be very different from all other former pestilences." But he adds, "excepting epidemics from the same identical tinder of contagion, the small-pox, measles, etc." This section, which gives the idea that we need not individualize in these cases, was objected to, on the ground that this advice leads to routine and ruts; we need to individualize in small-pox, measles, etc., as in any other disease.

Dr. Carleton said that Hahnemann could not have intended to encourage carelessness. In Hahnemann's day most cases in any one epidemic were pretty much all alike. The cases did not differ as at the present time; then these diseases approached the universal type, and on this account Hahnemann was able to suggest those three remedies for cholera which proved so successful in its treatment.

Dr. Morgan said that many years ago "Nux and Salt," one of Humphrey's first specifics, were prescribed for many cases of intermittents, and with success at that time, but to-day we cannot make the exceptions Hahnemann speaks of in Section 100.

Section 102 suggests the importance of writing down the symptoms of our cases, and this cannot be too strongly insisted upon. Dr. Bayard was cited as one who did not take notes, but *he* had an exceptional memory and a profound knowledge of materia medica, and although such a benefit to humanity, his experience has been of little use to the profession.

Incidentally a written record of a case is often useful in prov-

ing to a patient how much better he is than he is willing to acknowledge, as he may belong to that class which is never any better until entirely well.

Dr. Morgan spoke very decidedly upon that subject of which we can never hear too much—the *materia medica*; we cannot study it too carefully. Diagnosis, although important, must always be subordinated to *materia medica*.

About thirty years ago there was a disease prevalent through Central New York known as the Albany throat disease, having originated in that city.

By the symptoms, subjective and objective, Dr. Morgan was able to select the *simillimum* and cured his cases while the old-school doctors were speculating upon its etiology or making a diagnosis.

This Albany throat disease is now known as diphtheria.

L. M. STANTON, *Secretary*.

71 West Eighty-eighth Street, New York.

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### THE PATHOGENETIC PICTURE (*ORGANON*, § 83 ET SEQ.).

ADDRESS OF B. FINCKE, M. D., PRESIDENT OF THE NEW  
YORK HOMŒOPATHIC UNION, AT ITS THIRD ANNI-  
VERSARY (FOUNDED APRIL 19TH, 1888).

In looking upon the past year of our endeavor to study *The Organon*, it must be acknowledged that the time bestowed upon it has not been employed in vain, and those who have taken part in our discussions will testify that many subjects have been cleared up which gave to our meetings a more practical character than the year before. We had naturally to begin at the beginning, at the principles which form the basis of our science and art, and the patience and endurance with which the members went through the difficult task of understanding them clearly deserves all praise. Though some points in the explanation of the phenomena in relation to the action of medicines upon the organism could not be accepted literally as they stand, they have only led to views which already have been held by the older



physicians without being sufficiently cleared up. Those doubtful points, on continued investigation, will probably be replaced by undoubted ones, in uniformity with the immutable principles laid down in the first part of *The Organon*.

We have gone through a remarkable period of commotion in the allopathic ranks, after we had settled, the year before, what there may be acceptable of so-called "Isopathy." It was to be expected that the homœopathic ranks would be carried away with it more or less. Our homœopathic brethren on the other side of the Atlantic, in consequence, raised the formerly by them despised corpse of Isopathy from its death and galvanized it into new life, because by these means they could declare Koch's method a homœopathic measure. In a paper read before the Union at the last December meeting, it was shown what a sorry homœopathic measure that was and its downfall was predicted, because it lacked the true scientific element of induction, which invariably demands the proving of the medicine upon the healthy and the proper potentiation of it to make it acceptable to the life-force when sick, before it can be administered in disease. Naturally, no allusion was made to this extravaganza of the physico-chemical school in our meetings, when it was at its height, because we had settled the matter before in the claim that such morbid substances (nosodes), if preferred, should be obtained in their purity of corruption. They should be potentiated and proved upon the healthy, and then they should be considered to be homœopathic remedies like the rest, inasmuch as then they cease to be nosodes.

One would think that the fiasco of Koch's lymph would have opened the people's eyes at large, so that they would see how the inveterate enemies of Homœopathy blundered in adopting it in an allopathic way, and thus recognize the poverty of testimony given thereby. But it is idle to suppose that the majority of the people would take a lesson from that humiliating occurrence in the allopathic camp. It is even so, that in respect to medical matters great darkness prevails in the minds of even intelligent men and women, and no homœopathic ray of salvation can enter there. We are still a small minority, and if it were not that the

light, which Hahnemann has wrought out of solid facts, shines of its own accord even in the darkness around, we might despair that it ever would overcome it! But there is a great comfort in the struggle in which we are engaged. Homœopathy, at the same time that it carries the light through the darkness, comforts and heals the sick and spreads its blessings around in its march toward greater enlightenment of the human race.

We have now in *The Organon* arrived at the sections which teach how to investigate the given case of disease. Never was there anything written more to the point, though extensive enough to cover all possible conditions which the sick to be examined can present. Hahnemann in these sections proves himself to be as great a pedagogue as he was a physician, and enables every sensible physician to understand the case before him—*i. e.*, what of it he needs to know for healing it, even if he has not the mind of a Hahnemann. If the Hahnemannians are called sectarians and their teaching exclusive, this is only in vulgar parlance, “calling names.” In doing so, they in reality do not mean us personally, but the master in whose tracks we are proud to follow. They try to blind their contemporaries with representing Hahnemann before he arrived at the perfection of his doctrine as it is laid down in the fifth edition of *The Organon*, thirty-three years after the first edition. All the great reformers had the same fate of being reviled at first; and how could it be otherwise? They had to rise above the common level of the human understanding, because they discovered phenomena and facts which had not yet or only imperfectly been observed. When Copernicus set the sun in the middle of our world as *laterna mundi*, around which the planets move in circles drawn by a mysterious attraction; when Kepler rectified the circular by the elliptical motion of the planets, and Newton crowned the work of these two great men by his discovery of the law of universal gravitation, they had to encounter the enmity of their contemporaries, who were in the great majority and railed at the presumption of single obscure individuals who dared to overthrow the error of ages held by celebrated men.

For, before the arrival at their new discoveries, they were unknown to the fame which praised them afterward to the skies. Just so Hahnemann. What matters it if they call him sectarian and exclusive, and his faithful disciples an exclusive sect? His discoveries go through all ages to come, gaining continually by their industrious labors in extent and intensity. For the homœopathic school is different from the old school in this, that may the various sciences be perfected in the course of time ever so much, the science of homœopathics proceeds on its own way, pursuing the perfection of its own methods and increasing in usefulness in the healing of the sick, however much the hypotheses and theories cultivated by the physico-chemical school may vary. If the various auxiliary sciences of medicine proceed incessantly accumulating facts and knowledge, it does not follow that their teaching is also progress. Frequently they are the cause of new methods which are introduced as improvements, and afterward turn out to be the reverse. Look at the methods of blood-letting, of stimulation, of vaccination, of injecting morbid products as we have seen lately. All these perilous efforts pass like storm-winds, leaving desolation behind them. But Homœopathy, based upon sound principles, continues its even way, rendering to the diligent mind the means to heal where healing is possible.

Such thoughts keep coming up when we consider the careful prescription which Hahnemann gives for the exact investigation of the case in hand. And it stands to reason that, if the homœopathician has acquired the faculty and skill to take up the pathogenetic picture in the Hahnemannian manner, he will be just as careful in selecting the similar remedy for it which the *Materia Medica Pura* offers.

Let us, therefore, my friends, not get tired at the numerous details which some cases present. Their evolution is the best assurance of a successful selection of the similar remedy, and thus the conscientious study of *The Organon* will be not only a great benefit for our practice, but also a pleasure in exercising and perfecting the mind.

## REMEDIES FOR ALTERNATING DISEASES.

- Nausea and pain in head: Scilla.  
Rheumatism and gastric symptoms: Kali-bichromicum.  
Mental and physical symptoms: Platina.  
Hard hearing and dim vision: Cicuta.  
Hard hearing and otorrhœa: Pulsatilla.  
Eye troubles and pains in lower extremities: Kreosot.  
Headache and oppression of chest: Glonoine.  
Rheumatism and cardiac pains: Benzoic acid.  
Vertigo and colic: Veratrum-alb.  
Eruptions and asthma: Caladium, Rhus-tox.  
Pain in chest and abdomen: Æsculus-hip.  
Headache and pain in abdomen: Cina, Plumbum.  
Coughing and gaping: Antimon-tartar.  
Constriction in chest and pain in abdomen: Calcarea-carb.  
Headache and prolapsus recti: Arnica.  
Pain in right temple and right knee: Melilotus.  
Headache and backache: Melilotus.  
Depression and good spirits: Actæa racemosa.  
Spasm of glottis with contraction of fingers and toes: Asafœt.  
Pain in forehead with crampy pains in chest: Lachnanthes.  
Metrorrhagia and difficult breathing: Fluoric acid.  
Eczema and internal affections: Graphites.  
Herpes and dysentery: Rhus-tox.  
Palpitations and pains in lower extremities: Benzoic acid.  
Laryngeal and uterine complaints: Argentum-nitricum.  
Epistaxis and hæmoptœ: Ferrum.  
Delirium and colic: Plumbum.  
Lumbago and headache: Aloes.  
Lumbago and hemorrhoids: Aloes.  
Eructations and gaping: Lycopodium.  
Rheumatic and respiratory troubles: Guaiacum.  
Diarrhœa and headache: Podophyllum.  
Diarrhœa and rheumatism: Dulcamara.  
Hæmoptœ and rheumatism: Ledum.  
Fistula ani and chest troubles: Berberis, Calcarea-phosph.

Headache and gastralgia : Bismuth.

Alternation of sides : Lac-caninum.

Sore throat and sore eyes : Paris-quad.

Headache and uterine and abdominal affections : Aloes.

Asthma with headache : Angustura, Glonine, Kali-brom.

Constipation and diarrhœa : Ammon-mur., Sulphur.

Constipation alternating with diarrhœa :

I. Ammon-mur., Bry., Chel., Cimicif., Coffea, Cupr., Ign., Iod., Kobalt., Lach., Natr-mur., Nux-vom., Plumb., Pod., Puls., Sang.

II. Ant-crud., Arg-nitr., Ars., Kali-bichr., Mez., Op., perhaps Cocculus.

Asthma with nocturnal diarrhœa : Kali-carb.

Asthma with gout : Lycopodium.

Skin affections and pains in joints : Staphisagria.

Let your readers fill up all omissions, there are lots to be found yet in the materia medica. S. L.

## ARSENIC FOR COMMON USE.

(From the *New York Times*, March 1st.)

The protests of the Massachusetts Homœopathic Medical Society against the use of arsenic in the manufacture of wall paper, textile fabrics, and other articles commonly found in the sleeping and living rooms of dwelling-houses have led the Massachusetts Legislature's Committee on Public Health to take testimony concerning this matter. We referred, on the 8th ult., to the reports laid before the Homœopathic Medical Society by Professor Calder, of Brown University, Dr. Talbot, and others. At the first hearing before the Legislative Committee many interesting statements were made by the complainants, while ex-Governor Long appeared as counsel representing certain manufacturers of paper.

Among those who testified was Dr. Wm. P. Bolles, one of the surgeons of the City Hospital, who described at length the experience of his son, a child four years old, who has suffered from arsenical poison for two years. After the cause of his

illness had been discovered a search for arsenic was made in the rooms of the house. In the paper borders on the walls of his bed-room arsenic was found, and an examination of several boxes that contained his toys revealed considerable quantities of the same poison in the coverings and linings. More of it was discovered in the plush coverings and the lining of an arm-chair, in the frescoes on the ceiling, and in some scarlet braid attached to his clothing. The dust on the tops of the windows and door frames in the room where arsenic had been used in the frescoes was found to be arsenical. The wall-paper, except the borders, was not poisonous. Owing to the effect of the arsenic the boy's health has suffered serious and probably permanent injury. Dr. Bolles also spoke of one of his patients, a woman who had died of disease caused by the absorption of arsenic, after a distressing illness of several years. The autopsy revealed the presence of arsenic and the irritating effect of the poison. Both in the room where she died and in the room where her illness began the wall-paper was found to be loaded with arsenic. He had discovered arsenic in a woolen wrapper and a dress worn by another patient whom he had treated for arsenical poisoning, and he asserted that in his opinion the unconscious absorption of arsenic from wall-papers and fabrics was the cause of general debility and weakness in many cases.

Another witness was Dr. Charles P. Strong, of the Massachusetts General Hospital, who cited the experience of two patients. One of them had suffered from debility for several years, and during the greater part of that time had lived in two rooms of a certain house. A year ago she came under his care and was treated for arsenical poisoning. She was taken from the house and is beginning to recover. "Arsenic was found in large quantities," says the report of his testimony, "in the draperies of her room and in the lounge in the library. The wall-papers also contained arsenic." Dr. Horace Packard spoke of a person in his own house who had been poisoned. "The wall-paper in the room was covered with a pigment, which was examined and found to contain a large amount of arsenic. He was removed to another house and the illness disappeared."

Thomas J. Gargan told the Committee that on November 27th, he had undergone a surgical operation, and that his failure to recover from the effect of it had caused his physician to suspect that he had absorbed arsenic. There was no paper on the wall of his room, but an examination of two "comforters" used on the bed disclosed large quantities of the poison in the coloring matter. Arsenic was also found in the coloring of the cover of a lounge and in the colors on the cornice of the wall. He was still suffering from the poison. Ernest F. Henderson testified that, while in excellent health, he had rented a furnished house in Boston last fall and had become seriously ill after occupying one of the rooms as a study. His physician had told him that his symptoms indicated arsenical poisoning, and, upon examination, the wall-paper and the covering of a divan in the room were found to be heavily charged with arsenic.

It was shown that some of the articles of furniture referred to in the course of the hearing had been bought at well-known stores in Boston. It does not appear in the reports published by the Boston papers that ex-Governor Long submitted any testimony beyond the statement that "the paper manufacturers were discontinuing the use of arsenic in their products." The evidence thus far laid before the Committee seems to prove conclusively that legislation is needed either to prevent the application of this poison to goods in common domestic use or to compel manufacturers and merchants to give fair warning to purchasers when the poisonous goods are sold.

## THE HAHNEMANNIAN'S ANALYSIS SHEET.

TO THE EDITORS OF THE HOMŒOPATHIC PHYSICIAN:

I had not the faintest intention of charging Dr. Wolff with plagiarism, and I am sorry he should have so misunderstood my letter. If he will read the "review" of his plan in the February HOMŒOPATHIC PHYSICIAN, and also the first part of my letter in the April number, he will see that *you say* it is a modification of Dr. E. J. Lee's plan, and of the *later device of Dr. Alfred Heath*. It was to this last that I took exception. I

could not personally say anything about Dr. Wolff's plan, as I have never seen it, so I must leave you to settle the point as to any similarity that may exist between Dr. Lee's and Dr. Wolff's plan. I do not know that there is any particular honor in proving "originality." It is a kind of plan that may occur to many men when working out a case. My only idea in publishing it was that it may not occur to all, as proved by the fact that it has been so much thought of, especially by beginners. It has also opened the eyes of many allopaths to the truth of the law of similars. They cannot get away from the fact that if the "working" points to a remedy (not even thought of), which *produces* all the symptoms of the patient, and that remedy cures the disease, Homœopathy is unquestionably a science, and that this science is founded on a natural law which in itself must be infallible.

I am, dear sirs,

Yours truly,

ALFRED HEATH.

#### DR. NOE'S CASE IN JUNE NUMBER.

If Dr. A. T. Noe will examine his lady patient closely, for whom the advice is wanted in the last number of *THE HOMŒOPATHIC PHYSICIAN*, he will discover, I think, that there is ovarian trouble. Although we do not treat ovarian disease *per se*, still a physician should know where there is irritation and what organ is affected, if for no other reason than to satisfy the friends.

There are a good many symptoms surely omitted from the doctor's "Advice Wanted," still I think if he will study and consult such remedies as Apis, Cimicifuga, Liliun-tigr., Nuxvomica, etc., I believe he may find something to benefit Mrs. L. F——.

From his description of the case I should prescribe Cimicifuga.

WM. STEINRAUF, M. D.,

June 2d, 1891.

St. Charles, Mo.



## DR. WILLIAM A. HAWLEY.

William Agur Hawley, M. D., died at his home, No. 407 Montgomery Street, Syracuse, N. Y., Saturday morning, May 16th, after an illness of about three months. Heart difficulty developed a few years ago, and he became conscious then that his days were numbered. He was one of the oldest homœopathic practitioners in Central New York, and adhered rigidly and conscientiously to his convictions in regard to the practice of medicine.

Dr. Hawley was born August 28th, 1820, in Hinsdale, Berkshire County, Massachusetts. He was a son of Rev. W. A. Hawley, a Congregational minister, who preached for twenty-five years in that place, the Hawley family being descendants of Joseph Hawley, who settled in Stratford, Connecticut, about 1630. Dr. Hawley was fitted for college by his father, and when eighteen years old, entered Williams College, and graduated with credit in 1842. He first turned his attention to teaching, going for that purpose to Kentucky. In the winter of 1848 he returned to New England and took up the study of medicine, and graduated from the Albany (New York) Medical College in 1851, as he himself expressed it, "a confident believer in allopathy." He began the practice of medicine in Albany and in a few years turned his attention to Homœopathy.

From Albany he went to Saratoga Springs and associated himself with Dr. Bedortha in the "water cure" at that place. He then took charge of the "water cure" establishment at Lebanon Springs, Columbia County, which was the first "water cure" establishment in this country, and was very successful. After a year or so spent at Lebanon, he removed to Watertown, and in 1861 he came to Syracuse and associated himself with Dr. A. R. Morgan, and has practiced there ever since. He was one of the oldest homœopathic physicians in the country, and his practice was characterized by a strict obedience to its laws. He was a thinker, not alone on the practice of medicine, but on many subjects which claimed his attention. His position in his profession was in the front rank, and he was honored by his

brethren in many ways, having held the office of President of the County Homœopathic Society eight years out of the twenty-seven of its existence. He was a member of the International Hahnemannian Association, of which he was President in 1888. He was also a member of the Central New York Homœopathic Society.

In September, 1851, he was married to Miss Willard, of Massachusetts, who died in 1889. He leaves three children, Mary E., William A., of Pittsburgh, Pa.; and Mrs. M. J. Howes, of Holyoke, Mass.

The Oneida County Homœopathic Medical Society adopted these resolutions:

“WHEREAS, Death has entered our ranks, choosing therefrom a shining light in the person of Dr. William A. Hawley; be it

“*Resolved*, That through the death of Dr. Hawley this Society has lost one of its oldest, most valued, and respected members, one whose place it will be hard to fill; a man whose natural abilities would have rendered him prominent in any walk of life, whose professional attainments had gained him deserved eminence, whose stability and devotion to principle were most remarkable, and whose professional consecration was most thorough—a wise counselor and a leader of men.

“*Resolved*, That this Society pays highest tribute to Doctor Hawley’s untiring efforts for the cause of Homœopathy, to his invaluable services in behalf of this organization, to his long years of effectual work among the sick, and to his value in the profession and to his fellow-men.

“*Resolved*, That we extend to his afflicted family our most cordial sympathy, together with expressions of our own personal bereavement.

“*Resolved*, That a copy of these resolutions be sent to the family of the deceased, to the *Medical Advance*, and that they be engrossed upon the records of the Society.

“J. W. SHELDON, M. D.,

“S. L. GOULD-LEGGETT, M. D.,

“K. ELMER KEELER, M. D.,

“*Committee.*”

## BOOK NOTICES.

**MEDICAL SYMBOLISM**, in connection with Historical Studies in the Arts of Healing and Hygiene. By Thomas S. Sozinskey, M. D., Ph. D., Philadelphia (1231 Filbert Street) and London. F. A. Davis, Publisher, 1891. Price, \$1.00, net.

This interesting little volume is the ninth issue of "The Physicians' and Students' Ready Reference Series." It consists of a summary of the researches of the author into the significance of certain medical symbols and their origin. The most notable of these is the serpent, which is generally used as a sign of the physician. It tells who Esculapius was, and what is the relationship of the serpent to the God of Medicine. The origin of the sign R, used in writing prescriptions, is also established. We regret that our limited space prevents our yielding to the temptation to quote a number of extracts relating to the serpent, all of which are very interesting.

Those of our readers, however, who wish clear ideas upon this subject, and it should be understood by all well-educated physicians, will do well to buy the book and read it carefully, as its low price and excellent printing and binding, together with its conciseness, especially recommend it.

The author indulges a sneer at Homœopathy in reference to the use of snake poisons. But, as his statements show a hopeless ignorance of the homœopathic method of using such poisons, they can only have the effect of creating amusement in the mind of the homœopathic reader, and in nowise constitute an objection to the book.

W. M. J.

**CENSUS BULLETINS**, Nos. 24 to 60. Hon. Robert P. Porter, Superintendent of the Census, Washington, D. C.

These bulletins, issued regularly, have been received at this office, until now sixty have been published. We have noticed many of them from time to time, but have not space to give any extended summary. We select, therefore, those dealing with statistics of the Census of Education. from which it appears that Mississippi shows a gain of 47.90 per cent. in public school enrollment in the past decade. Louisiana has a 53.52 per cent. exhibit. Texas has gained 133.15 per cent.; North Carolina, 27.08; South Carolina, 50.89; Virginia, 55.06; West Virginia, 34.42. New Hampshire sustains a loss of 7.51 per cent., Maine 7.38, and Vermont one of 10.42 per cent. In the line of growth in public school enrollment Connecticut has a 6.68 per cent. gain; Massachusetts, 17.33; New York, 1.38; Ohio, 5.98; Pennsylvania, 1.59; Iowa, 15 88.

**A TREATISE ON DISEASES OF THE EYE; FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS.** To which is added a series of test types for determining the exact state of vision. By Henry C. Angell, M. D., Professor of Ophthalmology.

mology in the Boston University School of Medicine. Seventh edition, re-written and illustrated. Boston: Otis Clapp & Son, 1891. Price, \$3.00.

In Vol. II, page 236, HOMŒOPATHIC PHYSICIAN will be found what we thought of the sixth edition of the above "Treatise." This, the seventh edition, contains just what we condemned in the sixth—that is, allopathic teaching under the name of a professed homœopathist. We have had sufficient experience in various affections of the eyes to be able to state that Hahnemann's teachings apply to eye diseases as well as to other ailments, and that the results of applying these teachings are all that can be desired. In contrasting the results of a rigid adherence to homœopathic law in treating eye diseases with the haphazard methods of allopathy, we can only wonder at the short-sightedness of those who profess to know of Homœopathy but who will yet resort to the uncertainties of topical applications of crude drugs, to say nothing of their harm. While the book before us contains nothing new, still one can find in its pages some things worth knowing. The printer and binder are to be commended for their part of the work. G. H. C.

#### GEORGE P. ROWELL & Co.'s BOOK FOR ADVERTISERS.

Geo. P. Rowell & Co., of New York, publishers of the American Newspaper Directory and of *Printers' Ink*, a journal for advertisers—the oldest and best known of all the advertising agencies—conduct their business in such a way as to make it a material benefit to both advertiser and newspaper publisher.

They furnish plans for an advertiser and prepare his advertisement. For their services—designing his advertisement and preparing his estimate—they make a sufficient charge to pay for the required service of persons competent to do the work well. They tell the advertiser what papers he should use and what the price will be. If the advertiser wishes them to place the advertisement in the papers, they do as he directs, and for that service the newspapers pay them. If the advertiser wishes to place his advertising through some other advertising agency, or to contract with the publishers, he is at liberty to do so, and the estimate furnished by Messrs. Rowell & Co. serves as a guide. It tells him where he is securing a bargain and where he is paying more than he ought.

Every one who is in need of information on the subject of advertising will do well to obtain a copy of Geo. P. Rowell & Co.'s *Book for Advertisers*, 368 pages, price one dollar. It is mailed, postage paid, on receipt of price, and contains a careful compilation from the American Newspaper Directory of all the best papers in the United States and Canada. It gives the circulation rating of every one and a good deal of information about rates and other matters pertaining to the business of advertising.

Whoever has made himself acquainted with what may be learned from this book will admit that from its pages one may gather pretty much all the information that is need to perfect an intelligent plan of advertising. It is not\*

a complete newspaper directory. It is much better; for although it names barely one-third of the newspapers published, it does enumerate every one of the best, and all that a general advertiser is likely to have occasion to use.

Among the papers named in it *THE HOMŒOPATHIC PHYSICIAN* occupies the position to which its merits entitle it.

**RESECTION OF THE OPTIC NERVE.** By L. Webster Fox, M. D.  
Philadelphia: Reprinted from the *Medical and Surgical Reporter*, February 7th, 1891.

This little pamphlet is a protest against the practice of enucleation of an injured eyeball to prevent sympathetic ophthalmia. Instead of cutting out the useless eye and replacing it with a glass imitation, he proposes to retain it and simply resect the optic nerve.

The details of the operation for resection are essentially as follows: The lids are separated with the ordinary ophthalmostat; a vertical incision is made through the conjunctiva over the insertion of the external rectus muscle; the conjunctiva is dissected off as far back as the external canthus will permit. This exposes completely the muscle. Two silk threads are then passed through the muscle near its tendinous insertion. These threads will be required in a subsequent stage of the operation, to unite the detached muscle to the eyeball. The muscle is then cut and drawn to the temple side. This exposes the globe. With curved scissors all tissue is then separated from the eyeball. The optic nerve is found by passing a hook—which is nothing more than a strabismus hook bent at a right angle. This hook brings forward the nerve, and then the retractor is passed downwards until it meets the nerve, and is then passed down and out, keeping the adipose tissue out of the way. A second bent hook is inserted under the optic nerve, and also pressed backward. A certain portion of the nerve becomes exposed, and with a delicate flat forceps the nerve is grasped and held firmly. This is to prevent hemorrhage from the ophthalmic vein and artery (central) after the cut with the scissors. The eyeball is rotated forward, so that the non-severed nerve becomes exposed and a small piece of its bulbar end is cut off. By keeping pressure on the orbital end of the nerve for a few minutes, all danger of hemorrhage is aborted. The eyeball is then rotated into place, and the external muscle is re-adjusted. Over this the conjunctiva is replaced, and it is held in position with black silk, which may be removed in three days. Antiphlogistic dressings are applied day and night for several days. Very little reaction follows and in a week or ten days the eye has assumed its normal appearance with no disfigurement, and the action of the muscle is complete.

**HEREDITY, HEALTH, AND PERSONAL BEAUTY.** By John V. Shoemaker, M. D., Philadelphia (1231 Filbert Street) and London. F. A. Davis, Publisher. 1890. Price, cloth, \$2.50; half morocco, \$3.50, net.

This work, which consists of a series of chapters devoted to the various physiological aspects of man in relation to the absorbing questions of heredity, aims to bring the factors of organic evolution to bear upon the subject.

This is unquestionably the proper spirit in which to set out on so difficult a path, and one that will more often light the darkness of this undiscovered country than cast a greater gloom.

All truly thinking men of to-day approach the great human problems from the standpoint of evolution and environment.

Dr. Shoemaker is, happily, a staunch advocate of the effect of surrounding conditions upon the organism in changing its characters and bringing it into harmony with its environment, and of the transmission of such characters to the offspring. All characters are, in a way, acquired ones, and, in time, become congenital through the agency of natural selection. It is a mere "war of words" to argue the question on the distinctions of such terms. The view of Weismann is untenable and insufficient to account for the facts, and this Dr. Shoemaker has clearly set forth in his introduction.

The work is undoubtedly in the right direction of thought, and will help to bring thinking people to the proper conception and view of human life. Health and beauty, as two of its greatest factors, must be brought to a thoroughly sound biological basis, and in this the author has done a good work.  
S. T.

TWELVE LECTURES ON THE STRUCTURE OF THE CENTRAL NERVOUS SYSTEM. For Physicians and Students. By Dr. Ludwig Edinger, Frankfort-on-the-Main. Second revised edition. Illustrated. Translated by Willis Hall Vittum, M. D., St. Paul, Minn. Edited by C. Eugene Riggs, A. M., M. D., University of Minnesota. Philadelphia (1231 Filbert Street) and London. F. A. Davis, Publisher. 1890. Price, \$1.75, net.

This work embodies a course of twelve lectures on the Minute Anatomy of the Central Nervous System of Man, delivered to an audience of practicing physicians.

Its scope is clearly set forth by the author in his preface to the first edition, in which he says that it was his endeavor to lay before his hearers all that had been discovered in regard to the finer structure of the brain. And he modestly adds that it would be absurd to consider it anything more than an introduction to the study.

The second edition embraces the discoveries of four years, and possesses additional value in the chapter devoted to the comparative anatomy and embryology of the brain. It is in this field that the student may hope to gain new light in his studies of the great central organ of man.

To bring such a valuable work within the reach of English-speaking scientists has been the endeavor of Drs. Vittum and Riggs in their American edition. It is a thoroughly able treatise, and a valuable addition to the literature of the subject.  
S. T.

THE POCKET MATERIA MEDICA AND THERAPEUTICS; a Résumé of the Action and Doses of all Official and Non-official Drugs now in Common Use. By C. Henri Leonard, A. M., M. D., Professor of Medical and Surgical Diseases of

Women and Clinical Gynæcology in the Detroit College of Medicine. Cloth, 12mo, 300 pages; price, postpaid, \$1.00. The Illustrated Medical Journal Company, Publishers, Detroit.

This volume, so the preface informs us, has been in preparation for the past four years. The drugs of as late introduction as 1891 are to be found in its pages. The author claims to have incorporated everything of merit, whether officinal or non-officinal, that could be found either in standard works or from many manufacturers' catalogues. The scheme embraces the Pronunciation, Officinal or Non-officinal indication (shown by an \*), Genitive, case ending, Common Name, Dose, and Metric Dose. Then the Synonyms, English, French, and German. *If a Plant*, the Part Used, Habitat, Natural Order, and Description of Plant and Flowers, with its Alkaloids, if any. *If a Mineral*, its Chemical Symbol, Atomic Weight, looks, taste, and how found, and its peculiarities. Then the Action and Uses of the Drug, its Antagonists, Incompatibles, Synergists, and Antidotes. Then follow its Officinal and Non-officinal preparations, with their Medium and Maximum Doses, based, so far as possible, upon the last U. S. Dispensatory. Altogether it is a handy volume for either the Physician, Student, or Druggist, and will be frequently appealed to if in one's possession. It is the most complete small book on this subject now issued. It has the same character of compactness and conciseness yet comprehensiveness as the *Epitome of Physical Diagnosis and Urinalysis*, by Dr. John E. Clark, published by the same firm and noticed in the number of this journal for November, 1890, at page 525.

THE NORTH AMERICAN PRACTITIONER. The Journal of the Post-Graduate Medical School, Chicago. Published by Charles Truax, Greene & Co., 75 and 77 Wabash Avenue. \$1.00 per year. Comes among our exchanges.

From its pages we glean much that is of value, and its low price should commend it to all physicians. We have always contended that we cannot fully appreciate the results of Hahnemannian treatment without knowing what is being done by the most advanced of the old school. With such a journal as this one can see what is being done by teachers of practitioners.

THE JOURNAL OF BALNEOLOGY AND DIETARY. Published by Journal of Balneology Publishing Co., Allen H. Still, Manager, 22-26 Reade Street, New York. Price, \$1.00 per annum.

We always welcome knowledge bearing on the treatment of disease without drugs. From this journal just such knowledge can be obtained, for it is a review of "physiological therapeutics, balneo-therapeutics, mineral springs, and climatology."

## NOTES AND NOTICES.

THE INDIANA INSTITUTE OF HOMŒOPATHY held its twenty-fifth annual session May 13th, at the State House, Indianapolis, with prayer by the Rev. D. R. Lucas. A rousing address of welcome was delivered by Dr. O. S. Runnells, of Indianapolis, responded to by President E. W. Sawyer, of Kokomo.

The Secretary, Dr. W. B. Clarke, of Indianapolis, read minutes of the last meeting, and the Treasurer, Dr. J. S. Martin, of Muncie, made his report. Among the distinguished visitors from other States were: Prof. H. B. Fellows, Dr. J. B. S. King, Hahnemann College, Chicago; Professor Jewett, of the Cleveland College, all of whom made addresses. Among those present from the State were: S. C. S. Fahnestock, Laporte; E. C. Cole, Michigan City; M. H. Waters, W. H. Baker, Terre Haute; F. H. Huron, Danville; W. B. Huron, Tipton; W. R. Rently, Morristown; E. A. Edmonds.

President Sawyer, in his address, after congratulating the members upon the increased growth of the Society, spoke of the fact that a large proportion of the wealthy and intelligent of Indiana were believers in and patrons of Homœopathy, but there was not a public institution in the State that was controlled by homœopathists. He thought if Homœopathy got a fair chance and an equal standing before the law it would have nothing to fear even in the centre of insane hospitals, as has been abundantly shown in other States which have tried it, notably New York, Illinois, Massachusetts, and Minnesota. The unfairness of the prevailing plan of a State examining board was alluded to as being especially unjust to the schools that are numerically weakest. He briefly reviewed the progress of medicine during the year, the comparisons made being decidedly in favor of Homœopathy.

In the two days' session a large number of papers were read and discussions followed, after which there was an election of officers for the ensuing year which resulted as follows: President, J. T. Boyd, Indianapolis; Vice-President, E. Z. Cole, Michigan City; Second Vice-President, J. H. Allen, Logansport; Treasurer, J. S. Martin, Muncie; Secretary, W. B. Clarke, Indianapolis. Drs. Martin and Clarke were re-elected.

According to the *Indianapolis Sentinel*, to which we are indebted for this report, Dr. Sawyer made a capable President, Dr. King a full stenographic report, Treasurer Martin a satisfactory financial exhibit, and Secretary Clarke, a hard-working officer.

MINNESOTA STATE HOMŒOPATHIC INSTITUTE have elected the following officers for the ensuing year: President, Dr. D. A. Strickler, St. Paul; First Vice-President, T. W. Ashley, River Falls; Second Vice-President, George T. Robinson, Minneapolis; Secretary, E. W. Honning, of Minneapolis; Treasurer, D. A. Locke, Lake City. Delegates to American Institute of Homœopathy, W. S. Briggs, J. E. Sawyer, Alexander Donald, St. Paul; A. E. Higbee, Minneapolis; O. H. Hull, Zumbrota. Delegates to the Wisconsin State Society, Charles Pillsbury, Duluth; and P. Roberts, Winona. The Censors are: L. M. Spaulding and H. W. Brazee, Minneapolis; and C. H. Glidden, St. Paul.



tween the chill and the heat; thirstlessness; bitter taste; flat taste; foul taste; metallic taste; salt taste; sour taste; sweetish taste; loss of taste.

*Eruclations* — tendency to vomiting; vomiting; bitter; bloody; food; sour; slimy; black; watery; nausea; heart-burning; water-brash.

Pain in stomach; pain in liver; pain in spleen; pain in kidneys; pain in hypogastrium; swelling of the abdomen; coldness in abdomen.

*Diarrhœa*—painful; painless.

*Constipation*—from intestinal inactivity; from hard feces; urgency to stool; tenesmus.

*Urgency to urinate*—unsuccessful urgency; too frequent urination; painful; seldom urination; involuntary urination; retention of urine.

*Sneezing*—coryza; fluent; dry.

Respiratory affections; suffocating attacks; deep inspiration; breath hot; cold; slow; loud; without mucus rattle; rattling; rapid; sighing; irregular.

*Cough*—with expectoration; without expectoration.

*Larynx*—hoarseness.

*Neck*—stiffness; pains.

*Chest*—stitch; warm sensation; palpitation.

*Shoulder-blades*—shootings.

*Back*—pains in; in the loins; lameness.

*Upper extremities*—pains in; hands as if dead; swelling of the veins; blue; heat; fingers as if dead; heat; blue nails; carphologia.

*Lower extremities*—pains; hips; thighs; knees; legs; toes; feet as if dead; swelled; heat; coldness; bodily exhaustion; swelling of the veins; nervous excitability; the limbs as if asleep; loss of sensation; spasms, clonic or tonic; crawling; lameness; weakness; subsultus; faintness; drawings in the muscles; in the joints; in the bones; bending; stretching the limbs; heaviness of the limbs; shootings in the joints; stiffness in joints; restlessness; the body as if bruised; internal trembling; jerkings; drawing the limbs together.

*Skin*—blueness ; burning : burning in ulcers ; yellow skin ; itching ; shooting in skin ; sensations of contraction in skin ; yawning ; sleepiness ; loss of sleep ; in sleep starts with fright ; sliding down in bed ; murmuring ; snoring ; talking ; groaning and whimpering.

*Heat*—dry heat, as if hot water was poured over him.

*Partial heat*—one-sided ; left side ; right side ; fore part of the body ; back part ; upper part ; lower part ; parts covered ; heat on the head ; proceeding from the head ; in the head ; on the eyes ; eyebrows ; eyelids ; in the corner of the eyes ; on the ears ; in the ears ; proceeding from the ears ; on the external ears ; in the face ; proceeding from the face ; on the forehead ; on the cheeks ; on the cheeks, one-sided ; on the uncovered cheek ; on the pale cheek ; on the nose ; in the nose ; running from the nose ; on the lips ; the upper lip ; the under lip ; on the under jaw ; on the chin ; in the mouth ; streaming from the mouth ; on the palate ; heat in the throat ; on the tongue ; in the teeth ; on the gums.

*In the stomach*—proceeding from the stomach ; on the epigastrium ; heat in the region of the liver ; heat in the region of the spleen ; heat in the region of the kidneys ; heat in the abdomen ; in the upper part of abdomen ; in the lower part of abdomen ; heat of abdomen (external) ; heat proceeding from the region of the umbilicus ; in the inguinal region ; on the perineum ; on the anus ; in the rectum ; in the urinary bladder ; in the urethra ; in the male genitals ; on the prepuce ; on the glans ; on the penis ; on the scrotum ; in the testicles ; in the spermatic cord ; on the female genitals ; in the vulva.

*In the larynx and trachea*—on the throat ; on the nape of the neck.

*In the chest*—in the region of the heart ; on the chest (external) ; in the mammary glands ; in the axillæ ; on the shoulder-blades ; in the back ; in the loins ; on the coccyx.

*Heat of the upper extremities*—in the shoulders ; on the shoulder joints ; upper arm ; elbow ; forearm ; wrist ; hands ; on one hand ; proceeding from the hands ; on the back of the hand ; the palm ; the fingers ; ends of fingers.

*Lower extremities*—heat on the hips ; in the hip joint ; on the buttock ; the thighs ; knees ; legs ; shinbone ; on the calf ; ankle ; the feet ; proceeding from the feet ; the heel ; on the back of the feet ; the sole ; the toes ; ends of the toes.

#### AGGRAVATION OF HEAT.

*Time*—morning ; forenoon ; afternoon ; evening ; night ; before midnight ; after midnight ; four o'clock P. M. ; from six to eight o'clock P. M. ; recurring at the same hour ; in short, repeated paroxysms ; slow, rising to its maximum, and slowly declining ; slow in reaching its maximum, and suddenly disappearing ; suddenly appearing and disappearing.

*Conditions*—after anger ; during work ; after rising from bed ; after coition ; in bed ; during motion ; after motion ; from drinking beer ; from stooping ; from uncovering ; from vomiting ; waking from sleep ; before eating ; while eating ; after eating ; from eating meat ; riding in a carriage ; after breakfast ; while walking in the open air ; after walking in the open air ; from noise ; from hand working ; from coughing ; drinking coffee ; in the climacteric period ; from intellectual efforts ; from reading ; lying in bed ; before the catamenia ; after catamenia ; during the catamenia ; suppressed catamenia ; in sleep ; after sleep ; after noontide siesta ; during pains generally ; during coryza ; while sitting ; in the sunshine ; from speaking ; from standing ; in a room ; before stool ; at stool ; after stool ; from smoking tobacco ; drinking water ; from wine ; after working ; while teething (children) ; from being covered.

*Conditions and circumstances which alleviate*—after supper ; bodily exercise ; from leaving the bed ; in bed ; from moderate motion ; from drinking beer ; from stooping ; from uncovering ; after vomiting ; after awaking ; while eating ; after eating ; while riding in a carriage ; after breakfast ; while walking in the open air ; from drinking coffee ; from loosening one's clothes ; from intellectual labor ; during sleep ; while sitting ; while standing ; in a room ; after stool ; from smoking tobacco ; from working ; from washing the face ; from drinking water.

*Concomitant symptoms ; disposition*—anxiety ; excited disposi-

tion ; active ; sensitive to noise ; indifference ; impetuous ; serenity ; complainings and lamentations ; weariness of life ; melancholy ; misanthropy ; ill humor ; discouragement ; depression of spirits ; disposed to whistling ; loquacious ; silent ; fearful ; screaming ; suicidal disposition ; sighing and groaning ; singing and trilling ; spitting ; fear of death ; sadness ; excessive sensibility ; restlessness ; angry ; despairing ; changeable disposition ; disposition to weeping ; whimpering and whining ; rage.

*Intellect*—dullness ; loss of consciousness ; delirium ; anxious delirium ; loquacious delirium ; serene delirium ; with muttering ; silent delirium ; violent delirium ; giddy ; confused ; dullness ; excited imagination ; illusions ; vertigo ; staggering ; drunken dizziness ; intellect excited ; insanity ; wildness.

*Pains in the head*—in the occiput ; with congestion ; heaviness.

*Scalp*—perspiration on forehead ; cold sweat ; tension.

*Pains in the eyes*—swelling around eyes ; blue borders around eyes ; burning ; protruding ; pupils dilated ; contracted ; redness ; strabismus ; dryness ; diminished power of vision ; darkness before eyes ; sparks ; flimmering ; green color before the eyes ; photophobia.

*Pains in the ears*—coldness of ears.

*Hearing*—rushing ; roaring , deafness.

*Pains in nose*—itching ; coldness.

*Face*—swelling ; pale ; brownish-red ; earth-colored ; yellow ; one side red ; red on the uncovered side ; circumscribed red ; cold face ; coldness of cheeks ; of the forehead ; sweating ; cold sweating ; pains in the face.

*Lips*—eruptions ; swelling ; dryness ; swelling of sub-maxillary glands ; pains in teeth ; chattering of the teeth ; bleeding of the gums ; swelling of gums ; pain in gums.

*Mouth*—burning ; offensive smell ; yellow around the mouth ; dryness.

*Throat*—pains ; burning ; inflammation of the uvula ; dryness ; increased saliva ; coated tongue ; dry tongue ; speech difficult.

*Food*—aversion to food ; aversion to drink ; disgust for food ;

disgust for drink ; canine appetite ; desire for beer ; desire for cold drinks ; desire for acids ; for cold water ; for wine.

*Thirst*—between the chill and the heat ; thirst, with aversion to drinking ; thirst for large quantity at a time ; for little at a time ; thirstlessness ; thirstlessness, with desire to drink.

*Taste*—bitter ; putrid ; salt ; bad.

*Eructations*—disposition to vomiting.

*Vomiting*—bitter ; foul ; sour ; slimy.

*Nausea*—water-brash.

*Stomach*—pains ; trembling sensation ; burning ; pressure ; cramps.

*Liver*—pains ; pains in *spleen* ; swellings.

*Abdomen*—pains ; swelling ; cold sensation ; squeezing ; throbbing ; tension ; labor-like.

*Flatulence*.

*Diarrhœa*.

*Constipation*—urgency to stool ; urgency to stool without result.

*Urine*—brown ; stinking ; turbid ; too small quantity ; too large ; too often ; too seldom ; painful urination ; urgency to urinate ; fruitless urgency.

*Sneezing*—fluent coryza ; dry coryza ; dryness of the nose.

*Respiration*—anxious ; oppressed ; hot ; cold ; short ; rattling ; deep. *Cough*—with expectoration ; without.

*Larynx*—Pains ; dryness ; hoarseness.

*External* pains in throat ; throat sensitive ; swelling of glands ; stiffness.

*Chest*—internal pains ; sensation of rising in ; congestion ; cramps ; shootings ; constriction ; swelling of mammary glands. Loss of milk ; palpitation of heart, with anxiety.

*Shoulder-blades*—pains.

*Back*—pains ; in loins ; in coccyx.

*Upper extremities*—pains ; in joints ; hands dead ; swelling of veins ; blue ; cold ; sweat ; trembling ; jerking ; retraction of thumbs ; dead fingers ; cold.

*Lower extremities*—pains ; heaviness ; restless ; pains in hip, thigh ; numbness ; pains in knees ; coldness ; pain in legs ; feet dead, swollen, cold ; coldness of one foot.

Sweating of feet; relaxation; swelling of veins; burning in; throbbing in; nervous excitement; covering unendurable; limbs asleep; disposition to uncover; aversion to uncovering; covering insupportable; carphologia; loss of feeling.

*Limbs in general*—pains; clonic spasms; tonic spasms; crawling in limbs; paralysis; disposition to lie down, weakness; jerking of muscles; fainting; drawings; in the joints; in the bones; turning and stretching; apoplexy; heaviness of the limbs; shootings in muscles; in the joints; in the bones; bodily restlessness; bruised sensation in limbs; tremblings; jerkings.

Swelling of glands.

Eruptions on the skin; sweating; pale; burning; yellow; itching; crawling and pricking; parchment like; redness; shooting; dryness; bones; pains.

*Sleep*—stretching; yawning; sleepiness; sleep between chill and heat; stupefying; sleeplessness.

*In sleep*—waking with fright; sliding down in bed; murmuring; snoring; groaning and whimpering; dreams.

*Sweating*—which breaks out easily; perspiration wanting; suppressed; sensation of perspiration breaking out; anxious perspiration; perspiration which causes smarting; smelling like musk; bitter smelling; bloody; smelling like blood; empyreumatic smells; burning sweat; musty smelling, debilitating; not debilitating; putrid smelling; smelling like spoiled eggs; oily; which shrivels the fingers; which spots the linen; which attracts flies; stains the linen yellow; stains the skin and eyes yellow; without smell; smells spicy; hot; smelling like elder; smelling like honey; smelling like cheese; cold; smelling like camphor; sticky; with sensation of crawling; cadaverous smelling; shining; mouldy smelling; smells like horse urine; like rhubarb; red perspiration; which stains red; sour smelling; pungent smelling; smelling like sulphur; like sulphureted hydrogen; which stiffens the linen; sweet smelling; sweetish acid smelling; stinking; smells like urine; like wheat bread; stains cloth white; excoriating; smelling like onions.

*Partial perspiration*—only on the head; only on the head at

night ; on the upper part of trunk ; on the lower ; one sided ; left ; right ; anterior ; posterior ; only on itching parts ; on painful parts ; on single small spots ; on joints ; on parts on which one is lying ; on covered parts ; on uncovered parts ; on one side of the head ; on the occiput ; cold sweat on the head ; sticky ; on the ears ; on the nose ; on the face ; proceeding from the face ; one side of face ; on the forehead ; cold on face ; on the forehead ; on upper lip ; on the epigastrium ; on abdomen ; proceeding from the navel ; on the groin ; about the anus ; on mons veneris ; on perineum ; on male generative organs ; honey-like smelling on these organs ; offensive on ditto ; on the scrotum ; one-sided on scrotum ; on female sexual organs ; on the throat ; on neck ; on chest ; cold on chest ; offensive on chest ; in armpits ; offensive in the axillæ ; on the back ; on the whole arm ; on the forearm ; on the hands ; cold on hands ; sticky on hands ; on the palms ; on the fingers ; on whole legs ; on thighs ; on knees ; on legs below the knees ; on the feet ; proceeding from the feet ; cold on feet ; offensive on feet ; suppressed on feet ; excoriating on feet ; on the soles ; on or between the toes.

*Time of perspiration*—morning and forenoon ; afternoon ; evening ; night ; before midnight ; after midnight ; perspiration more in daytime ; recurring periodically ; in frequent ; short attacks ; every other day ; recurring at the same hour.

*Circumstances*—anger ; before the attack ; during the attack ; after the attack ; during bodily exertion ; on leaving the bed ; on closing the eyes ; with suppressed secretions ; after coition ; in bed ; on motion ; after moving ; before falling asleep ; while sleeping ; on waking ; after waking ; while eating ; after eating ; from warm food ; during an epileptic attack ; after an epileptic attack ; after an attack of fever ; in the open air ; while walking ; while walking in the open air ; during hard labor ; before urinating ; while urinating ; after urinating ; while coughing ; after itching of the skin ; in the cold air ; in the climacteric period ; during mental effort ; while lying down ; among strangers ; in the beginning of the catamenia ; during the catamenia ; after lying down ; in repose ; before sleep ; in the be-

gining of sleep; during sleep; with the pains; during coryza; after fright; with vertigo; while sitting; from speaking; in a room; before stool; after stool; from smoking tobacco; while dreaming; while drinking; from warm drinks; on waking; in the wind; during toothache; from being covered.

*Circumstances which relieve*—exertion of the body; exertion of mind; after rising from bed; from motion; after motion; while going to sleep; from uncovering; after waking; while eating; after eating; while walking in the open air; while lying in bed; in repose; during sleep; after sleep; from speaking; in a room; after stool; after drinking water; after drinking wine; after working.

*Concomitant symptoms*—*Disposition*—anxiety; excitability; sensitive; indifference; impetuous; serenity; complaints and lamentations; suicidal disposition; melancholy; misanthropic; sadness; discouraged; depressed; loquacious; silent; tearful; cries; sighing and groaning; singing and humming; fear of death; sadness; super-sensitive; impatient; restless; morose; despairing; changeable disposition; disposition to weeping; whimpering; rage.

*Intellect*—dullness; unconsciousness; delirium; giddiness; confusion of intellect [*eingenommenheit*]; excited imagination; vertigo; intellect excited.

*Pains in the head*—internal; external.

Pains in the eyes; pupils dilated; pupils contracted; vision diminished; sparks like fire; flimmering; photophobia.

Noises in the ears; pains in the ears.

Pains in the nose; itching in the nose; cold nose.

Swelling of the face; face pale-bluish red; shining, as if greasy; yellow; red, hot; cold; cold cheeks; cold forehead; pains in the face. *Lips*—eruptions; swelling; dryness; swelling of submaxillary glands.

Pains in teeth; bleeding of the gums; swelling of gums.

*Mouth*—burning; offensive smell; dryness.

*Throat*—pains; burning; inflammation; inflammation of uvula; dryness; increase of saliva; tongue coated; tongue dry.

*Loss of appetite*—disgust for food; hunger. *Thirst*—between



the heat and the perspiration; after perspiration; no thirst; bitter taste; putrid taste; salt, foul eructations; disposition to nausea; vomiting; bitter vomiting; of food; sour vomiting; of mucus; nausea; water gathering in mouth.

Pains in stomach; in the liver; in the spleen; in the abdomen; flatulence; diarrhœa; constipation; urging to stool; fruitless efforts to stool.

*Urine*—pale; brown; offensive; turbid; deficient; excessive; too frequent; too seldom; painful; suppressed; urging to urinate; fruitless urgency.

Sneezing—fluent coryza; dry coryza; dryness of nose.

*Respiration*—anxious; oppressed; hot; cold; short; rattling; deep. *Cough*—with expectoration; without. *Larynx*—pains; dryness; hoarseness.

*Throat*—pains; external; sensitive; swelling of glands; stiffness of neck; pains in neck.

*Chest*—pains; sensation of rising up in chest; congestion; heart-beating. *Mammary glands*—swelling; milk increased; milk diminished.

Pain in *shoulder-blades, back, loins, coccyx.*

*Superior extremities*—pains; pains in the joints; hands dead; swelling of veins; blue; heat; cold; trembling; jerking; thumb retracted; fingers dead; fingers hot; fingers cold; fingers wrinkled; nails blue.

*Inferior extremities*—pains; heaviness; restless; pains in the hips; pains in thigh; coldness; pain in knees; coldness of knees; pains in legs; dead feet; swelling of feet; feet hot; feet cold; lassitude; swelling of the veins; burning in veins; throbbing of veins; nervous excitement; limbs asleep; disposition to uncover the limbs; uncovering them insupportable; carphologia; loss of sensation; pains in limbs in general; cramps; crawling in the limbs; lameness; disposition to lie down; weakness; jerking of muscles; faintness; drawing in muscles; drawing in joints; drawing in bones; stretching and twisting of limbs; apoplexy; heaviness of the limbs; shooting in the muscles; in the joints; in the bones; bodily restlessness; limbs as if bruised; trembling; jerking.

Swelling of glands.

*Skin*—eruptions; smarting; burning; itching; crawling and prickling.

*Bones*—pains.

Yawning; sleepiness; sleep; sleep after the perspiration; coma; sleeplessness; in sleep, fright; in sleep, expiration, blowing; sliding down in bed; muttering to one's self; snoring; groaning and whimpering; dreams.

The above catalogue of symptoms is given to illustrate the *extent* of the meaning of the phrase so often, so easily, and too often so thoughtlessly used by those who suppose they have compassed this extent after only the most superficial and brief examination of cases. They proceed to select and give medicine for their cure, and what they regard as the homœopathic principle of similars, when the elements of the case by which it is related to its curative have not been brought to light. They have not been seen. And no man can be certain he has seen them till in his examination he has gone over *all* aberrations of function and sensation possible in the case. We refer to the expression, "TOTALITY of the symptoms." The catalogue here given shows the extent of investigation necessary before there can be any certainty that the required "totality" is compassed in a case of intermittent fever, and therefore any certainty that those symptoms are discovered which relate the case to its curative. We have translated this catalogue of rubrics from Bœnninghausen's *Homœopathischen Therapie du Fieber*, omitting the names of the medicines given under each, the object being rather to show the extent of the field of inquiry than to present a repertory of symptoms of medicines and disease involved in the *homœopathic* treatment of this fever. It is but little less significant of the extent of the inquiry in the necessary investigation which must precede the homœopathic treatment of any and every other form of disease, and of each and every case of it before the prescriber can be certain he has found his required simillimum. It may be there will be no symptoms found in many of these rubrics, in a case to be prescribed for, but this can only be known after the search. Our object is to show how

extended this search must be if duty be not neglected, and so far as we may be able to show how this is to be prosecuted in order to demonstrate the folly and the falsehood of the oft-repeated "*Homœopathy will not cure ague!*" It may, indeed, be true that those who have never tried the true method of homœopathic prescribing cannot cure ague with medicines in form and doses such as are used by the ordinary practice of our school. But it does not follow, because *they* cannot cure, that therefore *Homœopathy* cannot. Our endeavor is to show that it can, and how we are to proceed in order to demonstrate this fact.

We have said the elements which constitute a paroxysm of this fever are seen in all possible variety of combination in practice. The following are some of the forms which are not infrequently met with in treating agues.

*Paroxysms beginning with Chill.*

Chill, then heat.

Chill, then sensation of heat.

Chill, then heat of individual parts.

Chill, then heat of face.

Chill, then heat of head.

Chill, then heat with thirst.

Chill, then heat without thirst.

Chill, then heat without thirst and without sweat.

Chill with thirst, then heat.

Chill with thirst, then heat without thirst, then sweat.

Chill with thirst, then heat with thirst, then sweat.

Chill without thirst, then heat with thirst.

Chill without thirst, then heat with, then sweat without thirst,  
then heat with thirst.

Chill without thirst, then heat without thirst.

Chill, then heat and both with thirst.

Chill, then heat, then chill with thirst.

Chill, then heat, then sweat.

Chill, alternating with heat, with thirst, then sweat.

Chill, then heat, then sweat, with thirst.

Chill, then heat, then sweat without thirst.

- Chill, then heat, then sour sweat.  
 Chill, then heat, with sweat.  
 Chill, then heat without sweat.  
 Chill, then heat with sweat on face.  
 Chill, then heat with internal chill, then heat and sweat.  
 Chill with, then heat without thirst.  
 Chill, then heat, then sweat.  
 Chill with heat at the same time.  
 Chill with heat and external heat.  
 Chill with heat and flashes of heat.  
 Chill with internal heat.  
 Chill with internal heat and sensation of heat.  
 Chill with internal heat and thirst.  
 Chill and heat, both internal.  
 Chill of some parts, with heat of others.  
 Chill with heat, without thirst.  
 Chill with heat, with thirst.  
 Chill with heat, then sweat.  
 Chill, then sweat, without previous heat.  
 Chill, then cold sweat.  
 Chill, then sweat, without heat and thirst.  
 Chill, then sweat, then heat.  
 Chill, then sweat, then thirst.  
 Chill, then thirst, then sweat.  
 Chill, alternating with heat.  
 Chill, alternating with heat, then heat.  
 Chill, alternating with heat, then sweat.  
 Chill, alternating with sweat.

*Beginning with Heat.*

- Heat, then chill.  
 Heat, then chill, then heat, then sweat.  
 Heat, then coldness.  
 Heat of the face, then chill.  
 Heat, then shuddering.  
 Heat of the face, then shuddering.  
 Heat of the head, then coldness, then heat.

Heat, then sweat.

Heat, then cold sweat.

Heat, then sweat, then thirst.

Heat, then sweat, then heat.

Heat with chill and shuddering.

Heat with chill and shuddering and thirst.

Heat with chill, and shuddering without thirst.

Heat with chill, and shuddering, then sweat.

Heat with internal chill.

Heat with external coldness.

Heat with coldness of single parts.

Heat with sweat.

Heat with sweat and thirst.

Heat with sweat without thirst.

Heat with sweat and thirst, then chilliness.

Heat and thirst, alternating with chill.

Heat, with thirst, then sweat.

Heat in the head, alternating with chilliness of the legs.

Heat, alternating with shuddering.

Heat, with sweat, then chill.

Heat, with sweat and external coldness, then chill, then heat and external coldness.

Heat, alternating with sweat.

*Beginning with Shuddering.*

Shuddering, then chill.

Shuddering, then chill, without thirst.

Shuddering, then chill, then heat, without sweat.

Shuddering, then heat.

Shuddering, then heat, with chill.

Shuddering, then heat, with thirst.

