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THE
HOMŒOPATHIC PHYSICIAN

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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WALTER M. JAMES, M.D.

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WELCOME TO THE
TO
ANNOUNCING

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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.

Vol. XVI.

JANUARY, 1896.

No. 1.

EDITORIAL.

ARSENICUM-ALBUM.—The last editorial in the December number closed with a lot of comparisons upon *starting*, suggested by the pathogenesis of Arsenic. The list, however, was not quite complete as it stands in the editor's note-book. The remaining indications are, therefore, here appended:

Carbo-veg., Kali-hydriodicum, and Silicea have starting at the least noise. Kali-carbonicum, Mercurius, Natrum-muriaticum, Opium, Phosphorus, Silicea, and Tartar-emetic all have great tendency to start.

Borax, starting of limbs by any unusual cry.

Turning now to the other notes given by Dr. Lippe in connection with Arsenicum, we find that Arsenicum has sleeplessness from intense anguish, restlessness, and tossing about; the patient getting out of bed and sitting in a chair for a period of time, then returning to the bed again. This recalls the Aconite condition in which, as stated in previous editorials, the patient is restless during the night from anxiety, fever, and thirst. The Aconite patient rolls about the bed, complains, and drinks much water. Rhus-toxicodendron, the patient is sleepless from pain.

Calcarea-carbonica, sleeplessness from the crowding of thoughts into the mind.

Lachesis, the patient is roused from sleep by the aggravation of his complaint. The Lachesis patient *sleeps into an aggrava-*

tion. The Lachesis symptoms are all aggravated by sleep. This is Dr. Guernsey's key-note for Lachesis.

The editor has repeatedly verified this key-note of Lachesis. It is one of the most reliable indications in the materia medica.

The editor once treated a baby for starting when on the point of falling to sleep. Several remedies were given without benefit. He resolved to watch the patient, and, if possible, discover the correct indications for a remedy. It was observed that the child, which was excessively drowsy, would fall to sleep, sleep for about twenty seconds, and then would be seized with a sort of general convulsion of the whole system, which would rouse it from sleep with much crying and weeping. Then it would again fall to sleep, with a repetition of the same occurrences, and so on, during the entire day and night. Lachesis was now given, when the whole series of symptoms subsided in the course of an hour, the child slept peacefully the whole night, and there has never been any return of the trouble.

Restlessness is one of the most characteristic indications for Arsenicum. Still other remedies have it. Here are some other notes taken from the editor's note-book :

Natrum-carbonicum and Phosphorus have restlessness from attacks of anxiety during a thunder-storm (Dr. Carleton Smith).

Carbo-vegetabilis, restlessness and anxiety worse from 4 to 6 P. M.

Eupatorium-perfoliatum, restless with inability to keep still a moment, though he has great desire to do so.

Ammonium-carbonicum, restlessness of the legs.

Sepia has restlessness of the legs with formication in them.

Zinc has intense restlessness of the legs. The editor once cured a case of abscess of the mastoid portion of the temporal bone in a child with Zinc, having been led to the study of this remedy by observing the peculiar restlessness of the legs.

China has restlessness of the legs ; must draw them up.

Kali-hydriodicum has restlessness and throwing himself violently about the bed.

Hepar has restlessness of children and unconsciously throwing

themselves about the bed. The same symptom occurs under Ignatia.

Jatropha, restlessness. The patient writhes about the bed.

Calcarea-carbonica, restlessness. The patient throws himself about the bed with snoring and groaning all night.

Iodium, restlessness. The patient sits up in bed and throws himself upon it.

Capsicum, restlessness at night. Can't get a comfortable position to lie still one minute.

Ferrum and Pulsatilla, restlessness compels him to walk slowly about. This is Dr. Lippe's key-note for Pulsatilla.

Belladonna, restlessness. Is obliged to move the body to and fro, especially the hands and feet.

Kali-carbonicum, restlessness. Must get up out of bed and walk from sharp stitching pains in loins reaching to the buttocks.

Platinum, general restlessness and fidgety limbs, worse from any attempt to rest. Restlessness from colic, with turning in every possible direction in vain effort to find relief.

See Dr. Knerr's *Repertory to the Guiding Symptoms* for more of this kind of indications.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 921 Polk Street, San Francisco, August 2d, 1895.

Members present were: Drs. J. M. Selfridge, George H. Martin, A. McNeil, S. E. Chapman, M. T. Wilson, J. E. Lilienthal, and C. M. Selfridge. Visitor, Dr. M. F. Underwood.

The meeting was called to order at 8.15 p. m. by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read, and after a few slight corrections by Drs. J. M. Selfridge and Wilson, were approved.

The President then appointed Dr. McNeil reader of the evening, who read from *The Organon*, Section 236.

DISCUSSION.

Dr. McNeil—This mode of administering the medicine is the best. The practice of giving the medicine just before or during the attack is worn out.

Sections 237 and 238 were then read.

DISCUSSION.

Dr. McNeil—These remarks are entirely too modest for Hahnemann. It is not necessary for the patient to leave the locality if the indicated remedy is given.

Dr. Chapman—I want to ask Dr. McNeil if he has ever noticed this fact. I lived in Placer County, and while there I noticed that people would come up from the marshes who never had malaria, or only had it slightly, and yet would almost shake to death when they came to our place. The paroxysms would seem to increase as they left the malarial district.

Dr. McNeil—That is very plain. A person living in a thoroughly malarious region takes Quinine, and the vital forces are so lowered that he cannot form a paroxysm. There is a battle against the disease. Take a case in Marysville, and the vital powers cannot produce a clear case of intermittent fever. Send him to Placerville, where the air is pure, the vital forces will be restored, he recuperates, and the paroxysm returns. In a case where Quinine has been used to excess there will be the Quinine cachexia. In dumb ague, caused by malaria and Quinine, the patient is unable to have a clear paroxysm, but you give the indicated remedy and it will bring on a true paroxysm, and the patient will blame you for it.

Dr. J. M. Selfridge—A patient from Stockton came to Oakland. She had never had a chill. She was sallow and looked as though she had malaria. She married a minister. When she was six weeks in Oakland she commenced to have chills. As a rule chills do not originate in Oakland.

Dr. Chapman—The Doctor's explanation seems reasonable. I never could understand why these explosions occurred.

Dr. Martin—There is another explanation for this. A person

living in a malarial district has had Quinine and malarial poisoning, and the system becomes accustomed to it. When they go away they are more likely to have the effects of the poison manifest themselves. When a person has been accustomed to drinking coffee they do not feel the bad effects of it, but when they leave it off they have the effect of coffee poisoning manifested by headaches, etc. Persons working in sewers live for years and are not affected by it, but when they leave and go away they almost invariably die. There have been several instances in the East where the system has been accustomed to the poison, and the reaction from leaving this atmosphere is so great that death has been the result.

Dr. Chapman—This shows what a miserable condition our sewers are in.

Dr. McNeil—This is also an explanation that will meet the case. There is one point, however, that may be brought out here. The bacteriologists of Paris say that the sewers are free from bacteria.

Dr. Martin—That is so in Paris, but it is not so here.

Dr. Chapman—One more question for Dr. McNeil. What is the antidote for Quinine?

Dr. McNeil—There is no one antidote. In choosing precisely an antidote for disease there is only one guide to follow, and that is the law of similars. In the *Materia Medica Pura* we find that there are twenty-three drugs to antidote the effects of Mercury, and they are not given indiscriminately. For salivation there is one kind of drugs; for another condition another set of drugs, and so on, following the law of similars. *Arsenicum* is a deep-acting drug, and is often of use, though *Natrum-mur.* more frequently. *Pulsatilla* and *Rhus-tox.* in milder cases. Suppose a patient had been taking large doses of Quinine, and he wanted treatment without it, and you knew that he had been taking these large doses. If the symptoms called for it I would give Sulphate of Quinine.

Dr. Chapman—If the patient should not exhibit symptoms calling for Sulphate of Quinine?

Dr. McNeil—If he did I would give it. This is a knotty ques-

tion. Of one point I am sure: a drug does not always produce the same effects. I was poisoned with *Rhus-tox.* I took *Rhus* high as well as several other remedies, but none of them did any good. I worked it out with Bœnninghausen, and found that *Sulphur* was the remedy, which cured in a short time. In cases of Quinine cachexia *Nutrum-mur.* or *Arsenicum* have frequently cured. As regards this idea of Bœnninghausen and Sawyer using high potencies as antidotes, I say that a high potency is an antidote, but not necessarily *the* antidote. There may be others.

Dr. Chapman—The high potency of the same drug must be the antidote. It is impossible, for instance, for Mercury to produce Sulphur symptoms.

Dr. Martin—There is one condition to be considered, and that is the individual idiosyncrasy. For instance, *Rhus* produces a certain set of symptoms in certain individuals. I had three cases of poison-oak, and the symptoms were all different. The patients were of one family, and yet *Sulphur*, *Graphites*, and *Rhus* were indicated. They are all getting well. In thinking it out, I took into account the individual idiosyncrasies of these patients.

Dr. McNeil—Thank you. This completes my chain.

Dr. Chapman—The antidote of the poison is the drug itself. This seems plausible to me. I cannot understand the other idea.

Dr. Lilienthal—In proving a drug upon half a dozen people, do you get the same organs affected in each one? Some organs may be affected in one, and some in another.

Dr. Chapman—When the patient is susceptible you will get the characteristic symptoms of the drug.

Dr. Lilienthal—What are the characteristic symptoms?

Dr. Chapman—That depends upon the drug given. If *Rhus* you would find symptoms better from motion, worse at night, etc.

Dr. Lilienthal—Those are concomitant symptoms.

Dr. Chapman—They are the leading symptoms of that drug.

Dr. McNeil—Dr. Chapman is going into philosophy. When theories get in the way of facts, the theories are liable to be damaged. *Rhus* failed in my case; *Sulphur* cured. When I

worked it out, *Sulphur* was 17, *Phosphorus* 15, and *Calcarea* 25. *Rhus* was away down.

Dr. Chapman—In such a case you suffered more from psora than from *Rhus*.

Dr. McNeil—That is an objection likely to arise. It was the first time that *Sulphur* ever did me any good. An illustration: Smith and Jones poisoned by *Rhus*. There will be two forces in both cases, namely, Smith and *Rhus* in one case, and Jones and *Rhus* in the other case. The result in both cases will be different. The individuality of Jones and Smith will present itself like the cases of Dr. Martin, which required *Rhus* for one case, *Sulphur* for another, and *Graphites* for another.

Dr. Chapman—A psoric case is not a fit case to prove drugs upon. They simply arouse the dyscrasia or miasm. It is impossible to get a reliable drug proving in these cases.

Dr. Lilienthal—If that were so, and to a great extent it is so, we would have to shut down upon our present provings, as we could not find any one pure enough to prove upon. We get several or more to prove upon, and from all get a pure proving of the drug.

Dr. Chapman—I said those that are markedly tainted.

Dr. McNeil—Hahnemann agrees with you on that.

Section 239 was then read.

DISCUSSION.

Dr. McNeill—It has been frequently stated that there have been but few drugs proven in intermittents. Bœnninghausen gives one hundred and fifty different drugs. A patient of mine in Michigan, a cultured Eastern lady, came to me in the fall of the year. I gave fifteen grains of Quinine without any perceptible effect. Fortunately for me and for her, cold weather came on and she felt better. Early in the spring she was almost frantic with a most violent paroxysm of intermittent fever. During the winter she had had eezema, and I had given her *Graphites* in moderate potencies. Before the attack of intermittent fever came on I had sent for *Graphites*⁴ and had the most satisfactory results. No one would think of *Graphites* for inter-

mittent fever. I have not had a case since with indications for *Graphites*. Old-school practitioners are fortunate in this disease as well as in other diseases. In wiry patients they give Sulphate of Quinine in ten, fifteen, and one hundred grains doses in all cases. We question our patients by the *Repertory* or out of our heads, and then give a remedy, and it is much harder work than that of our opponents, the allopaths.

Section 240 was then read.

DISCUSSION.

Dr. McNeil—This proves that in acute diseases, if the remedy is not given promptly, the latent psora will be aroused, and an anti-psoric remedy will be necessary.

Section 241 was next read.

DISCUSSION.

Dr. McNeil—My opinion comes in here that this is the corner-stone of success. Similar causes must have like effects, except as modified by the individual characteristics. If we breathe the same air there will be similar effects, being produced by the same cause. In the beginning of the disease, before the psora is aroused, the individuality of the person excepted, they will have the same line of symptoms. The paroxysms may be quotidian, every day or every other day, but there will be something in common between them. Malaria is not a unit. It is not the same to-day, yesterday, and forever. There is a difference at different seasons, etc., hence different remedies are necessary. In a case of intermittent fever with, perhaps, only one paroxysm, when this first paroxysm does not give a clear picture of the disease, but you know the epidemic character of it, you may give the indicated remedy with good effect. Patients get well themselves, we say, but this is not so. They may get well in ten or eleven years.

Dr. Chapman—I have seen homœopathic remedies cure ague many times. I want to hear from Dr. McNeil on congestive chills.

Dr. Lilienthal—I wish to ask Dr. Selfridge if he has ever

examined the blood of persons suffering from malaria? It is claimed that one can see the gradual shrinking and disappearance of the organisms of malarial poisoning, when the patient is under the regular treatment. It would be interesting to know what effect homœopathic treatment would have upon these organisms.

Dr. Chapman—I believe that our homœopathic remedies put the blood in such a condition that these germs cannot live there.

Sections 242 and 243 were then read.

DISCUSSION.

Dr. McNeil—In regard to congestive chills, in the Valley of the Ohio it was a common thing to hear that “Smith died of congestive chill.” From my experience these cases should be called “Quinine intermittents.” I have known of only two cases of congestive chill occurring in persons who had not taken Quinine. One case, a Mrs. Kelly, who had a congestive chill, with aggravation from moving, the vomiting was not only aggravated by moving, but also by sitting up. I gave her Bryonia. I myself had a congestive chill. I went to bed alone; was extremely restless; felt that the bed was not big enough for me; vomited; most terrible anguish; couldn’t stay in bed; great thirst, with aggravation from drinking. Toward morning took Arsenicum³⁰ or the 200th. It was not below the 30th. I was weighed the day before. The next day I could not go to the office. The second day I was weighed again, and was twelve pounds lighter than I was the day before I was taken sick. This was certainly a congestive chill. One case of intermittent, the patient was given forty-five grains of Quinine on Thursday, and was dead Sunday with congestive chills.

Dr. Chapman—Do I understand that congestive chills come only from the use of Quinine.

Dr. McNeil—This Mrs. Kelly and myself are the only ones that I know of who had not taken Quinine.

Dr. Martin—Why do you call yours a case of congestive chill?

Dr. McNeil—That is what they called it in the Ohio Valley.

Dr. Martin—In a real congestive chill there are symptoms

pointing to congestion of internal organs; there is usually delirium or unconsciousness. It is apt to be of nervous origin, and there is a contraction of the superficial blood-vessels which produces the coldness and the internal congestion. These cases are nearly always fatal. Often, lay people and physicians call a severe chill a congestive chill, but it is not correct. It is a loose way into which physicians have fallen in regard to the use of this term.

Dr. J. M. Selfridge—The term is a misnomer. Any chill is congestive.

Dr. McNeil—This is simply the name given to these conditions in the Ohio and Mississippi Valley. It is not necessarily a point for discussion just here.

Dr. Martin—True congestive chill is different from that described by Dr. McNeil as existing in the Ohio Valley.

Dr. Chapman—Drs. Allen and Fisher had a discussion in the *Advance* in regard to this matter. Dr. Fisher said that the cases were unmanageable, and that you must give Quinine.

Dr. McNeil—Give us some of your own experience, Dr. Chapman.

Dr. Chapman—I have never seen a clear case of congestive chill; I mean malarial.

Dr. J. M. Selfridge—Wood calls it “pernicious fever.”

Dr. Martin—A congestive chill is not always due to malaria. I have seen three cases in my experience, and none of them had ever had malaria. They died one-half hour after the chill commenced.

Dr. McNeil—You mean congestive chill of nervous origin.

Dr. Chapman—We are simply discussing malaria.

Dr. J. M. Selfridge—An old idea in the Ohio Valley is that you will live through the first chill, and may live through the second, but will surely die in the third.

Section 244 was next read.

DISCUSSION.

Dr. Chapman—That is the nearest to the routine treatment that I have ever noticed in Hahnemann’s writings.

Dr. McNeil—I am not surprised that Dr. Chapman should say this. Hahnemann is wrong. In one respect Hahnemann's life was too short. There was too much to be done to complete all that he set out to do. Bœnninghausen corrected many mistakes that he made. Bœnninghausen gives one hundred and fifty drugs for intermittents. *Cinchona* is not for all cases, as is shown by Bœnninghausen.

Dr. Chapman—It seems strange to me that he should here make such an assertion.

Dr. McNeil—This is a contradiction of the rest of his works. We must follow the rule of interpretation, and consider what goes before and what follows a certain statement. We can tell by the general trend of his works what he wishes to convey.

Dr. Martin—Here it says that *Cinchona* may not relieve, but that the anti-psorics will.

Dr. McNeil—The reason for this is because it is not a specific. The remedy may be *Bryonia*, *Arsenicum*, *Natrum-mur.*, *Ipecac.*, etc. All marsh intermittents are not alike.

Dr. J. M. Selfridge—He would not give *Cinchona* if he thought another remedy was indicated.

Dr. McNeil—*Bryonia*, *Rhus*, *Arsenicum*, or *Natrum-mur.* may do what he says *Cinchona* will.

Dr. J. M. Selfridge—The point you make is that he pins his faith to one remedy or to an anti-psoric. A little further back he gives a list of other remedies.

Dr. Underwood read a clause in Section 243.

Dr. Chapman—He says that certain conditions are of psoric origin and require anti-psoric remedies.

Dr. McNeil—There are certainly cases of intermittent fever that are cured by non-anti-psoric remedies.

Dr. J. M. Selfridge—Are they then of anti-psoric origin?

Dr. McNeil—No. I think if we read *The Organon* carefully in the original we would not be apt to run into these suarls. The latent psora becomes aroused, and then these conditions require anti-psoric remedies.

Dr. Chapman—In all manifestations of disease of psoric origin are anti-psoric remedies required?

Dr. McNeil—Yes; in order to get a cure. An illustration: Say a rheumatic case where *Rhus* is indicated. If given early it would do wonders. In a month, more or less, with the same symptoms, if *Rhus* is given high, it may do good, but often not. *Natrum-mur.* might then complete the cure.

Dr. C. M. Selfridge—In a rheumatic case *Rhus* helped for awhile, and then *Psorinum* removed the psora that came out, and then *Rhus* cured.

Dr. Martin—In *The Organon* Hahnemann says that all diseases are classed under three heads: syphilis, sycosis, and psora; and the greatest of all is psora.

Dr. McNeil—Hahnemann does not mean that they are all classified under these three heads; because, if they were, we would have no use for *Rhus*, etc. In cases that have run on for some time the psora is aroused, and then anti-psoric remedies are indicated.

Dr. Martin—Is giving an anti-psoric remedy for a psoric disease true Homeopathy?

Dr. McNeil—I will answer that question at our next meeting.

On motion of Dr. McNeil, seconded by Dr. Wilson, the meeting then adjourned to meet at the office of Dr. J. E. Lilienthal, in San Francisco, the third Friday in August, when the reading of *The Organon* would be commenced at Section 245.

Reported by ELEANOR F. MARTIN, M. D.

PROCEEDINGS OF THE SOCIETY OF ELECTRO-THERAPEUTISTS.

The third annual meeting of the National Society of Electro-Therapeutists was held at Hotel Vendome, September 18th and 19th, 1895.

Secretary Dr. Clara E. Gary reported an increase of twenty-five members during the past year. Treasurer J. B. Garrison, M. D., reported the finances of the Society to be in a good condition.

The President, Dr. William L. Jackson, then gave the annual address upon "The Development of Electro-Therapeutics and

its relation to the Practice of Medicine." He advised all physicians to investigate the subject and satisfy themselves of the value of electricity as a therapeutic agent. There are clearly-defined indications for its use, and it has a sphere of usefulness all its own, which must be recognized. A number of interesting papers followed. Among them several showed original investigation in new fields.

The first paper read was that on "Some Experiments on Cataphoresis and Anaphoresis," by W. H. King, M. D., and F. M. Frazer, M. D., of New York. The authors divided Electrical Osmosis into Cataphoresis and Anaphoresis, and stated that their experiments proved conclusively that the positive and not the negative pole attracts Iodine, a result in direct opposition to the previous belief.

"Catalytic Effects of the Galvanic Current" was a paper read by Charles Porter Hart, M. D., of Wyoming, Ohio, in which he stated that his practice was to place the cathode upon the seat of the trouble in acute and inacute cases, while in chronic cases, especially if complicated with paralysis, he used the anode at the seat of the diseases.

In a paper entitled "Is the Practice of Electro-Therapeutics a Fad Practice?" E. S. Bailey, M. D., of Chicago, Ill., says that the results obtained in private practice had convinced him of the efficacy of electricity, and it is those who do not understand it who call it a fad.

"Electricity in Dyspepsia," by Dr. M. T. G. Lajoie, of New York, was the next paper. The Doctor found great benefit from the use of static electricity in dyspepsia, especially those cases complicated with neurasthenia.

Mr. J. Emory Clapp gave a review of "The First Principles of Electricity."

Mr. T. F. Livingston, of New York, discussed "The Difficulties of Utilizing Commercial Currents for Therapeutic Purposes from an Electrician's Standpoint," and showed the undesirability of the use of the street current in ordinary electro-therapeutical work.

In "Treatment of Rheumatism by Electricity," Chester G.

Higbee, M. D., of St. Paul, Minn., gave as his experience that he had found benefit from the use of electricity in rheumatism, using the indicated remedy under the positive electrode applied to the diseased parts.

The next paper was entitled "The General Therapeutic Effect of the Alternating Electric Current of High Frequency and of High Tension," by Dr. G. Apostoli, of Paris, France. The Doctor found it beneficial in these cases where there is defective nutrition, particularly in rheumatism and gout.

The paper written by William Harvey King, M. D., of New York, on "Locomotor Ataxia" was very interesting. He made the point that failure in the treatment of locomotor ataxia is largely due to an improper selection of the kind of current in different stages of the disease. He finds in the first stage more benefit from the galvanic current. Static electricity holds a prominent place in the treatment in the later stages. The case in which it is indicated should be carefully chosen, and promises should not be given regarding its permanent effect.

Following this paper came "A Review of a Case of Bell's Paralysis," by Julia Gould Waylan, M. D., of Philadelphia, Pa.

Then came a paper by N. B. Delemater, M. D., of Chicago, Ill., on "The Selection of the Current in the Treatment of Neuritis." In cases of chronic neuritis, the inflammation having subsided while malnutrition and partially paralyzed muscles are still existing as the result of the neuritis, the Faradic current should be used, as it stimulates nutrition, restores natural contractility, and overcomes abnormal contractions.

"The Mitigating Effect of Spinal Galvanism upon the Subjective Symptoms of Tabes," by Frank C. Richardson, M. D., of Boston, reported very good results from the use of the ascending current from 15 to 25 M. A., making the anode active over every part of the spine, moving up.

"Do Electrical Currents Affect the Spinal Ganglia?" by E. P. Colby, M. D., of Boston, brought out considerable discussion upon the above question, showing a diversity of opinion, and yet it was generally believed that a certain portion of the current would find its way to the spinal cord itself.

F. M. Frazer, M. D., of New York, in his paper entitled "Faradic Polarity," showed that the recent belief that there was no difference in the poles has been entirely disproved, and that the break-current predominates. It does have a slight polar effect, as was shown by its action on Iodide of Potash and Starch.

The evening session opened with a paper by J. Inglis Parsons, M. D., M. R. C. P., of London, England, on "The Disintegration of Organic Tissues by High-Tension Currents." Dr. Parsons showed that it is possible to cause destruction of tissue by means of rapid alternations of the high voltage current, but of small amperage. This does not cause sloughing, but is followed by atrophy of the tissue treated.

Professor William L. Fuffer, of Boston, in his paper on "Polyphased Currents and Their Effects," said that the polyphased currents are only produced by a dynamo at the same time, only out of step, as it is called, or at different periods from each other.

"Polaphased Currents," by Professor Edwin J. Houston and E. A. Kennelly, of Philadelphia, Pa., maintained that from a physical point of view it is not possible that any peculiar physiological effect can be expected by the use of multiphase currents in contra-distinction to ordinary uniphase currents. If the existence of such effect can be demonstrated, it will be dependent upon the existence of some time relationship between the development of the current waves in regions where they cross each other's paths at nearly right angles.

"Electro-magnetic Basis of Physiology," by Professor A. E. Dolbear, of Tufts College, Mass., gave activity of every kind as the basis of all physiology. The body is an electro-magnetic machine, and electro-magnetic conditions regulate all its functions. These considerations give validity to a rational basis for electro-therapeutic study, and we may look forward with confidence to the time when all kinds of ailments will be intelligently met by electro-therapeutic practice.

"The Fundamental Relations of the Sinusoidal or Undulating to Other Forms of Current in their Action on Nervous

Tissue," by Walter Y. Cowl, M. D., of Berlin, Germany, was heard with interest.

L. Willard Reading, M. D., of Philadelphia, Pa., gave a paper on "Cases of Malignant Growth Treated by Electro-Puncture." He said that he has had great benefit result from electro-galvanic puncture in cases of malignant disease.

"Some Points in the Treatment of Stricture of the Urethra," by William Harvey King, M. D., of New York, attributed failure in the treatment of stricture of the urethra, to an improper knowledge of the anatomy and physiology of the stricture, also to improperly constructed instruments. Strictures are most common in the membranous portion of the urethra, just in front of which is a pouch where most of the instruments lodge and cannot be made to enter the stricture. Thus he proposes to remedy by making the staff of the sound larger to uniformly distend the canal; and to have the instrument correspond to the normal curve of the urethra.

"Electricity in Orificial Treatment," by C. A. Weirick, M. D., of Chicago, Ill., showed the benefit derived from the use of electricity in diseases of the orifices.

"Hypertrichosis and its Treatment by Electrolysis," by J. Coffin, M. D., of Boston, described the process of removing hairs. Dr. Coffin does not believe that their removal necessarily increases the growth of those remaining.

Dr. G. Gautier and T. Larat, of Paris, France, gave some interesting notes on "Electro-Therapeutics," showing that the local action, dependent upon nascent products, is superior in its effects to any other application.

George E. Percy, M. D., of Salem, Mass., gave a paper on "Treatment of Pseudocarcinoma Uteri" by the faradic current.

Emily A. Bruce, M. D., of Boston, in "The Electrical Treatment of Dysmenorrhœa," said that she found both the faradic and galvanic current helpful in cases in conjunction with hygienic measures.

Jeannie W. Martine, M. D., of New York, gave "A New Method of Dilating with Faradism."

"Electricity as a Means of Diagnosis in Gynæcology," by

Dr. C. Apostoli, of Paris, France, explained the usefulness of electricity in three cases. The faradic current will relieve nervous and hysterical pain, but it is powerless where there is inflammation which is indicated by febrile reaction. The same study of the so-called galvanic reaction, informs us rapidly of the curability of these inflammatory lesions which the electric current has demonstrated, and, in consequence of this, tells us in one case to abstain from an operation, while in another it shows an operation to be urgent. Gynæcological Electro-Therapeutics, carefully and methodically applied, aids surgery instead of opposing it.

“Ovarian Cyst with Laparotomy” was the subject of a paper by M. Bonner Flinn, M. D., of Worcester, Mass.

“Reports of Gynæcological Cases,” by Minnie C. T. Love, M. D., of Denver, Col., was the next paper.

“The Proper Application of the Electric Cautery for Nasal Diseases,” by Wesley A. Dunn, M. D., of Chicago, Ill., gave the preference to electric cautery over other escharotics, as it is more under control of the operator and is followed by less reaction.

“Electricity in Diseases of the Pharynx,” by Thomas L. Shearer, M. D., of Baltimore, Md., stated that in electricity the doctor finds a valuable remedy adjuvant in his practice, relieving cases that are intractable to other measures.

“The Use of Galvanism in Diseases of the Larynx,” J. B. Garrison, M. D., of New York, said that in cases where there is a lack of nutrition of the laryngeal apparatus, much benefit is received by using the interrupted galvanic current applied over the inferior recurrent laryngeal nerve, stimulation of which increases the nutrition of the vocal apparatus.

Honorary membership was conferred by the Society upon Professor E. A. Dolbear, Tufts College, Mass.; Professor William L. Puffer, of Boston; Drs. G. Gautier and T. Larat, Paris, France; and Dr. J. Grand, Paris, France; also Professors Edwin J. Houston and A. E. Kennelly, Philadelphia, Pa.

The following officers were elected for the ensuing year: President, A. B. Norton, M. D., of New York; Vice-Presidents, F. A. Gardner, M. D., of Washington, D. C., and Clara

E. Gary, of Boston ; Secretary, N. M. Frazer, of New York ; Treasurer, J. B. Garrison, M. D., of New York ; Executive Committee, William M. King, M. D., of New York, and William L. Jackson, M. D., of Boston.

It was unanimously voted that the meeting was the most interesting of any that has been held.

CLARA E. GARY, M. D.,

Secretary.

THE TRUTH SHALL MAKE US FREE—THIRD ARTICLE.

BY J. H. ALLEN, M. D., LOGANSPORT, IND.

The truth not only makes us free, but it makes us strong. It is the secret of strength. "Our convictions are profound when we are impressed with great and profound truths." It often enables the frailest body to become a conqueror, not for the "bubble, reputation ; at the cannon's mouth," nor for political control over his fellow-man, but for a higher result, a victory over himself ; letting himself free from his bonds, and guided by the light of truth he comes, as did Hahnemann, upon doors that have been barred from eternity, and opens them revealing more and more of the truth of the similia.

Truth by virtue of its genetic power, must in the end overcome everything that opposes it, as it is an attribute of the Creator Himself. Therefore we have the assurance that if we present anything new to the world that is based upon truth it must stand the test of time ; and, although the world for a time rejects it, and uses every means to down it, like Banquo's ghost, "it will not down," but ever presents itself "four-squared to every wind that blows." Some one has said we are "imitators of our ideals ;" that is, if we are followers of Socrates we become like Socrates ; if followers of Christ we become Christ-like ; or if we are followers of Hughes or Dudgeon we rise no higher in the scale of Homœopathy than they do, as a rule, and their conception of its law must be our conception. But if we follow

Hahnemann and his *Organon of Medicine*, we are lifted up into the higher altitudes of truth, and brought face to face with the infinite—face to face with his life-restoring principle, *similia*, the expression of whose action is the image of the Unseen. Yea, this science of Homœopathy leads us up to the edge of the infinite, and enables us to fight our battles with these unseen forces, these principalities and powers of darkness, whose name is legion; these miasms; these morbid forces and influences that try to bind or fetter true biological law or drive life from its princely citadel with their legions of foul fiends that environ us.

Truth again leads us to the study of the true phenomena of life, to get a clearer conception and knowledge of its nature, and to the study of the phenomena of all biological law. We are not satisfied with the study of the anatomical man, in which is no life, nor with the study of the dead cell that we have removed for study and set apart for examination, as it is the result or the workmanship of life, a sarcophagus, a debris of life, and we cannot see it when it dwells in its princely mansion, vivified by that God-given principle which we call life. So our investigations are in dead organized matter, instead of with true organized life. They are empty shells or husks, where dwelt the principle that has fled. Overcome are these wonderful life forces by some more potent subversive force; the gravitational law governing biological life is set aside, then cometh death and desolation. Alas! what a debt of gratitude we owe to Hahnemann for this most delightful retrospect of biological law, broadening our minds and our conceptions of law, of life, and of man in general, and his peculiar complex relationship with this world, as well as to all physical law; a law by which we can compare ourselves with the infinite and measure ourselves with eternity. Homœopathy is the beating of a kind heart through the scheme of things. It cometh like Portia's mercy, gently, and is twice blessed: "It blesseth him that giveth and him that taketh." It is the Christ through the manifestation of a divine law; a grace-given principle to the sick and pain-suffering physical man. If we have offended the great central Soul of the universe the majesty of Law says,

“Thou must suffer the penalty prescribed,” but the similia power comes to us in our extremity and need, and sets aside the penalty by satisfying the demands of the law through its vicarious power in suspending the action of all subversive forces, acting subversively on biological law.

Truth has no rents, no tears or patches, but is a whole garment throughout. It is the true orbital band around which all true thought must revolve, and the time must come when it will belt the universe and be to all men the *Mene Mene Tekel Upharsin* of all law, of all philosophy, of all true science, and the zeal of its fire will burn out the false and all that maketh a lie, and when it must openly and boldly expunge the unclean thing and come out unsullied and without a spot upon its garments. The world frowns upon it, but it shines all the brighter, and, like the diamond, throws out its light from every angle. The influence of similia steals over us so gently and through the law its influence is quietly impressed upon our disturbed life forces, and the change comes by virtue of the law being fulfilled in itself; and through its creative power it creates health, and health creates bone and muscles and nerve force and power of will and thought and mind; and a healthy mind and body bring joy and peace and happiness and contentment, even all the attributes of a normally restored vital force.

This is no chance world, but a world of method and principle and immutable law; and all nature is a standing protest against empiricists and chance workers, and the absurdity of trying to secure true effects other than through the retrograde process of law, without doing injury or violence to the sick one, in readjusting the life forces that are disturbed and setting them again in working harmony and bringing them into true relationship with their surrounding media. Health is a perfect poise, an absolute adjustment of the forces of the ego to all other forces, be they what they may. On the one hand Nature seems to care nothing for us, yet on the other she fosters us; so we seem to be constantly under stress, under which we seem to rise or fall, keeping up the great equilibrium of life.

That great pulse in Nature that beats against the barriers of

materialism is the pulse of love, and with each throb comes a new genesis, new life; in its multitudinous forms stimulating all biological law to new energy and to greater power in its transference of unorganized matter to organized life.

Man is a divinity in his earthly disguise, when guided by the power of truth, which glorifies and clothes him in the true light of science; when Alpine-like he climbs; his vision widening with his widening mind; drinking in the largeness of infinity, and gracefully submitting to every law and every principle that the truth may present to him for the furtherance of his knowledge; the visible being his starting point and the invisible his goal. From such a mind Nature cannot keep hid her secrets; no hieroglyphics so old but what he can read; no language so dead but what he can resurrect, and they speak to him in tongues of fire. Even the universe, with all its vastness, with its thousand-fold complexity of forces; yea, the truth of Homœopathy gives us power to escape out of the "hear-says" of uncertainty in our study of life, and we are brought face to face with the true Shekinah in man; and the secret of the *I* is made manifest; and this Triune temple of the universe, which, "when we touch," says Carlyle, "we touch heaven;" this human body of ours, "this miracle of miracles, this mystery of the living God." Through the truths of Homœopathy we are brought to the knowledge of the prenomena of life, when under the law of true harmonic force and also when under the power of false or subversive forces. It reveals to us the antipathic schools of medicine in their true light, with their wrappings and bandages of tradition, with their eyes fixed only on materialism; with no law, no God in their man or in their science. "Icy, regular, splendidly null" and void of all that spirit of truth which we find in that great book, *The Organon*, which reveals man as that mysterious force in the centre of all forces. Ah! listen to the words of Hahnemann, his words of wisdom and of healing, who spent his life in revealing the truth, in demonstrating law, in unmasking hypocrisy in high places; a truth which enables us to look into the mysteries of life with eyes of the soul, and to put ourselves in true relationship with Nature and her powers.

ANTIMONIUM TARTARICUM.

CLINTON ENOS, M. D., DENVER, COL.

This preparation is a compound salt, the Tartrate of Antimony and Potash. The combination seems to be a weak one, or at any rate the action of this remedy is somewhat similar to that of the crude Antimony. Here everything seems to centre about the stomach also. Indeed this feature is so strong that the homœopath hesitates to give Ant.-t. when nausea is absent. Another marked feature is a parietic condition of the chest; this allows exudation to accumulate in the bronchi, because there is an inability to cough up anything on account of this partial paralysis. This chest trouble is present, even when the patient is sick with other complaints. So, in studying this remedy, let us keep these two features in mind. The patient is also generally very irritable, worse at night, in a warm room, and from touch; he is also worse from milk and sour things, and has a white-coated tongue. The general nature of the above statements present to us a true picture of an Ant.-t. patient, and his nature should characterize the patient before this remedy is given. We shall now take up each organ of the body to see how it is affected, at the same time keeping in mind the generals that should characterize the patient suffering from any particular symptom of this drug.

In the mental sphere this remedy is as irritable as any remedy known. Children are snappish and cry and whine when touched or looked at.

There is a nondescript vertigo. The headache seems to be of pressive, throbbing character. It is worse in the evening; lying down; getting warm in bed; after eating; sitting bent; and in rest: relieved by sitting upright; in the cold; lying with head high; moving about; and washing the head. This headache is associated with the chest or stomach troubles peculiar to this remedy. We could hardly expect a headache like the above, with the chest and stomach sound, to be cured by

Ant-t., because the nature of the remedy would not probably be present.

The eyes are dim and lose their lustre in a severe case where this remedy is homœopathic. There is that awful appealing look for help coming from the eyes that is seen in cases where life is ebbing away from paralysis of the lungs. This sight, once seen, will never be forgotten. Again, there is a nondescript catarrhal trouble. The books say that it has cured gonorrhœal ophthalmia and old sore eyes of rheumatic and gouty subjects—the other symptoms, of course, agreeing.

The nose, in severe cases, becomes cold and pointed; the *alæ nasi* flap as in *Lyc.*; the inside of nostrils is black and sooty.

Despairing anxiety is depicted upon the face. At first it may be flushed, but it soon assumes a bloated, livid look, or a drawn, ashy whiteness, as is seen in Carbonic-acid gas poisoning. In fact, this is what is the matter with the patient, for the lungs are so weak and so filled with mucus, as we shall see hereafter, that the blood is not properly oxygenated. At other times the face is cold and pale; lips purple; skin bluish around nose and eyes.

The tongue in this remedy is similar to that of *Ant-cr.* It has a thick white coat. Occasionally the coating is not so thick and the reddened papillæ show up through it. Rarely the tongue is brown. The taste is bitter; sometimes flat.

There is a loss of appetite, with a disgust for food. Thirstlessness is the rule; when thirst is present the patient desires cold water.

Eating sour things or drinking sour wine makes the patient worse; also, milk disagrees.