Shuddering, then sweat.

Shuddering, with heat.

Shuddering, with heat of face, without thirst.

Shuddering, with sweat.

Shuddering, alternating with heat.

*Beginning with Sweat.*

Sweat, then chill.

Sweat, then chill, then sweat.

Sweat, then heat.

Sweat, alternating with dry skin.

If, after the view we have attempted to present of the origin, character, and constitution of this paroxysmal fever, we are called to its treatment, where shall we begin, and how proceed, if we are to deal with it as required by the law of similars? What are the facts in the case to which we are to bring the simillimum which cures? We answer, first, we are carefully to gather all the departures from healthy action of function and sensation which have *preceded* the paroxysm. Especially note whatever of aberrations there may be in the functions of the organs of circulation. Write them down. Note with which of the constituent elements of the paroxysm of the fever this is inaugurated. Then add to this record the facts of the paroxysm, beginning with the *time* of the appearance of its initial phenomena, then the exact locality of this first appearing. Then, was the first element, chill, heat, or sweat? Then, if chill, how did it appear, as external, internal, or both? In what *direction* did it progress from this initial point? Was the chill general or partial? If partial, what parts are affected? Was it simple coldness, or was it accompanied by shaking, shivering, or shuddering? Was the chill preceded, accompanied, or followed by thirst? Was the chill simple, or mixed with the other elements of the paroxysm? If mixed, with which, and in what order of combination—*i. e.*, are these elements co-existent, or in alternation? If the chill be with thirst, is it for cold or warm drinks? How, if at all, is the chill affected by drinking? What functions are most disturbed or perverted before, during, or immediately after the chill? In answering this, especial attention is to be given to the cerebral, gastric, and respiratory functions as well as to the circulation.

Having the record of the chill and its concomitants as above

suggested, the facts accompanying the heat are to be examined in the same manner as to its beginning (time and locality), direction of its progress, and all accompanying phenomena, giving especial attention to *thirst* in its relation to this element. Then, is the heat simple, or mixed with chill or sweating? If so, in what order? Is the mixture alternating or concomitant? Is the heat, as compared with the chill, predominant in duration or intensity in the paroxysm? What are the functions of life most affected and perverted during this stage of the paroxysm, and how?

Then if the paroxysm begins with sweating, this is to be examined in like manner, in detail as to all its concomitants, and modes, and with especial attention to its relation to *thirst*; the parts most affected, the character of the perspiration; is it hot, warm, or cold? If it be recognized by the sense of smell, what is the character of the odor—*i. e.*, is it sour, sweet, bitter, moldy, or what is the character of the secretion in this respect, if it be none of the above? Then, when *each* of these elements of the paroxysms has been thus examined, which has been found to preponderate in intensity and duration?

All this is to be done before the prescriber asks himself the question—*What is the remedy for the case?* All this ground is to be gone over carefully in every case before any man, no matter how skillful, can answer this question as required by the law of similars. If, after this, the attempt to give a practical answer to this question results, as in case of one not long since engaged in a public discussion of this fever, “that this, (the homœopathic remedy) is, *in most cases*, *Quinine*,” the prescriber may, without hesitation, pronounce on himself sentence of incompetency to deal with the problem before him. His patients and the public may very safely join in the confirmation of this sentence.

It is difficult to conceive of a greater absurdity than this, that a man recognizing the fact and authority of the law of *similars* as the law ordained for all healing, should, before a problem so complex in its origin, so variable and varying in its paroxysmal elements as we have found this fever to be, after such an exami-

nation of a case as is indispensable to his acquaintance with the facts which this law requires of him, that he shall find among *all* drugs that *one* which is most like the example before him, declare that he has found in *one* drug alone the required likeness of the almost infinite variety of facts and combinations of facts presented to us in this fever, or at least, that he "finds this in most cases!" Utter blindness and ignorance of all that constitutes a practice in accordance with our law in the treatment of this fever only can account for an utterance so absurd. Ignorance, it must be, both of the nature of diseases and of the drug action by which these are cured. This is quite apparent if we remember that however many facts in any given case, as we have attempted to suggest them, may be found in the pathogenesis of any one drug, there will remain a large and much larger number which are not. And in finding the simillimum for the next dozen cases, we may be compelled to go beyond this drug, or the object of our search will not be found. Then this absurd statement further convicts its author of ignorance of the practical difference between suppression of the paroxysms of a disease and its cure. And yet, Heaven save the mark! its author was a "*teacher in one of our colleges!*" If this is the kind of stuff they taught it is no wonder the young men they graduate leave the school fully impressed with the falsehood, "*Ague and fever cannot be cured homœopathically!*"

It may facilitate finding our specific for our case if we have grouped together the elements of the paroxysms of this fever as they have been developed in the provings of different drugs. The study of these groupings is chiefly useful as aids to an intelligent differentiation of drugs which in this process have disclosed similar actions on the functions of different organs. It will be found, if the study be intelligent and thorough, that however similar these may be in some of the disturbances so caused, and however numerous these may be, showing clear and even intimate relationship of these drugs, there are other and equally important actions in which they differ. This, in *materia medica*, is a fact of utmost importance, as it should always be remembered these *differences* are the facts which individualize the



THE

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XI.

AUGUST, 1891.

No. 8.

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## EDITORIALS.

**THE I. H. A. MEETING.**—He who is in doubt in respect of the efficiency in diseases of all kinds of the law of the similars, and the minimum dose of the potentized drug, should have been present at the Spring House, Richfield Springs, N. Y., during the days of the 23d–26th June ult. He would have met there a band of earnest, conscientious men and women—honest followers of Hahnemann—whose lives are devoted to healing the sick through the instrumentality of that law of nature first elaborated by that wonderful genius, Samuel Hahnemann.

We are sure the doubter would have profited by what was done there—if he desires to learn the truth. We know he could not have gone away without bearing testimony to the honesty of purpose of those who leave their homes and practices and travel, in most instances, hundreds of miles in order to attest by their presence the interest they feel in propagating the truths of genuine Homœopathy.

One of the marked features of these meetings is the enthusiasm of the gray-headed, venerable men who year after year come up with their confirmations of the law, and who vie with the younger men in the fervor with which they attest the truth of the law of the similars.

This is the more marked because it is diametrically opposite

to the position taken by old practitioners of old-school medicine, and of that class of false homœopaths who are always attempting to smirch the fair name of Homœopathy. The older the honest follower of Hahnemann grows the more zeal he manifests in his medical work, and he is more fervent in upholding the law. On the other hand, the older the allopath the less ardor he shows regarding the efficacy of drugs in the cure of disease. The mongrel is always in doubt, and, like the more respectable allopath, he flounders about in darkness, without a guide, without a law, and in most instances apparently without a conscience.

It has been, and is now, the part of many of these pseudo-homœopaths to flout at the honest followers of Hahnemann, to call them visionaries, Hahnemanniacs, and other terms too numerous to mention—but we have never known them to say they are dishonest. To those of this class who desire to know the truth we extend a hearty invitation to attend the next meeting of the International Hahnemannian Association, for we feel convinced that they would then acknowledge that there is more between heaven and earth than was ever dreamt of in their philosophy. To him who despairs of the continuance of genuine Homœopathy, we also extend an invitation, for we are sure his pessimistic ideas will be met by such convincing arguments that he will go away feeling less doubtful of the progress of the good cause.

In 1881, at Coney Island, this Association numbered about twelve members. In 1891 there are nearly two hundred members. Surely there is nothing in this to cause despair!

This last meeting was marked by the character of the papers prepared, and by the discussions. We shall lay before our readers, in this and future numbers, a good part of the work done, and we trust that when another year comes around there will be found on the list of members present with papers, and prepared to impart some of the facts which experience has confirmed, many whose absence was noted at the last meeting.

An innovation was the creation of two new classes of membership—the junior and honorable seniors. To the latter class

there were elected Drs. P. P. Wells, Ballard, Seward, and T. P. Wilson. For membership in the former class several applications were received. Junior membership is intended for those who wish to become honest followers of Hahnemann, and who will, after serving as members in this class for a few years, the Board of Censors advising, be elected to active membership, with all the privileges that honor can give. The junior membership idea is due to Dr. Biegler, of Rochester, and we sincerely believe that it will tend to bring into the ranks of the Hahnemannians many who would otherwise never have the opportunity to learn what genuine Homœopathy is capable of doing in treating the sick.

Let us all, then, taking as our examples such workers as Wells, Biegler, Fincke, and the many others whose entire lives are given to advancing the best interests of the sick by devoting themselves to the desire to know and to propagate the best that can be known of Homœopathy, gird up our loins to the work laid out for us by Hahnemann and which has so ably been done by many of his devoted followers. G. H. C.

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THE INTERNATIONAL CONGRESS AND THE INSTITUTE.—In this number we give a condensed report of the proceedings of the International Congress of Homœopathic Physicians which assembled at Atlantic City, New Jersey, in June. We also add that of the American Institute. The report is taken from the very full account as published in the *Public Ledger* of Philadelphia.

There are thus three important annual conventions of Homœopathy to publish this year. The American Institute, the International Congress, and the International Hahnemannian Association. The notes of the last named have not yet reached us, but we hope to have them in time for our September issue, as the meeting this year was more than usually instructive. See the leading editorial of this number. W. M. J.

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DR. WELLS ON INTERMITTENT FEVER.—We must apologize for the absence of the usual quota of Dr. Wells' book on *Intermittent Fever* this month. Our pages are so full that we are obliged to lay aside the work until next month. W. M. J.

## AMERICAN INSTITUTE OF HOMŒOPATHY, FORTY-FOURTH ANNUAL SESSION.

(From the *Public Ledger*.)

The forty-fourth annual session of the American Institute of Homœopathy convened at the United States Hotel, Atlantic City, New Jersey, Tuesday morning, June 16th, Dr. Theodore Y. Kinne, the President of the Institute, occupied the chair, and the other officers present were: Vice-President, James H. McClelland, of Pittsburgh; Assistant Treasurer, Dr. T. F. Smith, of New York; General Secretary, Dr. Pemberton Dudley, of Philadelphia, and Provisional Secretary, Dr. T. M. Strong, of Macon, Georgia.

Soon after ten o'clock the Institute was called to order in the dancing-hall of the hotel by the President, and the invocation was made by Rev. Dr. Ackman, pastor of the First Presbyterian Church.

On the platform were the following ex-Presidents of the Institute: Dr. W. H. Holcombe, of New Orleans; Dr. F. H. Orme, Atlanta; Dr. J. P. Dake, Nashville; Dr. A. C. Cowperthwaite, Iowa City; Dr. A. R. Wright, Buffalo; Dr. J. C. Sanders, Cleveland; Dr. B. W. James, Philadelphia; Dr. H. D. Paine, Albany; Dr. D. H. Beckwith, Cleveland; Dr. I. T. Talbot, Boston, and Dr. J. C. Burgher, of Pittsburgh.

After the acceptance of the report of the Committee on Programme and Business, read by Dr. A. R. Wright, of Buffalo, the Institute proceeded in accordance therewith.

Dr. T. F. Smith, of New York, the Assistant Treasurer, submitted the Treasurer's report. It made the following exhibit: Receipts, including \$756.31 balance from last year, \$5,228.91; disbursements, \$4,579.25; balance, \$722.76. For cyclopædia account, \$536 was reported as received and expended.

The report was referred to a committee of auditors, comprising Drs. Crank, Monroe, and Edmonson.

Dr. Pemberton Dudley, the General Secretary, read the report of the Executive Committee, stating that the original

engraving of certificates of membership had been destroyed in the fire at Seventh and Cherry Streets, Philadelphia, and that a new one had been made. Also that the date for the present meeting had been fixed by the Committee.

The Publication Committee reported the printing of the proceedings of 1890 in a volume of eight hundred and fifty-seven octavo pages and the distribution of the same.

The programme of business for the International Convention was reported by Dr. A. R. Wright, of Buffalo, from the committee appointed for that purpose, and it was adopted.

Dr. Millie J. Chapman, of Pittsburgh, reported a deficiency in the members of the Board of Censors present, which was supplied by the appointment of Drs. S. R. Beckwith and C. J. Higbee.

#### PROGRESS IN FOREIGN COUNTRIES.

Dr. Eugene F. Storke, of Denver, Chairman of the Committee on Foreign Correspondence, made a report, which was frequently interrupted with applause.

A vote of thanks was tendered Dr. Storke, and it was referred to the Committee on Publication.

Dr. J. P. Dake, of Tennessee, presented the report of the Committee on International Pharmacopœia. The Committee are progressing in their work, and the volume will soon be ready for the printer.

#### INSURANCE DISCRIMINATION.

Dr. A. C. Cowperthwaite, Chairman of the Committee on Life Insurance Examiners, presented a supplemental report, which was received with marked interest. He stated that, as Chairman of the Committee, he had written a personal letter to the President of each life insurance company that had failed to respond to the circular letter mentioned in the report of 1890, twenty-seven in number. Last year he stated that he had corresponded with all the life insurance companies of the United States. Most of the companies replied in a prompt and courteous manner, and some did not, which was reported last June

at the Institute meeting. The Committee was continued and instructed to secure replies from all who had previously failed to answer. Of the twenty-seven companies he had received word from eleven, and sixteen had entirely ignored the request. The companies replying are *Ætna*, of New York; *Maryland Life*, of Baltimore; *Mutual Life*, of Louisville, Ky.; *National Life*, of Montpelier, Vt.; *New York Life*, of New York; *Pacific Mutual Life*, of San Francisco; *Provident Life and Trust Company*, of Philadelphia; *Prudential of America*, at Newark; *Union Mutual*, of Portland, Maine.

Each of the above claim to make no discrimination against homœopathic physicians as examiners, yet some make the claim by inference rather than by plain statement. Of the latter number, and notably, the *Connecticut Mutual* and *Union Mutual*. For instance, the last-named writes: "The subject-matter of your letter has been thoroughly considered in the past, and it will be in the future, by the company, and its business will be conducted in the future as in the past, on strictly business principles."

The doctor went on to say that he was convinced that some companies have reported that they make no discrimination against homœopathic physicians, when, in point, of fact, they do, and it is understood from those who select examiners that a homœopath is never selected when an allopath can be.

The *Ætna Company* writes a letter stating that "they have no intention of discriminating in the appointment of medical examiners. Years ago examiners were required to be of the old school, for the reason that they were the most numerous, convenient, and best qualified (these conditions have to some extent changed). It is not the duty or intention of the company to uphold one or another theory, and it asks for a list of the homœopathic medical institutions whose certificates would be considered a fair recommendation for employment of graduates."

That they do not appoint them is attested by the traveling agent in Iowa, who positively gave the assurance that he must not appoint homœopathic examiners, and that such examinations,

when made, were not accepted, was proven by Dr. S. W. S. Dinsmore, of Sharpsburg, Pa., where a homœopathic physician would have been appointed had there not been positive rules to the contrary.

Another case is the Massachusetts Mutual. There the special agent said: "We appoint regular physicians because they are the best educated."

The Penn Mutual and Union Central answered that the officer who was competent to answer the query was away, and the Committee presume his absence still continues.

Those entirely failing to reply are: Covenant Mutual and Genesee, of St. Louis; Germania and Metropolitan, of New York; Mutual Benefit, Newark; New England Mutual, Boston; N. W. Mutual, Milwaukee; Phoenix, of Hartford; State, of Worcester; United States, of New York; Vermont, of Burlington; Vermont and Washington, of New York.

The report was accepted, and on motion of Dr. Bushrod W. James, of Philadelphia, the committee was ordered to continue its investigation of the status of the companies regarding the matter.

The next business in order was the selection of a place for the next meeting of the Institute, and the following places were named: Old Point Comfort, Newport, Denver, Cape May, Chautauqua, and Richfield Springs. The first ballot resulted in no choice, and, a second ballot being taken, Washington, D. C., was selected by a majority vote.

#### GENERAL STATISTICS.

Dr. T. Franklin Smith, of New York, Chairman of the Bureau of Organization, Registration, and Statistics, has prepared a report, from which it is ascertained that in the United States there are three National homœopathic societies, two sectional societies, 28 State societies, 86 local, and 19 medical clubs. In the country 40 general homœopathic hospitals are maintained, and 35 termed special hospitals. Reports have been received from 33 general and 26 special—59 in all—and in this number there are 4,604 beds. The total number of patients

treated during the year was 33,169. Of this number 25,382 have been cured, 3,173 relieved, 1,009 deceased, the death-rate being 3.12. In the hospitals 3,605 patients still remain. The homœopathic dispensaries number 47 all told, from which the committee have received reports from 35, and they report having treated 109,874 patients, and made up 301,318 prescriptions; outside visits reported number 33,756. Dr. Smith likewise reports that there are 26 journals published in the interest of Homœopathy in the United States.

Dr. James H. McClelland submitted a report embodying a new set of rules for the appointment and regulation of a Committee of the Institute upon a reconstruction of medical legislation to prevent allopathic oppression.

#### SESSION OF WEDNESDAY, JUNE 17TH.

At 9.30 Wednesday morning a half-hour session of the American Institute of Homœopathy was held, and a general report of the Board of Censors recommending the admission of 150 members was received.

The report of the Special Committee on Reconstruction of the Legislative Committee presented Tuesday morning and the substitute offered were, upon motion of Dr. Lewis, of Buffalo, N. Y., referred to a special committee of eighteen members, as follows: New York—Couch, Paine, Schley, Moffatt, Wright, Terry, Lee, Lewis; Georgia—Orme; Ohio—Gann; Massachusetts—Talbot; Texas—Fisher; Tennessee—Dake; Pennsylvania—McClellan; Connecticut—Wilson; Louisiana—Holcombe; Michigan—Gutchell; Iowa—Cowperthwaite. The committee is to report on Friday. After this the Institute, over which Dr. Kinne, of Patterson, had presided, adjourned until Thursday morning at 9.30.

#### SESSION OF THURSDAY, JUNE 18TH.

As usual the American Institute of Homœopathy had its half-hour session from 9.30 to 10, and Dr. McClelland, of Pittsburgh, reported favorably on behalf of the committee appointed to formulate an expression on the completion of the



Cyclopædia of Drug Pathogenesis, including the appendix, and the Institute makes itself responsible for 400 copies. Only the indexing now remains to be done.

The report of the Necrologist was referred to a committee consisting of Dr. Bushrod W. James, of Philadelphia, and Dr. John E. Sawyer, of Minnesota, who arranged for a memorial service for the following Sunday evening.

The resignation of Dr. William H. White, a corresponding member, resident in Vienna, was read and accepted, whereupon the Institute adjourned.

#### SESSION OF FRIDAY, JUNE 19TH.

At the meeting of the American Institute of Homœopathy, which marked the commencement of the fourth day's session, the Board of Censors reported on the application of a number of new members.

The Committee on Reconstruction of Medical Legislation offered the following resolutions:

*Resolved*, That the American Institute of Homœopathy, though of unmistakable record as to class legislation and on the subject of higher medical education, deems it wise to renew its declarations of hostility to the State Board examining system, especially the single board system, as affording an opportunity for unjust discrimination.

*Resolved*, That, as consistent with this declaration, it instructs its Committee on Medical Legislation to co-operate with the proper authorities in the several States in antagonizing this system by assisting, when necessary, to secure separate Boards.

*Resolved*, That one hundred dollars is hereby appropriated for the incidental expenses incurred thereby."

Dr. Alexander von Villers, of Dresden, editor of the oldest homœopathic journal in existence, was elected a corresponding member.

A paper was read from the Eclectic Society, of Connecticut, relating to a medical head in the Cabinet of the United States Government, and protesting against such a course. The matter was referred to the Committee of Medical Legislation.

Dr. Sherman, of Milwaukee, spoke of a uniform method of making and marking homœopathic drugs. He is the leading pharmacist of the Northwest. He also said that the Institute has a way of overlooking oldest facts, as, for instance, tincture and materia medica.

The Institute half-hour expiring, the Congress resumed its sessions.

#### SESSION OF SATURDAY, JUNE 20TH.

At the meeting of the American Institute of Homœopathy yesterday, the Board of Censors reported a large number of new applications for membership, making the total admitted at the session two hundred and nine, the largest number received at any session.

Dr. C. J. Higbee, of St. Paul, was appointed Chairman of the Committee on Medical Legislation; Dr. C. E. Fisher, of San Antonio, Tex., on Medical Education. The Committee on Medical Literature was also appointed. It comprises Doctors Buck, of Cincinnati; Dello, of New York; Villers, of Dresden; Burgher, of Pittsburgh, and Kraft, of Cleveland. On Foreign Correspondence, Drs. Strong, of Macon, Ga.; Arnulphy, Chicago; Cowl, New York, and Storke, of Denver.

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### INTERNATIONAL HOMŒOPATHIC CONGRESS.

(From the *Public Ledger*, June 17th to 22d.)

The fourth quinquennial meeting of the International Homœopathic Congress was called to order on the evening of Tuesday, June 16th, by Dr. Richard Hughes, of Brighton, England, the permanent Secretary. Mayor Hoffman delivered an address of welcome, after which Dr. T. Y. Kinne, President of the American Institute of Homœopathy, made the address of greeting, and, as he referred to the name Hahnemann, a painting of the founder of this school of medicine was unveiled, after which he moved the organization of the Convention by the election of the officers, as heretofore printed in the *Ledger*, with the exception of Dr. Clarence W. Butler, of Montclair, New

Jersey, President of the International Hahnemannian Association, as one of the Vice-Presidents. Rules of order and an order of business were adopted.

Dr. Tisdale Talbot, of Boston, then took the chair and read the address of the Honorary President, Dr. R. E. Dudgeon, of London, England, whose age prevented his presence. A Committee on Business, with Dr. J. H. McClelland, of Pittsburgh, as Chairman, was appointed, and one on resolutions, with Dr. J. P. Dake, of Nashville, as Chairman. The Convention adjourned, to meet

WEDNESDAY MORNING, JUNE 17TH.

Promptly at ten o'clock, Dr. Talbot, of Boston, took the chair and announced that the address, as noted in the programme, would be delivered, the subject being

“THE ETHICAL BASIS OF THE SEPARATE EXISTENCE OF THE HOMŒOPATHIC SCHOOL.”

Dr. Asa S. Couch, of Fredonia, New York, began his address, which was the principal and most important one of the day, upon the subject as stated above. He said that, to treat this subject satisfactorily, two things are primarily requisite: first, to define ethics and how its rules may be justly administered, and a comparison of our own with the drug therapeutics of the dominant school in medicine. Ethics, according to an eminent lexicographer, is defined as the “science of human duty,” and who would administer thereupon must be ethical. A school, which should formulate decisions within the science of human duty, while uncertain of its own position or when inspired with passions and prejudices, would place itself in an unfortunate position before the world, and one likely to end in embarrassment. After a few more introductory remarks, he went on to say that, whether success or failure, life or death, follows the experimental administration of drugs, no logical inference can ensue, for they must follow each other in sequence and lap each other as results. To increase peristalsis where deficient, or to arrest it by drug poisoning where in excess; to force or diminish secretions; to accelerate or retard the circula-

tion ; to stop all voluntary and many involuntary activities and demand that it be called sensible or scientific doctoring, is a travesty upon logic and a caricature of common sense. In a large majority of instances such practice aborts the very process by which Nature would cure ; in all cases it handicaps her by adding to her burdens and diminishing her power of resistance. Its futility is recognized by sufficiently intelligent and honest authors of the old school. In fact, its own writers have been its most severe and unsparing critics and their denunciations stand unchallenged before the world.

Referring to old-school treatment of certain diseases, he presented the matter to the audience, arguing against it, and stated that the embarrassment of the situation to such of the old-school brethren who can be embarrassed comes from the fact that they have no law by which to proceed in the prescription of remedies, and hence no more actual science than the Indian medicine man, who assays to cure by blowing feathers and beating tom-toms. Whatever improvement may have obtained in old-school practice within two decades has been purely and altogether negative. Through the evolution of mind and the embarrassment of marked contrasts, it has increased its conservatism, and as the result of a kind of intellectual osmosis, imbibed from the doctrine, process, and results of a school founded by an inhibited Saxon, it has lessened its doses and diminished its polypharmacy, but in its principle or doctrine of medication it remains absolutely unchanged. Even the purloinings from Homœopathy, as embodied in the works of Ringer, Phillips, and others, have not greatly modified its practice.

First. Because a large majority of its practitioners have no recourse to these works.

Second. Because in so far as they have been successfully adapted, it is not their legitimate practice, it is that of a slipshod and very crude Homœopathy.

Without fear of successful contradiction the speaker went on to say the principle of honest allopathic practice to-day is not one whit in advance of that of pre-historic man, nor in anyway changed except by the unfortunate doctrine of the illustrious

Galen. It is without any law whatever, and consequently the application of the term science in relation to it is a misnomer and a dishonor to the word. Yet consider the amount of drugs that is being poured into mankind and reflect upon the indorsement it receives.

During the last customs year at New York, there were imported for medicinal use of the aqueous extract, tincture, and other liquid preparations of opium, twenty-nine pounds; of morphia and all salts thereof, sixteen thousand six hundred and twenty-nine ounces, and of crude opium, containing nine per centum and over of morphia, two hundred and thirty-three thousand six hundred and fifty-five pounds. This is one port. When the importations at the others are figured up, what must be the aggregate cast upon our shores? Time will not permit a sufficient analysis of the matter, but I may ask you who know what its curative application is, and in what doses it is effective, to consider, except in proper palliation, or by those who have acquired a horrible habit through its abuse as medicine, how the rest of the vast amount has been, or will be, employed.

Man is but a system of reflexes. Either in health or disease to embargo the one is to arrest the other, and this, except under law to cure, is what by scientific (?) application this opium (or its salts) has been or will be doing throughout the land, masking disease, lessening healthful resistance, and deceiving unfortunates who have trusted themselves to the tender mercies of an arrogant and self-sufficient school.

Last spring, in a given time, the registry of vital statistics in the city of Buffalo recorded the certificates of death from pneumonia, bronchitis, and la grippe as numbering seventy. Of these, sixty-three were from allopathic and two from homœopathic physicians. Of the old school there are three hundred and of the new school sixty physicians in that city. Multiplying the number of deaths under homœopathic treatment by five to keep the proportion just, and the result is as ten to sixty-three, and subsequent investigation proves a contrast still more startling.

Referring to Hahnemann, the speaker said he had character

enough to scrutinize and analyze that which he was commanded to do with poisonous drugs, and sense sufficient to hesitate before doing it.

He said, however, he was not weak enough to stand and declare that this school embodies an absolute science in therapeutics. No school which ever may or can be founded will do this.

The fully-prepared practitioner in this school does not guess; he does not experiment; he does not deliberately set to work to make his patient sicker. The law under which he shall proceed is one in nature and results obtained in exact application. When an epidemic appears he does not grope in the dark and try experiments unto the death of thousands. Given the symptoms in advance, he can even foretell the remedies which will successfully grapple with a coming scourge.

After contrasting the two schools in medicine, the therapeutic methods of one devoid of danger to the sick and adapted to comparative certainty in the application, those of the other without law, and consequently fraught with menace to mankind, he continued: On the showing, can there remain doubt as to the ethical basis of the separate existence of the homœopathic school?

In concluding, he referred to the discrimination against homœopathic physicians by insurance companies, also by the Government, and the exclusion of their school from the army and navy. Referring to the old school's hold upon the Government, he said that school is striving to enter the Cabinet. It wants a "Secretary of Health," and it will exert all its arts and all its power to secure one.

He said the homœopathic profession appears to be insensible to the fact that every assumed superiority unprotested and every important position appropriated by the old school holds prestige for that school, and casts the shadow of unequal value upon its own.

Reference was made to the strong intrenchment of the old school, and an anecdote of General Grant was recited. During his administration the Commissioner of Pensions began discharging examiners who had the courage to affirm their belief

and practice of Homœopathy. The matter brought to the President's attention, the next head going into the basket was that of the Commissioner M. D.

Concluding he said, duty, duty, duty should be inscribed all over the simple creed, "*Similia similibus curantur*;" duty to organize in readiness for resistance or proper aggression; duty to subordinate modesty and profit when public positions may be secured conserving the interests of the school; duty to educate the public mind against empirical practice and the masking of disease through the physiological power of drugs, and duty to patronize the journals of the school, that their influence may be extended.

To do this most effectually we must as individuals purge from our lives all taint of personality, affectation or superiority, and uncharitableness. We must be thoroughly imbued with the high importance of our mission, and pursue it only in the spirit of justice and benevolence. Standing before the world in this wise—exalted in the forceful and honorable character thus derived, we shall occupy a position like that commanded by Him whose goodness and mercy are the blessing of the world. "Let your light so shine before men that others seeing your good works may follow them."

#### INFLUENCE OF HOMŒOPATHY.

Dr. A. C. Cowperthwaite, of Iowa City, Ia., then read a paper, "The Result and Influence of Homœopathy upon the Theories and Practice of the Medical Profession."

Dr. Richard Hughes, of Brighton, England, then read a synopsis of a paper prepared on the same subject by Dr. S. Lilienthal, of San Francisco, Cal., and discussed it briefly.

The paper, "How to Cure Backache," prepared by Dr. Edward T. Blake, of London, England, was read by Dr. T. Y. Kinne. In introducing the subject he asked, "Is the backache due to local functional change; is it the result of local organic disease; is it a topical expression of general diathesis, or is it merely a reflex from a distinct disorder in another part?" The diagnosis must be deliberate, and the elements of accuracy in

making the diagnosis were given, and also the tests of disease. In discovering the disease the more probable causes of backache must not be forgotten; a bent whalebone or the button on a heavy skirt in a woman or in a man, a non-woolen trouser waistband soaked with sweat, and causing resultant chill. After practicing usual crural and abdominal reflexes, direct the patient to arch the back and rest on occiput and heels; request the subject to walk in a straight line, eyes shut, and at the same time to play an imaginary fiddle. An unexpected faradic shock applied to the loins will cause involuntary opisthotonos in a malingerer or in a "malade imaginaire." Some special curves disappear on patient "dressing up" vertically and trying to look square.

In the discussion that followed Professor Snyder, of Cleveland, said that every one attempting to cure backache with electricity should understand it. Often harm is done by the ignorant use of the remedy. Where symptoms correspond very closely better results are obtained by the homœopathic system.

Dr. Monroe, of Louisville, Kentucky, referred to an amusing case. The patient, having suffered from spinal irritation and nervous prostration, grew worse from time to time, till digestion was affected, numbness in hands and feet, hysterics, sleeplessness, resulted; tried all physic; went to general practitioner, but kept declining. Finally the patient, who was a woman, broke her corset string and had to get a new one. In two weeks she was well, as the knot on the string pressed on exit of spinal nerves.

Mrs. Harriet J. Sartain, M. D., of Philadelphia, suggested that many a backache was due to mechanical causes. If there were no corset strings there would not be so many backaches.

Dr. Brewster, a woman practitioner, of Baltimore, said that backache was due to deficient circulation. Her treatment, while not a profitable one, perhaps, for the physician, was merely a hygienic one. She first taught her patient how to breathe. Backache was caused by too little exercise. You must not depend on drugs, but the cure must be brought about by amending the habits of life.



Dr. Pemberton Dudley referred to a patient coming to him for intercostal neuralgia. He was troubled on Sundays only, and it was found on that day of the week he carried a heavy silver watch, pressing on nerves affected.

The subject, "Homœopathy, in its relationship to Constitutional Predispositions to Diseases," was treated by Dr. Aug. Korndoerfer, of Philadelphia.

Dr. James H. McClelland, of Pittsburgh, followed with a paper, prepared by Dr. P. Diederich, of Kansas City, who was too ill to deliver it, on the subject of "Homœopathic Medicines as Prophylactics and Homœopathic Constitutional Treatment." Only a synopsis was read, and a discussion ensued, participated in by Drs. Allen, of New York, and Morgan, of Philadelphia.

"The Import of Bacteriology in Homœopathic Therapy in General" was the subject assigned to Dr. Walter Y. Cowl, of New York.

The reading of this paper closed the morning session, and discussion was put over until the afternoon, but before adjourning President Talbot read telegrams of congratulation and greeting from the President of the Homœopathic Medical Association, of Germany, and from Dr. Lilienthal, of San Francisco, a distinguished author and physician. The Treasurer, Dr. Kellogg, of New York, who is recuperating broken health in Mexico, also sent words of greeting.

#### AFTERNOON SESSION.

Dr. Walter Y. Cowl, of New York City, continued his paper on the "Import of Bacteriology to Homœopathic Therapy." Dr. Alexander Villers, a prominent homœopathist of Dresden, Saxony, and editor of the *Homœopatische Zeitung*, expressed his views and advocated a thorough examination of the patient by the physician, instead of taking, as generally is the case, the patient's own version of the symptoms.

Dr. J. Nicholas Mitchell, of Philadelphia, took as a subject, "Is Antisepsis Called for in Obstetrical Cases?" and delivered it in an able manner. The discussion was opened by Dr. C. G. Higbee, of St. Paul, Minn., with a short talk on the bacteria

theory in puerperal fever, and advised homœopathists to use aseptic measures. Dr. Bushrod W. James said that it must be remembered that diseases come in many ways, and that in the treatment of cases the entire case must be individualized by the homœopathist, whether puerperal fever or other, and the entire symptoms of the case must constitute the basis on which the prescription is given.

Dr. I. Tisdale Talbot, the Chairman, referred to a cablegram received from the French Homœopathic Society, extending greeting to the Homœopathic Congress. It was unanimously voted that the Secretary be instructed to send a message, thanking the French homœopathists for their interest, to Mr. James Love, Secretary of the Society.

The paper on "Pregnancy," by Dr. Emily V. Pardee, of South Norwalk, Conn., was responded to by Dr. Millie J. Chapman, of Pittsburgh, who particularly emphasized the importance of dress and diet.

#### SESSION OF THURSDAY, JUNE 18TH.

At the appointed hour Dr. Talbot took the chair. The programme was headed "Materia Medica Day," and the interest in the subject was indicated by the large attendance present. The principal address was made by Dr. Jabez P. Dake, A. M., of Nashville, Tennessee, and the subject was: "Civil Government and the Healers of the Sick."

#### DRUG PATHOGENESY.

The report on the Cyclopædia of Drug Pathogenesis, by the editors, Dr. Richard Hughes, of Brighton, England, and Dr. J. P. Dake, of Nashville, Tennessee, was read by Dr. Hughes. He stated that the work was practically finished. The principal circumstance leading up to the beginning of the work was that the materia medica of Homœopathy had long been scattered in divers languages. In 1876 Dr. T. F. Allen, of New York, undertook to remedy the defect, and in six years presented our whole pathogenetic wealth. The possession thereof only accentuated dissatisfaction, and the editor himself revealed so

many flaws in the execution that the conviction forced itself on most minds that the work should be done over again on a more critical and better plan.

Dr. Hughes continued that America was looked to for a translation of Hahnemann's *Chronic Diseases* worthy to rank with that of the *Materia Medica Pura* of Great Britain.

Dr. Woodward, of Chicago, congratulated the editors on the completion of the work. Professor T. F. Allen added his testimony to the value of the work, and Professor C. S. Mack, of Ann Arbor University, dwelt upon its reliability, while Dr. Pemberton Dudley also added words of praise for the effort.

#### DEMANDS OF MODERN SCIENCE.

A résumé of the "Demands of Modern Science in the Work of Drug Proving," by C. Wesselhœlft, M. D., of Boston, was read by Dr. A. C. Cowperthwaite, of Iowa City.

Dr. Hughes, of England, then followed on the subject, "Drug Proving of the Future." What shall be proved, and how shall the proof be made? were the two questions the speaker stated it would be his desire to answer. The selection of drugs for the future should be guided by their usefulness as remedies. He upheld the facts accepted by the school, and maintained that Hahnemann's dynamization, however baseless the theories about it, is a fact. Attenuation, when conducted according to his method, does more than simply weaken virulence. In some cases it develops energy; such energy cannot be limited to the therapeutic sphere, but may, at any rate on some subjects, display itself pathogenetically also, and in actions unknown to the crude drug. The speaker recognized that special care must be taken to avoid illusive, and for the elimination of the working, expectant attenuation. Potencies will produce medicinal effects which crude drugs cannot excite, which we, as heirs of this discovery of Hahnemann, must not neglect. The symptoms thus obtained are of a class especially suitable to homœopathic practice. He finally urged that, as homœopaths, the proving of drugs on animals should not be entirely left to the old school, as their procedure rarely subserves our ends.

Dr. T. F. Allen, of New York City, spoke in the discussion following this paper, and was strongly inclined to the establishment of laboratories, where the improvement and proving of the drugs might be made a specialty. He referred to the offer of a wealthy man who had promised to make such an institution possible.

Dr. Charles Mohr, Professor of Materia Medica in the Hahnemann College, paid a tribute to the excellence of the papers read, making the declaration that unsystematic proving of drugs was to be discountenanced. Laboratories, he contended, would greatly help in attaining the results desired, in which view Dr. Dake coincided. He said that hospitals and colleges were good, but the root of all was the proving of drugs.

Dr. Sutherland, of Boston, editor of the *New England Medical Gazette*, joined in the discussion, as did also Dr. Morgan, of Philadelphia, and Dr. Van Denberg, of Fort Edward, New York. Adjournment was here made for dinner.

#### AFTERNOON SESSION.

Dr. J. Wilkinson Clapp, of Brookline, Mass., opened the afternoon session with a paper on "The Pharmacy of Triturations." The best methods were explained by which trituration could be proceeded with without destroying the properties of the drugs, or adulterating them with the alkali of the material of which the mortar or pestle is composed. Trituration with coarse material and several hours' action will not bear as good results as a finer preparation, for a shorter time, with the proper quantity of sugar.

An essay entitled "The Pharmacy of Tincture" was rendered by Dr. Lewis Sherman, of Milwaukee, Wis. He spoke of preparation of homœopathic tinctures. The tincture must tell the truth, and nothing but the truth. It must be free from any taint or trace of the property of any other substance than its competent parts.

#### THE PHARMACY OF TINCTURES.

Dr. E. M. Howard, a physician, of Camden, read the substance of the paper prepared by Mr. A. J. Tafel, of Philadel-

phia, entitled "The Pharmacy of Tinctures." In discussing the matter the doctor claimed that the English method was more accurate, but only a relative quantity of accuracy can be obtained, as plants at different seasons contain different quantities of tinctures. Hahnemann, the doctor said, was right when he adopted fresh plants as tincture bases. Accuracy was more nearly obtained by tracing tinctures on dried plants. What is wanted in tincture is not so much the quantity, but the strongest possible solution in the most powerful form. In the future the aim in tincture making should be not uniformity, but to obtain strongest solution from any given plant.

Dr. T. F. Allen, of New York, then followed in an address, "Indexes and Repertories," and said it was of the highest importance that a feasible method of indexes should be adopted. It was to the homœopathist full of valuable information and suggestion, and showed care and ability in the preparation.

Dr. Mohr, of Philadelphia, opened the discussion which followed. He strongly favored indexing all symptoms in contradistinction to the desire of some to eliminate the minor symptoms. He also suggested that the symptoms be arranged in the concordance style of indexing.

Dr. Charles S. Mack, of Ann Arbor, Michigan, read a paper on "Discussion of Dr. Hughes' Proposed Index to the Cyclopædia of Drug Pathogenesis." He advised the use of three figures in the indexing, the first to indicate the number of provers of the symptoms; the second, number of times symptoms appeared, and third, in how many cases of poisoning was it prominent.

Dr. M. W. Van Denburg, of Fort Edward, New York, opened the discussion, and explained that the method requiring the least time and the least expenditure was the most desirable. Dr. Charles A. Church, of Passaic, N. J., said that his method was to index on the margin of his *Materia Medica*, and under what drug the remedy was to be found.

Dr. Augustus Korndoerfer, of Philadelphia, did not believe that a repertory will ever be obtained that will suit every one.

Others who discussed the subject were Dr. John C. Morgan,

of Philadelphia; Dr. J. B. Dake, of Nashville, and Dr. Richard Hughes, of Brighton, England.

An instructive essay on "A Reconstructed Materia Medica," by Dr. Price, representing the Baltimore Medical Investigation Club, was very interesting, and was discussed at some length by Dr. Dake and Dr. Sutherland, of Boston, editor of the *New England Medical Gazette*.

An extract of an essay relating to "The Probable Homœopathic Uses of Some New but Unproved Drugs," by Dr. E. M. Hale, of Chicago, was delivered by Dr. Richard Hughes.

Dr. M. W. Van Denburg, of Fort Edward, N. Y., had prepared a paper on "A Comparison of Therapeutic Methods Based on a Study of Arsenic," but, at his own request, was excused, and the document passed to the Committee without reading.

The subject of "Pharmacy," which had been left unfinished at the morning session, was again taken up, and was discussed by Dr. T. C. Duncan, Dr. Richard Hughes, Dr. James H. McClelland, Dr. Lewis Sherman, and Dr. Pemberton Dudley. Some very interesting questions were developed during the debate, several of which were exceedingly instructive.

#### SESSION OF FRIDAY, JUNE 19TH.

The President, Dr. I. T. Talbot, of Boston, opened with a paper on "The Duties and Responsibilities of Homœopathic Colleges as Leaders in Medical Progress."

A paper was read by Dr. James C. Wood, of Ann Arbor, Michigan, on the subject, "Epilepsy as a Hysteria Neurosis."

The discussion following was engaged in by Dr. Villers, of Dresden, Saxony, and Dr. Helmuth, of New York.

Dr. L. A. Phillips then followed, in the essay entitled "The Aids to Gynæcology, Medical or Surgical." In a résumé he suggested that gymnastic exercise was a superior remedy; also, obviating the pressure and weight of clothing, postural treatment, mechanical contrivances, which act as splints. Remedies recommended for internal use are very beneficial for external appliance.

Electricity was very potent for either good or evil, as a remedy, according to the care and discretion used in applying.

Dr. Danforth, of New York, spoke in regard to the development of electricity as a remedy, but it must be carefully handled.

Dr. Julia Holmes Smith, of Chicago, gave some pertinent professional suggestions from a woman's standpoint, she being followed by Dr. McClelland, of Pittsburgh, and Dr. J. C. Morgan, of Philadelphia; Prof. Snyder, of Cleveland, and Dr. Brewster, a female physician of Baltimore, the author of the paper, closing the discussion.

Dr. B. Frank Betts, Professor of Gynæcology in the Hahnemann College, read a paper on "The Scope of Homœopathic Therapeutics in Gynæcological Practice." He placed great stress on diagnosis of disease, suggested many new remedies, and advised preventive measures. He denounced astringent solutions, recommending cleanliness, exercise, and general hygienic measures; too much local treatment is bad. He considered surgical operations as necessary in many cases.

Dr. Johnson, a female physician, of Philadelphia, followed with a paper in discussion. Dr. Dake spoke to the subject, as did also Dr. Bushrod W. James, and the discussion was closed by Dr. Betts.

#### AFTERNOON SESSION.

At the afternoon session the paper read by Dr. Ostrom was discussed.

Then followed the paper by Dr. J. M. Lee, of Rochester, N. Y., the subject being "Forty-seven Laparotomies in Two Weeks." As chief surgeon of the Rochester Hospital, the Doctor operated on this exceptionally large number of difficult cases, and it was received with great interest and was discussed in an animated way.

Dr. Chester G. Higbee, of St. Paul, Minn., next held the attention of the profession on the subject, "Gynæcological Surgery—when to Operate."

In the Department of Ophthalmology, Otology, and Laryn-

gology, Dr. D. A. MacLachlan took the subject "Similia in Eye, Ear, Nose, and Throat Diseases." The Doctor is a Professor in the University of Michigan.

Dr. A. B. Norton led in the discussion which followed, and subsequent thereto.

#### HAY FEVER.

Dr. Horace F. Ivins, of Philadelphia, read an essay entitled "Pollen Catarrh—Hay Fever."

Dr. Edward B. Hooper, of Hartford, Conn., delivered an interesting essay on "The Surgery of the Nose and Nasal Pharynx." The subject was discussed by Dr. N. A. Dunn, of Chicago; Dr. Bushrod W. James, and Dr. G. C. McDermott, of Cincinnati, O., Professor of the Eye and Ear Department in Pulte Medical College. A paper on "Points in Diagnosis of Muscular and Defective Eye Troubles" was read by Dr. Hayes C. French, of San Francisco, Professor Eye and Ear Diseases in San Francisco Homœopathic Medical College. "A Study of Ophthalmic Therapeutics" was discussed by Dr. F. Park Lewis, of Buffalo, N. Y., and the discussion was indulged in by Dr. McDermott, of Cincinnati, who spoke very energetically, and was frequently interrupted with applause; Dr. Korndoerfer, Dr. Wesley A. Dunn, and Dr. Bushrod W. James. Several papers prepared by Dr. Hayes C. French, of San Francisco, were, by his own request, referred to the Committee on Publication.

#### SESSION OF SATURDAY, JUNE 20TH.

At ten o'clock the Institute adjourned, and the body resolved itself into the International Congress, Dr. Talbot in the chair.

Dr. Kinne, President of the Institute, offered resolutions, inviting the President of the United States to be present during its sessions, and at the banquet on Monday evening, June 22d.

"The Influence of Homœopathy on Recent Medical Literature and Practice" was the subject of the leading paper offered at the morning session, by Dr. Chas. Gatchell, of Ann Arbor, Mich.



The contention of the speaker was that there are few modern old-school text-books on materia medica and therapeutics that do not contain material gleaned from homœopathic works of a like character, and quoted Ringer, Phillips, Brunton, and Bartholow in testimony of his assertion.

Of the drugs that the old school has adopted from homœopathic sources, Aconite is the chief, and was one of the earliest they appropriated, and the one they most frequently use. Want of candor was the indictment the speaker found against the old-school writers for failing to give due credit to Homœopathy as being the source of their knowledge.

Homœopathy, the speaker continued, has a marked influence on the literature of the old school, but a consideration of the available evidence goes to show that a different verdict must be rendered in respect to its influence upon their practice. That Homœopathy has had the effect of compelling the school of traditional medicine to abandon to a great extent its harshest measures, and to reduce somewhat the size of the dose is true and well known; but that it has had the desired effect of causing them to substitute Homœopathy for their former methods is a proposition that cannot be successfully maintained. Homœopathy has modified the old-school practice, but not in the direction of Homœopathy. Evidence was presented that homœopathic prescriptions were not made in old-school hospitals, or other institutions. The question was asked, if the old school is making any practical application of Homœopathy. No better opportunity ever presented itself than was offered by the recent scourges of epidemic influenza, the speaker continued. The disease fairly invited comparison of the similar remedy, and in the hands of homœopathic physicians was successfully treated with Gelsemium, Eupatorium, Arsenicum, Bryonia, Tartar emetic, and other well-selected remedies.

Not so the old school on the treatment of this disease. They brought to bear the most active measures taught by antipathy, empiricism, and physiological medicine. The Doctor stated that the members of the old school of medicine are not making use of homœopathic methods in the treatment of the sick.

Concluding, the speaker said that the great school of traditional medicine is in close contact with Homœopathy; it is placed within their easy reach, and yet members of that school fail to make practical application of homœopathic therapeutic methods, and the failure lies in the fact that old-school physicians attempt to practice Homœopathy empirically. That is impossible to do; there is no royal road to our therapeutical methods. The empiricist tries to find one and fails, and abandons further effort. If Homœopathy were capable of empirical application in practice, the old school would have taken complete possession of it years ago.

The final statement of the speaker was: In practice our methods are as safe from their unacknowledged appropriation as if our rights were guarded by statute law, for the reason that they have not learned the true secret of the successful homœopathic prescription—differentiation of the remedy and the individualization of the case. This is done by no one recognized as an old-school physician, nor will it ever be, for whenever one of their number goes so far he ceases to be an old-school physician. From that time he is a homœopathist. Soon this man makes a confession of faith, he shows his belief, and swears allegiance to Hahnemann. Each year their number equals the combined number of graduates from all colleges. In this way are our ranks recruited.

The paper was received with evident satisfaction, and Dr. Holcombe said that all were delighted when homœopaths see approximation of the old school to Homœopathy.

#### ANTISEPTIC METHODS.

The morning programme was devoted to essays and discussions relating to surgery, and Dr. Horace Packard, of Boston, led off with the subject, "The Present Relations of Antiseptic Methods to Surgery." Dr. Lungren, of Toledo, Ohio, a prominent specialist, in discussing it, said the antiseptic treatment as practiced at the present day is entirely unnecessary. Dr. Sheldon Leavitt, of Chicago, stated that at Berlin he had witnessed operations conducted under the antiseptic method used by Tait.

“Carcinoma and Sarcoma” was the subject of a well-received address by Dr. Wm. Tod Helmuth, of New York City. He strongly denounced technical papers. His argument was the direct result arising from a careful study of one hundred consecutive cases. He explained the difference in formation of the two malignant diseases, cancer and sarcoma, explaining that they may sometimes exist simultaneously in the patient. The paper was comprehensive and original, and reviewed in detail various remedies which, in the experience of the speaker, had proved useful, prominent among them being the so-called Arsenic cure. Other forms of the disease are frequently cured by Hydrastis.

A lengthy discussion, in which all the points were canvassed and commended, ensued, in which two facts in particular were strongly brought out: That intestinal surgery had its American origin in the personal work of Dr. G. D. Beebee, of Chicago, a quarter of a century ago. In proof of this claim Dr. Helmuth cited a case in which five feet of the smaller intestines were removed with complete success. The other point being that the much lauded Phenic acid, which emanated from Paris, a few years since, was introduced by the same physician, and at the same time as described in the foregoing case.

Dr. W. B. Van Lennep, a professor in the Hahnemann Medical College, of Philadelphia, and one of the editors of the Hahnemannian *Monthly*, addressed the Congress upon the subject, “Inflammation of the Right Iliac Fossa.” This subject he pleasantly condensed under the head Appendicitis, after which he explained the causes, course of development, pathology, and complications of this dread malady.

The importance of the paper centered upon the question of when and how to operate in such cases, and how much the rate of recovery was thereby increased. These questions were all answered in a clear and forcible manner.

The paper was discussed by Dr. J. E. James, of Philadelphia, who took one exception to the paper, and that was that the restriction to the one condition mentioned would to many minds be misleading. He advanced the avoidance of undue surgical

interference on one hand, and extreme conservatism on the other. He believed that consistent homœopathic treatment is capable of curing many severe cases that are now being operated upon.

A general discussion followed until the one o'clock adjournment.

Just before adjournment a resolution was passed requesting Dr. R. E. Dudgeon, of London, England, the honorary President of the Congress, to prepare a new edition of Hahnemann's *Organon*, also to secure translations of such as yet unpublished papers of value as were in his possession.

#### AFTERNOON SESSION.

A paper, the subject being "Training School for Nurses," prepared by Dr. Henry Minton Lewis, of Brooklyn, was read by Dr. Kinne in the absence of the author. The specifications for a good nurse, it was set forth, should be, first, good health; second, comeliness, must be practical, not emotional, discreet, and observing and honest; third, nurses must have good education, must write plainly, so that records may be read easily; must read well, and be able to talk intelligently.

In England, it was claimed, the training schools educate two classes of nurses. One class includes those who propose making the profession their means of livelihood; another class those to have charge of hospital and mission work.

The discussion was opened by Dr. Julia Holmes Smith, and she stated that the requirements of a nurse are that she must be a perfect woman. She must keep on good terms with the doctors and be patient with the patients. There should be a good normal school somewhere to teach all nurses.

Dr. John L. Moffett, of Brooklyn, editor of the *North American Journal of Homœopathy*, advocated nurses of a high standard.

Dr. T. C. Cook, of Buffalo, quoted some personal observations, and said that nurses are more attentive to their work and often superior when graduated from homœopathic hospitals.

Dr. D. H. Beckwith, of Cleveland, believes that a good nurse is more important than a doctor at the bedside.

Dr. William Owens, of Cincinnati, read a paper on "The Relation of Hygiene, Diet, and Therapeutics to Morbid Conditions of the Alimentary Canal of Infants."

There was a discussion by Dr. W. F. Edmundson, of Pittsburgh, and Dr. Custis, of Washington.

Dr. D. G. Wilcox, of Buffalo, followed in a paper, "Surgery of the Spinal Cord," then came Dr. E. A. Pratt, of Chicago, on "Orificial Surgery," in which discussion was engaged in by Dr. A. L. Monroe, of Louisville, Ky.; Dr. Wm. Tod Helmuth, of New York; Dr. Eugene F. Storke, of Colorado; and Dr. H. P. Skiles, of Chicago.

Dr. John C. Morgan favored the use of the liquor from corned beef and cabbage for cases of cholera infantum, and it could be used on infants as young as ten days.

The Convention then adjourned to meet on Monday morning.

#### SESSION OF MONDAY, JUNE 22D.

The report of the Intercollegiate Committee of 1891, by Dr. I. Tisdale Talbot, its chairman, was presented.

The growth of Homœopathy in the past five years was the subject of the address of Dr. T. Franklin Smith, of New York.

#### MEDICAL LEGISLATION.

Dr. Dake presented the report of the Special Committee on Medical Legislation.

Reports on the condition and progress of Homœopathy in various countries were next in order, and brief summaries of the reports follow:

Dr. Richard Hughes, of Brighton, read the English report, which was prepared by Ernest H. Stancourt, M. B., C. M., Southampton, England. It only spoke in a general way of the progress made, but it was claimed this was very gratifying.

The paper on Australia was likewise presented by Dr. Hughes, and there it was shown that Homœopathy was steadily progressing. The death-rate on typhoid fever cases was quoted. In old-school hospitals the death-rate was thirteen per cent., and in homœopathic hospitals eight per cent. In Tasmania there is

great encouragement for the speedy establishment of a hospital being accomplished.

The New Zealand report was prepared by John Murray Moore, M. D., F. R. G. S., but read by Dr. Hughes, and it stated that in all the free, self-governing colonies of the British Empire the homœopathic system, when represented by qualified men of ability and respectable character, has established itself firmly in the confidence of the people—a people more quick and intelligent than in the parent country.

From India a report was written by P. C. Majaindar, L. D. S. The history of Homœopathy in India since the last International Congress was full of events for continued progress and improvement, and the Hahnemann method has gained an entrance into all the nooks and corners of this country.

Of Denmark, Oscar Hansen wrote that there Homœopathy was not known until 1831, when Hans Christian Lund introduced the system. There the Homœopathic Society has now one hundred members.

From Mexico, some news was sent by Dr. Joaquin Gonzales and read by Dr. Kinne. Homœopathy was there introduced in 1850. A six-year course is there required instead of four in this country, and this particular school of medicine has equal rights before the law, and cholera in that country has been successfully combatted by homœopathic treatment.

In Switzerland, according to Dr. Th. Bruckner, the report was of rather a negative character. The poor take advantage of the sick funds, and are attended by physicians employed by the officers of the funds, and the advantage is against the homœopath.

Dr. A. Von Villers, of Dresden, read the report from Germany. Losses by death of eminent physicians were reported; also the opening of a new hospital at Leipsig, capable of accommodating two hundred patients, as well as the addition of many new physicians to the ranks of Homœopathy. The report stated the requirement of the Government, at Wurtemberg, to the effect that every student of medicine shall have a sufficient knowledge of Homœopathy to be examined in it.

In Austro-Hungary no change has been noticed since 1886. The right to dispense their own medicines has again been accorded homœopathic physicians by law of May 27th, 1887.

In Austria Dr. Fr. Klauber writes that the homœopathists are completely thrown on their own resources, as all the legacies and bequests aiming at the establishment of a homœopathic chair in Vienna University have been disregarded.

For five years the school has remained stationary. The patients of Homœopathy are scattered, but mostly the nobility, by birth as well as by education, owe allegiance to this method of healing, to the discomfiture of our powerful opponents enjoying the guaranty of the State.

Dr. A. Lorbacher, of Leipsig, wrote that, in Germany, continual aggression was maintained, the whole of the land being dotted over with a network of homœopathic societies, and the Hahnemann principles are in no danger of going under in their mother country. From all offices or employments in the army and hospitals homœopathists are excluded, and are not allowed to explain themselves in the homœopathic press.

In Wurtemberg the large Society of Hahnemannia enjoys the protection of Queen Olga, and counts among its members persons of high standing and of the best families. There are, altogether, six hundred doctors, and about fifty have, in the past five years, passed the Prussian examination for dispensing.

From Russia the report was read by Dr. Richard Hughes as prepared by Dr. Bojannus, of Moscow. It is stated that in St. Petersburg a fund of over one hundred thousand roubles has been raised to build a hospital, and land for the same has already been granted by Imperial order.

The following answer to the invitation tendered President Harrison was received :

PRESIDENT HARRISON'S COMPLIMENTS.

CAPE MAY POINT, June 21st, 1891.

PEMBERTON DUDLEY, M. D., Secretary, etc.

DEAR SIR :—I beg to acknowledge by the hands of my friend, Dr. Gardner, the invitation of the International Homœopathic

Congress, now in session at Atlantic City, to visit the Convention and to attend the banquet to be given to-morrow evening. Will you be good enough to express to the Convention my high appreciation of its kindness and my regret that arrangements already made render it impossible for me to accept the invitation?

With great respect, very truly yours,

BENJ. HARRISON.

Dr. Bushrod W. James spoke on the subject of the progress of Homœopathy, as ascertained from the reports of the different countries, and especially in the United States.

Dr. Pemberton Dudley offered resolutions protesting against professional ostracism by the old school. They were referred to the Committee on Resolutions.

#### HOSPITALS.

An address was delivered by A. R. Wright, M. D., of Buffalo, N. Y., on "Hospitals—their Construction, Maintenance, Management, etc." The speaker contended that air and light were important considerations to be thought of in the selection of a site. As for the healthy these are important requisites, so also are they doubly so to the hospital patients. A spacious lot is necessary above all things for the prosecution of successful hospital work. Of the buildings, temporary or permanent, he said: "If the walls are thoroughly and solidly built, and finished with no reasonable chance for cracking and no air space in them, and so perfectly finished that no foul effluvia may find permanent lodgment in them, destruction and rebuilding seem unnecessary. A proof of this is found in the old Pennsylvania Hospital, bearing the date on its front of 1755. These walls were so well constructed that they are now considered satisfactory, though one hundred and thirty-five years old. The army hospital must necessarily be temporary, but the city hospital, with all present available means for perfect construction, should be so well furnished in walls and interior work that it may, in effect, be a permanent structure." Brick is preferable to stone for walls, as is also the general plan of isolated pavilions. The block system



was worthy of consideration, but it does not, from its arrangement, allow as free circulation of air, and unobstructed light as in the pavilion system, therefore the consensus of opinion of the best men, authorities on hospital construction, favor the pavilion plan.

The speaker went on in matters of detail regarding hospital furnishings and the like, and, in conclusion, suggested that in all cities of twenty thousand people homœopathic physicians organize a hospital association, and begin work at once for a building fund for a hospital. "A well-equipped institution, be it college or hospital, will add greatly to the prestige of the profession in the community. If there should be an allopathic hospital, the strife should be to keep abreast of it. If there be none, let Homœopathy take the initiative."

The paper was followed by a general discussion.

At the afternoon session the Committee on Resolutions reported that they had considered the resolution offered by Dr. Pemberton Dudley and recommended its adoption as the sentiments of the Congress. Dr. Richard Hughes, as Chairman of the Committee on deciding the place of next meeting, announced that it would be in England in 1896.

A learned paper on the "Treatment of Insanity" was read by Dr. N. Emmons Paine, of Westborough, Mass. The speaker advocated the "rest treatment" as a cure for insanity, the six elements of which are seclusion, rest, diet, massage, electricity, and therapeutics. The diseases to which the speaker said they can be applied with a hope of cure are locomotor ataxia, uterine disease, chorea, hysteria, neurasthenia, insanity.

Dr. S. H. Talcott, of Middletown, N. Y., delivered an essay on the same subject, entitled, "The Curability of Insanity by Homœopathic Medication."

These papers were indorsed by Dr. H. B. Fellows, of Chicago; Dr. J. C. Morgan, of Philadelphia, and Dr. Wanstall, of Baltimore.

Dr. Salger, of Calcutta, India, sent a paper, entitled "Asiatic Cholera," and treating of this dreaded disease. It was read by Dr. Richard Hughes. Dr. E. M. Howard, of Camden, read Dr.

H. M. Dearborn's essay on "Lanolin and Aquine in Diseases of the Skin." Dr. Martin Deschere, of New York, being absent, a paper, entitled "Diet and Homœopathic Treatment," was read by Dr. J. H. Gann, of Worcester, and two papers by Dr. Gailiard, of Brussels, Belgium, "Hahnemannian Remedies of Chronic Diseases." Dr. Eugene F. Storke addressed the Convention on the "Climatic Cure of Colorado," he being followed by H. R. Stout, of Jacksonville, Florida, on the "Climate of Florida."

Dr. J. P. Dake, of Tennessee, offered resolutions of thanks to the publishers of the various newspapers publishing the business of the Congress and to the correspondents for their work. The Committee on Resolutions also presented the following, which was unanimously adopted: "*Resolved*, That our thanks are due and are hereby tendered to Mr. George W. Childs, publisher of the *Public Ledger*, for the complimentary copies of that most valuable newspaper." The thanks of the Convention were tendered the various officers and committees for their ability and careful work, and the entire assemblage sang the Old Hundred Doxology, and the Congress stood adjourned, the next meeting to be held in England in 1896.

The American Institute of Homœopathy then met, passed resolutions of thanks to their officers, and soon after six o'clock their session closed, to meet again in Washington, D. C., next June.

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### THE HOMŒOPATHIC MEDICAL COUNCIL.

The regular meeting of the Homœopathic Medical Council was held May 20th, at the Phœnixville Club-house, Phœnixville, Pa. The following members were present: Drs. R. Farley, M. Preston, L. Hoopes, W. M. James, W. A. D. Pierce, H. Wright, E. A. Krusen, and Dr. Adair, of New York.

The meeting was called to order by the President, Dr. R. Farley.

First case was reported by Drs. Farley and Wright. Mrs. I. J. T., æt. about thirty-five years, dark complexion, tall, and

finely built, mother of one child. Diagnosis, scirrhus of the stomach. Saw her in consultation April 15th, 1891. Had been under the care of allopathic physicians, and they proposed an operation as her only chance, telling her friends she had a malignant growth either of the uterus or stomach. I cannot imagine why they could not locate it, as I found it very distinctly in the epigastrium, a hard, irregular mass about the size of an egg. Her allopathic physicians said she needed an operation. Pelvic adhesions, which they said existed, caused her condition of alternate constipation and diarrhœa.

Examination for the remedy elicited the following symptoms: stools, yellow, brown, involuntary, offensive, putrid; frequently fifteen to twenty stools per diem, accompanied by much noisy flatus.

Paresis, beginning in the feet and ascending to arms. When I saw her her limbs were powerless except slight power in forearms. Frequent exclamations of "I am so tired," very restless, with desire to be moved continually.

Urine and stool passed together, but can control the urine. The involuntary stool occurred each time she was moved and when she took a drink. Gurgling in abdomen during and after drinking.

Periodical occurrence of sticky, albuminous leucorrhœa. Throat and mouth dry as a board, lips stick to teeth and gums, licking lips continually in efforts to moisten them. Thirst for large draughts of cold water, followed by vomiting. Almost constant vomiting with terrible retching, better from hot water.

Sleepless, cannot stop her thinking, many ridiculous thoughts crowd through her mind; weak attacks, with coldness, both objective and subjective, and sensation as if sinking, sinking down to the cellar.

Burning of feet, sticks them from under covers. Sensation of heat, can hardly bear sheet on her; eructations copious, noisy, and bitter.

Regurgitation of bile, saliva, mucus, food, and water; crampy pains in thighs, popliteal space, and legs, with muscular twitching during the paroxysms of pain.

Taking the case exhausted her.

R Phos.<sup>2c</sup> one dose dry.

Eight hours later her physician reports her as better ; can put her limbs just where she chooses. She improved rapidly until April 21st—that is, for six days—then she began to grow worse, and her physician gave her two or three doses of Phos.<sup>2c</sup> and she continued to grow worse. I saw her again on the 23d, and took the case again as follows : Lacerating pain in the urethra precedes urination. Involuntary urination without sensation (Bry.), only knows when it has occurred when her clothes feel wet.

Lies supine with knees drawn up to abdomen. Rumbling and gurgling in abdomen, weakness and sinking and restlessness same as before. Hopeless of recovery.

Extreme soreness of the flesh, dreads to be touched, says bones are coming through the skin, worse from motion.

Paresis has not returned, but is too weak to move ; has to be handled like an infant.

Aching pain in forehead, worse in afternoon. Aching in nape and occiput, better from cold applications ; stools mushy and brown, yellow, watery, and undigested, about ten stools per diem ; vomiting, retching, regurgitation, and eructations continue. Throat feels dry and scalded after emesis. Feet cold.

Heat and burning of spine.

Weak attacks last from about four P. M. until five A. M. ; better for vomiting.

Craves soda water and oysters, the latter taken with benefit, the former not allowed. Nausea precedes and accompanies the emesis. Soreness and dread of being touched is only during the weak attacks, with cold feet to knees. Feet hot and dry at times, must uncover them. Crampy pains are now confined to the calves.

Flatus with stool is quiet.

Pain, and desire for stool, in abdomen before stool ; better after stool.

Pulse, 112 ; temperature, 100°–102°.

Emaciation, sunken cheeks and eyes, brown fur on tongue,

irritability, ravenous hunger with sense of emptiness in stomach, milk disagrees. Marked pulsation in the epigastrium. The case still called for Phos., so in spite of the gravity of the case, and, too, because of the extreme danger, I advised our waiting another day for the reaction of the vital energy, and it was only the third day since the repetition of the Phos., and this remedy seems to be disposed to frequently get in its work on the third day. We therefore gave the second-best remedy in the *materia medica*, and anxiously awaited the morrow, and when the morrow came her physician reported her "away up," and thought one physician would be enough for her for the present. She has steadily improved, and now enjoys a carriage ride daily, and not more than two (normal) stools per day. She vomits no more and eats heartily, says she has been made all over again. I will report the "malignant growth" later, unless Dame Nature hides it so I cannot find it.

CASE No. 2, reported by Dr. Farley. Herbert W., æt. four years, scarlatina and rheumatic fever. About the seventh day of scarlatina the rheumatism began attacking joints of all the limbs and changing *repeatedly from side to side* and from legs to arms; the wrists and ankles were principally involved. Rapid grunting respiration, picks the nose and lips, the latter are dry and scaly.

Paroxysms of incessant hacking cough, better by eructations. Pain in cardiac region and stomach, better by eructations. Two or three musty yellow stools per diem.

Urine scanty and concentrated.

Restlessness, profuse perspiration, occasionally can lie on either side or supine, with head high. Hands have an œdematous appearance, are not so in joints. Joints hot and pale, restless but dreads motion, suddenly it left joints and attacked heart, producing the pain and marked murmur with first sound of heart, heard at apex (this followed the administration of Lac-can.), complains of being tired, much better from *Kalmia*.

On motion, the business of the meeting was suspended until after dinner, when Dr. Wright produced a patient, male, æt. sixty, affected with two corneal tumors of left eye, dark purplish

in appearance, freely movable, fed by very much enlarged blood-vessels of the conjunctiva, pain in left eye running back to occipital protuberance of same side. Pains in eye better by the application of hot water. Reading causes smarting of the eye. Burning pains instantly better by hot water. No specific history could be elicited. Remedies suggested were *Ars-alb.* and *Comocladia*.

Dr. Preston then reported the two following cases :

CASE 1.—Patient *æt.* sixteen, slim, tall, fine haired, and of a contrary, complaining disposition. Paralysis of left lower extremities with soreness of the anterior part of the thigh, and of the popliteal space. Inability to turn in bed. Lying on face or back the preferable position when sleeping. Inability to bear the least weight on that side when walking, can draw the limb backward, but cannot extend the thigh in the least. *Phos.*, *Mag-carb.*, *Plumb.* have produced amelioration but no real improvement in strength of limb.

CASE 2.—Patient male, *æt.* seventy-one years, jaundiced and quite yellow over entire body and conjunctiva. Stools white, chalky white, small as if squeezed through a narrow place in the bowels. Every few days there is a cold spell and chill followed by heat and thirst, restless nights with smothering spells and inability to lie in bed. The thirst precedes the coldness, which is also preceded by drowsiness, heat is followed by sweat, which gives relief. Urine is dark and contains bile, almost normal in quantity. Patient has no appetite on account of dry, sticky tongue; takes only milk and soup; can't chew or swallow because bolus becomes too dry. He hawks phlegm and belches fluid after eating or drinking, craves beer and wine. Has taken *Myrica.*, *Card-mar.*, *Cancer-flu.*

A suggestion as to the proper remedy is desired.

During the meeting there were some interesting discussions of which the following are the most valuable points :

*Kalmia* has pains running from the hips down to the feet, or from the knees down to the feet.

**RHUS-TOX POISONING.**—Dr. Hoopes, of West Chester, related a case of *crusta lactea* complicated with *erysipelas* occur-

ring in a child, which came under his care. By advice of another physician he gave *Rhus-tox.*<sup>cm</sup> in water, a teaspoonful every three hours, for about twenty-four hours. Upon his next visit to the case the mother of the child called him to account for "poisoning" her child with *Rhus-tox.* He asked her how she knew that he had given *Rhus-tox.* The mother answered that she could not be deceived, for she had witnessed too many cases of *Rhus* poisoning not to know it when she saw it.

Dr. Mahlon Preston, of Norristown, said that the best antidote for *Rhus-tox.* poisoning is *Apis*<sup>85m</sup>, Jenichen. He has had cases where the eruption had assumed the vesicular character; the vesicles being very large. The effect of the *Apis* in such cases is miraculous. *Euphorbium* is also a remedy that must not be forgotten in cases of *Rhus* poisoning, especially when the vesicles are very large.

Dr. Hoopes had given *Bryonia* in cases of *Rhus-tox.* poisoning with excellent effect. He related the case of an old man who was a great skeptic in regard to Homœopathy, who was suffering from *Rhus* poisoning. The doctor meeting him accidentally offered him a dose of *Bryonia*<sup>2c</sup>, a single powder. The sufferer agreed to take it, though avowing his disbelief in its efficacy. Within an hour the itching ceased and the patient speedily got well, to his great surprise.

Another case was that of a boy who went with other children to bathe in a small creek. Whilst standing naked upon the bank of the stream he was playfully pushed by another boy into a mass of poison ivy and was terribly poisoned. The itching was so intense that his mother spent the evening rubbing him. She sent for Dr. Hoopes, who gave *Bryonia*<sup>2c</sup>, and the itching ceased very shortly, and the eruption got well gradually without any further irritation.

**BABY FOOD.**—Dr. Pierce said that he directs that the milk should stand for several hours until the cream rises. The cream is then to be skimmed off with the upper layer of milk and into it is put some ground sugar of milk, a teaspoonful of the sugar to a glassful of milk.

Dr. Farley said that his preparation was half a teaspoonful of milk sugar and half a teaspoonful of cane sugar to each tumblerful of milk.

Dr. Preston says, Let the milk stand for ten or twelve hours and then skim off the cream together with the upper third of the milk. Then add from one-third to one-fourth of its bulk of water and two or three grains of sugar of milk.

Dr. Preston adopts the rule of never giving solid food to babies until the teeth have grown.

Dr. Pierce never gives solid food to babies until the incisor teeth have grown. He then allows meat, as he considers that the appearance of the incisors is the indication for meat.

Speaking of neuralgic pains in the thighs, it was said that *Xanthoxylum* has pain upon the anterior surface of the thigh, and is therefore a useful remedy in this condition.

The Society then adjourned. E. A. KRUSEN, *Secretary*.

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## COMMENTS ON DELINQUENT SUBSCRIBERS.

### EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

I am very much surprised that you have found it necessary to issue a special appeal to those subscribers who take *THE HOMŒOPATHIC PHYSICIAN*, but who do not pay their dues. Indeed I can hardly realize that any one can send for and peruse *such* a journal, the very first of its kind issued in this or any other country for the exposition of *Pure Homœopathy* and not willingly pay for it. Started by such *men* as Lippe, Hering, Wells, etc., in the midst of continuous and severe opposition growing worse and more subtle and oily, amid rankness in therapeutics, it has, nevertheless, maintained its course some ten years. I say it is hard to realize that some are so lost to all sense of obligation that they are willing to avail themselves of this exponent while remaining unwilling to remunerate the editors and publishers with the very small fee which they so justly earn.

You are at liberty to publish this letter, though I am very far from wishing to offend any subscriber, rather thinking that the



wants of the editors have been overlooked amid the pressure of daily practice; it being *impossible* to be a *genuine consistent homœopath without recognizing the claims of this Journal*. Let me hope that you will at once receive their remittances with as many more subscriptions as they can make, and go on with the publication of it. Each number contains, to every thoughtful physician, suggestions and experiences worth more than a year's subscription. To fail in supporting it, and thus allowing it to drop out of its career would prove a *lasting* disgrace to our school, causing very many *sad hearts* in our ranks, and rejoicings in the camps of the enemy the world over. That excellent institution, the Philadelphia Post-Graduate School, where pure Homœopathy is truly taught as a science, in contrast with so many of our colleges which know and teach so little of it while *calling* themselves "Homœopathic" and preaching both Eclectism and spurious Homœopathy: *That* school about which too much cannot be said in its favor, will soon cease to exist as the exponent of true Homœopathy if THE HOMŒOPATHIC PHYSICIAN be allowed to die. May God arrest this event, giving to the editors such support that they will not be driven as a necessity to advertisements of doubtful quality by which so many journals are sustained.

Very truly yours, JOHN HALL.

VICTORIA, BRITISH COLUMBIA, April 22d, 1891.

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### TO ERR IS HUMAN, TO FORGIVE DIVINE.

B. FINCKE, M. D., BROOKLYN, N. Y.

My attention was drawn to a passage in my Refutation of Dr. Dudgeon's attack on the Hahnemannians and High Potencies (*Journal of Homœopathies*, vol. II, p. 272), as containing an error. There, Dr. Dudgeon is spoken of as one who priding himself on his translation of the *Materia Medica Pura* has trimmed out what did not suit his fancy. Now, it is true that Dr. Dudgeon translated the six volumes of Hahnemann's *Reine Arzneimittellehre*, which is the first half of his *Materia Medica Pura*, as well as an English scholar is able to do.

But the passage was not meant for this translation, of which at the time I was not cognizant, but for his attitude in relation to the whole *Materia Medica Pura* which appears in a tolerably clear light from a passage in a discussion on the Index of the *Cyclopædia*, published in the *Monthly Homœopathic Review*, November 1st, 1890, p. 673, as follows: "Dr. Dudgeon pointed out that a great deal of criticism had already been exercised by the compilers of the *Cyclopædia*. A great many thousands of symptoms had been eliminated, and a great many hundred of provings or so-called provings had been refused admission on account of their impurity (hear! hear!) and altogether the *Cyclopædia* had been criticized to a very great extent as those who examined it, carefully, would be able to perceive. He spoke with a certain knowledge (hear! hear!) having been a great deal associated with Dr. Hughes in the translation of cases, and knowing what a great condensation had been effected in many of the records."

This leaves no doubt that Dr. Dudgeon commits himself to a silent partnership with the firm of Hughes, Dake & Co., which has undertaken the task of burying out of sight the symptoms and provings contained in the *Materia Medica Pura* which do not suit their fancy, though he is not guilty of this error in regard to his translation of the six volumes of the *Hahnemannian Reine Arzneimittellehre*. How the error in the Refutation could have crept in is incomprehensible, and the more so, as the manuscript was submitted to the scrutiny of several of my colleagues before it was printed. Though an enemy, I trust that the Doctor will forgive this slip of the pen. If so, it may be expected even that the "unpleasant subject" (high potencies) will no more "constitute in his eyes—as it always has done—the plague-spot of Homœopathy" (*British Journal*, January, 1881), and that looking with the eyes of a scientific man upon the experience of the last sixty years in Europe and America in this relation, it will appear to him, as to the Hahnemannians, the dawn of a higher development of Homœopathy.

*Ceterum censeo, macrodosiam esse delendam.*

## BOOK NOTICES.

HOMŒOPATHY, WHAT IT IS AND WHAT IT IS NOT. By Thomas Wildes, M. D. Second edition. Jamaica, W. I. Published for the author. Price, 15 cents, for sale at homœopathic pharmacies.

Dr. Wildes, the author of the above work, practiced in New York for a number of years, and then went to the West Indies in a search for health. On arriving in Jamaica he was induced to enter practice there. Opposition on the part of the allopaths induced Dr. Wildes to place before the people of Jamaica the advantages of Homœopathy, and he admirably succeeded, for we are in receipt of cuttings from Jamaica papers in which Homœopathy is defended from the attacks of the allopaths, and in which the establishing of a homœopathic hospital is advocated. Dr. Wildes, in his pamphlet, gives a succinct description of Homœopathy, shows what it is capable of doing, and adds statistics which prove its superiority over the old-school methods.

This pamphlet is calculated to do good missionary work, and we would advise those who are in a community which knows little about Homœopathy to purchase a number for such purpose, and it will also serve even those who are familiar with Homœopathy as a model of how to fight for our principles.

G. H. C.

## GETTING MARRIED AND KEEPING MARRIED.

This is number eighteen of the *Human Nature Library*, and the author, who claims to have done both, considers first *The Finding of a Mate*, in which he considers what should be taken into account in choosing a companion in wedlock and how to do it. There are more than a dozen illustrations, showing Love Signs in mouth, chin, lips, etc., and the suggestions are practical and if followed out would reduce the number of marriage failures. The unmarried should by all means read it, and every married man and woman should read the second part, on *Keeping a Mate*; the shoals are pointed out on which the marriage bark so often flounders, and the way to keep love fresh and bright is given in a way that must many times prove helpful in promoting happiness that too many know does not always last as it should, in this closest of all relations through life.

It is written in a sprightly and attractive manner, justly placing stress largely on the importance of studying character.

The price of this number is 10 cents. The subscription price of the *Human Nature Library* is 30 cents a year, which may be sent in stamps to Fowler & Wells Co., Publishers, No. 777 Broadway, N. Y.

THE SANITARY ERA, OR PROGRESSIVE HEALTH JOURNAL.  
William C. Conant, Publisher, P. O. Box 3059, New York City. Subscription price, \$1.00 a year. Single copies, 10 cents.

The May number of this journal is at hand. It is a most excellent publication, intended not alone for the sanitarian but for citizens, mothers, nurses, invalids—everybody. The present number has a department devoted to water purifying, another to sanitary subjects in general, and another to protective hygiene.

**TEXT-BOOK OF HYGIENE.** A comprehensive treatise on the Principles and Practice of Preventive Medicine from an American standpoint. By George H. Rohé, M. D. Second edition, thoroughly revised and largely rewritten, with many illustrations and valuable tables. Philadelphia (1231 Filbert Street) and London. F. A. Davis, Publisher, 1890. Price, \$2.50, net.

This book can be most highly commended. It treats of air, water, food, soil, sewage, house construction, hospitals, the hygiene of schools, industrial establishments, military camps, ships, and prisons. Also, bathing, clothing, disposal of dead, contagion, infection, quarantine, etc.

One of its most instructive chapters is on ground air and ground water, or a consideration of the air and water that permeate the ground, and the influences of these upon health. A careful study of this chapter will explain many mysterious causes of ill health, and enable the intelligent physician to suggest measures to correct them.

We observe with surprise (page 93) that the author does not disapprove of the feeding of milk-cows upon the refuse of breweries and distilleries. To his statements on this subject we take decided exception. To make beer, barley is moistened in water and kept warm until it begins to sprout. The diastase found at one end of the grain converts the starch which makes up the bulk of the grain into grape sugar. Hot water is then added to dissolve out this sugar. Yeast is added to this solution or "wort," and fermentation begins and converts it into beer. Now what is left of the grain after this procedure? Nothing but a hull, largely siliceous, thoroughly soaked with water, and ready for and even undergoing acetous fermentation which makes of it a "sour mash." Yet this rubbish is fed to cows, under the impression that it is food, and our author approves of it! Distillery "slop" is even worse, for the grain has been steeped in the liquid during the whole process of fermentation, and has then been run into the still, where it has been subjected to a boiling heat in order to separate the liquor which was formed by the fermenting process.

We recollect having once had the care of a baby two years old that was dying of marasmus. We first saw it in the summer time. After great effort we succeeded in rescuing the child, and it regained its health perfectly. In the winter it was taken violently ill with cholera infantum. We then discovered that it lived on milk that was taken from cows fed on brewery grains. There could be very little doubt that its sickness was caused by the kind of milk taken. A change in the milk at once ameliorated its symptoms. It is

our opinion that every dairyman feeding such material to his cows and then selling the milk product should be severely punished.

There are many very interesting subjects dwelt upon in this book, but there is not time nor space in which to discuss them. Those interested will do well to procure the book and read for themselves.

W. M. J.

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## NOTES AND NOTICES.

THE DIOS CHEMICAL Co., of 914 Locust Street, St. Louis, Mo., have just issued a very handsome colored lithographic plate of the uterus and appendages, showing at a glance the relationships and position of the parts. They will mail it free to any physician upon application.

A NEW FOOD.—Lacto-Cereal Food is a new product recently put on the market by Reed & Carnrick, of New York.

It is prepared from milk, cereals, and fruit, and is not only palatable, but highly nutritious and easily digested.

Great progress has been made in recent years in making foods to meet various indications. The Lacto-Cereal Food is especially prepared for invalids, the aged, and for convalescents who need a palatable, digestible, perfect food for building up waste tissues at the least possible expense of digestive effort.—*Dietetic Gazette*.

DR. CHARLES F. STILLMAN and Dr. Arthur B. Hosmer have associated themselves in partnership at 125 State Street, Chicago.

DR. M. L. MUNSON has established himself at 1307 Pacific Avenue, Atlantic City, N. J.

"PRINTERS' INK."—Every issue of this bright little journal is religiously read by many thousand newspaper men and printers, as well as by advertisers. If you want to buy a paper or to get a situation as editor, the thing to do is to announce your desire in a want advertisement. Any story that can be told in twenty-three words can be inserted for two dollars. As a rule, one insertion can be relied upon to do the business. George P. Rowell & Co., Publishers of *Printers' Ink*, 10 Spruce Street, New York.

THE NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN has just issued its annual announcement for the coming season of 1891 and 1892.

This college presents in combination the following essential elements:

*First.* Unequivocally a *three years' graded course*.

*Second.* Applicants for matriculation must present a Baccalaureate degree from some college or university, or pass an examination in the English branches before the Regents of the University of the State of New York.

*Third.* Students must pass a satisfactory examination at the end of the first year in order to be admitted to the Junior year, and at the end of the Junior year, to be admitted to the Senior year.

*Fourth.* Students are required, before graduation, to pass an examination, not only by the Faculty, but also by a Board of Censors.

Having adopted this high standard, not only as a necessity to the sick, but as a duty to the public, the Trustees and Faculty aim to make this college equal to any in the world. They therefore ask the co-operation of the homœopathic profession, and all friends of the medical education of women, in sending to this college such women as show aptness for a physician's work. It will be their endeavor to give thorough, practical instruction, and they ask attention to the advantages which this institution affords.

For further information address PHEBE J. B. WAIT, M. D., *Dean and President of the Faculty*, 9th Avenue and 34th Street, New York City.

THE NATIONAL CONSERVATORY OF MUSIC OF AMERICA, Nos. 126 and 128 East 17th Street, New York. The annual entrance examinations of the National Conservatory of Music, Nos. 126 and 128 East 17th Street, New York, will be held as follows: Singing—September 24th and 25th, 1891, from nine A. M. to twelve M.; two to five P. M.; from eight to ten P. M. Violin, 'Cello, Contrabass, Harp, and all other Orchestral Instruments—September 28th, from nine A. M. to twelve M., and two to five P. M. Piano and Organ—September 29th, nine A. M. to twelve M., and two to five P. M. Orchestra—November 2d, from four to six P. M. Chorus—November 4th, from eight to ten P. M. Operatic Chorus—November 2d, from eight to ten P. M. The object of the National Conservatory of Music being the advancement of music in the United States through the development of American talent, applications for admission into the classes of the Conservatory are hereby invited.

CHARLES INSLEE PARDEE, A. M., *Secretary*.

A VICTIM OF ADDISON'S DISEASE.—San Francisco, May 13th. No case in the medical annals of the Coast has excited so much interest as that of George L. Sturtevant, who has just succumbed to Addison's disease, his skin becoming as black as a negro's. His case is the first on record in California, and has novel features. The victim was twenty-one years old and the son of an interpreter at the Merchants' Exchange. Three years ago, when the disease first showed itself, Sturtevant's clear skin was his chief claim to manly beauty. At the time of his death his body was as black as that of a full-blooded negro. The first intimation of the disease was the appearance on the tongue of a black pigment formation of the size of a lead-pencil head. Two months afterward others appeared on the gums, and the skin assumed the saffron hue of jaundice. A diagnosis by experts finally settled the fact that he had Addison's disease.

The father moved to Berkely, where the patient could be secluded and yet have exercise in a large garden. The young man believed he had jaundice, and the fatal nature of his disease was concealed from him. In the second year his skin changed to a bronze tint, and in the third year, from the chest down, he was dead black. He had no pain, and amused himself by reading and playing the piano, but complained of great languor. His case had one peculiarity never before observed. The majority of patients die in the second year, but all who have heretofore passed this stage become insane in the third year. Sturtevant lived the full limit of three years, but showed no signs of insanity. The disease is due to decomposition of the outer coat of the kidneys.

DR. SKINNER takes his holiday this year from August 1st till the 31st October. During August and September his address will be Glencar Hotel, Carah, County Kerry, Ireland, where letters may be sent. During October they should be directed to Waylands, Beckenham, Kent, until further orders. Urgent cases requiring personal attendance had better consult Dr. John H. Clarke, 34 Harrington Road, London, S. W.

25 Somerset Street, London, W. July, 1891.

A REMARKABLY SUCCESSFUL OPERATION.—Dr. L. J. Van Marter, of Findlay, O., yesterday operated successfully on both eyes of F. G. Scott, of Delphos, a man ninety-five years of age, who has been blind for twenty years. Sight was restored in both eyes at once. Dr. Van Marter removed both of these cataracts without cutting a piece out of the iris, and, in cutting the capsule, or skin covering the lens, he did so at the periphery or rim of the lens, not at the centre or sight part of it. There is only one other eyesurgeon in America who does this operation, and it is regarded as the most difficult thing known to eye surgery. Both the doctor and Mr. Scott are to be congratulated.—*Lima Republican, March 26th.*

IMPURE ICE.—The danger is that ice contains the same mischievous germs as the water from which it is produced, although in a lesser degree, yet it does contain them. And the opinion entertained that the degree of refrigeration necessary to produce congelation would cause the death of micro-organisms, was an erroneous opinion.

Not to accumulate figures and details of little interest to the reader, I limit myself to the results of experiments on the bacillus of typhoid fever. A temperature of 0° C. has only a very limited action on the microbe, as will be seen. Eleven days after congelation, the cold having been constantly and rapidly maintained and the ice not allowed to liquefy, one cubic centimeter, which has contained innumerable bacilli, artificially multiplied, still contains more than a million. After twenty-seven days three hundred and thirty-six thousand (I take round numbers); after forty-two days, ninety thousand; after seventy-seven days, seventy-two thousand; after one hundred and three days, seven thousand.

Consequently, water containing this typhus bacillus remains impure, and contains this bacillus alive when taken as ice. Experimentally this bacillus is only destroyed, rendered inactive, by subjecting the liquid to alterations of congealing and melting.

Artificial ice, which is recommended hygienically as being superior to natural ice, will not actually possess this quality unless it has been manufactured from water that was perfect in all respects.

A. CARTAZ, M. D.

THE MATTISON PRIZE.—With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of \$400 for the best paper on "Opium Addiction as Related to Renal Disease," based upon these queries: Will the habitual use of opium in any form produce organic renal disease? If so, what lesion is most likely? What is the rationale? The contest is to be open for two years from December 1st, 1890, to either sex, and any school or language. The prize paper is to belong to the American Association for the Cure of Inebriety, and be published in a New

York medical journal, *Brooklyn Medical Journal*, and *Journal of Inebriety*. Other papers presented are to be published in some leading medical journal, as their authors may select. All papers are to be in possession of the Chairman of Award Committee, on or before January 1st, 1893. The Committee of Award will consist of Dr. Alfred L. Loomis, President of N. Y. Academy of Medicine, Chairman; Drs. H. F. Formad, Philadelphia; Ezra H. Wilson, Brooklyn; George F. Shrady, and Joseph H. Raymond, editor *Brooklyn Medical Journal*.

THE HOMŒOPATHIC MEDICAL SOCIETY, OF THE STATE OF OREGON, held their fifteenth annual meeting in parlors G and H of Hotel Portland, May 13th and 14th. There was a full attendance of physicians from all parts of the State.

The following officers were elected: B. E. Miller, M. D., President; Osman Royal, M. D., First Vice-President; H. C. Jefferds, M. D., Second Vice-President; Orpha D. Baldwin, M. D., Recording Secretary; H. F. Stevens, M. D., Corresponding Secretary; C. L. Nichols, M. D., Treasurer; Drs. H. B. Drake, C. E. Geiger, George Wigg, C. A. Macrum, and S. A. Brown, Board of Censors.

Drs. C. H. Day, P. L. Mackenzie, and J. J. McMicken were elected members of the Society.

The afternoon session of the first day was opened by an address of welcome delivered by Dr. C. A. Macrum. This was followed by the annual address of the President, Dr. George Wigg, who has so ably and faithfully served the Society for several years. In a pleasant and forcible manner he reminded the members of their duty as guardians of the public health, and the necessity for constant and untiring efforts in their search for means of alleviating the suffering and restoring the sick.

A Committee was appointed by the President for the purpose of endeavoring to influence the Legislature for a separate State Licensing Board, or proper representation on the one already existing.

H. F. STEVENS, *Sec'y.*

CORRECTION:—Dr. J. B. Bell has written us that there is an error in the indications given in the first two lines on page 250, June number. It should read: Alumina, enlargement of *left* testicle. Aurum, enlargement of *right* testicle.

DR. L. D. ROGERS and DR. IDA WRIGHT ROGERS, editors of the *People's Health Journal*, of Chicago, were attendants upon the International Homœopathic Congress lately assembled at Atlantic City.

Dr. L. D. Rogers is one of the leading homœopathic physicians who has just been appointed Professor of Surgery in the new German-American Homœopathic Medical College, established at Chicago, which is to be opened September 1st.

DR. PROSPER BENDER has removed his office to No. 314 Boylston Street, opposite Arlington Street.

During July and August Dr. Bender will be at the Atlantic House, Nantasket, Mass., visiting the city Tuesdays, Thursdays, and Saturdays.

Office hours: 9 to 10 A. M., 2 to 4 P. M.

BOSTON, June 27th, 1891.



T H E

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XI.

SEPTEMBER, 1891.

No. 9.

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## EDITORIALS.

"THE DOCTOR."—Allopathy has always claimed the high-sounding title, "scientific medicine." Let us endeavor to find out whether it is entitled to rank as a science, or as an art, or as empiricism.

"Science consists in an infallible and unchanging knowledge of phenomena."

"Art is a system formed from observation, and directed to a useful end."

"Empiricism is an unreasoning and instinctive imitation of previous practice."

Accepting the above as true, it requires no argument to show that allopathy is not science, for if there ever existed any system of therapeutics more changeable, and more given to drifting about in uncertainty, it has never yet been placed before the public. Its fallibility is shown by its own adherents in almost every clinical case reported by them, and when the question of therapeutics arises in any meeting in respect of any disease, there are as many opinions regarding what is best as there are speakers on the subject.

Hence, we need only accept their so-called science at their own valuation, in order to be able to determine that it is not "an infallible and unchanging knowledge of phenomena."

That it is an art, in that the conscientious allopaths think it is "directed to a useful end," we are willing to admit; but that the end is a large mortality table we are also forced to own.

That it is empiricism, in being "an unreasoning and instinctive imitation of previous practice," is recognized by the best writers of that school, even though they paradoxically use the term scientific in articles in which no great acuity of vision is necessary to see empiricism between all the lines.

We know of no allopathic writer who better represents the best thoughts of that school than Dr. Benjamin Ward Richardson, of London. Admiring him for his honesty of purpose, and his high attainments as an allopathic physician, we are, at the same time, from our Hahnemannian standpoint, obliged to declare that he is as far from scientific therapeutics as are his colleagues.

In a recent article Dr. Richardson describes a picture, which was on exhibition at the Royal Academy, entitled "The Doctor." Coming from the hand of Dr. Richardson we accept the description of "The Doctor" as applying to the allopathic doctor, and not to the doctor who applies in the treatment of the sick that law of nature first given to the world by Samuel Hahnemann, *similia similibus curantur*.

Dr. Richardson writes: "The central figure of the picture, the figure that makes and fills up the body of the picture, is 'The Doctor.' The name is happy, and by general acceptance and popular voice is correct; and yet, according to the strict meaning of the title, it is incorrect, for everything is done to show, not a doctor, in the original sense of a learned man, but an earnest, sympathetic, and thoughtful attendant on the sick. Every semblance of learning is put aside. There is no book, no philosophical instrument, no garment of learning. A common teacup and a bottle are all the instruments of aid that are in sight. The doctor himself is middle-aged, a strong, well-built, and a handsome man. He sits by the side of the sick couch, his eyes turned earnestly on his little patient, as if he were counting up the chances for life or for death, and as if the balance were as fine as it could be. He is a man too far in the

valley of experience to be misled by enthusiasm, or to be led on by faith in what his skill can do ; whilst at the same time he has seen so many strange recoveries when he least of all expected them, he is not as one without hope. If a layman were to ask him what is going to happen, he might reply, ' Well, there is youth on our side ; and, prepared for the worst, we must act for the best ;' but if the layman were clever enough to get at his actual mind, he would find him saying to himself, with the Danish Prince, ' Why, what an arrant knave and fool am I, ' to sit here as a healer, powerless as the rest : or, thinking of other cases he has seen of the same nature, he may be trying to remember if any one plan of treatment has really been better than another. Evidently he hesitates, not as if he had done something and was waiting for the result, but as if he had not seen anything that could reasonably be done, and were waiting the action of that capricious jade, Nature, who, caring nothing for the woman's tears, nor the man's distraction, is pursuing her own relentless course."

That is the description of an allopathic doctor by a prominent allopathic doctor.

Could Dr. Richardson have said more plainly, Our art is but empiricism? Do we need more to show that allopathy can have no true idea of the " actual mind " of the doctor who is in possession of knowledge which enables him to know that he has done the best possible for his patient, the mind of him whose treatment of disease is based upon law, the Hahnemannian doctor?

Now look on this picture, the picture of the true doctor, the healer of the sick, who never " hesitates," but goes to the work in hand with a confidence begotten of experience in applying the only law of cure. With this confidence he approaches the bedside, knowing that if the patient be curable his proper application of the law will cure. There is but one thought in his mind, and that is, what is the remedy for this patient? His sympathies are, of course, with the patient ; but he does not permit his sympathy to overcome his judgment, for he knows there is work before him that will require study. He listens to

all that can be told him, the while closely observing the patient. He then notes, in writing, all that he hears and sees, and then begins his study for the remedy. He does not theorize regarding the pathology of the case, for he knows nothing is more misleading, but keeping constantly in view the one thing, what will cure? he presents a picture which in comparison to the above is in every respect superior. The farther he goes into "the valley of experience" the more enthusiastic he becomes regarding the help to be expected from the law of the similars, the more knowledge (not faith) he has of its helpfulness.

"If a layman were clever enough to get at his actual mind"—as he has reason for the faith that is in him, the layman may always "get at his actual mind"—he would *not* "find him saying to himself, 'Why, what an arrant knave and fool am I,' to sit here as a healer, powerless as the rest," for he knows that he is not powerless, for the more desperate the case the more closely he clings to his law, and thus his success in treating the sick is phenomenal. He never hesitates, for he has a guide, but he always sees something that can be done. He knows that "capricious jade, Nature," has laws, which, if given attention, will turn aside her caprice, and have her use all her powers to restore the sick. The first of these laws is to avoid crude drugs. Thus, by not overwhelming that "capricious jade" by vile nostrums, there will be no cause for the "woman's tears and the man's distraction," hence in the picture of the true doctor tears and distraction will not appear, but instead there will be pictured in the faces of all the joy and confidence which comes from doing the right, the best that can be done, which is done by following the teachings of Hahnemann.

G. H. C.

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TO CORRESPONDENTS.—We must ask the indulgence of all who have favored us with their correspondence, for our seeming neglect to answer their communications. We have been lately confined to bed by sickness from over-work, and have been obliged to leave our office duties for a short season of rest and recuperation. We can assure them that every letter will surely be answered, though the answer may be long delayed. No communication coming to this office will be ignored. W. M. J.

## MEDICAL LEGISLATION.

SHOULD THE ALLOPATHIC ADMINISTRATION OF NOXIOUS  
DRUGS BE PROHIBITED BY LAW?

C. H. OAKES, M. D., DIGHTON, MASS.

Within a few years medical legislation has become a subject of great interest to our friends of the old school, their society meetings and their journals constantly recurring to it, giving it equal prominence with such subjects as bacteria, Koch, and "paratuberculous."

Medical education has suddenly acquired a degree of importance, to the allopathic mind, that would be truly gratifying to the philanthropist, were it not, like some "revivals" of religion, so extemporaneous in quality.

However, that there is a daily revolution of the earth seems to be now conceded in allopathic circles. They even go so far as to recommend courses of study long since adopted by homœopathic schools. Sometimes, too, their therapeutic searchlight rewards the profession with a "discovery"—a very gem in its way—as, for instance, the fact to them unknown, hitherto, that Aconite in one to three drop doses, and taken at bed-time, is "good for" a coryza. (*Medical Analectic*, January, 1885.) See also in the same journal Professor Bartholow's explanation of the action of Phosphorus, *in very small doses*, in atrophy of the liver, its action being supposed to be due to its antagonism to that organ. (Since Hahnemann's day, what homœopath has not recognized the "antagonism" existing between Phosphorus and the liver, and prescribed accordingly, when the symptoms indicated "Phosphorus in very small doses"?)

Some there are, also, who are waking up to the inutility, and worse, of opiates and of local medicinal applications. It is refreshing to hear from the more advanced among them of the successful use of simple hot water when Morphine had failed to afford relief.

The foregoing are occasional specimens of a somewhat tardy, eleventh-hour progress, and are deserving of a cordial support

and a "God-speed." But what of their practice in general, after each "scientific discovery," each "modern improvement," each "revolution in medicine" has had its little day, added its few victims to the grand total of the slain and passed off the stage only to be followed by another experiment—(and pray God it may not reach *their ears!*) another "experiment on the sick"?

For an answer to the above question we will briefly turn to the open pages of old-school literature and accept the story therein contained—whether it be simply one of dissatisfaction and querulous plaint at the paucity of results, or of quasi pride in what "the autopsy revealed."

If it should incidentally appear that in the estimation of the authorities quoted, "Confession is good for the soul," it may be taken as evidence of an innate desire on their part to do good to at least a part of the human economy, and in the manner to them most familiar. The readers of THE HOMŒOPATHIC PHYSICIAN need not fear, however, that I am about to present these confessions in their entirety. A "pocket edition" will suffice.

Beginning with the *armamentarium* of the old school, it will be of interest to hear of its present knowledge, or want of knowledge, of most drugs, the variable strength of different samples of the same drug and the consequent unreliability of the same when used in the sick-room. And it must be decidedly interesting to the public to learn from allopathic sources that there is no fixed standard of strength or action, one sample being found sometimes to differ from another of the same drug in the proportion of one to fourteen.

Bearing upon this point may be cited the words of F. A. Castle, M. D., in that standard and progressive allopathic journal, the *Medical Record*:

"There are very few drugs of which we can certainly specify the constituents in which their therapeutic activity resides; and as for the exact proportion in which these constituents should exist in the crude drug, we know probably less. The reason for this is that no two specimens of the crude drug are alike in this regard, and that we have no reliable means for extracting these

constituents for examination which will insure us that the product represents all of their constituents contained by the drug ; nor have we the tests which will differentiate between the various constituents of the same plant, some of which may be therapeutically active while others are inert, or have a different action.

“ Moreover, it is believed that in plants having several constituents their relative proportions vary in nearly every case, and depend upon the conditions under which the plant grows.”

When the full significance of the above quotation is appreciated can any one question the desirability of writing, publishing, and inwardly digesting by our friends of the dominant school an entire volume devoted to the “*Untoward Effects of Drugs*”?

If there still remain those who cherish a lingering belief that some marked progress is being made in the administration of drugs by the so-called “regular” method, the following from the teachers of that method ought to disabuse them of the error. We will listen first to J. Milner Fothergill, author of a *Hand-Book of Treatment* :

“ It is eminently desirable that a medical man be generally well informed ; but what is to be still more devoutly wished for is that he shall be a skillful practitioner. It is quite possible to be the one without being the other. \* \* \* \* The tendency of recent teaching has been rather to produce the first, leaving the second quality to develop itself or to remain in a condition of imperfect evolution, as might fall out. This is not an individual opinion, in which case it would have little weight, but general comment. \* \* \* \* Even members of the profession are to be found who assert that the man under whose treatment they would place themselves if seriously ill is the old-fashioned general practitioner. This is a very serious reproach to all our recent advances in scientific medicine ; to our modern instruments of precision in diagnosis ; and even to our progress in rational therapeutics, with the remedies added to our armamentarium in late years.”

Of like character is the testimony of the distinguished author of *A Treatise on the Principles and Practice of Medicine*, Prof.

Austin Flint: "It is worthy of note that our knowledge of the most important remedies has been acquired wholly by experience, without any explanation of their *modus operandi*. \* \* \* \* It may perhaps safely be said that the greater success attending the management of diseases now than heretofore is due as much to improvements as regards diet, ventilation, etc., as to the more judicious use of remedial agencies."

And in harmony with the foregoing therapeutic *nihilism* may be quoted *The National Dispensatory*—Stille & Maisch—article Opium, that drug so precious to allopathic physicians the world over—their drug of drugs—and *without which they have confessed themselves unarmed*.

Of this we read, "The attempts to explain the operation of Opium have not been much more satisfactory than in the case of other really efficient medicines. Its local anæsthetic action, and that which its internal use manifests when less than soporific doses are administered, are absolutely unintelligible."

Still more—and this time it is from the report of the One Hundred and Twenty-fourth Annual Meeting of the Medical Society of the State of New Jersey—old enough, certainly, to be respectable, "regular," and reliable. Listen to the words of a vice-president of this venerable body: "While the more intelligent were coming to recognize the fact that health was to be obtained by inhaling the cool and pure air at the sea, on the mountains, by rowing, climbing, etc., rather than by dosing with drugs, yet let him who believed that drugs were going out of date consult the prescription-books of the apothecaries, or the list of drugs imported into this country the past year. There had been over a million dollars' worth imported, the vast majority of which was for the invalid world." The speaker then proceeded to enumerate a few of the deadly drugs imported, giving the amount of each, which in many instances was hundreds of thousands of pounds.

With this startling array before him, the speaker candidly closed with these words *at the one hundred and twenty-fourth annual meeting of his society*: "While drugs had their place, yet it could be safely said that the sanitarian had saved more



persons than all the doctors of the last century, Jenner excepted."

Evidently the worthy vice-president was not giving his New York brethren any credit for discovering during the reign of la grippe how to antidote some of their doses by administering—as they stated with a refreshing and child-like simplicity—"whiskey to counteract the depressing influence of the drugs."

With a few words from an address by H. C. Wood, this dreary recital of medical self-condemnation will close.

While lamenting medical ignorance and governmental indifference to the same, he refers to the Conemaugh disaster by way of illustration: "In the presence of the dead of Conemaugh the nation bows in sorrow; but before God I tell you that it is my belief, founded in the largest experience, that if the dead who in the last fifty years have been sacrificed in these United States upon the altar of professional ignorance could this day rise before us, the thousands of Conemaugh would be lost in the multitude; silently, heralded by no roar of flood, mourned by no outburst of national remorse or sorrow, one by one, they have passed over; a never-ending holocaust to governmental imbecility."

It is the blessed privilege of the followers of Hahnemann to "rejoice and be exceeding glad," for whatever their weaknesses they cannot be accused of contributing to the slaughter attending the reckless administration of crude drugs so eloquently portrayed in the foregoing extract.

Can any homœopathic (?) weakling, with these confessions before him, think to increase his usefulness and success by adopting the self-condemned weapons of his allopathic brother, and trying to "practice both ways"? If he has such dreams, let him find his level among his kind—and endeavor to obtain a "higher medical education."

Meanwhile, to the earnest workers among the sick, the question comes home—a cry of suffering from "the invalid world"—*Should not the allopathic administration of noxious drugs be prohibited by law?*

## HOMOEOPATHIC CURES.

DR. DAHLKE, BERLIN.

(*Zeitschrift der Berliner Vereins Hom. Aerzte, Vol. X, 3.*)

1. A woman suffered for several weeks from severe tearing pains in the face. Home treatment failed, and the extraction of several teeth gave no relief. The pains were exclusively on the left side and radiated toward the ear, relieved by heat; worse from very cold draught, by cold or warm food; sleepless nights. *Rhus-tox.* has amelioration by heat, worse at night and by cold air. *Colocynth* more than *Rhus* favors the left side and is considered a sovereign remedy in *prosopalgia*.<sup>\*</sup> Sensitiveness to draughts may hint at *China*, which also has the sensitiveness of the scalp and of the roots of the hair, for the woman was afraid to comb her hair. Her anemia hinted at *Pulsatilla*, but its pain, though tearing, is characteristic, a sensation as if the nerve were drawn tense and then suddenly relaxed, and *Puls.* had amelioration in fresh air. She remarked incidentally that the pains are aggravated by washing her hands in cold water, and this remark decided the selection for *Rhus*<sup>5x</sup>, three drops every hour, which quickly gave relief. How often do we fail in our examinations, because the patient considers of no account a symptom which is really the key-note of the case, and in an era where suggestion plays a decided part, one ought to be very careful not to suggest symptoms to the mind of the patient.

2. Early one morning Dahlke was called to a gentleman suffering from *cardialgia*. On account of relief from bending backward *Belladonna* was given. After four hours no better; *Phosphor.*<sup>5x</sup>, with some amelioration, but during the day pains

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\* So are *Spigelia* left side, *Kalmia* right side, and *Cidron* both sides, but more periodicity. Though one is wrong to have favorites, still favorable experiences render one lenient to such abuse, and I plead guilty. *Colocynth* has amelioration by strong pressure, but aggravation after its removal, aggravation by motion, while *Rhus* patient cannot keep quiet. In these unilateral neuralgias *Gelsemium* (200) will often nip the whole disease in the bud, and is too much neglected.—S. L.

returned, but not so severe. On the fourth day fullness in the gastric region, pressing pain, eructations without relief, constant heat in his ears. As this symptom is found in China<sup>3</sup>, a few drops every hour was given. A few months afterward he returned to have the vial refilled, as the remedy worked like magic. Mere symptom covering and mere accident ! some would say, and it is hardly possible that China is the only drug which causes red and hot ears, for one meets it in Sanguinaria with its vasomotory extravaganzas, in Lycopodium, Magnesia, and Camphor, and Ficus-indica has hot ears. Peculiar characteristic symptoms of a case are only of value when in full concordance with the other symptoms, and the more we hold of them in our memory, the easier will be the study of a case, for they are the nucleus around which all the other symptoms group themselves.

3. A man who is suffering and at present emaciated complains of steady pain and pressure on the left side, about the mammillar line, and he had to relinquish his work, as he could not bear any pressure around his waist. The pain becomes aggravated without cause, is worse at night, so that he must get up and walk the floor or he runs out in the street and walks around the church, which is close by and where the posts of the fence allow him some support during a paroxysm of pain. Obstinate constipation without any desire for stool, fullness in the gastric region, worse when eating, nausea after eating, sometimes vomiting, sour taste in mouth, sometimes belching, vertigo. Objective examination reveals nothing, except some sensitiveness to pressure at the painful spot. Lycopodium<sup>30</sup>, three pillules every morning (low potencies of this drug fail to be of any benefit). Constipation, fullness when eating (Nux-vomica has fullness an hour after eating), sour taste (Carbo-veg. has foul, rotten taste) and the belching decided the choice. Gradual improvement follows, so that he took his medicine only once a day and then after a week's severe aggravation. He has to rise again and to walk slowly about in his room ; there is a pressure reaching to the angulus scapulæ. Rhus-tox. worse at night, better by motion, but its pains are around the joints, and cold air ag-

gravates all sufferings. Argentum affects left side, while the splinter-sensation of Argentum-nitricum belongs to the Nitric acid ; it belongs to the carbo-nitrogenous constitution, and has a pain between the fifth and sixth ribs. Magnesia-muriatica, worse at night, better by motion. Ferrum did help in some similar cases, and here the patient complained of dyspnœa and oppression of chest, when he tried to remain in bed in spite of the pain. On account of this tendency to suffocation he received Ferrum-muriaticum<sup>3x</sup>, three times daily three drops, with steady improvement, so that after a few weeks he felt hale and hearty, and every function in his body normal. What pathological condition was the matter with him? One physician diagnosed *ulcus pepticum*, another one *carcinoma*. Dr. L. considered it an obscure abscess, and Koch's lymph-tuberculinum, and each and all failed to give him the least relief. What was the diagnosis? Dahlke feels unable to give one, but he knew how to cure his patient, and such unscientific treatment is of more value to the patient than to mystify him with empty phrases, and autopsies are of little benefit to the sufferer himself, though a great boon to pathological anatomy.

4. A little child was taken with dyspnœa, *alæ nasi* symptom, and high fever, whistling râles in chest, dry, hot skin, etc. Aconite seemed to be indicated, but somewhere Trinks has affirmed that Aconite is of very little account in infantile broncho-pneumonia, and following his advice, Belladonna and then Phosphorus<sup>5c</sup> dec., singly at first and then in alternation, were given, but the child got decidedly worse, and the mucous râles with scanty cough hinted strongly at Antimon-tart.<sup>3</sup>, every three hours a dose. Next day status idem, medicine continued, but after an apparent amelioration a decided aggravation followed, the child lies apathetic, with closed eyes and pale, hot face. With every cough the child turns livid, raises itself up, and then falls back exhausted, covered with sweat. Now in his despair, Dahlke remembered the three forms of pneumonia mentioned by Rademacher, the Nitrum, Ferrum, and Cuprum pneumonia, and finally concluded to try Cuprum-aceticum<sup>4</sup> dec., three drops every two hours. He dreaded the morning visit, but was

pleasantly astonished to find the child greatly improved. It was playful and cheerful, and wanted food. The cough was still spasmodic, but of less intensity and duration, and with the *simillimum* applied the child soon recovered, to the joy of its parents.

[Non in magistro jurare! Trinks may give some good advice, but we all know the beneficial action of Aconite in infantile diseases, especially in the first stage of a disease, be it croup or pneumonia. The doctor gave Phosphorus too early, and it can only be indicated when consolidation of the lung tissue took place. Antimonium-tartar is a two-edged sword, but was a good prescription as the liver hinted at threatening asphyxia. Rademacher and Schüssler compliment one another, and Schüssler's Ferrum-phosphoricum often supplants in our neurasthenic age the use of the sthenic Aconite. In my therapeutics I give clear indications of Ferrum-phos. and of Cuprum, which in the lobular pneumonia of children may become our sheet-anchor.—S. L.]

5. A woman came to the office complaining that for the last six years her menses were irregular, too early and too copious. Two years ago she had an abortus, and now she flows for over a month, the blood dark, in clots, but not of bad odor. Even in the horizontal position she flows steadily, worse at night than in daytime, and aggravated by every motion. Abdominal pains from sacrum forwards; dull headache, vertigo, inappetence, constipation, palpitations, poor sleep. Objectively, retroflexion of the uterus, with position to the right side. Curetting was recommended, but objected to at present. Several years before Ustilago acted splendidly in a similar case and Ustilago was prescribed; a fatal error, for in the latter case the blood was brightened and the flow painless; the flow was in the present case accompanied by pains, the blood dark and clotted; the former case has copious leucorrhœa, the present case none at all, and certainly no improvement could be expected. We meet dark clotted flow in Crocus, Cocculus, China, Chamomilla, Nux-

moschata, etc., but the pain from sacrum forward is specially found under Sabina, which, on the contrary, has a bright red flow. Again, our patient is worse by motion, worse at night than in daytime, a symptom characteristic of Bovista, prescribed 3d dec., every two hours. In the afternoon flooding increased; the drug was changed to Secale, five drops every hour, which relieved her greatly, and after three days the discharge ceased. Flooding worse at night is also found under Magnesia-carbonica and Ammonium-muriaticum and Carbonicum.

[May we be permitted to remind the worthy doctor that Sabina has too early and too profuse menses, too long and debilitating, partly fluid, *partly clotted and offensive*, bright red or dark and clotted, flowing in paroxysms, offensive leucorrhœa, all of them contra-indications to the case. If only Dr. Dahlke could be persuaded to use the higher potencies, or if he only would have allowed Bovista to complete the cure after such a severe aggravation. Why is that glorious tincture of time so much neglected and the *vis medicatrix naturæ* so little credit allowed, when the ball was once set in motion? We still believe Bovista cured the case, for Secale has neither aggravation at night or by motion.—S. L.]

6. A woman has her courses every two weeks, sometimes even every eight days; worse at night; the discharge is sometimes dark, clotted, sometimes light-colored, watery, with abdominal pains and bearing down, especially during defecation, so that she dreads it; great vertigo off and on at any time, worse in the morning when she arises from her bed, none in daytime, even after stooping; no palpitation, no dyspnœa when standing or from quick movements, only excessive lassitude; periodical headache from the nape over vertex reaching the right eye; no nausea or vomiting, but great sensitiveness to noise; cold feet, flushes, foul taste; water-brash, especially mornings; constipation with desire for stool; tongue white in the centre. She looks pale and emaciated, anxious and suffering features, feels unhappy, weeps easily, irritated from small causes and worse from consola-

tion, acrid and corroding leucorrhœa, with itching and burning; the eyes burn when reading and the letters run together. After rejecting many remedies, Dahlke chose *Natrum-muriaticum*, though it has scanty menses and even amenorrhœa; but the anemia and emaciation, the downheartedness with excessive irritability worse from consolation and the acrid leucorrhœa are symptoms just as characteristic of *Natrum-mur.* as they contraindicate *Pulsatilla* or *Sepia*. Gradual improvement and cure.

[Hahnemann had already taught that the mental symptoms of the patient take front rank in the solution of the remedy, and when Prof. T. F. Allen teaches that it is of great importance to study out the peculiar symptoms characteristic of the patient, he hits the right point, for we learn more from them than from the symptoms peculiar to the pathological state of the case, and it is this peculiar study of the patient which differentiates the full-fledged physician from the pathological and clinical homœopath. We thank Dr. Dahlke for his extremely interesting cases, and beg him to soar higher than he does now, when he is held down too much by material doses. Try, try again, and the results will be satisfactory.—S. L.]

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## SYPHILINUM.

THOMAS WILDES, M. D., KINGSTON, JAMAICA.

(Concluded from page 275.)