In diseases of the intestinal tract there is great nausea with intense anxiety. There is retching and vomiting of green and watery matter, sometimes frothy or mucous; drowsiness after vomiting. In children there is vomiting of food as soon as taken. Sometimes in summer complaint there is great thirst for cold water. There may be vomiting and purging at the same time, with every symptom of collapse; coldness of the surface; the hands and feet are like ice, and the stools are

profuse and watery. When complaints are not very severe there is belching of gas, having a foul taste, or tasting of rotten eggs, which gives relief to the patient. With this trouble you are apt to find that there is rattling in the throat of mucus with an inability to get it up. This does not come on, however, unless the case gets very severe.

There is a diarrhoea of nondescript stool with sharp cutting in abdomen, just before stool. Just this much would not be an indication for any remedy, but if Ant-t. is to be given there must be present, continuous, anxious nausea, straining to vomit with perspiration on forehead and face; after vomiting there is great drowsiness and languor; eructations smelling of rotten eggs; white tongue; thirstlessness or thirst for cold drinks; aversion to milk and some acute cases crave acids; irritability. At first some other remedy may be given, but if improvement does not take place, and the child begins to sink and get that rattling in its throat, and assumes that deathly pallor and distressing look, you can readily see that the wrong remedy has been given. Ant-t. will save this child, even after all hope for its recovery has been abandoned.

In the male sexual system this remedy has been used to cure the pain and swelling in testicles, caused by suppression of gonorrhoea. It has also cured figwarts behind the glans penis. So you see that there is something of a sycotic nature in Tartar-emetie. There are pustules on the genitals as a result of this remedy. These may prove similar enough to chancres for this remedy to be used against syphilis. Of course the generalities of the patient must correspond to the generalities of Ant-t. or the remedy will not be homoeopathic.

Irregularities of the menstrual function are so vague that the gastric derangement and chest symptoms afford better indications for Ant-t. in this kind of trouble than do the menstrual symptoms themselves.

During pregnancy there is gastric derangement; vomiting of mucus; belching; disgust for food; salivation; nausea, with faintness; amblyopia after colic or strong emotions; oppression of chest; loose, rattling cough; no sputa.

The symptoms of Carbonic-acid gas poisoning have led to the use of this remedy, in asphyxia, of the new-born child.

Now let us take up the respiratory tract and study the symptoms as they appear in this part of the body. There is great rattling in trachea and chest. The breathing is abdominal on account of the paresis of the lungs. The abdomen heaves and sinks like that seen in dying persons sometimes. In pneumonia, whooping-cough, and bronchitis there is difficult breathing with loud rattling in chest and trachea, and in many cases can be heard across the room. You think if he would cough a little he would get the mucus up; he does cough but nothing comes up, on account of the parietic condition of the respiratory muscles. Hence he uses the abdominal muscles in breathing, to make up for the loss sustained by the weakness of the chest muscles. The cough is so feeble that when you hear it you feel inclined to help him by coughing vigorously yourself. His face is drawn and cold; nostrils dilated and sooty on the inside. With this there is nausea; he is more likely to get up a little mucus when he vomits than when he coughs. Now this state is hardly one you would expect in the first days of bronchitis, etc., but one that would come about after several days of sickness, when there is threatened paresis of lungs, with Carbonic-acid gas poisoning. The cough is worse at 11 P. M., toward morning; after eating; from getting angry, and getting warm in bed: relieved by sitting upright. With all this there must be present the generalities of this remedy.

Sometimes we see children taken down suddenly with bronchitis, and there is that rattling with inability to get up mucus; in some cases they spit it up, but it forms faster than it can be coughed up; there is also the nausea, etc., as described above. This is not an Ant-t. case, because the rattling comes during the period of irritation, and not as a result of paresis of the chest. *Ipec.* fits this condition. These two cases may seem somewhat similar superficially, but their natures are entirely different.

Whooping-cough: child cannot bear to be touched or looked

at ; white tongue ; great rattling in chest ; coughs when he eats or gets angry—the latter he does very often.

Asthma, with difficulty to exhale ; hydrothorax ; hypostatic congestion of lungs ; together with the generalities of the remedy.

Ant-t. exerts a depressing influence upon the heart and circulation. During lung and stomach troubles the heart is disturbed and often becomes inflamed, especially pericarditis. This remedy has been used for cyanosis from organic heart disease, but, as far as I know, has not been used, especially for old organic trouble of the heart.

This remedy cures lumbago when the slightest effort to move causes nausea, retching, and cold, clammy sweat ; white tongue, etc., also present.

There is an irresistible inclination to sleep with nearly all complaints.

Chill, fever and sweat with no thirst in any stage, but predominant gastric symptoms, are characteristic of this remedy.

Acute articular rheumatism also comes within the range of this remedy. The joints are somewhat swollen, reddened, hot, and very painful at every attempt to move them. The general nature of Ant-t. must be present or there is no use to give it, for some other remedy will be indicated.

On the skin there are pustules as large as a pea. They become umbilicated, scab over and leave a scar. So when you have a case of small-pox, and have the chest and stomach symptoms of this remedy present, or anything else that will show forth the general nature of this remedy, you may give it and your prescription will be homœopathic.

This article has been written to bring out the general nature of Ant-t. When we once get the general nature of a remedy understood, we can soon fill out particulars and thereby become proficient in our knowledge of it, and so become masters of our *materia medica*.

LACHESIS—ITS ORIGIN AND PATHOGENETIC EFFECTS.

PROF. W. E. LEONARD, M. D., MINNEAPOLIS.

The introduction of snake poisons, of which this drug is the type, as medicines, is entirely due to Dr. Constantine Hering, who experimented with this and other snake venoms while an agent of the German Government in South America, and first published his "Effects of Snake Poisons" in 1837, in the German language. If Dr. Hering, even admitting many errors of judgment from which no man is exempt, had done nothing more than this for the science of therapeutics, his name would be immortal in medical annals; and in this, his crown of glory, Lachesis, would be by far the brightest jewel.

Our name for this remedy is taken from the specific scientific name, viz. : *Trigonocephalus Lachesis*, as given the snake by Linnæus, from its common title, lance-headed viper, and Lachesis, the name of one of the Greek Fates, since the bite of the reptile was sure and swift death.

The snake is an immense one, seven feet or more long, with poison fangs of nearly an inch in length. His reddish-brown skin, marked along the back with large blackish-brown rhomboidal spots, makes Dr. Hering's specimen, now in alcohol in the American Academy of The Natural Sciences in Philadelphia, a very noticeable addition to this remarkable collection.

The poison resembles saliva, being limpid, inodorous, tasteless, and in color greenish. At the extremity of the fangs it easily forms into drops and falls without threading; exposed to the air it soon concentrates into a dry, yellow mass, which is intensely poisonous for an indefinite period.

The story of the heroism exhibited in obtaining the original and only supply of this venom was intensely thrilling, as heard by the writer seventeen years ago from Dr. Hering himself, in Saturday evening talks to a small coterie of students. When a young man of thirty-five, he and his wife were directing

botanical and zoölogical collectors from a temporary dwelling in the edge of the tropical forests of the upper Amazon. The natives, who were his sole assistants, had told him much of this deadly serpent, and he offered liberal rewards for the capture of a living specimen. Finally a bamboo box was brought in hastily and placed in his rooms. Immediately to his amazement, not only those capturing the serpent, but his entire native household, fled precipitately from the place. They saw no hope for their master or his wife if he proposed to deal in any way with a living Churukuku—the native name for the reptile. He was left to obtain the venom from this creature with his wife's aid alone and at the imminent risk of his life. This was done by stunning the serpent by a heavy blow as the box was opened, then holding his head in a forked stick and obtaining the poison by pressing it out from the venom bag upon sugar of milk, all of which, with the lower preparations, have been exhausted, up to the sixth.

Thus handling and triturating the virus, with the natural fear and excitement of the adventure, threw the doctor into a fever that night with tossing, delirium, and mania. His faithful wife anxiously watched over him, alone in the forests, miles from a human being, and not daring to think of the probable issue of a struggle with such a mighty poison and with no knowledge of an antidote. Toward morning he slept, and finally awoke, his mental horizon cleared from the passing storm. His first question when a little water had moistened his throat was, "What did I do and say?" One can easily imagine that the details of such a night would not be readily forgotten by the young wife, even if she was not cool enough to take notes at the time.

Before their native help, one by one, expecting to find their corpses, crept sheepishly back to the camp, this enthusiastic couple had prepared all the Lachesis since used by the profession and had begun a reliable pathogenesis of one of our greatest remedies.

The idea of thus using virulent animal products as medicines, especially when diluted in alcohol, which was thought to anti-

dote the poison in the blood of the recent victim, had to fight its way. From the time of these initial experiments (1828), for twenty-five years, all manner of theoretical objections were made to this and like medicines.

But when in 1878 (two years before his death) Dr. Hering wished to celebrate the fiftieth anniversary of the introduction of Lachesis by receiving reports of clinical cures by this drug, he was overwhelmed by a mass of corroborations from all over the world, and had he lived would have made a complete monograph of the drug. (See *Guiding Symptoms*, Vol. VI—Lachesis.)

The virus of Lachesis introduced into a wound or injected into a vein produces the most dreadful symptoms, and generally death. The victim of a bite from this serpent falls unconscious to the ground, as if struck by lightning, with vomiting and involuntary stool and urine; the place of the bite becomes gangrenous; hands and fingers swollen and insensible, the inflammation extending to the arm and the swelling to the shoulder, with here and there gangrenous blisters; death ensues in a few hours, with loss of consciousness, somewhat irregular motions of limbs, cold, clammy sweat; slow, small, almost imperceptible pulse; expression of pain in the face, which is swollen and puffy. If any reaction at all, there soon appears constant fever, dry, burning skin; constant thirst; dry, coated tongue; small, rapid pulse; weak eyes, anxiety and oppression of the chest; and later, constant sleeplessness, extreme exhaustion; no stool nor urine (for seven days in one case); vertigo, as from intoxication, etc. Post-mortems have shown that the oppression of the chest, with its torturing anguish, is very frequently caused by extension of gangrene to the lungs and liver.

Lachesis poisons the nerve centres, that the whole cerebro-spinal system is affected with the rapidity of lightning is shown above in the sudden dropping of the patient into an unconscious state or sometimes into convulsions; and that the pneumogastric is its special point of attack, is evidenced by the rapidity of the ensuing irritation of the throat, larynx, bronchi, and heart. The

provers' symptoms complete our knowledge of the specific action of Lachesis upon the pneumogastric. The throat and laryngeal symptoms of Lachesis are very numerous and distinctive, mainly subjective (except hawking of mucus), and include well-nigh every form of distress from which the parts suffer; dryness, pain, burning, rawness, swelling, dysphagia, worse upon "empty" swallowing than during ingestion, and more from liquids than solids; painful and sensitive larynx; hoarseness with continued tickling cough, and a constant desire to draw a deep breath; all symptoms being aggravated by external pressure, or the mere contact and weight of clothing.

This poisoning soon spreads to the sympathetic, thus involving the entire machinery of life, and causing decomposition of the blood with gangrene. This later, but equally rapid effect, decomposition of the blood, is evidenced not only locally near the bite, but by the hemorrhages from the mucous surfaces ecchymoses at various points on the body. The blood loses its fibrin, becomes fluid and oozes devitalized from the tissues. The local results of the bite afford further objective evidences of blood changes. The inflammation set up is always of an asthenic or malignant character, either a cellulitis or an erysipelas, the fluids from which set up abscesses of the adjacent lymphatic glands, inflammation of the areolar tissue along the extremity affected, or of its veins, resulting in pyæmia; locally gangrene quickly ensues, the whole general accompaniments being those of a low typhoid state.

The detailed symptomatology of Lachesis is too long for this paper. The above outline is meant to clear the way for a better understanding of the drug.—*Minneapolis Homœopathic Magazine.*

LACHESIS TO THE RESCUE.

JOS. FITZ-MATHEW, M. D., VICTORIA, PENNA.

Mrs P., æt. thirty-six years; bilious temperament; inclined to be hypochondriacal; had grippe during the winter of 1894. (Allopathic treatment.) As a sequel, she was attacked

by violent neuralgic pains in left shoulder and arm, which resisted all treatment up to the month of May, 1895, when I was requested to prescribe, and, in a hasty interview upon the eve of a journey, obtained the following history and symptoms: Mrs. P. was a school-teacher, and was suffering from "too much mother-in-law;" a captious person, holding the family purse-strings; an expert in the art of nagging. Sharp, darting pains, starting from the cervical region, extending through the left shoulder down the left arm and into the fingers at times. Pain worse in upper arm, with a sensation as if it would burst. Intermissions at night, during which patient slept well. I assumed this to be a case of cervico-brachial neuralgia, without any examination. Considering the mental conditions and the pains running down to the fingers, I prescribed—with little confidence, however—*Sepia*^{2c} (D.), which produced no appreciable effect. Subsequently several other remedies were tried with like result, and I felt much mortified at being unable to elicit from the patient any guiding key-note symptom for the selection of the proper remedy. Having been recommended to this patient by a friend, who had expressed much confidence in the result of homœopathic treatment in my hands, I was especially disgusted with my failure, and the probable relapse of this patient to allopathic treatment. In response to my earnest solicitation for more symptoms, I received the following: "Suffered severe pain all night, and this morning it is no better. I am sure it will be serious if it continues much longer. My left arm is wasting, getting smaller. It seems to me that my patience and endurance are exhausted. I am so discouraged and disheartened. Is it alarming? I feel well otherwise, but with this constant nagging pain in elbow, shoulder, chest, etc., I feel quite worried. It hurts both front and back to cough. I have a great deal of palpitation and pain in the left side. Do you think my heart is affected? If this pain lasts much longer, I don't care to live. Will my arm ever be restored to its natural size? * * * Pain still very severe, and on rising I have a feeling in the middle of the stomach *as if something was rolling and bounding about.*"

(Patients usually refer to the abdomen as the stomach.) The patient was now given one dose of Lachesis^{cm} (Fincke), with Sac-lac. ad lib., and assured that the left arm was not wasting away, and that it should be measured to convince her of the fact. The next letter says: "I am feeling much better, having had very little pain, but there is a severe twitching of the muscles where the pain was." Sent Sac-lac. Subsequently a slight return of the pain in the arm induced me to send another dose of Lachesis^{cm}. After this I received the following: "I have had no sign of the old trouble for some time, and feel much better; but I have such a sore pain at the very lowest extremity of the spine (coccyx). It is sore to touch; it hurts me to sit, and sometimes to walk. I am afraid some growth may be forming there." Sent Sac-lac. and assured the patient *this* pain would subside. Measurement of the left arm showed no appreciable diminution. This patient received—as shown—two doses of Lachesis^{cm} (Fincke), and is quite free from her troubles in respect to the pains.

FORMICA-RUFA.

J. W. THOMSON, M. D., NEW YORK.

A gentleman, born in 1810, whom I have treated off and on for the past thirteen years, and whom I saw through an attack of dysentery about ten years ago, had severe neuralgic pains between posterior of right ear and centre of occiput about two years ago. From this he apparently recovered, and I lost sight of him for over a year. Some six months ago he returned to me with a steady sore and burning pain in same region; swollen and tender around, but especially behind, right ear. He can only sleep in just such a comfortable position, which he cannot describe, but only knows when he gets there; and must have it covered up warmly behind right ear and between there and occiput and neck—all right side.

It is always grateful for him to take right hand and rub gently behind right ear, which he often does.

Sweat, while not ungrateful, never affords any relief. Says it neither makes him better nor worse. His whole head seems to sympathize with the distress. The head and front of offending is, however, in the parts described.

He has dribbling of urine, which is a trouble and source of great annoyance.

I gave *Formica-rufa*, six doses, three per diem (*i. e.*, one before each meal).

On the second day, toward evening, he felt worse, and on the third day there were twinges and spasms of severe pain in lieu of the soreness only he had before experienced, which gradually got better, and on the fourth day even the soreness was much better. The main thing, however, was that he felt mentally better; said his mind and head felt stronger, and from feeling depressed he had become cheerful, and life did not seem the burden it had for some time past. Thus, the God-given law—Homœopathy, and Homœopathy alone, in diseased states—answers affirmatively the question asked by Shakespeare, “Cans’t thou minister to a mind diseased?”

THE APPLICATION OF THE MATERIA MEDICA.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

The method of selecting the truly homœopathic (curative) remedy is a subject demanding the physician’s best thought and discrimination. During the course of many of the ordinary, especially acute diseases, the remedy frequently stands out so plainly that “He that runs may read.” But every prescriber will daily meet cases that look anything but clear, and require study and reference. In the latter instance, having carefully taken *all* the symptoms, it is essential that the physician be able to pick from among their number, these, with their modalities, which characterize and individualize that particular case. If incompetent to do this, all further progress is at an end. Successful here, the next step is to find these selected symptoms in the *Materia Medica*. For this a good repertory *may* come into play,

but nearly all such works are sadly disappointing if depended upon absolutely, and at best are only finger-boards giving us the general direction to be followed, necessitating a final reference to the original text. Having found the remedies possessing one (or all) of the selected symptoms, we exclude those lacking the proper modality of the case in hand ; this brings the selection very near or quite home.

At first sight this may seem a very easy process, but, in fact, it is quite the reverse. In the first place, to be able to quickly select the distinguishing symptom requires an intimate knowledge of all the symptoms common to any given disease in order that the uncommon ones may be readily discerned. Then the finding of this uncommon symptom in the *Materia Medica* takes time and perseverance, and above all, the ability to see it when found, for there are those that have eyes and are blind and ears yet hear nothing. The disease-picture presents to them no central focus around which are grouped, in a more or less orderly manner all the symptom groups which complete and round it out.

We see it then remains largely a matter of discerning the key-symptom, of recognizing the remedy then before you, and proper judgment in its administration.

A certain patient had, among many symptoms, a hiccough, coming on with the first mouthful swallowed, but ceasing on continuing to eat ; this greatly alarmed her, as her father's fatal illness had begun in a precisely similar manner. Naturally *Rhus* came to mind, but a reference to the proving failed to find that symptom. I now took up the remedies *seriatim*. *Bovista* had a similar symptom ; then came *Conium*. As soon as I discovered the symptom under this remedy its general homœopathicity was unmistakable ; and why ? You have never met John Smith, but you know his brother William. Some day you will meet a stranger. One look is enough. You don't need a treatise on physiognomy to know him as William's brother. *Conium*^{45m}, one dose, cured that hiccough and unraveled the knotted skein of symptoms, making the next remedy plain.

A young lady with numerous symptoms had a neuralgia, waking her earlier every morning. Magnesia-phos. quickly palliated, but in a week it returned with redoubled force. Mag-carb. cured it more slowly, but permanently. This brings me to the concluding thought, *i. e.*, after all, your key-symptom will generally be most expeditiously found by taking down the *Materia Medica* and searching diligently and thoroughly, not to mention the many good friends you will learn to know in this way only ; leaving, after all, much less time to grumble about chaff, don't you know.

IMAGINATION IN MEDICINE.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

Since the publication of my article on "Imagination in Medicine," in the October issue of THE HOMŒOPATHIC PHYSICIAN, I have received letters which indicate that I was in error in not clearly defining the term *imagination* at the outset.

Taking it for granted that the meaning of the term was generally understood, I proceeded to point out the evils arising from its misuse, and to plead for the proper and scientific use of this faculty in Homœopathic Medicine.

It is sufficient to say that the article has been misunderstood and the importance of the subject greatly underrated.

Its importance can only be appreciated by a clear understanding of the true nature of the faculty under discussion. I propose, therefore, to supplement that article, by your courtesy, with some definitions and quotations drawn from standard authorities, that it may be seen that I have not only used the term in the accepted sense, but that the position taken is consistent with such usage and with the needs of the case.

Let it be premised, then, that the imagination is a normal and necessary faculty of the mind ; that like any other faculty it may be misused and lead to evil, but that its right use must redound to the highest good of its possessor. What is this faculty and what its sphere of action ?

“Imagination : the act or faculty of forming a mental image of an object ; the act or power of presenting to consciousness objects other than those directly and at that time produced by the action of the senses. The act or power of reproducing or recombining remembered images of sense objects, especially the higher form of the power exercised in poetry and art. Commonly divided into reproductive and productive ; reproductive being the power or faculty of reproducing images stored in the memory under the suggestion of associated images ; productive being the creative imagination, which designedly recombines former experiences into new images.

“In the Kantian philosophy, used to denote the pure transcendental imagination, or that faculty by which the parts of the intuitions of time and space are combined into continua.”—*Century Dictionary*.

In all of these uses it is to be observed that the use of this faculty always depends upon experience and knowledge, even in what is termed reproductive or creative imagination, where its so-called creative power is simply exercised in recombining previous experiences or ideas into new forms. It originates no conceptions. Its materials are the results of previous perceptions and conceptions stored up in memory.

Discrimination must be made between Imagination and Fancy. They were formerly used synonymously. They are frequently confused, even now, though they have long since come to have clearly-defined lines of separation. “Imagination is profound, earnest, logical. Fancy is lighter, more sportive, more often purely creative.”

“It is evident that true imagination is vastly different from fancy ; far from being merely a playful outcome of mental activity, a thing of joy and beauty only, *it performs the initial functions in every branch of human development.*” (Italics mine.)—*Maudsley, Body and Will, page 201.*

My own idea is that the comparison between Imagination and Fancy is superfluous, owing to a misconception of the true nature of the faculty under discussion. They are spoken of as two faculties. There is but one faculty—imagination. That faculty may be exercised either in the realm of facts or the realm of fancy. In the one case it is a serious and responsible use, in

the other a light and sportive use of the one primary faculty, the difference being merely in its field of action.

“The faculty of the mind by which it either bodies forth the forms of things unknown, or produces original thoughts, or new combinations of ideas, from materials stored up in the memory.”
— *Worcester's Dictionary*.

Dugald Stewart, the great Scottish philosopher, says :

“The faculty of imagination is the great spring of human activity and the principal source of human improvement.” Also :
“The business of conception is to present us with an exact transcript of what we have felt or perceived. But we have, moreover, a power of modifying our conceptions by combining the parts of different ones together so as to form new wholes of our own creation. I shall employ the word ‘imagination’ to express this power.”

It will be evident, upon a little reflection, I think, that the last quotation describes the use made of the faculty by the homœopathician when he rightly studies a proving or makes a prescription. Symptoms of the sick are kaleidoscopic, never arranging themselves twice alike. As they are constantly forming new combinations, so must the prescriber form corresponding new combinations from the materials in the provings of drugs, in order, by comparison, to find the similar remedy. If he form these combinations in an arbitrary or mechanical manner he is likely to fail. They must be so combined as to form a consistent and harmonious whole. He can only form and recognize such a whole by the use of his Imagination. Such a conception is usually called the “genius” of the remedy or of the case.

The very act of comparison necessarily involves the use of the Imagination. No comparison can otherwise be made. The symptoms of the patient cannot be compared with the symptoms of the proving until both symptom records are thus pictured before the mind for its action and judgment, not only in detail, but as a whole.

Tyndall, in his celebrated address before the British Association at Liverpool, on “The Scientific Use of the Imagination,” began by quoting the eloquent words of Sir Benjamin Brodie, as follow :

“ Lastly, physical investigation, more than anything else, helps to teach us the actual value and right use of the Imagination—of that wondrous faculty which, left to ramble uncontrolled, leads us astray into a wilderness of perplexities and errors, a land of mists and shadows ; but which, properly controlled by experience and reflection, becomes the noblest attribute of man ; the source of poetic genius, the instrument of discovery in science, without the aid of which Newton would never have invented fluxions, nor Davy have decomposed the earths and alkalies, nor would Columbus have found another continent.”

Tyndall himself says :

“ With accurate experiment and observation to work upon, imagination becomes the architect of physical theory. Newton’s passage from a falling apple to a falling moon was an act of the prepared imagination, without which the Laws of Kepler could never have been traced to their foundation. * * * Without the use of this power our knowledge of nature would be a mere tabulation of co-existences and sequences. We should still believe in the succession of day and night, of summer and winter ; *but the conception of force would vanish from the universe ; causal relations would disappear, and with them that science which is now binding the parts of nature into an organic whole.*”

Without the exercise of this sublime faculty, HAHNEMANN would never have formed his conceptions of a vital force, of high potencies, or of a Psora theory.

These definitions and quotations appear sufficient to emphasize the importance of the subject I attempted to treat, and to justify the endeavor to make the application of this faculty to the science of Homœopathy more definite and more general. It has been shown that imagination must be used to enable us to use the knowledge we have obtained, by observation and experience, to the best advantage, in homœopathic philosophy, as well as in all other branches of science and art. How it is to be used in Homœopathy I tried to show in my paper.

What more need be said, therefore, in reply to one who declared to me in a letter that “ with knowledge, imagination is not required. Imagination can never guide to truth. With the discovery of Homœopathy there is no further use for imagination in medicine, but only facts !”

STUART CLOSE, M. D.

THE CAUSE.

AMELIA A. WATERHOUSE, M. D., SAN FRANCISCO, CAL.

What is the cause of paresis, rheumatism, constipation, and, I might add, innumerable diseases? Doctors say we cannot explain why there is so much paresis nowadays, why heart disease, why this and that; the cause is physic; let me explain. How is it if the blood is poor, and why is the blood poor? It is this: Nature knows how to make blood; we physic it; the good material is all gone, and what has Nature to do but succumb.

The blood is pumped from the heart into the arteries, then through the capillaries and glands; if the force is not enough, little particles of poor blood or sediment will be left in the glands; hence cancer, tumors, ovarian troubles, tonsillitis, and many more troubles from the glands; then the arteries do their work if Nature has a full supply of good blood; if not, the heart becomes weak, and all the internal organs have to suffer. There is no nourishment for the glands of the stomach, none for the thousand little glands of the bowels. Why dyspepsia? Why colic? Why hæmorrhoids? Physic is my answer. I go further: the blood has to nourish the nerves, and if the nerves are not nourished there is paralysis, paresis, nervous prostration. Let me picture a sample of many of my cases. A girl comes to me so tired, no life, everything she eats distresses her.

I ask her about her bowels, if she has constipation. Oh! yes, unless I take pills or something to relax my bowels. Well if you wish my medicine and advice I expect you to follow my instructions (sometimes I find they will do so, then I have good results. I give advice in a strong manner). Oh! but I get so bilious, she says. Are you any better for taking your life into your own hands? I ask. Are you not defrauding Nature, who knows how to give you good blood, and you physic it all away? Poor, puny girls are soon made strong and tell me they could never have believed it would make such a difference.

Then the nerves again. Boils, hives, the blood is not doing its work, the nerves are dying, and hence the troubles I speak of. I could write pages upon this subject, and yet, will this not suffice to set people to thinking?

THE HAHNEMANN ASSOCIATION OF NEW YORK.

The second annual meeting of the Hahnemann Association was very successful, being held at that well-known resort for good dinners, Delmonico's, November 21st, 1895.

An assemblage of ladies and gentlemen, filling Delmonico's large banquet hall, was present from New York and vicinity, with a number of members and visitors from Boston, Philadelphia and other places.

The social part of the meeting before the banquet was exceptionally successful, and every one enjoyed a pleasant hour of social converse. After a most excellent dinner, the President, Dr. J. Lester Keep, in calling the meeting to order, gave in a short address the history and aims of the Association, to not only honor the memory of Samuel Hahnemann, but to advance the interests of Homœopathy, by interesting and associating laymen and physicians in a body which can make its influence felt. Dr. F. J. Nott, in a very happy manner, filled the post of toast-master and introduced the following speakers :

Senator J. H. Gallinger, of New Hampshire ; Hon. D. H. Chamberlain, ex-Governor of South Carolina ; Hon. W. H. McElroy, and Rev. H. A. Brown, D. D.

Dr. Pemberton Dudley made a few remarks, and wished the Association success on behalf of the American Institute of Homœopathy, particularly in this coming centennial year.

A short address brought the meeting to a close.

The following officers were elected :

President, Naesteri Desebere, M. D. ; First Vice-President, F. J. Nott, M. D. ; Second Vice-President, C. W. Butler, M. D. ; Third Vice-President, C. S. Macy, M. D. ; Recording Secretary, S. H. Vehslage, M. D. ; Corresponding Secretary, H. D. Schenck,

M. D. ; Treasurer, Alton G. Warner ; Member of Executive Committee for three years, J. Lester Keep, M. D.

Among those present were : Drs. Korndorfer and Dudley, Philadelphia ; L. A. Phillips, Boston ; Mr. Henry Hentz, Ex-Mayor Collins, Mr. Mathews, Mr. and Mrs. Colman, Dr. and Miss Doughty, Dr. and Mrs. Shelton, Dr. and Mrs. Norton, Dr. and Mrs. Porter, Dr. and Mrs. Roberts, Dr. and Miss Paine, Drs. Wilder, Schley, Dennis, Baem, M. Belle Brown, Gaddes, J. V. H. Baker, Cort, Dearborn, Neary, Dr. and Mrs. J. Lester Keep, Drs. Chapin and Warner, Dr. and Mrs. Schenck, and Drs. Paige and Atwood.

DIPHThERIA AND ANTI-TOXIN.

The Homœopathic Society of Chicago held its regular monthly meeting on the evening of January 9th, in the Great Northern Hotel. Except the World's Fair Congress, it was the largest gathering of homœopathic physicians we have ever seen in Chicago. More than two hundred were present, and many were unable to get into the hall. The large crowd came out to hear the anti-toxin treatment of diphtheria discussed.

Dr. R. N. Tooker read a paper entitled "The Status of Diphtheria Anti-toxin at Home and Abroad." The Society listened to him with marked attention for a full hour. He was followed by a paper, or lecture, by Dr. J. A. Tomhagen, entitled "The Homœopathic Treatment of Diphtheria." He occupied a half-hour of the time of the Society. The first essayist had not a single word to say in favor of anti-toxin, but said much against it. He occupied a large part of the hour in showing up the misleading statements of the health department of Chicago. He claimed that the death-rate in Chicago from diphtheria during the last few weeks of 1895 was 44 per cent. instead of six per cent., as recently stated by the health commissioner. The essayist also said that during the year 1895 there were nearly 1,800 deaths in Chicago from diphtheria—500 more than ever occurred during any other year. He also claimed that the death-rate was even greater since the use of anti-toxin than before. He

quoted statistics to show that the best average recent mortality rate which the old school could show was 22 per cent. He said he had addressed a circular letter, with a blank, to all the physicians of the homœopathic school in Chicago, and forty-five replied that, during the twelve months just preceding, they had treated in the aggregate 315 genuine cases with a death-rate of seven and three-tenths per cent. He believed that these statistics which he obtained thus were reliable, and correctly represented the average mortality rate in diphtheria under homœopathic treatment. According to these figures, if all the cases of diphtheria in Chicago, during the year 1895, had been treated homœopathically a thousand lives would have been saved. The action of the Chicago Board of Health in persisting in thrusting anti-toxin upon the profession was condemned in strong language. In this he evidently had the sympathy of the audience. The folly of the city of Chicago in spending from \$300 to \$500 a day in carrying out the anti-toxin "fad" was emphasized.

A committee was appointed to draw up resolutions protesting against the presumption of the Health Commissioner in dictating to the profession of Chicago how diphtheria should be treated. The present Commissioner of Health of Chicago is not a physician at all, but a very able ward politician who bases his greatest qualification to occupy the position he holds upon his "horse sense." The fear was expressed that his horse sense was no better than his "horse serum." A protest was made against filling the position of Health Commissioner of Chicago with an individual who has no knowledge of medicine. A number of physicians openly stated that they would not report their cases of diphtheria to the Health Department, as the regulations require, because their patrons would be urged at once to use anti-toxin.

In his circular of inquiry to the homœopathic profession of Chicago, Dr. Tooker requested the names of the remedies found most useful in diphtheria. Kali-bichromicum was mentioned 28 times and Mercurius-cyanide 27 times. A number of other remedies less frequently.

Dr. Tomhagen made a strong plea for a single dose of the indicated remedy in a high potency. He condemned all local applications, not only in diphtheria but in all other diseases. He spoke of the value of *Lycopodium* and *Lachesis* in diphtheria, the former being indicated when the disease began on the right side and was worse at 4 P. M.; the latter being demanded when the disease began on the left and extended to the right side. Other indications of *Lachesis* were marked aggravation after sleep and more pain in the skin of the neck than in the throat.

On account of the lateness of the hour the discussion was not completed. Anti-toxin received but the faintest praise from one or two speakers.

CASES.

BY DR. KUNKEL OF KIEL.

[From Die Allg. Hom. Zeitung. Translated by A. McNeil, M. D., San Francisco, Cal.]

G., æt. thirty-four, consulted me September 9th, 1893. He has suffered three years from asthma, which followed bronchitis. The attacks came more frequently at night and more particularly after becoming warm in a feather bed and also toward morning; during the day, when attending to his business, it is ameliorated. Aggravations by moist air. During childhood he was healthy, but with great disposition to catch cold, which caused a coryza, often profuse. He is now free from difficult respiration.

I gave him eight (8) powders of Sulphur^{cc} (Lehrman's), one to be taken every seventh evening.

November 1st.—Owing to the distance at which he lived he could not report in person; he sent word: "I can say with praise and thanks to God that I have been free from asthma for weeks. I feel right well, better than ever before." Sulphur³⁰⁰, a dose every fourteen days.

Anna K., æt. three, was brought to me November 16th, 1892. She belongs to a "psoric" family, whose physician I

have been for many years. Her present complaints are thread-worms, extreme irritability ; often she will not permit any one to approach her.

After a few doses of Cina³⁰, given at intervals of from five to seven days, in the evening, worms disappeared without a trace.

January 10th, 1893, she again returned. Since the last of December she has been afflicted with attacks of asthma, which come at night. She throws off all the bed-clothes, loss of appetite, aversion to milk, cold feet, blepharitis, diarrhœa occasionally, at different times of the day.

Sulphur^{cc} (L.), for five or six days, then no medicine.

February 27th.—At first aggravation of diarrhœa, then stool became normal. Now a return of diarrhœa, twice at night ; smells sour, and mixed with undigested food ; the feet which had become warm are now cold.

Sulphur^{cc}, five powders, one every 9th evening, since then she has remained well. I know, as I see her often.

The statement of Farrington that Cina is not suitable for thread-worms I cannot indorse.

Seh., farm laborer, æt. twenty, called January 14th, 1893. Well as a child, only that he was often the victim of boils. His feet sweat in summer, and are cold in winter. Sweats easily at his work and has short breath. He also often has nose-bleed. In the summer of 1892 sudden falling without premonition, and with loss of consciousness. After the attack headache and extreme prostration. He had an attack the middle of December and beginning of January. His companions had not observed any spasms—"epileptic vertigo." He had not perceived that the weather had any influence on him.

Sulphur^{cc} (L.), six doses, one every week.

February 25th.—On the whole is better. The vertigo has not returned, nose-bleed twice.

The same medicine, a dose every ninth morning till six were taken. He felt well and was discharged with the necessary directions.

(The following is by Kunkel, *but is from Das Archiv. für Hom.*)

Mrs. P. consulted me January 13th, 1894. She was operated on in the beginning of August, 1893, in the left breast, to remove an induration. There were repeated relapses followed by operations the last time in February, but how often I did not learn. As far as the mammæ had been removed, an ulcerating surface, about twelve or thirteen centimetres in diameter (five or six inches), which showed no tendency to healing around the ulcer to a breadth of from five to eight centimetres (two to three inches); it was stone hard.

In the axillæ no trace of an enlargement. The patient is a fat blonde. She formerly suffered much from toothache, which was produced or aggravated by drafts or moisture. Menses profuse, too soon, leucorrhœa; formerly her hands sweat, particularly when working. Her husband is healthy, two children have died of "glandular disease."

Calcarea-carb.^{co} (L.), a dose every seventh evening.

July 24th.—At first there was profuse purulent discharge, now the ulcerated surface is smaller. The hardness of the surrounding tissue is almost gone.

September 10th.—Continued improvement. The neighborhood of the ulcer is of normal softness. The same remedy every ninth evening.

October 15th.—Since eight days the sore is healed. Has no complaints. Give four doses, one every fourteen days. (Why? Trans.).

Cases like this of induration of the cellular tissue, which always relapse after an operation, do not often occur. We cannot properly think of cancer.

Therapeutically, the question arises, what remedy should have been given in accord with the principles of the physiological school, and what in that of (our) materia medica? In regard to the former it might occur to an antagonist: *quot capita tot sensus*, the answer; to the latter the reply would be tolerably unanimous.

Miss P., æt. twenty years, consulted me May 1st, 1893. She

had suffered from gastric trouble for four years. She has sometimes, without intermission, pains in the stomach all day (nights free), and sometimes coming in paroxysms. The pain is pressing, comes after eating or is aggravated thereby sometimes immediately, and other times a half hour after, constipation; leucorrhœa before menses; slight sweat on motion, particularly on the head; feet cold; epigastrium swollen, requiring her to unhook her dress; vomiting of the ingesta, of acids, and sour water; in winter this vomiting is aggravated.

Calc.^{co} (L.), a dose every seventh evening.

July 3d.—Improvement of her general condition, but is not yet well. Has some pain in stomach and occasionally vomiting. The same medicine.

September 9th.—After the first three powders “quite beautiful,” but is now worse; extremely cold feet and cold sweat on them; vomiting of the ingesta immediately after eating; flatulence, particularly in the afternoon.

Lycopod.^{co} (L.), eight doses, one every seventh evening; when all taken, patient felt well.

E., teacher, æt. thirty-two years; formerly healthy, only that he often suffered from toothache, which was caused or aggravated by a draft; consulted me September 1st, 1894. He has suffered from four to five years from headache, usually on one side, but at times in the entire head. It comes at longer or shorter intervals, usually in the forenoon, becoming worse in the afternoon till evening. Slight sweat on movement, particularly on the head and face; vertigo, especially on stooping. Aggravated by washing himself and during moist, cloudy weather. Aversion to physical as well as mental labor. The ability to think has suffered.

Calc-c.²⁰⁰ (L.), six doses, one every week.

October 27th.—Essential improvement, of the headache there is only a trace; disposition decidedly better; desire for mental and physical exercise; “ability to think better.” He did not return until March 3d, 1895. Lately the headache has reappeared, but mental work is done easily and memory is better. The same medicine, a dose every two weeks.

Fr., æt. thirty-three years, consulted me March 14th, 1893. He says that he has suffered ten or twelve years from gastric pains. Before that nose-bleed and toothache, which was aggravated by drafts. The pain in stomach is pressing, is not aggravated by eating, comes about six P. M. and before midnight, with the pains distention of the epigastrium ; lying on abdomen ameliorates.