About one year ago a boy of four and a half years was brought to me for an obstinate eruption on his face which was apparently of a syphilitic origin, but which generally elsewhere was still more prominently a combination of prurigo and herpes, each being separately distinguishable. The rash was on his chin, lips, cheek-bones, forehead, and hairy scalp; on his arms, chest, back, in the bends of and on the joints, and on his feet and hands—not in any great quantity, and nowhere profuse. (We are usually taught that herpes and syphilis are not related. I am convinced that the contrary is the fact. Accord-

ing to Hebra prurigo is of *unknown origin*, and is not related to syphilis. He also claims that it is met with only among the lower classes. I can show him that prurigo is one of the initial stages of leprosy, that it is transmissible, and that it is met with among all classes, rich and poor alike. Moreover that it is cured with Syphilinum, and I have so cured it, although we are told that "syphilis never itches." Hebra says that prurigo is never contagious. I announce it as decidedly infectious. He says it is incurable. I cure it. I find always that pathologists are *weak reeds* for the sick to lean upon.) This boy had a spot of eruption on his left thigh the size of the first joint of my thumb. It was about six inches below the great trochanter and back of the femur line. This piece of eruption was distinctly a leper spot. The *tout ensemble* in this boy made a precious combination. I began treatment by exhibiting the recognized remedies for herpes and prurigo. For four months I made no progress, save that the general character of the eruption got better and worse. I was then just beginning to confirm my belief in the curability of leprosy, and of its close relation to hydra-headed syphilis. I gave this boy Syphilinum<sup>m</sup>, Swan, and ordered a dose every night. Shortly afterward the mother brought him again, stating that he was much worse. The rash was out strongly all over his body, in patches, and his face was one-third covered with a thick, yellow, scabby eruption, having a fiery base, and containing a watery, gummy, yellow scum. I reassured the mother, and had her continue the remedy. To all appearances the boy is now well, and his general health has improved wonderfully. He is no longer nervous, is growing nicely, has good appetite, is strong, sleeps well; all of which he was heretofore behind in. His father and mother are quadroons, and are apparently carrying about with them the usual negro constitutional syphilis and leprosy mixed, in latent form. He is an only child. His cousin, aged ten, was long under my care for an obstinate laryngitis.

A boy of twenty months, fourth child of the mother, was brought to me for the following symptoms one week ago—to wit: Fretful, peevish, cross and crying, tossing in his sleep,



grinding his teeth, face dotted here and there with little papules, filled with a watery yellowish matter, most on edges of eyelids where they were largest, and as one would disappear another would come, teeth irregular, and unlike those of the three older children, arms and legs emaciated, very tottery on his feet, and often stumbling and falling when trying to walk. Very nervous. Mother thought he had worms. I said "No, these worm symptoms come always from two causes; either *reflex*, from worms in the bowels causing passive conjection of base of brain, or *direct* from constitutional causes producing a similiar though more durable congestion."

Having known the husband for over three years, I questioned the mother cautiously and carefully. Could get no history of syphilis. Nevertheless, I gave Syphilinum<sup>m</sup>, Swan, and ordered a dose every night. The next day he was brought to me with violent earache, which had kept the whole house awake from two A. M. I ordered Glycerine and hot Olive oil mixed, and dropped in the ear, not hot enough to burn him. Have seen child every day. The pains were quickly allayed, the ear has discharged freely and now the papulous eruption is disappearing and the skin is assuming a dirty, cachetic hue, the eyes discharge a watery, gummy substance, causing the lids to adhere, especially at night, and in every other way the child is much better. The father denies syphilis, but I am convinced that he conceals the fact. He is now almost bald, whereas he had a luxuriant head of hair three years ago. The mother has ulceration of the os uteri, and recently miscarried.

I am now, January, 1891, curing with Syph.<sup>m</sup>, Swan, a young girl æt. sixteen years, of Half-way Tree, this island, whose mother brought her to me on November 6th, 1890. Her history was: Had measles one year ago that did not come out properly. For one and a half years prior thereto she was subject to neuralgic headaches. "Has been very ailing for about two years," to wit: Very despondent, wants to die, and headaches growing more violent. During the headaches the *temple veins stand out*, she has pains all over the body, is very *irritable, excited*, restless, *walking much of the time*, does not wish to be

soothed, *violent on being opposed*, has tremors and *seems on the verge of convulsions*, seems dazed, *absent-minded*, and almost *insane*. *Always washing her hands*. Was formerly very constipated, but now subject to "a kind of diarrhœa." *Menses never have come on properly*, and for past year have been very irregular, much delayed, scanty, and *always extremely painful*. Often feverish. *Sleep, anxious, distressed*, and often *wakeful* and violently *restless*.

Syphilinum covered the above symptoms, as I have learned partly from Dr. Swan, but largely from clinical experience. Moreover, she had one variety of Hutchinson's syphilitic teeth, whereas her mother's teeth were the large, full, rounded, prominent, *psoric* variety, as claimed by Dr. Wildes. Her father was dead, but the history, and also the mother's leucorrhœa seemed to point to his having had syphilis.

Her menstrual pains were those of Nitric acid, Belladonna, Platinum, Pulsatilla, Cocculus, Colocynth, Chamomilla, and Cimicifuga combined. I had not time nor inclination to TRY them all, so gave Syph.<sup>m</sup>, Swan, once per day. She is now almost in perfect health, and surely recovering.

The case of a young lady named in my article on *Leprosy-Syphilis-Vaccination*, who, with her sisters, had contracted lepra-syphilis from vaccination, and whose mother had contracted it by ricochet, was this: She had an immense blood boil on her arm, which would not heal; had been lanced, looked very angry, and had baffled the skill of leading luminaries of the Island to heal. Her face was also sadly broken out with a lumpy, fiery rash. I handed her a one-drachm vial of alcoholic solution of Syphilinum<sup>m</sup>, Swan, to touch to the tongue (invert the bottle) every night at bedtime. Her recovery was remarkable and rapid, her arm healed quickly, and her face is now free of eruption.

Her mother, to save expense of consultation, also took the medicine on her own authority. She also rapidly recovered from an immense lepra-syphilis blood boil on her neck, which had been very obstinate. The youngest sister, who is my patient-in-chief in that family, also named in the above article,

is steadily and rapidly being restored to health, and Syphilinum<sup>m</sup>, Swan, is her sheet-anchor.

In 1882 I cured a Hunterian chancre with Syphilinum<sup>m</sup>, Swan, in a young man suffering from static pneumonia, and at that time a consumptive subject, which had attacked the frænum, and after eating under it and making a cavern, with the frænum for an *arc de triomphe*, finally ate through it, causing a profuse hemorrhage. The recovery was complete, no secondary or tertiary symptoms have appeared up to date, and his health has since been greatly improved.

In 1883 I cured with Syphilinum<sup>m</sup>, Swan, a boy three years old who had clusters of yellow blisters on his fingers and at the roots of the nails, distorting the nails like tetter or herpes would do. He was the son of a lawyer and legislator of South Carolina, who was stricken with epilepsy, followed by some aphasia symptoms after his marriage to his second wife, the boy's mother. He subsequently had recurrent attacks of epilepsy, which precludes the possibility of his having had an attack of aphasia alone. He came to me for an opinion only—was never under my care. He preferred Surgeon Generals, big fees, and Bromide of Potash. The boy was helped with Fluoric acid, cured with Syphilinum, and the nails became straight.

In 1883 a sickly girl of nine years, youngest child of a family that I attended, was brought to me for an attack of conjunctivitis phlyctenularis, involving nearly the entire periphery of the cornea. I could make but little headway beyond allaying the violence of the acute symptoms, and was feeling discouraged, when interstitial keratitis appeared. Then I gave Syphilinum<sup>m</sup>, Swan, a dose every night. The child's health improved, the entire cornea soon cleared up, and simultaneously the brow, cheek-bone, and side of the nose broke out in fiery, scabby, syphilitic eczema, elsewhere described in this paper. The mother, becoming impatient at my tardiness in curing the rash, asked and obtained my consent to take the child to some one else who would use salves on it. Quickly the rash disappeared, but shortly the child was brought to me again for keratitis phlyctenularis. Again I cured the eye and drove the rash out, and

again the mother levanted in search of the salve treatment. I then refused to have anything more to do with the case, and it ended in my ceasing to treat the family, for another physician was soon installed in their affections.

In 1880 Syphilinum<sup>m</sup>, *Swan*, at once stopped the pain, and eventually cured, an osteo-sarcoma in the centre front of the right tibia of a married man who confessed to a former syphilis. His wife, a beautiful woman, always miscarried and had a horrible leucorrhœa, but never came fully under my care. He had suffered from this growth for three years, it was increasing and had reached the size of half an ostrich egg, and the pains at night were agonizing. It was an irregular, spongy growth of bone, partly laminated and very hard; but the fact that it finally disappeared entirely caused me to differentiate against a true exostosis.

Three years ago, and one and a half years ago, I relieved with Syphilinum<sup>m</sup>, *Swan*, two cases of angina pectoris here in Jamaica. One case had also ptosis of left eye, and facial paralysis, left side, and slight aphasia, all of old standing. For eight years he had been wholly impotent. He was cured of all of these, and was greatly relieved, getting well of his angina; but, like the other case, he left me before I could pronounce the angina cured.

Syphilinum causes a seething feeling as of hot water or hot oil running through all of the veins of the body, all night long, after taking the first dose, in cases of old standing acquired syphilis. In one such case, an Englishman named Miller, where I had given it for headache, syphilitic paralysis soon followed, with aphasia, imbecility, and incontinence of feces and urine, for which he was sent to Ward's Island Hospital in 1876. After partial recovery, he came out, when I finished the cure and sent him home to England.

Since commencing this paper, a former captain of the British Navy inadvertently confessed to me in conversation that he had syphilis and a bad gonorrhœa combined, many years ago, before he was married. Nearly three years ago I treated and cured of cholera infantum, his grandchild, after an allopath had failed

to do anything but *check* the bowels with chalk mixture, Bismuth, etc. At intervals relapses followed, the third nearly fatal, and then I was called. It was a most tedious and anxious case. I could get no history of syphilis, but the child's father bore traces of hereditary syphilis. Finally, when the case seemed almost hopeless, I began giving Syphilinum<sup>m</sup>, *Swan*, a dose once a day. The child began to recover, when a cold abscess size of a hen's egg developed at the junction of the third and fourth lumbar vertebræ. At first I was misled into believing it to be a *spina bifida*. This was lanced, and Silicea<sup>30</sup> finished a very pretty cure. The girl is living yet, a very bright child. I could scarcely refrain from hugging the captain when he so innocently confirmed my judgment of nearly three years before! But I succeeded in maintaining a discreet silence.

Many persons, after taking Syphilinum for a few days, complain of heavy, crushing, cutting pain across the base of cerebellum. Others, of heavy aching and stiffness, from base of neck up through muscles and cords of neck, and into the brain. Others, of a heavy, clouded, dull feeling in base of brain, with physical lethargy, and sometimes with dizziness, sometimes with confusion of thoughts, and often a feeling as if one is going insane, or about to be paralyzed. Sometimes a far-away feeling, with apathy and indifference to the future. Accompanying these may come a heavy, dragging, dull feeling in the lumbar region, with stiffness, and want of elasticity.

Almost invariably, in Jamaica, when the patient fails to properly improve from chronic or sub-acute ailments under the appropriate homœopathic remedy, and where I can only know, *inferentially*, from some of the symptoms, that syphilis is present in the blood, I continue the homœopathic remedy, or not, according to the nature of the case, and give Syphilinum<sup>m</sup>, *Swan*, a dose every night. The result is laughable! The patient either gets violently worse, or rapidly better, at once. I count the cure as dating therefrom, and am called a benefactor. Ergo: *Jamaica* and *syphilis* are synonymous terms.

In all cases of acute pains, from iritis, neuralgia, sciatica, rheumatism, periostitis, and such, where the pains are *worse at*

night, I invariably give a dose of Syphilinum at bed-time, often thus soothing the pain and usually bringing sleep, and accomplishing within twenty-four hours what other doctors have failed to do for days and even weeks.

I should add, in parenthesis, that for many years I have used *Psorinum*<sup>m</sup>, one dose every night, in all obstinate and seemingly incorrigible cases of pleuro-pneumonia, pleurisy, or peritonitis, where syphilis is not manifest, and where the appropriate remedies, and even a dose of Sulphur at night, could not soothe nor quiet the patient, stop the pain, nor bring sleep. The effect of *Psorinum* is always marvelous, dating from the first night, and the patient begins to recover.

KINGSTON, JAMAICA, January 21st, 1891.

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## THE NEW YORK HOMŒOPATHIC UNION.

### MINUTES OF MEETING OF JUNE 18th, 1891.

The last meeting was held May 21st at Dr. Carleton's office.

It being the Society's third anniversary, Dr. Fincke read an address, which will be found complete in the July number of *THE HOMŒOPATHIC PHYSICIAN*. He said, speaking of the Koch treatment of tuberculosis, our homœopaths were not carried away or deceived by this new procedure, as the claims of so-called isopathy had already been settled. The homœopaths on the other side of the Atlantic who would have nothing to do with isopathy were now ready to accept it, in order that they might declare Koch's method a homœopathic measure. With us the downfall of this treatment was predicted, and little allusion was made to the extravagance when at its height.

If the nosodes are to be used, they must be obtained, as far as possible, in their purity, potentized and proved upon the healthy, and then they may be considered homœopathic remedies.

But we cannot expect even this fiasco of the Koch lymph to open the eyes of the people when such darkness in medicine prevails among intelligent men and women.

Hahnemann's doctrine should not be judged before perfected, and it was only perfected in the fifth edition of the *Organon* thirty years after the first.

All reformers were at first reviled, and such men as Copernicus, Kepler, and Newton had to encounter the enmity of their contemporaries.

There is this difference between homœopathic and old-school medicine. The so-called progress of the old school means progress in the auxiliary sciences of medicine, but because there are continually accumulating facts and knowledge, it does not necessarily follow that there is progress in medicine. New measures are introduced in medicine which should remain where they belong, as they turn out to be useless in the treatment of the sick. The science of Homœopathy proceeds on its way pursuing the perfection of its own methods, regardless of the ever-changing hypotheses and theories of the physico-chemical school.

Following Dr. Fincke's address, sections 103-109 of the *Organon* were read.

Were all Hahnemann's provings with the low potencies and crude drugs? was asked. Hahnemann proved Carbo-veg., Lycopodium, and Nat-mur. high, Carbo-veg. in the 30th potency.

In section 108, Dr. Fincke's translation, the words, "in moderate quantities," should be inserted after "single medicines."

The old school was taken to task for its presumption in styling itself scientific. It certainly cannot be called scientific because its practice is based upon the sciences of physics and chemistry. It might be made up of a dozen different sciences, yet if it lacks the spirit of science, which is the investigation of truth for truth's sake, it cannot be called scientific.

What is the reason that some men who have used the high potencies have abandoned them and condemned them? In answer to this question it was remarked that we all lose faith in what we do not continually practice, hence men who use mostly the low potencies, and only occasionally the high, have little faith in the high potencies, and as loss of faith is practically equivalent to condemnation, the high potencies are condemned because not used and tested.

L. M. STANTON,

71 WEST 88th ST., NEW YORK.

Secretary.

## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

### ORDER 25.—LEGUMINOSÆ. (CONTINUED.)

*Sarothamnus Scoparius* (Common Broom).—Broom tea is a very old remedy in dropsies, jaundice, etc. It acts powerfully as a diuretic; it has also been used as a purgative; it seldom fails to operate in either case; the seeds have been used as well as the top; the ashes of the burnt broom are diuretic, and they used to form an ingredient in diuretic wines. The seeds have also been roasted, and used as coffee; the bark is used for tanning.

*Ononis Spinosa* (Thorny Rest-harrow, Petty Whin, Ground Furze. Called Rest-harrow on account of the strength of its roots.)—Sheep are said to be very fond of this plant. It has been recommended as a remedy in jaundice, and for stone, suppression of urine, etc. It is said to have the power to break or dissolve stone. In the old writings it was recommended as a cure for *hernia carnosae* or fleshy rupture (sarcocele). Decoction of the powdered root in wine or spirit was taken for some months, and is said to have cured cases that were deemed incurable by medicine; it has been used in obstruction of the liver and spleen, and for indurated ulcerations.

*Melilotus officinalis* (Common Melilot).—A comparatively common English plant. The medicinal action of the Melilots is probably similiar to the following plants, as their active principle is the same, namely: Coumarine; the vernal grass *Anthoxanthum odoratum* (order Gramineæ); the woodruff *Asperula odorata* (order Rubiaceae), as also Tonquin bean, *Dipterix odorata*, called also Tongo (order Leguminosæ). These plants are known to contain Coumarin. There are probably a great many others. Boiling Nitric acid converts Coumarin into Picric acid. A hot solution of Potash converts it into Coumaric acid, and eventually Salicylic acid. Preparations made from Melilot have



been used successfully in treating hard tumors and inflammations in the eyes, and other parts of the body, as the rectum, uterus, etc., for spreading ulcers in the head, pains in the stomach, pains in the ears, *headaches*. Melilot *expels wind from the stomach*, reduces swelling of the spleen, *removes films from the eyes*, *strengthens the memory*, is said to be *effectual for sudden loss of the senses*, and *apoplexy*; applied externally the green plant relieves the pains of suppuration and causes discharge. A proving of Melilotus will be found in Hering's *Guiding Symptoms*, made in 1852, but unfortunately the proving is said to be made from a preparation of two kinds of Melilot—namely, *Melilotus Officinalis* and *Melilotus Alba*. This to my mind completely destroys its value, and for the purpose of this paper I am unable to refer to any of the symptoms produced, as I do not know whether individually they were produced by the white or yellow Melilot. I can only say that many of the symptoms *produced* by the preparation of the two plants are similar to those above mentioned, and which Melilot has the credit of having cured in times past.

*Melilotus Alba* (white flowered Melilot).—This plant is much more rare than the preceding. It does not appear to have been used in medicine, probably on account of its greater rarity. No doubt it is as good a drug, if not better than the yellow flowery plant. There is a good proving in the *Medical Advance*, Vol. XX, page 321. In the face of some of the symptoms mentioned under the previous heading which I have italicized the following symptoms given in Dr. H. C. Allen's proving are remarkable: "Head—Indolence and inability to fix the attention or comprehend the subject, rendering study extremely difficult. Total inability to study, the mind will not retain anything; even in copying, letters and words are dropped; loss of consciousness, with gushing of blood from the nose; intense frontal headache, preceded by hot flushed face. Eyes—Vision dim; a film seems to blur the sight; involuntarily rubs the eyes for relief. Stomach—Gastric discomfort; flatulent distention; eructations all day." When one remembers that these very symptoms, in the absence of any knowledge of the action of the drug on healthy

persons, led to its use, and gave it a reputation in the distant past, what unprejudiced mind can fail to believe in the "law of similars"?

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### DR. NOE'S CASE IN JUNE NUMBER.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

Since writing up that case you reported for me in the June number, on page 254, I have received several replies from all over the United States, and all of them from homœopaths. The remedies suggested are: Hyos., Nux-v., and Lach. I would like to say to my readers that I have used all of the above remedies in all the potencies, and waited, thinking every time I had the remedy. But no improvement. I have given Sepia high and it removed her corns last spring, but it fails this spring. She has not that all-gone feeling in the stomach, however, and is made better by eating.

I will add some more valuable symptoms which may enable the readers to see more clearly the red string of the case :

Every spring and summer her feet trouble her. Her feet become so cramped that she has to pull off her shoes. She is worse sitting down or riding. Corns on toes and balls of feet, hard, horny, and painful. She complains much of the pain they cause her. She says her feet are always damp when she removes her shoes at night, but it is not noticeable during the day. Her feet are warm or hot at night during warm weather, and cold in winter time. She has had Sulphur, but no improvement that would last over two months, and I have used the CM potency. Riding in the cold wind gives her the headache.

When she has some of these headaches, her headache would come on with a numb feeling in her fingers, face, and tongue, and some blindness. After lying down for an hour or so then the numbness would pass off and headache would come on. She would have to go into her bedroom and lie down and cover her head up and go to sleep. If she was enabled to sleep an hour or two she would wake up with her headache much better, but

with sense of soreness of head. The head symptoms are made better by warmth, which makes one think of *Nux-v.* and *Sil.*

She says she would rather do anything than to try to make a dress for herself. She gets so angry and nervous that she can't do anything, and is very rough at any disturbance the children make.

The palms of her hands perspire when sewing so that she is wiping them on her apron every few minutes. She is very sensitive to the least thing. If she has a splinter in her finger she can hardly bear the thought of picking it out, but she can stand by and assist in performing an operation on any one else without any fear or without getting nervous. She has in-growing toe-nails; has always had them. Had one cut out last year. She has much musty smelling perspiration in armpits. She cannot take a cold bath, it chills her so. Must have warm water. She starts at least unexpected noise or on sudden appearance of any one whom she knows or any member of her family so that she is weak and nervous for an hour.

She is stout enough to do all of her work and feels very well at times. Easily excited from things unexpected, not from things that are expected.

There is no lacerated cervix, but a laceration of the perinæum of one-half inch, which I don't think gives her any trouble.

She menstruates regularly and normally as far as I can learn. Her nose gets sore every time she menstruates. Nose feels as if a boil was coming in *alæ nasi*, they get red and thicken up. Keeps her all the time picking at nose. When she returns home from visiting, though no one has come to the house in her absence, she will look in every room and in closets and under beds before she is satisfied. Says she fears there must be some one in the house that will hurt her or kill her and children.

She is very irritable when busy at work, and was constipated during winter. Has taken no allopathic treatment for over ten years.

Has had gall-stone colic, and passed a few gall-stones four and one-half years ago, but none since. Her father used to be

troubled with gall-stones. She sleeps well when all are at home, but jumps in sleep when she has been doing something that is straining on nerves day previous. But when alone with her two children can't sleep because she fears there is a man about the house. She is scared from the least noise she may hear.

I believe I have given the case in full, and would be pleased to have any further suggestion regarding this case, for I have been trying two years to cure her, but without success.

A. T. NOE, M. D.,

CRAIG, BURT COUNTY, NEBRASKA; formerly

BETHANY HEIGHTS, LINCOLN, NEBRASKA.

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### BOOK NOTICES.

THE POCKET ANATOMIST. Founded upon Gray. By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology, in the Detroit College of Medicine. Fourteenth revised edition, containing Dissection Hints and Visceral Anatomy. Detroit, Mich., 1891. The Illustrated Medical Journal Co., Publishers. Cloth, 297 pages, 193 Illustrations. Price, postpaid, \$1.00.

This book is issued on thin, though nicely glazed paper, and takes up but little room, though 300 pages in thickness. The plates introduced are photo-engraved from the English edition of Gray, and are therefore exact; most of them are full-paged, and where they are not, they are grouped together so as to save as much thumbing as possible. The useless "questions" are absent in this work, and their room given to needed illustrations or terse descriptions of the minor parts found in the several dissections made. The chapter given to "dissection hints" gives the lines of incision necessary to best expose the underlying organs, arteries, nerves, or muscles. The chapter on Gynæcological Anatomy can be found only in the more expensive work of Savage. The pronunciation of each anatomical term is given, be it artery, vein, nerve, muscle, or bone. Over 100 pages are devoted to the anatomy of the special organs and viscera. The book has been honored by a re-printing in England after some three thousand copies had been sold over there by the American publishers.

VACATION TIME, WITH HINTS ON SUMMER LIVING. By H. S. Drayton, M. D. New York. Fowler & Wells Co. 1891.

This is the title of a bright little book by H. S. Drayton, M. D., so well

known as a writer on popular hygiene, just issued from the press of Fowler & Wells Co., New York.

It is seasonable, filling a niche heretofore vacant, for while we have books giving us good advice about how to live when the weather is cold and the northeast winds blow, this supplies us with a variety of useful information about summer living, and takes into the account the recreations and diversions that are supposed to belong to warm weather, and into which both old and young enter, according to their circumstances.

The author writes in a pleasant style, and really covers a good deal of ground in a few words. He talks of life at the seaside, in the mountains, of boating and bathing, games, excursions, etc., puts in some very practical hints on eating and dress, and the management of household economies, and has a word of advice to mothers and housekeepers that they cannot but value. Even the stay-at-homes get a thought or two that must be encouraging. As an epitome of summer hygiene the book is so good and practical that they who would read it and follow its suggestions could not but get real profit out of their summering, wherever they might be.

It is sent by mail on receipt of price, 25 cents. Address the publishers, Fowler & Wells Co., 775 Broadway, New York.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY  
OF THE STATE OF NEW YORK, FOR THE YEAR 1890.  
Vol. xxv. Edited by the Secretary, John L. Moffat, M. D.

A bulky volume containing much of value and much of otherwise. A large portion is taken up with the report of the Committee on Medical Legislation, and it shows the committee to have been an active one. It did much work and accomplished its aim—that is, Homeopathy occupies as good a legal position in New York as does old-school medicine.

A COMPEND OF ANATOMY AND PHYSIOLOGY. Illustrated by  
the New Model Anatomical Manikin, including a Key, a  
Glossary of Medical Terms, and Incidental Notes of Pa-  
thology. Edited and compiled from standard works by M. C.  
Tiers. New York, Fowler & Wells Co., 775 Broadway,  
1891.

This small volume is, as stated in its title-page, a literal transcript of which appears above, designed to explain the model anatomical manikin, the advertisement of which appears on the third page of the cover of this journal. With that to illustrate it, the book is an excellent ready reference book for refreshing the memory upon doubtful points of anatomy.

As for the manikin, too much cannot be said in praise of it. A copy of it graces our office, and we find continual occasion to refer to it, and we have never been disappointed in our search for information. The book is, however, a necessary adjunct.

W. M. J.

A PRACTICAL MANUAL OF GYNECOLOGY. By G. R. Southwick, M. D., Assistant Professor of Obstetrics in the Boston University School of Medicine. L. M., Rotunda Hospitals, Dublin. Boston, Otis Clapp & Son, 1891.

That a second edition of this well-known text-book of Gynecology should have appeared is, in itself, a recommendation. We read in the preface: "The author believes that many uterine diseases are largely due to faults either of nutrition or of vascular or nervous supply, and, like other diseases, can be effectually and permanently cured by internal medication." We are glad that the Doctor makes this confession. Still this confession does not quite harmonize with the amount of surgery recommended in the book. It seems our gynecologists are not happy unless they can cut and slash. We are confident that out of one hundred cases of uterine disease fully ninety-five can be cured by internal treatment, without any digital examination, etc., whatever. There is a deal of humbug about this gynecological business!

The paper, printing, illustrations, and binding are all that can be desired.

So let the new edition of Brother Southwick's Gynecology take its course, do all the good it can, till an improved third edition is called for or till the book is replaced by a better one.

W. S.

SEXUAL NEURASTHENIA (Nervous Exhaustion), its Hygiene, Causes, Symptoms, and Treatment, with a chapter on Diet for the Nervous. By George M. Beard, A. M., M. D., formerly Lecturer on Nervous Diseases in the University of the City of New York; Fellow of the New York Academy of Medicine; author of "Our Home Physician," "Hay Fever;" one of the Authors of "Medical and Surgical Electricity," etc. (Posthumous Manuscript). Edited by A. D. Rockwell, A. M., M. D.—Professor of Electro-Therapeutics N. Y. Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, and one of the Authors of *Medical and Surgical Electricity*. In one volume, Crown 8vo, nearly 300 pages. \$2.75. E. B. Treat, Publisher, 5 Cooper Union, N. Y.

The philosophy of this work is based on the theory that there is a special and very important and very frequent clinical variety of neurasthenia (nervous exhaustion) to which the term sexual neurasthenia (sexual exhaustion) may properly be applied.

While this variety may be, and often is involved as a cause or effect or coincident with other varieties—exhaustion of the brain, of the spine, of the stomach, and digestive system—yet in its full development it can be and

should be differentiated from hysteria, simple hypochondria, insanity, and various organic diseases of the nervous system, with all of which it had until lately been confounded.

The long familiar local conditions of genital debility in the male—impotence and spermatorrhœa, prostaticorrhœa, irritable prostate—which have hitherto been almost universally described as diseases by themselves, are philosophically and clinically analyzed. These symptoms, as such, do not usually exist alone, but are associated with other local or general symptoms of sexual neurasthenia herein described.

The causes of sexual neurasthenia are not single or simple, but complex; evil habits, excesses, tobacco, alcohol, worry, and special excitements, even climate itself, are the great predisposing causes.

The subject is restricted mainly to sexual exhaustion, as it exists in the male, for the reason that the symptoms of neurasthenia, as it exists in females, are, and for a long time have been understood and recognized. Cases analogous to those in females are dismissed as hypochondriacs, just as females suffering from now clearly explained uterine and ovarian disorders were formerly dismissed as hysterics.

This view of the relation of the reproductive system to nervous diseases is in accordance with facts that are verifiable and abundant; that in men as in women, a large group of nervous symptoms, which are very common indeed, would not exist but for morbid states of the reproductive system.—[From *Dr. Beard's Introduction.*]

The causes and symptoms of forty-three cases are given, followed by a chapter on Diet for the Nervous, with Treatment and Formulas. Third Edition Enlarged.

HOW TO MAGNETIZE; or Mesmerism and Clairvoyance, a Practical Treatise on the Choice, Management, and Capabilities of Subjects, with Instructions on the Manner of Procedure, by James Victor Wilson. Price, 25 cents.

The benefits of mesmerism and arguments in favor of it are given with rules for the selection of good subjects, and the processes explained, with miscellaneous observations. Somnambulism and Clairvoyance are defined, counsels and cautions, with advice to subjects, are found, and the value of mesmerism as a curative, and an aid to physicians, is quite fully considered. The work closes with a valuable chapter on Animal Magnetism as a therapeutic means, written by Dr. Fleming, and read before the Medical Society of the County of New York, in which the accounts of remarkable cases are given, and references to eminent authority intended to show that animal magnetism is an established fact.

This may be read with profit by every one, whether specially interested in the subject or not. It will be sent, postpaid, on receipt of price in stamps, 25 cents. Address Fowler & Wells Co., No. 775 Broadway, N. Y.

## NOTES AND NOTICES.

FOR SALE.—Volume Tenth (1890) of **THE HOMŒOPATHIC PHYSICIAN** complete, unbound. Also Volume Ninth (1889), wanting April, October, and November numbers, and Volume Eleventh (1891), January to July. These all belong to the estate of the late Dr. Wm. A. Hawley, of Syracuse, New York. Address M. E. H., care of **THE HOMŒOPATHIC PHYSICIAN**, 1125 Spruce Street, Philadelphia, Pa.

**THE AMERICAN PUBLIC HEALTH ASSOCIATION** will hold its nineteenth annual meeting at Kansas City, Missouri, Kansas, October 20th, 21st, 22d, 23d, 1891. The Executive Committee have selected the following topics for consideration at said meeting: 1. Sanitary Construction in House Architecture. (a) Heating. (b) Lighting. (c) Drainage. (d) Ventilation. 2. Railroad Sanitation. 3. Meat Supplies. 4. Milk Supplies of Cities. 5. Arsenical Papers and Fabrics. 6. Isolation Hospitals for Infectious Diseases in Cities. 7. Papers upon any of the subjects upon which special committees have been appointed. 8. Papers on Miscellaneous Sanitary and Hygienic Subjects. All papers will be received by the Executive Committee subject to the requirements of the By-Laws. Preference will be given, however, to papers upon the subjects selected by the Committee in making up the daily programme of the meeting. All persons who propose to present papers at the next meeting of the Association will be governed by the following By-Laws of the Executive Committee: "4. All papers presented to the Association must be either printed, type-written, or in plain handwriting, and be in the hands of the Secretary at least twenty days prior to the annual meeting, to insure their critical examination as to their fulfilling the requirements of the Association." All communications relating to local matters should be sent to E. R. Lewis, M. D., Chairman Local Committee of Arrangements, Kansas City, Mo. Blank applications for membership may be obtained from the Secretary, Irving A. Watson, M. D., Concord, N. H.

**THE MICHIGAN STATE HOMŒOPATHIC MEDICAL SOCIETY** has elected the following officers: President, J. C. Wood, of Ann Arbor; Vice-President, H. C. Brigham, of Grand Rapids, and A. B. Cornell, of Kalamazoo; General Secretary, Harold Wilson, of Detroit; Corresponding Secretary, W. A. Ploglase, of Detroit; Treasurer, H. M. Warren, of Jonesville; member of the Board of Control, W. M. Bailey, of Detroit.

**THE GRAND RAPIDS, MICH., COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS** has elected the following officers: President, Dr. H. C. Brigham; First Vice-President, Dr. I. J. Whitfield; Second Vice-President, Dr. Francis S. Hillyer; Secretary and Treasurer, Dr. F. L. Hoag. Various subjects of interest to the doctors were discussed.



drug, separating it from all other drugs, even those to which it has most resemblances, and declare to the prescriber the true, *specific* character of each.

It is then self-evident, in order to specific prescribing, which homœopathic prescribing always is, a precedent knowledge of this specific character of the agent to be employed in the cure is a *sine que non*. And this can only be attained by a knowledge, not of the *similarities* in drug action on the organism, but of the *differences*. To facilitate this a number of these groupings are here given from that master-work of that great master of homœopathic science and art, BËNNINGHAUSEN, in his last and best work, *Versuch einer Homœopathischen Therapie der Wechsel und anderer Fieber*, Leipsig, 1864.

In giving these groupings we shall select those most frequently called for, as we have found, in our rather extensive practical experience with this fever. We begin with

#### **Aconitum.**

1. Pulse for the most part very full, hard, and accelerated. Seldom small and thready, or imperceptible.—*Cold sensation in the veins.* [See Arsenicum.]

2. Chill at the beginning of the attack, most severe evenings after lying down; often with hot cheeks and contracted pupils. Chill from uncovering or from touch; with the chill often internal, heat with anxiety and red cheeks; shivering, extending from the feet to the chest.

3. Dry, burning heat, for the most part proceeding from the head and face, with great thirst for cold drinks; with the heat tossing about; continued heat, with disposition to be uncovered; uncommon excitement; restlessness; anxiety, and agonizing burning heat, with cold shiverings running over one at the same time.

4. Long-continued sweat over the whole body, of a somewhat acid odor; sweating most on parts covered.

Aconite may sometimes be found serviceable in relieving oppression of the heart and respiration when this is great during the paroxysm. It is the one exception to the rule which requires remedies for this fever to be given in the intermission.

Where this oppression is great, and the other symptoms not contraindiding it, a few pellets of the appropriate potency may be dissolved in half a tumbler of water, and a teaspoonful given every fifteen, twenty, or thirty minutes, according to the severity of the symptoms (the greater the oppression the shorter the intervals between the doses), till relief is obtained. This, if the remedy be in place, will not embarrass the action of the specific remedy for the case, though this may be another than Aconite. This remedy will be the more appropriate if the oppression be accompanied by the characteristic loud complaining and the equally characteristic fear of near death.

#### **Agaricus.**

1. *Pulse* in the morning somewhat accelerated, later in the day always slower; very irregular and sometimes intermitting.

2. Chill and chilliness predominant, especially in the cold, open air and while airing the bed; cold shuddering over the body from above downward.

3. Heat, slight, and almost only on the upper part of the body.

4. Fatty sweat, but not offensive, through the night in sleep; sweat from slight motion.

#### **Alumina.**

1. *Pulse* full and somewhat accelerated.

2. Chill predominant and for the most part toward evening, even in bed and by a warm stove, as well as after eating a warm soup, often with heat of the face; chill in the day and heat at night.

3. In the evening, following the chill, there is heat, which seems to spread from the face, but sometimes only attacking the right side of the body.

4. Sweat at night, especially in the bed; mornings, with anxiety; most on the face, and often only on the right side of the face; entire inability to perspire.

#### **Ammonium-carb.**

1. *Pulse* hard, tense, and rapid.

2. Chill in the evening, often alternating with heat, till midnight; chill in the open air.

3. Heat, most in the evening, with cold feet.

4. Sweat mornings, most on the joints ; constant sweat, day or night.

**Ammonium-mur.**

1. Pulse constantly accelerated, day and night.

2. Chill, with external coldness, evenings and when uncovered in the night ; chill every half-hour, alternating with heat ; coldness runs up the back.

3. Heat, with red, swollen face, especially in a warm room and after bodily exertion ; frequent flashes of heat, each ending in sweat, which is most on the face, palms of the hands, and soles of the feet.

4. Day and night sweat often preceding heat ; copious night sweat over the whole body, most after midnight and mornings in bed.

**Anacardium.**

1. Pulse accelerated, with throbbing in veins.

2. Chill and coldness, with trembling, especially in the open air, disappearing in the sunshine ; shuddering chill over the back, as if cold water were poured over it, with heat of face ; internal chill, even in a warm room.

3. External heat with internal chill ; heat of upper part of body, with cold feet ; internal cold shuddering and hot breath, daily from four o'clock P. M. till evening, which disappears at supper time.

4. Evening, sweat on head, abdomen, and back ; even when sitting still ; night sweat on abdomen and back ; sticky sweat on palms of hands, especially on the left ; cool sweat, with internal heat.

**Angustura.**

1. Pulse accelerated, jerking, irregular, and sometimes intermitting.

2. Chill in the bed, morning and forenoon, after previous thirst ; every afternoon (three o'clock) strong internal chill ; repeated shuddering chills on the covered parts ; forenoon (nine o'clock) shuddering chill on the back.

3. Evening, heat, most on face, after entering a room and

after supper. After midnight (three o'clock) heat, which prevents sleep, with subsequent shuddering.

4. Sweat only in the morning and only on the forehead.

**Antimonium-crud.**

1. Pulse very irregular, now accelerated and now slow, alternating every few beats.

2. Chill predominates in the daytime, even in a warm room, toward noon severe shaking chill, with thirst (for beer); sensation of coldness in the nose while inspiring through it.

3. Heat predominates at night, but with cold feet till midnight; great heat from the slightest movement, especially in the sunshine.

4. Morning, when waking, sweat which shrivels the ends of the fingers, sweat which returns at the same hour, usually every other morning.

**Antimonium-tart.**

1. Pulse full, hard, and accelerated, sometimes trembling; strong pulsation of the veins; with the decline of the fever the pulse is often slow and imperceptible; on the slightest movement the pulse is uncommonly accelerated.

2. Chill, with external coldness predominant at all times of the day, with coma, mostly with trembling and shaking, and often as if water were poured over one; in the daytime, chill alternating with heat.

3. Great heat of short duration after a long chill, increased by every movement; long-continued heat after a short chill, with coma, and sweat on the forehead.

4. Copious sweat over the whole body, also in the night; sweat is often cold and sticky; the painful parts sweat constantly and most copiously.

**Apis-mellifica.**

1. Pulse full and accelerated, seldom small and thready, sometimes trembling and imperceptible.

2. Chill severest toward evening; afternoon (three or four o'clock), chilly shuddering, increased by warmth; chilliness from least movement, especially toward evening, with heat of face and hands.

3. Dry heat toward evening. The sensation of heat is greatest on the chest and epigastrium.

4. Sweat, alternating with dryness of the skin.

**Arnica-montana.**

1. Pulse very variable, mostly full, hard, and accelerated; pulse sometimes very weak and slow; in the evening, strong pulsation through the whole body.

2. Internal coldness with external warmth; chill, with great thirst, which often precedes it, for the most part in the evening, as if cold water were poured over one; chill and coldness of the lower parts of the body, with heat of the upper, especially of the head; universal chill, with heat and redness of cheeks; chill after every sleeping; chill from the least movement of the covering; chill, alternating with heat; cold sensation of the side on which one is lying;

3. Dry heat, which is either general or only running over the face and back.

4. Burning in single parts of the body, which feel cold externally, and heat or coldness, now here now there. Heat in the evening, with pains in the limbs.

5. Sweat for the most part smells sour, or is offensive; sometimes it is cold.

**Arsenicum-album.**

1. Pulse weak and small, but greatly accelerated, often imperceptible and entirely wanting, or intermittent. Pulse quick in the morning and slow in the evening. Burning or cold sensation in the veins.

2. Chill (and heat) indistinct, and either concomitant or alternating; chill in the forenoon, which nothing relieves; internal chill with external heat; chill and shuddering after every drinking; external coldness, with cold, sticky sweat; during the chill (and the heat), appear many concomitant symptoms in severity, which before were only of slight importance.

3. Internal burning, dry heat. Evenings and nights dry heat, with frequent thirst, but he drinks very little at a time; nocturnal heat, as if hot water were poured over one.

4. Sweat at the end of the fever, with disappearance of all

symptoms, even the concomitants, and sweat in the first sleep or through the whole night ; cold, sticky, or sour, or bad smelling sweat ; unquenchable thirst during the sweat.

**Aurum-fol.**

1. Pulse small, but accelerated ; much blood ebullition in the whole body, and strong congestion of head and chest.

2. Chill predominant ; chill and coldness of hands and feet, also in bed, and continuing the whole night. Evening in bed general cold shuddering ; coldness of the whole body, with nausea.

3. Heat, mostly in the face, alternating chill.

4. Sweat in the morning, most on genital organs.

**Baryta-carb.**

1. Pulse accelerated, but weak ; seldom full and hard.

2. Chill and chilliness predominant, often as if cold water were poured over one, relieved by external warmth ; evening and night chill alternating with heat ; chill proceeding downward from the face or epigastrium (*Plexus solaris*), over the body, and chill beginning in the feet.

3. Heat often running over the body during the day ; nocturnal attacks of flying heat, with great anxiety and restlessness.

4. Nocturnal debilitating sweat ; one-sided sweat, mostly on the left side ; sweat every other evening.

**Belladonna.**

1. Pulse quick, often full, hard, and tense, but sometimes small and soft ; seldom slow, and then it is full. Throbbing of the carotids and temporal arteries.

2. Chill in the evening, especially on the extremities, most on the arms, with heat of the head ; internal chill and external burning heat ; chill alternating with heat. Evening, shaking chill, coldness of the limbs, with hot head ; shuddering running down the back.

3. Constant dry, burning heat, with sweat only on the head ; internal heat with anxiety and restlessness ; heat of the forehead, with cold cheeks ; internal or external heat, or both at the same time ; heat of the head, with redness of face and delirium ; heat generally predominating.

4. Sweat exclusively on covered parts; sweat with the heat, or immediately after it, mostly on the face; empyreumatic sweating, sweat which stains the linen; sweat during sleep, day and night, sweat wholly wanting, sweat rising from the feet to the head.

**Lycoperdon-bovista.**

1. Pulse excited, with ebullition of blood and palpitation of the heart.

2. Chill predominating, even by a warm stove, mornings, evenings, and even at night, generally with thirst; chill with the pains.

3. Daily, evening fever (about seven o'clock), consisting merely of chill with thirst; evening, shuddering proceeding from the back.

4. Every morning (from five to six o'clock) sweat most on the chest.

**Bryonia-alba.**

1. Pulse very full, hard, rapid, and tense, sometimes intermittent, with strong ebullition of blood.

2. Chill and coldness, predominant often with heat of head, red cheeks, and thirst; chill with external coldness of the body; chill and coldness, mostly evenings, and often only right-sided; chill more in a room than in the open air.

3. Dry, burning heat, mostly internal, as if the blood burned in the veins; during the heat all symptoms greatly increased.

4. Much sweat and sweating, very easily excited, even from slow walking in the open, cold air.

**Calcareo-carbonica.**

1. Pulse full and accelerated, and often trembling; much throbbing in the blood-vessels, and palpitation of the heart.

2. Chill, with shuddering, most evenings, but also forenoons; internal chilliness, mornings, after rising; chill alternating with heat.

3. Frequent attacks of flying heat, with anxious palpitation of the heart; heat, then chill, and cold hands; evening in bed external heat with internal chill; heat after eating.

4. Sweat from the slightest movement, even in cold open air;

sweat in first sleep ; morning sweat ; sweats most on head and chest ; sticky night-sweat only on legs.

#### **Camphora.**

1. Pulse small, weak, and slow, often imperceptible ; diminished flow of blood to parts remote from the heart.

2. Chill, coldness, and sensitiveness to cold air ; chill, with shuddering and shaking ; universal icy coldness of the whole body, with deathly paleness of the face.

3. Heat, with swelling of the veins, increased by every movement.

4. Cold sweat, often sticky, and always debilitating.

#### **Cannabis-sativa.**

1. Pulse very weak, slow, often almost imperceptible.

2. Chill predominant, with thirst and shaking ; external coldness of the whole body, except the face.

3. Heat only on the face ; slight nocturnal burning heat.

4. Sweat wanting.

#### **Cantharis.**

1. Pulse very various, mostly hard, full and accelerated, sometimes intermitting ; more seldom weak, slow, and almost imperceptible ; pulsation through the trembling limbs.

2. Chill, with universal coldness, attacks mostly in the evenings, not relieved by external warmth ; fever often consisting of chill, with subsequent thirst, without heat ; chill running up the back.

3. Heat in the night, merely external, not sensible to patient ; burning heat with anxiety and thirst.

4. Sweat from every movement ; cold sweat, especially on hands and feet ; sweat on genital organs ; sweat has a urinous odor.

#### **Capsicum.**

1. Pulse very irregular and often intermitting.

2. Chill predominant, and almost always with great thirst ; chill after every drinking ; with shuddering ; chill in cold air, especially in a current ; evening chill ; diminished natural heat of the body ; sensation of cold sweat on the thighs.

3. Heat with co-existent sweat and thirst ; internal heat with



cold sweat on the forehead ; first heat and sweat, then chill with shuddering and chattering of the teeth.

4. Sweat with the heat ; sweat after the chill without heat.

**Carbo-animalis.**

1. Pulse excited and accelerated, with throbbing in the vessels, most toward evening.

2. Chill, especially afternoons, after eating, and evenings ; shuddering chill every other day in the evening and continuing after he was in bed ; evening chill, with subsequent sweat in sleep.

3. Heat after each preceding chill, mostly at night in bed.

4. Sweat after the heat, usually toward morning ; sweat in the day from the slightest movement, even from eating ; nocturnal sweat, which is offensive, debilitating, and stains the linen yellow ; sweat most abundant on the thighs.

**Carbo-vegetabilis.**

1. Pulse weak and languid, often imperceptible ; intermittent pulse ; irregular pulse, then much accelerated, then again as if suppressed.

2. Chill and coldness, mostly evenings, usually with thirst, sometimes only one-sided—the left ; during the chill, uncommon weakness ; chill, with icy coldness of the body.

3. Heat after the chill, evenings or nights in bed, with many concomitant symptoms ; evening attacks of flying, burning heat, usually without thirst.

4. Copious sweat, mostly offensive or sour smelling ; great disposition to sweating, even while eating ; night-sweats ; sour smelling sweat in the morning.

**Causticum.**

1. Pulse somewhat excited toward evening from blood ebullition.

2. Chill and coldness predominant, often with coldness of the whole left side ; great internal chill, with accompanying sweat, without precedent heat ; strong internal chill about midnight ; shuddering proceeding from the face.

3. Heat in the evening from six to eight o'clock ; running heat over the body, and then chill.

4. Sweat immediately after the chill, without preceding heat ; great sweat while going in the open air ; sour smelling night-sweat ; morning sweat about four o'clock.

**Chamomilla.**

1. Pulse small, but tense and accelerated ; often very irregular, and then for a time weak.

2. Chill and shuddering, usually only on single parts, with heat in blood-vessels ; shuddering chill, with internal heat ; chill and coldness of the whole body, with burning hot face and hot breath ; alternating shuddering and chill of some parts, with heat of others ; chill of the back part, with heat of the front of the body, or the reverse ; cold shuddering with each uncovering and in the cold air.

3. Heat mingled with cold shuddering, mostly with one red and one pale cheek ; anxious heat with sweat on the face and hairy scalp ; long-continued heat, with great thirst and frequent waking from sleep in a fright.

4. Sweat in sleep, greatest on the scalp, mostly sour smelling and with smarting of the skin ; repelled sweat, and then it is wholly wanting.

**Chelidonium.**

1. Pulse small and rapid ; fuller, harder, but little accelerated pulse toward evening.

2. Chill and chilliness, only internal, with strong shaking, in the evening, in bed ; internal chill while going in the open air, which disappears in a room ; chill and coldness of the whole body, most on the hands and feet, with great swelling of the veins ; chill of one (right) leg below the knee ; shuddering, without external coldness ; shuddering on the back, running downward.

3. Internal heat, without thirst, evenings after lying down.

4. Sweat during sleep, after midnight, and in the morning on waking, which soon disappears.

**China.**

1. Pulse small, but hard and quick, after eating more quiet ; pulse irregular and sometimes intermittent ; uncommon swelling of the veins.

2. Chill over the whole body, increased by drinking, with thirst before or after, and not during the chill; internal severe chill with ice-cold hands and feet, with rush of blood to the head; alternating chill and heat in the afternoon; in the evening he cannot get warm in bed.

3. Heat over the whole body, with swollen veins; during the heat (as with the chill), thirstlessness, or merely thirst for cold drinks; after the heat, severe thirst; long-continued heat, which often appears long after the chill; during the heat, disposition to uncover himself.

4. Great and debilitating sweat; easy sweating in sleep and moving in the open air; very debilitating night or morning sweat; sweat is often fatty or cold; increased thirst with the sweat; repelled and wanting sweat; sweat on the side on which one lies.

#### *Cicuta-virosa.*

1. Pulse weak, slow, and trembling, sometimes wholly wanting.

2. Chill and chilliness, with longing for warmth and the warm stove; the chill goes from the chest and runs downward to the legs and to the arms, with rigidity.

3. Heat slight, and only internal.

4. Sweat night and morning, most on the abdomen.

#### *Cina.*

1. Pulse small, but hard and accelerated.

2. Chill, with shuddering and shaking, running from the upper part of the body to the head, even by a warm stove; chill, with coldness of the pale face, and warm hands; chill not to be relieved by external warmth, mostly in the evening, with great paleness of the face.

3. Heat greatest on the head and face, but with great paleness of the face; nocturnal heat with thirst.

4. Sweat, generally cold, on the forehead, nose, and hands; after the sweat, which often precedes the beginning of the chill, vomiting of food, and at the same time a ravenous appetite.

#### *Clematis-erecta.*

1. Pulse excited, with throbbing in all the blood-vessels.

2. Chill with shuddering, then sweat, without preceding heat; shuddering chill from every uncovering.

3. Dry heat, with general sensation of heat, only at night.

4. Great sweating, mostly at night and morning, with aversion to uncovering.

#### **Cocculus.**

1. Pulse small, jerking, often imperceptible, seldom hard, and somewhat accelerated.

2. Chill frequently alternates with heat; internal chill, with shuddering, afternoon and evening, over the whole body, most on back and legs, not to be relieved by external heat; constant chilliness, with hot skin.

3. Dry heat through the whole night; flying heat, with burning heat of the cheeks and cold feet.

4. Sweat the whole night, which is cold only on the face; morning sweat, most on the chest; debilitating sweat over the whole body from the slightest movement; sweat on the painful parts.

#### **Coffea-cruda.**

1. Pulse generally wholly unaffected, and only very little accelerated.

2. Chill increased from each beginning of motion; frequently recurring internal shuddering chill, with external heat of the face or of the whole body; chilly sensation, with internal or external warmth; great sensitiveness to cold air; chill runs down the back.

3. External, dry heat, evening after lying down, with shuddering on the back; nocturnal, dry heat, with delirium; great heat of the face; hot breath.

4. Sweat sometimes after the heat; slight morning sweat; sweat on the face, with internal, cold shuddering.

#### **Colchicum.**

1. Pulse uncommonly accelerated, hard and full.

2. Chill and shuddering running through all the limbs; frequent shuddering chills running down the back.

3. Only external, dry heat of the skin; dry heat through the whole night, only external, with great and unextinguishable thirst.

4. Sweat wholly suppressed and wanting.

**Colocynth.**

1. Pulse generally full, hard, and accelerated, seldom small and weak ; strong throbbing in all the blood-vessels.

2. Chill and coldness of the whole body, often with heat of the face ; either cold hands or soles of the feet, with general warmth of the body ; chill and shuddering with the pains.

3. External dry heat ; internal sensation of heat, with attacks of flying, external heat.

4. Night-sweat, of urinous smell, which causes itching of the skin ; sweat, especially on the head and extremities.

**Conium-mac.**

1. Pulse extremely irregular, mostly slow and large, with intermingled small and quick beats ; sensible pulsations in the blood-vessels of the whole body ; entire pulselessness.

2. Chill and coldness mornings and afternoons (from three to five o'clock) ; chill, with constant desire for warmth, especially that of the sun ; mornings only internal coldness ; afternoons with running shuddering.

3. Great heat, internal and external, with great nervous excitability ; heat, with concomitant, copious sweat.

4. Sweat day and night, as soon as one sleeps, or even closes his eyes ; night and morning sweat, which is offensive, and causes smarting of the skin.

**Creosotum.**

1. Pulse small and weak, with great ebullition of blood ; in repose all the blood-vessels throb.

2. Chill predominates mostly in repose ; shaking chill, with great flashing heat of face, red cheeks, and ice-cold feet ; chill, with great bodily restlessness ; chill alternating with heat.

3. Heat, mostly in the face ; flying heat, with sharply circumscribed redness of the cheeks.

4. Sweat slight and only in the morning, with heat and redness of cheeks.

**Crocus-sativus.**

1. Pulse feverish and accelerated ; anxious palpitation of the heart.

2. Chill in the afternoon, increased toward evening, with shuddering chill from the back downward and trembling ; thirst with both chill and heat ; shuddering chill only on the back half of the body.

3. Flying, internal heat, with pricking and crawling in the skin ; heat, most of the head and face, with pale cheeks and thirst ; heat, with great redness of the face and swollen veins.

4. Sweat slight, only in the night, and then cold and debilitating ; sweat only on the lower half of the body.

#### **Cuprum.**

1. Pulse generally small, almost imperceptible, weak, and very slow ; seldom full, hard, and accelerated.

2. Chill over the whole body, greatest on the extremities ; chill after every attack of illness (also after epilepsy) ; ice coldness of the whole body.

3. Over-running flashes of heat ; debilitating, hectic, internal heat.

4. Cold sweat at night ; many attacks (of epilepsy and mania) end in (cold) sweat.

#### **Cyclamen-europeum.**

1. Pulse not perceptibly changed.

2. Chill forenoon or evening ; shuddering chill over the whole body, morning or evening ; during the evening chill great sensitiveness to cold air and to being uncovered.

3. After the chill, heat, most of the face, but without thirst, with long-continued cold hands ; sensation of heat in the whole body, especially in face and hands ; heat of single parts, but not of the face ; universal heat after eating.

4. Sweat at night, in sleep, moderate, but offensive.

#### **Digitalis.**

1. Pulse extremely slow, especially in repose ; pulse irregular and sometimes intermittent ; pulse accelerated greatly, and immediately, by every motion, and is full and hard, but sinks, in repose, soon to its usual slowness.

2. Chill more internal, with warmth of the face, but beginning with coldness of the extremities, from which it spreads over the whole body ; chilliness and shuddering over the whole

back ; internal chilliness, with external warmth ; general chill, with heat and redness of the face ; chill and heat alternating ; general coldness of the hands and feet, with cold sweat ; great sensitiveness to cold.

3. Heat, mostly appearing late after the chill ; sudden flying sensation of heat, with subsequent weakness ; increased bodily warmth, with cold sweat on the face ; heat of one hand, with coldness of the other.

4. Sweat in the night, mostly cold and somewhat sticky ; sweat immediately after the chill, without precedent heat.

#### ***Drosera-rotundifolia.***

1. Pulse unchanged.

2. Chill, with coldness and paleness of the face and cold extremities ; chill, forenoons ; internal chill at night in bed and in repose ; in the morning, left side of the face cold, the right hot ; chill and shuddering in repose, and all appears too cold to him, even in bed ; chill in the day, at night, heat.

3. Heat almost entirely of the face and head ; increased heat of the upper part of the body in the evening.

4. Nights, warmer sweat, especially after midnight and in the morning, most on the face.

#### ***Dulcamara.***

1. Pulse small, hard, tense, especially at night.

2. Chill, spreading itself from the back, mostly toward evening, not relieved by external warmth ; chill, with the pains ; chill, with great thirst.

3. Universal, dry, burning heat over the whole body ; heat and burning in the back, heat and delirium, without thirst.

4. Offensive sweat over the whole body, nights and mornings, during the day it is more on the back, epigastrium, and palms of the hands ; sweat entirely suppressed.

#### ***Euphorbia-officinarum.***

1. Pulse.

2. Chill and coldness predominate ; chill when beginning to eat and while walking in the open air, though the air is not cold ; chill, with concomitant sweat ; shuddering chill over the

whole upper part of the body, with heat of the cheeks; want of proper bodily warmth, with internal, burning heat.

3. Heat with intolerance of bed covering, which seems too heavy; heat only of the head.

4. Sweat in the morning, in bed; cold sweat on the legs.

**Euphrasia.**

1. Pulse unchanged.

2. In the forenoon chill and internal coldness, which in the afternoon is changed to external chill and coldness, especially on the arms; predominant chilliness.

3. Attacks of heat in the daytime, with redness of the cheeks, and cold hands.

4. Sweat at night in sleep, which is very copious and offensive, most abundant on the throat.

**Ferrum.**

1. Pulse full and hard; great ebullition of blood.

2. Shuddering chills in frequent short attacks; fever chill with red, hot face and thirst; general coldness in the evening, in bed, often lasting the whole night; chilliness and want of natural bodily warmth.

3. Dry heat over the whole body, especially toward evening, with great redness of the face and inclination to be uncovered.

4. Copious and long-continued sweat, from every movement in daytime, as well as nights and mornings in bed; sticky, and for the most part debilitating sweat; sweat every other day from morning till noon; strong smelling night-sweat; sometimes cold, anxious sweat (with spasms).

**Fluoric acid.**

1. Pulse only slightly accelerated by motion.

2. Chill entirely wanting.

3. Universal heat with nausea, from the slightest movement, with inclination to be uncovered, but more for cold washing.

4. Sticky, sour and unpleasant smelling sweat, most on the upper part of the body, especially from motion, afternoons and evenings. The sweat favors the appearance of excoriations, especially of parts on which one lies.



T H E

# HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“ If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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Vol. XI.

OCTOBER, 1891.

No. 10.