Calc-c.²⁰⁰, six powders, one to be taken every seventh evening.

December 15th, 1893, he returned. He has in the interval been quite well, no pressure in the stomach. It reappeared three weeks ago. Momentary improvement after eating, aggravation at 5 P. M. and late in the evening. There is again distention of the epigastrium with the pains, and also amelioration when lying on abdomen.

Calc-c.²⁰⁰, a dose every seventh evening.

January 19th, 1894.—No improvement the first week, since then free from pain ; no lying on abdomen. I again ordered Calc-c.²⁰⁰, a dose every ninth evening, which completed the cure.

THE NEW SOCIETY OF HAHNEMANNIANS.

A meeting of the Hahnemannians of Brooklyn was held on Saturday evening, January 25th, 1896, at the residence of Dr. Stuart Close, 641 Willoughby Avenue, for the purpose of forming an organization, which should be the means of bringing about closer personal relations between members, mutual improvement and encouragement, and the advancement of pure Homœopathy in Brooklyn.

The following physicians were present at the first meeting : Dr. B. L'B. Baylies, Dr. Alice Boole Campbell, Dr. John B. Campbell, Dr. Anna Carman, Dr. Stuart Close, Dr. B. Fincke, and Dr. F. H. Lutze.

The meeting was called to order by Dr. Close, and discussion of the principles and methods of the new society proceeded.

The Brooklyn Hahnemannian Union was the name decided upon.

Meetings will be held on the last Saturday evening of each month at 641 Willoughby Avenue until further notice.

A chairman will be elected at the close of each meeting to preside at the next meeting, and to prepare and present a paper or subject for discussion. Members will be notified two weeks in advance of the subject chosen by the chairman for the next meeting. The only permanent officer will be a secretary. Mrs. Stuart Close was elected to fill this position.

Meetings are to be as nearly informal as is consistent with the orderly conduct of business, and a spirit of charity, freedom, fraternal feeling, and love for the noble art of Homœopathy cultivated.

After the business of organization had been completed, Dr. Close read a paper on "The Artistic Spirit of Medicine," which was cordially received and recommended for publication in THE HOMŒOPATHIC PHYSICIAN.

General discussion of the paper offered, and narration of interesting cases by Drs. Baylies and Fincke followed.

A repast was served by the hostess, and the meeting adjourned, after having elected Dr. Baylies chairman for the ensuing meeting.

VOMITING OF FLUIDS BUT NOT OF SOLIDS.

NESS CITY, KANSAS, January 10th, 1896.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—Apropos of that symptom of Bismuth, vomiting of liquids but not of solids, referred to in the December number at page 563, I find in my private repertory: "Child vomits all fluids at once, BISM., Zinc.;" "Vomits water and all fluids when reaching. Can eat his food for several days, then vomits and keeps it up for a whole day, Bism.;" "Vomiting immediately of water drunk, but not food, BISM., Zinc, etc." Dr. Ad. Lippe recognized this as a key-note of Bismuth, as you will find in THE HOMŒOPATHIC PHYSICIAN, Vol. XIV, p. 101, where he says, "*the curative effects have been confirmed—only water thrown up while other substances entering the stomach are retained.*" Eup-perf., Nux, Alum., etc., have very similar symptoms.

Very truly yours,

W. A. YINGLING.

TRUTH STRANGER THAN FICTION.

A novelist who should say that a nail could be driven into a child's brain and remain there without producing any unpleasant symptoms for thirty-two years, would be thought to exceed even the license of the romancer. And yet this fact was revealed in the dead-house of the Metropolitan Hospital, at a recent autopsy. Among the daily arrivals of patients from the city was a man thirty-two years old, of fair intelligence and apparently well formed, suffering from double pneumonia. In forty-eight hours he was carried to the dead-house, and in accordance to hospital rules, all cases of sudden death, in due time, a post-mortem examination was made. As the skull cap was lifted, a nail was found which had passed through the skull and penetrated, for three-quarters of an inch, into that portion of the brain which is supposed to be the seat of thought. The head of the nail was imbedded in the skull, and covered by the scalp with its full growth of hair, showing that it had passed through the soft portions in babyhood. Inquiry into the previous history of the dead man showed that he was a laborer, had lived all his life in New York, had never suffered until the attack of pneumonia from any special disease, was of usual intelligence, and had never complained of headache, and yet, during all these years, he had carried this nail penetrating into the brain, the rust, when removed, staining the surrounding brain-cells and scaling when touched with a knife from the nail itself. It was one of the strange revelations which the physician meets in the wards and the dead-house of a great hospital, showing how often truth is stranger than fiction.—*New York Medical Times*, September, 1895.

ANTI-TOXIN NOTES.

CHICAGO, October 25th.—Dr. William H. Cook, of this city, who has spent forty years in the pursuit and practice of his profession, has prepared for distribution among physicians of

the city, a pamphlet in which he denounces the use of the anti-toxin remedy for diphtheria as insanity, and scores the Commissioner of Health of Chicago for permitting the department physicians to use the serum. He says that horse serum produces blood-poisoning, and that doctors are fools to inject it into human blood. The doctor declares that some persons are so susceptible to the fad that it kills them, and says the "fad" will disappear in a year.

DIPHThERIA STATISTICS.—The action of the Health Boards in requesting that all cases of sore throat be promptly reported, will do much to swell the list of anti-toxin statistics.—*Med. Brief, St. Louis.*

FITTING FACTS TO THEORIES.—For a long time bacteriologists found it impossible to inoculate animals with typhoid fever. Then Cenarelli came to the rescue. He placed the animal to be operated on in a *polluted atmosphere*, injected his little germ, and secured a typical case. There is not much to be said about the *honesty* of such experiments.—*Med. Brief, St. Louis.*

REASONABLE SUGGESTION.—If by tapping an old horse that has been filled with diphtheria bacilli doctors can get a cure for the disease, why shouldn't the doctors tap an old Kentucky Colonel and get a toxin that would knock the gold cure out of sight? The matter is respectfully referred to Dr. Seguin.—*The General Practitioner*, Vol. I, December, 1895, No. 12.

BOOK NOTICES.

THE NON-HEREDITY OF INEBRIETY, by Leslie E. Keeley, M. D., LL. D., is the title of a timely volume now in the press of S. C. Griggs & Co., of Chicago.

The author endeavors to show that inebriety is a disease, and that it, as well as other diseases, is not hereditary. The work is said to differ from others on inebriety in its application of the doctrines of the variation of

species and natural selection to cell life, thus showing the causes and nature of disease, its modern scientific treatment, and the philosophy of immunity to disease in general, and inebriety in particular—all in language within the comprehension of the general reader. The international reputation of the author as an original investigator in matters pertaining to inebriety should make this work of more than ordinary value to scientists, the medical profession, and to all who are, by legislation or otherwise, endeavoring to correct the evils of intemperance.

A REPERTORY OF HERING'S GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By Calvin B. Knerr, M. D., Philadelphia. Published by The F. A. Davis Co., for the Estate of Constantine Hering, 1896. 1232 pages; sheep, \$10.00.

It is with much pleasure that the editor of THE HOMŒOPATHIC PHYSICIAN announces to the profession the completion of the long-desired Index or Repertory to *The Guiding Symptoms*. To the earnest seeker after the simillimum, we cordially recommend this magnificent work with the assurance that in its pages he will meet no disappointment; for if the symptom he wishes to find is in *The Guiding Symptoms* at all, he will certainly be able to locate it by an attentive study of this excellent book, and that, too, in a reasonably short time. Those of us who have spent hours and hours ransacking the *Materia Medica* for some symptom urgently needed to select a remedy to cure a case, will know the value of this book. Even the careless generalizing prescriber, who sneers at the pains-taking "symptom coverer," and refuses to emulate his example of patience and perseverance, will find in this book an incentive to a closer study of the *Materia Medica*, and gradually and perhaps almost unconsciously, to become a better homœopathist.

Those familiar with *The Guiding Symptoms*, will remember that the pathogenesis of each remedy is divided into sections, called by Dr. Hering "chapters." These chapters are numbered and provided with titles or headings in antique black letter.

The number always corresponds to the title of the chapter, no matter under what remedy it occurs. Thus "Inner Head" is always number three. "Throat" is number thirteen. "Cough and Expectoration" is number twenty-seven, and so on, no matter where these chapters occur, and whether the pathogenesis be furnished with the full number of chapters or whether it be abbreviated.

In the plan of the *Repertory of Hering's Guiding Symptoms*, now under review, the work is divided similarly into chapters having the same headings and the same numbers without exception. Any given chapter in the Repertory contains, therefore, all the symptoms to be found in the same chapter in every proving given in the whole ten volumes of *The Guiding Symptoms*.

A glance at the top of the chapter will show every one of the greater sub-headings to be found in that chapter. These sub-headings are in black letter, the better to catch the eye, and are in alphabetical order. For example, let us take the chapter "Inner Chest and Lungs," which we find under any of the remedies in *The Guiding Symptoms* with the number twenty-eight. At the head of this chapter in the Repertory we find a catalogue of sub-headings. They are as follow: "Clavicles, Inner Chest, Lungs, Sternum." Running the eye down the page we find "Inner Chest" in large black letters. Then under this sub-heading, in smaller black letter, we find paragraphs in alphabetical order, *abdomen, abscess, aching, affections* (in general), *alive, angina pectoris, anxiety, back, ball, bladder, blows, boring, brain, breathing,* etc.

Looking now at the paragraph labeled *abdomen* for example, we find the following symptoms: "Bowel symptoms seemed to alternate with inner chest (dropsy), Dig." "Pains alternate, Æscul-h." "Pains extend to abdomen (epidemic affection), Card-m."

Let us take another paragraph, "angina pectoris." Here sixty-one remedies are mentioned, followed by a long list of particular differential indications, such as, "sudden anxiety, Tabac;" "loss of appetite, and gas in the bowels," Nux-v.;" "while climbing, Coca;" "from excitement and exertion with slow pulse, Cup-m.;" "during attack fearing some organic lesion of the heart will cause sudden death, Cactus," and so on. At the end of the paragraph we find a pointing hand with cross references, thus:  Anxiety, congestion, constriction, fullness, neuralgia, oppression, pressing. These cross references are very numerous and are one of the most distinguishing characteristics of the book. They serve to direct the student to every place where information and indications may be found upon any given ailment, and that, too, with a minimum expenditure of time.

In the editorial in the December number of this journal, at page 539, a number of symptoms of starting will be found. Let us look at this symptom in the Repertory now under review. How shall we find it? It may be under "Nerves," chapter 36, or it may be under "Sleep," chapter 37. We will look at the index—for this complete repertory is even furnished with an alphabetical index—and see if we can find that word there. Under the letter S, we find it, and we are referred to page 1,034 in chapter 36, Nerves. Here we find, starting under every possible condition except one—sleep. At this latter word we find a cross reference, thus: " Chap. 37, during sleep starting."

We now turn to chapter thirty-seven—which is an easy thing to do, for the name of every chapter and its number are repeated conspicuously at the top of each page—and run the eye down the paragraph sub-headings. These, as before stated, are in alphabetical order. We arrive at the word "starting," and there find an abundant list of indications of starting when on the point of falling to sleep, given with such particular detail as to render utterly insignificant the list in the editorial before mentioned.

This paragraph is followed by two cross references to "starting on awak-

ing" and "twitching." Thus everything pertaining to this subject is brought under the eye of the physician, and, as before stated, in a very short time.

We think enough samples are here furnished to give the reader an idea of the great value of the book, the elaborate and yet comprehensive plan upon which it is built, and its general merit in rendering almost absolutely certain the finding of any symptom, if it be in *The Guiding Symptoms*, and of saving much time in getting it. We have abundantly proved that we can, in five minutes, find a symptom which formerly would take five hours of close searching.

The editor can say for himself that the book had not been in his possession ten minutes before he had used it in making a prescription, and before half an hour had passed he had made two good prescriptions from it. We cordially recommend it to all. If the cost seems formidable we can only say that any such consideration as that should not stand in the way. Make any sacrifice to obtain a copy, secure in the conviction that the investment will richly repay you in the end.

THE STANDARD DICTIONARY of Funk & Wagnalls

So frequently and so favorably noticed in these pages, has become the victim of a most remarkable assault upon its standing at the hands of malignant enemies. This defamation is nothing more or less than the selection from the pages of this dictionary of eighteen words of an indecent character, and publishing them together with their definitions in a circular which is being sent to teachers, parents, and guardians, as an argument against the purchase of the dictionary for family and school use. It matters little that these same words are found in other dictionaries: that other words of similar character were rejected by the builders of the *Standard*, and therefore not suffered to appear, the defamers nevertheless continue these shameful assaults obviously with a view to limiting sales.

These people, their names and connections, as well as their motives, should be known and execrated.

The Funk & Wagnalls Company are to be congratulated from one point of view, and that is: Slander ever loves a shining mark.

The extraordinary character of the attack is a brilliant testimonial to the success of this dictionary. The envious would not go to such length to check it, if it were not making great progress. As "persecution is the seed of the church" the publishers of the *Standard* may look for even greater success with their magnificent book.

THE ARCHIVES OF PEDIATRICS

Has been purchased by Mr. E. B. Treat, the publisher, 5 Cooper Union, New York, whose various books have been so often reviewed in these pages. It is a journal that has held a prominent place in medical journalism for twelve years. Under the new management it is increased twenty per cent. in text; it

is printed from entirely new type, and has a new design for the cover. Subscription \$3.00 a year in advance.

DISEASES OF RECTUM AND ANUS. By Gant and Allingham.
Published by The F. A. Davis Co., Philadelphia.

By S. G. Gant, M. D., Professor of Rectal and Anal Surgery in the University Medical College, Kansas City; Lecturer on Rectal and Anal Diseases in the Scarritt Training School and Hospital for Nurses, etc.; and H. W. Allingham, M. D., Surgeon to the Great Northern Hospital, and Junior Surgeon to St. Mark's Hospital for Rectal Diseases, London, etc. With numerous illustrations, including several full-page colored photo-engravings. Royal Octavo. In press. Ready in February.

COLOR-VISION AND COLOR-BLINDNESS. By Jennings. Published by The F. A. Davis Co., Philadelphia.

A practical manual for railroad surgeons. By J. Ellis Jennings, M. D. (University of Pennsylvania), formerly Clinical Assistant Royal London Ophthalmic Hospital (Moorfields); Lecturer on Ophthalmoscopy, and chief of the Eye Clinic in the Beaumont Hospital Medical College; Ophthalmic and Aural Surgeon to the St. Louis Mullanphy and Methodist Deaconess Hospitals; Consulting Oculist to the Missouri, Kansas, and Texas Railway System; Fellow of the British Laryngological and Rhinological Association; Secretary of the St. Louis Medical Society. This book is published as a convenient practical manual to aid the oculist, railroad surgeon, and general practitioner in accurately determining the fitness or unfitness of those employed, or seeking employment, in railway, steamboat, and steamship lines of transportation. In one crown octavo volume of over 100 pages. Illustrated with twenty-one (21) engravings and one (1) handsome full-page colored plate. Extra cloth, \$1.00. Ready in January.

URINALYSIS, including five hundred blanks, for recording the analysis and microscopic examination of the urine. For medical practitioners, specialists, life insurance companies, and pharmacists. Arranged by Joseph C. Guernsey, A. M., M. D. Large octavo. Cloth, \$3.00. Extra blanks in pads of fifty, 50 cents. For sale by all booksellers, or will be sent by the publishers, free of expense, on receipt of the price. J. B. Lippincott Company, 715 and 717 Market Street, Philadelphia.

This work contains, in a few pages, the essentials of urinalysis, including the apparatus and chemical reagents needed; the chemical tests for albumen,

bile, blood, chlorides, indican, phosphates, pus, solids, specific gravity, sugar, sulphates, urates, urea, uric acid, and urobilin; blanks for five hundred examinations.

The system of blanks used has been found by the author very convenient for rapidly recording in permanent form as much or as little of a urinary examination as may be desired.

The chief advantage of a book of this kind is that one can keep a continuous record, always at hand, of repeated urinary examinations. It is, therefore, of great use in showing the progress made in Bright's disease, diabetes, and all (other) renal disorders.

Nothing like this book has ever been seen by the editor. It may be more plainly described by saying that it is a collection of five hundred blanks for recording the state of the urine in every case of disease coming under the practitioner's notice, and that it is further furnished with descriptions and directions for testing urine, apparatus, and so on. It also has an index to these blanks where the name of the patient on the blank is entered. The blanks being numbered, it is easy to find any particular record.

It is a most unique book; one that should be in the hands of every physician, and carefully used by him in keeping the record of his critical cases.

DELICATE, BACKWARD, PUNY, AND STUNTED CHILDREN:
Their developmental defects, and physical, mental, and moral peculiarities considered as ailments, amenable to treatment by medicines. By J. Compton Burnett, M. D. Philadelphia: Bœricke & Tafel, 1011 Arch Street. 1896. Price, cloth, \$1; by mail, \$1.05.

We quote from the preface the better to set forth the motive of the book: "In his daily work the practical physician meets with a number of abnormal states that are not readily classified. * * * We say of certain children that they are delicate, backward, peculiar, odd, stunted, puny, and the like, without being able exactly to state what disease they are suffering from.

"The development of a given child receives a shock from a fall or fright; or its further growth is arrested by some acute disease such as measles or influenza; or a child is glum, taciturn, excitable, or what not, and yet people hardly know what is wrong or how to set about putting the wrong right. Again, some children do not see, hear, or speak properly; or they are unclean in their habits, wet their clothes or their beds, and cannot be taught nice, sweet ways like their fellows. This little work is intended to show that such abnormalities depend upon physical conditions, that can be put right by properly chosen remedies, and in no other way so well."

In accordance with the object thus announced the author proceeds to give the best homœopathic treatment for such cases, and to illustrate by

recounting from his clinical records, his own brilliant successes in this line.

There are few of the profession who have not read the previous monographs of Dr. Burnett, with which he has favored the profession from time to time.

The present work is just as graceful, just as clear, just as convincing, and helpful as his other books on correlated subjects, and we coadjally recommend it.

ANNALES D'OCULISTIQUE, founded by Florent Cunier, and continued by Warlomont. Edited in Paris by Dr. D. E. Sulzer and Dr. E. Valude (French edition); in New York, by Dr. George T. Stevens (English edition). Fifty-eighth year. Volume CXIV, Nos. 1 to 5. The Transatlantic Publishing Co., New York, 63 Fifth Avenue; Paris, 198 Boulevard St. Germain; London, 26 Henrietta Street, Convent Garden. Five dollars per year.

The numbers for July, August, September, October, and November, 1895, of the English edition of this elegant periodical have been received at this office. The journal is issued simultaneously in Paris in French, and in New York in English, and contains the latest and best information on all subjects connected with the treatment of the eye. Each number has from sixty-four to eighty pages, and the whole year's issue makes two volumes, of about one thousand pages.

Some idea of its character may be had from the titles of some of the papers taken at random from the several numbers:

"Contribution to the Study of (Edematous Optic Neuritis of Inter-cranial Origin," by H. Parinaud; "Considerations upon the Application of Electrolysis to Twelve Cases of Detachment of the Retina," by Terson; "On Methodic Curetting of the Cornea in the Treatment of Pterygium," by Deschamps; "On the Curability of Sympathetic Uveitis," by Rognan; "Internal Sclerotomy," by de Wecker; "Ophthalmoscopic Examination with the Inverted Image in Highly Myopic Eyes," by Demicheri; "A Rare Endolbulbar Tumor (Endothelial Sarcoma)," by Parisotti; "Hysterical Chromatism," by Pansier; "Hydraulic Curetting of the Cornea," by Santarnecchi; "The Possibility of Seeing One's Own Lens," "Practical Utility of Phakoscopy in the Diagnosis of Fine Lens Opacities and in the Study of Development of Cataracts," by Darier; "Concerning a case of Suppurative Irido-choroiditis Terminating in Recovery," by Morax; "Pathogeny of Myopia," by Bitzos.

Many more of these titles might be quoted, but it is deemed that enough have here been given to give the reader a clear idea of the character of this periodical and its great value, not alone to the oculist, but to every cultivated physician.

APPENDICITIS. P. Blakiston, Son & Co., of Philadelphia, announce a book on "Appendicitis." By John B. Deaver, M. D., Assistant Professor of Applied Anatomy, University of Pennsylvania; Assistant Surgeon to the German Hospital, etc. The book will be arranged in a practical and systematic manner. The history, etiology, symptoms, diagnosis, operative treatment, prognosis, and complications of this disease will be given in the order named. It will contain about forty illustrations of methods of procedure in operating, and typical pathological conditions of the appendix, the latter being printed in colors.

NOTES AND NOTICES.

ELECTROLYSIS FOR THE SURGICAL TREATMENT OF STRICTURES.* By J. A. Fort, M. D., Professor of Anatomy in the École Pratique of the Paris Faculte de Medecine. It affords me great pleasure to have the honor of being allowed, through the kindness of your President, to present to you a new instrument which I have devised and called "electrolyser," for the surgical treatment of strictures by the "linear electrolysis" method.

It is a well-known fact that electrolysis has been discarded on account of the imperfect instruments which were used. My electrolyser has all the advantages of the urethrotome and none of its inconveniences. It looks like a small whip, of which the handle contains a metallic wire projecting from the end, which connects with the flexible part. This instrument, being first introduced into the urethra, is connected with the negative pole of a continuous-current battery, and the positive pole is connected near the affected part, on the front of the thigh or over the pubes; then the current is turned on.

The operation, which is almost painless, requires thirty seconds (on an average), with a current of a strength of at least ten milliamperes, as indicated by means of a galvanometer. The electrolyser remains perfectly cool during the operation. In nearly all cases there is no bleeding, or but very little. The urethra is made aseptic before and after the operation, in order to prevent fever. I never allow a sound to remain permanently in the urethra for any length of time after the operation.

Usually the wound resulting from electrolysis heals quickly, without any local treatment whatever, and often the patient can attend to business imme-

* Read before the Section in Genito-Urinary Surgery of the New York Academy of Medicine, Tuesday, November 12th, 1895.

diately after the operation.* In nearly all cases I pass a sound the third day after the operation, also the day after. I instruct the patient to pass a sound, No. 22 or No. 24 F., every month and every other month.

With the urethrotome, which cuts blindly, the surgeon cannot ascertain the degree of density of the tissue of a stricture. On the contrary, by means of electrolysis, which merely produces a molecular destruction of the stricture, although the instrument remains cool, I have been able to demonstrate that there are two classes of strictures—"soft and hard." Hard strictures are in the proportion of one against five soft ones.

The time required to perform the operation varies with the density of the stricture. Some strictures are so hard that they cannot be successfully operated upon by electrolysis.

If my American colleagues who are familiar with the French language are willing to refer to one of my books entitled *Traitement des rétrécissements par l'électrolysis linéaire* (this book can be procured at the library of the Academy of Medicine), they may find it quite interesting, as it will enable them to understand the improvements which have gradually been introduced in the applications of electrolysis to surgery during the last fifteen years. They will also understand how I have applied electrolysis to the treatment of strictures of the urethra, uterus, rectum, and œsophagus.

Up to date I have performed in Europe a hundred and thirty-five operations on strictures of the œsophagus (recorded in my book), and with the exception of those which were caused by malignant growths of the wall of the œsophagus, all recovered.

It has been my good fortune to meet here some leading surgeons who are authorities in the treatment of strictures, and I am very grateful to them for their kindness in giving me the opportunity to demonstrate the advantages of my method in operating upon some of their patients.

THE HAHNEMANN CLUB OF PHILADELPHIA, PA., one of the oldest of these local organizations in the country, gave a free course of lectures last winter to the homœopathic medical profession of that city. This winter it has taken up a line of important questions for debate.

At the meeting at Dr. Pemberton Dudley's, it discussed the various "Hindrances to the Progress of Homœopathy."

At the entertainment of Dr. Bushrod W. James, it debated the "Present Dangers to Homœopathy," which continued at the meeting held at the residence of Dr. John E. James.

At the last meeting at Dr. Aug. Korndoerfer's, it took up the discussion of "Hahnemann's Rules for Investigating the Curative Properties of Drugs."

The following questions have not yet been debated: What do you understand by the term "pura," as applied to our drug provings, and what means would you suggest as efficient safeguards against the introduction of heteroge-

* When the wound does not heal I merely prescribe injections morning and evening, with one part of hydrozone to twenty parts of water.

neous symptoms in the prover's records? The value of the so-called idiosyncrasies manifested in drug action upon given individuals as guiding symptoms to the selection of the homœopathic remedy for a given case of disease?

The Club proposes to celebrate the birthday of Hahnemann, on April 10th, by a general meeting of homœopaths in Philadelphia.

DR. BUSHROD W. JAMES, President of the Hahnemann Club of Philadelphia, Pa., suggests to the American homœopathic profession the proper celebration of Hahnemann's birthday, Friday, April 10th, this year, by both the profession and the laity in general assemblage in every city and town of this country where Homœopathy has a footing.

It is the Hahnemann year, and should be greatly honored by all true adherents.

He further suggests that on that day a special effort be made to obtain subscriptions to complete the statue to Dr. Samuel Hahnemann, and that collections be made on this occasion by all to obtain the balance of the fund needed.

Let every local society in the country take action and do its utmost duty in this regard.

DR. J. H. ALLEN, of Logansport, Indiana, has been ill for a long time with traumatic spinal meningitis. Under the skillful treatment of Dr. J. R. Haynes he has recovered his health, and is now in active practice. In addition he is lecturing at Hering College, in Chicago, and in the Medical Mission School, also in Chicago.

THE NATIONAL ASSOCIATION OF PHYSICIANS AND SURGEONS will hold its annual meeting at Indianapolis, on January 15th. This Association has appointed a section on vaccination, and has invited papers on vaccination, both from those who are in favor of it and those who are opposed. For further information apply to the Secretary, D. R. C. Kelsey, 153 East Ohio Street, Indianapolis, Indiana.

ADVERTISING AXIOMS, by J. Walter Thompson, of New York:

The reward of the faithful advertiser is certain.

Man advertises and the people make purchases.

"Many men, many minds." Many ads. in many publications, many buyers.

The name and quality of good goods can be advertised so as to be "more lasting than brass."

Make your ads. speak the truth boldly, and the people will appreciate your frankness and respond.

"From nothing (in the leading publications) nothing comes." From *something*, however, results are sure to come.

"May his fame endure forever"—the advertiser who advertises with sensible copy that appeals to the sense of the people.

FUN FOR DOCTORS.

NO TROUBLE AT ALL.—Lady—"I am sorry to trouble you, doctor, and make you come all this distance. But I was too wretched to get along without your aid."

Doctor—"Never mind, madam; never mind. I have a patient next door whom I had to see, anyway. Killing two birds, you know."—*Texas Siftings*.

A HARD QUESTION.—Doctor—"My goodness! This won't do. You don't eat enough."

Sick Boy—"You don't want me to eat, do you?"

Doctor—"Indeed I do."

Sick Boy (angrily)—"Then why in th' name o' sense did you tell me to take a big dose o' cod-liver oil before every meal?"—*Street & Smith's Good News*.

READY FOR MORE.—Railroad King—"What do you think I need, doctor, to set me up again?"

Doctor—"Well, I think a little iron will help you."

Railroad King—"Good! I gobbled up a whole railroad system last week."—*Puck*.

Dolly—"Have you heard how Sadie is getting along?"

Molly—"She's better. She's taking seven different patent medicines."

Dolly—"Mercy on us! And are they all doing her good?"

Molly—"No; only one is."

Dolly—"Then why doesn't she leave off the others?"

Molly—"She's afraid to. She doesn't know which one it is."

Physician (to hospital nurse)—"You will see, if you please, that the patient is given the medicine exactly as prescribed."

Sick Man (formerly from Boston, feebly)—"If you have no objection, doctor, I greatly prefer that the medicine should be given the patient. That is the correct form."

SUCCESSFUL TREATMENT.—Mrs. Hojack—"Dr. Kapsool makes a specialty of reducing fat people, but Mr. Keedick has been under his treatment for a year without the desired result."

Hojack—"I am not so sure about that, Keedick mortgaged his house yesterday to pay Kapsool's bill."—*Truth*.

MRS. MALAPROP AGAIN.—A regular physician was summoned to attend a member of Mrs. Malaprop's family. He expressed some surprise at being called, knowing the lady in question to be an ardent follower of Homœopathy. "Yes," said Mrs. M., "I have changed my views; the homœopaths are good for infant-ry, but the regulars are best for adult-ry."

THE REAL VALUE OF THE MEDICINAL PEROXIDE OF HYDROGEN PREPARATIONS FOUND IN THE MARKET.

BY H. ENDEMANN, PH. D., CHEMIST.

Formerly Associate Chemist to the New York City Board of Health.

Published by the *Times and Register*, of Philadelphia, Pa., December 15th, 1894.

My attention having repeatedly been called to several reports and analyses made by different chemists and published by some medical journals, I concluded to examine all the brands of Peroxide of Hydrogen which I could find on the market, in order to ascertain the real value of each when intended to be used as an antiseptic remedy, both internally and externally.

The reports on the subject which have come to my knowledge are quite contradictory, and my object is to impart to the medical profession the results of my experiments, which have been made on fourteen fresh samples, purchased by me in duplicate directly from the manufacturers or their selling agents.

These brands have been tested for the volume of available Oxygen, the amount of residue, the degree of acidity, and the amount of soluble Baryta Salts contained therein, as per table.

By referring to this table it is easily understood that sample No. 2, "Hydrozone," is far superior to any other brand which I have ever examined.

When Hydrozone is diluted with distilled water, in the proportion of half and half, the resulting mixture contains about 13.5 volumes of available Oxygen, and its bactericide power still remains the same as the bactericide power of sample No. 5, which contains 16.55 volumes of available Oxygen.

Sample No. 14 comes next to sample No. 5, but it is readily seen that the degree of acidity is entirely too large for a preparation which is to be applied to the most sensitive diseased mucous membranes.

Sample No. 11, called "Pyrozone," which contains 11.20 volumes of available Oxygen, is quite similar to sample No. 6, with the exception that the latter contains a small quantity of Salicylic Acid. Very likely the Salicylic Acid has for its object to increase the bactericide power, but, unfortunately, I fear that it impairs the keeping properties of this preparation.

Acidity.—The fourteen brands which I have examined contain free acids (Phosphoric, Sulphuric, Muriatic); and I must say that Peroxide of Hydrogen (medicinal) should never be made neutral before using, even in the most delicate cases. Neutral Peroxide of Hydrogen rapidly decomposes under all conditions of exposure.

The keeping properties of H_2O_2 solutions vary a great deal with the degree of purity and the percentage of free acids contained therein.

If the proportion of acid is too large, the profession well knows that it acts as an irritant upon diseased surfaces. If it is too small, the solution don't keep well.

My opinion is that a standard solution of medicinal H_2O_2 must answer the following tests :

1. It should contain at least 15 volumes of available Oxygen.
2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 c. c. and not more than 3 c. c. of normal volumetric Soda solution, to be made neutral. Such a small quantity of free acid is not objectionable.

BRANDS OF H_2O_2 SOLUTIONS.			Volume of available Oxygen determined by means of a solution containing 5.665 grammes of Permanganate of Potash per liter of distilled water.	Residue obtained from 100 c. c. of Peroxide of Hydrogen dried at 120 degrees C.	Acidity expressed in cubic centimetres of Normal Volumetric Soda Solution for 100 c. c. of Peroxide.	Baryta found in Soluble Baryta Salts contained in 100 c. c. of Peroxide.
No. 1.	John Bene's,	H_2O_2 (Medicinal),	10.50	0.1886	2.19	None
No. 2.	Hydrozone,		27.35	0.2180	3.11	"
No. 3.	Larkin & Scheffer's	H_2O_2 (Medicinal).	9.65	0.1206	6.75	"
No. 4.	Mallinckrodt's	" "	9.55	0.1408	1.43	"
No. 5.	Marchand's	" "	16.55	0.564	1.29	"
No. 6.	McKesson & Robbins'	" "	10.95	0.0540	0.44	"
No. 7.	Merck & Co.'s	" "	0.50	0.2418	4.57	"
No. 8.	Oakland Chemical Co.'s	" "	10.50	0.0382	0.34	0 0017
No. 9.	Peuchot's	" "	10.60	0.4674	1.77	0 0018
No. 10.	Powers & Weightman's	" "	8.40	0.0830	2.03	None
No. 11.	Pyrozone, 3 per cent.,	" "	11.20	0.0534	0.76	"
No. 12.	Rosengarten & Son's	" "	3.10	0.1002	0.25	"
No. 13.	Smith, Kline & French Co.'s	" "	6.15	0.0880	2.6	"
No. 14.	E. R. Squibb's	" "	12.40	1.004	12.04	"

3. It should not contain any soluble Baryta Salts.
4. It must be free from sediment.

It is to be noticed that brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal uses, owing to the fact that they contain traces of soluble Baryta Salts.

The brand No. 3 has a heavy sediment of Sulphate of Baryta, which may be considered inert toward the system, but is certainly detrimental to the keeping qualities of this preparation.

Brand No. 14, which is sold as a ten-volume solution, is really twelve volumes, but it is too acid.

Brand No. 5, which is sold as a fifteen-volume solution, is really 16.55 volumes, viz. : About ten per cent. above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz. : Ninety per cent. above the standard.

None of the other brands come up to the standard, but, on the contrary, they run from thirty-five to fifty-five per cent. below.

25 WILLIAM STREET, NEW YORK CITY.

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

"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.

Vol. XVI.

FEBRUARY, 1896.

No. 2.

EDITORIAL.

ARSENICUM-ALBUM.—The Arsenic patient has a pulse that is frequent in the morning and slower toward evening. This is especially true of fevers that have been treated with Quinine. The Arsenic patient has fever which is not followed by perspiration. He has fever also from drinking too much wine or other stimulant. This is similar to Silicea. The Arsenic patient is troubled with chilliness or coldness immediately after drinking water. He has heat at night without thirst, and without succeeding perspiration. His thirst is mainly for beer.

If the Arsenicum patient gets perspiration, it comes on at night, is cold, and discontinues during sleep.

Arsenic has chilliness without thirst and heat without thirst.

Aconite has chilliness with thirst and heat with thirst.

Arsenic has heat without inclination to uncover.

Aconite has heat with inclination to uncover.

Arsenicum and Natrum-muriaticum are relieved of various symptoms by the breaking out of perspiration.

Amelioration from perspiration is the key-note of Natrum-muriaticum.

Mercurius has perspiration without relief. This is a key-note.

According to Dr. Hering, Arsenic does not experience relief from perspiration if it occur in the morning.

At all events, there are two symptoms given above that the

reader should bear well in mind—*Natrum-muriaticum* amelioration from perspiration, and *Mercurius*, *no* amelioration from perspiration. Both of these indications are, as before stated, key-notes.

The Arsenic patient has burning, itching of the skin of the feet, with peeling off of the skin like fish-scales.

Arsenic has general anasarca. It also has petechiæ, similarly to *Bryonia* and *Sulphur*.

According to Dr. Guernsey, Arsenic has intertrigo worse in spells.

Arsenic has intense burning pains of carbuncles, worse at night, and with strong desire for alcoholic drinks. This desire must not be gratified, as death is likely to ensue. Arsenic corrects the desire for alcohol under such circumstances. Indeed, Dr. Lippe declared very strongly in his lecture upon Arsenic, that "if the appetite for whisky or brandy occurring in those suffering from carbuncles be indulged, the patient will be a corpse in twenty-four hours." These are his words *verbatim*.

Arsenic has burning like fire around ulcers with offensive odor, and but slight discharge of pus. The ulcers discharge partially coagulated blood. Arsenic is indicated in destructive ulcers of a cancerous nature, easily bleeding.

The Arsenic pains occur when lying down in the evening, and especially after midnight. The pains waken him shortly after midnight, and occur every night. Sometimes they occur every fourth night.

The Arsenic pains are worse from rest and lying down, and better from standing and from motion.

Arsenic is similar to *Pulsatilla* in having attacks of pain with chilliness.

It is similar to *Anacardium* and *China* in its indication for periodical complaints.

Arsenic is indicated in the prostration following the abuse of *Quinine*.

Arsenic has aggravation on wakening and from cold air. It also has aggravation from becoming cold. *Secale* has amelioration from getting cold, and *Phosphorus* has amelioration from

cold food. Arsenic has palpitation, weakness, and anguish, worse from cold food.

Arsenic is a great remedy in the bad effects from animal poisons, such as dissecting wounds.

It has aggravation from over-exertion of the body.

As before stated, it has aggravation after midnight. Phosphorus has aggravation before midnight. *Calcarea-carbonica* has aggravation after three o'clock in the morning.

Arsenic has amelioration from external heat. This is similar to *Silicea*.

Arsenic vomits food immediately. This is similar to *Pulsatilla*.

The burning pains of Arsenic also indicate *Carbo-vegetabilis*, *Euphorbium*, *Mezereum*, *Pulsatilla*, *Secale*.

The Arsenic patient is sensitive to cold even in warm weather. The pains are relieved most by motion. There is nausea and anguish with extreme prostration. The complaints are periodical, and worse during rest.

Here are two or three of the key-notes of Arsenic as given by the late Dr. Henry N. Guernsey :

Thirst for cold water ; very little satisfies, but it is required very often. Unhappy, fatiguing dreams ; nothing comes out right in the dreams. Erectile tumors, with burning, lancinating pains. Varicose veins, that burn like fire.

Many more of these key-notes of Dr. Guernsey might be added. The editor has in his possession a manuscript book containing a complete collection of the key-notes of Dr. Guernsey just as they stood in his *Obstetrics*, with a few additions from his lectures. This book was strongly and neatly bound, and is in daily use in the treatment of cases. The editor would be glad to publish this book in full, with the addition of a repertory, and, indeed, has been urged to do so by a distinguished homœopathist residing on the Pacific coast. Unfortunately, a copyright upon a previous publication by Dr. Guernsey's son having this same title, but arranged on a different plan, stands in the way, and so it is not possible to do so at the present time.

ALLOPATHIC PROGRESS.

EDMUND J. LEE, M. D., PHILADELPHIA.

We move so fast in these days that it is well to pause occasionally to take our bearings, to see just where we are, and to test our progress to see if it be genuine. We of the homœopathic school, guided by an unerring law of nature, are in little danger of wandering from the true path; if we are truly guided in all our studies of drugs by that law, our course will always be a continued advance, never a zigzag or retrograde one, a frequent result of mere experimentation.