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## EDITORIAL.

HOMŒOPATHIC DILUTIONS.—An esteemed correspondent, who is investigating Homœopathy, writes us as follows :

“ One thing puzzles me, and in a general question I may ask how is it, when in our food we take many substances that may be used as medicines in your pharmacy (*i. e.*, certain salts and vegetable constituents), that these substances in health are inert in their medicinal actions? \* \* \*

“ If a drug like *Natrum-muriaticum*, for example, which we eat in nearly all our food, has a definite action, how is it that its action is not observed every time we eat salt ?”

This question has been asked many times, alike by friends and foes of Homœopathy ; the latter, of course, with the intention of baffling the homœopathist and putting him, if possible, in an illogical attitude.

To make this point intelligible to the reader, we must consider some of the physical characteristics of matter.

Matter is made up of atoms. These atoms are at definite distances from each other, even in the hardest, densest substances. This short distance of the atoms apart gives them an orbit, as it were, in which to move. All exhibitions of heat are but the motion of these atoms within their prescribed limits. The same is true of the phenomena of light and electricity.

When a substance is in its crystalline state its individual atoms are comparatively inert. The chemist who would produce desired reactions with such substances knows that he must dissolve them in water, that the distance between the atoms may be so increased and these atoms be far enough removed from the sphere of each other's affinity that they are free to move and produce the desired chemical phenomena. So, too, in the use of any substance as a medicine. The individual atoms must be removed from too close contact with each other, in order that the peculiar influence which they are capable of exerting shall have full opportunity of action. The preparation of the substance for this medicinal action, then, is the same in principle as for its action under chemical conditions. Therefore we triturate, dilute, and succuss.

To make the idea clearer, we may have recourse to a simple illustration.

Suppose we have a cigar-box, furnished with a lid and otherwise in good order. Suppose we fill the box exactly full of marbles and shut down the lid. If, now, we shake the box, no movement of the marbles among themselves takes place. If we remove some of the marbles, and then shake the box, there is a considerable movement of the remainder. Remove all the marbles but a few, and then shake the box, and the freedom of movement among them will be such that they will strike violently against the sides and ends of the box, and may even be made to force the sides out. Yet this could not be done if the box were *full* of marbles.

The box full of marbles may be considered to represent a medicinal substance in its crude state. The box with but a few marbles in it may be considered to represent the same substance after trituration.

Yet another illustration may be given. When lightning passes from a cloud to the earth, the resistance of the atmosphere causes it to dart this way and that in a narrow, zigzag line. This action of lightning may be imitated in the laboratory by an instrument for generating electricity called the Rhumkorff Coil. If such an instrument be made to discharge its electrical current in a glass jar that is closed except for a tube that con-

nects it with an air pump, the electrical current will follow a zigzag line in much the same way as a stroke of lightning. If the air pump be now worked so as to remove a small portion of air from the jar the spark is observed to become broader and more direct. Exhaust the air still more and the spark is no longer a line but spreads out into a purplish light that fills the whole jar. Here we see a parallelism with the marbles in the box.

If now we exhaust all the air from the jar except a few molecules, the electrical current will hurl these particles from one end of the jar to the other with considerable mechanical force. Prof. Crookes has taken advantage of these facts to construct small glass tubes containing small paddle wheels which are made to revolve by the few molecules of air contained in the tubes thus hurled from end to end by the electrical current. Fluorescent crystals are made to glow by the same means. To this condition he has given the name of "radiant matter" or "the fourth condition of matter."

These tubes so prepared are well known among scientific men as "Crookes' Tubes." They are, however, only modifications of the celebrated "Geissler Tubes" and "Plücker Tubes," in which electricity is made to pass through an incomplete vacuum in which are present minute portions of some selected gas or liquid upon whose atoms the electrical current acts.

An attentive consideration of the foregoing explanations will enable us to form some idea of the reason why salt in its crystalline state will not produce any medicinal action to speak of, and yet when triturated or diluted in the manner of all homœopathic preparations will become an active remedy. It also shows the glaring injustice of the derisive description of homœopathic dilutions given by the enemies of Homœopathy when they say that a drop of the tincture is put into a hogshead of water or into the ocean and then a teaspoonful of the mixture is taken. A drop of tincture put into a hogshead of water would not be diffused through the water. It must be put into only a small portion of the menstruum and that must be succussed in order to bring about a separation of the molecules from each other. In this way only will we be able to get the medicinal effect.

W. M. J.

## ANEURISM.—CASES FROM PRACTICE.

PROF. EDMUND CARLETON, M. D.

Read before the International Hahnemannian Association, Richfield Springs,  
June, 1891.

The subject of aneurism has been one of peculiar interest to our profession for a long time. It has presented difficulties not easy to be overcome. The medical and surgical wings of the old school have devoted their best thoughts and experiments to the cause. The former has accomplished a little in the line of contraria; Opium has retarded the blood current and facilitated local stasis in a very few instances; Gallic acid and Iron have thickened the blood, and in that way helped to the formation of a clot in the sac, successfully in enough cases to over-balance the harm done in others; and that is about all.

I well recollect a case of aneurism of the arch of the aorta, in 1873 or thereabouts, which attracted considerable attention at the time. The subject of it was a middle-aged gentleman, who had been active in mercantile life, while living for a number of years in a tropical climate. He returned to this country in a disabled condition. His physician advised with a well-known professor of surgery, and together they decided to try the Iron and acid treatment. The patient was kept on his back, had little food or drink, and swallowed enormous doses of medicine. When the constitutional symptoms resulting therefrom became alarming, the doses were reduced, to be again brought to a maximum as soon as audacious prudence permitted. After a number of weeks had elapsed, the local trouble abated; and finally a recovery was announced, with great publicity and display. The poor fellow was nearly used up by the treatment, however, and never rallied from it. I doubt if any considerable number of the physicians and students who heard of the case and its recovery ever became aware of the fact that the man perished very soon after from congestion of the lungs. To my mind, drugs were responsible for the congestion.

I have not presented this history to find fault with it, but

merely to show how inadequate is the contrary method of prescribing. Other cases of cure with Iron and acid have been reported. There are no means at hand of verifying them, but presumably recovery was permanent. Due credit should be given for every real cure of such a formidable disease.

The surgical wing of the profession presents a better record. The Hunterian method of ligation has often proved successful. Inapplicable, of course, to such a case as the one just alluded to, it nevertheless stands as a monument to its illustrious originator, and as one of the legitimate means for selection by the practitioner of the art of healing.

Whether knowledge of more drugs will in future render ligation superfluous is a matter of speculation. Compression, in its various modifications, has worked well sometimes. From the forcible flexion of an extremity to the digital compression of the femoral artery by a relay of students, though sometimes accompanied with dramatic incidents and perhaps newspaper notoriety, may be found the range of a mechanical process which has stood the crucial test of experience. Acupuncture, and the chemical and electrical methods, have not shown so good results. The latest plan is to fortify the weak wall of the blood-vessel by the formation of a white thrombus, starting at the inner surface of the sac. In an address on aneurism, delivered before the Midland Medical Society last year, by William Macewen, M. D., of Glasgow, the physiology of the formation is set forth in detail. The main thing used is a delicate steel pin, which is also strong, and long enough to pass through the blood-vessel and irritate its opposite wall. The blood current, as it pulsates, causes the point of the pin to scratch the inner coat of the artery. The scheme being the result of mature thought and of experiment by an able and experienced surgeon, is worthy of attention. He reports four cases treated by his method, with flattering results:

But the well-balanced homœopath is enabled to prescribe the best medicine for the individual, according to the law of cure, and to supplement it with such operative measures as the case may require. Who in this assembly can doubt the superiority

of the new method of practice over the other? The following cases are cited to illustrate my views:

Ten years ago, Mrs. D., aged fifty, complained of a throbbing, choking sensation at the base of the neck and behind the sternum, worse when exerting muscular strength or when excited. The examining finger in the supra sternal fossa clearly defined the lesion. It was an aneurism of the arch of the aorta. Later on it became so large that a person sitting upon the opposite side of the room could easily discover a bulging, palpitating part just above the sternum. At that time she was much troubled with dizziness, pain in temples, timidity, sighing, and sadness. Those who wish to account for symptoms, will be interested to hear that she naturally would have been sorrowful, by reason of repeated family afflictions. Her husband and all but one of her numerous children had died in quick succession. She never was informed of the nature of her malady, but advised not to make any great exertion. The symptoms called for Ignatia, and that was the remedy she received, in the 200th potency. The frequency of its administration depended upon the violence of the symptoms; when very bad, she took a teaspoonful of watery solution every few hours; at other times, only morning and night, or omitted a number of days together.

The aneurism continued to grow slowly for months after I began to give Ignatia. I had no expectation of curing that, but did hope to make the patient tolerably comfortable. She felt and acted better, ate and slept more, and improved in flesh. Some months later, it became evident that the tumor had ceased to grow, and then it slowly and steadily diminished in size. Strength returned. She took up the active occupation of nursing and has continued at it since. It was my desire to have you examine her at this meeting, but a patient who is particularly fond of her objected to being left alone, and the plan failed; but an interview can be arranged for those of you who are sufficiently interested to visit her. You will find the arch somewhat enlarged and solidified. This case has been shown to other physicians at different times by me. The diagnosis and recovery have not yet been questioned. Nevertheless, if this paper comes

to the notice of the old-school statistician, he probably will add one more to his tally of "spontaneous recoveries." But to-day you are the jury, and I am content to abide by your verdict.

A case of popliteal aneurism came under my observation last winter at Ward's Island, during my term of attendance, Wm. B. Breck, M. D., and, later, L. E. Poole, M. D., House Surgeons. G. T. Stewart, M. D., Chief of the House Staff, kindly furnishes the history.

A. B., aged thirty-two, born in Canada, single, waiter, admitted January 5th, 1891. Good family history. Had diseases incident to childhood. Hard drinker. Has had gonorrhœa repeatedly. Eczema three years. Subject to epistaxis.

About six weeks before admission, first noticed a tumor in left popliteal space, about the size of a hickory nut. At first it did not throb. Then it began to throb intermittently; pains not constant but paroxysmal, every two or three hours. Tumor increased very rapidly in size, pain became constant, night and day, shooting down to heel, so excruciating that it almost caused fainting; cold sweat accompanied it.

Physical examination disclosed a hard tumor in popliteal space, the size of a walnut, painful to pressure; heart sound heard over same; pulsation in tumor ceased and it became softer on compressing femoral artery in Scarpa's triangle. Leg œdematous; ulcer on lower third; limb semi-flexed; extension impossible; patient said that "hamstrings seemed as if grown together." Temperature, 100° to 101°.

On the 14th of January, I decided to try the method of compression devised by Dr. Walter Reid, of the British Army. This consists in applying an Esmarch bandage from the toes up to the aneurism, passing the latter without compressing it, by making a diagonal turn-up alongside the knee-joint, and then continuing the bandage far enough up the thigh to make sure of a good place for the rubber tubing, which is fastened tightly around the limb, and the bandage then removed. This method has been reported successful in numerous cases. Interest in it and the case in hand brought physicians and students to witness the trial, which was made under ether. The apparatus

remained in place three hours and a half. Few of us could wait to learn the result ; but Dr. Breck wrote to me that night the following particulars :

“ I am sorry to inform you of the unfavorable result of the attempt to cure the aneurism this afternoon. At 7 P. M., the Chief of Staff being present, I gradually loosened the Esmarch. At first there was no pulsation, but before the last coils were removed, it came back with almost as much strength as before the application. Digital compression was immediately applied, though causing the patient extreme pain, and before anything could be done to relieve it, his pulse commenced to fail rapidly, finally becoming imperceptible at the wrist, the patient seeming to be going into collapse. Stimulants were given and he rallied nicely, but further manipulations seemed to be contra-indicated, so nothing more was done. At present, 11 P. M., the patient is resting without narcotics, though still suffering much pain, mostly at the point where the bandage was fastened.”

I resolved to make further trial of compression, and this time with the aneurism tourniquet. By January 23d, the patient had rallied sufficiently to permit the operation, which was then performed, at Scarpa's triangle, with the large tourniquet. This is Dr. Breck's report:—“ At 11.30 A. M., applied the tourniquet. Comparatively little pressure caused the pulsation in the tumor to almost cease, and we left the patient quiet and comfortable with the instrument in place. About two hours afterward, was called to see him, and found him nearly frantic with pain. Measures were taken to relieve him, but he insisted on the removal of the tourniquet, saying he would prefer to have his leg off and be done with it at once. This is now the second unsuccessful attempt, and the tumor seems to be gradually growing in size.”

Another unsuccessful attempt was made on January 26th, causing dangerous symptoms. Mr. B. had now become resigned to any plan which promised relief, even amputation. The swelling seemed as large as an infant's head. Every heart's-beat caused a pulsation in the limb, which could be seen easily across the room. After due consideration, it was decided to perform



the Hunterian operation next, and to apply the ligature to the femoral artery in the middle of the thigh, thinking thus to offer a safer retreat in case of disaster, necessitating amputation, than if the ligature were in Scarpa's space.

This plan was carried into execution, in the presence of physicians and students, January 29th, with the aid of ether and the Esmarch apparatus. Our antiseptic friends would probably not approve of the course that was followed, as we relied upon simple cleanliness, as usual, all through the operation, it being in a large, full hospital. The artery was found in the sheath with the vein, and *in front of the vein instead of behind it*. This anomaly is unique so far as I can learn. Well-waxed, braided silk, No. 5 size, was tied tightly around the artery, and one end left hanging outside the wound, the other cut short. Were the operation to be repeated by me to-day, both ends would be cut short. The wound was carefully rinsed with dilute Calendula, then dried, the sides approximated with ordinary, interrupted sutures, and dry cotton (unmedicated) bound over the incision. The hospital record of what followed reads thus: "Patient rallied, but in the evening, about seven o'clock, he suffered excruciating pain. Doctor gave him seven-eighths of a grain of Morphine, and other drugs, but the pain kept increasing. At 11 P. M., he could stand the pain no longer, and upon consultation of staff, an amputation was deemed necessary. So Drs. Breck and Miller went to city for Dr. Carleton's consent to operate. But Dr. Carleton, after getting the patient's symptoms from the doctors, decided to prescribe instead of amputate, and said if pain did not cease he would amputate in the morning. He sent Coffea<sup>200</sup>, a few pellets to be put upon the tongue, every fifteen minutes, until pain should abate, and then stop. After receiving two doses of medicine, the pain abated, and patient slept soundly. When he awoke the pain was nearly all gone, and he was feeling well in all respects. Dr. Carleton was notified in the morning of good recovery and he did not deem it necessary to come over. The temperature at 11 P. M., when the doctors went to the city, was 104°; at 4 A. M., January 30th, it was 102°; at 8 A. M., 101.3°. January 31st, temperature was 101.3° in A. M.; 102° in P. M.

Patient doing nicely. February 1st, A. M., 100.3°; P. M., 101°. February 2d, A. M., 101°; P. M., 99°. February 3d, A. M., 99°; P. M., 101.4°.

“Bowels were constipated and patient was very restless all day, but was quiet at night and slept most of the night.

February 4, A. M.,	99°;	P. M.,	100°.
“ 5, “	100°;	“	100.3°.
“ 6, “	100.2°;	“	100.4°.
“ 7, “	99°;	“	99.2°.
“ 8, “	99.2°;	“	99.3°.
“ 9, “	99.2°;	“	99.4°.

“Temperature ranged from 99.4° down to normal and stayed there. Wound healed by granulation. Very little pain at times—recovery was all that could be looked for.”

The hospital narrative may be amplified a little. The seven-eighths of a grain of Morphine had been followed by a huge dose of bromides, and that by a large dose of Chloral, and that by three ounces of whiskey. None of these made any apparent impression upon the case. The patient screamed and tossed, and wanted to throw himself out of the window. The symptoms that led me to select Coffea were “pains seemed insupportable, driving to despair;” “great nervous agitation and restlessness.” These tally exactly with Hering’s *Materia Medica*. Besides, patient complained of “arterial tension,” twisting and wrenching, where the ligature had been applied, and running thence up to the heart and brain, which corresponds pretty fairly with Hering’s symptom, “strong, quick palpitation of heart with extreme nervousness, sleeplessness, and cerebral erethism.” It is my present belief that Coffea was his remedy from the start. Do not understand me as expressing the opinion that Coffea would have cured the aneurism; nor that it would not; but it would have done good if given sooner than it was. The great fact to which your attention is called is that the similar remedy will produce euthanasia better than the contrary can. We all know that it will *cure* better.

The stitches came away with a little pus. The ligature came

away March 11th, the fortieth day after its application. Artificial heat was applied to the entire extremity, immediately after the operation, of course, and, as a matter of precaution, maintained a number of days; but the leg never became cold nor pale, showing that the collateral circulation had become somewhat established before the artery was tied. Pulsation has not yet been detected anywhere below the ligature. The ulcer healed gradually. There was, for a number of days, occasional pain in calf of leg and toes—non-characteristic and not very distressing. The limb was numb, weak, and clumsy for some time. Patient cannot yet make a complete extension, and walks mostly upon the toes and ball of foot. The tumor steadily decreased in size. It can yet be felt in the popliteal space, round, hard, and tough. Although a few of the objective symptoms remain in slight degree, yet they are nearly gone and are going. Practically the man is cured. He left the hospital the second week in May.

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### MATERIA MEDICA STUDY.

W. A. YINGLING, M. D., PH. D., NONCHALANTA, KANSAS.

Whilst man is the highest type of the animal creation, yet he is a creature of circumstances requiring development to bring forth that which distinguishes him from the inferior animals. Man alone must be qualified to occupy the position for which he was made. By nature he is adaptable, but never adapted for his sphere in life without training and considerate guidance. Abraham Lincoln stands as the model of adapted humanity; the street urchin as the adaptable. The new-born babe is but a germ in all its faculties and intellectual powers. Vast possibilities are before it, but the goal of true manhood is never reached without the requisite developmental adaptability. It must be made a man. It will grow physically, and the senses will be more or less developed, but to reach the height of intellectual manhood the germ, the embryonic mind, must be trained and carefully nurtured.

The five senses of human nature are the media of this adapta-

bility ; they are but embryonic and require development, but through them the germ-mind is brought into full existence and led to the power of abstraction and scientific and philosophic knowledge. Without these five senses the child would be absolutely isolated from the rest of the universe ; without any one of these senses there would be absolute ignorance of all knowledge derived by that sense. The congenitally blind can have no true conception of color because they have no knowledge of color derived by the faculty of perception through the sense of sight. Their understanding gives no response to the words used to express the idea of color. They may use the words, and even speak of the blending of colors intelligently, but their mind forms no mental picture corresponding to the true conception of color as with those who have perceived colors by the sense of sight.

The mind is always led from the known to the unknown ; from the tangible to the intangible ; from the concrete to the abstract. To conceive properly we must first perceive. Perception is the result of one of the disturbed senses on the mind ; conception is an act of the mind itself.

In further aid of this development of the man as he should be, we have a faculty whereby, or by the power of which, the impressions and ideas brought into the mind by perception and conception are stored away for future use and brought up again whenever occasion demands. This faculty is called memory, and is that faculty least understood without proper consideration, and the one most essential to the successful homœopathician. It is the one faculty that makes the ready use of the vast materia medica possible to the busy physician at the bedside. Judgment and discernment are *sine qua nons*, essentials, but the ready memory is that faculty so much needed at times when we cannot sit down in our *otium cum dignitate* and leisurely discern and judge of the required remedy. The three essentials of an expert physician, outside of moral character and common sense, are judgment, discernment, and a reliable and ready memory.

Memory gives us a notion of time and duration ; without it there would be no yesterday and no thought of the past. It is

also the basis of experience, and consequently of all progress. Take from the physician memory and he could not build upon his past failures and success. Each case would be the same—a new one for present consideration. By the aid of memory the physician builds upon experience and advances the medical science to the ideal of comparative perfection. Hence, it is a duty of the doctor to improve his memory, and thus give his patients the benefit of the experience of himself and others.

We have two kinds of memory, the Spontaneous and the Intentional. The Intentional memory is a *re*-collection of the impressions of the mind and may be difficult because the concepts have not been definite nor vivid. The Spontaneous memory is the kind to be acquired by the physician. The spontaneity of the act of remembering will be proportionate to the vividness of the mental picture formed by the concept, hence a way must be sought out by which a mental picture may be formed so vividly as to recall the information needed promptly and certainly.

To trust the memory is to strengthen it, because this trust exercises it, and thus develops it. The blacksmith's arm becomes strong because he uses it, and he uses it because he trusts it. If he had no faith in his muscles he would not exercise them. By his faith he puts forth the effort, and in time, according to law, he possesses a strong and skillful arm.

Mnemonics, or Memoria Technica, is the artificial method and rests exclusively on the association of ideas. This aid to the memory has been traced back to Simonides, in the sixth century B. C. Cicero, Quintilian, and Pliny, the Naturalist, and many others of the ancients, also made good use of some form of Mnemonics. Among the moderns, who practiced and taught this art, may be mentioned Gray, Feinagle, Loissette, and many others. The last, perhaps, being the best, but all are too cumbersome for the busy practitioner. There is a more direct way—that is, to adopt the plan of mental picture-making in accordance with the well-known law of association, which will produce spontaneity in recalling the facts to mind as they are needed.

Locke says, "Ideas that in themselves are not all of kin, come to be so united in some men's minds that it is very hard to separate them; they always keep company, and the one no sooner at any time comes into the understanding but its associate appears with it."

Kant says, "The law of *association* is this—That empirical ideas which often follow each other, create a habit in the mind, whenever the one is produced, for the other always to follow."

I need not go into further detail to show what I wish to bring before the mind of the readers of THE HOMŒOPATHIC PHYSICIAN. It is simply to make use of the law of association in the study of our mammoth materia medica. To impress the utility of this plan on the reader's mind we hint at several facts, and then give our plan. Our space is too circumscribed to go into detail.

Whenever a disease is cured by a given remedy the remedy is fixed in the mind and thereafter the same disease, like circumstances, will recall the same remedy. The picture of the diseased condition and the remedy are associated together; the picture must present the remedy to be complete. This is called experience. It is the recognition of this fact that causes so many to prefer the physician of experience to the young man without experience. In the old school this is a requisite, but in Homœopathy, whilst a decided advantage, yet having a true and fixed law of cure, the young man with a discerning and comprehending understanding may be the better prescriber.

A remedy curing a disease fixes its remedial action in the mind. When the remedy comes before the mind the diseased condition also presents itself. This aids in the abstract study of the materia medica; the former statement aids in the therapeutical study of the remedies. Both are essential, and in accordance with the law of the mind known as association.

I mention the name of U. S. Grant. Those who have seen him at once have a mental picture of him as they saw him, or as they saw him under the most impressive circumstances; those who have never seen him at once recall some circumstance of him that was most impressive to them. No doubt Lee had a men-

tal picture of Appomatox whenever he heard the name of Grant, because the most impressive to the old veteran. Thus vividness and impressiveness are two of the characteristics of this law of association. Thus, by this law, the impressions of childhood, the old home and fields and woods, the faces of dear ones and companions, are brought suddenly to mind when some one mentions a circumstance or a familiar name associated with early childhood. How readily the name calls to mind the form, characteristics, or peculiarities of the person bearing the name, and every time the most peculiar characteristics come first, because most vividly impressed. Mr. A. had a cancer that entirely destroyed his eyes and nose; you had often seen him and was impressed deeply; mention Mr. A.'s name and how readily that picture presents itself. Or mention the name of the disease, and the appearance, etc., of Mr. A. are introduced. We are all more or less governed by mental pictures imprinted upon the mind unwittingly.

Our plan in the study of the materia medica is to form a vivid mental picture of the symptoms of the given remedy. To so closely connect the remedy with certain conditions that when you see the condition the remedy inevitably presents itself to the mind—the more vivid the picture the more distinctly the remedy comes to mind. Then have the picture so accurately drawn by close study and *distinction between remedies* that you may be positive that the association will reproduce the remedy. Trust your memory by carefully giving it the qualifications of credibility. This may be done by the care taken in the artistic mental picture. If one is unable to form a vivid picture by the disturbance of other thoughts, or by the diversion of his mind by mental wandering, he must blame his weakness and not censure his ever trusty memory, or else seek the simillimum to restore his mind to a healthy state. When the mind is sound, the picture accurate and vivid, the result will be in accordance with this mental law. Read the two quotations above, from Locke and Kant.

To be more particular: You are studying the action of *Lach.* in ulcers. Form a mental picture of an ulcer, just the one call-

ing for Lachesis, and associate the remedy with that particular kind—see the hard circumference, the patient cringing from sensitiveness of the sore, the black bottom, easily bleeding, but very little pus. This is to be done with all the remedies in our study. It is easier than to endeavor to recollect, because the association gives spontaneity to the action of the memory. It requires but little time, and with the habit formed the process will become almost instantaneous. Then, this habit must be carried to the sick room. You see the patient suffering from terrible pain; a certain remedy magically relieves. Carry that exact picture and the remedy in the same recess of the mind.

Some may object that too many pictures must be formed, and that confusion would be the result. Confusion will be the result of incomplete mental concepts only. Complete pictures increase the mental power as each stroke of the hammer strengthens the arm of the smith. Use strengthens the memory; there is no gorging of this faculty when the law of association is observed, and when vividness and completeness are the artists. The memory is capable of wonders, seemingly miraculous feats, and there seems to be no limit to its healthy exercise. Call to mind all the articles, persons, subjects, etc., an ordinary person knows and can name at sight. To what greater extent does the mind of the professional man go? There really seems to be no limit to the powers of the memory.

Others may object that this plan requires too much time. Time only is required in forming the habit, then it is almost instantaneous. Note the feat of memory of various persons who can name distinctly and readily a large number of articles promiscuously arranged in a show-window by a mere glance as they rapidly walk by. This is mere habit of the memory secured by a practiced perception—a trained eye and an instantaneous mental picture.

By proper training and direction the sensitive brain of the physician can record the pictures of the remedies so as to be spontaneously reproduced when needed. Poor memories are usually the result of the want of attention which prevents vividness. A good memory is the result of a vivid and clear



picture rapidly, or instantaneously, imprinted on the brain. It is to be secured by practice and consequent habit. As soon as the habit is formed, experience in picture forming will give rapidity in both the recording and the reproducing of the data desired. Why is it that the man who has the so-called poor memory for faces can, with a single glance, vividly recall the face of the villain who assaults him, and that face is before him at every alarm? Here fear, riveted attention, and hyperæsthesia of the mind produced by alarm, indelibly imprint the likeness on the brain. Interest in the theme, a sense of duty to the sick, and the habit of close attention should produce the same vivid picture on the brain of the homœopathician.

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## WHAT ARE THE REMEDIES?

ROBERT FARLEY, M. D., PHENIXVILLE, PA.

What remedy or remedies have

Sensation as if the whole body would pass away with the stool?

Sensation as if brain revolved?

Sensation as if stomach were scalded?

Sensation of swallowing over a lump in throat?

Sensation of something alive in abdomen?

Sensation of something alive in stomach?

Sensation of feet in an ant-hill?

Cephalalgia descending from vertex or occiput down the sterno-cleido-mastoid muscles?

Sweat of feet, profuse, stinking, corrosive, destroying stockings and shoes?

Chill begins in neck of bladder at end of the act of urination and spreads over entire body?

Can urinate only when standing?

Uterus feels swollen, as if dropsical?

Gurgling of air from urethra while urinating?

## INDIGESTION IN INFANTS.

NATHAN CASH, M. D., UHRICHSVILLE, O.

(Clinical Bureau, I. H. A.)

To the officers and members of "The International Hahne-mannian Association," greeting.

It becomes my duty to again address you on behalf of suffering humanity and in doing so I wish to call your attention to a subject which, to me, is one of paramount importance to any other in our daily lives—viz., indigestion in infants.

This ailment is much more prevalent in summer than in winter, and the reasons for considering this subject at this time are obvious. You are all probably aware that the same amount of food is not required in warm weather that is demanded in the cold seasons, and for this reason greater care should be taken in the warm seasons to prevent derangement of the digestion of all, but more especially of infants.

We seldom have serious indigestions in infants which are fed at the breast, because the supply is soon regulated to the wants of the child. This is usually the result in mothers of good health and natural ways of living.

The case is quite the reverse in *very* many instances, especially in communities in which fashionable society prevails. The feeding of infants is one of the most important duties of the mother, and demands the attention of the physician equally as much as any other, more especially in the warm months of the year. My experience leads to the conclusion that very few mothers give this subject the attention it deserves, and I fear the same may be said of many physicians. There is no food so suitable for young children as *milk*, nor is there *any* substitute worthy of consideration when milk can be obtained. If milk *can* be obtained nothing else should be given. It matters not whether the milk is obtained from the goat, ass, mare, cow, or woman, so the animal giving it is not sick or diseased. I have no friendship whatever for the various and numerous artificial foods so prominently and persistently offered to the public; and

for physicians to allow themselves to be made the means of increasing if not creating a trade for them is reprehensible. Within an hour or two after birth the infant should be put to the breast, and *that* is all it should have, except fresh water, until it is proved that the mother *cannot* give it nourishment. Now is the time to consider the subject of feeding "by hand."

As it has become so fashionable to resort to all kinds of decoctions and compounds and artificial foods for the baby instead of milk, I feel it my imperative duty to enter my emphatic protest. The point we would recommend and insist upon is, when the mother *cannot* or *will not* nurse her babe, to give *good* milk in moderate quantities, and have it as fresh as possible, and if it still retains its animal heat so much the better. I say in moderate quantities, because if more is given than will properly digest, it is the starting point of *indigestion*, the subject of this paper.

There is a great difference in the capacity of digestion and feeding in different individuals, and, as before remarked, the season has great bearing on the feeding capacity.

What would be a moderate meal for one child at one time might endanger the life of another, so that great care should be taken to ascertain the capacity of digestion of the individual under consideration. It should be remembered that the crying of infants is the only natural language, and because a child cries it is no indication that it is because of hunger or pain, and must be fed or drugged; but, on the contrary, a child should not be fed oftener than two to three hours. The simple crying of the infant is not injurious and should not be regarded with such apprehensions of danger or as an indication of extreme pain as to justify the use of any of the numerous preparations of Opium or soothing syrups or cordials; for even very young infants often exhibit strong indications of temper and sometimes a downright fit of anger. Under such circumstances it is quite customary to give something to quiet the child under the supposition that it has the colic; but it is far less injurious to let the child have its cry out than to give any of the opiates. The

observant physician will soon distinguish between the cry of pain and that of anger or the want of attention.

We do not advocate neglect of the child by any means when there are indications of pain or other causes of sickness, but we do wish to disabuse the minds of physicians and parents of the injurious effects of crying, to quiet which, some mothers and we fear some physicians would keep a child too drunk to cry, with anything that would produce such a result, no difference how injurious in its after-effects.

We venture the assertion that infant mortality is more than one-half greater because of over-feeding than would be the case if one-half the quantity was given at the proper time and no anodynes given. Or, in other words, more children are fed to death than die of starvation; and, again, more children are drugged to death than die from natural diseases, while those children that survive the pernicious effects of both are little more than wrecks of what they should have been.

It frequently occurs that everything *but* milk is suggested as food for the infant, and if milk is selected it is so doctored as to be impossible of recognition.

We repeat the statement that the proper food for infants is *milk*, MILK! Good, fresh milk, with nothing added nor anything extracted, for Nature's laboratory is superior to the chemist's.

To read the remarks of the manufacturers of the various artificial foods the novice might well be excused for supposing the only thing necessary for the perpetuation of the race would be to haul the materials to the chemist's laboratory; but such is not our experience. These old-fashioned notions and ideas may not please the extra-scientific—those who repudiate the 200th potencies because the microscope reveals nothing above the 12th potency—but they stand the tests at the bedside and sick-room. Even scalded milk or skimmed milk should be excluded, because in either case the butter has disappeared. The milk should be carefully carried from the cow to the child; milk hauled over country roads or city streets is not fit for infant food unless the receptacle is filled as full as it will hold to prevent churning.

One thing more is to be strictly observed, and that is, if anything needs doctoring it is the child and not the milk ; although it sometimes becomes necessary to doctor the nurse, the family, or possibly a whole neighborhood before you can have things your own way with the baby. When proper food will not remain on the child's stomach and it is constantly fretting and crying, restless, in most cases diarrhœa, consisting of greenish-yellow stools, foul or sour smelling, vomiting of milk, either curdled or sour, and even water, you may conclude the child has indigestion.

In this condition the question is often asked : " Doctor, with what shall we feed the baby ?" Your answer should be, milk. " But, doctor, the milk disagrees with the baby ; it won't stay down, or it passes off undigested. We have put lime-water in the milk ; we have scalded the milk ; we have mixed the milk with water and sugar ; we have soaked crackers in it, and we have given Pepsin with the milk ; we have given Castoria and Castor oil, and I don't know what we have not done, and still the child don't get any better."

" What else have you fed the baby with all this while ?"

" Oh ! we have fed it ' Malted Milk,' ' Mellin's Food ' ' Imperial Granum,' and a host of other foods, and still it acts as if it was starved," which in reality is the case.

Now is it any wonder the child is sick ? It would be a greater wonder if it was not. Still your answer should be, " Milk is the proper food for this baby."

The above picture is not overdrawn, for just such cases are found all through the warm seasons in and out of the cities. The duty of the physician in such cases is to first point out the errors, and next instruct the mother how to manage the feeding as well as to apply the remedies to correct these conditions.

The errors she has committed are : First, she has fed the babe too much ; second, she did not let the child go long enough to allow the stomach to rest and recover, but kept on feeding, thereby adding fuel to fire ; next you went to doctoring the milk, by putting lime-water into it and adding sugar and water, teas and toddy, and Pepsin. Then you resorted to the anodynes to quiet

its cries, which was doctoring the child in the wrong direction. The child, it is true, needed the greatest attention, but to stupefy a child with any form of Opium or narcotic is not the proper way to make a healthy baby, because it is only a palliative and is bound to be disastrous. Rest is what this child needs. Rest from feeding, except fresh water, for eight to ten hours at the first start. Rest from everything whatever, but very small quantities of fresh, warm milk and fresh water later on for several days. Rest from "Castoria," Castor oil, "Godfrey's Cordial," "Winslow's Soothing Syrup," etc., forever. Your lime-water added constipation, and on that account should be excluded also. These are heroic measures, but they must be adopted if you expect to make a success in treating infants with this trouble and rescue them from an early grave; for the majority of such cases are called cholera infantum, while in reality they are nothing more than indigestion. Good fresh water plays an important part in the treatment of this affection; water fresh from the spring, well, or hydrant. Ice-water should be strictly forbidden. Give the child all the water you can induce it to swallow for two or three days. Much firmness will be necessary, but a community will soon be convinced, by your success, that you have good grounds for the faith and courage you manifest, and your labor will become easier year by year.

I will now speak of the medicinal means to be used for these cases. The list need not be long for the purpose of this paper, still they are of the greatest importance. I will mention but eight remedies, viz., *Æthusa-cyn.*, *Arsen.*, *Bry.*, *Calc-c.*, *Cham.*, *Nux-vom.*, *Podo.*, and *Puls.*, but, above all, I would call your attention to *Æthusa-c.*

While you have the whole materia medica to choose from for particular cases, we would not have you think I have undue partiality for any one remedy or am guilty of routine practice. I will therefore give the leading pathogenetic symptoms of *Æthusa-c.* applicable to those stomach and bowel troubles.

See Hering's *Guiding Symptoms*. Spasmodic hiccough, empty eructations, violent sudden vomiting, vomiting of milk-white substance, vomiting of yellow fluid followed by curdled milk

and cheesy matter, vomiting of greenish phlegm similar to the stools.

The milk is forcibly ejected soon after taking. Profuse vomiting of water, copious greenish vomiting, pains in the stomach accompanied by fearful vomiting, cramps in the stomach, excessive griping pains in the belly.

Colic with diarrhœa, excessive griping pains in the abdomen, stools of partly digested food, diarrhœa; discharges green, thin, bilious, with violent tenesmus. Bright yellow or greenish, watery, slimy stools, with crying and drawing up of the feet. Evacuations of thin, bright yellow or greenish fluid mixed with much bile, with severe tenesmus.

Most obstinate constipation with feeling as if all action of the bowels had been lost. Thirst, with total loss of appetite for every kind of aliment. Burning thirst, intolerance of milk. Aphthæ in the mouth and throat.

A drawn condition (of the muscles of the mouth), beginning at the alæ nasi, and extending to the angles of the mouth, gave the face an expression of great anxiety and pain. The features have an expression of great anguish and pain. Great agitation, anxiety, and restlessness, bad humor, irritability, morose and cross. Great nervousness, constant anxiety and weak feeling, lies unconscious, dilated pupils, staring eyes.

As to the manner of using the remedy, I generally give it in water, one teaspoonful of the solution every hour or two until I get the vomiting arrested, then every two or three hours for twelve or fourteen hours, then give nothing but Sac-lac., except milk or fresh water for a day or two, thus giving me a chance to see what it needed further.

As to potency I use the 30th, 2C, 5C, 1M, 50M, and CM. Wine aggravates nearly all symptoms of *Æthusa-c.* I have made little effort at arrangement, but simply put my thoughts on paper as they came. Each one can arrange the material to suit himself. The effort has been to impress the main points on your minds, and if this paper should help others to manage successfully those troublesome cases the writer will be amply compensated.

## GONORRHŒA WITH SHOT-GUN TREATMENT.

PARKERSBURG, W. VA., July 13th, 1891.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

I like your journal very well, but it must be confessed that in looking over the last six numbers I find some things that astonish me not a little, for instance, Dr. Allen's treatment of gonorrhœa. Not long since a brakeman working in the railroad yards here was caught between the bumpers of two cars and slightly injured internally, the principal symptoms referring to the spleen. He recovered rapidly, although he remained extremely weak for some little time. One day he sent for me in haste, and I found a new trouble—the prostate gland had swelled to about the size of a walnut and was very painful. He confessed to having had gonorrhœa, and using what he called the "shot gun" on it. There was still some discharge from the meatus; the gland continued to swell. The next day the inflammation extended into the scrotum, and on the third day the scrotum would have filled any ordinary man's hat; it was tense and of a deep red hue. His sufferings were intense and he insisted on immediate operative procedure. This I declined to do, so he called in an allopath in consultation, who also declined to operate, and he was allowed to go until the next morning, when we again saw him together. Fluctuation being now distinct, but deep in the perinæum, we decided to make an incision, which I accordingly did on the left of the median line. At once there followed about a quart of the vilest-smelling, broken-down, and necrotic tissue I ever saw. It was of a dark chocolate color and had the odor of a bushel of rotten onions. The stench was almost unbearable, sickening both myself and colleague. We elevated the scrotum, and for three days this discharge continued with but little interruption, not so copiously as at first, of course. In those few days our patient lost thirty-five pounds. After the incision he received Crotal-horrid. Nevertheless he did recover, although the allopath said his chances for death were *very bright*. He was at the end of all



this a mere skeleton of his former self; the entire contents of the scrotum had softened and pulpified with the exception of a mere caricature of the former testicles, and now he is practically a eunuch. It is not probable that this kind of a case occurs very frequently, but it is a most instructive one to all homœopaths, and were it possible, I would like to have an immense clinic with all homœopathic "shot-gun" prescribers there, show them this patient, and ask them what they think of their treatment for gonorrhœa. Not every prescriber, I take it, receives such a lesson as this, but allow me to state that my patients have received their last injection for gonorrhœa. I never looked upon the procedure with much favor, but did occasionally allow it when the patient seemed desirous of that treatment, and had frequently seen orchitis result.

My note-book contains several records of cures that I am proud of, but as yet some of them lack the seasoning of time, which should never be overlooked, and the hasty reporting of cures is, I am satisfied, to be carefully avoided. Here is one that is fully matured, and I send it not so much for its striking features as from the fact that it is a representative of a large class of patients who come to our offices with illy-defined and obscure symptoms, but who nevertheless must have relief and are often exceedingly difficult to prescribe for.

D. O. came to my office February 2d, states his occupation as that of contractor, and sometimes does very heavy lifting. Age about forty; wants relief for the following symptoms:

"Dull pain below right nipple, going into right abdomen; worse by motion. Chronic nasal catarrh, nostrils open alternately. Constant ringing in left ear; worse on going to bed at night; better in morning; first caused by diving, which he followed as an occupation years ago. Constipation; stool small, unsatisfactory; after stool, burning in anus. After rising in morning, dull headache in forehead; better from exercise. Heart misses a beat now and then, about tenth or twelfth. After coition urine smells strong, like horse's urine. Water-brash after eating; better from coffee; worse from salt meat or beef. Sensation of a lump in stomach after meals. Chews to-

bacco excessively. Stopped the tobacco and gave him Sulph.<sup>200</sup>, four powders, followed by Sac-lac. February 11th, all symptoms better, except No. 1. & Sac-lac. March 5th, still improving, & Sac-lac. July 10th, remains well to date."

Fraternally yours,

C. M. BOGER.

## OPHTHALMIA NEONATORUM AND ITS TREATMENT.

SAN RAFAEL, MARIN CO., CAL., July 18th, 1891.

EDITOR HOMEOPATHIC PHYSICIAN:

Dr. Clark gives us an editorial on ophthalmia neonatorum in the July number. Let me relate a case. I was consulted by one of our best prescribers, and a man who uses mostly high potencies. His own grandchild was suffering from the disease, and notwithstanding most careful selections the disease would not yield to internal medication. As soon as I lifted the upper swollen eyelid a gush of pus followed. I advised careful washing or syringing out the eyes several times a day with warm water, in which was dissolved a few pellets of *Argentum-nitricum*<sup>3c</sup>, and the same remedy in the 200th internally, and I must confess that in spite of allopathic abuse of the drug, I witnessed better effects of this drug by using it internally and *as a wash*; the pus is thick, and thus adheres to the lids and dims the cornea, and I cannot see why this cleanliness should not be followed out. *Apis* has slight discharge, though much œdema, and *Euphrasia* shows less purulent discharge; in fact, it is more an acrid lachrymation. Again, I recollect a case of the disease, where the mother was clearly syphilitic. I gave the babe *Calomel* internally in the 30th, and had the eyes washed out with corrosives, 1: 10,000 and saved the sight of the child. We must not neglect the most scrupulous cleanliness of the eyes and of the body, and fresh air is needed (*Argentum-nitr.* has amelioration from fresh air), or else our remedies may fail. Our good Hahnemannians ought to mention these necessary adjuvants to their disciples, as their necessary use will hardly ever lead to abuse,

and the neglect of such cleanliness may cause the very blindness which we try to avert.

S. LILLIENTHAL.

P. S.—Heart-failure is not accepted by the Board of Health in San Francisco as a cause of death. The physician must give in his certificate the cause which led to it.

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We are of the impression that no Hahnemannian ever neglects cleanliness in the treatment of any affection. The use of *hot* water in all inflammatory affections of the eyes—excepting rheumatic troubles, in which dry heat is usually better—is an important adjuvant, and one which we always advise, and it is of great service in inflammation of other organs.

We can see no objection to the local application of the indicated remedy, in the potentized form, using it at the same time internally; but to blindly follow old-school ideas in respect of using Silver nitrate and Mercury, or some other drug, in solution, locally, is what we deery, as it is haphazard, harmful, and likely to cause blindness. We need to teach the young men particularly that success can come only by strict adherence to the law. The more desperate the case the more the necessity to keep to a reliable guide.

That local treatment is abused, even in the hands of professed Hahnemannians, is evidenced by a case of gonorrhoeal ophthalmia related in the *Southern Journal of Homœopathy* for June, 1891. Here we have testimony showing how much harm comes from such treatment, for the patient died from its effects. Indeed, homœopathic treatment was not even given a chance, and the writer of the article—who treated the case—deserves more than condemnation, for he professes to know better. If he have a conscience we leave to that his punishment.

G. H. C.

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JAMAICA GINGER contains more alcohol than the strongest whiskey, and aggravates its inflammatory effects with an additional and violent irritant. It is almost unequalled as a cause of uncontrollable inebriety, and should be banished from the house and from public sale.—*Sanitary Era*.

## EXPERIENCE WITH PNEUMONIA.

I. DEVER, M. D., CLINTON, N. Y.

(Bureau of Clinical Medicine, I. H. A.)

CASE I.—Wm. H., aged sixty-five, painter by trade, but drunkard by long and repeated habit. Sent for me January 12th, 1891. I found him laboring under the following abnormal conditions. Pulse one hundred and thirty per minute, stupid, restless, no inclination to talk or answer questions, his only answer to my interrogations was “I am sick, and if you can do any thing for me I want you to do it right away at that.”

His friends, or those who had a right to know, informed me that he was just recovering from a grand, long, “big drunk,” consequently I prescribed one dose of Nux-vom<sup>2c</sup> and left him to his dreams.

I called next morning, January 13th, when I learned that he had not rested during the night, but had been up frequently on account of a diarrhœa which was then dirty brown, and very offensive. He did not complain of pain in the bowels; but pressure on the abdomen, which was bloated, brought forth expressions of pain. The pulse one hundred and thirty-five; temp. one hundred and three. The cough at this time was tearing—and attended with dyspnœa likewise bloody expectoration. The tongue presented the well-known tip. The nervous system was deeply involved, as shown by the nervous restlessness, the muttering delirium and constant picking at the bed and imaginary things. Rhus<sup>2m</sup>, one dose and Sac-lac. for a week greatly improved the case, as the fever was about all gone. The diarrhœa subsided in twenty-four hours after the first dose of medicine, but the stomach remained weak and sensitive. A small portion of brandy was offered, and no sooner swallowed than it returned. Phos.<sup>1600</sup>, one dose, followed by Sac-lac. was all the medicine necessary to bring about his usual state of health and vigor.

CASE II.—February 7th, 1891, I was called to visit a stalwart

Hibernian. He had a dry cough with great pain in the apex of the left lung. His thirst was for cold water, everything tasting flat to him, except water. The fever had followed a severe chill—the result of a sudden change from a high degree of heat to a low temperature. Fear was pictured on every feature of his countenance, and the first words he spoke to me were, “Doctor, I shall die. I am a very sick man and I know I shall die.” Acon.<sup>2c</sup> in water, a teaspoonful every half-hour, was given until he began to perspire freely, when Sac-lac. was substituted and continued to the end of the cure.

CASE III.—Mrs. E., aged twenty-six, the mother of two children, a slight and slender woman who presented marks of in-born scrofula, was taken sick with a slight fever and sore throat, which gradually extended to the apex of the left lung. She was subject to nightly aggravations of tickling cough attended by almost complete aphonia. Her strength, to use her own expression, had all left her, and to add to her discomfort she was unable to lie on the left side. Phos.<sup>2c</sup>, dissolved in water, a dose every two hours, with directions if worse to stop the medicine, and if better to stop, brought about a favorable result, as it relieved the aphonia and caused the expulsion of a membrane which was the exact shape of the glottis. I gave her Sac-lac. for a week, when I discharged her as cured, or at least sufficiently cured to take charge of her household affairs.

To the older members of the International Hahnemannian Association, this paper may appear as one out of season, for have we not all prescribed in like manner for—lo! these many years? To such I would say—go higher—continue as you no doubt will in well-doing—but it is the inexperienced members of this Association that I wish to impress with the important fact that notwithstanding I have presented three clinical cases, all of which were different so far as constitution and symptoms were concerned, yet all were acute cases of sickness and all were cured by the single, similar, high remedy, prescribed with reference to a law which is universal in its action and admits of no exception in the healing art.

## A CASE OF SKIN DISEASE—PEDICULUS CORPORIS.

JOHN HALL, M. D., VICTORIA, B. C.

(For the Canadian Institute of Homœopathy.)

The following case occurred in the year 18— on a lady in the upper walks of life having dark hair, a full habit, aged about fifty, of most cleanly habits, washing repeatedly, and mother of five children.

The allopathic diagnosis of the disease is given because of its *apparent* character, not that I agree with them in their pathological name. And it having existed a long time was subjected to the treatment which that school so heavily resort to in such cases; fortunately for the patient only partially successful; the so-called pediculé returning again and again after temporary death or destruction after each treatment.

The case is, however, given only from memory, the records of it with all others remaining in Toronto. Consequently the diagnosis of the remedy cannot be fully recalled, but the malady having a direct bearing against the teachings of the old school, who insist that such ailments are always the *cause* of disease existing only in the habits of the patients, is taken from among similar ones, as illustrating how all *true* homœopaths recognize and treat them. The writer living among those who with the late Dr. Guernsey and others think less and less of the diagnosis, while in harmony with that equally eminent physician, the late Dr. Lippe, in bestowing intense care in the study and diagnosis of the remedy, a study which often requires an extraordinarily painstaking procedure.

In the malady given the patient was, as before said, in the upper walks of life, and of most cleanly habits, having resorted to those means which with others are unfortunately only too often successful in *suppressing* such outward manifestations. But taking all into consideration, all her antecedents and present condition, the conclusion was arrived at that she was suffering from a deeply seated dyscrasia of which the creeping things on

the flesh were merely an outcome, and so treating her accordingly—not giving all her symptoms, for the reasons already assigned, recalling only the remedy *Lycopodium*, which has given help, and in *very rare doses* effectually curing the disease in a few months, and, like all true cures, endowing her with perfect health as well.

Here let me remark that so long as our school is governed exclusively in its diagnosis by that of the dominant one we shall often flounder in darkness, not finding the truth, though it may be necessary at times that some diseases be known or recognized by their pathological names certainly as seldom guiding us in their treatment. Indeed we may truly though painfully add that these things are frequently hidden from the wise and prudent, but revealed unto lambs: those having the childlike and teachable spirit.

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### BOOK NOTICES.

IL SECOLO OMIOPATICO. Periodico Mensile redatto dal Dottor Giulio Palumbo, Napoli, Tipo-Lithografia Luigi Pagnotta Via Tribunali, 12 e 13. Anno I, numero 1.

This is the first number of a new monthly journal devoted to Homœopathy, and published by Dr. Palumbo, of Naples. Its name may be translated *The Homœopathic Cycle*. It has for motto a saying of Hahnemann, "Seek diligently the truth and you will find it." We wish the new journal all success.

THE STANDARD DICTIONARY OF THE ENGLISH LANGUAGE is a new and superior work which is just going through the press. It will embody many new principles in lexicography, and will contain nearly 2,200 pages; over 4,000 illustrations made especially for this work; 200,000 words; 70,000 more words than in any other single volume dictionary. Price, when issued, \$12.00. At \$7.00 to advance subscribers. Publishers, Funk & Wagnalls. New York, 18 and 20 Astor Place. London, 44 Fleet Street. Toronto, Canada, 86 Bay Street.

PRINCIPLES OF SURGERY. By N. Senn, M. D., Ph. D., Milwaukee, Wis., Professor of Principles of Surgery and Surgical Pathology in Rush Medical College, Chicago, Ill., etc. Illustrated with 109 wood engravings. Philadelphia and

London. F. A. Davis, Publisher. 1890. Price, Cloth, \$4.50; Sheep, \$5.50, net.

The aim of this work is to bring up to date the recent investigations in pathology, in its bearings upon surgical treatment. It is, in fact, a work on pathology, and as such, finds its place in the voluminous literature on the subject. Its chief use, as the author states in his preface, is to bring before the student and practitioner the results of pathological investigation in a convenient form.

S. T.

### NOTES AND NOTICES.

DR. FRANK KRAFT has withdrawn from the Cleveland Homœopathic Hospital College.

DR. SKINNER has returned to his rooms in London *for one month* from the 7th of September before he goes to Holland for another month. All consultations must be by appointment.

DR. C. EURICH removed from 119 East Eighty-sixth Street to 124 East Eighty-fifth Street, between Lexington and Park Avenues, New York City.

DR. EYERMANN has removed his residence and office to 1722 South Jefferson Avenue, St. Louis, Mo.; he also has a branch office at 3921 South Broadway.

DR. G. J. WAGGONER has removed from Minonk, Ill., to 520 Minnesota Avenue, Kansas City, Kan.

DR. L. B. WELLS has removed from Park Avenue to 31 Summit Place, Utica, N. Y.

MESSRS. REED & CARNRICK have rebuilt their laboratory, and are better prepared than before their big fire to furnish the excellent specialties which bear their name. In this connection we invite special attention to their new advertisement. They are known everywhere, and their name is the synonym for fair dealing and scientific pharmacy.—*Practice.*

PRINTERS' INK.—If the *Register* could induce every merchant and manufacturer in the hillside city to become patrons of *Printers' Ink* for three months, we feel certain that they would be induced to expend more cash in the use of printers' ink, as used by the local printers, and receive returns commensurate with which to continue the same.—*Register*, Newburgh, N. Y., April 10th.

THE FABIOLA is the name of a new Sanitarium and private infirmary opened at 436 North Flores Street, San Antonio, Tex., by Dr. C. E. Fisher, editor of *The Southern Journal of Homœopathy*. Write to him for prospectus.



**Graphites.**

1. Pulse full and hard, but not noticeably accelerated.
2. Chill and coldness, mostly evenings ; chilliness day and night, especially evenings after four o'clock.
3. Universal dry heat through the evening and night, after a preceding chill ; heat while riding in a carriage.
4. Sweat from the least movement ; copious night-sweat ; sweat sour, offensive smelling, staining the linen yellow, and often cold ; utter inability to perspire.

**Helleborus-niger.**

1. Pulse generally small, slow, and hardly perceptible.
2. Chill predominates in the daytime, as often as repeated, with heat of the face ; chill alternates with pains in the joints ; shaking chill, with goose-flesh and pains in the joints ; the shuddering proceeds from the arms.
3. Heat in the evening and daytime, as soon as he lies down, generally accompanied by sweat ; burning heat over the whole body, evening, in bed, with shuddering and aversion to drink ; first heat, then chill, with pains in the abdomen, in repeated attacks.
4. Sweat in bed, with the heat increased toward morning ; cold, sometimes sticky sweat.

**Hepar-sulphur.**

1. Pulse hard, full, and accelerated, sometimes intermittent, with ebullition of blood and throbbing of the veins.
2. Chill, regularly each evening about six or seven o'clock ; chill in the daytime in alternation with heat and photophobia ; chill at night in bed with aggravation of all the sufferings ; great chilliness in the open air.
3. Dry, burning heat, with redness of the face and great thirst the whole night ; flying heat, with sweat.
4. Constant copious sweat day and night ; in the daytime very slight sweating, especially from every mental effort ; sweat night and morning with thirst ; cold, sticky sweat, often sour or offensive smelling.

**Hyoscyamus.**

1. Pulse accelerated, full, hard, and strong ; more seldom slow and intermitting ; great swelling of the veins.

2. Chill and shuddering over the whole body, and heat of the face, ascending from the feet ; nocturnal coldness, arising from the sacro-lumbar region to the back ; he cannot get warm in the bed at night ; universal coldness of the body, with red, hot cheeks, or chill alternating with heat.

3. Burning heat over the whole body, every evening ; with the heat uncommon rush of blood to the head, with putrid taste in the mouth.

4. Continued, debilitating sweat in the sleep ; many and very copious sweatings ; cold, and sometimes sour-smelling sweats ; sweat most on the legs.

#### **Ignatia.**

1. Pulse generally hard, full, and rapid, with throbbing of the veins ; more seldom small or slow ; in other particulars very changeable.

2. Chill and coldness, with increase of pains ; chill always with thirst, and relieved by external warmth ; chill, often only on the posterior portion of the body ; external coldness with internal heat ; internal chill with external heat.

3. Merely external heat without thirst, with intolerance of external warmth ; external heat with redness and internal shuddering chill ; attacks of flying, external heat ; constant rapid changes of heat and coldness ; one-sided burning heat of the face.

4. Slight sweating, often only on the face ; sensation as if sweat would break out, which does not ; sweat while eating. The sweat is sometimes cold, but generally warm, and somewhat sour smelling.

#### **Iodine.**

1. Pulse large, hard, and accelerated, with great ebullition of blood and throbbing in the veins ; pulse rapid but weak and thready. The pulse becomes more rapid from every movement.

2. Chill often alternates with heat ; cold feet the whole night ; chill with shaking also in a warm room.

3. Universal flying heat over the whole body ; internal, dry heat, with coldness of the skin.

4. Very copious sweat at night; very debilitating sweat in the morning hours, sour-smelling, with great thirst.

#### **Ipecacuanha.**

1. Pulse greatly accelerated, but often imperceptible.

2. Chill generally of short duration, and soon passes into heat; internal chill, as if under the skin, increased by warmth; chill with thirst; thirst, coldness of the hands and feet; chill mostly with thirst.

3. Universal, continued heat, with dry parchment-like skin, after a short chill; evening, dry, anxious heat; sudden attacks of general heat, with cold hands and feet. The heat is mostly without thirst.

4. Very great sweat, mostly at night; biting, mostly sour-smelling sweat, often also cold; in a room frequent attacks of hot sweat.

#### **Kali-carbonicum.**

1. Pulse very various; often weak and slow, also often remarkably rapid and hard; sometimes the pulse is quicker in the morning, and slower in the evening; seldom the reverse; strong throbbing in the blood-vessels.

2. Chill mostly in the evening; through the day, at times, running, cold shuddering; coldness in the evening in a warm room, which ceases soon after lying down; after the pains chill follows very often.

3. Heat in the morning in bed; internal heat with external shuddering.

4. Sweat every night; morning sweat; easy sweating in the daytime from bodily movement and mental exertion; sweat on the upper part of the body especially, also increased by warm drinks; offensive or sour-smelling sweat; transpiration wanting, with inability to sweat.

#### **Lachesis.**

1. Pulse small and weak, but accelerated, often alternating with a full, strong beat, chiefly very irregular and intermitting.

2. Universal chill, with chattering of the teeth, longing for warmth, and external benumbing chill; shuddering chill running up the back, often every other day; chill and heat al-

ternating, and from one place to another ; chill returning every other day.