The allopathic school, on the other hand, being ruled by no law of nature in its study and use of drugs, is generally guided solely by the fad of the moment. To-day this fad is the study of antitoxic remedies; a truer name for them would be isopathic, for such they are. These preparations are really isopathic in their purpose, and differ from those sometimes used in our school by their mode of preparation and administration. With all due respect to the scientific gentlemen of the old school who are now investigating this class of remedies, it may be safely asserted that dilution by means of pure alcohol is more scientific and healthier than "cultivation" by means of animals. In what respect does "antitoxin" differ from "diphtherinum" in preparation and use? One is diluted by "cultivation;" the other by alcohol. One is used in poisonous doses to overcome, crush out, the diphtheritic disease; the other is given only to such cases as its pathogenesis demands. Which method is the more scientific, the more accurate, and the less dangerous?

Many remarkable discoveries are being made in the old school. "It is only," says a distinguished member of that school, "during the last decade that the unity of the human body and the consequent influence of general conditions upon local ones has been adequately appreciated. * * * Modern times have witnessed the establishment of the valuable thought that chronic lesions are but physical expressions which tell of a greater or less depression of the general vitality." We have

long been under the impression that Hahnemann in his *Organon* had said something of this connection between local and constitutional diseases. But perhaps this writer was graduated from one of our (so-called) homœopathic colleges, and hence is entirely excusable for not knowing anything of the contents of *The Organon*.

Among the many new remedies introduced recently to the medical profession by their kind friends, the manufacturing chemists, are preparations made of different organs of the body, such as thyroid and thymus glands, the spleen, spinal cord, brain, heart, etc. Of the value of these preparations, we cannot give an opinion, but must say that the treatment of goitre by internal administration of "desiccated thyroids" seems closely akin to isopathy.

The use of parts of the body in medicine is probably as old as medicine itself. Certainly the old works on medicine teemed with such articles, and it may be interesting to quote some of these from an old medical work to show the progress of our allopathic friends. It would seem that their progress follows a curved rather than a straight line!

In 1678 William Salmon, "professor of Physick," translated into English "for the publick Good," the *New London Dispensatory*. In it many curious formulæ are given; for want of space only a few of them can be quoted here. Many parts of the human body are recommended for various disorders. For instance, the hair; the "Powder thereof drunk cures the Jaundice and suffocation of the Womb: the Ashes of it mixt with Hogs-lard, and annointed helps luxated Joynts; the Ashes stop bleeding."

The nails: "in powder or infusion, cause Vomiting, great sickness at Stomach and giddiness in the Head; the Powder laid to the Navel in Dropsies is said to cure them." "Calculus, Stone taken from the Kidneys or Bladder. It dissolves and expels the Stone and Gravel from all parts and opens Obstructions being given ʒj at a time in powder." "Balsamum Arthriticum" was made of "Mans blood putrified ten days and distilled from sand by degrees," etc.; it had "Strange force in Gout." Mummies in various forms were the sheet-anchors of

Professor Salmon; he names five varieties, and laments that "the Arabian is scarcely to be got; the second and third [varieties] are sold for it." Showing that even in ye olden time druggists occasionally were unreliable. "Mumia Artificialis, Artificial or Modern Mummy," according to Crollius, are thus made: "Take the Carcass of a young man (some say red hair'd) not dying of Disease, but killed; let it lie 24 hours in clear water in Air: cut the flesh in pieces, to which add powder of Myrrh, and a little Aloes: imbibe it 24 hours in the spirits of Wine and Turpentine, take it out, hang it up twelve hours; imbibe it again in fresh spirit, then hang up the pieces in a dry air, and shadowy place, so will they dry and not stink. * * * It is a counter-poyson, prevents the Plague, and resists all manner of Infection, being taken only to ℞j, and cures being taken to ʒj or ʒjī."

Human bones stopped "fluxes of the Belly, of Rheum, of the Terms, astringe and take pains of the gout." The skull "is a specific in the cure of most Diseases of Head but chiefly the Falling Sickness; you may give it either levigated on a Marble, or calcined or some of the following preparations thereof; the Triangular Bone in the Temple is the most Specific against Epilepsie." Professor Salmon did not approve of Paracelsus' "Extract of Man's Skull;" "it is much to be questioned," he wrote, "whether it does not carry away with it much of the finer spirit of the skull." Aqua et Oleum Cranii humani was "one of the most powerful things against Falling Sickness and suffocation of the Womb."

Spiritus Cerebri Humani was "a noble Antepileptick," and was prepared in this manner:

℞ The Brain of a young man slain, with all its membranes, Arteries, Veins, and Nerves, with all the Spinal Marrow, beat them, and add Essence of Tile-flowers, Peony, Bettony, black cherries, Lavender, Rosemary, Lilly of the Vally, Cowslips, Sage, Mestleto, ana, so much as to be four inches above; digest a while; then distil in B. M. add Sack a fourth part, distil and cohobate three times; make a salt of the feces calcin'd, which joyn to the spirit."

“*Fel Humanum, Mans Gall,*” says the professor, “dropt into the Ear cures deafness ;” and the “*Cor hominis, The Heart, The Powder of it drunk cures the Epilepsie.*”

In addition to parts of the human body, those of all manner of beasts, fishes, birds, and reptiles were used ; only a few instances can be quoted here, and it is curious to note the use of organs and secretions to cure diseases of those parts. Thus, urine was often given for strangury, stone in the bladder, etc. ; blood “stops and heals all manner of fluxes, stops spitting of blood,” etc. The liver of the cow “strengthens the liver in man ;” the broth of the spleen “cures hard spleens, and provokes the Terms.”

Of the toad, *Bufo*, this statement is given : “*Scroder saith, That there is such a great antipathy between a Toad and a Spider ; that if a Spider be put upon a Toad, it will burst the Toad violently. They are hung up by the neck in the Air, till they are through dry, and then kept for use. Wierus saith, That the Powder of a dry'd Toad, taken ʒfs at a time, or more, cures almost incurable Dropsies, carrying away the water by Urine ; I suppose the ashes of them burnt is better. A dried Toad steep'd in Vinegar, and the belly of it laid to a Carbuncle, draws out the Poyson ; smelt to it stops bleeding at nose, especially laid to the forehead, or behind the Ears, or held in the hand till it is hot, or hung about the Neck. The Ashes or Powder do the same, laid upon the part that bleeds. Laid to the Reins, it cures the Dropsie ; to the Navil, Fits of the Mother ; Laid to the soles of the feet, it helps distempers of the Head and Heart ; and cools the heat of Feavers. The Ashes hung about the Neck (as an Amulet) cures pissing a bed, or the not holding of the Water.*”

Of the honey bee we are told that “the whole Bee in Powder given inwardly, provoke Urine, opens all stoppages of the Reines, and break stone ; they are good against Cancers, Schirrous Tumors, the Kings Evil, Dropsy, dimness of sight, for being taken a good while, they wast the Humor, and restore health.”

In these comments on *Bufo* and *Apis* there is a glimpse of

their curative properties which homœopathic pathogeneses have fully revealed. Perhaps provings might also bring to light valuable curative power in the various animal products recently introduced to the notice of the old-school doctors.

INFINITESIMALS FROM A SCIENTIFIC STAND- POINT.

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Great interest has been manifested in the study of minute organisms ever since the microscope was first discovered, and from time to time, as improvements have been made in the magnifying powers of the instrument, new discoveries have been announced. About two decades ago great impetus was given in this direction by the discovery of those micro-fossils, the diatoms. Their study and classification, although pursued more for amusement than for the advancement of science, was productive of good in this—it stimulated the makers of optical instruments to still more improve the magnifying powers of the microscope, until at the present time it may with truth be said we have reached, for practical work, the out-limit of the power to magnify. With this improvement in optical instruments scientific investigation was greatly stimulated, and as a result great advancement in biological and histological knowledge has been made. One of the greatest triumphs of the modern microscope was the discovery and classification of those micro-organisms known as bacteria, some of them being so minute as to measure less than the one-seventy-thousandth of an inch in diameter. To the human intellect this is inconceivably small, and yet, in some instances, these minute objects are armed with ciliary projections which are so small that, after being magnified one hundred and sixty thousand times, they are scarcely visible. These micro-organisms are minute cells that contain protoplasm, “a particularly complex chemical substance out of which all living things, animals, and plants are formed.” It is “made up of many atoms of carbon, hydrogen, oxygen, and nitrogen, with a

small number of atoms of Sulphur and Phosphorus, more than a thousand of them in one molecule."

Small though these micrococci are, how infinitely minute must be the atoms of which they are composed when it takes a thousand of them to make one of the molecules of which they themselves are constructed.

While there are seventy or more elements, and "it appears that the individual atoms of each element are precisely alike," it does not follow that all molecules are of the same size. A molecule is made up of atoms chemically combined, and their size varies according to the number of atoms they contain. For example, a molecule of water is made up of three atoms—two of hydrogen and one of oxygen—while "a molecule of alum contains about one hundred," and, according to Mulder, a molecule of albumen contains nearly a thousand atoms; and, according to the same authority, the diameter of a molecule of alum would be equal to the one-ten-million-seven-hundred-and-seventy-sixth thousandth of an inch, while the diameter of a molecule of albumen would be the one-five-millionth of *an inch*.

The molecules of matter are exceedingly interesting objects for study, but they can only be studied in combination, for when set free they develop a tremendous amount of energy, and the rapidity of their motions precludes the possibility of a *single* one being seen. For example, "a free molecule of hydrogen has a velocity of motion at ordinary temperatures of upwards of a mile in a second, and its direction of motion is changed millions of times in a second. There is every reason to believe that the molecules of all bodies are so perfectly transparent that they can no more be seen than the air, even if there were no difficulty from their smallness and their motions. If the atoms of a single element like hydrogen are so minute, so restless, and so transparent that no one can hope to see them so as to make out their forms, and what gives them their characteristic properties, what shall be said of the case of seventy or more elements similarly minute and restless and transparent, yet each one easily identified in several ways, physical and chemical?"

An atom is the chemist's unit, but "the term is not *now* understood to signify what is implied in its derivation, as something that cannot be divided, only as something that has not yet been broken up into smaller fragments."

Now, as Dolbear says, "Let it be granted that atoms are in the neighborhood of the one-fifty-millionth of an inch in diameter, then if a thousand of them are organized into a molecule, its diameter would be about the five-millionth of an inch." This being so, "a speck of protoplasm one-ten-thousandth of an inch in diameter would require not less than five hundred such molecules in a row to span it; and there would be no less than one hundred and twenty-five millions of such molecules in the small mass."

As I have already said, some of the micro-organisms are less than the one-seventy-thousandth of an inch in diameter, and yet they eat (by absorption), digest and excrete material substances so minute that the human mind grows dizzy at the thought of attempting to determine their dimensions. Minute though these objects are, they grow and multiply. This is done by what is called fission, or the cutting of themselves in halves or quarters. Now, for the sake of comparison, let us suppose that these minute objects are human beings. If this were so, a million of them could waltz on the point of the finest cambric needle. So far as science has been able to determine, these micro-organisms are the smallest of living beings, but, small as they are, they bear *no comparison* in point of minuteness to the *infinitesimal particles into which matter can be divided*. But, before entering upon the study of the divisibility of matter, it will be of interest to inquire into what is meant by matter. Several attempts have been made to define it, but it is more difficult to give a brief definition than one might at first imagine. "Whatever occupies space or whatever affects our senses" have been given as definitions, but, if we say that it is whatever occupies space—there may be any number of things in illimitable space that are not subject to any of the physical laws of which we have any knowledge. If we say whatever affects our senses, we are again going beyond our warrant, for electricity

is capable of affecting several of our senses—sight, taste, feeling—and yet there is no good reason for thinking electricity to be matter. The best definition I have yet seen is given by Professor Dolbear, in his work on *Matter, Ether and Motion*. “*Whatever possesses the property of gravitative attraction*” is matter. From this definition it follows that the principles which Sir Isaac Newton and others applied to the large masses of matter apply with equal force to the smallest atom. Our best microscopes have enabled us to see particles of matter the one-hundred-thousandth of an inch in diameter, and yet this inconceivably minute particle is governed by the same laws as those that govern the earth, with a diameter of eight thousand miles, or the sun with its diameter of eight hundred thousand miles.

Although the smallest visible thing seen with the microscope is the one-hundred-thousandth of an inch in diameter, yet “there is no reason for thinking that such a degree of fineness is any approach to the ultimate fineness of the parts into which it is possible to divide matter. For a long time philosophers have considered whether or not there could, in the nature of things, be an actual limit to the divisibility of matter, so that the smallest fragment could not be again divided into two or more parts by the application of *appropriate means*, thus making matter infinitely divisible.” As examples of this, “gold may be hammered into leaves no more than the one-three-hundred thousandth of an inch thick. Platinum can be drawn out into a wire finer than a spider’s web—a single grain may be drawn into a mile of wire. A spider’s web is sometimes so delicate that an ounce of it would reach three thousand miles, or from New York to London. No one would think it likely that such a web would be made up of a single row of atoms like a string of beads, for it would not seem probable that such a string could have such a degree of cohesion as spider’s webs are known to possess. A grain of musk will keep a room scented for many years, giving out its particles to the currents of air to be wafted presently out-of-doors, yet in all this time the musk seems to lose but a little in weight.” Faraday estimated that the parti-

cles of gold in the ruby liquid, made by the action of Phosphorus on a solution of gold, formed only the five-hundred-thousandth part of the volume of the liquid—that is, that one-five-hundred thousandth of each drop was gold, and yet the particles reflected light when rays of the sun were thrown into the liquid with a lens. “The spectroscope will indicate the millionth of a grain by the gas flame, and the color of a drop of water is appreciably changed by the one-three-millionth of a grain of fuschine. Some substances, like the essential oils, sulphuretted hydrogen, and the odor of flowers, can be perceived when the quantity is certainly less than the fifty-millionth of a grain.” Dr. Thomson obtained sensibly appreciable quantities of sulphuret of lead, which, according to his computations, must have been divided into at least five hundred billion parts.

Professor Dolbear says there are five hundred millions of millions of millions of molecules in a cubic inch of gas. Again, “one-eighth of a grain of indigo dissolved in Sulphuric-acid will give distinctly blue color when dissolved in two and one-half gallons of water.” Now, suppose the amount of water to be doubled, the blue color would doubtless disappear, but the particles of indigo would not be obliterated—they would be merely divided in halves, and this process of dilution might be carried on *ad infinitum*, and still particles of indigo would be present, for it is a well-established principle in science “that whatever else may decay, atoms do not, but remain as types of permanency through all imaginable changes.” Think for a moment, as Dolbear says, of the wonderful “amount of intelligence associated with the minute brain structure of some of the smallest forms of animal life—say the ant, and, so far as such intelligence is associated with atomic and molecular brain structure, the size of the brain in the smallest ant, though measured in thousandths of an inch, is sufficiently large to involve billions of atoms, and the permutations possible are almost unlimited.” But the most striking example of the extent to which matter may be divided and still manifest its presence, *by the exhibition of energy*, is given by Tyndall, who proved that a quantity of watery vapor, so small as to be absolutely inappre-

ciable by any other test, increased the absorptive power of dry air to the obscure rays of heat to such an extent as to cause a marked difference in the deflection of the needle of a galvanometer.

It is difficult to understand how such minute particles of matter can affect the senses in any appreciable way, and yet we have something akin to it in the acute sense of smell of the dog. It is well known that he can track his master hours after the tracks have been made, showing very conclusively that minute particles of matter from the master's feet must have passed, not only through the leather of his boots, but have left characteristic matter at each foot-fall.

Ever since the discovery of cell structure it has been held that the primal cell *per se* was the seat of activity in all organized bodies. While this in a sense is true, we must not lose sight of the fact that the primal seat of life (and, therefore, of all physiological activities) is in that highly complex, that wonderful substance—protoplasm—that is contained *within* the cell, which, structureless though it be, is the wheel within a wheel whence emanates the power to build.

If we dissect this structureless mass, we will find it composed of numberless molecules, each molecule composed of from three to one thousand atoms, so curiously combined that they are the very seat of life. Sifted to its ultimates, the first physical form of all material bodies is the atom. Here, then, we have the order of growth. Atoms variously combined form molecules, and molecules, with their contained life-principle, constitute protoplasm, which, when in normal condition, is capable of organizing itself into cells, tissues, and organs.

“It was formerly thought that the cell was the unit of the physiologist; but, as the microscope was improved, and anatomical research continued, it became evident that the cell, with its more or less complicated structure, was itself built by the structureless protoplasm, which, as we have already seen, is composed of different kinds of atoms. Strange though it may seem, this structureless protoplasm is capable of organizing itself into cells and tissues in the same sense as atoms organize themselves into molecules and molecules into crystals of various

sorts, having properties that depend upon the different kind of atoms, their number and arrangement in the molecules." Thus we see that atoms play an important part in the structure of the universe. To accomplish what is claimed for them, it is evident that they possess the property of chemism, and by some it is thought there is good reason for believing they are magnets. But, notwithstanding they possess these properties, conditions sometimes exist when they will not arrange themselves according to the laws of chemism or magnetism, a condition that resembles the living organism when disease prevents its normal activities. For example, "some supersaturated solutions seem unable to initiate the process of crystallization, but the smallest crystal of the substance starts it, and the whole body is solidified in a few seconds. Here it is evident that the crystal, taken as a nucleus, had a *field* that compelled other and similar molecular groups to arrange themselves in similar order. When two tuning-forks, having the same pitch, are separated from each other a distance of several feet, and one of them be made to produce a sound, the other one will be made to sound likewise by the action of the sound waves upon it. The effect is called sympathetic vibration. Other forks having different rates of vibration will not be similarly affected, so the vibrations in the air select out the particular fork having the same rate as the one vibrating, and cause it to enter into a similar state of vibration. Raise the damper of the piano and sing a sound of any particular note, then listen. The same note will be heard prolonged by the piano. The particular string which can give that pitch of sound has been thrown into similar vibrations and continues to sound as it would if caused to in any other way. When a single key of a piano is struck there is produced a musical sound. There is a definite pitch that is maintained. Strike half a dozen adjacent keys at once, and the effect is what we call a noise, though each component by itself would give a pleasing sound. Nearly every body has its own musical pitch, but if a number of bodies with different unrelated pitches are listened to at once, the effect upon the ear is a discordant one and is called a noise."

So it appears with a magnet. Any magnetic bodies in its field become magnetized there—that is, they are brought into the same physical state as the body that incited the field.

“Such physical fields are capable of compelling bodies within them to assume the state of motion or similar position or both as the body that produced the field, provided the substance itself be constituted molecularly like the first. It is a kind of induction common throughout the whole domain of physics.” So also in the animal economy, “growth consists in the formation of similar cells out of suitable molecular constituents in the neighborhood.”

From all this it is evident that there is a law of similars in science as well as in medicine, and the examples given above (which have been gleaned from scientific works) suggest a scientific explanation as to the manner in which the most similar remedy produces a cure. From what we have seen, it is evident that every medicinal substance is capable of producing what is known in science as a *field*. This being true, the remedy that is similar to the atoms and molecules that compose the primal cell, which is the seat of the disease, creates a healthy field in the vicinity of the diseased molecules, and, like the similar crystal in the supersaturated solution (to which reference has already been made), a healthy movement is inaugurated from within outward, which continues until the whole economy is restored to health.

From what we have already seen, it is evident that when, from the interference of any cause, the atoms and molecules of the protoplasm which constitute the primal cell are distuned, as Hahnemann has it, a healthy *field* or condition can only be established by the action of a similar substance or medicine, the vibrations of whose molecules are similar to the vibrations of the molecules of the diseased cell. Like the tuning-fork in the example given above, the disordered molecules of the primal cell will vibrate in a normal manner only when acted upon by a remedy whose molecules have similar vibrations; or, as Hahnemann teaches us, by a remedy that is able to produce symptoms like the symptoms of the disease. This being true, it is evident that to give more than one remedy at a time in the

same case is unscientific. As every drug is capable of producing a *field* peculiar to itself, it would certainly be unscientific to produce two or more fields in the vicinity of the diseased cells at one and the same time. It would be like the example of the piano given above—a discord would be the inevitable result. The single remedy, therefore, is the only scientific mode of prescribing for the sick.

Science also suggests a reason for making the infinitesimal dilutions used in homœopathic practice. Atoms, as we have already seen, are the ultimates of all physical forms, and, to reach them successfully when diseased, it is evident that atoms should be used, for it is a well-established principle of science that atoms combine with atoms for which they have an affinity.

The method of dividing and subdividing medicines which Hahnemann found from experience to be the best adapted to the cure of disease, and especially of all chronic diseases, is, therefore, in full accord with the principles of science. It matters not, then, whether we view Hahnemann's teachings from the standpoint of the physician or the physicist, his conclusions are incontrovertible, for science and Homœopathy rest on the same foundation.

It may be said that the dilutions of Hahnemann, and especially of those of his followers, who have carried potencies much higher than those of the master, exceed in minuteness anything that has been attained by science. Admitting this to be true, it does not violate the teachings of science, for, as we have already seen, the conclusion of philosophers, is that "by the application of *appropriate means* matter may be infinitely divisible."

There is no reason, therefore, for supposing that the curative principle of drugs is separated from material substances in making the highest potencies.*

* This is taught by Hahnemann in *The Organon* (see note to Sec. 280), where he says: "Let these ordinary practitioners ask mathematicians to demonstrate the truth that, although a substance be divided into every so many parts, *some portion* of this substance, however minute, must still constitute each one of these parts; that the most inconceivably minute fractional particle never ceases to be *something* of the original substance, and hence that it can never become nothing."

There are those in the homœopathic school who will challenge this statement, for it is well known that their claim is that dynamization not only separates the "vital force" of drugs from the material, with which it is combined, but also increases its curative power. While this *may* be true, it is only a theory for which, so far as I am informed, there is *no analogy in science*. In fact, the conclusion of "all students of biology of the present age is that vital force as *an entity* has no existence, and it is the opinion of *all* biologists at the present time that there are no special forces of any kind—that all physiological phenomena whatever can be accounted for without going beyond the bounds of physical and chemical science." As to the origin of *life*, science is agnostic.

It has been said that when chemists "shall be able to form the substance protoplasm, it will possess all the properties it is now known to have, including what is called its life." That this statement is incorrect it is only necessary to remark that chemists *have* formed "the substance protoplasm," but they *cannot make it act*. This shows most conclusively that *life* is that *mysterious principle* which pervades all organized bodies, and without whose dynamic influence all physiological processes cease. While this is undoubtedly true, it is also equally true that when the phenomena of things about us and the functions within us are carefully studied and well understood, it will be found that *motion plays an important part in everything that occurs*. For example, heat is the result of the vibratory motion of atoms and molecules, while "electricity is a phenomenon of *rotary* molecules." "Light is undulatory movements, or ether waves, the source of which is the vibratory motions of the atoms and molecules of the sun, which come to us at the rate of one hundred and eighty-six thousand miles per second." Science teaches us that "all phenomena involves the motions of matter."

A favorite expression of homœopaths, and especially of the high dilutionists, is that disease is disturbed *vital force*; but, if the conclusions of scientists are worthy of consideration, a better definition would be that disease is *disturbed atomic and molecular*

motion, which, as we have already seen, can be most readily restored to its normal condition by the administration of the most similar remedy in atomic quantities.

In close connection with the theory that disease is disturbed *vital force* is that other theory to which reference has just been made, viz., that the vital force or spiritual essence of drugs can be separated from its material relations and attached to other substances, such as sugar of milk or alcohol. To sustain this theory it is argued that certain substances which, in the crude state, are inert, become active remedies when carried through several degrees of potentization. That this is true of such drugs as *Gold, Vegetable Carbon, Silicea, Platinum*, and others, cannot be successfully denied. But to explain this really wonderful result it is not necessary to introduce a mysterious theory which requires us to believe that the curative principle of drugs is a spiritual essence. The attempt to maintain such a theory is not only a stumbling-block in the way of many minds, but it is contrary to all scientific experience. As is well understood, this so-called spiritual development is attained by potentization. But what is potentization? It is nothing more mysterious than the divisibility of matter according to an arbitrary but very convenient rule. Is there any mystery about its action in the case of those substances which, in the crude state, are inert? Certainly not. It merely sets free their atoms and molecules, and, as we have already seen, gives them an opportunity for greater freedom of action. An example of this is found in metallic Mercury, which, in its crude state, is absolutely inert, but when vaporized by heat and its molecules set free it becomes a most *potent* and *rapid* poison. If we admit that the curative power of drugs is a spiritual force that can be detached from its material mother, can it be made more spiritual and its curative power increased by being still further potentized? Skinner, who is an authority on homœopathic science, claims that it is *not* potentization, but *dilution*.* Is it possible to dilute that which is char-

*I do not agree with Skinner. It is undoubtedly potentization or the divisibility of matter by which its molecules and atoms are set free.

acterized by the *absence* of the properties that distinctly belong to matter? This would seem to involve an absurdity. It is certainly not scientific.

These thoughts are not uttered with a desire to reflect upon Hahnemann, for I have the most exalted opinion of his genius; but the facts set forth in this paper show how far he was in advance of the men of his time. The explanations given by Hahnemann in regard to the action of medicines can be accounted for on the ground that science, in his time, was in its infancy, and as the *results* (which his keen observation and experience had wrought out) could *not* be explained by science as it was then understood, he very naturally attributed whatever he could *not* explain to those spiritual influences for which he had the most *profound reverence*.

"THE STORY OF THE LIVER, BY DR. ANDREW WILSON."

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I met with a popular article with this heading in *Harper's New Monthly Magazine* for May, 1895, page 957, the perusal of which I would earnestly recommend to your readers, as bearing wonderfully on Homœopathy. Although written for the laity, I am not ashamed to confess that, though a teacher of anatomy and physiology (true, some fifty years ago), I found a vast deal in it not only to freshen my memory, but also to supply a knowledge in which I found myself deficient. No doubt Dr. Wilson has expressed his views in medical publications, but in *Harper's* they are easily obtainable by all.

He finishes his article thus: "The story of the liver, thus briefly narrated, forms, perhaps, one of the most typical illustrations of the extent and nature of the researches in which the science of these latter days is given to engage. It is often difficult for those whose interests lie outside the domain of scientific research to admit the utility of investigations, which, when casually viewed, appear to be far removed from any prac-

tical application to human affairs, but the house of knowledge is only builded by slow degrees and by many hands, and the liver's story finds its best commentary and moral in the fact that on the foundation afforded by such studies the edifice of rational medicine is reared, and this result in turn makes, directly for the cure of disease and for the promotion of the happiness of man."

We may take exception to the statement that the result makes directly for the cure of disease and for the promotion of the happiness of man. Most of your readers will hardly admit that much more of what the doctor is ignorant is not wanting for the cure of disease and the happiness of man.

The anatomy and physiology of the liver and digestive organs are amply and intelligently portrayed. Thus, he says regarding the liver cells themselves, they are, of course, utterly microscopic bodies. In diameter they vary from the one-thousandth part to the one two-thousandth part of an inch. Of yellow color, the microscope shows us that their protoplasm or living matter is of granular nature and exhibits oil globules in its substance.

If we have regard to the liver's size, these facts regarding its constitution become invested with singular interest, for the gland must be composed of millions of these living cells, or workmen, whose collective labors represent the actual work the liver performs.

Farther on he remarks, "Cells of one kind discharge one duty, be it respectively the formation of bone, the growth of muscle, or the secretion of gastric juice, and they discharge this duty only. It is left for cells of another kind to manufacture saliva, produce nerve force, or make tears."

Now, when we consider the infinite minuteness of the cells of which the whole of our bodies are composed, and remember that each cell is supplied with blood-vessels, nerves, and secreting tubes, can it any longer appear to us extraordinary that our medicines should need to be reduced to a division equally minute to enable them to permeate and act on the tissues? This, then, is the first lesson which the doctor unwittingly teaches us.

Passing over the doctor's admirable anatomical and physiological descriptions, we come to functions which more immediately concern us homœopaths. Here he says, "Perhaps the most natural method of appreciating the study of the liver is that of commencing our study with the relations of the gland to the digestion of our food. Here we fall back on an elementary piece of physiology which leads us straight to the nature of our foods, and to the work of the stomach in their assimilation. People are often startled to learn that the stomach has really very little to do, as regards the bulk of the operation, with the digestion of food at all. But such is the case. By far the greater part of every meal we eat consists of starches, sugars, and fats, and over these articles of diet, all important as they are as energy-producing foods, the stomach exercises little or no digestive power. There is, however, another class of foods of highly important kind which is the special care of the stomach. These are the nitrogenous foods which go to build up the tissues of our frame, whereof albumen represented by the piece of meat, and white of egg, the gluten of flour, and the casein of milk, and like substances, are familiar examples. It is the nitrogenous foods which the stomach, by aid of its gastric juice, poured out on the foods, is able chemically to alter and to adapt for their further assimilation. Let us see, then, what happens when the work of the stomach fails to be carried out. The nitrogenous foods mixed with the gastric juice (whereof the chief constituents are pepsin and hydrochloric acid) are converted into *peptones*.

This action is a complex one, suffice to say that at its close peptones are formed out of the albumens and like foods which the meal has contained. Now, what are these peptones? The answer is they are still albuminous bodies, chemically speaking, but changed physically in a marked degree from the state in which they were swallowed. For in the shape of peptones they can pass easily by diffusion through the walls of the stomach, and are thus taken up by the blood-vessels of that organ. So that we arrive at the real *raison d'être* of the stomach. In a physiological sense, if we say that its chief duty is to convert our

nitrogenous food into peptones so that in this form they may strain through the walls of the stomach and gain admittance to the blood, carrying our thoughts back to the arrangements of the liver, it will be remembered that the portal vein which enters the liver is made up of a union of veins coming from the stomach intestine and other digestive organs. Therefore it follows that the peptones of our food, passing from the stomach into its blood-vessels will be carried by these vessels into the portal vein, and will be swept up with the blood-current of that vessel into the liver. This in itself is an interesting point, for it teaches us in plain language that the stomach is a short cut for these nitrogenous foods into the blood, only the short cut leads through the liver, and here begins the recital of one of the chief duties of that gland. The stomach's office is by means of the gastric juice to arrest the nitrogenous foods, which it passes on as peptones into the depot (or liver) while the fats, starches, and sugars are allowed to go on into the intestines which is their own and proper digestive destination.

One of the most remarkable facts regarding the natural digestion of our food which modern science has disclosed is that which declares on experimental evidence that under certain conditions our diet may poison us. This strange but true declaration applies to these very peptones. The evidence on this head is unmistakable. If peptones are injected directly into the blood of an animal, they act as poisons of a very virulent type, allied to the ptomaines and like bodies, which chemistry has succeeded in extracting from decaying and putrifying meat. It seems that peptones prevent coagulation of the blood when directly placed in contact with it, lower the force of the heart's action, and the blood pressure, produce coma or insensibility, give rise to convulsions, and ultimately cause death. These are, in fact, extraordinary statements, because they refer not to any action which is of unnatural or abnormal kinds, but to the ordinary process of digestion as it is naturally conducted. It is not suggested that all nitrogenous or albuminous bodies give rise equally to poisons by reason of their chemical decomposition. What is certain, is that many of them in the shape of peptones have the

power of producing serious effects when they are allowed to pass into the general circulation and to be conveyed throughout the frame. On the one hand, therefore, it would appear that the living body demands these albuminous foods as essential parts of its nutritive store, while on the other hand it is demonstrated that as peptones representing the first stage of their journey they may become virulent poisons. This is apparently another anomaly. The way out of the physiological difficulty, however, lies through the liver.

Our peptones are swept up to the liver through the portal vein, which, by the way, it should be remembered is also bringing to the gland other food products from the latter stages of digestion in the intestines. It behooves us, therefore, to see what part is played by the liver in dealing with the erratic peptones which threaten our physical prosperity and welfare in so marked a degree. A tolerably long physiological experience has shown that the liver is really placed like a police official or sentinel at the gateway of the blood. It has long been matter of scientific knowledge that the gland has the power of dealing effectively with poisons of many kinds which have found access to the body. It thus plays the part of an antiseptic organ or disinfecting establishment rendering innocuous substances otherwise destined very powerfully to affect the welfare of the organism at large. Orfila and others, for instance, showed that mineral poisons, such as Arsenic, Lead, Mercury, and the like, accumulate specially in the liver, and this for the reason that the gland has arrested them from passing into circulation. Later on Schiff, Heyger, and others found that on poisons of a much more powerful nature, to wit, Nicotine, Curarine, Daturine, Morphine, and Strychnine, the liver exercised a distinctive action. There followed naturally on the heel of these discoveries the information that the poisonous bodies produced by the decomposition of albumens, peptones, and the like were also intercepted and rendered chemically inert by the useful and watchful liver. Even the poison of the serpent, subtle as it is, is subjected to the same physiological scrutiny by the gland. Poisons which, like snake virus, act at once when introduced

directly into the circulation, were known to be harmless when swallowed, and this result was explained on the assumption that the digestive secretions chemically decomposed them, and rendered them innocuous by the time they were absorbed. To-day we see once again the liver action coming to the front in this process as in the mere natural action of dealing with the poisonous peptones our food may contain. If it be true, as seems likely, that in the process of digestion and also in certain disorders of that function, poisonous principles are generated in the intestine, absorbed by the blood and carried by the portal vein into the liver, we receive a fresh addition to the long list of debts which, in a physiological sense, we owe to our livers for guarding us against various actions that seem inseparable from the discharge of the ordinary processes of our lives.

Swept up into the liver by blood of the portal vein, the peptones are ultimately brought into immediate contact with the cells of the gland. It is in this relationship that we are brought to see more clearly the physiological importance of the living population of the organ. For whatever work is executed by the liver is simply the outcome of the combined labors of these wondrous microscopic particles, which, in the truest sense of the word are the real laborers in the bodily vineyard. What the liver does with the peptones, and what is the exact nature of the changes which it effects upon them, is still matter of physiological speculation, but perhaps we shall not be drawing upon pure hypothesis too largely or stating that which is unsupported by fact if we assume that they are chemically altered by the liver cells to fit them for passing into the blood to renew and replenish the fluid, and in turn to repair the tissues of the body. Physiologists incline to the belief that the peptones are remodeled in the liver to form a substance known as globuline, which is a very complex albuminous substance much in request by the red corpuscles of the blood. Not all the peptones, however, are thus filtered off and passed on to the blood, escaping out of the liver by the hepatic vein, which we saw to be the outlet channel of the liver. Possibly the liver makes the peptones pay toll on their way through its territory, and so much

of the peptonic material retained by the liver is probably converted into a substance known as glycogen, of the curious history of which more anon. Such is the first, but not the whole duty of the liver. It is the detective policeman at the gate of the exhibition who keeps pickpockets from gaining admission, or rather it entraps the evil-doers, securely jails them, and liberates them only when it has purged them of their power to do evil. Following upon these facts comes another of practical importance to the physician. A bilious attack may be compared, as regards its symptoms, to a case of poisoning. There is headache, nausea, retching, vomiting, and collapse. On the idea that the liver's duty from one cause or another has been neglected, we can see how a bilious seizure may be a case of poisoning by peptones, which, like the unarrested pickpockets, find their way into the circulation, and produce on the brain and other organs their dire effects, only too well known as concomitants of our highly civilized but artificial existence.

The story of the liver leads us to notice a second chapter in the history of the duties it performs. This recital begins with the discovery by Claude Bernard, many years gone by, that the liver was to be regarded as a sugar-making organ. Here follows an interesting discussion (citing experiments) respecting the mode of the sugar production. There is, however, proof that if the liver itself does not contain sugar, it is at least a repository, or storehouse of some substance or other, which can be changed into sugar by adding a ferment to it. This substance, it is clear, is of the nature of starch, readily convertible into sugar (as in our mouths), and on this substance the name "Glycogen," or animal starch, has been bestowed. We know that glycogen is naturally stored up in the cells of the liver, which thus becomes a kind of purveyor of starch to the organism, while this starch is also found as a natural constituent of the muscles of the white corpuscles of the blood of the brain and other tissues of the body. It is perfectly certain where the liver obtains its starchy store, namely, from the starches and sugars it obtains from the food. For if an animal be fed exclusively on flesh, which contains no starch, the

amount of sugar found in the liver is much less than that which results from a starchy diet, while on the latter diet much starch is stored up in the gland.

Now, what are the meanings and purports of this second duty of the liver? Let us remember that Claude Bernard found the blood issuing from the hepatic vein to be rich in sugar, while the portal vein carried none. Hence came the conclusion that the liver really formed the sugar it gave forth to the blood, that it converted its glycogen or starch into sugar, that this sugar, paid out to the blood by the hepatic vein, was the source of animal heat. Suppose this sugar was not so used up in the lungs? Bernard maintained that it passed into the blood, was carried to the kidneys, and gave rise to the disease known as diabetes. These views have been hotly contested. Dr. Pavy, for example, maintained that the blood of the hepatic vein, issuing from the liver, was not richer in sugar than the blood elsewhere; and this seems to be a crushing fact, annihilating Bernard's theory. Again, the heat of our bodies is not produced in our lungs, but in our muscles, so that this part of Bernard's theory has certainly to be surrendered. The truth probably lies here, as elsewhere, in the middle way. It is true the liver has a very marked sugar-producing power, making sugar out of the starch it stores; and it is also true that sugar, which is soluble, is a form of nourishment or pabulum easily adapted for diffusion in the blood, while starch is not. Again, Bernard probably laid too much stress on what he observed to occur after death in the animal liver, and gave too little heed to the possibly different actions which might, and probably do, occur in the liver during life. Dr. Pavy holds that the sugar formation was a *post-mortem* process, and that the real destination of the glycogen of the liver is not to form sugar, but to convert it into fat, and that this fat goes to aid in the production of bile. When sugar is produced by the liver, this is regarded accordingly, not as the work of a healthy organization, but as the result of disease.

Whether or not the liver is a true fat-forming organ is a point open to dispute. Dr. Pavy, as we have seen, maintains

that fat formation is part of the work of the gland. The liver cells certainly contain fat globules, while in sundry states of life, best illustrated perhaps by the fate of the Strasburg goose, the liver in a state of food repletion, combined with inactivity, becomes a mass of fat. Again, no doubt, starches and sugars are fat formers, but it is a difficult matter to conceive how glycogen can be converted into fat, so that on grounds of expediency we may perhaps most safely assume the liver simply stores normally a small quantity, but liable to be excessively increased when a more than adequate amount of fat-forming matters are contained in the food, and when deficiency of muscular exercise is otherwise associated.