3. Heat evenings, especially on the hands and feet ; evenings and nights burning of palms of the hands and soles of the feet, or nocturnal heat, as if from ebullition of blood, with great sensitiveness of the external throat ; internal sensation of heat with cold feet.

4. Copious sweat with most of the ailments ; great inclination to sweating ; cold sweat, or bloody, or staining yellow or red.

#### **Laurocerasus.**

1. Pulse extremely irregular, sometimes small and slow, often imperceptible ; again somewhat accelerated ; seldom full and hard.

2. Chill, and cold shuddering afternoons and evenings, not relieved by external warmth ; alternating chill and heat ; want of natural bodily warmth.

3. Heat after the chill, evenings, till midnight ; heat running down the back.

4. Sweat mostly with the heat, and still after this continuing till toward morning ; sweat after eating.

#### **Ledum.**

1. Pulse full and quick. The pulse is often perceptible on one side, while it is not on the other.

2. Chill with shuddering or thirst, long-continued, with sensation as if some parts were having cold water poured over them ; coldness, and want of life warmth ; mornings and forenoons predominant chill with thirst ; universal chill, with heat and redness of the face.

3. Heat without thirst prevailing toward evening ; evening, burning of the hands and feet ; heat alternating with sweat.

4. Sweat the whole night, with disposition to uncovering : offensive or sour-smelling night-sweat ; sweat from the least movement, most on the forehead ; itching sweat.

#### **Lycopodium.**

1. Pulse somewhat accelerated, only in the evening, and after eating ; evening, ebullition of blood with restlessness and trembling ; sensation as if the blood were stopped.

2. Chill afternoon and evening (from four to eight o'clock), with dead hands and feet; chill in the evening which hinders sleep; one-sided chill, mostly the left; chill and then sweat without previous heat; chill and heat alternating; want of natural bodily warmth.

3. Burning heat over the whole body, mostly toward evening, with frequent drinking, but little at a time, with much urine and constipation; heat of one foot (left), and coldness of the other (right).

4. Sweat in the daytime from the least movement, most on the face; night and morning sweat, often with coldness of the face; sticky night-sweat; the sweat is often cold, sour, or offensive smelling, or with smell of blood or onions.

**Magnesia-carb.**

1. Pulse somewhat accelerated, only at night.

2. Chill and shuddering, with external coldness, evenings, and after lying down, only slowly disappearing; chill running down the back, seldom ascending from the feet.

3. Heat mostly in the forenoon, often with sweat only on the head; heat in the evening after the chill; nocturnal, anxious, and internal heat, with restlessness and aversion to uncovering.

4. Sweat the whole night, most in the morning hours; the sweat is fatty, staining the linen yellow, and sour or offensive smelling.

**Magnesia-muriatica.**

1. Pulse somewhat accelerated, with ebullition of blood while sitting.

2. Chill in the evening between four and eight o'clock, even by a warm stove, slowly disappearing after lying down.

3. Heat after the chill from evening till midnight; evening heat with sweat only on the head.

4. Sweat with thirst from midnight till morning; morning sweat.

**Menyanthes-trifoliata.**

1. Pulse slow with the chill, with the heat accelerated.

2. Chill predominant; chill with shuddering over the back; ice-cold hands and feet, and cold sensation in the abdomen;

general chill, which disappears by a warm stove, except on the back ; running shuddering without chill (as if from listening to a terrifying story), only on the upper part of the body ; chill sensation on the fingers and legs.

3. General heat in the evening, most on the head, with cold feet, and sensation of heat, especially in the back, mixed with sensation of chill, especially in the abdomen.

4. Sweat in the evening in bed immediately after lying down, often continuing the whole night.

#### **Mercurius-vivus.**

1. Pulse irregular, mostly full and accelerated, with strong throbbing of the blood-vessels, sometimes weak, slow, and trembling, seldom intermittent ; disappearing pulse with warmth of the body ; ebullition of the blood, with trembling from the least exertion.

2. Chill in the morning while rising, but most in the evening when lying down, as if cold water were poured over one, and not relieved by the warm stove ; nocturnal chill with frequent urination ; chill alternating with heat ; often only on single parts ; internal chill, with heat of the face.

3. Heat in the bed, and chill out of it ; heat after midnight with great thirst for cold drinks ; anxious heat, with pressing together of the chest, alternating with chill.

4. Sweat toward morning, with thirst and palpitation of the heart ; great sweating from the least exertion, even from eating ; sweat in bed, evenings, before going to sleep ; copious night-sweating ; very debilitating sweats ; sour or offensive smelling sweats, also cold, fatty, or sticky, and burning on the skin ; with almost all pains sweating, or at least dampness of the skin.

#### **Mercurius-corrosivus.**

1. Pulse small, weak, and often intermitting ; sometimes trembling.

2. Chill from the least movement, and, in the open air, almost constantly with cuttings in the abdomen ; evening chilliness, especially on the head ; chill at night in bed.

3. External heat with yellow skin ; burning and pricking heat in the skin ; heat while stooping, and chill while rising up.

4. Night-sweat; toward morning the sweat becomes offensive; cold sweat only on the forehead; the whole skin is covered with cold, anxious sweat.

#### **Mezereum.**

1. Pulse full, hard, accelerated in the evening, sometimes intermittent.

2. Chill predominates even in the warm room; chill with external coldness and thirst for cold water, without desire for warmth; constant thirst with the chill, with dryness of the back part of the mouth or accumulation of saliva in the fore-part, but without desire for drink, chilliness and shuddering with almost all ailments; great sensitiveness to cold air; chill which runs from the upper arms to the back and down to the feet.

3. Heat in bed, most on the head; internal heat with external chill.

4. Sweat in sleep, immediately after the chill, without precedent heat.

#### **Moschus.**

1. Pulse very full and accelerated, with strong ebullitions of blood; great anæmia with weak pulse and fainting.

2. Chill and shuddering which spreads itself from the scalp over the whole body; sensation as of a current of cold air on uncovered parts; external coldness with internal heat; shuddering, alternating with heat; one cheek hot without redness, the other red without heat.

3. Burning heat evenings in bed, often only on the right side, with restlessness and disposition to uncovering; one hand burning hot (and pale), the other cold (and red.)

4. Sticky sweat which smells like musk, in the morning.

#### **Muriatic Acid.**

1. Pulse weak and slow and intermitting every third beat.

2. Chill predominates; evening chill with cold sensation on the back, with external warmth and burning of the face; shuddering over the whole body with hot cheeks and cold hands; chill and heat without thirst.

3. Internal heat with disposition to uncovering and restless-

ness of the whole body ; burning heat, especially at the palms of the hands and soles of the feet.

4. Sweat in the first sleep, till midnight, especially on the head and back ; night and morning sweat ; evening in bed the sweat on the feet is cold at the beginning.

**Natrum-carb.**

1. Pulse, in the night, most excited, with ebullition of blood through the whole body.

2. Chill and internal chilliness with shuddering, the whole day, most in the forenoon, with cold hands and feet, and hot head, or the reverse, with warm hands and cold cheeks ; evening chilliness with dull confusion (*eingenommenheit*) of the head, followed by heat, with sleep.

3. Heat with weakness and sleep (without headache, which, with Natrum-mur., is very severe) ; heat running from the neck downward to the back, and disturbed temper ; heat with concomitant sweat over the whole body.

4. Copious, anxious sweat from the least movement ; burning on the forehead where the hat touches ; copious night-sweats ; night-sweat alternating with dryness of the skin ; cold, anxious sweat with the pains.

**Natrum-muriaticum.**

1. Pulse extremely irregular, often intermittent, especially if lying on the left side, with throbbing and swelling of the blood-vessels ; pulse now quick and weak, and now full and slow ; the pulse-beat perceptibly shakes the whole body.

2. Chill predominating, mostly internal, as if from deficient bodily warmth, with icy-cold hands and feet, most in the evening ; long-continued chill from morning to noon.

3. Burning heat with the severest headache, often with shuddering on the back, and sweat on the epigastrium and soles of the feet ; long-continued heat afternoons, with the severest headache, with inability to think, which gradually disappears in the subsequent sweating ; with the heat there is mostly great thirst.

4. Copious sweating in which most of the ailments which appear with the fever cease ; much sweating during the day and



great disposition to this from every movement; night and morning-sweats; debilitating, somewhat sour-smelling sweat.

#### **Nitric Acid.**

1. Pulse uncommonly irregular; after one normal beat often follow two small and quick, and the fourth intermits; alternating hard, quick, and small beats.

2. Chill most afternoons and evenings, as well as after lying down; chill with concomitant internal heat; chill in the morning in bed, often preceding heat; constant chilliness.

3. Heat, especially on the face and hands; burning heat with sweating hands; nocturnal, internal, dry heat with inclination to uncovering; after eating, heat with sweat and great weakness.

4. Sweat every night, or every other night, most on the side on which one lies; sour, or offensive, or like horse-urine smelling sweat.

#### **Nux-moschata.**

1. Pulse somewhat quickened, as if from ebullition of blood.

2. Chill from every uncovering, and coldness in the open air, especially in damp, cold air, with great paleness of the face, immediately disappearing in a warm room; cold sensation on the feet with heat of the hands; chilliness in the evening with great sleepiness; chill and coma predominant.

3. Heat of the face and hands forenoons, with hypochondriac disposition, thirstlessness, and dryness of the mouth and throat.

4. Slight sweating, which sometimes is red like blood.

#### **Nux-vomica.**

1. Pulse full, hard, and quickened, especially during the heat; pulse small and quick, the fourth or fifth beat intermitting; pulse imperceptible.

2. Chill and coldness not relieved by extreme warmth; chill and shuddering, evening and night in bed till morning, increased by every movement and by drinking; chill with heat of the face; chill alternating with heat; chill and shuddering while moving in the cold, open air; sleep between chill and heat.

3. Universal, internal, burning heat; nocturnal heat without thirst; heat greatly aggravated from the least exertion or move-

ment, also in the open air ; heat with aversion to uncovering, and at the same time chill ; heat with disposition to uncovering, from which appear other ailments ; heat before the chill ; heat of single parts with chill and shuddering in others ; heat which is as if streaming from the throat.

4. Sweat after midnight and mornings ; sour or offensive sweat ; sweat one-sided or only on the upper part of the body ; cold, sticky sweat on the face ; sweat with relief, especially of the pains of the limbs.

#### **Opium.**

1. Pulse very various, full and slow ; with difficult morning respiration ; quick and hard with heat and rapid, anxious respiration ; toward the end weak and intermitting.

2. Chill and diminished bodily warmth with benumbing and weak, hardly-perceptible pulse ; the whole body is stiff and cold ; coldness only on the limbs.

3. Heat with sweating skin predominates, extending itself from the head or stomach over the whole body ; burning heat of the whole sweating body, with great redness of the face, and subsequent snoring sleep ; heat with disposition to uncovering.

4. Copious sweat over the whole, burning, hot body, with snoring sleep ; in the morning general, copious sweating with disposition to uncovering ; sweat on the upper part of the body, with dry heat of the lower part ; cold sweat on the forehead.

#### **Paris-quadrifolia.**

1. Pulse full, but slow.

2. Chill most toward evening, with internal trembling ; one-sided chill, right, with warmth of the other side ; during the chill sense of contraction of the skin and all parts of the body ; chilliness with goose-flesh ; nights, in bed almost constant cold feet.

3. Heat from the neck down to the back ; heat with sweat on the upper part of the body.

4. Sweat in the morning on waking, with biting itching.

#### **Petroleum.**

1. Pulse, from every movement, is made stronger, full, and accelerated ; in repose immediately becomes slow.

2. Chill mostly toward evening, earlier or later; chilliness through the whole body with subsequent severe itching; in the evening, internal chill and heat at the same time; chilliness in the open air; chill with headache and excessive coldness of face and hands.

3. Heat in the evening after a chill, with cold feet; heat after midnight and mornings, in bed; flying heat over the whole body, in repeated attacks in the day-time (six to ten); sensations of heat over the whole body, and great burning of the skin.

4. Copious sweat every night; slight sweating, especially on the forearms and legs; sweat immediately after the chill without preceding heat.

#### **Phosphorus.**

1. Pulse various; generally quickened, at the same time full and hard, but sometimes weak and small; more seldom slow and intermitting; strong ebullition of blood and throbbing of the carotids.

2. Chill almost only in the evening, without thirst, with aversion to every uncovering, and greatly swollen veins of the hands; internal chill with shuddering, not relieved by the warmth of the stove; chill and heat alternating at night; chilliness in the evening till midnight, with great weakness and sleep; nocturnal chill with diarrhoea; chill running down the back.

3. Flying heat over the whole body, but first on the hands; universal, anxious heat afternoons and evenings, with burning on the hands and face; nocturnal heat which prevents sleep, mostly after midnight; heat rising up the back; heat with coma.

4. Sweat, most on the head, hands, and feet, with copious urine; sweat only on the forepart of the body; after midnight and in the morning copious sweating followed by great weakness; sticky sweat; the transpiration often smells like sulphur.

#### **Phosphoric Acid.**

1. Pulse irregular, sometimes intermitting one or two beats, mostly small, weak, but quick, but often full and strong; great ebullition of blood, with great restlessness; swollen veins.

2. Chill with shuddering and shaking; generally evenings; chill and heat alternating in frequent attacks; one-sided cold sensation on the face; during the chill an especial sensitive cold sensation in the ends of the fingers and in the abdomen.

3. Internal, dry heat, without thirst, and without complaints, at all times of the day; general heat with loss of consciousness and coma; anxious heat in the evening, with strong ebullition of blood; heat of head with cold feet.

4. Sweat most on the occiput and neck while sleeping in the daytime; copious night and morning sweatings, with anxiety; uncommon disposition to sweating day and night; sticky sweat.

#### **Platina.**

1. Pulse small and weak, and often trembling.

2. Chill in the evening with trembling, and sensation of trembling through the whole body; shaking chill in passing from a room into the open (even warm) air; chill and chilliness predominates, with pettishness, which passes off later in the heat; alternations of chill and symptoms of intellect and disposition.

3. Heat with sensation of burning redness of face when these are neither noticeable or present; flying heat mingled with shuddering; gradually increasing and gradually diminishing heat.

4. Sweat only with sleep, which disappears immediately on waking.

#### **Plumbum.**

1. Pulse very various and irregular; mostly small and contracted and slow; sometimes hard and slow; sometimes also small and quickened; seldom full and feverish or intermittent.

2. Chill predominates, which increases toward evening, with great thirst and redness of the face; in the evening internal chill with external heat; chilliness in all the limbs; coldness in the open air and from motion.

3. Heat with thirst, anxiety, redness of the face, and sleepiness; evenings and nights internal heat, with yellowness of the whole inner mouth.

4. Sweat anxious, cold, or sticky.

**Pulsatilla.**

1. Pulse weak and small, often hardly perceptible, but quickened; seldom slow; evenings throbbing in the blood-vessels; swollen veins in the evening heat.

2. Chill, coldness and shuddering predominate; constant internal chilliness, even in a warm room; chill increased toward evening; chill with the pains; chilliness with overrunning heat; one-sided coldness with sensation of numbness; in the evening cold drawings through the back; evenings and before midnight constant running chill without shuddering; thirst before the chill and before the heat, seldom with either.

3. Heat after the chill, with anxiety and redness of the face; general internal, dry heat, without external heat, evenings or nights; heat of the face or of one hand, with coldness of the other; heat of the body with coldness of the extremities; attacks of anxious heat as if hot water were poured over one.

4. Copious sweat in the night or morning; sweat during sleep; soon disappears on waking; easy sweating in the daytime; one-sided sweat, sometimes only on the face and hairy scalp; night-sweat with benumbing coma; sweat often smells sweetish, sour, or moldy, or like musk, and is sometimes cold.

**Ranunculus-bulbosus.**

1. Pulse evenings hard and full and quick; mornings slow.

2. Chill predominant, with heat of the face, mostly afternoons and evenings; after the (noon) meal chilliness, with heat of the face; in the open air he chills, most external, on the covered chest; the fever often consists merely of chill.

3. Heat in the evening, especially on the face, often only one-sided (right), with cold hands (and feet); heat with co-existent internal chill.

4. Sweat but little, and only in the morning on waking.

**Ranunculus-scleratus.**

1. Pulse quick, full but weak, with the nocturnal heat.

2. Chill and chilliness while eating.

3. Heat in the evening in a room, after going in the open air; nocturnal, dry heat, with great thirst, and strong ebullition of blood, most after midnight; the heat is predominant.

4. Nocturnal sweat after the heat toward morning, most on the forehead.

#### **Rheum.**

1. Pulse only a little quickened.

2. Chill alternating with heat ; one cheek red the other pale ; internal shuddering with external warmth.

3. Heat over the whole body, most on the hands and feet, with cold face ; heat preponderates.

4. Sweat from the least movement ; cold sweat about the mouth and nose ; sweat on the forehead and scalp ; the sweat is yellow and smells like rhubarb.

#### **Rhododendron.**

1. Pulse weak and slow.

2. Chill over the whole body mornings, in bed, and in day while cold air blows on him ; chill alternating with heat ; in the evening and often lying down, icy-cold feet for long time in bed.

3. Heat in the evening, with cold feet ; sensation of warmth in the hands, although they are cold to touch ; evenings feverish heat, with burning of the face.

4. Copious, debilitating sweat, especially while moving in the open air ; offensive sweat on the arm-pits ; aromatic-smelling sweat ; while sweating itching and crawling on the skin as if from insects.

#### **Rhus-toxicodendron.**

1. Pulse irregular, generally accelerated, but weak, languid, and soft, sometimes imperceptible and intermitting.

2. Chill most frequently in the evening, often going from the feet or the shoulder-blades ; chill as if cold water were poured over him, or as if the blood ran cold through the veins ; cold sensation from every movement ; chill with increased pains, especially in the limbs ; chill with heat and redness of the face ; chill and heat in rapid alternation ; one-sided chill ; coldness of the right side with heat of the left ; coldness of the head and back side of the body, with heat of the forepart ; coldness and paleness of the face, alternating with heat and redness.

3. Heat after the chill, often with concomitant sweating with

relief of accompanying symptoms and pains in the limbs ; universal heat as from pouring hot water over one, or as if the blood ran hot through the veins ; flying heat with sweat going from the umbilicus, often alternating with chill ; heat with nettle rash.

4. Universal sweating, mostly during the heat, often excluding the face ; copious night and morning sweats ; moldy, offensive, or sour smelling sweat. Sweat with the pains while sitting ; while sweating, severe itching of the eruption.

#### **Ruta Graveolens.**

1. Pulse somewhat quickened during the heat.

2. Internal chill, with shaking and shuddering, even by a warm stove. Running chill over one side of the head. Chill mostly on the back, which runs upward and downward. Chill, with heat of the face and great thirst.

3. Heat over the whole body ; most in the afternoon, without thirst, but with anxiety, restlessness, and oppressed breathing ; external and internal heat of the face with red cheeks, and cold hands and feet ; frequent sudden attacks of flashes of heat.

4. Cold sweat on the face in the morning in bed ; general sweat after going in the open air.

#### **Sabadilla.**

1. Pulse small but somewhat jerking. Great ebullition of blood and throbbing of vessels. Sensation of stagnation of the blood.

2. Chill afternoons or evenings, returning exactly at the same hour, often without subsequent heat. Chill predominating, especially on the extremities, with heat of the face. The shuddering chill constantly from below upward. The chill is relieved by the warmth of the stove.

3. Heat, most on the head and face, often interrupted by shuddering chill, constantly recurring at the same hour, thirst only between the chill and heat. Sweat often with the heat. Nights and mornings internal heat.

4. Sweat mornings in sleep. Hot sweat on the face with cold on all the rest of the body.

**Sabina.**

1. Pulse irregular, mostly quick, strong, and tense. Strong throbbing of the vessels of the whole body.

2. Chill in the evening, with repeated cold shudderings. Great coldness through the day. Shuddering with darkness before the eyes, and subsequent sleepiness. Cold sensation in the whole (right) leg.

3. Insupportable, burning heat of the whole body, with great restlessness. Flashing heat of the face, with chill of all the rest of the body and cold hands and feet.

4. Sweat every night.

**Sambucus.**

1. Pulse various; mostly small and very quick; sometimes intermitting; often also full and slow. Great ebullition of blood in the body.

2. Chill running over the whole body, with crawling here and there. Shuddering chill with very cold hands and feet.

3. Dry heat over the whole body as soon as he sleeps, after lying down, with aversion to uncovering, without thirst. Burning heat of the face, with cold feet.

4. Uncommonly copious sweating day and night, but only while awake, first breaking out on the face, and continuing even into the apyrexia. Extremely debilitating sweat. Universal night-sweat, except of the head, increased toward morning. Constant sweating while awake, which, during sleep, passes into dry heat.

**Sarsaparilla.**

1. Pulse somewhat quickened, with great ebullition of blood, mostly toward evening.

2. Chill predominant day and night. Frequent shuddering chills, most in the forenoon, running from below upward. Coldness of the whole body, most on the feet, except the face and chest, also by a warm stove. He is worse during the chills.

3. Heat in the evening, with ebullition of blood and palpitation of the heart. Evening sensation of warmth with increased sense of improvement.

4. Sweat evenings, with the heat, but only on the forehead.



THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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Vol. XI.

NOVEMBER, 1891.

No. 11.

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EDITORIAL.

**PATHOLOGICAL PROVINGS.**—In the monthly *Homœopathic Review* for September 1st, appears a paper by Mr. C. Knox Shaw, M. R. C. S., entitled “Observations on the Action of Iodide of Potassium in Tertiary Syphilis,” which paper was read before the British Homœopathic Congress at its meeting last July, in London.

In this article the writer refers to the “universal acceptance of the curative power of the Iodide of Potassium in tertiary syphilis,” the power of the drug in massive doses to remove “gummatous deposits.”

In a well-prepared effort he endeavors to show that this action of the Iodide is in obedience to the homœopathic law. He is unable to find in the homœopathic provings in the *Cyclopedia of Drug Pathogenesis* any symptoms that would indicate it to be a similar; he, therefore, has recourse to the writings of the old school of medicine, from which he extracts evidence of the pathogenetic powers of the Iodide in producing eruptions resembling syphilitic eruptions.

The whole tenor of the article, is that, in order to cure these pathological conditions, the remedy used must have been proved until it actually produced such organic pathological states. This too seems to have been the impression of several members of

the Congress who discussed the paper, as appears from the report of their remarks following as printed in the same journal.

Here is a signal error in the conception of Homœopathy by these distinguished speakers.

If a drug must be able to produce the full organic change for which it is given as a curative agent, then the development of our materia medica must come to a standstill; for who will endure the necessary sufferings and risk of death in order to push a certain drug-action so far? Even if such persons be found, and they do experience a tumor or other pathological product as a result of systematic proving, then it follows that for every case of that particular kind the same remedy must be given, and it must be followed by a cure. Well, then, that makes it a *specific*. But it is an axiom in our school that there is no such thing as a specific. Yet, according to the testimony of these gentlemen, Iodide of Potassium is a specific for tertiary syphilis. Then it must cure every case. Does it? The history of the use of Quinine in the treatment of intermittent fever with the numerous disappointments therefrom is a type of the action of drugs in general, and shows how much expectation may be entertained that Iodide of Potassium will cure every case of syphilitic gummata.

To return to our original line of thought, suppose we find two remedies, both of which have as a part of their pathogenesis the same organic change; which one shall we give as the curative? Manifestly, we shall be obliged to try them one after the other. Suppose we have three, four, or more remedies, all of which produce the same pathological state. Then we shall be obliged to try them all one after the other. This brings us back then to rank empiricism, and all the routine of the dominant school of medicine. Yet Homœopathy is claimed to have rescued us from this darkness. Here then is a *reductio ad absurdum*.

There can be no escape from such conclusion so long as we persist in looking at disease as an entity with a never-changing aspect. So long as we treat *diseases* rather than sick conditions.

The provings of Homœopathy did not produce diseases, but

the *semblance* of them. These provings produced *sick conditions*. They brought out the individualities of people. The symptoms by which we are enabled to make a prescription are not the symptoms which are characteristic of the disease and therefore common to every patient having that disease; if it were so, we should be giving the same remedy to every case and this would be specific practice. On the contrary we must be led to our prescription by those symptoms which are individual to that patient; symptoms which we will not see repeated in the next case of that disease which we may have to treat. A failure to find such individual symptoms, and to fit a remedy to them will be followed by a failure to cure.

Therefore, it may be said with confidence that when the gentlemen of the British Homœopathic Congress endeavor to find a remedy for pathological changes in some drug that in massive doses has produced such pathological changes, they are fumbling in the dark, and the light that guides them is not the star of homœopathic truth but the will-o'-the-wisp of error.

W. M. J.

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## INTERNATIONAL HAHNEMANNIAN ASSOCIATION, ANNUAL MEETING OF 1891.

(Special Reports.)

FIRST DAY'S SESSION.

TUESDAY MORNING, June 23d, 1891, 11 A. M.

REPORT OF CORRESPONDING SECRETARY.

Dr. W. P. Wesselhœft—*Mr. President and Ladies and Gentlemen:* I, as the Corresponding Secretary, have not corresponded with anybody, but necessarily, on account of my health, have had to go to Europe this spring. During a short sojourn there, I took advantage of the opportunity to meet with what homœopathic doctors I could, talk with them concerning Homœopathy, tell them about our Society here, and what we were doing in this country, and in my interviews I came across some things of interest. I have been home only a few days, and have had no

time to make out a written report, but will just give you a short verbal account of what I saw there.

I took every opportunity to let them know that such a society as the *International Hahnemannian Association* existed, a fact of which they were, with one exception, ignorant. Indeed, the widespread ignorance there of the standing of Homœopathy in America was astounding. I told them of our work here, and to those men whom I thought would make good use of it I gave a copy of our Transactions.

My first visit was in Leipsic, upon Dr. Lorbacher, who received me kindly and invited me to go with him to the hospital which he has there. It has been endowed recently—that is, within the last ten years—sufficiently to enable them to put a wing on an old villa and turn it into an exceedingly good hospital. They have accommodation for sixty beds there, but there were only about ten patients. The reason of this paucity of patients was, he told me, on account of a very peculiar institution in force among the poorer classes—laborers, mechanics, and so on—called *Krankenkasse*. Each member pays a small amount of money into a bank regularly, and for this stipend receives medical treatment. It is under the control of physicians who are appointed as district physicians of the town.

Up to the present time no homœopath has been appointed on that commission, but this year two homœopaths have been appointed in Leipsic. I found in the hospital the usual way of treating, and the lower potencies mostly in use. Lorbacher says he gives the thirtieth, but the others give the sixth to twelfth in rapidly repeated doses. In their pharmacy I saw some things which were not exactly homœopathic.

The saddest thing I saw there was a patient still lingering and suffering from the injection of the Koch lymph. I expressed my indignation as strongly as I could before the young men and the assistants, and I think they were all terrifically ashamed of it.

It happened that the day before, in the German Parliament, an appropriation was asked for the purpose of extending the benefits of the Koch lymph more generally, and then Professor

Virchow told the blunt truth ; not a single cure has been effected, said he, but hundreds have through its agency suffered the torments of the damned.

I went to Weimar, and saw my old friend Goullon, who has almost retired from practice. I was there told of a Dr. Gœtze, upon whom I called, but at first found him out on a trip to a neighboring city. What I heard of him was of the very best, and I had no doubt of his being a true follower of Hahnemann. I left him, as I had left Dr. Lorbacher, two copies of our Transactions. Dr. Gœtze is a good English scholar, and was entirely ignorant of what we were doing in this country.

I told these men of the great improvements in our homœopathic literature. They both said that they would immediately subscribe for the *Medical Advance* and THE HOMŒOPATHIC PHYSICIAN.

In Munich I was in hopes of meeting Koch, but he had gone on a vacation, and, as my time was limited, I did not have the pleasure of meeting him.

In Italy, which was my objective point, I went as far as Verona. I indulged in the hope of meeting our member, Dr. Pompili, but I did not have that pleasure. As I had never been in Rome in my life, I thought I would leave it for some other time when I could see Rome and Pompili at the same time. In Italy I could not find anybody who knew anything about Homœopathy at all, and I could not have talked with them if I had.

In Frankfurt I called on Zimrock, an active practitioner with a large business. He approached me immediately with a case for which he wanted me to tell him the remedy. He gave me a lot of pathological symptoms, that it would be impossible for any one to prescribe on, and I told him so. He said, "O ho ! you are one of those fellows, are you ; you must go to see Dr. Sægert." So I did, and I found him a most interesting man. By the way, I did not leave Zimrock any of the Transactions.

I found, in Dr. Sægert, a most remarkable man. He had formerly been a surgeon in the German army, and was now practicing Homœopathy in the city of Frankfurt. I spent a most

charming evening with him. I might say night, for we talked pretty late. He was perfectly astonished when I told him about what we were doing here and of the strength in numbers and in purpose of the true advocates of Homœopathy in this country. I left him the Transactions and he said he would become a subscriber for our journals, and also a member of the I. H. A. Above everything he wanted the highest potencies; it was perfectly wonderful to him. In Cologne my stay was very short, and I met nothing of interest to you. In Bremen I found one homœopath only, Dr. Antze. He was a scholarly man, the friend and successor of Dr. Krummacher, one of the pioneers of Homœopathy in Germany, who died only a few weeks before I arrived. Dr. Antze has a large and very influential practice; he is frequently called to Berlin in consultation, at which place there is no homœopath worthy of the name. He also received the Transactions and will become a member of our Society, will send for high potencies and subscribe for our journals. I found his wife was almost as good a homœopath as he was.

The only school abroad where anything like genuine Homœopathy can be learned is at Budapest, largely under the control of Dr. Badoky, of whom I heard good accounts, though I did not see him. A disadvantage under which homœopaths labor in some parts of Germany is that they are obliged by law to send to the shops for their prescriptions. Lowerbach told me he had to send to the pharmacies for his milk-sugar, but not for medicine. In Prussia they have the liberty of dispensing their own medicines, but not in Saxony or Bavaria. In those districts they still have to send to the apothecary shops. Every physician that I saw looked to America as the hope of Homœopathy, although I do not think that it has gone back or diminished in Germany. They have about held their own. This is about the report I have to make as Corresponding Secretary, although there is no correspondence about it.

#### REPORTS OF DELEGATES.

Dr. Kennedy—I scarcely expected to be called on to make a report, in view of the fact that I am only an infant in the Asso-

ciation, indeed scarcely born yet. It gives me pleasure to report that we have a little society called the Boston Hahnemannian Association, and the name is significative of our object and purpose. It is the outgrowth of a still smaller club formed for mutual benefit and associated study. By enlarging our borders and taking in others we hope to do a share in the work of promulgating the principles of Hahnemann. We number altogether twenty-five, our meetings are monthly, and are presided over by Dr. R. L. Thurston, a staunch homœopath, and a strong man.

Our method of conducting the meeting is this: we devote a portion of the evening to the study of the *Organon*, reading certain sections and discussing them. The remainder of the time is taken up by clinical verifications. Cases are reported, not particularly interesting, perhaps, as cases, but as verifying some particular symptoms as being removed by a remedy. We endeavor to make the reports, regardless of the disease and not for the case *per se*, but simply as a verification of some portion of the materia medica. In this way we hope to improve our knowledge and our skill in making prescriptions. We also report new symptoms that have been removed by a remedy, but do not incorporate them until they have been thoroughly verified. It has been a great help to all of us, and we hope Homœopathy will be aided by these studies.

Dr. J. H. Allen—We have done quite a good work in Indiana this year. Dr. Sawyer, in his address as President, greatly encouraged us; among the many valuable suggestions offered by him was one that we should form societies for the study of the *Organon*, which we hope to see effected. He also presented able arguments why our school should be represented in the public institutions of our State, and a committee was appointed to see the Legislature. Most of our Bureaus have members on them who are pure homœopaths. For the first time we have had a stenographer this year who took a report of the discussions. The papers and the discussions will be published, and will form quite a large volume.

Dr. Carr—The Rochester Hahnemann Society was organized

about five years ago by a few members of the Monroe County Society. They met for the avowed purpose of reading and studying the *Organon*. From three or four members we have grown to nine. It has had a great deal to contend with, as some of the members of the Monroe County Society have taken great pains to hamper us. Still, we see signs that the laity are beginning to appreciate that there is a difference between the so-called Homœopathy and the Homœopathy of Hahnemann.

Dr. Powel—I represent the *Organon* and *Materia Medica* Society, and, as our name indicates, we are students of the *Organon*, *materia medica*, and clinical medicine. We have an active membership of twenty-five and an honorary membership of twelve. From our members originated the Post-Graduate School of Homœopathics, of which you will hear more during this session.

Dr. Rushmore—I have no particular report to spread before you. I will say, however, that genuine Homœopathy is growing stronger in our Society every year.

Dr. J. B. G. Custis—We have in Washington a hospital under homœopathic management, and, while I cannot claim that nothing but Hahnemannian Homœopathy is practiced there, I do claim that it is practiced there more and more each year, and that the gentlemen there are more careful in their prescriptions, and there is far less odor of Iodoform and other disinfectants than formerly, and our reports of cures increase correspondingly. We take all kinds of cases regardless of the prognosis.

I have been criticised because I allowed myself to be placed on the staff of a hospital where anything but true Homœopathy is practiced, and in this regard I want to make the point that the best way to improve the practice and therapeutics of hospitals is for the physicians belonging to this Association to get on the staff of as many hospitals as they can. As we cannot often get hospitals over which we have exclusive control, this is the best policy to pursue. We can thereby best show the difference in the effects of the two treatments. We thus do good missionary work, which is one of the objects of this Association.

Dr. Fincke—I represent the Homœopathic Union of New



York. It is an *Organon* society; we have now existed for a year, going through the *Organon*, and have arrived only to 110 section, which shows that we do it pretty thoroughly. We invite, by postal cards, any one who desires to study the subject to come to our meetings, and we have done some very profitable work. Those who have attended regularly have derived a great deal of benefit from it. Such societies should be in every city, not necessarily organized in a formal manner, but just simply in a social way to read one or two sections and talk it over.

Dr. Cowley—The Farrington Club, of Allegheny County, had existed for about four years, when, on returning from the I. H. A. meeting last year, I proposed that it should be disbanded and an *Organon* club formed in its stead. It was not carried, but we agreed to read the *Organon* as the Farrington Club, and it is possible that as we improve we may come out as a full-fledged *Organon* society in time.

#### DR. SAMUEL LILIENTHAL.

Dr. Samuel Lilienthal, who was the oldest homœopathic physician in America, died Friday evening, October 2d, at the residence of his son, Dr. James E. Lilienthal, 1316 Van Ness Avenue, San Francisco, California, aged seventy-five years ten months and twenty-eight days. The deceased was a well-known authority on medical matters, and enjoyed a national reputation as a writer. The immediate cause of death was heart disease, from which deceased had been a sufferer for some time past.

Dr. Lilienthal was born in Munich, Bavaria, on November 5th, 1815, and graduated at the University of Munich in 1838. He emigrated to New York, with his distinguished brother, Rev. Dr. Lilienthal, of Cincinnati, and located in the Empire State, where he soon was recognized as one of the leading physicians.

Deceased was appointed professor of mental and nervous diseases in the New York Homœopathic College, and professor of clinical medicine in the New York College for Women.

He was a great advocate and determined friend of women,

and is responsible for the success of many of the excellent female physicians of this country.

As a writer Dr. Lilienthal was very prolific on all subjects pertaining to his favorite science, and was the author of *Homœopathic Therapeutics*, of which three editions have been published, and he was at work on the fourth at the time of his death.

Though he would sometimes jestingly call himself "a mongrel" in his private letters to the editor of this journal, yet his book of therapeutics does not show any such medical views. On the contrary, it is filled with well-selected characteristics of each remedy under the name of the disease, after the manner of Dr. Guernsey's *Obstetrics* and Rane's *Special Pathology and Therapeutic Hints*.

Dr. Lilienthal's translations are well known to the readers of THE HOMŒOPATHIC PHYSICIAN. He was the fast friend of this journal, and supplied it with a large number of contributions, many of which we have still on file, not having had space enough to publish them as fast as furnished.

He was the oldest living practitioner of Homœopathy in the United States, was for many years editor of the *North American Journal of Homœopathy*, and was the recipient from the University of Munich, in the year 1888, of a fifty-year diploma, which is considered a very great and honorable distinction, and given only in rarest instances for most honorable practice. He was a friend of the poor and needy, and many thousands of the poor in the great city of New York will feel that one of their best friends has passed away.

He came to San Francisco some six years since, having retired from practice several years before that time, to be with his family, who are all residents of that city. He made his home with his son, Dr. James E. Lilienthal, on Van Ness Avenue, an active practitioner. The other members of the family are Mr. E. R. Lilienthal and J. L. Lilienthal, of the well-known firm of Lilienthal & Co., commission merchants, on Front Street. During his residence in San Francisco he did not practice at all, having entirely retired from public life and spending all of his time with his sons' families.

## SYMPTOMS REMOVED BY REMEDIES DURING TREATMENT OF CASES.

BOSTON, July 20th, 1891.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

I send herewith for publication a list of symptoms removed by remedies administered during the management of clinical cases by different members of the Boston Hahnemannian Association.

This is the outcome of a method adopted by us in our Association for the purpose of verifying symptoms already found in the pathogeneses of remedies, and also to note any symptoms that are removed by the use of these remedies, but which, as yet, have not appeared in our materia medica.

These symptoms are so arranged as to permit of ready admission to our repertoires. The symptoms marked with a circle (°) are clinical and are not to be found in the provings.

Sincerely yours,

A. L. KENNEDY,

*Secretary Boston Hahnemannian Association.*

### CASE I.

KALI-CARB.<sup>cm</sup>, one dose, dry.

Chest : transient, sharp pains in right side.

Cough : gagging.

Expectoration : rusty ; bloody.

Respiration : wheezing.

Sleepiness during day.

Agg. : motion ; coughing ; breathing ; *lying on painful side* ; after midnight.

Amel. : *lying on painless side.*

Remarks : These symptoms occurred in pneumonia.

The patient, though advanced in years, made a good recovery without further medication. *Bryonia* failed to relieve.

The determining difference that led to the choice of *Kali-carb.* in this case lies in the condition of aggravation.

With *Kali-carb.* the patient is *worse* lying on the painful side, while with *Bryonia* he is *better* lying on the painful side.

### CASE II.

CALC-C.<sup>cm</sup>, dry, one dose.

Breathing: asthmatic; wheezing.

*Agg.*: motion; pressure of clothes; ° sultry weather; winter; working in cold water.

*Amel.*: autumn; ° north-east rain.

Expectoration viscid.

Asthma twenty-six years' standing.

Remarks: This was a case of asthma of twenty-six years' standing.

A slight aggravation followed the administration of the remedy, and then the case went on to full recovery without further medication.

### CASE III.

CARB-VEG.<sup>cm</sup>, dry, three doses.

Vision: illusions of color: ° variegated; ° striped.

° Body feels smaller.

° Walls of room seem falling inward.

*Agg.*: night; before menses; after menses.

Remarks: This was a case of epilepsy of fifteen years' standing. The attacks were always ushered in with the above symptoms.

No return of the convulsions during fourteen months.

### CASE IV.

VERAT-ALB.<sup>cm</sup>, one dose, dry.

Menstruation, before: hot hands and feet.

Menstruation, during: nausea; diarrhoea; cramps in thighs; ° pain in ovarian regions extending down thighs; fainting with pains.

Remarks: These symptoms occurred in a case of dysmenorrhœa that had withstood various forms of treatment for twelve

years. The next menstrual period after the remedy was the most agonizing she had ever passed through.

All the symptoms were present except the diarrhœa. Sac-lac. was given.

Four weeks later the next period came, and was normal in every respect.

#### CASE V.

BARYTA-CARB.<sup>cm</sup>, one dose, dry.

Scalp: dry, thick, yellow crusts on vertex; falling out of hair; itching, night worse before and during sleep; dryness.

Enlarged cervical glands.

Sweats easily.

Thirst.

"In two weeks the crusts were all off, and the space in the vertex about three inches in diameter was as smooth as a billiard ball; but the hair soon grew out.

"The swelling of the cervical glands, which had been slight, was improved."

#### CASE VI.

MAG-PHOS.

Forehead: ° Dull pain.

Vertigo.

Epigastrium: ° dull pain; tenderness to pressure.

Agg.: ascending motion, stooping, lifting. Amel.: rest.

° Menses: late, scanty.

During menses: sharp, transient pains, in hypogastrium; come and go suddenly; ° dull pain in hypogastrium, extending down inside the left thigh to knee; ° bearing-down pains in uterine region.

Agg.: standing.

Amel.: heat, doubling-up pressure, lying down.

"There has been no headache since, and the last two menstruations have been regular and more copious, with but slight discomfort. From being pale, sickly looking, she looks well and has good color."

## CASE VII.

EUPHRASIA<sup>cm</sup> (Johnstone), one dose.

Eyes : inflamed ; photophobia ; lachrymation acid.

Nose : discharge watery, bland, sneezing.

“Had suffered from this condition for twenty-four hours. After the Euphrasia it all disappeared in three hours.”

## CASE VII.

SANGUINARIA<sup>dmm</sup> (Swan), one dose.

Nose : coryza following soreness in the throat ; prickling ; sneezing ; discharge watery, bland.

“These colds usually lasted two or three weeks. This was all gone in two days.”

## CASE IX.

PSORINUM.

Epigastrium : ° sharp pain extending to back.

° Nausea after eating.

Vomiting, sour mucus.

Urine : scanty, thick, white sediment.

Amel. : ° *hard* pressure.

Agg. : ° one hour after eating ; ° pressure of clothing.

These symptoms occurred in a patient whose disease had been diagnosed by a prominent old-school physician as cancer of the stomach.

The patient was rapidly wasting, and had become markedly cachectic. Psorinum was administered for the purpose of arousing the reactive power of the system.

A second appearance of the symptoms was removed by Psorinum.

No further medication was needed.

## CASE X.

NATR-MUR.

Mind : anxiety, depression, indifference to living ; irritable ; then indignant because pregnant ; ° wants an abortion ; predicts death without it ; desires to be alone ; aversion to husband.

Mouth : sensation of dryness ; saliva increased ; viscid.

Violent thirst : hiccough.

Nausea ; constant, °better by eating.

Vomiting : frothing, stringy, watery, bloody mucus, bile, after eating or drinking.

Stomach : burning, gnawing, better by eating.

° Hunger at four A. M.

Weakness.

Emaciation.

This was a case of a woman twenty-eight years of age—a brunette, and six weeks pregnant. Fourth child. The following remedies were given without avail : Ipec., Colch., Sulph., Sepia, Bry., Mag-mur., Kreos., and Acon.

Natr-mur. removed all the symptoms, including the mental, and the patient went to full term all right.

#### CASE XI.

SEPIA.

Cough : paroxysmal ; wakens from sleep ; prevents falling asleep.

Expectoration : greenish.

Agg. : night.

Urination : °delayed, causes flushing and sexual desire ; no desire for.

These symptoms occurred in a woman at the eighth month of pregnancy.

#### CASE XII.

ARS.

*Nose bleed after vomiting.*

#### CASE XIII.

ARNICA<sup>30cm.</sup>

° Occiput and nape : pain, inclining head backwards.

Nape : grating sensation. Impatience. Vertigo. Nausea, °worse rising in morning.

Rush of blood to head.

° Feet and hands cold.

Pillow seems hard.

Menses early, blood ° dark red, profuse.

*Amel.* : dark room ; rest ; ° binding up head ; cold applications ; sitting.

*Agg.* : light ; noise ; binding up hair.

This was a case of severe neuralgic headache in a woman of fifty ; tall, thin, and dark complexioned.

Attacks occurred at intervals of four to ten days.

*Arnica*<sup>30</sup> relieved, and *Arnica*<sup>cm</sup> removed all the symptoms, of which there has been no return.

#### CASE XIV.

*STANNUM*<sup>dmm</sup>, Swan, one dose.

Hoarseness : with mucus in fauces and larynx.

*Agg.* : morning ; talking ; reading aloud.

*Amel.* : expectoration of mucus.

#### CASE XV.

*CALC-CARB.*

Blonde, blue eyes.

Mind : disinclination for work.

Urinary organs : ° sensation of weakness in bladder ; *urination frequent.*

*Agg.* : night ; in bed ; wet weather ; alcoholic drinks ; coition.

In this case the man had suffered from the urinary symptoms alternating with a headache, for several years, since having an attack of gonorrhœa, for which he was treated by injections.

The symptoms had lasted several months, and were cured within a few days following the remedy.

It is now seventeen months since the symptoms were removed, and there has been no return of the urinary symptoms, the headache, or of the gonorrhœa.

#### CASE XVI.

*VERAT-ALB.*

Mind : irritability ; dullness of intellect ; forgetfulness.

Chest : ° sharp pains across, after eating.



Stool before : ° bleeding from hæmorrhoids.

Stool during : ° tearing, and severe sharp pain in rectum : ° straining ; faintness ; cold sweat ; nausea.

Stool after : weakness, especially lower extremities.

These hæmorrhoids had existed since before parturition, which occurred three months previously, but latterly had become much more painful.

Relief from *Veratrum* was prompt, and the cure permanent.

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## IS IT HOMŒOPATHY OR ISOPATHY ?

SAMUEL SWAN, M. D., NEW YORK.

One great objection to the use of morbose products in the same disease which produced them is the idea they are isopathic, and many good and earnest physicians recoil with horror from such heretical therapeutics.

They cannot realize the change that potentization makes in the drug, changing it from an isopathic substance to a homœopathic remedy. "But," they say, "even if it is changed, Isopathy never cures, and though a morbose product may cure other persons, they never can cure the person from whom it was taken of the same disease."

This was thrown at me by a most excellent physician who ought to know better, and as he is proof against argument and reason, I send you the two cases below that entirely substantiate my position.

### ERYSIPELAS.

Mrs X. Caused by exposure to a very cold wind after having been to a concert in a very warm room. The next day there was marked evidence of fever, which increased steadily into and through the following night. The second day an erysipelatous swelling on the left cheek-bone appeared, extending toward the nose and back to the ear. At this juncture a physician was called who prescribed remedy after remedy without in any way checking the advance of the disease, which extended all over the face, forehead, and completely over the head. The eyes were closed, and it was difficult to distinguish the protu-

berance of the nose. The face was covered with immense blebs filled with a yellow serum. At this stage a second physician was called in, the first having become apprehensive of a fatal result.

At that time a quantity of the contents of the blebs with crusts, pus, and blood was put in a vial and covered with alcohol, and forwarded to Dr. Swan for potentization, with the request to return the potency as speedily as possible. The CMM was returned by next mail, and was at once given dry on the tongue, a powder every two hours until four doses had been taken. Before the last powder was given, the patient recognized a very marked relief in her condition of feelings. The first symptom noted after taking medicine, patient got cross and complained about everything. The day following, the change in the appearance of the countenance was so marked that it was almost beyond belief. The swelling seemed all to subside, and all inflammation seemed to disappear. And in an incredibly short time the face had resumed its natural appearance, except from the peeling off of the skin. The case was so severe that every hair of her head came off and she was entirely bald. Since then she has a return of a most magnificent growth of hair.

Since her recovery, in the fall of 1889, she has had no return of the symptoms.

#### ECZEMA.

Mrs. B. had a sore place come on the under side of the arm, three or four inches from the elbow, toward the wrist, which bore some resemblance to a carbuncle, being swollen somewhat. There was not so much pain as there was burning and itching. There were several holes from the size of a gold dollar to that of a silver quarter, filled with proud flesh; the edges of the holes were serrated. There was a discharge of a kind of yellowish serum, but none as from a boil or an ulcer. Gradually these holes coalesced, and kept spreading until it reached the elbow and the wrist, and surrounded the arm with the exception of a strip from an inch to one and a half inches in width, extending from elbow to wrist on the upper side of the arm, of natural flesh. There would be a thick crust formation over the sore from one-

eighth to one-quarter inch thick. The crust was frequently washed off with soap and water, and when thoroughly cleansed, it bore the resemblance of a crumpled piece of rose-colored satin.

On careful observation a yellow serum was seen to ooze out like drops of perspiration, which would again reform into the crust, when there would be an intense itching and irritation. This process of cleansing and encrusting continued for nearly a month or over, during which time the physician in attendance was prescribing without any result.

A portion of the crust, with pus and blood adhering, was taken from the place where it commenced, and which appeared to be the worst spot, and was sent to Dr. Swan and potentized, and the CMM in powder three times a day was given for three days. The first day there was a marked aggravation, followed on the next day by a decided relief. In the course of about a week, the improvement of the arm was very noticeable, and within a month it had almost entirely healed and become natural.

These are but two cases out of a very large number, and I suggest to my objectors to "put these in their pipes and smoke them," a common expression for careful thinking.

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## CURES WITH A SINGLE DOSE.

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

(Clinical Bureau, I. H. A.)

BELLADONNA.—Mrs. M., aged forty-two, dark complexion, black hair and eyes, rather small in stature, would weigh about ninety-five pounds, very nervous, perspires very easily, consequently takes cold at almost every change of the weather; has been subject to what she calls hay fever, and during the summer season has been in the habit of going to middle Michigan to spend the season. She reported that as soon as she would arrive there she would get instant relief, and would have no further trouble if she remained until after we had a heavy frost.

I was called to see her; found her in bed perspiring profusely; very restless; wanted to throw everything off in the way of

covering; said that when in a perspiration she could not bear to be covered up and must throw the covers off. She complained of a sharp, cutting pain in the right side of the face, which would shoot up into the temple and side of the head, as if some sharp instrument was suddenly forced up through the side of the face; with a continuous, dead, heavy ache over the whole side of the face. When these sharp pains passed through the side of her face they would make her groan in spite of all of her efforts to keep quiet. The face was slightly flushed, tongue coated white with a red tip, and the papilla prominent, mouth dry, wanted water, but very little at a time, or just enough to wet the mouth; throat sore, looked red, with some difficulty in deglutition; sore pain under the sternum and extending over the whole front of the chest; gummed up sticky taste in the mouth; very gloomy, said that she must have immediate relief or she could not live, very gloomy and despondent. Pulse 130, small and thready; large drops of perspiration standing on her face; also all over her body.

One dose of Belladonna<sup>10m</sup>, dry, on her tongue, with Sac-lac. in water, one teaspoonful every hour; which relieved the pain in twenty minutes, and she went to sleep and slept for four hours, and the next morning the trouble had all disappeared. She was left Sac-lac. and told to be very careful for a few days; there was no further trouble.

BELLADONNA.—Mrs. S., aged seventy-six, rather heavy set, light complexion, gray hair, blue eyes, generally enjoyed very good health for one of her age, was quite active and in good health, could do a good day's work about the house and not mind it, seemed to enjoy being busy.

Was taken suddenly with a severe chill, which was somewhat relieved by covering up in bed; from which she soon broke out with a drenching perspiration, which made her very restless; wanted to throw everything off, as the sweating made her feel so much worse.

Found her with a severe cough, hoarse and dry, would come on by paroxysms, which she could not control in the least, and if she attempted to talk it would bring on a paroxysm of cough-

ing; tongue coated white, with a red tip and prominent papilla; mouth dry but no thirst; throat sore, bright red fauces, and when she coughed said that it felt as if a knife was being stuck into it; soreness under the sternum and across the front of the chest, aggravated by coughing or by touch, or attempting to take a full breath, which would bring on a spasmodic spell of coughing, which would last for several minutes.

Belladonna<sup>10m</sup>, one dose dry, on her tongue, and Sac-lac. in water, one teaspoonful every hour; at the next call she was somewhat improved, had slept fairly well during the night; cough was looser, could talk without bringing on the paroxysms of coughing; but no desire for any kind of food; was not so restless, could bear to be covered in bed. Sac-lac. in water as before; there was a continuous improvement; the cough became loose, the sweating disappeared, appetite soon improved, and in five days she was pronounced well; but was cautioned that she must be careful for several days, and to let me know if she met with any mishaps. There was no further trouble.

HEPAR.—Mrs. S., aged thirty-one years, light complexion, light brown hair, blue eyes, rather tall and slim, would weigh about 105 pounds; rather nervous and fidgety; had taken a severe cold (la grippe) which she and some of her good neighbors had endeavored to cure, but without success; what had been given I could not find out; but any amount of trash, both internally and externally, had been used.

She had a deep, heavy, tight cough; what she raised was of a deep yellowish color, and said that it left a very putrid taste in her mouth; a dull, heavy headache over the whole head, worse in the forehead, aggravated by the cough; face was pale except when coughing, when she would flush up a pinkish color; tongue coated white; no particular bad taste in the mouth; breath putrid; very thirsty, wanted the water cold and in large quantities; no appetite for food, as nothing tasted natural; tenderness over the stomach and bowels, with a considerable flatulence; urine of sufficient quantity, but dark brown, with a strong smell; felt weak and prostrated, as if it was hard work to move even her arms or lower limbs, or to make any effort to stir;

would much rather remain perfectly quiet; pulse 100 and rather soft; felt chilly upon every movement of her body, even in a warm room; soreness in the throat and through the whole chest, aggravated by coughing; all of her symptoms were ameliorated when in a perspiration; wanted the covering drawn up close around her neck to keep up the perspiration, as when it dried off it made her very restless and nervous.

Hepar<sup>10m</sup>, one dose, dry, on her tongue, and Sac-lac., in water, one teaspoonful every hour.

At the next call there was some improvement, cough was easier; could raise the sputa with less trouble, less soreness in the chest, pulse 90, was not so particular about being covered up; had slept a part of the night, felt better on awaking; less thirst, tongue not so heavily coated, and not so nervous and despondent.

Sac-lac. in water, one teaspoonful every hour as before; close watch was kept over this case for five days, when she was able to be up and dressed. She got but one dose of Hepar<sup>10m</sup>; was cautioned that she must be very careful for several days, and to let me know as soon as possible should anything new arise. There was no further trouble.

BARYTA-CARB.—Miss E., aged sixteen, dark complexion, black hair and eyes, rather chubby built; was employed as child's nurse.

Was brought to me to see if I could do anything for her. The family complained that she had such a fearful foot-sweat, which was such a nuisance that no one wished to have her in their house, and that she could not keep a place on that account.

It was extremely offensive, of a sickening, putrid character, so that it would soon scent the whole house. There were but a few symptoms that could be elicited from her or the family.

In her earlier days she had a large number of warts on her hand, which some old woman removed with some kind of an application, but what it was she did not know.

The whole plantar surface of the feet and up between the toes looked as if they had been soaked in warm water for a long time. The skin was white and the feet were tender, especially

when she was on them. The odor was so offensive that I was glad to get rid of her as soon as it was possible.

The folks said that at times she seemed to be deficient in her memory; at others was bright as any one; would have spells of great despondency and grieve over the merest trifles; and would go off by herself and sob and cry as if she had no friends in the world.

She seemed to have but little confidence in herself; had a good appetite, slept well, complained of no aches or pains, and at times was cheerful as any one, but at others was very despondent, and they did not know what to do with her, as they wanted to treat her right.

She was given one dose of Baryta-carb.<sup>10m</sup>, dry, on the tongue, and Sac-lac. for one week, to be taken in water. This was kept up for six weeks, when she was pronounced cured of all of her troubles.

The foot-sweat was completely removed, as well as her despondent spells. It has been some years and I have heard no further complaints in that direction.

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## RENAL COLIC—BERBERIS VULG.

S. W. COHEN, M. D., WACO, TEXAS.

A little seven year-old miss called at my residence at eight o'clock, A. M., June 21st, 1891, with these words: "Mamma says please come right away; papa can't stand it no longer." Arriving at the patient's residence, I found him walking rapidly to and fro, crying, lamenting, groaning, screaming, and throwing his hands wildly about, resting for a moment, and then again resuming his hurried walk with his hand over the region of his hip, and occasionally pressing the inguinal region. He was perspiring profusely. He was attacked at about seven o'clock that morning by a "severe cutting, screwing, and torturing pain" in the region covering the right kidney and hip. He thrashed about the bed awhile, but was compelled to arise and move about, though the motion did not appear to afford any relief. He had taken Antipyrin, and as his bowels, which he sus-

pected were the chief seat of his pains, would not move, he had taken a number of both hot water and also Glycerine enemas. His bowels always move normally, and as the enemas had no effect, he was confirmed in his opinion that his bowels were chargeable with his trouble. He had vomited once that morning and was inclined to do so constantly. The pain began in the right kidney, passed over and around the anterior superior spinous process of the ilium, thence to the inguinal and hypogastric regions.

The diagnosis was clear, but not so the indicated remedy. I had the patient placed in hot water, for I was not sure of my remedy. The water afforded some relief and felt grateful. Owing to the peculiarity of the pain, its location on the right side, and the relief obtained by heat, Magnesia-phos.<sup>cc</sup> was prescribed, to be administered every fifteen minutes. The pain now left the hip region and centered in the hypogastrium. The pains, though somewhat mitigated, caused the patient much uneasiness, and he would not remain quiet one moment, lamenting and moaning. I was called away and promised to return speedily. During my absence from the patient's side, I consulted my books, and concluded that Berb-vulg. was *the simillimum*. I also referred to a case cured by Dr. Sherbino with a single dose of Berberis CM, as reported by Dr. Stiles in the *Southern Journal of Hœmœopathy* for September, 1888. The symptoms of the two cases were very much alike, though my patient had no urinal symptoms, in fact, had not urinated that morning, nor had he any desire so to do. While still conning my books, I was hurriedly recalled to the case, and found the patient suffering more than even at any time before during the attack. He begged for Morphine incessantly, while rolling over and over on the bed. I had taken my case vial of Berberis<sup>cm</sup> (F.) with me, and placed a few pellets upon the patient's tongue, though with difficulty, as he was "yelling bloody murder," and going through one prolonged contortion act. Sac-lac. was prepared in water, to be administered every five minutes. I sat down to await results. In less than two minutes the rolling and screaming had ceased, and in less than five minutes I went on tip-toe from the portico into the room, and found the patient lying across the bed on his



face, asleep. I took my leave, with instructions to report. At four o'clock, P. M., I heard the pleasant news that "papa had slept four hours and was free from pain." At seven o'clock that evening he was still free of pain, nor has he been troubled since, and I write this three days after I made my visits.