We now have left for consideration the third chapter in the liver's story, that relating to its duty as a bile-forming gland. The story is told of a science student, who once on a time, when asked a question regarding bile and its history and uses, replied that bile was formed in the stomach, and was used for cleaning carpets. Doubtless this youth was better instructed in the principles of domestic economy than in the facts of physiology. For though bile is decidedly not found in the stomach, it is often used by housewives, who obtain it from the gall bladder of an ox, for removing grease stains from fabrics of various kinds. The student's answer illustrates the great advantage to be derived from following our knowledge to the ultimate end, for curiously enough, what bile does in the way of dissolving grease stains in a carpet, it also does in the way of dissolving the fats of our food in the intestine. Whatever bile may be, and we have already seen it partake of the nature of a waste product, it certainly assists materially in the digestion of fats. So also it aids the absorption by the wall of the intestine of our digested foods (especially fats), while it may be attributed antiseptic properties, in that it serves to retard injurious decomposition of the food. That it has an influence in stimulating intestinal movements, and thus expediting the digestive process is also an ascertained fact. From the experiments of Schiff it is now well ascertained that the liver is perpetually excreting—that is separating bile from the blood—it is also absorbing bile from that

fluid, it is always making new bile by means of its cells from blood as the raw material which it is giving forth to the intestine for digestive purposes the old bile which it has absorbed from the blood brought to it by the portal vein. Bile making and bile elaboration are the additional duties which these living workmen (the cells) perform and sustain. It is from the blood of the portal vein, that great inlet of the liver, that bile is formed, and our previous studies have shown us how intimately associated with the clumps of liver cells are the ramifications of that vessel. That the changes which result in the formation of the bile are of complex description is a fact which need not be emphasized. The protoplasm or living matter of the cells of the liver here as elsewhere, is the seat of a chemistry which practically defies explanation. Very intricate in its own composition is bile itself. It is probably the most complex of our bodily secretions. Containing a large percentage of water, it has solids consisting of cholesterin, pigment fats, and minerals, among which common salt is conspicuous, along with Phosphates of Lime, Soda and Magnesia, Carbonate of Soda, Oxide of Iron, and even traces of Silica itself, of Manganese and Copper. Certain curious compounds of Soda are characteristic of this fluid. It is matter of certainty then that only the cells of the liver can form the substances found in the bile, and it is notable that its color is derived from the blood, while the fat it contains also represents the contribution of the liver cells.

Whatever be the exact origin of the bile this much is certain, that its formation represents one of the most complicated of our bodily duties, while its manufacture testifies no less to the extraordinary powers exercised by the living cells, which with an apparent simplicity of structure, are enabled to figure as the agents in chemical processes, defying the efforts of the furthest science perfectly and clearly to explain. The late eccentric, but talented, Mr. Abernethy, lecturing to his class, delivered himself somewhat to the following effect: "Some have considered the stomach a chemical laboratory, others a mechanical contrivance, a third a cook's shop, and so on, but, gentlemen, the stomach is a stomach and nothing else, and its functions cannot

be imitated in any way out of the living body," and he might have added that the same definition would apply to all the other organs of our economy. As Dr. Wilson remarks, the living cells with an apparent simplicity of structure, effect chemical processes, defying the furthest science to explain. Although the anatomical conditions in the cells or protoplasm of the different organs, with the exception of the liver, are apparently the same, which view is further sustained by the example of vicarious secretion, under which the kidney excretes bile, and milk is found in various organs other than the breasts, yet assuming this view to be correct, it would appear that the different products in the different organs can depend alone on the different supplies of nervous energy which they respectively receive. This, then, is a fact of vast importance to us, in our dynamic method of cure.

Each cell of the liver, in addition to capillary arteries and veins, which it enjoys in common with the cells of the other organs, has the inlet capillaries from the portal system, the capillary tubes of the bile ducts and the minute fibrillæ of the nerves which determine the manufacture of the product, which the liver is known to eliminate. To recapitulate: each of these microscopic cells is permeated by, No. 1, the capillary artery; No. 2, the capillary vein; No. 3, the portal capillary; No. 4, the bile duct, and No. 5, the nervous fibrillæ. We must then agree with Dr. Wilson, that these living cells perform one of the most extraordinary and complicated of our bodily duties. What then is the lesson which Dr. Wilson's anatomy, pathology, and physiology teach us? First, to avoid crude, inefficient and mischievous practice, and second, to substitute for it one of a diametrically opposite tendency. Let us here cite the pathological example adduced by the doctor. A bilious attack may be compared, as regards its symptoms, to a case of poisoning; there is headache, nausea, retching, vomiting, and collapse. On the idea that the liver's duty, from one cause or another, has been neglected, we can see how the bilious seizure may be a case of poisoning by peptones, which, like the un-arrested pickpockets, find their way into the circulation, and

produce on the brain and in other organs, their dire effects, only too well known as concomitants of our highly civilized but artificial existence. He does not consider himself called on to enlighten us, as to the treatment, which such studies, on which the edifice of rational medicine is reared, should afford. The case in point is one in which rational medicine would be called on to remove the *materies morbi* from the blood and to prevent their recurrence, to cure the liver. In my younger days the first object would have been attempted by venesection. But now our allopathic brethren know that taking a wine-glass full of brandy and water out of a tumbler will not diminish the proportion of brandy in the remainder. The only escape then for these poisonous peptones will be through the portal system and the liver, but as their original cause was the failure of that organ to perform its duty, it must be whipped up to make time. Hence, as certain substances are known to act on it, they are brought into requisition. *Mercury* is known in a general way to exercise an action on it, hence it is prescribed, commonly as Calomel, the ordinary dose being, say, gr. x. Now what happens? This dose is absorbed by the blood and carried to every part of the body, producing its pathogenetic effects, usually no part of the system escaping its baneful influence. Now let us suppose the said Mercury to be really indicated, what should we homœopathists do? Knowing that the liver being in a state homœopathic to *Mereury*, will be acted on by a dose which will have no effect on the other parts of the body, to which it is not homœopathic, should give it in a dose sufficiently small to act on the liver alone, leaving all parts of the body, to which it is not homœopathic, intact.

When I began the study of medicine, some sixty years ago, I was indentured, as was then the custom, to a surgeon, with whom the bulk of my duty was to compound and dispense prescriptions, a favorite one of which was a blue pill at bedtime and a black draught in the morning. Thinking over the *rationale* of this routine, I said to him one day: "Doctor, what do you give the blue pill for?" He answered, "It is an alterative." "What is that?" said I. "It is a medicine that makes

a change of some sort in the system." "It is a good thing, then?" said I. "Yes, of course," said he. "What do you give the black draught for?" He answered, "To work off the blue pill." "But," said I, "if it is a good thing, why do you want to work it off?" He replied: "You go and put up your medicines." And yet my patron was a first-rate surgeon and of high natural ability. He lived to be ninety, and I never knew him to enjoy a well day, having in his youth suffered from climatic diseases contracted in India and South America. He had little faith in medicine. When I returned from Europe a homœopath, he said: "You have missed it." I answered: "You don't believe in your own physic." "No," said he. "I was dying when A, B, and C held a consultation over me. A said one thing, B said another, but C said: 'We know nothing about it. Let him alone, and give him a chance.' They did so, and if they had physicked me I should have died."

One more of my early reminiscences and I have done: We had a cholera patient in collapse. The doctor said to me: "Mr. Fisher, take sixteen ounces of blood from him." I banded his arm and punctured the vein, when, contrary to my expectation (for I thought him too far gone to bleed), the blood spurted out black as ink, but as it flowed from the vein he died as if his throat had been cut. This being the height of a fearful cholera epidemic, I never found the time or opportunity to ask my patron what benefit he had expected to derive from the venesection.

The story of the liver, being too long for a homœopathic monthly, I have extracted what is essential for our purpose, let me, however, again recommend its perusal *in extenso*, for the sake of its anatomy, physiology, pathology, and theory.

The *Harper* number costs some thirty cents, and the lay reading in it is well worth the price.

THE ORGANON AND MATERIA MEDICA CLUB OF
THE BAY CITIES OF CALIFORNIA.*

The regular semi-monthly meeting was held at the office of Dr. A. McNeil, 784 Van Ness Avenue, San Francisco, June 21st, 1895.

Members present were : Drs. A. McNeil, G. J. Auger, George H. Martin, S. E. Chapman, J. M. Selfridge, M. T. Wilson, and W. E. Ledyard.

The meeting was called to order at 8 p. m. by the President, Dr. J. M. Selfridge.

The Secretary, Dr. Ledyard, read the minutes of the meetings held April 19th, May 17th, and June 7th, 1895, all of which, after some slight corrections, were approved.

Some little discussion took place in regard to the publication of the minutes of the meetings, Dr. Selfridge stating that the *Medical Advance* and THE HOMŒOPATHIC PHYSICIAN wanted to publish them.

Dr. McNeil said that he heard from the *Medical Advance* that unless they could have the exclusive right to the minutes of every meeting they were not particularly anxious to publish them at all, and hence he made a motion that the minutes be sent to THE HOMŒOPATHIC PHYSICIAN, commencing with the minutes of the meeting of June 7th. This was seconded by Dr. Ledyard. Carried.

The President then said that he thought a vote of thanks was due Dr. Eleanor F. Martin for the splendid report she had made of the previous meeting, as it was by far the best report the Society had ever had, whereupon Dr. Ledyard moved that a vote of thanks be tendered Dr. Eleanor F. Martin for the work she had done, which was seconded by Drs. Wilson and McNeil, and carried.

Dr. Selfridge then asked what decision the members had

* In consequence of the failure of this report to arrive on time, it was not possible to publish it in its proper order with the other reports.

arrived at in regard to the construction they placed upon Section 80 of *The Organon* at the last meeting.

Dr. McNeil said that Hahnemann explained it in Section 204.

The President then appointed Dr. Martin reader of the evening, who commenced at Section 201 and continued to Section 205.

DISCUSSIONS.

Dr. Chapman—How do you harmonize Section 204 with Section 80?

Dr. Martin—If we read Section 80 carefully this will be explained to us. He then read Section 80. The word “other” in this section explains the whole meaning as intended by Hahnemann. That there are syphilitic and sycotic miasms, and that all other diseases, with the exception of these two mentioned, have for their fundamental cause *psora*.

Dr. McNeil—Do I understand Dr. Martin to say that he gives up the ground which he maintained at the last meeting as regards *psora* being the fundamental cause of *all* diseases, syphilis and sycosis included?

Dr. Martin—Yes. *Psora* is the *greatest* of these miasms. According to Section 80, the word “other” changes the construction which I placed upon the sentence at the last meeting. This section admits the existence of sycosis and syphilis, but says that *psora* is the basis of all *other* diseases.

Dr. McNeil—In reading this there is one point that has always struck me—that Hahnemann did not bring out forcibly enough the hereditary theory of *psora* at the time he was writing. Even to-day, in the polyclinics of Europe, you will find that one-third of all dermatological cases are itch. Hahnemann said nothing of the *acarus scabiei*.

Dr. Chapman—Hahnemann wrote the psoric theory before the *acarus scabiei* was discovered.

Dr. McNeil—If you read the article by Carroll Dunham on *psora*, you will find that he makes the statement that Hahnemann must have been aware of the *acarus scabiei*, and brings

out more direct statements regarding it. It was discovered long before he wrote the psoric theory.

Dr. Auger—I would like to ask Dr. McNeil if psora is the primary though invisible cause of all skin diseases? Are there no exceptions?

Dr. McNeil—No, except syphilis and sycosis. You have reference to parasitic diseases as exceptions. The parasites cannot live unless psora is present. It has been proven that a person may have the itch without the *acarus scabiei* being present. Itch may be communicated. Take out an acarus, put it under the skin, then hunt for it, and you will not be able to find it, and yet you will have a full case of itch. Every one is not susceptible to *acarus scabiei*.

Dr. Chapman—Do I understand Dr. McNeil to say that every case of itch is absolutely from a psoric taint?

Dr. McNeil—The primary manifestation of psora is the itch. An illustration: Suppose the bacillus syphili is communicated to a person (they are usually in the amorphus condition), there will be a number of skin diseases developed, different, and yet they will all be classed under syphilis. All these manifestations are of one disease. The primary manifestation of psora is itch. There are twenty or fifty skin diseases developed from the bacillus syphili, as gummata, ecthyma, erythema, chancre, etc., and yet they are all classified under the name of syphilis.

Dr. Ledyard—I have a family under my care whom I have been treating for some time. Another family moved into the same house with them, who had *pediculus capitis*. The two families were frequently together, and yet neither the parents or children of the family I had been treating took it.

Dr. McNeil—I have a case of a German woman, fine looking, clear-skinned, plump, and rosy. She had itch when a child, which was cured (?), and after some years *epilepsy developed*. She was then sent to the country to work as a peasant, with the result that the attacks of epilepsy stopped, but were followed by terrible headaches. She came to me, and I saw that her symptoms were clearly Sulphur. She had burning on the top of the head, soles of the feet, and palms of the hands, with also a few

vesicles on the hands. She married soon after, and has now a boy six years of age. Her husband, who was consumptive, died soon after the birth of the boy. I cured all of her symptoms with Sulphur. I think that the itch was the cause of all these other conditions.

Dr. Ledyard—Did the itch come to the surface again?

Dr. McNeil—No; it did not appear again, except the few vesicles on the hands.

Upon motion of Dr. Wilson, seconded by Dr. McNeil, the meeting then adjourned to meet the first Friday in July, at the office of Dr. Ledyard, 223 Post Street, San Francisco, when the reading of *The Organon* would be commenced at Section 205.

W. E. LEDYARD, *Secretary.*

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. E. Lilienthal, 1316 Van Ness Avenue, San Francisco, Friday evening, August 16th, 1895.

Members present: Drs. J. E. Lilienthal, J. M. Selfridge, A. McNeil, George H. Martin, E. W. Bradley, G. J. Auger, M. T. Wilson, and C. M. Selfridge.

The meeting was called to order at 8.45 by the President, Dr. J. M. Selfridge. As it was late for the meeting to begin, the reading of the minutes of the previous meeting was dispensed with and ordered to be read at the next meeting.

Dr. McNeil read a translation from the *Allgemeine Hom. Zeitung* of a case of cataract in a child ten years of age which was cured by one dose of *Sulphur*⁵⁰⁰.

Dr. J. M. Selfridge read a paper entitled, "Infinitesimals in Nature." Dr. McNeil moved that the paper be sent to THE HOMŒOPATHIC PHYSICIAN for publication, which was seconded by Dr. Wilson and carried.

DISCUSSION.

Dr. Chapman—I do not believe that in the DMM potency there is any material portion of the drug. I think that there is only the spirit force. I have seen results from this potency. In a case of mine that had taken Hood's Sarsaparilla for eczema of the right eye; was disfigured very badly; and had it many years; I gave Sulphur; then the DMM potency of the nosode, *eczema*, which cured.

Dr. Lilienthal—Dr. Chapman was not a member of our Club when we discussed the potency question. The DMM potency does not exist. It represents the 5 CM.

Dr. Chapman—I simply take what I read. I contend that we must drop matter and believe in a spirit force of drugs.

Dr. Auger—To my mind it is not necessary to go outside of materialization. Chemistry has taught us that atoms are units of matter. We need not go into spiritualism.

Dr. Chapman—I am not a spiritualist in the common sense of the word. I believe, however, that it is the spiritual man that is sick.

Dr. J. M. Selfridge—That is merely an assumption.

Dr. McNeil—If matter is infinitely divisible it is not necessary to bring in the spirit force to prove the efficacy of high potencies.

Dr. J. M. Selfridge—We used to think that we could not divide an atom, but now when appropriate means are used we can do so.

Dr. McNeil—That means infinite division.

Dr. Chapman—The doctrine of Hahnemann speaks of spiritual force.

Dr. J. M. Selfridge—We are not now living in Hahnemann's time. We cannot take Hahnemann's words as they appeared to him at that time. Science has made great advances since his time. It was held some ago that electricity was a fluid. It is now known to be a form of motion—rotary motion.

Dr. Chapman—Has science disproved anything that Hahnemann said?

Dr. McNeil—It has thrown new light on what he said.

Dr. J. M. Selfridge—While science has not controverted Hahnemann's conclusions, it explains them more clearly.

Dr. Martin—Dynamization is analogous to continuity of motion. If you drop a stone from the top of a house to the ground, the motion continues through the earth and on forever. What do you think thought is? It is analogous to the vibrations of the two tuning-forks spoken of by Dr. Selfridge, and is a transmission of molecular motion. Hypnotism is also a method of motion and is material.

Dr. Chapman—I positively deny that hypnotism is material. I have seen men in the army, before going into battle, say, "I am going to die this time," and they did. This must be something besides matter. One dark night, when riding in Nevada over a narrow trail, it came to me as if I heard a voice say, "get off that horse." I did so, and found a wire stretched across the trail, which would have thrown me down a precipice if I had gone on, and I would have been killed. I certainly do not call this material.

Dr. J. M. Selfridge—I am not denying that there is something outside of matter. It is not necessary, however, to suppose that we separate the spirit force of a drug from the drug itself and attach it to something else. If we can divide matter without limit, then a drug will go to the millionth and millionth of potencies. Remedies are all atoms, but differently combined. There is no philosophy in the fact that one spirit force makes *Arsenic* and another *Opium*. When a drug is divided up the material substance goes with it. Scientists do not go to the trouble to count these atoms. *There is no end to the division of matter.*

Dr. Chapman—Two substances may be identical as far as we know, yet we get entirely different results from their use.

Dr. J. M. Selfridge—There are no two peas alike. There is a different combination of molecules.

Dr. McNeil—Explanations of these matters are not necessary. As with an Indian owning a gun, he cannot explain what gun-powder is, but he knows that when it is put in his gun it will shoot and kill.

Dr. McNeil then read another translation from the *Allgemeine Hom. Zeitung*.

Dr. Chapman—When I was a young fellow I had bilious fever and an allopathic physician gave me Opium, one grain every three hours. I soon developed a very acute sense of smell. If there was a lemon in the room it had to be taken out. I could smell fruit-stands blocks away. I presume I had a proving of Opium.

The meeting then adjourned to meet at the office of Dr. J. M. Selfridge in Oakland, the first Friday in September, when the reading of *The Organon* would be commenced at Section 246.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

AMERICAN INSTITUTE OF HOMŒOPATHY.

TRANSPORTATION COMMITTEE, BULLETIN No. 1.

The next meeting of the American Institute of Homœopathy will be held in Detroit, Mich., from Wednesday, June 17th, to Thursday, June 25th. The Materia Medica Conference, which promises to be a most interesting feature, will convene on Tuesday, June 16th, at 3 P. M. All interested in Materia Medica should be present.

There is every prospect that the usual rate of a fare and a third for the round trip will be allowed by the Traffic Associations. The Joint Traffic Association, which resulted from the consolidation of the Central Traffic Association and the Trunk Line Association, now controls all the territory between New York and Chicago. This association goes into effect February 1st, provided an injunction against its legality, brought by the Attorney-General, is not sustained. In the latter case, no one can tell what the outcome may be.

At the rate of a fare and a third, or regular convention rates, the fares from some of our principal points would be approximately: New York, \$18.00; Boston, \$22.65; Philadelphia,

Washington, and Baltimore, \$19.00; Chicago, \$10.33; St. Louis, \$17.33, and Kansas City, \$25.33.

The time from New York and Philadelphia is approximately 18 hours; from Boston, 20 hours; Chicago, 8 hours; St. Louis, 14 hours, and Kansas City, 23 hours.

Detroit is very centrally situated, is quite a railroad centre, and is very easily reached. From New York, one may take one of no less than fifteen routes, and in the West, especially at the time of the meeting, all roads should lead to Detroit.

The Michigan Central road and its branches cover most of the territory in the State of Michigan, as well as offering unexceptional facilities from Buffalo and Chicago. Michigan is credited with some five hundred homœopathic physicians, certainly seventy-five per cent. of these should be present at the meeting in Detroit.

The Chicago & Alton, and the Union Pacific roads, which treated the Institute so royally at the time of the Denver meeting, should not be overlooked by our Western friends, nor should the Chicago & North Western be forgotten by our Northwestern delegates.

The Lehigh Valley road offers a specially fine service for our Washington, Baltimore, and Philadelphia members; it runs in connection with the Grand Trunk Railway of Canada, which also covers points as far east as Boston, and as far west as Chicago.

The committee is constantly at work to obtain the best accommodations for the greatest number at the best possible rates, and monthly bulletins will keep the profession posted as to best routes, train services, and all railroad matters influencing the meeting. A large attendance should be present.

W. A. DEWEY, M. D., *Chairman*,
170 W. Fifty-fourth Street, N. Y.

DIPHThERIA AND THE SO-CALLED ANTI-TOXINE.

JOS. FITZ MATHEW, M. D., VICTORIA, PA.

There is every reason to believe that the obsequies of Behring's serum have commenced. The adverse testimony of many distinguished practitioners—enjoying exceptional facilities for testing the Anti-toxine—whose mental faculties have resisted the influence of cracked-brained bacteriological enthusiasts, is such that it must now be regarded as little short of criminal to inject into the tissues this horse serum poisoned by diphtheritic toxine.

From various quarters we still hear favorable reports of its action, prematurely given, and it is unpleasant to reflect that the investment of \$100 or less in an unfortunate horse will produce serum to the value of \$2,000 to \$2,500. There was once a city in ancient times (beleaguered by an enemy) whose walls were out of repair, and the town council assembled to consult as to the best material to be used, when the currier, who had a large stock of leather on hand, said: "Gentlemen, in my opinion, there is nothing like leather."—(*Æsop's Fables*). Now let us hope that Behring's serum is not being recommended, in some quarters, from unworthy motives.

Assistant Surgeon F. I. B. Cordero, U. S. N., in reply to Surgeon General of U. S. N., said: "After a thorough study, in various hospitals of Berlin, of the use of Behring's diphtheria serum, so far, proofs are lacking of the value of it in diphtheria. Children who, during their first sickness, have been treated with large doses of serum, have, a short time after, acquired diphtheria anew. In a large number of cases, children have been treated on the first and second days of their illness with fullest doses of the Anti-toxine and died. * * * A large number of children treated with both large and small immunizing doses have, within a few weeks, acquired diphtheria, and some of them have died of it. * * * We do not possess a single scientific proof that a case of diphtheria was ever pre-

vented by the immunizing process. It is certain that a large part of those who have died, notwithstanding the serum treatment, did not die from the effects of a mixed infection, but directly from the specific effects of the Klebs-Löffler bacillus."

Dr. Winters, of the Willard Parker Hospital, is most emphatic in his condemnation of it. He reports 150 cases treated without the slightest effect. He further says: "The conditions of these babes was anti-toxine septicæmia, brought about by the influence of Anti-toxine on the blood."

A correspondent of the *New York Medical Record* gives a very unfavorable report from the hospitals of London. The doctor in charge of one of the largest of the seven hospitals devoted exclusively to infectious diseases—the Northwestern London Fever Hospital—said, that in common with other institutions, save one that is neutral, the Anti-toxine is now regarded as a complete failure, and on the whole rather harmful to patients. The mortality ranges, as formerly, about twenty-seven per cent.

Dr. Lennox Brown, of London, reports the treatment of a hundred cases of diphtheria without Anti-toxine, and one hundred with it, with the same rate of mortality.

CONDITIONS AFFECTED BY STORMS.

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

Replying to the inquiry, what remedies have indications for ailments aggravated by storms, I may say that Gelsemium is one of the most useful remedies in conditions affected by storms. Also, as you well know, *Rhododendron*. But in the *Repertory of Modalities* there are no indications given of any drug which has "amelioration when storm breaks."

Restlessness, with attacks of anxiety, especially during a thunder-storm calls for *Nat-carb.* and *Phosphorus*. *Nat-carb.* also for menstrual troubles before thunder-storm.

Twitching of eyeballs and eyelids, with trembling of hands and legs and debility at every approaching thunder-storm calls for *Agaricus*.

Many ailments worse *before* and *during* thunder-storm points to *Petroleum*.

Feeling of restlessness in his blood *days before* a thunder-storm indicates *Psorinum*.

Debility, with sleepiness during storm, is *Silicea*.

Cough worse before a thunder-storm is *Phosphor*.

Rhododendron generally has *acute pains*, sharp and darting, very violent; also *tearing* before and during a thunder-storm. But it must not be repeated oftener than *once* in *seven days*. Grand remedy for gouty people whom storms affect.

In female patients affected by storms study always *Pulsatilla* first.

Persons whose spines have been injured and always suffer acutely *before* a storm breaks, give *Hypericum*. This latter remedy, by the way, is a most wonderful drug when there has occurred a nerve lesion. I have cured a lady who had been suffering from such a condition in a single spot on the inner side of the left thigh for many years. She had consulted numerous doctors without any relief. One prescription of *Hypericum* cured her entirely.

BOOK NOTICES.

DISEASES OF THE RESPIRATORY PASSAGES. By Charles Porter Hart, M. D., with 117 illustrations. Second edition; rewritten and enlarged. 450 pages. New York: A. L. Chatterton & Co., 78 Maiden Lane, 1895. Price, cloth, postpaid, \$3.00.

This volume represents the experience of the author as a throat specialist along homœopathic lines of treatment, combined with the experience of others in the homœopathic school. Most reliance seems to be placed upon operative procedures, though copious homœopathic indications are given, copied from such authorities as Jahr, Lippe, Guernsey, and many others.

Looking over the pages of the book we notice many interesting things. Thus, in cases of nose-bleed, the author gives copious indications for the homœopathic remedies, mainly upon the authority of Dr. H. N. Guernsey. He also speaks of the use of *Lupulin*, first trituration, as an almost infallible remedy. This medicine was suggested by the experience of Dr. Parkhurst,

who failed to stop a case of nasal hemorrhage; whereupon the patient took the advice of a neighbor, and snuffed powdered hops with immediate success. The author disapproves plugging the posterior nares as formerly practiced, and gives a method of doing it from the front. This method may be described as follows:

“Roll between the thumb and fingers a lock of cotton into a cylinder or little roll an inch or an inch and a half in length; tie a strong thread to the middle of the roll, bring the two ends of the roll together, and then opening the nasal orifice by pressing down with the end of the finger its lower margin, pass the middle or folded part of the roll (where the string is tied) into the nostril; next with the blunt end of a lead-pencil or stick, press in the cotton-roll slowly along the floor of the nostril an inch or more and rest. If the blood passes down into the throat you may be sure the bleeding spot is behind the roll, so push in your roll further and the blood will cease to pass behind. Then, holding on to the string, pass some loose cotton into the nostril and push it in, along with the pencil, down to the plug. The cotton will swell with moisture, compress the bleeding surface, and arrest the hemorrhage.”

He also disapproves of the nasal douche. In suppuration of the mastoid cells he prefers to puncture the bone and let out the accumulated pus, and illustrates a neat little drill for accomplishing the perforation. This affection he regards as purely surgical. The writer of this review is reminded of a case of this kind occurring in his own practice for which no surgical procedures were deemed sufficient. The indicated remedy, *Zincum-metallicum*, was given with quick discharge of the pus through the ear canal, and complete and prompt recovery. The author recommends some alternations of medicines, especially in cases of parotitis (see page 98). This is hardly scientific.

A number of indications for quinsy are given, to which we suggest that several other indications may be added, especially *Lycopodium*. The inhalation of steam of hot water is also recommended. To this there can be no objection. In the reviewer's own practice he has had large experience with acute quinsy, and has had much success, except where there was found much congenital hypertrophy. The author also quotes cases by Dr. Burt where suppuration of the tonsils was arrested in three or four hours' applications of *Mercurius-corrosivus*, first decimal trituration, directly to the tonsil by means of a camel's hair-brush.

Follicular tonsillitis is not treated of as a separate disease in this work, but included under the term follicular sore throat, follicular pharyngitis, or clergyman's sore throat. In the course of his discussion of this subject, the author manages to give the brethren of the old school a vicious little jab of his pen at page 139, where, in speaking of the use of the atomizer to apply “mineral waters rich in *Natrum-carb.*,” he says: “We, of the progressive homœopathic school, ought to feel pleased that atoms begin to be considered of importance by all classes of physicians. When in the atomization of liquids one drop of a very weak medicinal solution is divided into thousands of invisible and imponderable atoms in order to act a remedial part, then it needs only one small step to become a convert to the beneficial action of dilutions.”

Some space is devoted to intubation of the larynx, with directions for employing it.

There are but few remedies for croup given. This is to be regretted, since our most brilliant successes have been made upon croup.

We can ourselves look back upon many a hard-fought case of croup, where success came from the selection of the similar remedy.

In treating of diphtheria, the author does not appear to have included among his remedies Hydrastis and Phytolacca, which are of high importance. The writer of this notice has cured a perfectly desperate case of diphtheria with Phytolacca. The author expresses sound views upon diphtheria when he says: "There cannot be a reasonable doubt that diphtheria is just as much a constitutional or blood disease as rheumatism, scrofula, variola, or syphilis." He then gives his reasons for his view, and rather discredits the bacteria theory.

PRINCIPLES OF SURGERY. By N. Senn, M. D., Ph. D., LL. D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Ex-President American Surgical Association, etc. Second Edition. Thoroughly Revised. Illustrated with 178 Wood Engravings and five (5) Colored Plates. Royal Octavo, pages xvi, 656. Extra Cloth, \$4.50 net; Sheep or Half-Russia, \$5.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This work has been brought to the attention of our readers before, having been noticed in the number for October, 1891, at page 407. The volume now before us is the second edition, and is much enlarged and otherwise improved. It is different from other works on surgery noticed from time to time in these pages, in that it deals but little with operative procedures and confines itself to the physiological and pathological processes involved in surgical injuries and surgical diseases. The book is actually what its names implies, a treatise upon the *principles* of surgery. In the domain which it specially occupies it may be truly called a beautiful book. He must be an accomplished physician who has clearly in his mind all the teachings of this elegant volume. The reviewer does not pretend to discuss this work, nor to criticise or elaborate the views of the author. That would be too extensive a task. A fair idea of the book may be had by a glance at its table of contents. Here are some of the headings of the chapters; Regeneration of Different Tissues; Inflammation; Pathogenic Bacteria; Necrosis; Suppuration; Ulceration and Fistula; Suppurative Osteo-myelitis; Septicæmia; Pyæmia; Erysipelas; Tetanus; Hydrophobia; Surgical Tuberculosis; Actinomyces Hominis; Anthrax, Glanders.

It will be seen from this that the book treats of the intimate nature of these various processes, an understanding of which by our latest lights is so necessary to the management of such cases.

TRAVAUX D'ELECTROTHERAPIE GYNÉCOLOGIQUE : Archives Semestrielles d'Electrotherapie Gynécologique Fondées et Publiées par Le Dr. G. Apostoli, Vice-President de la Société Française d'Electrothérapie, etc. Paris: Société d'Editions Scientifiques. 4 Rue Antoine-Dubois, 1894. Prix, 12 francs.

This volume contains a collection or compendium of all the most important *mémoires* upon the subject of the electrotherapeutics of gynæcology in all the different languages of Europe, gathered together by and edited by Dr. Apostoli. This branch of medicine is claimed by the Editor to be wholly of French origin, and to have had for its father Dr. A. Tripier.

There are contributions on the treatment of uterine tumors by Drs. Thomas Keith and Skene Keith, of course translated from English into French; remarks on electrical treatment for uterine troubles by Sir T. Spencer Wells; proceedings of the Medico-Chirurgical Society of Brighton on electrical treatment; remarks of Professor Playfair before the British Medical Association; remarks of Dr. Ephraim Cutter, of New York; of Dr. Lawson Tait; of John Inglis Parsons, and of many others. Numerous clinical cases are given and a few drawings of apparatus.

DONT'S FOR CONSUMPTIVES; OR, THE SCIENTIFIC MANAGEMENT OF PULMONARY TUBERCULOSIS, is the title of a book, which, under the authorship of Dr. Charles Wilson Ingraham, will soon (about February 10th) be issued by the Medical Reporter Publishing Co., of Rochester, N. Y. The book will be printed on 72-pound antique book paper, bound in cloth (imitation morocco), with title in good leaf. Price, \$1.75.

The complete work of thirty-five chapters is devoted exclusively to the general management of pulmonary invalids, no reference whatever being made to drug treatments.

The object of the author is to supply the physician with a practical work, and at the same time, by eliminating technical terms, reduce the text within the easy comprehension of the intelligent patient. The author claims that "a good understanding of his condition is the best remedy for the consumptive." With this book in the hands of his patient the physician will be relieved of a multitude of details which attach to the successful management of such cases. Special attention has been given those chapters pertaining to the destruction of tubercular infection.

SURGICAL CLEANLINESS ; OR, ASEPSIS EXPLAINED, is the title of a new book which will shortly be published by Dr. L. D. Rogers, editor of *The People's Health Journal* of Chicago. It is designed for Physicians, Students, and Nurses.

A HANDBOOK OF THE DISEASES OF CHILDREN AND THEIR HOMŒOPATHIC TREATMENT. Illustrated. A text-book for students, colleges, and physicians. By Charles E. Fisher, M. D., President of The American Institute of Homœopathy, and Editor of *The Medical Century*. Chicago: Medical Century Co., 31 Washington Street. 1895. Price, cloth, \$5.00; leather, \$6.00; half morocco, \$7.00.

This elegant volume of nine hundred pages is probably the best and most complete work on the diseases of childhood that has been given to the homœopathic school.

The author says in his preface that the motive for his writing the book was a conviction "that there exists a vacancy in the literature of Homœopathy in the department of pediatrics which demands to be filled."

He further says: "Written from the view-point of the bedside practitioner, the book is intended to serve as a text-book for students and beginners in practice and a work of ready reference and resourceful comfort for the busy doctor of the general field as well. More than twenty years of the author's professional life have been spent in sections where homœopathic physicians were few and their system comparatively unknown, with consultants not often at hand, self-reliance being demanded. For those similarly situated and also for those who prefer to work out their own salvation in difficult cases the book has been prepared. It is believed it is more complete than any similar volume of its profession, though, doubtless, lacking in many respects and far from perfect."

The reviewer can cordially add that his own conviction agrees with that of the distinguished author.

Looking through the volume, we observe that the author is not greatly in favor of artificial foods for children, though he does say which he prefers among them. He also denounces the professional wet nurse. On the other hand, he thinks very well of the milk of the jennet for young children. He also suggests the milk of the sheep for children. Both of these milks he regarded as preferable to cow's milk, in the absence of the mother's own milk. His reasons are clearly stated and of course are perfectly sound.

He recommends that the new-born child be not washed with water for the first two or three days, but anointed with sweet oil instead. His reasons for this procedure are the danger of broncho-pneumonia, or of fatal congestion of internal organs from the removal of the protective oil of the skin.

The directions for treatment of asphyxia in the new born are clearly stated,

and illustrated with drawings. He has no use for the flannel belly-band of children, which he considers as tending to prevent normal distention of the abdomen arising from the formation of gases, and so being one of the prolific causes of infantile colic. That it is liable to adhere to the navel before the separation of the fragment of the cord, and being thus accidentally pulled upon causes discomfort to the child, and favors the occurrence of umbilical hernia.

In ophthalmia his main reliance for treatment is upon germicides, the indications for homœopathic remedies being rather scant.

In the description of scarlet fever, the author advocates the "Tonsillar Theory." According to this theory "scarlet fever is due to the invasion of the crypts of the tonsils by the *streptococcus pyogenes*, or common pus-producing bacillus, no matter what its origin, and the consequent development of a strictly septic fever of varying intensity and malignancy." In support of this theory the fact is cited that "children with enlarged tonsils are especially liable to the disease; that with the atrophy of these glands at the age of puberty, liability to attack by scarlet fever disappears; and that even malignant cases in large families may not result in the infection of other children."

Excellent descriptions of the fever follow, and the question of prophylaxis is discussed. Indications for homœopathic remedies are freely given, and such adjuvants as oxygen gas, when in the state of coma and putrescence, are advised. Cold bathing is repudiated as being absolutely dangerous, and a diet of hot milk, or hot water and cream recommended. Bovinine as an enema is also proposed along with milk. Meat-broth, beef-tea, and chicken-broth are also directed, and finally the possibility of an aggravation of nephritic tendency by the use of too much of beef and mutton broths is noticed.

In diphtheria the author shows a friendliness to Antitoxin, which seems to us out of place in view of its dangers and failures, and the successes achieved by the prescription of the similar remedy.

He also advocates vaccination in small-pox, and repeats a lot of statistics highly favorable to the practice of it. He attributes the failures to stave off small-pox in a great many cases that have been previously vaccinated, to the fact that in such cases the vaccination had been performed only once, or if oftener, not within six or seven years of the attack of small-pox. He thinks the best evidence of the value of vaccination lies in the fact that before the time of Jenner, small-pox was considered particularly the disease of childhood, like measles and scarlet fever; and now that vaccination has become universal, it is no longer so regarded. He winds up with the announcement that in the absence of more convincing information to the contrary, he is in favor of vaccination.

These points are perhaps among the most striking in the book. For the rest, all the usual diseases of childhood are noticed, copiously illustrated, and the homœopathic indications also given. These last are not sufficiently free for the advanced practitioner, and so he must of course go to the fountain-head, the *Materia Medica Pura*. The indications given are largely made up

from Dr. Guernsey's *Keynotes*, which have been so justly prized by a large part of the profession. Altogether, Dr. Fisher's book is a great success, and should be cordially received by the profession.

PREGNANCY, LABOR, AND THE PUERPERAL STATE. By Egbert H. Grandin, M. D., Consulting Surgeon to the New York Maternity Hospital; Consulting Gynæcologist to the French Hospital, N. Y., etc.; and George W. Jarman, M. D., Obstetric Surgeon to the New York Maternity Hospital, Gynæcologist to the Cancer Hospital, N. Y., etc. Illustrated with forty-one original full-page photographic plates from nature. Royal octavo, pages viii, 261. Cloth, \$2.50-net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

In *THE HOMEOPATHIC PHYSICIAN* for March, 1895, at page 146, was given a review of a book on Obstetric Surgery, by Egbert H. Grandin, M. D., and George W. Jarman, M. D. These authors have now supplemented that work with another on the whole subject of obstetrics from the physiological side, and that is the book now under notice. Such a book is needed. There are so many improvements and so much generally that is new that a book which has been brought up to date is very acceptable. The present work is illustrated by photographs. The whole mechanism of labor is graphically explained and illustrated with these photographs.