I have seen such cases suffer for three and four days, under Morphia, and administered, too, by homœopaths—God save the mark!

Let me here remark that the indicated remedy cured the case, although I did not even *once*, think of the *pathology* of the case, during either visit.

Very irregular, I know, but the patient didn't seem to mind that.

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### POISONING BY RHUS-TOXICODENDRON.

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

Apropos the discussion of ivy poisoning in the August number of *THE HOMŒOPATHIC PHYSICIAN*, page 334, I report the following case:

Miss N. W., æt. twenty-five, single, has been excessively sensitive to ivy poisoning; she could not go within from ten to twenty feet of it, when the dew was on, without being covered with the rash peculiar to that poison vine. She was so much and so often affected that, by the frequent use of sugar of lead, she has a full beard, the envy of many a young man. She was troubled with it in the worst form I ever saw. About three years ago I gave her *Rhus-tox.*<sup>3x</sup>, but used no external applications, which soon relieved her, and from that time she was not so sensitive and could be near it without being poisoned. This spring she was again unfortunate enough to be poisoned, when I gave her *Rhus-tox.*<sup>200</sup>, no external applications, with a positive cure. She can now "handle it, and even crush it in her hands," as she tells me to-day, without any result at all. She had a proving of the remedy soon after taking it, a severe headache with a sensation as though her head would fly off, or go on forward, whenever she stood still, but not so when she would move about or walk.

She is greatly rejoiced and would be still more so if her beard could be removed. Does any one know of a remedy to remove this beard without injury to her?

I have noticed the following remedies vouched for as "almost" or real specifics for the cure of ivy poisoning: Agar., Anacard., Apis, Arn., Bry., Croton-tig., Euphorb., Graph., Indm., Ledum, Nymphaea-od., Nymphaea-lut., Puls., Rhus-tox., Rhus-ven., Sang., Sep., Spts-nit., Sulph., Verbena-hast.

This contrariety of opinion does not question the homœopathic law of cure, but corroborates the necessity and importance of the selection of the true simillimum in the cure of any complaint. Every remedy is a true *specific* when it is the simillimum. I have cured cases with Rhus-tox. and Puls.

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## AN OPEN PERSONAL LETTER TO THE MEMBERS OF THE I. H. A.

DEAR COLLEAGUES:

I think I ought not to wait until the next meeting to express to you my thanks for the honor of being chosen President of the Association in my absence, and without any desire or knowledge on my part.

Indeed, I must frankly say, that much as I esteem the honor and prize most highly the recognition of my co-workers which is thus expressed, I still think the Association was more kind than wise.

I have very little aptitude and less taste for executive or parliamentary business. I had besides several things in hand for the Association, which I had been unable to complete thus far, though I hoped to do so this year.

One of these things is some surgical work. Another, on which I have quite set my heart, something of the nature of "Hints to Patients" for the use of all the members, in convenient form and size for distribution; containing as much instruction, warning, and advice on our principles and practice as can be wisely made public; put in as pithy and telling a style

as possible, for the making of more obedient, intelligent, and faithful patients.

If some one else will take this work up now I will be very glad. I think, with all our best efforts, we are not making the headway we ought, as far as creating a permanent constituency is concerned. Too many patients are content with the man rather than with his practice, and often change schools if they change their residence. I know that all of us are doing much orally in this way ; but it takes lots of talk and precious time, and then the subject is not finished with any one patient.

When is the time to begin work for the Bureau? Eminently *now*.

Now is always a good time, but especially because work laid out now and finished as time permits will be better done than if left until the warm days and short evenings of May or June.

You will doubtless hear from our able and enthusiastic Chairman shortly, but let us not wait for that. Remember that therapeutically we are the salt of the earth as well as the light thereof.

And we can salt quite a little amount of territory now if we exert ourselves, and light up a great deal of darkness, if we let our *light shine*.

Yours fraternally,

JAMES B. BELL.

BOSTON, Oct. 1st, 1891.

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### HOMŒOPATHY PROVEN BY KOCH.

Our neighbors have been rejoicing for months that the truth of Homœopathy has been proven by the new cure for tuberculosis. Hardly a journal in the land but has had something to say about it, and some have said a good deal. Of course it proved the truth of their law, *similia similibus*. It went further, and proved the value of infinitesimals. And still further, it proved the value of *nosodes*, the dirty part of Homœopathy.

And now our sound homœopathists may exclaim, "The Lord save me from my friends ; I can take care of my enemies." The entire Koch business has proven a failure ; not one patient

has been cured, but scores have died from it. Is Homœopathy to be measured by this standard? It may be *similia*; it is certainly a very vile *nosode*, and hundreds have had the tubercular bacillus distributed in their tissues by it, and others have suffered from the effects of the most poisonous ptomaine ever known. How does the homœopathic *nosode* business compare with this?

As you look the field over, my friends, do you really think you have made anything by appropriating *regular* thunder? I imagine that you had better stick to the legitimate, and to that you know. When you try to become "scientific" by riding a bacterium, or appropriating a *regular* nosode, you are likely to make a failure. It is not my province to advise you, but many of you are clever men and co-workers, and I cannot help saying, stick to the truths you know, and don't toady to the "regulars."  
—*The Eclectic Medical Journal, June, 1891.*

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## THE KANSAS CITY HOSPITAL,

504-6 West Seventh Street,

KANSAS CITY, MO., August 7th, 1891.

EDITOR HOMŒOPATHIC PHYSICIAN:

As I expect, you know I am yet an inmate of the Homœopathic Hospital, of Kansas City. The direction, however, given above, shows a change of locality. This change happened on July 31st, when all things belonging to the institution, as well as the patients, were removed to this new and grand abode, where there is room for hospital and college. It is a very imposing building, eighty feet front, one hundred and twenty-five feet depth. In the basement are kitchen, dining-room, and laundry. First floor is given to the college, lecture-rooms, clinical theatre, laboratory, etc., etc. On second floor the front parlors are the dwelling of the house physician, office, storeroom, and what is left (there are fourteen rooms on each floor) is, as well as the whole third floor, devoted to the hospital. The school may be proud of this grand new establishment, which is an ornament for the homœopathic profession. Let us wish it God-speed, as it deserves.

M. A. A. WOLFF.

## INFANT FEEDING.\*

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

I fear some one will read our dinner-table talk at Phœnixville and not only feed their infants on the richest half of the milk pure, but also drop milk altogether at the age of six or eight months and feed on broiled beef and roast lamb. Our Secretary probably put down our talk correctly, but I did not expect it to appear in print, as it has. I would suggest diluting the milk with an equal quantity of water, and that the remarks about meat were merely intended to criticise the method of feeding on corn-starch, cracker victuals, arrow-root, etc. I suggested that if starchy food was correct, the grinders would appear first; as they do not, a meaty food is more sensible.

Yours, etc.,

W. A. D. PIERCE.

PHILADELPHIA, July 30th, 1891.

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## OXYGEN AND HYDROGEN.—A CORRECTION.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

In Vol. X of your journal, at page 400, under "Clinical Verifications," by Dr. Swan, he states that according to Hering's *Analytical Repertory of Symptoms of the Mind*, Oxygen has periodical symptoms every day *earlier*, and Hydrogen every day *later*.

On consulting the above-mentioned work, I read it just the reverse.

Respectfully,

E. V. ROSS, M. D.

ROCHESTER, N. Y., August 25th, 1891.

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## BOOK NOTICES.

TRANSACTIONS OF THE TWENTY-SIXTH SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Held at Philadelphia, September 17th-19th,

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\* See THE HOMŒOPATHIC PHYSICIAN, August, 1891, pages 335-6.

1891. Philadelphia: Sherman & Co., Printers, Seventh and Cherry Streets, 1891.

This little volume makes a very creditable appearance. The different addresses by the officers are good and to the point. And there is a determined effort on the part of the different Bureaus to give only that which is homœopathic. "Well done, ye good and faithful servants." W. S.

**SEXUAL HEALTH: A Companion to *Modern Domestic Medicine*.** By Henry G. Hanchett, M. D., F. A. A., Member New York State and County Homœopathic Medical Societies; formerly Staff Physician to the College and Wilson Mission Dispensaries; Fellow of the New York Academy of Anthropology; Member Anglican Historical Association, etc., etc. Carefully revised by A. H. Laidlaw, A. M., M. D. Third edition. Philadelphia: The Hahnemann Publishing House, 1891.

This little manual of Dr. Hanchett has reached its third edition. Put into the hands of sensible parents it will surely do a vast amount of good. Boys and girls from sixteen to eighteen years of age may safely read it.

In speaking of the glans penis and a constricted foreskin, the author says: "We find the sources of many of the nervous disorders which are known to be caused by a long or tight foreskin, and among which are troubles of every sort in all parts of the body, including wetting the bed, *stammering*, twitchings, headache, epilepsy, and even something like hip disease; none of which troubles, when arising from a long foreskin, can be permanently cured without first circumcising the patient." We have had quite some experience regarding phimosis and stammering. Having observed several cases of stammering and stuttering, we invariably found phimosis, and would advise our physicians to look out for this condition when coming in contact with speech difficulties.

The paper, printing, and binding are good. It is a chaste little book.

Buy it, brother.

W. S.

**FEVER: ITS PATHOLOGY AND TREATMENT.** By Antipyretics. Being an Essay which was awarded the Boylston Prize of Harvard University, July, 1890. By Hobart Amory Hare, M. D., B. Sc., Clinical Professor of Diseases of Children and Demonstrator of Therapeutics in the University of Pennsylvania. Philadelphia and London: F. A. Davis, Publisher, 1891. No. 10 in "The Physician's and Student's Ready Reference Series." Price, \$1.25, net.

This is a beautiful little book gotten up by the distinguished young clinician, Dr. Hare, in which he gives the experimental and clinical evidence of

Antipyrin, Antifebrin, Thallin, Phenacetine, and Salicylic-acid. It must have cost the Doctor a great deal of time and labor to gather together such a mass of evidence from the writings of German, English, French, and American experimentalists regarding these new remedies. The treatise will no doubt find a ready sale amongst our allopathic friends, because in a nutshell they can here find true reports from their best men regarding these chemicals.

Dr. Hare is a very young man, but has already achieved distinction by his several learned essays, and has been made editor of *The Medical News* and a Professor in Jefferson Medical College, of Philadelphia. W. S.

**THE CONGLOMERATE:** A weekly newspaper published by the patients at the New York State Homœopathic Hospital for the Insane at Middletown, N. Y. Price, one dollar per year; three months, twenty-five cents.

This is a clever little journal of eight pages, full of interesting matter. The number for September 16th contains an excellent article entitled "The Curability of Mental and Nervous Diseases under Homœopathic Medication," by Dr. Selden H. Talcott, Chief Physician and Superintendent of the Hospital. The paper was read at the Homœopathic Medical Congress at Atlantic City, in June last, accompanied by some convincing statistics.

A war is now being waged against the Middletown Asylum by certain correspondents of the *New York Medical Times*, and *The Conglomerate* is making able defense with the aid of the before-mentioned article of Dr. Talcott.

**FIFTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH AND VITAL STATISTICS OF THE COMMONWEALTH OF PENNSYLVANIA.** Transmitted to the Governor December 2d, 1889. Harrisburg: Henry K. Meyers, State Printer, 1891.

This public document contains the history of the work of the State Board of Health in looking after the welfare of the people of Pennsylvania for the year 1889. It is interesting particularly in showing sources of pollution in certain outbreaks of typhoid fever and in its history of sanitary work at Johnstown after the fearful flood there in 1889. It contains also a mass of other information highly valuable to the student and statistician.

**MENTAL SUGGESTION.** By Dr. J. Ochorowicz, sometime Professor Extraordinary of Psychology and Natural Philosophy in the University of Lemberg. Four double numbers of the *Humboldt Library*. Price, \$1.20. New York: The Humboldt Publishing Co., 19 Astor Place.

Much is nowadays said and written about *Hypnotism*: the more ancient term *Animal Magnetism* is not often mentioned. It is the common belief that whatever of truth there was in the doctrines of Mesmer, Puységur, and the

rest of the "animal magnetizers" is comprised under the scientific term "hypnotism," and that the modern school of Charcot, and the school of "suggestionists" at Nancy, France, represent the highest attainment in the science and art once studied and practiced by Mesmer and Puységur, and later investigated by Braid, of Manchester. But here is an author who maintains that hypnotism and animal magnetism, though they have certain superficial resemblances, are radically different from each other in their phenomena and in the modes of their production, and that the facts of magnetism are incomparably the more wonderful and the more worthy of scientific study. The title of the work, "*Mental Suggestion*," well marks the difference between hypnotism and magnetism: in hypnotism *mental* suggestion is not to be thought of, but that it exists in animal magnetism is the task of this author to prove.

The author is in every way competent to treat the subject: he is a learned physiologist and physicist, as well as a psychologist—and he has studied the matter experimentally for years. He has mastered all the literature of hypnotism and animal magnetism: his book contains an enormous amount of information nowhere else accessible outside of the greatest libraries. Just because Ochorowicz first explored the ground thoroughly on his own account and then sifted the bibliography of magnetism, he is able to estimate the true value of the work of prior experimenters and prior students and theorizers.

It is simple truth to say that no student of human psychology can afford to neglect this most able and brilliant treatise—a work original in its methods as in its points of view, and possessing moreover all the charms of a consummate literary style—in other words, consummate simplicity and clearness of expression. It is unquestionably the completest work on magnetism and hypnotism ever written: no author so well equipped for the discussion of the question ever attempted it before.

**THREE THOUSAND QUESTIONS ON MEDICAL SUBJECTS.** Arranged for self-examination with the proper references to standard works in which the correct replies will be found. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1891.

This little work is sufficiently described in its title. It contains a most excellent set of questions which for all practical purposes cover the whole field of medicine. At the end of each question is a number or a letter, which on consulting the key at the beginning of the book, will enable the student to find the proper answer in a standard work. These works consist of Blakiston's celebrated series of Quiz-compends, *Gray's Anatomy*, eleventh edition, and *Gould's New Medical Dictionary*, advertised in the pages of this journal at the beginning of the present year.

The Messrs Blakiston desire us to announce that they will send this little book *free* to all medical students sending them **TEN CENTS** in stamps to cover cost of mailing.

We cordially commend the book to students and practitioners alike.



**Scilla.**

1. Pulse small and slow, but somewhat hard.
2. Nocturnal internal chill, with external heat. Chilliness toward evening, while walking, not while sitting.
3. Dry, burning, internal heat of the whole body predominates, with cold hands and feet, and intolerance of uncovering; great sense of heat in the whole body afternoons and evenings, mostly with cold feet. Chill and pains from every uncovering during the heat.
4. Sweat wholly wanting. Absence of transpiration even with the greatest burning heat.

**Secale-cornutum.**

1. Pulse often unchanged, even in the severest attacks. Pulse mostly slow and contracted, sometimes intermitting or suppressed, only in the heat somewhat quickened.
2. Severe but brief chills, with internal, burning heat, soon following with great thirst. Unpleasant sensation of coldness in the back, in the abdomen and limbs.
3. Great, long-continued, dry heat, with great restlessness and great thirst.
4. Sweat, especially on the upper part of the body. Universal, cold, sticky sweat.

**Selenium.**

1. Pulse but little quickened, even with great ebullition of blood.
2. Constant chill, alternating with heat.
3. Mostly external heat, like burning in the skin, and only on single parts.
4. Very great sweat, especially on the chest, in the arm-pits, and on the genitals; sweat from the least movement; sweat in every sleep, both day and night; excessively easy sweating; the sweat makes a yellowish or white stiff spot on the linen.

**Polygala senega.**

1. Pulse irregular, mostly hard and quickened, with great blood ebullition; seldom soft.
2. Chill and chilliness, almost only in the open air, with weakness of the legs and oppressed respiration; shuddering

over the back, with heat of the face, chest affections, and other sufferings.

3. Only rapid flashes of heat.

4. Sweat wholly wanting, and appears only in the secondary effects of the drug.

### **Sepia.**

1. Pulse at night rapid and full, and then often intermitting; in the day, slow. The pulse is especially accelerated by anger and motion; great ebullition of blood and throbbing of the vessels.

2. Chill often appears first after previous heat; chilliness in the evening in the open air, and from every movement; chill, alternating with heat; more thirst with the chill than with the heat; shuddering chill with the pains; deficient animal heat.

3. Attacks of flying heat in the daytime, especially afternoons and evenings, as well while sitting as when going in the open air, and from mental excitement, mostly with thirst and redness of the face; attacks of heat, as from hot water poured over one.

4. Sweat copious, more after than during movement; continued debilitating sweat; constant night and morning sweating; sweat only on the upper part of the body; sweat, anxious, offensive, sour, or smelling like elder blossoms.

### **Silicea.**

1. Pulse small, but hard and quick; often irregular, and then sometimes slow; the blood is very easily in ebullition.

2. Strong chill evening in bed, increased by every uncovering; great chilliness, especially from every movement; constant internal chilliness and want of animal heat.

3. Heat predominant; frequent short attacks of flying heat in the daytime, most on the face; universal heat, with great thirst afternoons, evenings, or through the whole night; in the daytime, typical recurring heat, without previous chill, followed by slight sweat.

4. Debilitating sweat in the night or only in the morning; sweat from moderate movements, most on the head and face; great sweating only on the head; nocturnal sour or offensive sweat; sweat wholly wanting.

**Spigelia.**

1. Pulse irregular, mostly strong and slow ; pulse trembling ; pulse quicker in the evening, slower in the morning.

2. Chill in the morning, often recurring at the same hour ; chill, alternating with heat or sweat ; chill of single parts with warmth of others ; universal running chill, with concomitant heat ; chilliness from the least movement ; the chill proceeds from the chest.

3. Heat, especially on the back ; nocturnal flying heat, with thirst for beer, and heat of face and hands with chill on the back.

4. Nocturnal, offensive sweat, with concomitant heat ; sticky sweat on the hands ; cold sweat.

**Spongia-tosta.**

1. Pulse very quick, full, and hard ; strong ebullition of blood and swelling of the veins.

2. Chill, with shaking, even by a warm stove, most on the back.

3. Great heat, soon after the chill, with dry, burning skin over the whole body, with exception of the thighs, which remain cold, numb, and chilly ; attacks of overrunning, flying heat ; anxious heat, with red cheeks and weeping and inconsolable disposition.

4. Evenings, cool sweat on the face ; morning, sweat over the whole body.

**Stannum.**

1. Pulse small and quick.

2. Evening chill, especially over the back, often preceding heat, with sweat ; shuddering chill daily about ten o'clock forenoon ; chill mostly on the head ; with slight chill, strong chattering of the teeth, as if from convulsion of the masticatory muscles ; in a shuddering chill, in the forenoon, great sensation of numbness in the ends of the fingers.

3. Heat in the afternoon (from four to five o'clock), recurring daily, with concomitant sweat ; burning heat in the limbs every evening, most on the hands ; anxious heat, as if sweat would break out, in repeated attacks ; anxious sensation of heat

from the least movement; predominant internal sensation of heat.

4. Very debilitating sweat nights and in the morning, most on the throat; very debilitating universal sweat from the least movement; damp or moldy-smelling sweat.

#### **Staphisagria.**

1. Pulse very quick, but small and often trembling.

2. Chill and coldness predominate; chill and coldness in the evening, often without subsequent heat; evenings, severe chill, with shaking and shuddering and heat of the face; shuddering chill afternoons (three o'clock), from movement in the open air relieved; chill from the back up over the head, even by a warm stove; chill running down the back.

3. External heat, with thirst after midnight, followed by chill toward morning; nocturnal, burning heat, with disposition to uncovering, especially of the hands and feet.

4. Copious sweat and great inclination to sweating (inability to sweat, with headache and paleness of the face). Nocturnal sweat, smelling like spoiled eggs. Cold sweat on the forehead and on the feet.

#### **Stramonium.**

1. Pulse extremely irregular, mostly full, hard, and accelerated; then, again, small and quick; sometimes slow and hardly perceptible; also intermittent and trembling.

2. Chill and universal coldness, with redness of the face and jerking, often very long continued. Universal coldness afternoons after previous heat of the head and face, and subsequent universal heat. During the chill uncommon sensibility to uncovering. Chill running down the back.

3. Heat of the whole body, with vivid redness of the face, mostly with concomitant sweat; hot, red face, with cold hands and feet; anxious heat with vomiting.

4. Copious sweat, even with the heat, over the whole body, with great thirst; oily, offensive sweat; universal cold sweat.

#### **Strontium.**

1. Pulse full and hard, with strong throbbing in the vessels.

2. Chill in the forenoon, running down from the back to the

back part of the thighs. Shuddering chill over the head and shoulder-blades.

3. Nocturnal dry heat, with thirst. Heat which streams from the nose and mouth.

4. Sweat in the morning. Nocturnal sweat, mostly on the painful part, with increase of the pain from uncovering.

#### **Sulphur.**

1. Pulse full, hard, and somewhat quickened, sometimes intermitting.

2. Chill and chilliness, mostly internal and without thirst, mostly evenings, but also at other times of the day. External chill with concomitant internal heat and redness of the face. Severe chill at night in bed. Chills in the forenoon, in the afternoon heat, with cold feet. Chill with thirst, after previous heat. Chill going out from the toes. Chill running up the back.

3. Afternoons and evenings heat, with dry skin and great thirst. Frequent attacks of flying heat. Great heat at night, without thirst, often preceding chill with thirst.

4. Sweat nights and mornings. Copious sour smelling sweat the whole night. Evening sweat, most on the hands. Copious sweat from the least movement. Anxious, debilitating sweat, empyreumatic, sour-smelling, seldom offensive, sometimes also cold sweat. Night-sweat, only on the nape of the neck and occiput.

#### **Sulphuric-acid.**

1. Pulse small and weak, but quick.

2. Chill in the daytime, mostly in a room, relieved by movement in the open air. Frequent shudderings running down the body.

3. Heat in the evening, also after lying down in bed. Frequent flashes of heat in the evening, especially after movement. Attacks of flashing heat with concomitant sweat (in the climacteric period).

4. Copious sweat, most on the upper part of the body. Copious sweating on the feet. Sweat from every movement, which continues long after sitting down; sour sweat; cold sweat immediately after eating warm food.

**Taraxicum.**

1. Pulse?
2. Chill and chilliness, especially after eating and drinking. General chill, with headache. Shuddering chill in the open air.
3. Heat at night on waking, especially on the face and hands.
4. Very copious sweat the whole night, most in the first sleep before midnight. Greatly debilitating sweat, which causes smarting of the skin.

**Thuja-occidentalis.**

1. Pulse slow and weak, in the morning; in the evening quick and full. Strong throbbing in the veins evenings. Great swelling of the veins.
2. Attacks of chill at different times of the day, most toward evening. Chill on the left side of the body, which is cold to the touch. After midnight and morning chill without thirst. Internal chill with external heat and great thirst.
3. Heat evenings, especially of the face. Burning of the face without redness. Dry heat of covered parts.
4. Sweat at the beginning of sleep. Sweat of the uncovered parts of the body, with dry heat of the covered, and the reverse. Anxious, sometimes cold sweat. Sweat immediately after the chill without heat. The sweat is often fatty, sometimes offensive, or sweetish smelling, like honey.

**Valeriana-officinalis.**

1. Pulse very irregular and unequal, mostly very quick and somewhat tense, but also at times small and weak.
2. Brief attacks of chill which soon pass into protracted heat. The shuddering chills start mostly from the neck and run down the back.
3. Predominant, long-continued, and universal heat, often with sweat on the face. Flashing heat of the face. Increased heat evenings and when eating. Predominant heat with thirst.
4. Copious sweat, especially nights, and from movement, with great continued heat. Frequent, sudden attacks of sweating, especially on the face and forehead, which disappear equally sudden.

**Veratrum-album.**

1. Pulse irregular, most frequently small and thready, weak and slow, often lost and wholly imperceptible, seldom hard and quick. The blood runs like cold water through the veins.

2. Chill and coldness, mostly external, with internal heat, and cold, sticky sweat. Shuddering chill, with sweat, which, with the sweat, passes into universal chill. Predominant chill and coldness, running from above downward. Chill alternating with heat. Chill increased by drinking. Icy coldness of the whole body.

3. Almost only internal heat with thirst, without desire to drink. Heat evenings, with sweat. Heat rapidly alternating with chill. Alternating chill here and there on single parts.

4. Copious sweats mornings and evenings, or through the whole night, as well as with every stool. Cold, sticky, sour, or offensive, sometimes bitter-smelling or yellow-staining sweat, constantly with deadly paleness of the face. Cold sweat over the whole body, most on the forehead. Easy sweating in the daytime from every movement.

**Vitex Agnus Castus.**

1. Pulse weak and slow, often imperceptible.

2. Internal chill with trembling; with external warmth of the skin, chill alternating with heat; great chilliness, with cold hands; chill predominates.

3. Overrunning, burning heat, mostly on the face, with cold knees, evenings, in bed.

4. Sweat, mostly on the hands, while going in the open air.

**Zincum.**

1. Pulse, evenings, small and quick; in the morning and daytime slower; pulse sometimes intermittent; great throbbing of blood-vessels during the heat.

2. Chill, mostly beginning after eating, and continuing till late in the evening, and even in bed; shuddering chill in the open air, and from touching a cold object; frequent alternations of chill and heat in the daytime; shuddering chill, which runs down the back; shuddering chill before an approaching storm; constant external chilliness with increased internal warmth.

3. Internal heat with cold sensation in the abdomen and feet;

anxious sensation of heat, without external heat, through the night; heat of the face with cool body, forenoons; flashes of flying heat with great trembling and short, hot breath.

4. Copious sweat through the night with inclination to uncovering; very slight sweating through the day, from movement; offensive sweat.

The above groups of symptoms produced by the drugs named are far from being the whole number recorded as having resulted from the provings which have given us our materia medica, by which resemblances to the elements of this fever have been disclosed, thus exposing the relationship of curatives to this troublesome disease. Indeed some of the most important remedies for the fever are not found named here, the object being, not to present a complete view of our armamentarium for the conquest of this fever, but, as has been said, to give a sufficient number of these groups for such a comparative study of this element of drug action as will enable one, after familiarizing himself with these and with their differentiations, the more readily to recognize the similar differentiations in examples of disease he may be called to treat, in which differentiations the relationship of curatives to diseases only is found. If many of these seem, on a cursory perusal, to be but little other than in each a repetition of the facts of the other, a careful study will bring out the differences which characterize each, and by which each is related to the case, the specific for which it thus stands declared. If, to the unpracticed, these sometimes may seem to be trifles, let him remember that in pathogenesis and symptomatology *there are no such things as trifles*. Symptoms which to the diagnostician may be but of trifling import are often decisive in choice of the specific.

Not only are the drugs represented in the groups of symptoms given above not all of those related to intermittent fever by similar symptoms, but elements of their own action, or hints from these more or less decisive in the choice of them, for cases in which they may be found the specifics are omitted. We shall add a few of these hints or helps to right selection of remedies in cases for which we have to care.

We will, in addition to what we have already said of *Aconite*,



remark that it will seldom be found curative in this fever, in cases where the morale is tranquil. It is here, as in most sicknesses for which it is the appropriate remedy, that loud complainings and restless, fearing, anxious morale is met. The intolerance of the bed-covering during the heat, which it manifests and shares with some other remedies, is a reason for its selection of some weight, if the other symptoms of *Aconite* are present, especially its peculiar morale—*i. e.*, where the symptoms of a case are so found in two or more drugs as to put the prescriber in doubt which he shall choose, this intolerance may be a deciding symptom. The same may be said of “sweat mostly on parts covered.”

Of *Apis*, it may be noted, its chilliness with heat of hands and feet, in this being nearly the opposite of *Belladonna*, which has cold hands and feet, with hot head and face.

*Arnica*.—In addition to the symptoms of this drug given, which are quite characteristic and remarkable, it may not be amiss to say that in the beginning of the treatment of a case which has been unsuccessfully treated with abusing doses of Quinine, and notwithstanding the *quasi* old school “bragging” of success with this drug (recently mixed in the description of the treatment of this fever by pretending homœopathists, who should have known better), there are many such met. *Arnica* is often the very best remedy with which to begin to remedy the evils of this so unscientific and mischievous practice. It has brought prompt relief and made a really scientific (*i. e.*, a homœopathic) cure possible and easy by properly-selected homœopathic remedies, often this antidote to Quinine.

*Arsenicum*, perhaps after Quinine, the most frequently-administered remedy for this fever, both by old school and new, is no more a universal specific for the disease than is its near relative *Cinchona*. It is worthy of remark, and a fact of no little interest, that though these two drugs are so similar in many of their recorded effects on the organism, in those by which they are homœopathically related to this fever, they are so nearly exact opposites. The one notable fact in the elements of arsenical action which are in relation to the therapeutics of this fever is

the indefiniteness and irregularity of their expression ; and often one of the paroxysmal elements is wanting altogether. The chill and heat may either or both be slight, mixed, *i. e.*, present at the same time, or alternating, in more or less rapid succession, or be wholly wanting in symmetry of proportion as to intensity and duration of action. With *Cinchona* the opposite is true. The paroxysmal elements are clearly expressed, the three being in symmetrical proportion each to the other as to intensity and duration, and each always present. *Cinchona* is rarely curative where the paroxysm is imperfectly expressed in either of its three constituent elements. The chill, heat, and sweating are each distinct. In the element of thirst, the two drugs have distinct characteristics. *Arsenic* has great thirst in all the stages of the paroxysm, but the patient drinks but little at a time, as if it were rather a sense of dryness of the mouth and throat than ordinary thirst. It has also an intense, inextinguishable thirst for *cold* drinks, which is not satisfied with the small quantity of liquid, as in the other form. In other cases the thirst is wanting throughout the paroxysm. The thirst of *Cinchona* is different and peculiar. It is present before or after the chill, and not with it, as also with the heat. It is before the chill, between this and the heat, and not with either, and is great *with the sweat*, and always for *cold* drinks. *Arsenic* is also often curative of cases complicated with the effects of the abuse of *Cinchona* or any of its constituent elements. If, with other similar symptoms of *Arsenic* there be its characteristic bodily restlessness, which does not permit rest in any one place or position, it may be given with expectation of curative results. If, on the other hand, there be bodily tranquillity, the remedy should not be given but for the strongest reasons—*i. e.*, many other and clearly-expressed symptoms of the drug.

*Belladonna* may be given with confidence if there be coldness of the extremities with heat of the body and face, and all the more if there be delirium with the heat. It is a reason for comparison of a case with this drug if the chill be initiated in and *proceeds from the arms*. It is to be borne in mind when *Belladonna* is examined, with reference to its administration in this

fever, that most of its actions on the organism are characterized by violence. Those by which its relationship to this fever is declared are not exceptions to this general characteristic. It can be called for but seldom in cases where the morbid phenomena are but mildly expressed.

*Bryonia*, in its febrile phenomena, is characterized by violence of expression. The pulse is full, hard, quick, tense. The chill is likely to be predominant, accompanied by thirst. The heat is burning, as if the blood burned in the veins. The sweat is copious. It presents in its morale a double character, simulating *Pulsatilla* in its despondency and fearfulness in the one part, and *Nux-vomica* in its proneness to petulance and anger, does not like to be disturbed, and is averse to movement. In this last it is differentiated from *Pulsatilla*, the pains of which are, for the most part, relieved by movement, and intensified by repose, especially by lying in bed.

*Cantharis* has two peculiarities which may readily indicate it to the prescriber. First, chill followed by thirst, without heat. Second, the urinous smell of the sweat.

*Capsicum* is a remedy often called for in the treatment of intermittents. It may be profitably studied in connection with *Carb-an.*, *Carb-veg.*, and *Ignatia*. The attack of each is mostly in the evening, and the chill is with thirst. The chill is predominant in each. I have no recollection of curing this fever with either *Caps.*, *Carbo-veg.*, or *Ignatia*, where the paroxysm was not initiated with chill, in the evening, with thirst. If the sweat follows the chill immediately, omitting the heat, in these circumstances, this will decide the choice for *Caps.* excluding its then allied associates. If the chill be relieved by external warmth, or the concomitant symptoms of the fever are relieved by eating, these facts will decide the choice for *Ignatia*. If the sweat be toward morning, or in the daytime from slight exertion, and if it colors the linen yellow, or if it be most on the thighs, it will indicate *Carbo-an.* If the chill be of the left side, or accompanied by great weakness, and there be many concomitant symptoms developed during the heat, as if the sweat smell sour or offensive, the choice will be *Carbo-*

*veg.* In the absence of these distinguishing characteristics of the different members of this group of remedies, in cases where the similar symptoms of it, as given above, leave the prescriber in doubt as to which is the true specific for his case, the decision of the choice must be determined by the concomitant symptoms of the case in hand. This rule applies to all cases where the *general* symptoms are so similar to those of two or more drugs as to leave the prescriber in doubt as to which he shall select.

*Causticum*, if the chill be predominant, with coldness of the whole *left* side of the body; or the chill be characterized by *internal* coldness and passes into the sweat without preceding heat. [See *Caps.*] Morning sweat at four o'clock.

*Chamomilla* is characterized by chill and shuddering of single parts of the body, while there is at the same time heat of other parts. Chill and coldness of the whole body with heat of *face* and *hot breath*. Heat and shuddering chill mixed, with one red and one pale cheek. Anxious heat with sweat on face and scalp. Sweat in sleep, most on the head and sour smelling.

*Chelidonium-majus*.—Chill internal, in the open air, which disappears in a room. Violent chill and coldness, most on hands and feet. [See *Menyanthes.*] Sweat in the night and morning, which disappears soon after waking.

China. [See *Arsenicum.*]

*Cicuta-virosa*.—The chill and coldness go from the chest and run over the extremities. Heat slight and only internal.

*Cina*.—Chill rises from the thighs to the head. Chill not relieved by external warmth. With canine hunger, nausea, clean tongue, vomiting, and diarrhœa. Vomiting of food first, then universal chill, then heat with great thirst. Heat with delirium.

*Clematis-erecta*.—Chill then sweat without preceding heat. [Compare with *Bry.*, *Caps.*, *Caust.*, *Dig.*, *Lyc.*, *Mez.*, *Petr.*, *Rhus-tox.*, *Thuja*, and *Verat.*]

*Cocculus*.—Constant chilliness with hot skin. Sweat on painful parts.

*Coffea-cruda*.—Chill increased by the *beginning* of every movement. Frequently recurring, internal shuddering chill with heat of the face or of the whole body. Sensation of chilliness

with internal or external warmth. Dry heat at night with delirium. [See *Cina.*]

*Colocynth.*—Coldness of the hands or feet with warmth of the body. Chill and shuddering with the pains. Sweat at night with urinous smell. [See *Canth.*]

*Conium-maculatum.*—Shuddering first then heat with thirst and quick pulse, in frequent recurring attacks. Internal chill, wakes from sleep at five o'clock in the morning, with cold hands and soles of the feet, with hot face and great weakness after eight hours, with increased heat of face. Hot sensation of the whole body with perceptible warmth of the skin, dry, sticky lips, aversion to drinking, stringy saliva in the mouth, with aggravation from noises, bright light, and every movement, with inclination to sit with closed eyes.

*Crocus*, *Dulcamara*, and *Staphisagria* may be studied together. It will be found all have chill starting from the back. But *Crocus* and *Dulcamara* have thirst with the chill. *Staphisagria* has not. *Crocus* and *Staphisagria* have great thirst with the heat, while it is but slight with *Dulcamara*, or it has none at all. *Dulcamara* and *Staphisagria* have frequent urination during the chill, *Crocus* has not; *Dulcamara* has involuntary urination, and nausea during the chill, which neither of the others has. With *Crocus* the chill is aggravated by drinking and not with the others. With *Dulcamara* the chill is increased in a warm room, and not with the others. The attacks with *Staphisagria* are worse in the morning, *Crocus* in the afternoon, and *Dulcamara* in the evenings.

*For paroxysms* of the chill returning at the same hour.—Study together *Bovista*, *Hellebore*, *Kali-c.*, *Lycopodium*, *Sabadilla*, *Spi-gelia*, and *Thuja*. With *Bov.*, chill predominates, with thirst. It comes mornings or evenings, and nights; shuddering proceeding from the back; great coldness of hands and feet. *Hell.* has also predominant chill, with heat of the face; also alternating with pains in the joints. The shuddering proceeds from the arms. Chill in the daytime; heat as soon as one lies down in the evening or daytime, with concomitant sweat; aversion to drink during the heat. *Kali-carb.* Chill, mostly evenings. During the

day shuddering chills run over the body ; chills often follow the pains. Heat in the mornings in bed ; internal heat with external shuddering, slight sweating in the daytime from motion or intellectual effort, or utter absence of sweat. *Lycopodium*. Chill afternoon and evening (from 4 to 8 P. M.), with dead hands and feet ; chill one side (mostly left) ; chill followed immediately by sweat, without preceding heat. Heat of the left part, with coldness of the right ; heat running over the whole body, mostly toward evening, with frequent drinking of small quantities ; copious urine, and constipation of the bowels ; copious sweat in the daytime from the slightest motion (see *Kali-c.*) ; most abundant on the face. *Sabadilla*. Chill afternoon and evening, often without subsequent heat ; chill predominates, especially on the extremities, with heat of the face. The chill runs from below upwards ; heat, if any, is frequently interrupted by intercurrent shuddering chills, and always returns at the same hour ; thirst only *between* the chill and heat ; hot sweat on the face and cold on the rest of the body. *Spigelia*. Chill in the morning at the same hour, chill alternating with either heat or sweat ; chill of some parts, with warmth of others ; universal morning chill, with concomitant heat ; chilliness from the least motion. The chill proceeds from the chest ; heat especially on the back ; sweat may be offensive (at night), sticky, or cold. *Thuja*. Chill on the *left* side, which is cold to touch ; chill after midnight and morning, without thirst, internal chill, with external heat and great thirst ; burning heat of the face without redness, dry heat of covered parts, sweat on the uncovered parts of the body, and dry heat on the covered, or the reverse ; sweat following the chill immediately, without heat, sweat may be fatty, offensive or sweetish smelling.

There are other remedies which are characterized by the return of their intermittent paroxysms at the same hour, which may be studied where the case in hand is not represented by either of the above with the degree of similarity which will warrant its selection as the required curative. These are *Apis*, *Cina*, *Conium*, *Graphites*, *Hepar*, *Mag-mur.*, *Phosphorus*, *Stan-*

*num*, and *Staphisagria*. It is to be borne in mind where this exact return is met in a case to be treated it is a factor of importance in the control of the choice of the curative.

For heat returning at the same hour, study *Sabadilla*, *Silicea*, and *Stannum*. The absence of thirst, predominance of the chill, which appears afternoon and evening, while the heat, if any, comes after midnight and morning, is sufficient to characterize *Sabadilla*. With *Silicea* the heat is afternoon, evening, and night. With *Stannum* the chill comes forenoon and evening, the heat afternoon and evening, and perhaps in short, repeated attacks.

Sweat recurring at the same hour is found with *Ant-crud.*, *Bov.*, *Cina*, *Ignatia*, *Sabad.*, and *Spig.* For the characteristics of the other elements of the paroxysms caused by these drugs, *Vide ante*.

The time of day of the appearance of the paroxysm is of great importance among the group of elements for which we are to find a similtimum. Often it is decisive, as between two or more similar groups of the right selection. If, for example, one case presents us a group similar to *Ign.*, *Caps.*, or *Carbo-v.*, and appears at any other hour of the day than evening, to give either of them will probably only result in disappointment. In referring to this element in our problem of prescribing, we will understand *morning* as beginning at 4 A. M. and ending at 9 A. M.; *forenoon* at 9 A. M. and ending at 12 M.; *afternoon* beginning at 12 M. and ending at 4 P. M.; *evening* beginning at 4 P. M. and ending at 9 P. M.; *night* from 9 P. M. to 4 A. M.; *before midnight*, from 9 to 12; *after midnight*, from 12 to 4. With this division in mind we shall find the following medicines characterized by chill in the

*Morning*.—*Acon.*, *Agar.*, *Ambr.*, *Anac.*, *Ang.*, *Ant-crud.*, *Ant-tart.*, *Apis*, *Arn.*, *Ars.*, *Bar.*, *Bell.*, *Bov.*, *Bry.*, *Calad.*, *Calc.*, *Carb-an.*, *Carbo-veg.*, *Caust.*, *Chin.*, *Cina*, *Cocc.*, *Coff.*, *Coloc.*, *Con.*, *Creos.*, *Cycl.*, *Dros.*, *Euphras.*, *Graph.*, *Hell.*, *Hep.*, *Kali*, *Led.*, *Lyc.*, *Magn.*, *Magn-mur.*, *Mang.*, *Merc.*, *Mezer.*, *Mur-ac.*, *Nat-c.*, *Natr-mur.*, *Nitr-ac.*, *Nux-mosch.*, *Nux-v.*, *Phos.*, *Phos-ac.*, *Plumb.*, *Puls.*, *Rheum*, *Rhod.*, *Rhus*, *Sassap.*, *Sep.*, *Sil.*, *Spig.*, *Staphisag.*, *Sulph.*, *Sulph-ac.*, *Thuja*, *Verat.*

*Forenoon.*—Agar., Alum., Ambr., Am., Ang., Ant-crud., Ant-tart., Arn., Ars., Asar., Bar., Bell., Bov., Bry., Calc., Cann., Carbo-an., Carbo-veg., Cham., Chin., Cycl., Dros., Euphras., Graph., Guai., Kali, Led., Lyc., Mag., Mag-mur., Merc., Mur-ac., Nat., Natr-mur., Nitr., Nit-ac., Op., Par., Petr., Phos., Phos-ac., Plat., Plumb., Puls., Ran-bulb., Rhod., Rhus, Sabad, Sassap., Sep., Sil., Stann., Staph., Stann., Stront., Sulph., Sulph-ac., Thuja, Viol-tr., Zinc.

*Noon.*—Alum., Ant-crud., Arg., Asar., Bov., Bry., Calc., Kali, Lact., Magn., Nat-mur., Nux-v., Phos., Ran-bulb., Stram., Sulph.

*Afternoon.*—Alum., Amm., Amm-mur., Anac., Ang., Ant-crud., Apis, Arg., Arn., Ars., Asaf., Asar., Bar., Bell., Bov., Bry., Calc., Camph., Canth., Carbo-an., Carbo-veg., Caust., Cham., China, Cina, Cocc., Coff., Con., Croc., Dig., Dros., Euphras., Graph., Guai., Hyos., Ignat., Ipecac., Kali, Lach., Lauro., Lyc., Mag., Mag-mur., Mer., Merc., Mez., Natr., Nat-mur., Nitr., Nit-ac., Nux-v., Petrol., Phos., Phos-ac., Puls., Ran-bulb., Rhus, Sabad., Sep., Sil., Spig., Spong., Stann., Staph., Stram., Sulph., Sulph-ac., Thuja, Verat., Zinc.

*Evening.*—Acon., Agar., Alum., Ambra., Amm., Amm-mur., Ant-crud., Ant-tart., Apis, Arg., Arn., Ars., Asar., Aur., Bar., Bell., Bor., Bov., Bry., Calad., Calc., Camph., Canth., Caps., Carbo-an., Carbo-veg., Caust., Cham., Chel., China, Cina, Cocc., Cal., Con., Croc., Cycl., Dule., Fer., Graph., Guai., Hell., Hepar, Hyos., Ignat., Ipec., Lach., Laur., Led., Lyc., Magn., Mag-mur., Meny., Merc., Merc-corr., Mezer., Mur-ac., Natr., Natr-mur., Nitr., Nit-ac., Nux-mos., Nux-v., Op., Par., Petrol., Phos., Phos-ac., Plat., Plumb., Puls., Ran-bulb., Ranscel., Rhod., Rhus, Sabad., Sabin., Samb., Sassap., Scill., Sep., Sil., Spig., Spong., Stann., Staph., Stram., Stront., Sulph., Sulph-ac., Thuja, Verat., Vit., Zinc.

*Night.*—Agar., Alum., Ambr., Amm., Amm-mur., Ang., Ant-tart., Arg., Ars., Bar., Bell., Bor., Bov., Bry., Calad., Calc., Canth., Caps., Carbo-an., Carbo-veg., Caust., Cham., China, Can., Creos., Dros., Euphras., Ferr., Hepar, Hyos., Iod., Ipecac., Kali, Laur., Lyc., Mag., Mag-mur., Mang., Merc.,



THE  
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. XI.

DECEMBER, 1891.

No. 12.

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EDITORIALS.

A RETROSPECT.—With the present number, THE HOMŒOPATHIC PHYSICIAN completes the eleventh year of its existence.

Of its record its friends may be justly proud. It was started to maintain the cause of pure Homœopathy. At the time it was founded there was no journal that could be depended upon to teach the pure doctrine and to maintain it against all foes, except that elegant quarterly, *The Organon*, published by Dr. Skinner. But Dr. Skinner suddenly ceased his admirable work and the cause of similar medicine was without an advocate. Thus there was left a field for the publication of a new journal which should set this one object of teaching Hahnemannian Homœopathy before it as its guiding principle.

The venerable Dr. Adolph Lippe, perceiving this opportunity, and feeling keenly the absence of a publication that should lead the profession into the paths indicated by Hahnemann, determined to start a new journal that should be the worthy successor of *The Organon*.

Looking about among his younger friends for a suitable editor, he selected Dr. Edmund J. Lee. Thus was founded THE HOMŒOPATHIC PHYSICIAN, a journal with a mission and a journal that contained within itself the elements of success because it had a mission.

For nine years Dr. Lee conducted the journal with consummate ability and the hearty approval of Dr. Lippe, until his health gave out and he relinquished it to the management of the present editor and his associate, Dr. George H. Clark. The latter, after a service of nearly two years, has withdrawn, leaving it entirely in the hands of the writer of this article. Our readers will miss the brilliant and incisive editorials of Dr. Clark that have enlivened its pages and extended its influence, but we expect to enrich our pages from time to time with articles from the same gifted pen.

In saying that this journal is successful, it must not be understood that it yields large pecuniary profits, for it has not succeeded in such a result. But it has achieved an influence for itself second to none in the journalism of our school, simply because it has remained true to its mission. Even its bitterest enemies know well that if they wish to learn what is the current of thought among pure homœopaths they must consult its pages.

It will continue in the future as in the past to maintain its medical principles, and the record it has made in the past will be a guarantee for the future.

It now remains for the profession to show their appreciation of it, to give it their indorsement by promptly paying their annual dues and by contributing articles to its pages. Every practitioner of Homœopathy should realize that the maintenance of this journal is the maintenance of his own standing in the community. As pure Homœopathy faithfully applied will achieve more cures than mixed or rational methods of practice, so those who avail themselves of it must constantly increase the number of their patients. That they may be enabled to properly apply the method, they must continually read a journal that keeps it vividly before their minds. Such a journal is *THE HOMŒOPATHIC PHYSICIAN* that should number every man in the profession among its friends and supporters, and have not a single enemy, for none can have an honest grievance against it.

W. M. J.

IS IT HOMŒOPATHY OR ISOPATHY?—In the November number at page 425, Dr. Swan in his article upon “Homœopathy or Isopathy,” says: “They cannot realize the change that potentization makes in the drug, changing it from an isopathic substance to a homœopathic remedy.”

With all due regard to Dr. Swan, who is numbered among the friends of the editor, it seems proper to take issue with him upon this point. It is impossible to understand how simply potentizing any substance can make it homœopathic to any disease condition whatever.

Any drug in the materia medica may be homœopathic to any conceivable disease condition when the totality of the symptoms of the one agrees with the totality of the symptoms of the other. On the other hand, no drug in the materia medica can be homœopathic to any disease condition unless its symptoms do so agree.

Under what circumstances does a drug become homœopathic to a sick condition? The answer obviously is that when it has been proved and the provings have been recorded, we have the information just *what* is its sphere of action; just *what* it will do. Then when we compare this record with the symptoms of the patient we perceive that it is or it is not in agreement with them. Accordingly we say that the drug is or it is not homœopathic to them; and that is only another way of saying that it is or it is not *similar*. How then can a morbose product be homœopathic to a sick condition simply by the process of potentization? How do we know that it is homœopathic when we have no record of provings of it with which we may compare the symptoms of the patient?

It is known to the writer, of course, that Dr. Swan claims that the symptoms of a disease are a virtual proving of the morbose product of that disease. He has maintained this dogma with great courage and perseverance in the face of a storm of opposition and even reviling. But it may be submitted that many diseases have more than one morbose product, and the morbose product varies from time to time. Which one of these products will he select; at what stage of its development, and

on what grounds? In addition to this difficulty, it would seem that such a procedure compels us to recognize *disease as an entity* with invariable manifestations instead of a sick condition with varying character. This relegates us to the domain of the old school of medicine, whom we hold to be in error.

There can be no objection to Dr. Swan's introducing morbose products into our materia medica if he will but *prove* them. That is the corner-stone of all medical advancement, and its importance is virtually acknowledged by the regular school. Without it we float on a sea of doubts having neither rudder nor compass to guide us.

W. M. J.

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NOTE: The proof of the foregoing article having been shown to Dr. Swan, he wrote the following reply:

#### IS IT HOMŒOPATHY OR ISOPATHY ?

Hahnemann, on page 196, *Chronic Diseases*, says, "I call Psorin a homœopathic antipsoric, because if the *preparation* (potentization) of Psorin *did not alter its nature to that of a homœopathic remedy*, it never could have any effect upon an organism *tainted with that same identical virus*." (Italics are mine.) What is said of Psorin is equally applicable to all morbose products. Experience proves that the symptoms of a disease are a virtual proving. A disease may have more than one morbose product, but the virus that caused the disease lies in the product, whether it be in the pus or gall or blood. Dr. Swan is satisfied with his belief in the symptoms of a disease being a proving, and those who do not so believe should prove them themselves. One thing is a fact, these morbose products potentized do cure. They are either isopathic as some contend or homœopathic, but they cure under either name. Hahnemann says they must be homœopathic or they would not cure. S. SWAN.

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#### IN MEMORIAM—P. P. WELLS, M. D.

In announcing to the homœopathic medical profession the sad news of the death of Dr. Phineas Parkhurst Wells, we feel we chronicle the greatest loss to medicine since the deaths of Constantine Hering and Adolph Lippe. Another, almost the last, of the able men known as the "old guard," has left our ranks for good, and none can point out his successor! For it is not overstating the truth to assert that no homœopath, since Hahnemann, has done more to teach the true principles of Homœopathy than did our venerable friend and teacher, P. P. Wells. The object of his teaching was rather to inculcate cor-

rect doctrine than to teach the *materia medica*, as did Hering and Lippe. He believed, and correctly too, that each practitioner should be taught how to study and to apply the *materia medica* rather than to be taught the *materia medica* itself or its application to any special cases. No worthier or abler follower of Hahnemann has yet honored the ranks of the homœopathic school; he was indeed the compeer of any of the able men who were his associate practitioners for so many years, and fellow-pioneers in establishing Homœopathy in America.

As is well known to our readers, Dr. Wells had been an invalid for many years; for the last year or more he had been confined to his bed or his chair, weak in body but still vigorous in mind. Feeling that his work in this world was done, and well done too, this old warrior could well recline upon his couch and calmly await his release, with Christian fortitude and hopefulness. Like the Apostle St. Paul, he too could well exclaim: "I have fought the good fight, I have finished *my* course, I have kept the faith." And so with work completed, house in order, and folded hands, this veteran Christian physician departed this life, Monday morning, November 23d.

Dr. Wells was born in New Hampshire, in 1808, was first a printer, and later studied medicine, graduating at Dartmouth in 1833. About the year 1843, he moved to Brooklyn and began the practice of Homœopathy there. At the same date came also Dr. A. C. Hull. These two, as then required by law, applied for membership in the Allopathic County Medical Society, but being homœopaths were rejected. Dr. Hull brought suit against the society to force them to elect him a member, which suit he won after *sixteen* years. He then very properly refused to join them, as a homœopathic society had in the meanwhile been organized. Dr. Wells prospered in his practice, it increasing steadily as his energy, ability, and conscientious skill merited. For many years he was the leading homœopathic practitioner of Brooklyn. So devoted were his patients to him that they continued to call and consult him even while confined to his bed. He was most conscientious and diligent in his work and very successful as a healer.

Dr. Wells was a thorough believer in Homœopathy, in all of it. He did not accept part and reject part; he believed in the law of the Similars, in the single remedy, in the minimum dose of the potentized remedy; he believed in chronic miasms as causes of disease. He believed all these because he had tried them one by one, and had proven them to be true. At the meeting of the I. H. A., at Saratoga, Dr. Wells said, as his farewell words to his friends: "I have hardly words, Mr. President, to express my gratification at the approval of yourself and our associates, and the more because I am quite impressed with the probability that this is the last meeting of our Association I shall ever attend. The probabilities are that before you assemble again I shall be called up higher. I was not in favor originally of the formation of this Association. I thought my mission was rather in the old Institute, which I helped to create, and thought that there I should strive to bring it into a state of life and truthful activity, from which it has departed. I have changed my mind. I have given my whole interest and affection to this Association; and if I am never permitted to meet you again, I would like to leave with those who survive me my testimony, once and forever, to the truth of the law which governs our Association, which has our utmost confidence, and to urge the Association, if I am gone, to spare no effort, to count no exertion too much which shall extend the confidence we have in our law, and which shall increase our influence to induce others to come into active support of our truth."

In his address as President of this Association, he gives us the keynote of the success of his life. After a masterly analysis of the principles of homœopathic philosophy, he adds: "What, then, are the members of this Association to do, the results of which shall justify their existence as an associated body? We know of but one thing, and that is *work*—earnest, honest, incessant work." And it was just this kind of work that made Dr. Wells a leader in Homœopathy. He was not satisfied, as most physicians are, to labor only as a practitioner; not satisfied to be merely a skillful homœopathic physician, whereby he could gain fame

and wealth, but he desired to lead others, to teach others the true practice. He labored not only for himself, but for the whole profession. So we find the chief homœopathic journals for the past forty years have been enriched by his pen. And no writer in all the field of homœopathic literature has written better, more forcibly, or more consistently than he, for during all those years Dr. Wells taught true Homœopathy.

He was very active in the meetings of many medical societies; was one of the few who organized the American Institute; also, later on, the International Hahnemannian Association. His address before that Association, at its first annual meeting, was a superb effort, outlining the character and purposes of the new organization. It might well be read at the opening of each annual meeting, to serve as a reminder of its original purpose, and as an incentive to energetic work.

Ever since *THE HOMŒOPATHIC PHYSICIAN* was established, Dr. Wells has been a steady and most valued contributor to its pages. Many of these papers are classics amongst homœopathic literature, which will amply repay frequent and careful study. It is to be hoped that the most useful of them may yet be gathered together in book form for permanent keeping.\* Our school possesses no such essays from any other pen and hence cannot afford to allow these to be neglected and lost. Amongst the many and varied contributions to our current literature from this gifted pen may be mentioned essays upon rheumatism, scarlet fever, typhoid fever, diarrhœa, dysentery, and his last effort, now being published in this journal, a treatise upon the treatment of intermittent fever. This last is a masterpiece and is, as Dr. Wells himself said, the crowning work of his life.

The secret of Dr. Wells' success in practice and of his influence upon his colleagues may be found, we believe, in the advice already quoted, "earnest, honest, incessant work;" at another time he said: "I have been all my life a learner." An earnest, honest man influenced by a love of truth and for his fellow-men

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\* A list of the most useful and practical of these essays has been given in this journal, Volume XI, p. 51.

could not fail of success ; it is a laborious, difficult path but a sure one.

The homœopathic school in America can ill afford to lose such a man as Dr. Wells ; he leaves a void not readily filled. Yet if those who are left to take up and continue his work are influenced by the same honesty, the same energy and love of the truth, then the good work will not lag nor will we cease to be thankful for the life and example of our departed friend and teacher.

EDMUND J. LEE.

## WHAT ARE THE REMEDIES?

ROBERT FARLEY, M. D., PHENIXVILLE, PA.

The correct answers to the questions given in the October No., at page 393, are as follows: I, Robinia ; II, Robinia ; III, Robinia ; IV, Graph., Nat-m., Puls., Sabin. ; V, Calc-p., Cannab., Croc., Cycl., Kali-jod., Merc., Nux-v., Sabina, Thuja ; VI, Croc., Mancin., Sang. ; VII, Salycyl-ac. ; VIII, Salicyl-ac. ; IX, Secale ; X, Sarsap. ; XI, Sarsap. ; XII, Sarracenia ; XIII, Sarsap.

The following additional questions are now submitted for determination ;

XIV. Sensation of cold wet cloths against the thorax in the infra-clavicular regions and in the left infra-mammary region, when out of doors ; disappearing when going into the house ?

XV. Creeping and crawling under the skin like mice ?

XVI. Thinks his head is falling out of bed ?

XVII. Thinks there is a devil in his stomach contradicting all he says ?

XVIII. Thinks his body is divided and he cannot get the pieces together ?

XIX. Feels that she cannot any longer exist ?

XX. Thinks his feet are gone and he is walking on his knees.

XXI. Fears to be touched ?

XXII. Aversion to being touched ?

XXIII. Vertigo arising from epigastrium ?



## PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.

MALCOLM MACFARLAN, M. D., PHILADELPHIA.