It is divided into three parts—Pregnancy, Labor, and the Puerperal State. In the first part, Pregnancy, are treated the diagnosis of pregnancy, the pathology of pregnancy, and the diagnosis of the presentation of the fetus. In the second part, Labor, the mechanism, clinical course of labor, management of labor, normal and abnormal, and care of the new-born infant are treated, while in the third part, the Puerperal State, the normal and the pathological conditions are treated. The book finishes with an index. It is uniform in size with the *Surgery* before mentioned, and is intended as an accompaniment to it, making thus a complete survey of the whole subject.

The unusually cordial reception extended to the *Obstetric Surgery* has greatly stimulated both authors and publishers to bring out the companion volume on *Pregnancy, Labor, and the Puerperal State*, and thus place in the hands of medical students and practitioners a thoroughly modern text-book on this very important branch of medical and surgical science. The two volumes are now bound together in one, thus forming a compact and handsome volume, covering the entire field of obstetric science.

More than fifty medical colleges have within a few months adopted it as their principal text-book on this subject; thus the work has met the needs of the majority of the ablest clinical teachers as *the* book of real service and value from which to teach—and learn—the science and art of midwifery.

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

"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.

Vol. XVI.

MARCH, 1896.

No. 3.

EDITORIALS.

ARSENICUM-ALBUM.—Having been requested to give the key-notes of Arsenicum as they stood in Dr. Guernsey's *Obstetrics*, the Editor has thought fit to comply with the request, and accordingly, instead of giving notes upon some other remedy, he simply inserts the valuable key-notes, with the admonition to the reader that he commit them to memory. They are as follow :

Sexual desire with an involuntary discharge of mucus as a particular symptom ; great restlessness ; thirst for cold water, but a very little satisfies ; unhappy fatiguing dreams ; nothing comes out right in her dreams ; erectile tumors with burning lancinating pains ; the varicose veins burn like fire ; prolapsus vaginæ ; the parts have a black look and burn like fire ; great anguish with great restlessness ; lancinations from the abdomen into the vagina ; leucorrhœa whilst standing and emitting flatulence ; leucorrhœa thick and yellow, corroding parts touched by it ; burning, throbbing, lancinating pains ; burning like fire ; fear of death ; she is sure she will die ; cold water aggravates her symptoms ; sensitive to cold ; wants more covering over her ; wants to be wrapped up ; hysterical asthma developed at every little excitement. Symptoms always worse at night, especially the latter part of the night ; cannot lie down for fear of suffocation ; cancer of the uterus with lancinating pains ; terrible dartings and lancinatings which burn like fire. Acrid, corrod-

ing, burning uterine discharges thick or thin, of a brown or black color and very offensive. Patient is easily fatigued (gangrene of the uterus); rapid sinking; cold perspiration. Undigested food passes through the bowels with great distress and increase of prostration. Water disagrees with the stomach; it does not pass out from it, but seems to lie there and distress her; legs seem almost paralyzed; she can hardly walk; she is very weak and wearied by exertion. Intense burning or tensive pains in ovaries; some relief from constantly moving the feet; pains relieved by motion; ovarian dropsy, the swelling being either small or enormous and the patient completely anasarcaous. Sleep full of tiresome dreams; menorrhagia in feeble females; cachectic, affected with rheumatism, and disorganization of uterus and ovaries. Eruptive fevers when aphthæ break out; metrorrhagia; very little appetite; disgust for fat food, butter, meat, dishes of meal and flour, and sweet things. Desire for acids, bread, brandy, coffee, milk. Pale, white face. Bitterness in the mouth after eating and drinking; sensation of a stone in the stomach; nightly vomiting; vomiting of fluids as soon as taken; exhausting diarrhœa, containing undigested food. Very weak; least motion fatigues her very much; very offensive diarrhœa renewed after eating and drinking; burning and shooting pains; heat and agitation on going to stool; painful constriction immediately above the anus which extends toward the sacrum. After stool anus burns like fire, causing intense agony, restlessness, and exhaustion. Heat and pain in the rectum with a kind of tenesmus, as in dysentery, with continual pressure.

The child cries much during and after nursing, or as soon as it takes food; emaciation of babies; aphthæ of children assuming a blue or livid appearance. Offensive and painful stool after taking nourishment; stool and vomiting at the same time; coldness of extremities. Scarlet fever; the eruption disappears too quickly, and the throat becomes putrid; general anasarca. Measles with much prostration and great heat of the skin. Urticaria when apparently caused by unsuitable food. Crusta lactea very dry and scaly, even seems to cause destruction of

the hair in the affected places; dry scaly dandruff, scurf, or scales constantly falling off. Symptoms all aggravated by the least exercise; cold sweat; dry scald head; yellow skin; convulsions; the child lies as if dead; it is pale but warm; it is breathless for some time, finally it twists its mouth from one side to the other; a violent jerk appears to pass through the body, and its respiration and consciousness gradually return. These spasms return at longer or shorter intervals until death occurs.

THE RÖENTGEN RAYS.*—So much has been published in the daily papers upon the subject of the wonderful Röntgen Rays that any attempt upon the part of the Editor of this journal to add anything to the explanations already given must seem in the highest degree superfluous and as wasting valuable space that should be reserved for subjects more nearly of interest to the profession.

Yet the tone of the communications received at this office indicates that there is still some misapprehension, some want of understanding of the origin of these rays, which would indicate that there have been some omissions on the part of the published articles upon this subject.

Hence, the Editor is inspired to give his own version of the subject, in the hope that he will be able to clear up these hazy points in the minds of those who do him the honor to read *THE HOMŒOPATHIC PHYSICIAN*.

To get a clear mental picture of what has been discovered we must first consider the spectrum.

When a beam of sunlight is admitted through a hole in a shutter into a room that is dark, and is allowed to fall upon a three-cornered piece of glass commonly called a triangular prism, the beam passes through the prism, and on emerging upon the other side it is decomposed and separated into seven colors. This is the celebrated experiment and discovery of Sir

*The illustrations used in this article are furnished by courtesy of J. W. Queen & Co., Philadelphia.

Isaac Newton, and must be familiar to every reader of these lines.

By placing a white screen before the prism the colors will fall upon it, and may then be studied at leisure.

By allowing the colors as they issue from the prism to fall upon a large lens, they can be again combined together into white light.

If the axis of the prism be placed vertically, and the beam of sunlight permitted to fall upon it, we will have a long, narrow image on the screen, like a ribbon, in which the red will be toward the left, and the colors will fall in the following order: Red, orange, yellow, green, blue, indigo, and violet.

If a thermometer, of exquisitely delicate construction, and

called among physicists a "thermo-electric pile" (Fig. 1), be applied to these colors with a view of determining their temperature relatively to each other, it will be found that there is no heat in the violet, nor in any other colors, except the red. Here the heat is manifested by the delicate instrument mentioned above, and on moving the instrument through the red color, still further to the left into the dark space beyond, there is a higher degree of heat than there is in the

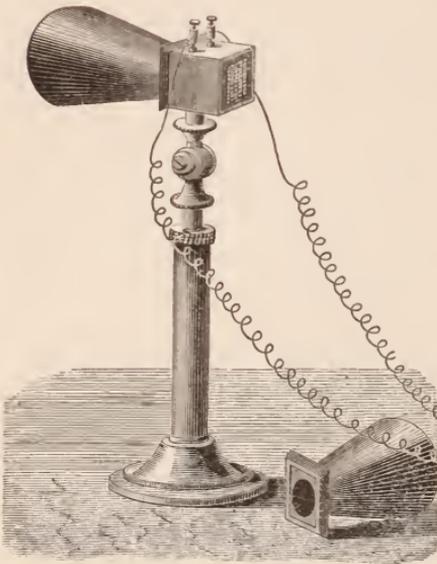


FIG. 1.—THERMO-ELECTRIC PILE.

red space. This heat space is called the Infra-red, calorific, or thermal space.

Conversely, if a photographic plate be put upon the screen so that all these seven colors may fall upon it and affect the sensitive chemicals with which it is charged, it will be found that there is no appreciable effect of the red upon the plate; nor of the other colors until we arrive at the blue, when we notice that the

plate begins to darken, and the shade gradually increases through the indigo and violet, until, in the dark space beyond the violet, the plate acquires its deepest shade, showing that there is some influence there which the eye does not perceive but which is perceived, so to speak, by the photographic plate.

The dark space, which is pervaded by this chemical influence, is called the actinic or ultra-violet space.

This ultra-violet or actinic space, is perhaps the most wonderful region of the whole spectrum. Here resides an influence which, while perfectly invisible to the eye, is capable of decomposing salts of silver, and throwing down the silver as a black powder, in other words, producing photographic action. It is also capable of producing the phenomenon called "fluorescence." This is a property possessed by certain chemicals of absorbing light from any given source, storing it up, and then emitting it again in the dark with a faint glow. The property is possessed by a variety of substances, among which may be mentioned Chlorophyl, or green coloring matter of leaves and grasses; extract of horse-chestnut bark and sun-flowers; Thalline, from petroleum; Sulphate of Quinine, when dissolved in a solution of Tartaric Acid; Salts of the metal Thallium; Nitrate of Uranium and Uranium-glass, which is glass to which Uranium has been added, giving it a canary-yellow color, with a suspicion of green. It is frequently seen in the household as an ornament on the mantelpiece. These substances fluoresce brilliantly in the ultra-violet space above mentioned. Finally, in this ultra-violet space, resides the extraordinary influence now known as the "Röntgen Rays," or "X Rays," or "Cathode Rays."

The accepted view of the nature of light is the "undulatory theory." According to this theory the whole universe is pervaded by an exceedingly attenuated mobile gas or fluid called the luminiferous ether, not perceptible except when thrown into vibrations of many millions of waves in a second, and, consequently, affecting the nerves of feeling, wherefore we call it heat. A higher rate of vibration affects the eye, and we call it light. If the light come from a solid body, as from molten

iron or from the fine particles of carbon in an ordinary lamp or candle flame, or even from a white-hot poker, the vibrations are of all rates of frequency, and so *all* the colors of the spectrum are given off, but, being intimately mixed, appear as white light, or, at most, with a yellow tinge. A prism, however, will show that all the colors are present.

If the light come from a highly heated or incandescent gas, or from a metal heated to a state of vapor, then the light will

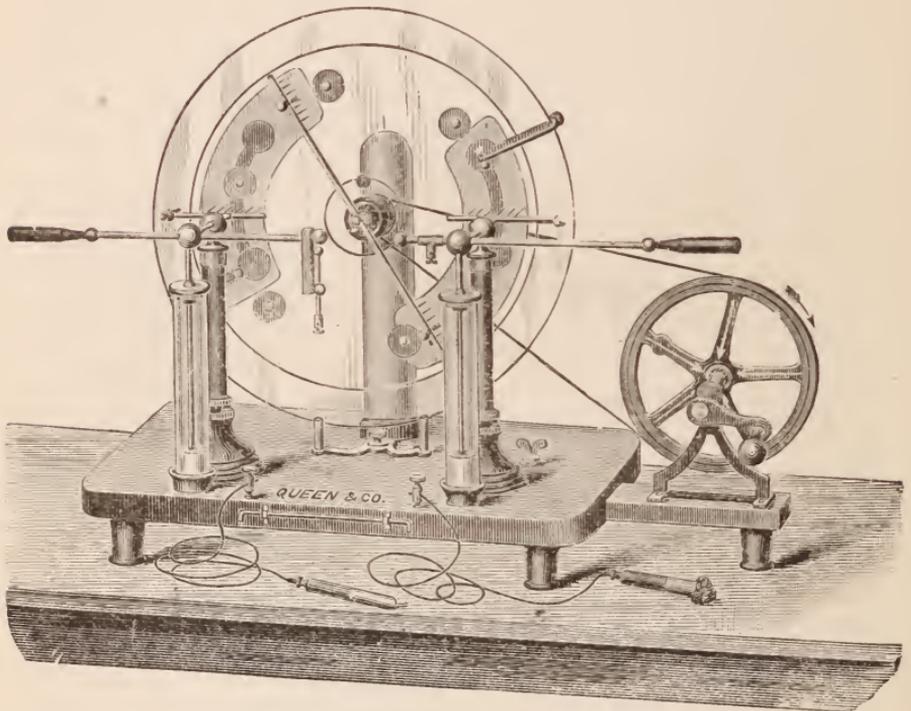


FIG. 2.—TÖPLER-HOLTZ ELECTRICAL MACHINE.

be of only one or two colors and the spectrum will have only a few colored lines in it, with much dark space between. The place which these lines will hold in the colors of the spectrum will depend upon their vibratory capacity, and hence these colored lines afford a means of identifying the metal or gas, and, consequently, we have the science of spectrum analysis.

If these explanations have been properly understood, one branch of the subject has been learned, and we are now prepared

to inquire into the manner in which the Röntgen rays are produced.

For this purpose it will be necessary to consider an ordinary lightning stroke. We all know how, when lightning descends from the sky to the earth, it proceeds in zig-zag lines. The usual explanation for this peculiarity is that when the lightning starts out on its trip to the earth it condenses the air immediately in advance of it, and so creates a resistance, which it avoids by darting to one side. In this direction a new resistance is created, and it again changes its course to avoid the new

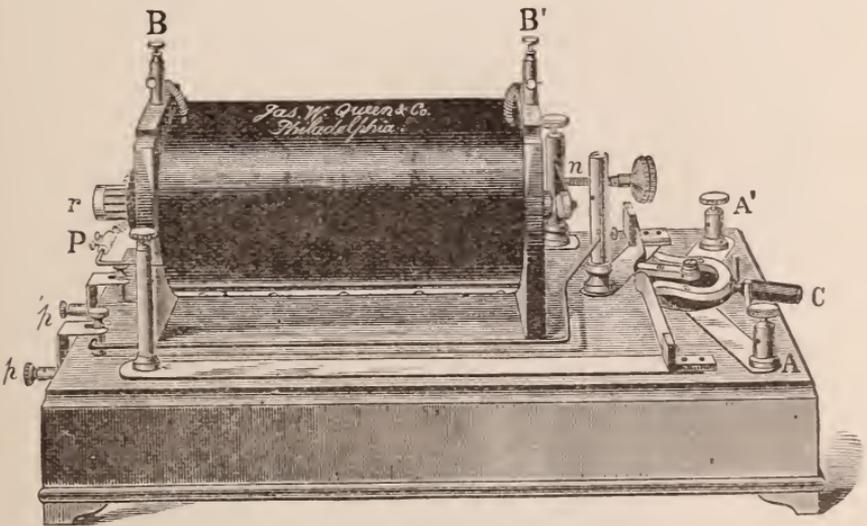


FIG. 3.—RHUMKORFF COIL.

obstruction. Thus its course to earth is continually hampered, and from this cause its path is so irregular.

Such being the action of lightning, the inquiry is naturally suggested: How would the lightning behave if sent through rarefied air, and what would be the effect of sending it through a vacuum? Artificial lightning strokes, infinitely less powerful than the natural phenomenon, may be produced in the laboratory. For this purpose there are two general classes of apparatus. One instrument used is a rotating glass disk, a modification of the old friction machines, improved by various experimenters—Carré, Holtz, Tœpler, and others (Fig. 2). This

instrument gives sparks several inches in length, resembling a miniature lightning stroke.

Another instrument is the Induction Coil, or Faraday or Rhumkorff Coil (Fig. 3), which is only an enlarged form of the small coil seen in so many physicians' offices for producing the Faradic current. This instrument will give a spark, according to the capacity for which it is built, from a quarter of an inch to a yard in length, and with a sharp sound in the largest machines like the crack of a rifle many times repeated. For the purpose of experiment, such an electrical current may be

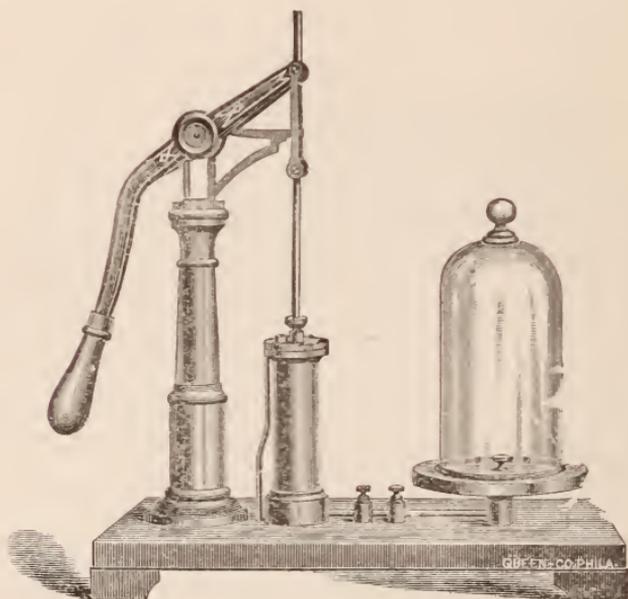


FIG. 4.—AIR-PUMP WITH BELL-GLASS RECEIVER ON THE PLATE.

passed into a bell glass located on the plate of an air-pump so that the air may be exhausted (Fig. 4).

Another form for producing the same effect is the electrical egg (Fig. 5), which may be attached to the plate of the pump in place of the bell-glass. When full of air, if the electric spark be passed through the vessel, there is no difference in its action from what is observed outside of it. If the air be partially withdrawn by working the air-pump, the spark is observed to become broader, more nearly a straight line, and to

make less noise. If the air be withdrawn to the full capacity of the air-pump, so as to make almost a vacuum, there is no longer any spark to be seen; but the whole vessel is pervaded with a soft purple light of unexampled beauty. If a wine-glass, having a few scraps of tin foil in its bottom, be placed upon the plate of the air-pump (Fig. 4), and covered with the bell-glass receiver, and the electric current passed into the receiver so as to enter the wine-glass, the purple light seems to enter the glass, well up within it, as if it were wine being poured in, and finally to overflow it on all sides in a miniature cascade—Gassiot's Cascade. This phenomenon must be seen to be appreciated. If the wine-glass be colored with Uranium—the canary-yellow glass before spoken of, the phenomenon is more magnificent.

Another step was taken in the investigation of these phenomena by Dr. Geissler, of Bonn, Germany, who constructed tubes of various lengths from six inches to a yard in length, and of a diameter from half an inch to two inches. These tubes were hermetically sealed; were exhausted of air, almost but not quite completely, and were fitted with platinum wires at either end, melted into the glass, so that one end of the platinum wire was extended within the tube a quarter of an inch, and the other end was in the outer atmosphere.

Thus it was possible to pass an electrical current from an induction coil through the rarefied atmosphere of these tubes from one end to the other. The result was a brilliant light, which was of a lovely purple color, if the remnant of gas sealed up in the tube were ordinary air—red, if the tube contained hydrogen gas, and various other colors, if there were other gases present. This is the celebrated Geissler tube, one of the most remarkable inventions of the day.

The magnificence of the display of light and color made by these tubes beggars description. The Fourth of July with its most costly display of fire-works isn't "in it" compared with



FIG. 5.
ELECTRICAL
EGG.

the glory of a select set of these tubes, manipulated by an expert electrician. They have attracted the universal attention of the learned world, and have been the subject of numberless investigations.

There are many varieties of them, but the principle is the same—a tube which is almost a vacuum, and yet contains a trace of some particular gas, or the salt of some metal, and is provided with wires by which the electric current is enabled to enter and leave the tube at the will of the experimenter.

Tubes made in this way have been subjected to the analytical test of the prism after the manner of Sir Isaac Newton, with the most marvelous results. Lines of color are formed invariably the same for the same chemical compounds, and so enabling the philosopher to use them as a means of testing for the presence of the metals and gases in other unknown bodies, and this method is one variety of the science of spectrum analysis before noticed. The tubes prepared thus for this kind of testing are called Plücker's tubes, from their originator. They are much used in astronomical observatories for comparing with the spectra of the stars of heaven, and so determining the presence in these stars of the various chemical elements that prevade the earth. This is the science of "Stellar Chemistry."

Professor Crookes, of London, the famous editor of the scientific journal called *Nature*, discoverer of the metal Thallium, has spent much time in the investigation of the Geissler Tube, and has discovered some remarkable mechanical, fluorescent and thermal or heat effects from the passage of the electrical current



FIG. 6.—CROOKES' TUBE WITH ENCLOSED WIND-MILL.

through them. If a terminal wire entering these tubes be furnished with a minute concave mirror then, on connecting it with

the induction coil, the electrical current proceeding from the coil into the tube can be concentrated into a cone of rays or focus, which can be made to fall upon a piece of platinum, heating it red hot. It can be made to fall upon a tiny wind-mill

made of mica enclosed within the tube, causing the mill to rotate with great rapidity (Fig. 6). Professor Crookes constructed a tiny railroad of glass within the vacuum tube; placed upon it a tiny axle furnished with little paddles, like a water-wheel (Fig. 7), and then on sending the electrical current through the tube, the little axle was caused to roll from one end of the tube to the other.

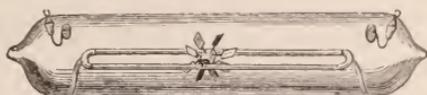


FIG. 7.—CROOKES' TUBE WITH RAILROAD.

These tubes have been named from their inventor, "Crookes' Tubes." They are, however, only a variety of the Geissler tube, differing from the latter in having the rarefaction carried to a very high degree, so that they are estimated to contain only the millionth part of the ordinary pressure of the atmosphere, or as ordinarily expressed, a millionth of an atmosphere, their other difference being in the mechanical apparatus contained within them as before stated. It was while experimenting with these tubes that Professor Röntgen discovered the X rays.

These rays are found at what is called the *cathode* end of the tube.

The explanation of this term is as follows:

A galvanic battery or Holtz machine or Rhumkorff coil has always two poles, the positive pole and the negative. The wires attached to these two poles for conducting the electrical current elsewhere, are called *electrodes*, from two Greek words, signifying electricity and a way or path—therefore a path for electricity. As the electricity comes *from* the positive pole, that pole, together with the wire proceeding from it, is called the *anode*, from two Greek words, *ana*, up, and *hodos*, way, signifying a way or path up or out. As the electrical current *returns to* the negative pole, that pole, together with the wire attached to it, is called the *cathode*, from two Greek words, *kata*, down, and *hodos*, a way or path; therefore, a path down into the source of the current. Hence, as the phenomena discovered by Professor Röntgen occurred at the negative or cathode pole, they have therefore been called cathode rays.

Either end of these vacuum tubes may become the cathode pole, according to its attachment to the source of electricity. Consequently, these phenomena can be produced at either end of the tube at the will of the experimenter.

Previously to Professor Röntgen, the phenomena occurring at the cathode pole of these vacuum tubes were known to other experimenters, especially the capacity of the rays to go through opaque objects. Professor Röntgen was, however, the first to pass these rays through the human flesh and to display the bones of the living man in the photographs of the hand as published in the newspapers.



FIG. 8.—CROOKES' TUBE CONTAINING FLUOR SPAR.

All the phenomena above referred to as produced in experimenting with these tubes are marvelously curious and beautiful. They must be witnessed to be rightly appreciated.

Let us now consider the rational explanation of the foregoing phenomena, the better to understand the nature of the Röntgen rays.

Looking first to the phenomena of color in the Geissler and Plücker tubes, it may be concisely stated that the gases therein contained, when excited by the electric current, vibrate, each one at a certain definite rate of speed peculiar to itself, representing a special color, just as a violin string when stretched vibrates at a certain rate that represents some particular note to which it is attuned.

In the case of the Crookes tubes, on the other hand, where the rarefaction is much greater, the particles of air in the tubes are hurled bodily forward from one end of the tube to the other, with such violence that they produce heat of the walls of the tube or of any object within the tubes upon which they are allowed to impinge, just as a piece of iron may be hammered on

an anvil until it is red-hot. If allowed to fall upon fluor spar (Fig. 8), various qualities of glass, rubies, emeralds, and diamonds, they cause fluorescence of these substances of marvelous beauty and great brilliancy. In the case of the diamond, the light is fully as bright as a candle, so that a newspaper may be read by its glow.

If allowed to fall upon any mechanical device freely movable, such as a wind-mill, they will cause its vanes to revolve with amazing rapidity, as before stated.

All the apparatus for the display of these brilliant results is exquisitely delicate and beautiful, and may be obtained of James W. Queen & Co., of Philadelphia.

An illustration that has been used in these pages before may be introduced still further to elucidate this projectile action.

If we imagine a cigar-box to be filled with marbles and the lid shut down tightly, on shaking the box, no movement of the marbles occurs and there is no sound.

This would represent the condition of one of these tubes before the air is withdrawn. If we remove some of the marbles and then closing the lid, shake the box, the marbles will move more freely and cause considerable noise when the box is shaken.

If nearly all the marbles are removed, and the lid closed, and the box shaken, the marbles will move with much violence from side to side, with a loud noise, and may even force out the ends of the box. This would represent the condition of the vacuum or Crookes tube at its highest state of rarefaction. If *all* the marbles be taken out of the box, *no* effect follows, and similarly if a Geissler or a Crookes tube be deprived of *every* particle of air, the vacuum be absolute, then no phenomena of any kind are obtained.

With such violence are the air particles hurled at the walls of the vacuum tube that it may be either cracked by the impact or melted by the heat.

Nikola Tesla, the great electrician, finds that the air particles may even be forced through the glass. The impact of these particles against the glass sides of the tube produces a peculiar

vibratory motion of the luminiferous ether, by which the vibration is continued through wood, metals, books, flesh, and other opaque objects, and having passed through them is still capable of affecting a photographic plate, and of bringing out fluorescence. This is the celebrated Röntgen ray, by which photographs of the bones of the living body may be taken at will. Its use in surgery in discovering the location of bullets, needles, and foreign bodies imbedded in the muscular system, and of discovering the character of fractures in bones, has been sufficiently set forth in the daily newspapers.

Think of the idea of photographing through living flesh ! Think of photographing through a book of one thousand pages ! The mind is staggered by the thought. Were it not for the ocular demonstration of the photographic image, the possibility of such a result would be rejected with contempt and ridicule.

To the homœopathic physician administering his attenuated doses of medicine the Röntgen ray is peculiarly interesting. The diluted and potentized drugs of our *materia medica* are so opposed to common sense and all that science has taught and revealed that rational men of learning and common sense have unhesitatingly rejected them and refused all credit to the reports of marvelous cures by their agency. Hahnemannians have therefore despaired of ever convincing the learned world of the truth and justice of their claims for the efficacy of these remedies.

Now in the very midst of this opposition to the homœopathic remedies and the principles upon which they are administered, in the face of the refusal to accept the testimony of its advocates, because, it is loudly declared, the whole system is a violation of common sense and refuted by all the revelations of scientific investigation in other channels, in the face of all this argument, there comes along the wonderful Röntgen Ray, overturning the entire scientific teaching of the day, and in defiance of the whole formidable army of sceptics in the realm of knowledge, deliberately writing its record in no uncertain hand upon a photographic plate that is concealed under a piece of densest wood ;

staggering belief and yet compelling it by penetrating sheets of opaque metal, and even whole books!

With such a spectacle as this, the suggestion naturally occurs to the mind that if the adherents of the new school of medicine could but write their record in some similarly vivid way that the opposition of scepticism would melt away, and their art be established upon its proper scientific basis.

There is another thought for the homœopathist. It is found that the Röntgen ray enables the experimenter to determine the difference between a false pearl and the genuine: between a true diamond and its counterfeit: between true and spurious coins. This suggests that its offices may be invoked for determining the reliability of the potentized remedy and to note any changes in its condition by keeping.

Yet another thought suggests itself. Tesla has sought to photograph the living brain by this wonderful influence. For this purpose the head was subjected to the passage of the rays for a considerable period of time. He reports that the ray produces a sense of fullness and heat.

Why should not the homœopathist seek to procure a proving of the effects of the X-ray upon the animal economy of the human being?

An inviting field is thus opened up to the experimenters of our school. May it soon be cultivated.

CONFIRMATION OF MORPHINE SYMPTOMS.

DEAR EDITOR:

I am indebted to THE HOMŒOPATHIC PHYSICIAN for the following most interesting case:

Mrs. B., a relative of my own by marriage, and whose constitution I fairly understand, consulted me on the 8th of January, 1896. For a couple of weeks she wrote me that she was suffering from giddiness, which is always worse after food or drink. As I know of no medicine better suited to this condition of the stomach and sensorium, I sent her Nux^{lm} (F.C.),

one powder to be dissolved in a teacup of cold water, and a teaspoonful to be taken before meals.

January 10th.—She writes me to say that the giddiness is better, or less, as regards meals and drinking, but that it is assuming a worse form, namely: “*I become unconscious and all becomes dark—worse by movement of any kind, especially of my head, and by eating or drinking.*”

On consulting my Repertories and the *Materia Medica*, the following medicines have giddiness on *moving* the head: Chin., Clem., Equis., Nat-m., Pip-m., and Samb.; *Rapidly*, Calc-c., Cb-v., Genist-t., Kal-bi., Mosch., Pho., and Sang-c.; *Turning head*, Agar., Amph., Cimex, Clem., Indm., Kal-c., Nat-c., Ptel., Rhus, Spig., Staph.; *Suddenly*, Lact-ac.; *Quickly*, CALC-C.

None of these satisfied me, as I knew her of old to be very nervous and a windy Lycopodium subject; and as Lyc. has well-marked giddiness when drinking, I sent her Lycopodium ^{2cm} (F. C.), one dose.

As I could not visit her, and as I knew she could not come to me alone, and knowing that a younger unmarried sister could accompany her, I begged of her to pay me a visit, which she did on the 13th of January.

Mrs. B. informed me that the single dose (Lyc. ^{2cm}₁) had done her no good, and that instead, she thought that she was, if anything, worse, as when sitting at dinner her head or face had fallen into her plate of soup. The following photograph of her case is exact:

Vertigo from “*the least movement of her head,*” if eating or drinking, with a tendency of the head to fall forwards, being perfectly unconscious for some little time. She has suffered in this way for two weeks, and worse lately, since taking the Lycop. ^{2cm}.

I again prescribed Nux ^m as an antidote to the Lycop. ^{2cm}, a dose at meals. Mrs. B. had left my consulting rooms (my office) about an hour when the December number of THE HOMŒOPATHIC PHYSICIAN arrived by post. On opening it, my surprise may be more easily imagined than described—the

very page where it opened, almost of itself, page 563—I saw and read, “Vertigo, *from least motion of the head* (two days), a symptom of Morphine.” I had no attenuated Morphia by me, but I had Morphia-mur.⁵⁰⁰ (F.C.), so I made a powder of it and mailed it at once to Mrs. B.’s address, who resides about ten miles out of town, in Surrey. *Direction*.—Dissolve this powder in a teacup of cold water, and take one teaspoonful every four hours till *better* or worse. Be sure and let me know the effect.

January 15th.—“My Dear Dr. Skinner: I thank you very much for the medicine you so kindly sent me. I am thankful to be able to tell you that *it has done wonders for me*. I have taken six doses. The first two did not seem to have any effect. I felt just the same—rather worse, if anything different; but after the third dose I was considerably better, and since taking the sixth I have felt quite well.” This powder of Muriate of Morphia⁵⁰⁰ (F. C.) reached Mrs. B. before any of the Nux was taken, which may account for the aggravation of the first two doses. Alluding to the Lycop.^{2em}, she says: “The medicine you gave me on Friday last did me no good. I fell down three times on Saturday and twice on Sunday. I cannot tell you what I have suffered with this dreadful feeling. It seems to have taken ten years from my life. The only thing that remains of my ailment, or which reminds me of it, are the numerous bruises, the result of my many tumbles. I may say that I am now *perfectly well!* And as my husband says that I am not *worse* tempered than usual, I presume I must be well!” In conclusion, Mrs. B. called to-day, by my request, to let me see how well she is. At the same time I wished to let her see the providential way in which her cure had been brought about.

On reading over to her Dr. Thurston’s symptoms from one grain of Morphia, she recognized as corresponding to her own case, as follows: “Spare, tall” (Mrs. B. is six feet), “nervous temperament; dull pain in head; brain feels tense, as though wound up tightly; *vertigo from the least motion of head*; sudden attacks of fainting—several times a day.” Add to this *unconsciousness, all becoming dark, and falling forward*, and we have a key-note to Morphia and Morphia-mur.

Remarks.—I may be wrong, but I am very much inclined to think that there is a phase of epilepsy in this case. The loss of consciousness, however temporary, and the falling forward are very suspicious. There were no convulsions of any kind. I have to thank you, Mr. Editor, and Dr. Rufus L. Thurston, of Boston, Mass., for enabling me to be of such signal benefit to my dear relative and patient, Mrs. B., while I remain

Yours faithfully,

THOS. SKINNER, M. D.

THE MODERN SCHOOL OF MEDICINE.

DR. VILLERS, ARCHIV. FÜR HOMŒOPATHIE, JANUARY, 1896.

[Translated by B. Fincke, M. D.]

At the beginning of the new year I tender my readers my heartiest congratulations, and to my friends I wish all that is good, but to my enemies that they may find fault with me as much as they please.

To be a homœopathic physician, a homœopathician, is not an easy matter at our day. In an external aspect we have it much easier than our predecessors. We can call in consultation every specialist. Almost everywhere we are in pleasant personal relations with the colleagues of the other school; and where a homœopathic physician finds himself isolated, a part of the fault must be laid at his own door. The necessity of uniting, which the distress of the medical profession has brought about, allows us, at least, to wipe out the internal differences toward the outside world. However, under these circumstances it is the more difficult to remain a pure homœopathician, for there is no help, notwithstanding all mutual acknowledgment, all readiness to leave personality untouched in the scientific warfare; there exists a deep gulf between the allœopathic and homœopathic school.

The traditional school of medicine, which in its way has performed enormous labors, and also lately by the acceptance of the departments of bacteriology and serum-therapy, imagines itself to have made great strides forward, is and remains for all

that an antiquated school, because it has no law as basis of its actions. Therefore, also, the capacity of the individual physician depends so extraordinarily upon his talent, and upon the amount of his ability to recognize the individual traits of the pathogenetic picture. On the contrary we homœopathic physicians can denote ourselves as the modern school, though our whole method and our literature are deplorably old-fashioned.

Whoever after receiving a scholarly education in medicine approaches our labors, can in the first instance not help himself but be repelled. The statements are in such decided contradiction to what his clinical experience has taught him, and to what has been demonstrated to him *ex cathedra*, the selection of the remedy according to the symptoms appears to him so much smacking of laity that the young medical man, brimful and proud of his science, cannot take any pleasure in it. Only then, after he has gone through the school of bad experiences, when he has found out that in practice the well-sounding apodeictical assertions of his academical teachers come true to but an insignificant extent, when he has felt that the amount of help which can be afforded to the sick is very limited, and essentially does not extend beyond a support of the body in the fight against disease, only then he approaches our mode of treatment with open eyes, and even under these circumstances he will find difficulties in acknowledging the importance of our aim. At first, indeed, it will appear to him as a practical therapeutical progress which has grown up from a soil not ploughed scientifically, he will assign to Homœopathy no higher place than the hydropathy of a Priessnitz, and if at all a working spirit, he will find the need of interpreting his new knowledge and his new results by those tenets taught to him at the university, and then again he stands before an impossibility. Only when he has made up his mind to put aside entirely his whole medical knowledge, and naively and without prejudice to consider the questions which the practice and study of the pathogenetic picture offer to him, only then he arrives at the perception that he has turned to a system of medicine which represents a true actual progress, only then he feels and recognizes that he has a

law as basis of his therapeutical action, viz., the law of the proportionality of the remedy to the individual pathogenetic symptoms, only then can he practically carry out what had been his ideal already in his former allopathic period—the individualization, the recognition of the individual traits in the pathogenetic picture; and now he has the power in his hands to support the body against the attacks of disease, not only as a lukewarm ally, but as a champion to combat the morbid process itself by the specific correctly selected remedy. From that moment, when this knowledge arose in his mind, he is a homœopathician; from the same moment, however, he also knows no more dealings with the old system of medicine. Only homœopathicians who have worked themselves up to this standpoint can promote our cause; all those half-way natures—those men who march, turning right and left, instead of keeping the straight line—are of no use to us; they only flatten out our doctrine and produce weaklings, as they themselves are—a feeble generation of epigones.

In this one point of knowledge of Homœopathy we are all of one mind, if even the particular questions on the most suitable form of the administration of remedies have brought about differences between us, and in this special branch (posology) we all could also work together on this great problem, which still expects its solution from us.

We have to perfect our doctrine—in which the practical knowledge far surpasses the theoretical formulation—from our own standpoint, and to create an edifice of doctrine complete in itself, in which every proportion is based upon propositions experimentally demonstrable, and with it upon a fundamental law of nature, in which we keep away from the application of foreign material.

This labor is quite colossal, for it requires a philosophical education and a knowledge of the natural science of the first rank. Before all, however, it requires the moral courage to abdicate all traditions and to acknowledge only the experiment, and the experiment again and again, as our guiding and determining method.

If we look around in the civilized world, where Homœopathy thrives and where it languishes, we find that its progress or regress depends upon the kind of its representatives. The sick public never has a predilection for any kind of system, but it prefers to be healed; and if it gains the impression that this healing is accomplished more safely and more speedily by a certain physician, it turns to him and only much later to the system to which he belongs. The man, thinking scientifically, turns to every doctrine which has been built up scientifically, and the scientific character of which can be proved by the kind of its work, but not by the conclusions which may be drawn from it.

Therefore, we need nothing for the prosperity of Homœopathy in Germany than men who are willing to work; who do not acquiesce in treating the sick merely, but who also demonstrate the results of their work—the external results as well as the internal motives—and who stand for their cause with the fascinating fidelity of conviction of an apostle. In fulfilling this duty we also fulfill our part of the duty as citizens, and of the general great philanthropic duty, to devote our best efforts of our fellow-men's welfare.

SOME SYPHILINUM CASES.

H. C. MORROW, M. D., AUSTIN, TEXAS.

CASE I.

Della M. Baby, girl, æt. one year.

Called to see her in September, 1893. Had had summer complaint for several weeks. Symptoms when first seen by myself:

Nausea and vomiting. Peevish, irritable, don't want to be touched or looked at. Stools thin, watery, yellow, very frequent. *Vomits water soon after drinking.* Cutting second tooth. Has only one tooth, and it a stump. Frets as long as a stranger is present. Cries before she passes urine. Vomiting preceded by hacking cough. Becomes pale about the mouth before she vomits. Vomits as if it were thrown out with a

gush. Gagging, retching, shows intense nausea and deathly sickness. Vomits milk, curdled. Chewing motion of the mouth when asleep. Very hot fever, day and night, for three weeks. Intense thirst for large quantities of water at frequent intervals. Exceedingly restless, crying and whining; wants to be carried—can only be soothed by carrying up and down the room.

Very much emaciated, old-woman look; skin hangs from limbs in folds. Skin of whole body and face brown, and dirty-looking. Scalp looks as though it had been dried on the skull. Enlarged glands in the neck.

Arsen., Ipec., Phos., Cina, Ant-tart., failed to benefit. Case became desperate. Intensely weak. Has sunk into a stupor. Sleeps with eyes half open. Eyes rolled back in the head. Vomits, vomits, vomits. Stools watery, thin, foul-smelling; very frequent day and night. Rolling head from side to side. Crie cerebrale. Baby unconscious. Automatic jerking of right arm and hand. Sclerotic of both eyes red and congested especially toward inner cauthi. Eyes dim, glazed, corneæ look as though they had been baked. Little lumps of mucus in the eyeballs. Eyeballs dry, no tears. This condition of the eyes is almost always followed by death in a few hours, and such I expected to be termination of this case. Pulse very weak and thready. Anterior fontanelle very much sunken in and scalp over it like leather; no pulsation.

The old ladies predicted death in twelve hours, and I was not prepared to say nay. The baby was an illegitimate child of an adopted daughter, and had been made the legatee of a valuable piece of real estate by its foster grandfather, who had died only a few weeks previously, and whose children naturally were very much incensed on account of this disposition of his property, and who gathered about the dying baby like buzzards keeping vigil over some unfortunate beast in *articulo mortis*. In this dire extremity I turned to Syphilinum, which I administered in the CM potency, Swan, an hour apart, in watery solution. After the very first dose there was a slight improvement. The first dose was given at 2 P. M. By evening there was

some cause for encouragement, and by midnight the baby was considerably improved. I then left it, satisfied it would not die during the night, and returned the next morning to find it conscious and so much better that I was able to promise that if it suffered no relapse that it would get well. The jerking of the arm was the first symptom to disappear, as it was the last to come; the rolling of the head went next, and the threatening symptoms gradually subsided, so that in twenty-four hours more there was no longer any doubt.

Its mother, foster grandmother, and a foster aunt were overjoyed at its delivery from imminent death, for they loved the little one dearly, while the remaining relatives looked on me with bitter enmity. The old ladies said it was divine providence, that nothing but the interposition of God could have snatched the baby from the jaws of death.

The medicine was given an hour apart until evening, then two hours until midnight, then three hours until morning, then placebo, and an occasional dose of Syphilinum as I thought it needed. It became, in a few months, a strong, healthy child, and is still living, a monument to the saving virtues of Homœopathy.

George H., æt. eighteen. Tall, slender, narrow-chested.

Recently contracted gonorrhœa, for which he took quack nostrums, producing suppression of the discharge. To control resultant fever an allopathic physician was called, to whom the young man denied any venereal infection. Calomel and Quinine were given, which suppressed the fever a few days, when it returned. To me he stated he had chills and fever, for which I prescribed according to the symptoms given; but as I did not get but one-half the story, his fever became continuous, and on examination of his lungs I found a fully-developed pneumonia. To his uncle and then to me he acknowledged having contracted a gonorrhœa. When the discharge ceased the penis back of scrotum became very much swollen and inflamed and sore and tender to touch. The prostate glands became inflamed and very painful. Sensation in rectum of two

large, extremely sore lumps, which obstructed the passage, so that it was agonizing to have a stool. Had to sit with legs widely spread apart. Fever constant; increased about 1 P. M., became very high by 4 P. M., and so continued until 4 or 5 A. M. Stupid; incapable of any exertion. Exceedingly nervous and irritable. Sensitive to noise. Does not want to be left alone. Wants light in the room at night; fear in the dark. Afraid of noises which he cannot account for. Fear of mice especially. Cries, and thinks he will not get well. Walking very painful—almost impossible. Has to walk with legs spread wide apart. Pain in rectum, worse from coughing, sneezing, blowing the nose, pressing to stool, motion, standing, walking, and all symptoms worse at night. Very much better by heat and keeping legs spread wide apart. Easiest position lying on back, with legs spread wide apart. Chilliness, even during high fever; worse from draft of air. Dumb chill every other day about 1 P. M. Chilliness up the back; worse when he moves. Hands and feet cold, head hot. Rumbling in abdomen constantly in the P. M. Ears very red; look as if blood would burst out of them. Thinks he is neglected by members of the family, which is not the case. Desire for stool without result. Not satisfied after stool; feels as if more would come. Stools of hard, dry, brown lumps; excruciatingly painful; "would rather die than have a stool," though there is constant desire. Lower lobe of right lung infiltrated and hepatized; dullness on percussion. Hard, racking, tearing cough, which is restrained as much as possible on account of pain in the rectum. Profuse expectoration of bright red blood; a gush of pure blood—in fact, a profuse hemorrhage. The hemorrhages, however, did not ameliorate the violence of the fever. Burning fever; temperature 104° at night; skin burning hot. Has to lie on back on account of pain in the rectum. As inflammation of the lung increased, the pain in the rectum was not so violent, but did not disappear. During increase of heat, languid; hasn't life enough to move; face very red; thirst not marked; great fear that he will not get well. On account of

the 4 P. M. agg. and rumbling in the bowels I gave Lycop., then Aconite, and then I learned of the venereal trouble. This determined me to give Syphilinum, which I administered in the CMM potency, Swan. As in the case of the baby, it was given frequently until improvement was well established, and then at less frequent intervals. The effect of the Syphilinum was almost magical. The fever decreased rapidly, the blood disappeared from the expectoration, the hemorrhages ceased, absorption of the exudation took place, and in two days, from having been at the door of death, he was on the highway to recovery. As the lungs became freed from their burden of disease the prostatic and rectal symptoms became more manifest, and these subsiding, were followed by the gonorrhœal discharge being re-established, with entire relief to the deeper-seated internal organs. Nature permitted the blunders of ignorance to be rectified and the young man's life saved.

Hahnemann's teaching, that symptoms disappear in the reverse order of their appearance, was never better illustrated than in this case. It is worthy of remark that this young man at last fell a victim to allopathic dosing, ably assisted by the blunder of an allopathic prescription clerk. Being in a distant town, where there was no homœopathic physician, he was seized with cramping in the bowels, and Strychnia was administered in repeated doses, instead of the less deadly Morphine. The physician, on being called, demonstrated that the fault was not his by giving one of the powders to the family cat, and succeeded in killing it in a few minutes. The whole procedure, blunders and all, was strictly allopathic.

CASE III.

Francis P. Baby girl, *æt.* two.

Father had gonorrhœa innumerable times. Baby had frequent attacks of fever, which would continue several days and then pass off. Treatment so far had not been very satisfactory. Fever not very high, but would be followed by very profuse perspiration all over body and limbs. Perspiration smelled musty, cold, clammy. Sometimes the perspiration would be

only the side that was up, while the side next the bed would be perfectly dry and hot. Sleepy during the fever, little thirst, waking up at intervals and crying out. Urine very scanty, passed not oftener than twice in twenty-four hours. Red, sandy sediment in urine. Urine almost orange yellow at times.

Syphilinum^{cm}, Swan, cured, and the fevers did not return for several months. Recently she had an attack of persistent, continuous fever, and the mother, after trying two homœopaths and one allopath, wrote me about her case. I sent Syphilinum^{cm}, Swan, with the same happy result as two years before.

CASE IV.

Stanley G, æt. five.

Tonsils inflamed and swollen and fauces red and inflamed. Deglutition very painful. Yellowish, gray, diphtheritic membrane on both tonsils. Very restless, nervous. Very high fever. Chill every afternoon, about 1 or 2 P. M. Thirst during chill and fever. Face fiery red. Enlarged glands about neck. Sleeps awhile and wakes up crying. Thick, dirty yellow coating on tongue. Profuse salivation. Other remedies did not benefit. Syphilinum^{cm}, Swan, gave quick relief and cured.

CASE V.

Mrs. W.

Called in the night to see a large, stout lady, whose husband was a frequent visitor to women of questionable character. The pain came on about 2 P. M.; was located in the abdomen, in the region of the umbilicus. Pain, severe cramping, spasmodic; had to sit up in bed, bent over—apparently a typical Colocynth case. Pains ameliorated by pressure and heat. After waiting two hours for the Colocynth to help, and there being no relief, I began to give Syphilinum. In a short time they commenced to become easier, and in an hour she was asleep. A similar attack a week afterward was also cured by Syphilinum, and that was the last of them. My reason for administering the Syphilinum was that she might have been infected with the gonorrhœal taint from her husband, and the hour at which the attack came on is also very characteristic of this remedy.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, in Oakland, Friday evening, September 6th, 1895.

Members present: Drs. J. M. Selfridge, M. T. Wilson, A. McNeil, G. J. Auger, S. E. Chapman, George H. Martin, and C. M. Selfridge.

The meeting was called to order at 8.15, by the President, Dr. J. M. Selfridge.

The minutes of the two previous meetings were read, and after a few corrections by Drs. McNeil and C. M. Selfridge, were approved.

Dr. McNeil proposed the name of Dr. M. F. Underwood for membership, stating that the Board of Censors reported favorably upon his name.

The President then appointed Dr. Martin reader of the evening, who commenced at Section 246 of *The Organon*.

DISCUSSION.

Dr. McNeil—This is explained, and qualified and modified, but I think as it stands it is the only true solution of the problem. In a case of cataract, reported by Dr. Wazcily, which had been examined by an allopathic physician with the ophthalmoscope, as he was going on a journey, I gave one powder of *Sulphur*^d. I saw him two months later, and as he was improving, I gave no more medicine. In five months he was cured. That one dose allowed the remedy to do its work. It is the secondary action of the drug which annihilates the disease, and should never be interfered with as long as it continues to act. There have been hundreds and thousands of cures made in this way.

Dr. Chapman—Some of my best cures have been made with the single dose. This is the hardest lesson that we, as homœopaths, have to learn.

Dr. J. M. Selfridge—In a case of scirrhus of the breast with a hard, bony feel; sensation of *hot needles* in the chest; stabbing pains, cachexia, etc., I thought *Arsenicum* indicated, and gave one dose of the CM. The patient returned in ten days without much change in the symptoms. I then gave *Sac-lac*. The patient did not return, but wrote me at the first of the month that soon after seeing me the *intolerable burning increased*, which discouraged her very much, and that she had given up the fight. She then went to see a Christian Science woman, and the burning ceased, and that all the indications seemed better. I wrote her that she did not understand the action of homœopathic remedies; that sometimes aggravation follows the use of a remedy, and that she was just as I expected her to be.

Dr. McNeil—I should like to hear from other members on this point. It is a vital question.

Sections 246–248 were then read.

DISCUSSION.

Dr. Chapman—What is Dr. McNeil's practice in acute diseases as regards the dose?

Dr. McNeil—I give one or two doses in acute diseases. Not, however, in hæmorrhage or *extremis*; but in diphtheria or typhoid, which are both malignant and rapid in their course, I give one or two doses and wait. If I perceive that the drug is the right remedy, I keep on with *Sac-lac*.

Dr. Auger—What would you do in a case of meningitis?

Dr. McNeil—I would do the same thing. This may seem like trifling, but I have seen good results from it in my experience. It is not necessary to repeat the dose in the way spoken of in the note just read.

Dr. Chapman—Hahnemann did not have the extreme high potencies. I think when you use the low potencies it is necessary to repeat the dose.

Dr. McNeil—I never give very high potencies in the beginning of a case. Lippe's rule is to go upwards. W. P. Wesselhoeft's rule is also to go upward. This is what I keep the very high potencies for.

Dr. Chapman—I had a case two or three years ago of membranous croup, in a little girl ten or twelve years of age. I gave *one powder of Bromine^{cm}*, and and waited a little while. In fifteen or twenty minutes she had a most violent fit of coughing, and threw off a complete cast of the larynx. This one dose did the work. Last winter the CM potencies cured all my cases, and *I only gave one dose.*

Dr. J. M. Selfridge—I disagree with Dr. McNeil in regard to the repetition of the dose in acute diseases. I have found it best to repeat the dose in such cases. In the case of a little girl with light complexion, suffering from acute dysentery, *Colocynth* was indicated, which I gave in the CC potency, with instruction to give the remedy every two hours until amelioration. I visited her twice a day. In the evening I found her improving, stopped the remedy, and gave *Sac-lac*. She grew worse during the night. I then repeated the remedy and did not cease to continue it, but gave it at longer intervals. She made a rapid recovery. I have tried the single dose in such cases, but almost invariably the patient gets worse; whereas if I continue the remedy, say in pneumonia, there is complete recovery in from four to seven days.

Dr. McNeil—I was led into this method in prescribing in this way: I would be called into a case of cholera infantum, for instance, and would give the indicated remedy saying that if the patient vomits, or when the bowels move, to give another dose; and usually the second dose was not needed. One case, the Rev. Dr. — sent for me. He was suffering with cholera morbus; violent paroxysms; *fainted when bowels moved*. It was a clear case for *Bryonia*. I gave the CC potency, and he did not have another movement for twenty-four hours. In croup I give one dose, and say that if another paroxysm comes on to give it again; but it does not come on. My own little girl woke out of sleep with croup, aggravated by sleep at 2.30 A. M. I gave her one dose of *Lachesis*, and she slept until morning.

Dr. Wilson—My practice is to give the medicine, repeating the dose until I get some action, and then cease. It is hard for us to give one dose and then quit, especially in acute troubles.

I believe in commencing with the low potencies and going higher. Guernsey used to teach this, and Lippe the same.

Dr. Chapman—Suppose in a case of dysentery we give the CC potency, and order it repeated after there is an operation. Very often there is not more than one or two doses required. I have also done as Dr. Selfridge does.

Dr. Auger—A case of mine—cerebral meningitis. Four or five allopaths had attended and given up. Child four years old; unconscious; pupils dilated; spasms; vomiting; opisthotonos. I gave *Belladonna* ^o, to be repeated every two hours. When I went at noon the vomiting was less frequent, and had but two spasmodic attacks. I ordered the remedy still repeated. In the evening there was no vomiting; no spasms; was much better, but complained of head. I continued the remedy at the same intervals during the night. In the morning was a little better; had slept five, ten, and fifteen minutes at first; now slept an hour at a time quietly. I still continued the remedy, but every *three* hours. I debated whether I should discontinue the remedy during the night, but decided that I would not stop it.

Dr. McNeil—I mix the remedy in water, and say if the spasm, etc., comes on to give the remedy again.

Dr. Auger—How about the headache in my case?

Dr. McNeil—That was a good sign. In typhoid, at my first visit, I give the remedy, and at my second visit *Sac-lac*. All these cases of typhoid get well in five days. I believe that every repetition of the dose interrupts the action of the drug, and thereby does harm.

Dr. Chapman—It is like eating; after you have eaten enough, if you eat any more you eat too much.

Dr. McNeil—There is danger in repeating the dose. Where the first dose will cure, the second will put the case back where you started from.

Section 249 was now read.

DISCUSSION.

Dr. McNeil—Here is a very valuable rule which we should remember. We should know whether we have an aggravation or

the regular course of the disease. If you give a drug, and *new symptoms* are produced, *that aggravation is harmful*. In such a case we have good reason to assume that the new symptoms are the result of the drug.

Sections 250 and 251.

Upon motion of Dr. Martin, seconded by Dr. Chapman, the meeting then adjourned to meet again the third Friday in September at the office of Dr. M. T. Wilson, 824 Ellis Street, San Francisco, when the reading of *The Organon* would be commenced at Section 252.

W. E. LEDYARD, M. D., *Secretary*.

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. M. T. Wilson, 824 Ellis Street, San Francisco, Friday evening, September 20th, 1895.

Members present: Drs. J. M. Selfridge, M. T. Wilson, A. McNeil, W. E. Ledyard, E. W. Bradley, and George H. Martin.

The meeting was called to order at 8.15 by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, Dr. W. E. Ledyard, and after slight corrections by Drs. McNeil and Selfridge, were approved.

Dr. McNeil presented a favorable report from the Board of Censors regarding the name of Dr. M. F. Underwood for membership.

Dr. Martin moved that the report be adopted and that Dr. Underwood be elected a member. Dr. Wilson seconded this motion, adding that the candidate be balloted for. Dr. Martin moved that the Secretary cast the ballot for the candidate, which was seconded by Dr. Wilson. The Secretary then cast the ballot for Dr. Underwood, electing him a member of the Club, the Secretary being instructed to notify him of the fact.

The President then made a few suggestions regarding the

discussions and minutes of the various meetings, stating that he thought the members should endeavor to be as brief as possible in their remarks, simply bringing out the points they wished to discuss, without any superfluous remarks. He also suggested that the reporter leave out any superfluous matter spoken of at the meetings and report only such matter as related exclusively to the points under discussion. It was agreed by all that the reporter use her own judgment in reporting what she considered of the most importance.

As the reading of *The Organon* was soon to be completed, the question of the advisability of commencing *The Organon* again or taking up some other work was discussed. The President suggested that as some of the members did not have copies of the *Chronic Diseases*, the book they wished to take up next, *The Organon* be again taken up until the new publication of the *Chronic Diseases* was out. Dr. Wilson made a motion to this effect, which was seconded by Dr. Martin, and carried.

Dr. McNeil was then appointed reader of the evening, and commenced *The Organon* at Section 252.

DISCUSSION.

Dr. McNeil—There are chronic diseases that are not psoric.

Dr. Selfridge—Hahnemann says that psora is the basis of all chronic diseases.

Dr. McNeil—One of the most important remedies in chronic rheumatism is *Rhus*, and it is not anti-psoric. *Pulsatilla* is often indicated in dysmenorrhœa, and most frequently cures, and yet it is not an anti-psoric remedy. There are many diseases chronic and yet are not necessarily psoric; as, for instance, chlorosis.

Dr. Ledyard—In a chronic case, acute symptoms may come up and you may have to use another remedy for them. In a case of cancer under my care *Belladonna* is at present the indicated remedy, which I am giving. I do not think this remedy will cure the disease, but I give it to relieve the acute symptoms that are prominent at present.

Dr. McNeil—An anti-psoric remedy is necessary to cure in such a case. *Belladonna* and *Calcarea-carb.* are complementary

remedies. *Belladonna* will cure certain symptoms arising in such a case, but will not cure the case. *Calcarea-carb.* will come in good later. *Pulsatilla* and *Sulphuric acid* are also complementary remedies. These remedies come in almost alternately in the Hahnemannian sense.

Section 253.

DISCUSSION.

Dr. Selfridge—This seems to be a distinction without a difference.

Dr. McNeil—Instead of giving a teaspoonful we should give a few small pellets. This is what he means. He used the pellets because he thought it the smallest dose. If given in solution he thought it would be too large a dose.

Sections 254 and 255.

DISCUSSION.

Dr. McNeil—This, I confess from experience, is hard to do; to see whether the drug is doing the work or not and how long to wait. The time varies according to the disease and to the remedy employed. It is evidenced by the improved mental condition before a change in the physical condition is noticed.

Sections 256 and 257.

DISCUSSION.

Dr. McNeil—Professor Hempel has given seventeen lectures upon *Aconite*, and when they are all summed up we find that he tells us to give *Aconite* for all diseases, and if it does not cure to give it stronger.

Dr. Selfridge—This is a caution not to fall into ruts in the practice of medicine, as we are apt to do.

Sections 258–260.

DISCUSSION.

Dr. Selfridge—Hahnemann has omitted one thing here which undoubtedly interferes with the action of remedies—tobacco. It is extremely deleterious to the human heart, especially weak hearts and weak stomachs. In a case of mine of a man with bad digestion who was in the habit of using tea, coffee, and tobacco,

he had *great distress one hour after eating*. I gave him one prescription of *Nux-vom.*²⁰⁰, and told him to stop the use of the tea, coffee, and tobacco. He was cured, but I am sure would not have been had he kept on with the tea, coffee, and tobacco.

Dr. Martin—I have found this to be a fact. Men who were all whisky or tobacco-soaked. They were dependent upon these stimulants, and they could not be taken from them. Yet when the indicated remedy was given it would act satisfactorily.

Dr. Selfridge—Doubtless this was so when the disease was not produced by the whisky or tobacco. If the disease is caused by these they should be stopped.

Dr. Martin—No; the diseases in the cases I refer to were not caused by these stimulants.

Sections 261 and 262.

DISCUSSION.

Dr. McNeil—The question of hygiene is precisely in the same position to-day that the question of therapeutics was one hundred years ago. We have eminent authorities on the other side for every point made by hygienists. There is a confused state regarding hygiene at the present time. Why should this be so? Because there is need for a law to govern hygienic conditions—as in therapeutics before Hahnemann's time. The eminent men of the time saw that a change was needed; that there was a necessity for a law to govern therapeutics. Even Hippocrates saw it; and Hahnemann put their thoughts into action. As to diet, has it not often been proved that that which we crave is wholesome, and that which is disagreeable to us is unwholesome. A sick dog or cat will eat grass because it is what they require. If we require *Natrum-mur.* we have a craving for salt. The law here is that the satisfying of our craving is beneficial. Hahnemann limits this, however, to acute diseases.

Dr. Bradley—There are times in diseases when patients crave things that are harmful.

Dr. Selfridge—The physician must decide what is harmful;

as for instance, when a patient craves chalk, charcoal, slate-pencils, etc.

Dr. McNeil—There is a want in the system for certain things. The thing to do in such cases is to give them all they want, and also the indicated remedy, and it will stop the craving. There is no limit as regards acute or chronic diseases. What prevails in acute diseases may also prevail in chronic diseases. As to vices; tobacco-users, etc. Nature has long been accustomed to certain stimulants, even for fifty years. On the one hand, gratification is habit; and on the other hand, there is the hurtful influence of this habit. The question is, which will do the most harm? To let the patient go on, or to break him of this habit? It might be almost certain death to stop it.

Dr. Selfridge—It is best to diminish the quantity of the stimulant. In a case of amaurosis caused by tobacco, it was cured by simply stopping the use of the drug, showing that nature throws off the effects of the drug.

Dr. Bradley—In cholera morbus there is frequently great thirst for cold water. Sometimes a teaspoonful will immediately cause vomiting and purging, and you cannot allow the patient to have the water no matter how much he may crave it.

Dr. McNeil—In an Arsenical condition for instance. Should we give the small quantities of water craved for or deprive the patient of it? In my early practice I did limit my patients. Now I give them all they want. In its course through the alimentary canal some of it may be absorbed.

Dr. Bradley—What would you do in a case of dysentery if it made the patient worse?

Dr. McNeil—I would give it.

Section 263.

DISCUSSION.

Dr. McNeil—On this point of temperature. I had a case in Michigan of an old lady seventy years of age with a clear case of cholera morbus. She was very sick, but insisted on sitting with an open door and window on each side of her. Outside

there was a cold, raw, west wind blowing. We granted her wish ; gave her *Carbo-veg.*, and carried her through all right. I doubt if *Carbo-veg.* would have cured her without the large amount of oxygen which she craved.

Dr. Ledyard—I think in Dr. McNeil's case the fresh air supplied to the vital forces what was needed.

Dr. Bradley—I think a good deal of this craving is habit. I cannot see that this woman received any more oxygen than she would if she had not been in a draught.

Dr. McNeil—Suppose that woman had been kept in a room of seventy degrees pure air. Every breath would be taking in oxygen, but it would be rarified by the temperature.

Dr. Bradley—I do not believe the blood took up any more oxygen even though the lungs took it in.

Dr. Selfridge—I think Dr. McNeil did right. She needed the oxygen as one needs a pickle who craves it while suffering from dysentery.

This ended the discussion of *The Organon*, and Dr. Selfridge then said : I wish to relate a beautiful effect of a remedy in a patient of mine—a young lady who suffered intensely with every menstruation. Her mother told me it was paroxysmal. About two months ago I found out the key-note. She menstruated usually about one week over her time. At the time she would be troubled with a cold, icy perspiration, especially on the face and forehead, with considerable prostration. I prescribed *Veratrum-alb.*²⁰⁰, and the pain became immensely less. The next time she had not a particle of pain, and the flow came a little early. Another case. Young lady, twenty years of age, who had been under the care of a gynecologist at Fabiola Hospital when she was eighteen years old. She had been curetted, and a capital operation was about to be performed to remove the right ovary, when the mother interfered, and it was not done. She had been an invalid for these two years, and was at last brought to me. Key-note—color dark ; no pain until the flow commenced, when it was very intense, and lasted until the flow was well established, when it ceased. I prescribed *Thuja*. Every symptom is better, though

not entirely gone. She will report after the next period, and I expect her to be cured.

Upon motion of Dr. Wilson, seconded by Dr. Martin, the meeting then adjourned to meet the first Friday in October at the office of Dr. A. McNeil, 784 Van Ness Avenue, San Francisco, when the reading of *The Organon* would be commenced at Section 264.

W. E. LEDYARD, M. D., *Secretary.*

Reported by Eleanor F. Martin, M. D.

MATERIA MEDICA CONFERENCE.

DETROIT, JUNE 16th AND 17th, 1896.

At the last meeting of the American Institute of Homœopathy a committee of three was appointed, "*To select a large committee of those interested in the Materia Medica, including several of our homœopathic specialists, to provide for the consideration and discussion of questions pertaining to the construction of a Scientific Materia Medica, and to call and arrange for a Materia Medica Conference in connection with the next session of this Institute, the Conference to continue one or more days (as may be found necessary), and to adjourn finally before the opening of the Institute session. The committee to report its papers and discussions to the Institute for its action.*"

This committee consisted of Drs. Pemberton Dudley, J. M. McClelland, and J. S. Mitchell.

The larger committee appointed by these gentlemen is composed of the following: Drs. T. F. Allen, E. H. Porter, M. Deschere, H. C. Houghton, and W. A. Dewey, of New York; Conrad Wesselhœft, of Boston; A. W. Woodward and H. C. Allen, of Chicago; Pemberton Dudley and B. F. Betts, of Philadelphia; Eldridge C. Price, of Baltimore; Millie J. Chapman, of Pittsburg; Harold Wilson, of Detroit; M. W. Vandenburg, of Fort Edward, and A. L. Monroe, of Louisville.

This committee held its first meeting on November 21st. A list of subjects was selected for the work of the first conference only, as the recommendation to appoint this committee included

also a recommendation, "That similar conferences should be held under the auspices of the Institute, from year to year, until we arrive at definite plans and methods for placing the *Materia Medica* upon a strictly scientific basis." Dr. T. F. Allen was chosen Chairman, and Dr. W. A. Dewey Secretary of the committee.

The committee desires to present the following programme: The Conference will meet at the place of the Institute meeting in Detroit, on Tuesday, June 16th, at 3 P. M., and hold three sessions. The first from 3 P. M. to 6 P. M., the second from 8 P. M. to 11 P. M., and the third on Wednesday, June 17th, from 10 A. M. to 1 P. M.

At these three sessions there will be presented and discussed the following topics:

I. Has the Law of Similars ever been unequivocally demonstrated by the deductions from general practice, and do we not require its more formal proof by inductive experimental research?

Essayist, Conrad Wesselhœft, M. D., Boston, Mass. *Discussions* by C. W. Butler, M. D., Montclair, N. J.; Martin Deschere, M. D., New York; Charles S. Maek, M. D., Chicago, and Charles Mohr, M. D., Philadelphia.

II. In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in *The Organon*, and in what particulars do Hahnemann's rules and directions for proving drugs differ from, or fall short of, those required by the methods and precautions of modern scientific research?

Introductory Remarks, T. F. Allen, M. D., New York. *Essayist*, Eldridge C. Price, M. D., Baltimore. *Discussions* by M. W. Vandenburg, Fort Edward, N. Y.; E. H. Porter, M. D., New York; Conrad Wesselhœft, M. D., Boston, and George Royal, M. D., Des Moines, Ia.

III. In the search for the simillimum, shall we indorse Section 8 of *The Organon*, which says that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy?

Essayist, William Bœricke, M. D., San Francisco. *Discussions* by H. C. Allen, M. D., Chicago; W. J. Hawkes, M. D.,

Chicago ; I. D. Buck, M. D., Cincinnati, Ohio, and L. C. McElwee, M. D., St. Louis, Mo.

The time limit for the above essays and the discussions thereon has been fixed as follows : Essays not to exceed thirty minutes ; discussions must be limited to fifteen minutes. The essayist is to have an additional fifteen minutes in which he may comment on the matter presented in the discussions.

The balance of the time of each session may be occupied in general discussions of five minutes' duration each. As a large number undoubtedly will desire to discuss these important topics, and as the time will be limited, those who desire to take part in the discussions are invited to send their names to the Secretary ; signifying the topics they wish to discuss. The remaining time of the sessions will then be allotted in the order in which such requests are made. Respectfully submitted :

Committee on Materia Medica Conference.

W. A. DEWEY, M. D., *Secretary*, 170 W. 54th St., New York.

THE CENTENNIAL OF HOMŒOPATHY.

NEW YORK CITY, February 29th, 1896.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

The Committee on the Centennial of Homœopathy, Dr. Pemberton Dudley, Chairman, made its final report at the Newport meeting of the American Institute. This report was so thoughtful, and so well considered, that it met the unanimous and instant approval of the Institute, and agreeably to the recommendation contained in the report, I request the aid of your valuable journal in bringing before the homœopathic profession the practical suggestions offered. The report speaks for itself, and I shall therefore quote largely from it ; but I may add that the Institute was aroused to an intensely earnest interest, and hoped that the recommendations contained in it would be acted on by the profession. Certainly no more favorable time could be selected to advance the interest of Homœopathy than the present. If in each centre the homœopathic physicians would

get together and organize to carry out some of these suggestions of the report great results would follow.

The report says in part: "The American Institute of Homœopathy could hardly feel much enthusiasm in any celebration which had for its object the mere glorification of a man, even though that man were Hahnemann. Still less, probably, would she care to employ such an occasion for the purpose of paying empty compliments to her own members, living or dead. Least of all could this Institute have any patience with the thought of a mere jubilant 'hurrah,' whose influence should end with the last sputter of its expiring fireworks. For any such celebration we have neither the time, the talent, nor the inclination."

In our commemoration of the event of 1796, we should have before us, as its principal object, the promotion of the cause which was then inaugurated. In other words, the celebration should be in strict harmony with the "objects" for which this Institute was organized, as expressed in the opening article of its constitution. In carrying out these objects, we suggest and recommend that the celebration shall be directed to the following specific purposes, namely :

(a) To pay honor to the character, genius, and labor of Hahnemann, and to the work of his discovery.

(b) To establish memorials of the man and of his discovery.

(c) To re-examine the law of similars in the light of modern knowledge and science.

(d) To employ the occasion as a means and opportunity for further extending the knowledge and influence of Homœopathy, and for imparting a new impetus to its development.

The central thought of the celebration should be the discovery promulgated in 1796—the law of similars. Public and professional attention should be drawn as strongly as possible to this particular subject as the distinctive and essential "truth" of Homœopathy, while other truths taught by Hahnemann, and held by his followers, should, for the time being, occupy a secondary place. This sharp distinction should be

made for the purpose of forcing public and professional recognition of the real and essential question at issue between the two methods of medical practice.

In the view of your committee, the celebration should not be restricted to the national society, but in certain ways should be co-extensive with our country, and its influence maintained throughout the centennial year.

We recommend that, so far as the Institute is directly concerned, the arrangements and details of the celebration should be in charge of a committee consisting of the Executive Committee of the years 1895 and 1896 acting conjointly.

We also recommend that the duties of the said Joint Committee should include the following :

(a) The Committee should prepare a circular, giving an outline of the proposed celebration, including all the recommendations adopted by the Institute in relation thereto, and send copies thereof, not later than December 15th, 1895, to all the homœopathic journals published in the United States, requesting its publication in the first issue of 1896, together with editorial comment upon the subject, and also requesting each journal to publish, during the year, such further favorable comment as its Editor might deem expedient.

(b) The Committee should recommend in said circular that each State and local society provide a celebration of its own, of such character as to draw public attention to the Centennial of Homœopathy and the important results of Hahnemann's Law of Cure.

(c) Also, that the friends of each homœopathic hospital in the United States should, during the year, endow at least one bed in perpetuity, to be so designated and inscribed as to constitute a permanent memorial of the Centennial, and of the event which it celebrates.

(d) Also, that each city and large town, not already provided with a homœopathic hospital, should, during the year, inaugurate a movement to secure such an institution.

In addition, the Institute, in accordance with the suggestion of the report, celebrate the Centennial of Homœopathy by a

public meeting, when the address, "The Hahnemann Oration," shall be delivered by the President.

Three Centennial addresses on the Law of Similars will also be delivered as follows :

1. "The Rational Basis of the Law of Similars."
2. "The Experimental Demonstration of the Law of Similars."
3. "The Clinical Superiority and Efficacy of the Law of Similars."

It will be seen that this celebration will lend increased interest to the Detroit meeting. By interesting local newspapers in the matter, and making public the needs of the Hahnemann Monument Committee, much-needed aid may be had. This report, so timely and so suggestive, will, I trust, be acted upon by your readers and receive your cordial support.

Fraternally yours,

EUGENE H. PORTER,
General Secretary A. I. H.

THE HAHNEMANN MONUMENT.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN.

DEAR DOCTOR :—Hahnemann's birthday is approaching and should be made the occasion of a great demonstration. We ourselves must honor Hahnemann if we would have him honored. This year also marks a great Centennial. It is just one hundred years since Hahnemann published in *Huffland's Journal* his famous paper on "A New Principle for Ascertaining the Curative Powers of Drugs." This was the first gun fired in the mighty revolution in medicine which has transpired in this century.

It has been proposed by Dr. Bushrod James that Hahnemann's birthday should be made the occasion of a contribution by every homœopathic physician in the United States to the monument. The models of the monument are about completed and it will be a magnificent memorial. No homœopathic physi-

cian can afford to have his name missing in the list of contributors.

Let the contributions be sent at once to Dr. Henry M. Smith, 288 St. Nicholas Avenue, New York, and they will be promptly acknowledged. A list of contributors is soon to be published and should include every member of the profession. A grand rally and the work is done.

Fraternally yours,

J. H. McCLELLAND,

Chairman Monument Committee, Am. Inst. of Homœopathy.

INTERNATIONAL HOMŒOPATHIC CONGRESS,
1896.

Honorary President, Dr. Dudgeon; President, Dr. Pope; Vice-President, Dr. Dyce Brown; Treasurer, Dr. J. G. Blackley; General (Permanent) Secretary, Dr. Hughes, 36 Sillwood Road, Brighton; Local Secretaries, Dr. Hawkes, 22 Abercrombie Square, Liverpool, and Mr. Dudley Wright, 55 Queen Anne Street, London, W.

In accordance with the resolutions passed at the British Homœopathic Congresses of 1894 and 1895, the following will be the arrangements for the above-mentioned gathering:

1. The Congress will be held at Queen's Hall, Langham Place, London, during the second week in July, 1896—Monday the 13th to Saturday the 18th inclusive.

2. The Congress is open to all qualified to practice medicine in their own country; and members will be at liberty to introduce visitors to the meetings at their discretion.

3. The general meetings will be held on the Tuesday, Wednesday, Thursday, and Friday, from 2.30 to 5.30 P. M., and on the Saturday at 2 P. M. Sectional meetings can be held in the Board-room of the London Homœopathic Hospital, Great Ormond Street (which has kindly been placed at the Congress' disposal for the purpose) during the forenoons, as may be arranged among the members themselves.

4. No papers will be read at the general meetings. The ac-

cepted essays will be printed and supplied to all who desire to take part in the debates on their subject-matter. They will be presented at the meetings, singly or in groups, according to their contents—a brief analysis of each being given from the chair; and the points on which they treat will then be thrown open for discussion, after an appointed opener (or openers) shall have been heard.

It will be seen from the above that our object is to discuss subjects rather than individual papers. Of the latter, therefore, we have no further need; but we should be very glad of additional communications on the topics already specified, and on those which will be later announced as chosen by the American Committee which is co-operating with us. All communications relating to the work of the Congress should be addressed to the General Secretary. The Local Secretaries will be glad to afford information relative to accommodation, etc. In connection with this it may be mentioned that the members of the British Homœopathic Society, resident in London, are being invited to open their houses, where practicable, to guests from abroad.

The President will hold a reception on the Monday evening, at the Queen's Hall, for the members of the Congress, with the ladies of their families.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

The Committee on International Congress desires to announce that after nearly four months' unceasing effort, it has been totally unable to secure special rates or accommodations for the Congress in London. The date of the Congress having been set at a time when the steamships are overcrowded, the companies, not wishing the business, refuse to consider it.

The White Star Line agreed, however, to reserve a very limited number of berths on the "Britannic," sailing hence on June 24th, and the Cunard Line has also agreed to reserve a few berths on their steamer "Umbria," sailing on June 27th. These are special concessions. The berths in each case will be held *only* until March 15th. The prices range from \$108 to

\$150 each, for four persons in a room, for the round-trip. Reservations can only be made by a deposit of \$25. Those desiring to avail themselves of these sailings should apply at *once* to the Secretary.

W. A. DEWEY, M. D.,
Secretary,
 170 West Fifty-fourth Street, New York.

BOOK NOTICES.

TRANSACTIONS OF THE FIFTY-FIRST SESSION OF THE AMERICAN INSTITUTE OF HOMOEOPATHY. Held at Newport, R. I., June 20th to 26th, 1895. Edited by Eugene H. Porter, M. A., M. D., General Secretary, 181 West Seventy-third Street, New York City. Sherman & Co., Printers, Seventh and Cherry Streets, Philadelphia, 1895.

This is an immense volume of twelve hundred pages. It contains an accurate report of the proceedings of the Institute, together with all the papers presented. The proceedings of the different sections are given in detail, both the contributions and the interesting discussions. It is a moral impossibility to give any extended criticism of these articles or the discussions upon them. We note, however, some excellent illustrations. Several of these are photographs, intended to amplify an excellent article on Astigmatism, by Dr. Harold Wilson. Others are wood engravings, for an article upon the Surgery of the Intestinal Tract, by Dr. Horace Packard. The work of the Institute is so great at each meeting that it was found necessary to divide it into bureaus, as is perhaps well known. The articles, therefore, are grouped under their appropriate bureaus, and thus an association is established of those papers that relate to kindred subjects. The material contained in these bureaus is certainly very interesting and instructive.

THE OBSERVER. A monthly journal of Natural Science. E. F. Bigelow, Publisher, Portland, Conn. Subscription price, \$1.00 per year; 10 cents a single copy.

The March number of this elegant periodical is now before us. It is new to our book table, and so we have been giving it some extra attention.