When a medical officer in the United States service, stationed in Southern Alabama in the summer of 1865, I was frequently baffled in my efforts, as were others, to cure dysentery, so common and fatal among the troops. I wrote North to a young friend, not then a physician, who sent me Hahnemann's *Organon*, *Hull's Jahr*, and, later on, Fincke's book, and some of his and other potentized medicines. I read the books and made successful use of the remedies, particularly Corrosive Sublimate and Opium. Next year I began systematic provings with the medicines sent, and others of my own preparation. My plan was then, and has been ever since, to work with one remedy for several weeks, giving it to an individual in water every hour or so until symptoms developed, as many persons taking it at the same time as I could conveniently obtain. While with some I could get no satisfactory results, yet out of a sufficient number of others who were sensitive I observed symptoms common to all those affected to enable me to understand the remedy, and, most important of all, to convince me beyond a doubt of the truths of Hahnemann's *Organon*. Just as there are some who will not be affected by causes which produce disease in others, so a potentized medicine will not always bring out its characteristic symptoms on some provers, although my observation teaches me it is much more likely to act, or is more to be depended on than infection or similar cause of disease. Idiosyncrasies are called out in proving, peculiar to an individual, of which I have taken no notice. They may be produced often by other medicines, and so are misleading. My object has been to collate a *few* reliable symptoms, not as *many* as possible. What is written is, to the best of my knowledge, true, and was worked out originally for my own guidance and information. It is now given for what it may be worth to the profession. There is nothing herein copied nor obtained from any one else. The symptoms are responses

of nature as far as I could understand her. From time to time I have given these records, in a fragmentary way, to others, but for the first time do they appear in this completed form. The work was apparently so small and imperfect, so slow and difficult to compile that I have long hesitated to publish these results of my observations for a period of twenty-five years. It is given as an encouragement to those traveling the same road; perhaps as a help, and especially to those investigating for themselves without accepting the dictum of anybody. I have also looked upon it as a contribution and an acknowledgment for the benefit received from the teachings of others. The provings, as far as possible, are in the language of those on whom they were made.

Just now, when a strong tide is setting against anything like *Hahnemannian* Homœopathy, and its practice dwindling and almost obsolete, it may induce others to investigate or prove highly potentized remedies, because it is believed by those who use them that they are curative in cases where other remedies fail. It is not possible to have any belief in them otherwise. He who ridicules without having made a patient investigation is not competent to pass an opinion on their merits. I am sure the result will be surprising, and make a convert of any candid investigator. In this way can the losing cause be placed on a sure basis. The methods and brilliant cures of the former generation of homœopaths, by whom the system was established, are almost unknown, and to-day there is practically no difference between the allopath, who uses parvules and triturates, and the homœopath usually met with.

The remarks are mostly made concerning Fincke's high potencies, but are equally true of those made by Jenichen and others, as I have frequently verified.

The medicines were given in water as a rule. *Patients never knew that they were making provings of medicines.* The pellets were put in one-half a tumbler of water and a teaspoonful at least every two hours, often every hour. Symptoms generally occurred on the third day. The provers in many cases had local ailments, fractures, injuries, etc., which did not interfere much with their general health or complicate medicinal symptoms.

ACONITE-NAP.<sup>50M</sup>.

Caused such free sweating, to make use of patient's language, you could have wrung out his shirt. It checked or modified night-sweats for awhile in a number of consumptives, and moved the bowels three times a day, liquid stools. Almost the first effect of highly potentized Aconite is to cause perspiration quickly.

Profuse sweat during sleep. Great inconsolable anxiety. Anxious feeling. Rash like measles, lasting only a day or so. Free sweat, with pain in joints and muscles.

ACTÆ-RACEMOSA<sup>5C</sup>.

Given to a man every hour during the day for two weeks caused slightly bloody urine; urination frequent. Sick feeling in epigastrium, costive.

It was noticed that it suppressed menstruation in a certain number of females, in addition to urinary symptoms.

ADEPS-SUIS.<sup>1M</sup> (F.).

*Constipation.*—Hard, dry stool, cramps in stomach.

Bowels that were constipated now move daily, weakness after the stool, cramps about the navel, severe pains between the last lumbar vertebra and sacrum.

Such great weakness behind her knees in popliteal space that the prover could hardly get up. Hips and elbows painful on motion.

Hard, dry, insufficient stool not easily expelled. Caused bowels that were constipated to move daily. I have frequently verified this in curing constipation when there was loss of expulsive power in rectum. Stools dark, hard, and dry.

ÆSCULUS<sup>50M</sup>.

Headache, drowsy, walking difficult, so weak; legs ache; all provers complained of extremities being much affected, bowels loose.

Hands and face swell up enormously and increased so after washing. Pimples appeared on face and body. This was no-

ticed in only one case where medicine had been given for several weeks.

Many pimples on the face, few on the body, in most provers.

AGARICUS-MUSC.<sup>47M</sup>.

Completely relieved a severe bearing-down sensation in the uterus, which I had been treating unsuccessfully off and on for a year and a half. After some weeks it returned slightly, when she had not been taking the remedy, but was cured by a second exhibition of it. Soreness in ovaries.

Given to a number of females, produced general stiffness. Arms and back of neck stiff. Little hard, red pimples scattered all over the body, like flea bites. Never has been so sleepy as during this last week. (Second week of the proving.)

Beating on *top of head* toward forehead, cured bearing-down pain, *very thirsty*, never has been so thirsty, twisting pain in umbilicus, pain in both hip-joints, gets up stiff like an old rheumatic, stiff joints in general. *Soreness* deep in two spots four inches on either side of middle of sternum, hurts or weakens her to breathe deeply or speak continuously, little hard pimples break out on side of her nose and about her lips.

Given every hour for a week caused cramps and chills as if she were going to have the ague, couldn't remain up, had to lie down, had to pass water all the time, severe bearing-down pain when she attempted to walk. Talking in a loud voice and deep breathing hurt her in the right ovarian region, bowels now move twice a day instead of once. These symptoms were most violent on the third day.

AGARIC-MUS.<sup>2M</sup>.

Sick at stomach, threw up a good deal, abdomen very sore, below the navel sore to touch.

AILANTHUS<sup>45M</sup>.

September 20th, 1872.—Mary W., widow, aged forty, medicine every two hours during the day, symptoms after a week: Had a slight trouble with her knee as if sprained; had always been in good health. "If she touches or presses her lip it will

puff up and appear to be sore, there is now a ragged, deep little sore near the angle of the mouth ; the lower lip has a crop of angry blisters about it. Violent itching sensation about the ears, back of the neck and less in degree about the face. The skin has divided off into red raised blotches ; intense desire to scratch the blotches. A water blister came on the end of her thumb ; small blisters appeared at tips of fingers ; her chin one day was bright scarlet ; another day her ear had the appearance of erysipelas, from slight rubbing. Skin of face very itchy and becomes very red on the least rubbing."

Curative in a case of chronic acne in a young girl.

ALCOHOL-SULPH.<sup>50M</sup>.

Pains nearly every day, mostly after dinner, in head, through temples, very sharp ; numb all through top of her head, in scalp.

ALETRIS-FARINOSA<sup>45M</sup>.

*Severe pains* in the rectum or anus, frequent desire to have a stool ; diarrhoea on second, third, and fourth day ; the pain when she had a movement was violent, felt as if she was forcing a passage through an obstruction ; feeling of exhaustion ; when she stoops down head gets dizzy, eyes feel sore and dim ; spits a good deal and raises mucus ; feels as if she wanted to cough and cannot.

ALUMINA<sup>91M</sup>.

*Can pass urine only during stool.* Frequent stools. Stools with traces of blood.

AMMON-CARB.<sup>50C</sup>.

Given for ten days every two hours, produced a red rash like erythema with a great deal of heat ; burning and fever ; burning feeling in eruption ; skin raised in welts in some places.

Dry cough at three A. M., or toward morning, occurred in a great number of provers.

ANTIMONIUM-CRUD.<sup>60M</sup>.

Eyelids inflamed, water a great deal, can hardly keep them open ; feels sleepy ; eyes feel as if too heavy to keep open, very sore ; worse in morning ; left eye most inflamed.

APIS-MELL.<sup>85M</sup>.

Loose bowels ; watery, green, slimy stools ; no vomiting, etc. Repeated verifications of this. Cured with this remedy many cases of cholera infantum. Frequent green stools with disposition to congestion of brain ; starting, jerking, eyes rolling ; later on disposition to constipation.

Caused great tearfulness or disposition thereto, verified many times.

Quickly checked shrill screaming in a severe case of congestion of brain, young child teething.

*Cured* a very bad case, over a year's standing of chronic diarrhoea with many small passages of blood and mucus in a woman at critical period. Curative in difficulty of urination common to children. Often relieved very red enlarged tonsils. Scalp sensitive in many provers.

APIUM<sup>69M</sup>.

Dull aching in forehead ; severe pains in bowels ; sharp pains in ear when chewing or moving jaws ; eyes feel as if sand in them. Some provers vomited while taking the remedy.

APOCYNUM-CANN.<sup>60M</sup>.

Feels as if she was hungry ; and when she tries to eat, food appears to settle in epigastrium, becomes sour ; continued distress in epigastrium, feels as if she could do nothing but cry ; does not want to speak, very low-spirited, weeping ; tongue greatly coated, brownish white ; dizzy, headache, drowsy in afternoon, restless and wakeful at night. Urine pale and greatly increased in quantity.

APOCYNUM-CANN.<sup>60M</sup>.

Patient becomes very drowsy and vomits very often ; pulse is very slow. Cured a most inveterate case of wetting the bed at night in a girl aged twenty, affected all her life, and treated by many without success.

Cured general stiffness of legs and body, painful on motion.

Cured frontal headache, sick at stomach, restless at night. *Stiff knees* often verified this symptom—stiffness not similar to rheumatic trouble.

ARANEA-DIADEMA<sup>45M</sup>.

Male prover. Produced a boil on left side of penis, near pubes ; constant desire to pass water, but with difficulty. Severe pain along the urethra, extending from the glans.

Woman, misty sensation before her eyes ; felt so tired that it appears as if she would drop ; bowels now move daily, which were four or five days constipated. Vivid dreams, screams out, and cannot sleep again.

After taking the remedy two weeks, had to stop it, as it partially suppressed his urine. He passed only four or five ounces during the day ; no burning. Urine appeared darker than natural ; had to stand and wait a long while before it would come. Sensitive to pressure on either side of his bladder ; no energy. Urinary symptoms verified in other provers, showing diminished secretion.

ARGENTUM-NIT.<sup>45M</sup>.

In a woman produced severe symptoms, similar to angina pectoris, difficulty of breathing, choking, and sensation of pain about the heart ; her friends thought she would die ; sent for me in a great hurry. Attacks lasted fifteen or twenty minutes. In others produced distressed spasmodic breathing.

ARGENT-NIT.<sup>45M</sup>.

Swollen left side of the face, with a great deal of heat and burning ; lips greatly swollen, inside of the mouth much swollen ; earache, marked soreness in flesh and limbs. Female provers.

ARNICA-MONTANA<sup>2C</sup>.

Every hour during the day, for two weeks, produced a rash like scarlatina at first, then papular eruption ; which changed in a few days to a crop of small boils, half the size of a pea, all over the body. One prover.

ARSENICUM-ALBUM<sup>103M</sup>.

Sick at stomach ; did not vomit ; great weakness, dizzy headache on top of head, no appetite, no particular thirst, slight fever and sweat every afternoon, some difficulty in breathing, like asthma. She was compelled to lie down, she was so weak ; her

left ear discharges slight moisture; face swollen up, sighing for breath, panting on exertion; bowels have been regular; watery discharge from nose, *fainted* several times during the week.

ARSENICUM-ALBUM<sup>6M</sup>.

Appears to be most useful in ophthalmia when photophobia is present. I have often verified this symptom.

Fainted several times while walking out. She had never fainted before. Had been taking the medicine four days when this occurred. Cannot sleep after three A. M. She gets up in a fright from vivid dreams. Very low-spirited.

*Night-sweats*, chilly and feverish, mostly toward sundown. Throat quite sore and painful, back aches, buttocks sore to touch, appears as if a lump came like a hurt in her throat. It seems as if she was swollen throughout her whole body, pain extending from her head to her right shoulder and down her right side. Could not sleep because of anxiety. Fear that some evil will overtake her.

ARSENIC-ALBUM.<sup>6M</sup>.

Prover wakes in a horrid fright at three A. M. Cannot be convinced but that something dreadful will happen him.

Fainting in a woman when out walking verified often, never happened before.

Cured a case of ascites following chronic diarrhœa. Made comfortable many suffering from Bright's disease—with general dropsy.

Eyes misty at times, fainty feeling, could not see well at times, eyes not inflamed, did not water, feels as if she had a load in upper part of both lungs, feels as if she would smother.

Highly curative in some cases of scrofulous ophthalmia and ophthalmia tarsi where the disease is communicated, as in children.

Cured cases of scald head, belching, frequent and small stools, inability to sleep well because of mental anxiety. In giving Arsenic to those with ophthalmia it produces great intolerance of bright sunlight, not candle or gas light, cannot endure the rays of sun or bright daylight. Caused feeling of weakness as if he would faint.

[TO BE CONTINUED.]



## SCIENCE AND OLD MEDICINE CONTRASTED.

T. F. POMEROY, A. M., M. D., PROVIDENCE, R. I.

As ideas, like words, figures, chemical elements, and musical notes, are elementary and few in numbers as compared with the combinations of which they are susceptible, the difficulty of presenting those that are new is met at the threshold of an attempt to write an "original paper." This is peculiarly the case with a subject whose themes have long ago been exhausted, as is the fact with the one I have chosen for my paper on this occasion.

I may, however, avail myself of the capabilities for new combinations of old ideas with those of more recent date, in relation to subjects that are akin to that of medicine, notwithstanding the barrenness of ideas that has characterized the medical profession in relation to therapeutics, fully up to the commencement of the present century. For, while in all those branches of scientific investigation that are elementary and collateral to medicine, vast progress has been made, medicine itself, as an art, has been content to rest where the dark ages of the past had left it, so that to-day, even as then, the majority of its representatives are satisfied with the usages and with the methods, as they are with the means of cure that were then customary, and these are still the prevailing and popular ones upon which the great bulk of the human race relies in its utmost needs and under its sorest trials. This is due to those causes that have already been alluded to in a former paragraph, barrenness of ideas, as also to a neglect of those means of development, and of those processes of evolution that have insured the greater progress that has been made, both in science and art, everywhere but in medicine; those resources have evidently not been called into requisition in the cultivation of the medical art.

In mechanics, if we look at the steam engine of the past and of the present, we shall behold the great strides that have there been taken in the line of progress and improvement.

Some of us here can recall those primitive structures that

were regarded with wonder and astonishment, as they were by steam propelled all along the course of the Hudson, and under the observation of the sparse populations contiguous to the great lakes not a very many years ago ; and the first specimens of steam locomotion upon land, which the writer can well remember, within the past fifty-five years, that transported—in more senses than one—the passengers of those stage-coaching days from Albany to Schenectady, only sixteen miles of the journey to the then far West of Ohio and Michigan.

Look now at the magnificent and commodious steamships that traverse the wide ocean in every conceivable direction ; regard the superb structure, that almost thing of life, the locomotive of the present day, with its long train of handsomely equipped and artistically constructed cars, supplied with every convenience and comfort that the weary or the exacting traveler could demand, and behold the march of progress. A progress that is the result of the evolution and the development of ideas. The first steamboat, the first locomotive were but, so to speak, the efflorescence, the flowering out of a simple idea, I might almost say, of the germ of an idea.

This physical manifestation of this first idea suggested new combinations of it with others that had already been made manifest and utilized, and so on from one improvement to another, until the present splendid triumphs of science and art, as applied to mechanics, have been thus reached.

An idea, a series of continually evolving ideas, were the germs, the seed about which all these results have clustered. Like the seeds of vegetation and their germs which supply themselves with nourishment from the elements that surround them, combining and arranging their particles in obedience to fixed laws, until we witness the magnificent forest, the prolific grains and fruits for the food of man and beast, and the beautiful flowers of the field and garden.

Who can tell how far apart are the ideas out of and from which such superb results of mechanical art have sprung, and the controlling principles and laws that determine the development and manifestations of organic life. In the construction

of machinery are not living principles and eternal laws as truly operative and potent as in the more subtle and hidden processes that result in living organisms? May it not be that both series of results are due to a similar, if not to an identical relationship of cause and effect?

Both are indeed supplied and perfected from common elements as they are constructed and developed through the agency of common laws and universal principles.

Again, let us regard the vast attainments in science and art that have been made while medicine has thus remained stationary and dormant through its many years of hybernation, its sleep of centuries, and we will but glance at them, hardly more than to enumerate some few of them.

Compare the chemistry of the last with that of the present century, especially as applied to the arts and to kindred sciences; who would recognize the relationship from its present standpoint with that of the past? even within the memory of the writer it has almost passed recognition and comprehension. Then, the discoveries in astronomy and microscopy, and the revelations that are constantly made manifest through their agency; so also the vast and important advances in spectroscopic analyses and their results; the media of communication and inter-communication between points near and most remote furnished by telegraphy and its kindred agents; the processes of transferring, almost by magic, the images of objects, the symbols of thought, into tangible and convenient shape for use and ornament; the wonderful developments in the art of printing, and the great perfection attained in the construction of the printing press and its wonderful results and transformations. So also in biology—the science of life, the science of the sciences—have thought and research begun to bestir themselves, and ideas hitherto widely separated have commenced the processes of affiliation and of association, combining into definite forms, and into propositions, many of which await farther investigation and ultimate solution. Investigations and problems that reach back into the ages, that dig down into the hidden depths of the earth, that stretch forth into the spheres, that question as to the origin and

history of the universe, that consult the very arcana of nature, and that stop at nothing that is between heaven and earth. Investigations that regard the most subtle, as well as the most material of the processes and manifestations of life, that relate to mental as to physical phenomena, that find analogies everywhere, and correspondences on every hand; in fact, that tend to unity and harmony, to universal similarity and relationship, to a grand incomprehensible central idea, the germ, the source of all things in the heavens above and in the earth beneath; that regard all organic life as but a microcosm, a representative of the universe itself, the outcome of an infinite series of evolutions and developments, obedient to the same eternal laws, subservient to the same subtle forces and constructed from the same elementary material. Such in general terms is the nature and direction of biological research, a science so vast, so comprehensible that it embraces all the rest within itself, one that cannot be regarded nor investigated without involving a knowledge that is universal, an apprehension that is eternal, a full comprehension of which must ever be unattainable.

It is "passing strange" that the medical art, the one whose relations are so exclusively confined to organic life, for the preservation and maintenance of its forces in equilibrium, and in the exercise of their highest capabilities should have been eminently the laggard in all that pertains to progress and development. It is astounding that it should have been an art so barren of ideas, one so destitute of a capacity for appropriating those of other arts and of the collateral sciences also, to its own use, and of recombining them for its own advancement. That such, however, is the fact cannot be controverted; almost daily and hourly does the evidence of it come under the notice of ordinary observation. But originality in the conception of ideas has not, nor ever has characterized the medical profession. It has rather been distinguished for its decided and persistent opposition to all such innovations, as are the outgrowth of original thought, as it has ever treated the authors of them with its disapproval, and not unfrequently, with persecution and a vindictiveness worthy of the bigotry that belongs only to ignorance and superstition.

While we may not be able fully to explain the causes that have led to these results, or to deny the facts or the history that records them, we are left to lament the consequences that an equally faithful history has also recorded, a history written not merely in books, but that is as indelibly stamped upon the victims of this ignorance and intolerance through a long succession of generations as upon the profession itself.

Why the medical profession did not, long before the present century, detect the intimate relations that exist between the three great kingdoms in nature, the mineral, the vegetable, and the animal, in relation to itself, why it has remained oblivious to the suggestions of nutrition and development incident to these relations, is a question, the solution of which has puzzled wiser heads than ours.

Why it has not from these facts of nutrition and growth, facts that have necessarily existed since the advent of organic life upon the earth, deduced a system of therapeutics commensurate with those relations is another cause for wonderment to those who, at this advanced period of the history of the world, have begun to enter upon the investigation and the practical application of them. From our standpoint the inference is most direct and legitimate that upon those laws that determine the facts and the phenomena of organic life must its continued existence and its healthful conditions depend; and that the same elementary constituents that enter into its construction, that administer to its nutrition and development, that maintain its functional action and direct its forces are requisite for the maintenance of their integrity and for the restoration of their harmonious action whenever disturbed or impaired, through disease or by accidental circumstances. Yet it has remained for representatives of the profession in this nineteenth century to make these deductions, and to announce this discovery, and to put them to the test of experience. And not only this, but in doing so to meet the determined opposition, the unjust opprobrium and reproach of the great bulk of the profession, a reward for progressive research and advancement that has not been as liberally accorded to discoverers in those sciences and arts that are col-

lateral to and concurrent with the medical art. Well might the denunciations of one of old against the bigots and hypocrites of His day be hurled by them at their brethren and most unworthy representatives of the medical profession. "But woe unto you, scribes and pharisees, hypocrites! for ye shut up the kingdom of heaven against men; for ye neither go in yourselves, neither suffer ye them that are entering to go in." That these men who have had such a relish for pathological research, and who have wasted so much time and consumed so many volumes in their almost barren theories and speculations, should have failed to see the necessary connection, through the *materia medica* of nature, between physiological conditions and the requirements of therapeutics, while they were so keen on the pathological scent, is one of those bewildering things that meet us along the dreary pathway of medical science. Unhappily, too, the counterpart of this is found, far too largely found, in the midst of those who should know better, having themselves advanced, or assumed to do so, into a purer atmosphere of medical thought. Here also we are confronted by this absorbing and blinding bewilderment as to the paramount advantages of pathological research, the supreme importance of a *per se* knowledge of diseased states and conditions, apart from a perfect familiarity with the intimate relations existing between physiological and therapeutic ones.

Had an observation of every-day facts, in relation to health and disease, as constantly and as systematically commanded the attention of our professional ancestors as did their studies and lucubrations upon pathology in the abstract, the revelations of this our day as to therapeutic science would not have awaited the advent of the present century for their recognition and observance, nor would their reception have been as ungenerous and as ungracious as the history of that reception abundantly records.

Had the *materia medica*, which nature has always so profusely supplied and scattered along the pathway of the past ages, been studied in its relations to the physiological status; and had the results of its application thereto been as strictly observed and as faithfully recorded as during the latter years of the history of the medical art, we would not now have been compelled to the

acknowledgment, the humiliating confession that medical science is far behind its contemporaries and its competitors in the race for scientific supremacy and advancement. Such obliviousness to their everywhere surroundings would require the almost logical inference that through all these ages of the past, and especially through these later years of progress, its members and the representatives of the medical profession, as a class, have not been the recipients of as thorough training, or of as full and complete education as their fellows and contemporaries in kindred scientific pursuits. How else shall we explain the fact that the suggestions derivable from mechanical and kindred forces, the study of which has always been prosecuted and enforced in all institutions of learning, have not been observed nor regarded in their application to medical science?

The subtle, the almost inscrutable power of the screw, the lever, and the pulley, the hidden, but most potent forces developed in the process of crystallization, of vegetable growth, and of the conversion of water into steam, to say nothing of those elementary forces, attraction and repulsion, would, or should be suggestive of the intimacy of their relations to animal life, and to the integrity of its healthful and continued existence. To the completely educated medical mind, and to the truly observant one, the human organism represents the sum of all the forces in nature, both those that are purely subtle and those that are merely mechanical; so also in the performance of its functions, voluntary or otherwise, he recognizes an implicit obedience to the same laws, and the same influences that govern the movements of the planets as also of the universe itself, for of these it is the legitimate and direct product, and upon these it is dependent for sustenance and growth, as well as for all the phenomena that characterize, or that relate to its existence. Mental function, which distinguishes the animal from that of all other manifestations of organic life, and most conspicuously in the human race, may, after all, be found to be but the highest form of force, the ultimate of the refining processes through which the forces of nature have progressed, the finality of many series of evolutions, the completion of the great circle of revo-

lution that brings organized beings to their perihelion, to their nearest possible approach to that grand central force that governs and pervades all else in nature. At this point, in the order of nature, for the first time do we find, in kind though not in degree, a manifestation of attributes that belong only, so far as we are capable of understanding them, to the Deity itself, the great source of intelligence and of all things else. Here we must be content to rest, to be satisfied that we are animated by those forces, that we are the possessors of those faculties that make us capable of observing, and of investigating all phenomena that emanate or flow out from the great source of all things, from the divine mind itself.

We may congratulate ourselves, and feel happy over the thought that the medical profession, even with the rest of mankind, may yet aspire to the exercise of these functions, and indulge in their development whenever it shall awaken from its long period of inaction, its almost sleep of death, through which we may charitably suppose that, like the victims of its ignorance, it has been held under the influence and dominion of some demon of narcotism, of some infernal spell that bound it, body and soul, to the traditions and superstitions of the past in relation to medicine. If such reflections as these are pertinent, if such conclusions are just as regards the medical profession of the past, with how much more force and justice do they apply to the profession of this, our day, when knowledge stalks abroad and when science and art enjoy their holidays, and revel in the sunshine of their ever-fresh discoveries? Must the members of the profession, individually or collectively, rest content with the acquirements of past generations, yea, of past ages, with the methods of antiquity only at their command in their conflicts with disease, and especially at this juncture, when the horoscope of the astrologer, as the prognostications of the astronomer, alike point to the dire calamities of war, pestilence, and famine that have already begun to swell their onward tide, a tide which, before it ebbs again, may swallow up and destroy a tithe of the human race, and bring woe and desolation to millions more?



The great prodigality of nature in the production of life, which seems to spring spontaneously from everything and from everywhere, and which is so suggestive of her recuperative powers, is but the counterpart of her wastefulness and extravagance in the destruction of it.

Thus is put at naught, the great importance that is, by the human race centered in itself as the supreme end and object of all things else in nature, and for whose especial use and benefit the earth and all that it holds, the firmament and its myriads of shining orbs were definitely created and set in motion.

Such events, such great casualties as are just now foreshadowed serve to teach man that his race, in common with all others of the animal creation, is but an humble manifestation of nature's resources and capabilities, hidden away in this corner of the universe, and upon which the foot of old Time, as he passes this way, may but momentarily press to crush millions of its representatives out of sight and out of mind. We are also now and then reminded, and to ourselves most forcibly and painfully, that man's existence is no impediment to the onward march of the hurricane, or the resistless flow of the flood, no more than it for a moment retards the volcano's or the earthquake's relentless course; truly "all flesh is but grass," and we the creatures of a moment, and human existence but a flower that blooms to-day and to-morrow is dissolved into its elements, whose great prototype and exemplar is, nevertheless, the universe itself in its ever-changing and ever-varying course. Is it possible then that immortality, the immortality of which prophets and philosophers have written and speculated so much, of which the poets of all ages have sung, individual immortality, is but a dream of the imagination, a fantasy of the brain? Can it be that immortality appertains only to the perpetual evolution of the elements, and of the force of nature, alike through organic and inorganic matter, using them only for their manifestation and for the exhibition of their powers. The analogies and suggestions of all natural phenomena would almost lead to such a conclusion, as would also the lavishness of nature, both in the production and in the destruction of life, her utter unconcern and indifference as to the

kind or the condition of it, whether vegetable or animal, or of a lower or a higher degree, it matters not ; it is all the same.

Such problems as these do not yet admit of final conclusions, they must await the further developments of scientific investigation and the results of biological research, but, in regarding them solely from a scientific point of view, such may be the only alternative conclusions presented for our acceptance.

To no class of investigators, to no branch of scientists, do these investigations so properly belong as to those of the medical profession. The science of life in all its relations, and under all its conditions and manifestations, even to its final outcome, is the physician's appropriate field of action, the study of it his peculiar province.

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#### CHRONIC INTOXICATION FROM THE HABITUAL USE OF THE ESSENCES, AS WERMUTH, ABSINTHE, ETC.

Professor Lancereaux, in his lecture, says that it may take some time before the evil effects show themselves, from six to eight months to several years, and it is marvelous that so many women fall into the bad habit of taking their bitters. Poisoning by Absinthe, Amer., Picon, etc., resembles chronic alcoholism, but differs again in many symptoms. Thus one of my patients, who drinks Absinthe to excess, complained for a long time of cramps at night and of mucosities in the morning. Nightmares plague him constantly. He complains of severe pains in the extremities, especially mornings, and cough for a year. Formerly robust he is now emaciated, lost appetite. He suffers from excessive hyperalgesia all over the lower extremities, and hypogastrium. Tickling the sole of the foot is so painful that the patient twinges and twists about in his bed, and the mere touch of the skin there provokes a vivid reaction. There are spots, corresponding to the ovarian points, which are also extremely painful. Nightmares and cramps at night, in the morning dizziness, so that he would fall if not supported, nausea and vomiting of a thick, glairy mucus, which relieves him. Pulmonary tuberculosis will gradually finish him.

In another ward we have a woman of thirty-five years, menstruated at sixteen, married at twenty-one to a drunken brute, who introduced her into gin-mills, so that she enjoys, several times a day, her Absinthe. She coughs, looks pale and down-hearted, her lower extremities are livid and her toes sweaty. The least tickling of the feet causes great pain, so that she hides herself in the bed. This hyperalgesia extends with her also to the upper extremities, to the abdomen, thorax. Plantar reflex highly exaggerated. Stitches and itching in the feet with the sensation as if a thousand needles pierced her toes, which often become benumbed, so that she does not feel them any more. Sleep restless on account of frightful dreams, and wakes up unrefreshed; disgust for meat, and vomits her food when coughing, for she has already a cavity in the apex of her right lung.

This excessive exaltation of sensitiveness, especially of the lower extremities, is characteristic of Absinthe, and it is symmetrical and ascending to the trunk, and yet it is a curious fact that pressure of the abdominal wall causes not only excessive pain, but also twisting of the head, contraction of the facial muscles, and torsion of the trunk, as in hysteria. Pressing the skin of the thorax on either side of the sternum causes excessive pain in the spinal cord where the nerves emerge. Reflex excitability is greatly exaggerated; from the least painful impression the muscles rapidly contract. At a later period we meet the anæsthesia so common to alcoholists, also symmetric with diminution of reflex excitability, for tickling the soles fails to produce flexion of the legs; still, even in advanced cases, the pain on pressure of the abdomen, thorax, and vertebral column persists in the same intensity as formerly. Subjective complaints are tingling, burning, stitching, worse by the heat of the bed, so that the sufferer often cries out at night and prevents all sleep. The patient sighs for death as a relief. Women often suffer the most. Some complain of sensation of oppression and constriction about the sternum, as if a weight would crush their chest or of the hysterical ball. Sight is often affected; the patient sees sparks, *muscæ volitantes*; luminous objects, red or yellow, later black or opaque, swimming before eyes, so that

reading is impossible. To the amblyopia mental troubles follow, and a symmetrical paralysis, beginning in the feet and progressing upward, so that it may even affect the respiratory centre. Hallucinations are plenty, mostly painful and terrifying, affecting even hearing, at first at night, but soon they hear also the same voices when awake in daytime. At a late period the mind is severely affected, memory fails, and all intellectual labor becomes impossible, they laugh or weep without cause, the sphincters fail, and death ends the scene.

During the first stages something might be done, and our object must be to procure sleep by Morphine and Chloral, as thus the sufferings diminish. This must be followed by hydro-therapeutics for several months, until health and strength gradually return, and the use of these poisonous mixtures strictly prohibited.—*Bulletin Médical*, 15, '91.

We can do no better than recommend to our readers Gallavardin's treatise on drunkenness, or the chapter on drunkards in the third edition of Lilienthal's *Therapeutics*. Even after stopping the evil do not neglect to examine the lungs, for phthisis pulmonalis is too often the accompaniment or the sequelæ of continued debauchery.

S. L.

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## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

### ORDER 33.—PARONYCHIACEÆ.

*Herniaria glabra* (Rupture wort).—This plant was at one time famed as a cure for hernia, as its name implies. It is anti-venereal. The internal as well as the external use of rupture-wort is said to cure rupture in both children and grown-up people. It has been successfully used against gonorrhœa, strangury, stone and gravel pains in abdomen, obstructions of the liver, in jaundice, worms, etc. It is a famed wound-wort and cleanses and promotes healing of fistulous ulcers. It has not been used much in homœopathic medicine, but has been successfully given in acute and chronic cystitis. It is said to abort

gonorrhœa by preventing the implication of the deeper parts of the urethra.

ORDER 34.—CRASSULACEÆ.

*Sedum teléphiun* (Orpine, Live-long).—This plant is a wound-wort of the first order, and has been used with considerable success in the treatment of wounds and ulcers, both internal and external, such as ulcers in the lungs, liver, womb, etc., hemorrhages from various parts of the body, especially from the bowels. It is good for piles with great soreness of the rectum and relieves the burning and heat. Applied externally to wounds, it eases the pain and promotes healing. A bruised leaf applied to a fresh wound quickly heals it. It is also good for burns and bruises and it is a powerful diuretic.

*Sedum acre* (Stone-crop, wall pepper).—This plant is also a famed wound-wort and a powerful styptic for both internal and external wounds. It heals fretting sores and ulcers, removes heated conditions of the body. It is good in fevers of various kinds, agues, etc. It has been found useful in scrofulous conditions as an application, but must be carefully used or it will blister the skin. It is good for soreness of the mouth. The juice taken internally will excite vomiting.

*Sempervivum tectorum* (The House-leek).—This plant very commonly grows on the roofs of cottages in the villages. There is a curious superstition respecting it that it preserves from fire and lightning the place it grows upon. It is very similar in its action to the two last-mentioned plants. It is useful in burning heats of the eyes and other parts, in fevers, agues, thirst, etc. It lessens excessive menstrual discharges. It has been found useful in erysepelas, scaldings and burnings, for the shingles, fretting ulcers, ring-worms, etc. It relieves the pain of gout. The juice is said to remove warts and corns from the hands and feet. It cools the head and stops bleeding of the nose very quickly. The leaves rubbed on places stung with nettles or bees quickly takes away the pain.

*Cotyledon umbilicus* (Navel-wort, Penny pies).—The action of this plant is similar to the House-leek and Sedums. It is cool-

ing in fever and in liver diseases, and it is also diuretic. The juice made into an ointment has been used with success to relieve the pain of erysipelas, shingles, piles, chillblains, etc. There is a proving in Allen's *Materia Medica*.

ORDER 37.—UMBELLIFERÆ.

*Eryngium maritimum* (Sea-Holly).—Very little used in medicine, but some mention has been made of it in homœopathic literature. It is a lovely plant common to our sea-shores. The leaves are very thorny, but of a deep blue, as also is some part of the stem, the flowers also are blue. The wort is the part used. It is very mucilaginous and decoctions are used in chest troubles. It is said to be aphrodisiac.

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CHOLERA INFANTUM.

WILLIAM STEINRAUF, M. D., ST. CHARLES, MO.

The longer I live and practice medicine, the more I am being convinced that high potencies exert the best of influence in all curable cases of disease, whether acute or chronic. I know there is a talk amongst some of our physicians of giving "appreciable doses of medicine," of "administering drugs that will make an impression," etc., but I also know from experience that all such talk is based either on ignorance as regards the high potencies, or is generally indulged in by such physicians who favor a mixture of Homœopathy and Allopathy, thus rendering deep thought and constant study of their cases unnecessary.

I know it is much easier to give Quinine against fever, Morphine to check pain, cathartics to open the bowels, and astringents to check diarrhœa, than to thoroughly study the case and give the remedy indicated by the symptoms, according to the rules of Homœopathy laid down by the immortal Hahnemann. I know well how hard it is for a conscientious homœopathic physician doing pioneer or missionary work in some parts of our country to strictly follow Hahnemann's plan, how he is being daily tempted to deviate from what the fathers taught us. Why? Simply because the great mass of the people know noth-

ing of Homœopathy. Take this State of Missouri. There are, comparatively, very few physicians of our school in the State. The homœopathic physician, especially if he is alone in a place where he has to grapple with a half dozen allopathists, that can hold his own and practice pure Homœopathy must indeed be a hard student. Nothing but hard work will help him. Nothing but toil, toil day and night, in season and out of season, will save him from drowning in the mire of eclecticism.

It is somewhat different where several homœopathic physicians labor in one place, the one becomes an example for the other, they can come together to consult, one exerts an influence over the other. It is easier, all things being equal, to be a better homœopathist where this is the case. According to Hoyne's *Homœopathic Directory*, where he gives the progress made in our school in the different States for the last few years, the *Directory* says that even in Missouri, "where little was expected," there had been quite an accession to our practice from the laity. The great trouble with us in Missouri—and it is the same in many other places—is that many of our physicians do not practice Homœopathy. Allopathists are continually holding us up to the ridicule of the people, by showing them that we are not true to our principles. Let us cease reading old-school writings and study Hahnemann's *Organon*, *Chronic Diseases*, and *Materia Medica*, and thus become healers in spirit and in truth.

These thoughts occurred to me during the past few weeks whilst cholera infantum was prevalent amongst the little ones here in our city. I have only used the high and highest potencies, and of great numbers treated only one has died. And this was a two-months'-old baby, was being fed by bottle, and died of marasmus. The remedies mostly used were:

*Apis*. The child is inclined to stupor, out of which it starts with a loud, shrill scream. The eyes look red and the head is hot. Although the mouth and tongue are dry, there is seldom much thirst. Skin is quite dry. Suppression of urine. The diarrhœa is worse in the morning and generally mixed with mucus.

*Arsenicum*. Diarrhœa and vomiting; much thirst for cold

water, but everything the child drinks is thrown up at once. The skin is hot and there is great restlessness. The child continuously moves and cries incessantly. Stools are watery and very offensive. There is great weakness and emaciation.

*Belladonna.* This remedy did splendid work, and was indicated in about nine out of every ten cases. Where the cases could be seen in the very start it would be the only remedy required. Tho child lies in a stupor, it frequently starts up suddenly in its sleep. When awake it is angry and violent. The face is generally red and hot, at times cold and pale. Hands and feet cold; the abdomen is hot. The pulse is frequent and feels as if a shot were passing under the finger. The stools are clay-colored, green, or consist of mucus.

*Chamomilla.* The child is very peevish. The gums are very hot and the little patient wants to be carried all the time. There are colicky pains and vomiting. The passages are green or green mucus, looking like chopped eggs and smelling like rotten eggs. The discharges are hot and excoriate the parts.

*Ipecacuanha.* Diarrhœa and vomiting. Vomiting predominates. Much nausea; face pale and oppressed breathing. Stools are green, bloody, and fermented.

*Nitric-acid.* Putrid smell from mouth; copious flow of saliva; ulcers in mouth and tongue.

*Podophyllum.* The diarrhœa is worse in the morning, and the discharges are more frequent at night than during the day. The stools are green, watery, or look white like chalk; profuse and painless. Very often prolapsus ani. Often have cough and catarrh of the chest.

*Sulphur.* In desperate cases. Hands and feet cold the very first morning. The child lies in a stupor and there is entire suppression of urine. Here one or two doses of Sulphur would bring about reaction and a speedy change for the better.

*Veratrum-alb.* Was indicated a few times only. During stool cold perspiration on the forehead. Voice weak or hoarse.

*Oleum-ricinus* in the DMM was given in a number of cases that were treated by mail. The descriptions were so vague



that it was next to impossible to find the simillimum. In some cases a cure resulted, and in others there was a decided change for the better. I know of no proving.

The diet needs strict attention, all the water the little patient craves, and a flannel bandage over the abdomen. This is worn all summer.

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IN MEMORIAM.

SAMUEL LILIENTHAL, M. D.

At the first monthly meeting of the Alumnae Association of the New York Medical College and Hospital for Women, held Oct. 22d, 1891, the following resolutions were adopted :

WHEREAS, It has pleased God to remove from us Dr. Samuel Lilienthal, who for twenty years was Professor in the New York Medical College and Hospital for Women ;

“ *Resolved*, That by the death of Dr. Lilienthal we have lost a wise counselor, a reliable friend, a sincere advocate of women in the medical profession, and one whose whole life was full of charity and good works among the sick and suffering ;

“ *Resolved*, That as a Professor, he was broad-minded while conservative, thorough, and scientific ;

“ *Resolved*, That as a physician, he always practiced and lived up to the highest standard of Homœopathy, calling himself “ an humble disciple of the great Hahnemann ;”

“ *Resolved*, That as a scientific man, our school has lost an untiring student and teacher, and as a writer, our medical literature has lost its best translator and leader ;

“ *Resolved*, That these resolutions be entered upon the minutes of the Association and a copy sent to the family and to the medical journals.

Committee. { JULIA E. BRADNOR, M. D.  
HARRIET C. KEATINGE, M. D.  
ELIZABETH CLARKE, M. D.  
M. BELLE BROWN, M. D.

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## BOOK NOTICES.

**OUR ANIMAL FRIENDS.** A monthly journal published by the American Society for the Prevention of Cruelty to Animals. Headquarters, 100 East 22d Street, New York, John P. Haines, President. Subscription, \$1.00 a year, strictly in advance.

The September number of this useful publication has been sent us. It contains a fine portrait of Henry Bergh, the famous champion of animals. There are twenty-three pages of instructive reading-matter, referring to dumb animals and inculcating kind treatment of them. This Journal should be in every amily where there are children to instruct them in ways of kindness and merciful treatment of animals.

**ON THE POWERS OF ABSORPTION OF THE MUCOUS MEMBRANE OF THE URINARY BLADDER IN HEALTH.** By Dr. B. London, Carlsbad, Austria.

This short essay gives the original researches of Dr. London upon the above subject, and show very laborious effort to determine the question. From his investigations, the Doctor comes to the conclusion "that the power of absorption of the mucous membrane of the bladder in comparison to the same membrane of other organs is very slow and insignificant; which circumstance, according to other authors as well, is to be attributed to the very considerable thickness of the bladder epithelium."

In his investigations as to the part played by the epithelium in this resistance to absorption he finds that "there is neither a displacement nor a break of continuity in the epithelial stratum whatever may be the degree of dilatation and consequent change of capacity of the bladder, but owing to the extraordinary elasticity with which the epithelial stratum is endowed, there is a decided change of shape in the individual cells, proportionate to the change of the entire epithelial structures."

Dr. London is well known as the medical adviser to many Americans who go to Carlsbad for the sake of the baths.

W. M. J.

**THE CLINICAL GUIDE; OR, POCKET REPERTORY** For the Treatment of Acute and Chronic Diseases. By G. H. G. Jahr, Translated by Charles J. Hempel, M. D., Second American, Revised and Enlarged from the Third German Edition, enriched by the addition of the New Remedies, by Samuel Lilienthal, M. D. Philadelphia: Hahnemann Publishing House, 1891. Price, \$3.00.

No homœopathic physician can see this book, but buy it. It is a timely book and contains a mine of wealth. Like the Professor of Lutheran

theology, who was in the habit of saying to his students, when telling them of the priceless value of Luther's books: "Gentlemen, if you should have to do without an overcoat, buy Luther's works." So we say to every member of our school: buy the new edition of Jahr's *Clinical Guide*, though on that account you were to miss your favorite cigar for a few weeks.

The paper, printing, and binding are excellent.

W. S.

### SCIENTIFIC MEDICINE IN ITS RELATION TO HOMŒOPATHY.

By Professor Theodor Bakody, M. D., of the University of Buda-Pesth. Translated from the German by Rudolph F. Bauer, M. D. Philadelphia: Boerliche & Tafel, 1891. Price, 50 cents.

This beautifully printed and bound little volume of 60 pages is very interesting. We have read it from beginning to end, and would advise our physicians to procure the book and judge for themselves.

It appears that Professor Bakody, reared in the allopathic school, began to investigate Homœopathy, and was appointed Professor of Homœo-therapeutics by the Hungarian government. The Buda-Pesth University is, as a matter of course, old school, and Homœopathy is taught as a kind of an "addition," to be accepted or rejected by the students, just as it is at the University of Greifswald.

We would not for one moment think of detracting from the honors and learning of Professor Bakody and his great work at the University, but cannot refrain from remarking that to judge by this book, he has not fully grasped the sublime truths of Homœopathy. But let us hope that he is earnestly seeking, and "he that seeketh shall find, and unto him that knocketh, it shall be opened."

W. S.

### THE CHELTENHAM REVEILLE, Vol. III, No. 1, October 1891, Ogontz, Pa. Subscription price, \$1.25 per year.

This elegant periodical is published by the boys of the Cheltenham Academy, a well-known school for boys, at Ogontz, Montgomery Co., Penna., about ten miles north of Philadelphia. The present number contains all sorts of miscellaneous information relating to school matters, and is graced with an excellent photographic portrait of the first principal, Rev. Dr. Samuel Clements.

### ANNALS OF SURGERY. A Monthly Review of Surgical Science and Practice, edited by L. S. Pilcher, A. M., M. D., of Brooklyn, and C. B. Keetley, F. R. C. S., of London, England. Price, \$5.00 per year, in advance.

The November number of this excellent journal is before us. The principal article is an interesting description of Cysts of the Urachus, illustrated with three drawings. We have repeatedly called attention to this journal as

a most desirable periodical for every physician who wishes to know the latest advances in surgery.  
W. M. J.

A TREATISE ON PRACTICAL ANATOMY; For Students of Anatomy and Surgery. By Henry C. Bœnning, M. D., Lecturer on Anatomy and Surgery in the Philadelphia School of Anatomy, etc., etc. Illustrated with 198 wood-engravings. Philadelphia and London: F. A. Davis, Publisher, 1891. Price, \$2.50 net.

The student of Anatomy who buys this excellent book, makes no mistake. Devoid of all superfluous verbiage, it is to the point. Fully illustrated throughout with about 200 engravings, the work compares well with other works of like character. It is a pleasure to turn over the leaves and find at a glance just what you need, just what you are looking for. It is a beautiful and handsome octavo volume, printed in extra large, clear type, making it specially desirable for use in the dissecting room. It is substantially bound in extra cloth, with nearly 500 pages, and is a credit to author and publisher alike.

Professor Bœnning may be assured of the thanks of the whole profession for this superb treatise.  
W. S.

THE GREATER DISEASES OF THE LIVER: Jaundice, Gall Stones, Enlargements, Tumors, and Cancer; and their Treatment. By J. Compton Burnett, M. D. Philadelphia: Hahnemann Publishing House, 1891. Price, 60 cents.

This beautiful little volume has been dedicated to the memory of Rademacher, the resuscitator of Paracelsic Organopathy, by the author. Dr. Burnett is indeed a prolific writer, but, unfortunately, not always homœopathic in his expressions. As the book is sold at a low figure, it will pay physicians of any school to buy it. There is much in it that is good.  
W. S.

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## NOTES AND NOTICES.

DR. M. A. A. WOLFF, of Gainesville, Texas, died at the Kansas City Homœopathic Hospital, October 7th, at the age of sixty-three years. He was the son of the grand rabbi of Copenhagen. His father is still living, at the advanced age of ninety, and his last birthday was celebrated by all Europe. As soon as the necessary data are obtained a fuller account of his life will be given.

REMOVALS.—Dr. W. C. McDowell, from Sioux City to Springfield, Missouri. Dr. W. B. Farley has located at Berwyn, Chester County, Pa. Dr. E. C. D. O'Brien, from 333 East 58th Street, to 226 East 87th Street, New York City. Dr. C. O. Boyce, from Ishpeming to Marquette, Michigan. Rev. J. Stewart Smith, M. D., from Elgin, Illinois, to 1307 Holmes Street, Kansas City, Mo.

DR. RUFUS CHOATE, from 310 Indiana Avenue, to corner 33d and O Streets, Washington D. C.

DR. HARRIET H. COBB has removed from 314 Broadway, Cambridgeport, to 49 North Avenue, Cambridge, Mass.

DR. GEO. A. TABER has removed from 103 East Main Street to 11 East Grace Street, Richmond, Va.

PRINTERS' INK.—We wish that every merchant would become a regular reader of *Printers' Ink*, for they would become better and more liberal advertisers, since, by the new ideas and suggestions made to them by men who have spent a lifetime in the study and handling of advertising, their advertising would prove more fruitful.—*Gazette, Lawrence, Kan., April 23d.*

COLLEGE OF PHYSICIANS AND SURGEONS, 813 WEST HARRISON STREET, CHICAGO.—The Illinois State Board of Health has provided that a year of study with a preceptor may be accepted as one year on a four-year course. This year is usually taken preliminary to study in a medical college. The care of a student by a busy practitioner of medicine has not always been equal to the requirements of the case. Therefore this college has undertaken to co-operate with preceptors in laying out a course of reading and a course of study of accessible animals. For further particulars, and a matriculation blank, address, Dr. Bayard Holmes, Secretary, 240 Wabash Avenue, Chicago, Ill.

FINCKE'S TRANSLATION OF THE *Organon*.—It has been proposed by a number of homœopathic physicians to publish Dr. Fincke's translation of Hahnemann's *Organon*. It will contain about 272 pages; is to be printed upon the finest paper, the best carbon ink, and bound with the best muslin. This can be done for one dollar and fifty cents (\$1.50) per copy, providing a sufficient number of subscribers can be obtained. To do this it will be necessary that subscribers be prompt to send in their names, and the number of copies they will subscribe for. By doing so, the work can be completed in a short time, and it is desirable that it should be done as soon as possible. Address, J. R. Haynes, M. D., 120 Meridian Street, Indianapolis, Ind.

LACTO-CEREAL FOOD.—The enterprising and progressive firm of Reed & Carnrick are again in the field with a new and valued preparation called Lacto-Cereal Food, designed for invalids, dyspeptics, convalescents, the aged, and all who suffer from impaired nutrition or retrograde tissue. This food, besides being entirely palatable, contains twenty one per cent. of albuminoids, the amount required to attain and sustain the highest bodily vigor, as has been lately demonstrated by Dr. A. H. Church in his scientific experiments on English troops.

WELLS ON INTERMITTENT FEVER.—We regret that the amount of other material this month will compel us to defer the next installment of *Intermittent fever* until January.

THE BALLARD BINDING KLIP, the advertisement of which appears on advertising page 8, is a device which is needed by every physician. By its

use, pamphlets that formerly lay about, and gravitated at last into the waste-basket can now be preserved. This device is used in the office of the editor of this journal, and is found to be admirable.

**THE BATES NUMBERING MACHINE.**—On advertising page 7, we give a cut of this very remarkable machine for printing numbers in consecutive order. The editor has seen it, and can assure the profession it is everything that is claimed for it. It must prove of great value to physicians who do much writing, either for publication or only as correspondence.

**THE CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE** gave a banquet October 16th, to the students. One hundred and twenty guests sat down to the table. Dr. D. H. Beckwith was the orator of the evening, and gave a graphic history of the rise and progress of the college which stands as the second homœopathic college in the world. He said: "The trustees of the Cleveland Homœopathic College examined several sites suitable for a new college. The lot next to the hospital has been purchased as the most desirable one in the city, and the corner-stone for the future structure has been laid, as all of you know. The building committee would not commence the structure until the lot was paid for and enough funds raised to justify them pushing the work forward. They now thank those who have given so liberally to the good work. Twenty-seven thousand eight hundred dollars have already been subscribed and the stone donated. The committee will begin work at once, and the structure will be pushed forward to rapid completion."

**DR. BUSHROD W. JAMES**, of Philadelphia, is revising his popular work on *American Climates and Resorts*, and is preparing a second edition which he hopes to have ready for issue shortly. In it he is making comparisons of the different climates, now generally resorted to, in the whole world, with a view of differentiating the same for the various kinds of invalids and tourists.

**THE NATIONAL HOMŒOPATHIC MEDICAL COLLEGE OF CHICAGO.**—The profession will be interested to learn that a new college bearing the above title and dedicated to the teaching of pure Homœopathy has recently been started.

The plan of teaching is sufficiently indicated by the following quotation from the prospectus:

"The teaching in this college will approach the ideal. At the close of each lecture the professor will give to the class a printed list of ten questions covering every important point in the lecture just delivered; the professor will also send immediately a copy of the list of questions to the President of the Faculty. At the beginning of the next lecture the class will be quizzed from the questions given at the close of the preceding lecture. The questions for the final examination will be selected from these lists of questions.

"In dispensary practice the professors will prescribe the 'single' remedy."

A staff of thirty-four professors comprises the faculty. The President of the Board of Directors is L. D. Rogers, A. M., M. D., well known as proprietor and editor of *The People's Health Journal*, of Chicago, an influential journal devoted to a popular exposition of Homœopathy as well as of hygiene

and sanitary science. For information and announcements apply to Professor Wilson A. Smith, M. D., Morgan Park, Illinois.

The new college celebrated the beginning of its career by a series of Opening Exercises on Tuesday evening, Sept. 29th, the principal address being by the President. The opening of the Chicago Baptist Hospital was celebrated conjointly with that of the college.

A PRIVATE HOMŒOPATHIC INSANE ASYLUM has been started at Sandwich, Mass., by Dr. G. E. White. He is the only homœopathic physician in New England who has ever received a license for such an asylum. The Cottage System will be followed in this asylum, new cottages being built as patients increase. The matron and assistant manager of the asylum will be Miss Alice R. Cooke. The homœopathic profession are solicited to patronize the new institution.

THE CLEVELAND MEDICAL COLLEGE moved into its new building, Bolivar Street, Cleveland, Ohio, on Wednesday, September 23d. The occasion was celebrated by a public meeting with addresses and other ceremonies, after which Professor G. J. Jones, dean of the college, opened the formal lecture session at two o'clock, and at three o'clock he was followed by Professor Jewett, and the new college was at work in its new building, successful, radiant, and happy.

The building is a large one, of brick, three stories high, finished in Norway spruce and hard woods. There is an abundance of light and ventilation. The amphitheatre occupies two stories, and will comfortably seat 200 students. In addition there are etherizing rooms, waiting rooms, janitors' rooms, and a room for the faculty, all connected with electric bells. In the amphitheatre was exhibited a large assortment of valuable surgical and gynecological instruments presented by a lady friend of the college.

ORIFICIAL SURGERY.—Dr. Pratt, of Chicago, the able originator and advocate of orificial surgery, has been subjected to some sharp and able criticism of his methods by Dr. L. Mills Fowler, of Gainesville, Texas. Dr. Fowler has since received a protest for his criticism from Dr. Lippincott. Dr. Fowler has replied in an open letter, reaffirming the doctrine of Hahnemann in some well-chosen sentences. This letter appears in full in the *Southern Journal of Homœopathy* for August, page 211.

THE KANSAS CITY HOMŒOPATHIC MEDICAL SOCIETY is an excellent society for the propagation of pure Homœopathy. Its President, Dr. Edward F. Brady, is out in an eloquent appeal for increased attendance of its members.

He says: "Our libraries and our individual experience enable us to cover a large field; but how often do we find our armor weak, then we are compelled to call our brother practitioner for counsel—the weak spot is covered and we are better equipped for future combat with the enemy—disease. What arguments can any one urge against our gathering together once each month, to commingle socially and fraternally, and exchange with each other the golden facts of our experience."

THE MISSOURI INSTITUTE OF HOMŒOPATHY held its annual session at Kansas City, Mo., April 20th, 21st, 22d. After an extended discussion upon

medical subjects, the following officers were elected for the ensuing year: President, A. Cuvier Jones, of Holden; First Vice-President, T. H. Hudson, of Kansas City; Second Vice-President, H. W. Westover, of St. Joseph; Secretary, W. P. Cutler, of Kansas City; Provisional Secretary, M. T. Runnels, of Kansas City; W. B. Morgan, of St. Louis, re-elected Treasurer. For Board of Censors the following gentlemen were proposed and elected: Dr. S. Thatcher, of Oregon; Dr. Gutherz, of St. Louis; and Dr. Winchell, of Rich Hill. St. Louis was chosen for the next meeting-place.

THE TEXAS STATE SOCIETY has held its annual session at Fort Worth. The following officers were elected for the ensuing year: President, Dr. C. E. Edwards, of Blanco; First Vice-President, Dr. William Mercer, of Galveston; Second Vice-President, Mrs. Dr. Ellen Keller, of Fort Worth; Secretary, Dr. H. F. Fisher, of Fort Worth; Treasurer, Dr. Thatcher, the younger, of Bowie.

Dr. C. E. Fisher was elected a delegate to the American International Congress of Homœopathy and to the Institute of Homœopathy, which met in Atlantic City.

THE ILLINOIS STATE HOMŒOPATHIC SOCIETY has elected the following officers for the ensuing year: President, C. A. Weireck, Marseilles; First Vice-President, O. B. Blackman, Dixon; Second Vice-President, A. K. Crawford, Chicago; Third Vice-President, Lucy Waite, Chicago; Secretary, W. A. Dunn, Chicago; Treasurer, A. A. Whipple, Quincy. The Board of Censors was re-elected. The Society elected the following delegates to the American Institute of Homœopathy, which meets at Atlantic City, N. J., in June: Drs. John A. Vincent, Arnulphy, Crawford, Coutant, Weierick, Lanning, and Whipple.

THE LONG ISLAND COLLEGE HOSPITAL has sent out its announcement for 1891. This institution was organized for the purpose of practically uniting a Medical School and Hospital, and the regents believe they have carried out the plan to an extent unequaled by any other school in this country. The regular course of lectures lasts six months. In order to graduate, a student will be required to attend three of these courses. The regents have appointed Joshua M. Van Cott, M. D., Professor of Histology and Pathological Anatomy in place of Dr. Frank Ferguson, who has resigned. The medical class of the present year numbered two hundred and fifty, the graduating class being eighty-two. For further information apply to J. H. Raymond, M. D., Secretary of the Faculty, Long Island College Hospital, Brooklyn, N. Y.

OHIO STATE HOMŒOPATHIC SOCIETY has held its twenty-seventh annual session and following officers were elected for the ensuing year: President, C. D. Crank, Cincinnati; First Vice-President, M. H. Parmalee, Toledo; Second Vice-President, T. C. Barnhill, Findlay; Secretary, Thomas M. Stewart, Cincinnati; Assistant Secretary, S. R. Geiser, Cincinnati; Treasurer, C. D. Ellis, Cleveland; Necrologist, D. H. Beckwith, Cleveland; Censors; Albert Claypool, Toledo, chairman; John A. Gann, Wooster; H. E. Beebe, Sidney; N. E. Wright, Berea; Mary A. Canfield, Cleveland; Stella Hunt, Cincinnati; F. C. Steingraver, Bluffton. The next annual meeting will be held in Cincinnati in May, 1892.