It deals with all manner of scientific studies, but especially that of the microscope. The March number contains the following articles among others from which a very good idea may be obtained of its general character:

The Chimneys of Burrowing Crayfish, by R. W. Shufeldt, M. D., illustrated. Spring Buds, a suggestive study for the use of Teachers, by Miss E. E.

Carlisle. The Smallest Known Insect, by E. F. Bigelow, illustrated. Popular Astronomy, by Mary Proctor. How I Became an Astronomer, by Mary Proctor. Mira, the Wonderful, by Garrett P. Serviss. The Canals of Mars, from Percival Lowell's articles. The Humpbacked Elves, by Elizabeth G. Britton.

These articles serve to show that the journal has a wide range of scientific thought, and is useful not only to physicians who have but scant leisure for outside reading, but also for the children and other members of their families.

NOTES AND NOTICES.

DR. A. T. NOE, formerly of Kirksville, Mo., has removed to 2911 Lafayette Avenue, St. Louis, Mo.

DR. HOMER I. OSTROM announces to the profession that his "Private Surgical Hospital," 127 West Forty-seventh Street, New York, is completed and that he is now prepared to receive surgical cases and those requiring surgical operations. Telephone 936, Thirty-eighth Street.

DR. W. A. YINGLING has removed to 814 Market Street, Emporia, Kansas.

DR. C. S. FAHNESTOCK, the eminent surgeon, is the Dean of Dunham Medical College. Dr. Fahnestock for many years practiced medicine at Laporte, Ind.

STIBIUM ARSENICOSUM is an excellent remedy in chronic bronchitis. It is reported to have cured a case of six years' duration, where there was great emaciation, the pulse 115, the temperature 103, and severe night-sweats and incessant cough added to the seriousness of the condition. Its special characteristics are great rattling in the chest, restlessness, and scant expectoration.—*Med. Century*, March, 1896.

PLUMBUM METALLICUM.—Constant constipation with headache.

DR. CHARLES F. HITCHCOCK has removed from Buffalo, New York, to Sodus, New York, where he succeeds to the practice of Dr. Whittleton.

INDIANA INSTITUTE OF HOMEOPATHY.—The thirtieth annual meeting of the Indiana Institute of Homœopathy will convene in the parlors of the Grand Hotel, Indianapolis, Wednesday and Thursday, May 20th and 21st, 1896. Come; let us compare notes, and, by so doing, take a step forward in the "Art of Healing." Bring a non-member with you. Railroad rates will be secured. Rates will be given at the Grand Hotel. The busy doctors write the papers. Will you report a case from your practice, or write a practical paper to read at this meeting? Send at once to the Secretary the title of your paper, so the final programme can be completed. Officers: President, E. Z. Cole, M. D.,

Michigan City; Vice-President, G. O. Erni, M. D., New Albany; Treasurer, J. S. Martin, M. D., Muncie; Secretary, F. C. Stewart, M. D., Indianapolis. Censors: W. R. Elder, M. D., Terre Haute; J. A. Compton, M. D., Indianapolis; A. H. Sears, M. D., Anderson; F. H. Huron, M. D., Danville; H. M. Logee, M. D., Connersville. Publication Committee: W. R. Stewart, M. D., Indianapolis; I. D. George, M. D., Indianapolis; R. W. Rodgers, M. D., Indianapolis.

DR. MARY A. COOKE has removed from 2107 North Seventeenth Street to 2113 North Eighteenth Street, Philadelphia, Pa.

THE MEDICAL CENTURY respectfully announces that it has established a New York Department, in charge of Dr. J. Perry Seward, No. 113 West Eighty-fifth Street, who is authorized to represent it as reportorial and business correspondent for New York and vicinity. Courtesies extended Dr. Seward in this relation will be highly appreciated at the home office.

C. E. FISHER, M. D., *Editor*.

THE STANDARD DICTIONARY.—A very vicious attack on the Funk & Wagnalls *Standard Dictionary* appeared some time since in the *Minneapolis Tribune*, seemingly with editorial authority. It now appears that a rival publisher was responsible for the attack.

The following editorial note is conspicuously printed in the *Minneapolis Tribune*:

“In certain advertisements heretofore published in this paper, certain statements reflecting upon the *Standard Dictionary*, published by Funk & Wagnalls Company, of New York, have been made. Lest the impression should be had that the *Tribune* originated these statements, and has given them circulation on its own account, we wish to say the *Tribune* was not and is not responsible for these statements, and that the *Tribune* does not indorse the charges therein contained. These charges were made by the purchasers of those advertisements.”

NERVOUSNESS OF MOTORMEN.—The following statement of the nervous condition of men who are employed to operate some of the modern systems of transportation in the cities will be read with interest by all medical men:

Neurologists are watching with a considerable degree of interest a new expression of a nervous malady which has made itself manifest since the introduction of the Broadway cable cars and the Brooklyn trolley system. With the exception of Chicago, there are no other cities possessing anything like the street traffic of New York and where these methods of transportation are in operation. A nervous condition, not at all like the usual nervousness that is excited by great noise, confusion, or sudden danger, has developed itself in several gripmen employed on the Broadway road, and among the motormen employed on the Brooklyn trolley lines.

The constant lookout for collisions in the congested district below Canal Street in Broadway keeps the gripman in a state of extreme nervous tension from the time he goes on his car until he goes off. Besides keeping an eye open for visible trouble, his mind is fixed on possibilities that are under his

feet. He doesn't know just when there is to be a pooling of interests between the grip and a broken strand in the cable, which will whisk him along the street, crashing into trucks, smashing wagons, frightening pedestrians, and exasperating policemen. This continuous strain results, first, in sleeplessness, then in a falling off in appetite, and extreme irritability; after this a tremor in the facial muscles. At the expiration of a week these symptoms disappear, and may not return for ten days, but thereafter the intervals are regular and are about one week apart—seven days in a state of nervous terror and seven days in a normal, apparently healthy condition. These exhibitions apply only to men of nervous, nervo-sanguine, and bilious temperaments. While present in other temperaments, they are not pronounced.—*Medical Examiner*.

IN the advertisement in the February number of Theodore Metcalf Co., of Boston, there will be found an offer that is exceedingly liberal, and one our readers should avail themselves of. It is not often that \$15 is exchanged for \$5.

“PLEASURES OF OUTDOOR LIFE.”—Live while you live. Get all legitimate pleasure you can. This is a beautiful world. Don't miss a large part of its pleasure by going through life blindfolded, as many people do. The out-door world is poetic, pleasing, instructive. There's a wealth of pleasure in roaming over the hills, across the fields, or through the woods. All nature is in harmony of music to the attentive ear. Birds, plants, flowers, ferns, mosses, insects, the beauty of minerals, yes, even the stars above, are strains in this harmony. Get in closer touch. Take *The Observer*, Portland, Conn. Sample, 10 cents. One year, \$1.

QUININE KILLS A CHILD.—Martha Hudock, aged seven months, of Free-land, Pa., died January 25th, 1896, from quinine poisoning. A servant gave the child a box of pills to play with. The lid became detached and the child ate the contents, some thirty grains of quinine. Dr. Wright, who was hastily summoned, was unable to overcome the effects of the poison with emetics, and the sufferer died in great agony.—*The Philadelphia Times*.

CHILDREN'S HOMŒOPATHIC HOSPITAL—THE ANNUAL ELECTION OF THE OFFICERS AND MANAGERS OF THE INSTITUTION.—At the annual meeting of the Children's Homœopathic Hospital, Broad Street, above Poplar, the following Directors were appointed: To serve for three years, Bushrod W. James, M. D.; Edward H. Binns, Samuel R. Marshall, Lewis P. Posey, M. D., and Albert B. Weiner; to serve for two years, Landreth W. Thompson, M. D.; M. M. Walker, M. D.; Joseph M. Reeves, M. D.; Napoleon B. Kelly, and Daniel A. Waters; to serve for one year, William J. Johnson, Silas Griffith, M. D.; N. F. Lane, M. D.; Thomas M. Longcope, and Captain Henry L. Gregg. Solicitor, Henry R. Edmunds. At the meeting of the Board of Directors the following officers were elected for the year: President, Dr. Bushrod W. James; Vice-President, Samuel R. Marshall; Treasurer, Edward H. Binns; Secretary, Napoleon B. Kelly; Associate, Dr. N. F. Lane.

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

"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.

Vol. XVI.

APRIL, 1896.

No. 4.

EDITORIAL.

MERCURIUS-VIVUS.—This remedy, like Arsenic, is one of the most important remedies in our materia medica. The old school practitioners say that our whole materia medica consists only of Mercury. They always charge us with giving Mercury. Sometimes they "hit it," because the physician may have given it at the time specified. But in what different condition is it prescribed from that supposed by his very sagacious (?) old school opponent! This condition is so different from that assumed by the aforesaid sagacious opponent that he is just as far wrong as if he had named some other drug. How can a potency, say the 30th or 200th of Mercurius-vivus, be compared with a four, six, or ten-grain dose of Calomel?

In the printed pathogenesis of Mercury we find the symptom "anxiety, apprehension, and restlessness, especially in the evening and at night with fear of losing one's mind and understanding."

The anxiety and restlessness are similar to Aconite. The fear of losing one's mind is similar to Calcarea-carb. The aggravation at night is one of the great characteristics of Mercury throughout its symptomatology. The indifference to everything sometimes goes on to unconsciousness. Mercurius has continuous moaning and groaning. Apis whines continually. If the reader will turn to the number for March, 1895, pages 106 and 107, and will there read the notes given upon whining,

moaning, and groaning, he will have all that Dr. Lippe said upon the subject, and which he substantially repeated in his lecture on Mercury.

Mercury has hurried speech. This reminds us of Lachesis and Stramonium which have the characteristic, incessant talking. It is a characteristic of both remedies; it is the keynote of Lachesis.

Mercurius has bad effects from fright, and this reminds us of Lycopodium which has suppressed menses after fright. Mercurius has home-sickness which is similar to Capsicum and Phosphoric-acid.

Mercurius is useful in delirium and mental derangement of drunkards. So also are Lachesis and Arsenic.

Borax, like Mercury, has vertigo as if one were in a swing.

Mercurius has burning pain in the head, worse at night, better on sitting up. The burning pain is similar to Arsenic. The aggravation at night is similar to Aconite, and the amelioration on sitting up is similar to Belladonna.

Mercurius has inflammation of the brain with sensation as if the head were in a hoop. Belladonna and Sulphur have sensation of a tight band around the head and Apis has desire for a tight band around the head.

The Editor has some additional notes upon this symptom of a band or hoop around the head and other parts of the body. They are as follow :

Sensation as if the legs were tightly bandaged. Benzoic-acid.

Feeling about the chest as if bandaged, with irresistible desire to cough. Lobelia.

Sensation around different parts of a tight band. Sabadilla, Sulphur.

Sensitiveness about the stomach so that tight band or tight clothing cannot be borne. Spongia.

Tension about forehead as if from a band. Mercurius.

Sensation in forehead as if bound by a band. Mercurius-iodatus-ruber, Baptisia.

Sensation around the head above the ears as of a band, with soreness of scalp. Gelsemium.

Sensation of a band around the head from over-heated rooms ; with coryza, congestion to the head, and nausea. Carbo-vegetabilis.

Headache with sensation of a band around the head from stooping. Spigelia.

Headache as if from a tense band reaching from nape of neck to the ears. Anacardium.

Headache as if from a hot iron bound around the head. Aconite.

Headache with amelioration from tying a tight band around the head. Hepar.

Sensation as if the skull were constricted by a tape. Nitric-acid.

Sensation around the ankles as if from a band or ligature. Aconite.

Sensation around the arms as from a band or ligature tied around them, causing the blood to rush into the hands, in evening. Nux-moschata.

Constriction about the abdomen as if from a tight band. Argentum-nitricum.

Sensation around lower part of stomach region as if surrounded by a tight band, or as if tightly laced. Ignatia.

Knees pain as if firmly bandaged when sitting. Aurum-metallicum.

Thighs feel as if bandaged. Aconite.

Legs feel as if tightly bandaged. Benzoic-acid.

A MILWAUKEE TEST IN GERMANY.

B. FINCKE, M. D., BROOKLYN, N. Y.

Dr. Schier, in Mainz, has for some time been proving a number of remedies, the last of which was *Lolium-temulentum*. (See *Allgem. Hom. Zeitung*, March 26th, 1896.) He gave it in doses of one to 350 drops of the mother tincture, and twice in a dose of five drops of the 1st dec. and five drops of the 2d dec. potencies.

After a synopsis of the symptoms obtained he continued :

“Though most of the provers have exerted themselves to gain a useful result with quite substantial doses, the product of the proving cannot well be called satisfactory. The reaction of the greatest part of the proving society was equal, and almost equal to zero in spite of the large doses. Those provers who experimented with potencies (two only using the 1st and 2d decs.) had been still less successful, and I believe the more we prove medicines, the more we come to the conviction that the symptoms of our materia medica, obtained with high potencies, are, for the most part, to be laid to pure imagination, called in modern parlance auto-suggestion. This, of course, is most unpleasant for the gentlemen who are advocates of high potencies, but I am ready to abide by the consequences of my assertion, and to furnish a strictly scientific proof according to everywhere acknowledged methods, to bear the cost of the test proposed by me, and besides to commit myself to pay a fine of 100 marks for a good homœopathic purpose if I am shown to be wrong. I, therefore, propose the following of the here-named twelve thoroughly proved polychrests: Aconite, Arsenicum, Belladonna, Bryonia, Calcarea-carb., China, Hepar-sulph-calc., Ipecacuanha, Mercurius-sol-hahn., Nux-vomica, Pulsatilla, Phosphorus. I shall send to every gentleman who announces himself willing to make the experiment, the to him unknown, but numerated remedy in the 30th–100th potency, according to my selection in the original packing ordered from the publisher of this journal with the request to prove it, to diagnose it by the symptoms obtained, and to send the diagnosis with description of symptoms under seal to one member of the commission, for which, by leave of the gentleman, I propose the Executive Committee of the Homœopathic Central-Verein. Simultaneously with the sending of the remedies, also under seal, provided with the corresponding number under the personal control of a colleague, I shall send the names of the respective remedies to the members of the Executive Committee of the Central-Verein. At the next meeting of the Central-Verein, the sealed-up diagnosis and names of the remedies are publicly compared, and I shall confess myself

vanquished, if only ten results are presented and only five have hit the bull's-eye.*

“Should these experiments succeed, they would prove that 1. high potencies produce distinct and characteristic symptoms in the healthy; 2. that the correctly diagnosticated remedies are so thoroughly proved that the *experimentum crucis* succeeds—*i. e.*, that these remedies can be diagnosticated by their symptoms, a postulate which can be demanded by natural science. The proof of the assertion that high potencies in general act on the sick, or more energetically than low potencies would thereby, however, not be furnished; for in free nature we find throughout the confirmation of my view that in regard to the simillimum—*i. e.*, remedy—the sick organism is less susceptible to it—*i. e.*, it reacts less hostile to it than the healthy in regard to the same remedy.

“Here, therefore, is the imaginably best opportunity offered to those gentlemen who have an interest in the scientific progress of Homœopathy, and in my opinion, especially the gentlemen high potentialists should exhibit the sufficient ardor to prove the correctness of their views *coram publico*. *Hic Rhodus, hic salta!*

“Will the gentlemen dare to do it?”

“If we consider that quite a great part of the remedies which we use is only proved with high potencies—Hahnemann and his believing disciples as is well known, never proved in the last time with potencies lower than 30th cent.—we should think that the interest for provings of remedies should be found stronger among the colleagues than this, alas! is the case. I find myself compelled to remark in this place once more expressly, that on my part none of the proving colleagues has been requested or importuned to prove only the mother-tincture; the participants of the proving receive only the mother-tincture from the pharmacy, and if they do not prefer to prepare the

* Since the action of a remedy, also in the mother-tincture, depends upon the *a priori* not-to-be-determined individual capacity of reaction of the prover in regard to this remedy, a possible want of action of the lower remedy in high potencies in a prover does not allow a conclusion upon the want of efficaciousness of these high potencies.—*Ed. Allg. Hom. Zeit.*

potencies which they desire themselves, they can also have the potencies from the pharmacy at their pleasure. I can indeed not imagine what else could be desired, and I do not see why I should disown my conviction of the better action of the strong doses which correspond to natural conditions; even by the results of the provings this has been decidedly corroborated. The gentlemen potentialists claim likewise the right of uttering their opinions freely in ample measure, and nothing is more desirable with me, than when the gentlemen take a very warm interest in the proposed test, and try to authenticate the correctness of their conceptions and by an argument consistent with the claims of natural science."

Thus far Dr. Schier. We have been there before, and we can wait with equanimity the outcome of this proposed test, because we have done the work of proving the efficacy of high potencies in health and disease according to scientific methods before. Nothing can convince a sceptic better than to make the trial himself, a sceptic is convinced that the strong doses of the mother-tincture act better than potencies derived from it on account of its correspondence to nature. His conviction can only be overturned by his own experiment, which then will have the more weight with him, because he can take all the precautions which science claims, even including the modern auto-suggestion to which he thinks high potentialists are peculiarly liable.

Hic Rhodus, hic salta!

Ceterum censeo, macrodosiam esse delendam.

"THE TRUTH SHALL MAKE US FREE."

(FOURTH ARTICLE.)

J. H. ALLEN, M. D., LOGANSPORT, IND.

At the close of my last article, under the above heading, in THE HOMŒOPATHIC PHYSICIAN for January, 1896, page 18, I told you that "truth enables us to look into the mysteries of life with eyes of the soul and to put ourselves into true relationship with nature and her powers," or, in other words, it

brings us into true harmony with nature's forces. In the first place, truth is an abstract thought, *schic* in its nature (born of its soul), a conception independent of the senses, like the word *Idea*, it is, I or the ego and Deus or God, or the Deus thought into the ego. All truth then must be born of God, and every true thought that we think must be first thought by Him as He is the aproisa of all things whether they be of the finite or the infinite. "Look at me in the eyes," said the father of Virginus to Claudius, "and tell me that she is your slave." Claudius having stared him in the face said "It is so." "Ah!" said the loving father, "you are looking through the eyes of the physical and not through the eyes of the soul," and how true that is, we cannot see the truth through our physical eyes, it is only through the eyes of the psychia that we are brought into true relationship with even an attribute of the truth, so when Hahne-mann conceived of that most profound conception of his age, Similias Law, he fully appreciated the fact that it was God-given, as he so many times refers to it in his writings, and we, too, must have that higher conception of it as a science in order to fully understand the marvelous internal workings of its mighty dynamis. Seeing it in this light we cannot but exclaim from our innermost soul, as did Kepler on his discovery of the so-called harmonic laws by the theory of the elliptical orbit: "*Almighty God, I think Thy thoughts after Thee!*" This is true science, when we think, act, and follow out the dictates of omnipotence in the fulfillment of His laws.

Again, truth brings light, for it is light, and as light reveals all things in the natural universe, so truth reveals the things of the invisible, through the understanding in the true light of wisdom, for wisdom is light and is born of that true knowledge that illumineth the soul, so that he who is guided by it is led through the shadows and fogs of unbelief and doubt. Skepticism and prejudice fly away and the margin of the unknown shore constantly recedes, and the X-rays of truth penetrate the black barriers of materialism, whose walls become crystalline, and the revelation is complete. Oh! where will not truth go, it began at creation with light, and it is still the great and only true illuminator and revealer of things finite and infinite.

But, above all things, *truth* is life, for law is truth, and law applied in truth not only creates life but maintains life, and to be outside of the pale of truth is to be out of harmony, and to be out of harmony with those great gravitational forces in nature that govern all true harmonics is to disturb true biological law, and to disturb biological law is to hobnob with death. Now, through this great light that the truth in Homœopathy reveals to us, we have found that the action of these subversive forces found to produce disease can be arrested in their action upon the life forces, by other subversive forces known as potentized medicines, which, being applied through the law, we return to health, and all the normal functions of the body are again restored by virtue of their true harmonic relationship and their co-existing similarity of action, having their parts, forms, actions, and potencies (if we may be allowed to use such terms in this connection) in proper accordance with each other, so that where discord was now harmony exists, supplementing it, showing that everything that draws its origin from truth manifests itself in all the true relationships that evolve out of order, for if anything evolves not out of truth it must be a discord, even its very existence must be full of discord and deformity. "O judgment! thou hast fled to brutish beasts and men have lost their reason" because they are not led by the unerring hand of truth, therefore they are out of the order of harmonics, and under the serfdom of the subversive powers, and Pandora-like, through our ignorance, we open the Prometheus-bound box that was sealed by the seal of true harmonics, and out cometh nothing but complexity and confusion. "God exists," says Emerson, "and there is a soul at the centre of nature and over the will of every man, so we cannot wrong the universe." Listen and you will hear the voice of truth calling unto you out of the babel of world's voices, saying, "Come this way! Come this way!" and if we place ourselves in the centre of its full stream of power it will push us on in the right direction without any effort on our part, propelling us on into the light of truth and power. To-day the great truth of Homœopathy is knocking at your door. Why do you not let him in? You are as worthy as the thousands that go

by. Let him in and be a king. What is the use of fighting longer the eternal principles of the universe? Is it not better to be able to take hold of the levers of the mighty dynamis of nature's forces than to be crushed under their wheels, if there are forces and powers that inhibit or control other powers and forces, and especially the disturbed life forces? Let us use them through law, and not as bats that knock out their lives against the night lamps because their eyes are not fitted to receive the light. We can, by our knowledge of the true nature of forces, insulate them so as to control them with a touch button, when, if they are not under our control, they may turn upon us and destroy us. If the proper potency of the force taken from *Belladonna* is given in a case of scarlet fever, chosen through the law of *similia*, every tissue in the body is constrained to offer testimony that you have complied with law, and as the light hates the darkness and is ever transforming it into light, so the action of the proper remedy is constantly changing sickness into health. One is law subversively or negatively in action, and the other is law positively or harmonically in action, and when the powers of truth, which are life, are in the positive action, then the opposite to truth, or death and dissolution, must become subordinate to them, and a complete subordination to *similia* is health. In the first place, we must subordinate ourselves to law, and by virtue of that subordination cometh the *simillimum* under which not only the life forces must become subordinate, but the subversive forces themselves must become subordinate. Thus disease is the life force + the disturbing subversive power and health is the life forces + the subversive force + *similia*, which is truth itself, or restored harmony.

EUTHANASIA UNDER HOMŒOPATHY.

WM. KEANEY, M. D., DE SOTO, MO.

I had, not long since, a case of tubercular laryngitis—a woman, married, æt. forty-eight years, the mother of four children, all living, who, under the influence of Iodine, and later on,

of Bromine, I had kept very comfortable, though getting weaker, of course, every day.

As she approached the "jumping-off place" she was tortured by inability to swallow; even water would cause coughing, strangling, blueness, and great exhaustion; mouth and throat became very sore and painful. AM-CAUST.²⁰ helped her at once, and life was bearable again; she could eat and drink with comparative comfort. Her brother, an allopathic physician, came to visit her, and, although she was feeling moderately well, he had to *do* something, and, as he found her heart was weak, he pumped Digitalis into her as a heart tonic. The dysphagia and dyspnœa returned, and after three days of torture, unable to swallow even a teaspoonful of water, she died.

Apropos of euthanasia, have you ever exhibited Cuprum? I had four years ago a young man who had grafted a severe attack of syphilis into a tubercular diathesis, and living a very rapid life, soon came to the end of his journey. Sulph. helped his diarrhœa, Kali-c. his cough and chest pains, at the various times they were indicated; so he kept going all the time with a good appetite, good sleep, and comfortable days, save when disturbed by the diarrhœa, or pains in chest and cough.

The last two days he lived had lost his voice, coughed hollow, rattling; couldn't get up anything. Enormous ecchymoses appeared all over extremities. Cup-met. stopped the cough, which was incessant, eased the dyspnœa, kept him conscious, let him talk (in a whisper), and up to the last minute he was conscious, dying with the words, "I'm so sleepy I want to rest."

You'll notice I gave my last case Sulph., notwithstanding the fact that a certain faction of homœopathic doctors allege that though indicated, Sulph. is *dangerous* (!) to give, "it will kill the patient," "cause suppuration," and other kindred calamities. That is arrant nonsense, and will keep no one, I hope, from giving at all times, places, and circumstances, the indicated remedy, whether it be Sulph., Phos., Sil., or any other remedy called for by *all* the symptoms. To let a certain set of real or fancied pathological phenomena deter us from giving the simillimum, is to annul the law of cure. "False in

one, so in all." Both experience and reason contravene this addition to the *homœopathic* law. There is no doubt but that Phos., Sulph., and others have done injury in consumption and similar degenerative disease conditions, but I am sure that they were not well indicated, only seemingly so; that it is quite possible in these diseases for an imperfect selection to do harm, is, I presume within the range of your experience.

My dear Doctor, possibly I am "making faces" at one of your pet beliefs (though I do not think so), but if I am, give us an editorial on the subject, and I'll come back at you to your sorrow.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. A. McNeil, 784 Van Ness Avenue, San Francisco, Friday evening, October 4th, 1895.

Members present: Drs. A. McNeil, J. M. Selfridge, W. E. Ledyard, George H. Martin, M. T. Wilson, C. M. Selfridge, and M. F. Underwood.

The meeting was called to order at 8 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and after some slight corrections by Drs. McNeil and J. M. Selfridge, were approved.

DISCUSSION UPON MINUTES.

Dr. J. M. Selfridge—I call into question a statement made by Dr. McNeil. I hold that any remedy that will cure a psoric disease is an anti-psoric remedy.

Dr. McNeil—I meant a *chronic* disease, but not necessarily a psoric one; hence I mentioned *Rhus* in chronic rheumatism.

Dr. J. M. Selfridge—All chronic diseases originate from three conditions; either psora, syphilis, or sycosis. You controvert Hahnemann by saying any chronic disease is not psoric.

Dr. McNeil—You have misunderstood Hahnemann. He says that *nearly* all chronic diseases are from psora. We have

all cured chronic rheumatism with *Rhus*, and chlorosis with *Pulsatilla*.

Dr. J. M. Selfridge read Section 80 of *The Organon*.

Dr. McNeil—Why do you give *Pulsatilla* for chlorosis? It is not an anti-psoric remedy, and yet it cures this chronic condition.

Dr. J. M. Selfridge—I do not care whether Hahnemann says so or not, any remedy that cures a psoric disease is an anti-psoric remedy.

Dr. Martin was then appointed reader of the evening and commenced at Section 264 of *The Organon* and continued to 270.

DISCUSSION.

Dr. J. M. Selfridge—I cannot see why Hahnemann shakes it twice. Why cannot it be shaken one hundred times as well as twice?

Dr. Ledyard—Does he mean the 30th potency?

Dr. Martin—Yes.

Section 271 was then read.

DISCUSSION.

Dr. Martin—According to my comprehension, it is not necessary to add more alcohol, but simply to shake it.

Dr. J. M. Selfridge—Skinner says it is not potentization, but that it is merely dilution. He had a potentizer that shook it and emptied it. I do not agree with him however.

Dr. McNeil—Dunham prepared the 200th potency by mixing first one drop of the tincture with ninety-nine drops of alcohol, thus making the first dilution; this he put into stout, heavy bottles which he put into a stamp-mill bringing the stamp up and down two hundred times. Each potency was made by one shock of the stamp-mill.

Dr. Martin—In order to have a dilution there must be something to dilute it with, as there is just as much tincture there as there was before this process of potentization.

Dr. Wilson—This appertains to pharmacy.

Dr. Ledyard—It seems to me now that it was for the purpose of decreasing the strength that he diluted.

Dr. McNeil—Hahnemann's first intention was to divide the dose, and he found that by diluting with alcohol he did not weaken it; but that by a process of shaking, the potentiality of the drug was developed.

Dr. Martin read Section 269 to explain this.

Dr. J. M. Selfridge—It separates the crude substance into molecules and atoms so that they will be better able to penetrate the organism.

Section 272 was then read.

DISCUSSION.

Dr. McNeil—Some ignorant men tried to prove that Hahnemann used *Byronia* and *Rhus* in alternation, but this is not so. During the war typhus, he had 108 cases without death, and he did not alternate. Sometimes two drugs were given, but for different conditions. It cannot be proved that he alternated.

Dr. J. M. Selfridge—He declaims against it, and cautions against the use of more than one remedy.

Sections 273–276 were then read.

DISCUSSION.

Dr. McNeil—There is one point I think it best to call attention to. Very many times a patient will ask how such minute doses can be curative? I was called to a lady in the climacteric period. She presented a perfect picture of Opium poisoning, but had taken no Opium. In such cases as these, I have asked people how large a dose they would give to a patient of this kind, and they invariably say "a very small dose." This I tell them is the answer to their question regarding the minute dose. I think this patient with symptoms of Opium poisoning would have been killed by a large dose of Opium. She was morbidly sick.

Dr. J. M. Selfridge—I had a case, many years ago, of a child with inflammation of the brain and meninges, who presented a perfect picture of Opium: contracted pupils, stupor, etc. I called in Dr. Stevenson. We both remarked the symptoms of Opium poisoning. I said that I would be afraid to give the 6th

potency. I gave the 200th and cured. I believe the low potency would have killed.

Dr. Ledyard—These things also show what great folly there is in the old-school treatment. It is unscientific. They often give stimulants in such cases to make the patient rally.

Dr. McNeil—My charity goes more with the allopaths in that way. A professed homœopath who gives large doses of Opium is worse than the allopath.

Sections 277 and 278 were read.

DISCUSSION.

Dr. McNeil—In this last section we find authority from Hahnemann to use the highest potencies that are made. Men who give the highest potencies to-day are blamed for leaving Hahnemann's guidance; but no one who reads this can criticise in this manner.

Section 280 was read.

DISCUSSION.

Dr. J. M. Selfridge—There is no such thing as special force. Everything can be accounted for in nature by the application of physical and chemical sciences. In other words, almost everything we see is a form of motion. Electricity is the result of motion.

Dr. Underwood—Force and matter are two distinct things.

Dr. Martin—Electricity is a form of motion; force is the result of motion.

Dr. J. M. Selfridge—Heat is the result of motion.

Dr. Martin then made a motion that the Secretary draw up resolutions of sympathy concerning the death of Dr. James E. Lilienthal, a copy to be sent to his brother, Mr. E. R. Lilienthal; seconded by Dr. Wilson and carried.

Upon motion of Dr. Wilson, seconded by Dr. McNeil, the meeting then adjourned to meet again the third Friday in October, at the office of Dr. J. M. Selfridge in Oakland, when the reading of *The Organon* would be commenced at Section 281.

W. E. LEDYARD, *Secretary.*

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB
OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, in Oakland, Friday evening, October 18th, 1895.

Members present: Drs. J. M. Selfridge, S. E. Chapman, W. E. Ledyard, M. T. Wilson, E. W. Bradley, G. J. Auger. Visitors: Dr. T. C. Coxhead and Mr. A. Johnson.

The meeting was called to order at 8.15 o'clock by the President, Dr. J. M. Selfridge.

The minutes of the previous meeting were read by the Secretary, Dr. W. E. Ledyard, and after slight corrections by Drs. Selfridge and Ledyard, were approved.

The President then asked the Secretary for the resolutions upon the death of Dr. James E. Lilienthal, which he had been instructed to prepare. The Secretary reported that he had not yet prepared the resolutions, whereupon the President ordered them done for the next meeting.

Dr. Chapman then presented a paper entitled, "What is Truth?" Dr. Wilson moved that the sentiments expressed in the paper be indorsed by the Club; seconded by Dr. Ledyard, and unanimously carried.

Dr. Selfridge commenced the reading of *The Organon* at Section 281.

DISCUSSION.

Dr. Selfridge—Disease renders the functions painful. As in eye troubles, the eyes are more sensitive to light. Light to the healthy eye is all right, but to a diseased eye it gives pain.

Dr. Ledyard—As of one with a cut on the finger; he supposes he is striking it all of the time when it is simply that the finger is more sensitive.

Sections 282 and 283 were read.

DISCUSSION.

Dr. Chapman—There is one thing in regard to the administration of the high potencies: Even if not really indicated by every symptom, if similar at all, they will do good.

Dr. Selfridge—So far as they are similar, they will do good.

Dr. Wilson—The question of the smallness of the dose is perplexing. It requires much skill on the part of the physician to know when to use the high or low potencies.

Dr. Chapman—Right at this point I take issue in regard to the shaking process to obtain the high potencies. Take, for instance, a solution of salt, a few grains in an ounce of water. You can shake it for a thousand years and it will never produce the result you would get from the 200th potency.

Dr. Selfridge then read note 270 to explain this.

Dr. Chapman—Would you take an ounce of the tincture of Opium and shake it, and then expect to get from it the effect of the 200th potency?

Dr. Auger—Hahnemann means a minimum quantity of the drug to a maximum quantity of water.

Dr. Selfridge—If you take an ounce of Opium you would have to take many ounces of water.

Dr. Wilson—Did not we read a section at our last meeting stating that Hahnemann went through a process of vibrations or shaking until he obtained the 30th potency?

Dr. Bradley—How did he know he had the 30th potency?

Dr. Wilson—By the effect of the medicine upon the patient.

Dr. Bradley—I do not believe he could do it.

Dr. Selfridge—It cured just as well as the 30th potency would do. In other words, he broke half a grain of soda into molecules or atoms.

Dr. Auger—He does not advocate that method of potentization.

Dr. Bradley—I think the efficacy of the drug all right; but when it comes to potentization I think he was mistaken.

Dr. Chapman—It is no wonder that Hahnemann would make some mistakes, and I do believe he was mistaken here.

Dr. Selfridge—You have never tried it.

Dr. Chapman—Never.

Dr. Selfridge—For all I know, what Hahnemann says here may be true of all medicines.

Dr. Chapman—Then let us get at it and we will convert all the allopaths.

Dr. Ledyard—I think he states in a note that succussion makes the drug very dangerous; and this is not so with our high potencies.

Dr. Selfridge—I do not think he says “*dangerous.*”

Section 284 was read.

DISCUSSION.

Dr. Chapman—Some substances cannot be broken up so minutely. *Silicea* cannot be divided by manufacturers. A gentle process cannot break this hard substance.

Dr. Selfridge—The particles are already broken up and are divisible by water.

Dr. Auger—Dr. Selfridge gave a good illustration of this in his paper, “*Infinitesimals in Nature,*” when he spoke of the dog being able to trace his master through smelling the particles from the sole of his master’s shoe; they must have been exceedingly minute, and especially after the man had traveled miles; and yet these small particles must be in existence.

Dr. Chapman—It is simply an emanation or effluvia which possibly contains no substance at all.

Dr. Selfridge—This is an assumption. You go back to *Silicea*. They must reach a point in the trituration of the original drug, if it is not soluble, where they can divide it.

Dr. Ledyard—The proof is that the very high potencies of *Silicea* cure better than lower ones.

Dr. Selfridge—You must set free the molecules and atoms before you can do anything with them.

Dr. Chapman—Take for instance *Luna*, the moon; if this can be bottled and will cure, you certainly will admit that there is no material in it. Can you imagine matter in the one-hundredth thousandth potency after it slops over the pan in preparing?

Dr. Selfridge—Bottled Luna is material. Science teaches us that light is material. If light is not matter then science is at fault.

Dr. Chapman—Science be hanged.

Section 285 was read.

DISCUSSION.

Dr. Chapman—Hahnemann seems to lay great stress upon the dose of pellets, etc. I do not believe in this. I think one pellet is as good as a thousand.

Dr. Selfridge—I agree with you on that point.

Section 286 was read.

DISCUSSION.

Dr. Auger—This rather bears Dr. Selfridge out in his explanation. If it was spirit, that amount of fluid would be useless. Here it says, "*the greater the amount of fluid, the more it divides it.*"

Section 287 was read.

DISCUSSION.

Dr. Selfridge—We generally believe that the effect of high degrees is more lasting. Here he says the opposite.

Dr. Chapman—That is certainly a mistake.

Dr. Ledyard—It must be a mistake in translation.

Dr. Wilson—We undoubtedly believe the opposite to what is said here.

Section 288 was read.

DISCUSSION.

Dr. Wilson—This note is a contradiction to the one we just read. Here we have it by olfaction, and that he claims to be stronger.

Dr. Bradley—Are there any members here who practice olfaction?

Unanimous reply; *No*.

Dr. Bradley—Some drugs might produce medicinal effects by this method, as Nitrite of Amyl.

Dr. Selfridge—I will not say that it is not as Hahnemann says until I have tried it. Many times I have disbelieved statements made by Hahnemann, and tried them and found that he was right.

Dr. Chapman—Constantine Hering gives a case of puerperal convulsions which he cured by holding pellets of Opium to the nose.

Dr. Wilson—Olfaction may be good where there is clenched teeth.

Sections 289–292 were read.

DISCUSSION.

Dr. Selfridge—Speaking of taking up the material substance into the system, especially Mercury. I know of an instance related by a Professor of *Materia Medica*: Maiden lady in the habit of taking Blue-mass for everything. After a time she could tell when it was going to storm. Finally she could not cure herself with the Blue-mass and then went to him. He sent her to Dr. Foster's sanitarium (allopathic), for the water-cure. She had packs, sweats, and baths all winter. In the month of May she walked out to a maple grove about one hundred rods from the sanitarium, where there was a Sulphur spring. She perspired freely, and finally her face and hands turned black. She ran back to the sanitarium. The Doctor said that the Mercury in the skin had united with the Sulphur of the Sulphuretted Hydrogen. He told her to take a bath and she was cured.

Dr. Wilson—I have a case that I would like to relate. About a week ago a young man about eighteen or nineteen years of age came to me. He had been taking preparations from the drug store for his bowels, which he said were running off very freely. He had been to see Dr. D——, an allopathic physician, who had given him an opiate, I suppose. His temperature was from 100° to $102\frac{1}{3}^{\circ}$; pulse full and strong; tongue swollen, dirty coating, red tip; some nausea; no vomiting; no straining; the bowels were not running now as he was under the influence of the medicine; cough dry and splitting, with a breaking of white

mucus which would leave a sore, scratching feeling; no tympanitis; bowels flaccid; little pain. I told the mother *if the bowel trouble commenced again not to be worried*. Soon it came again, with every hour a watery, green stool; no slime; urine free; could not tell the nature of the urine; restless and tossing about; thirst for water often, but a little at a time; no appetite; had been taking only milk for two or three days; temperature remained the same; he did not sleep much at night. What was he threatened with?

Dr. Selfridge—It would be almost impossible to tell on account of the drugs given.

Dr. Chapman—I should think bilious or typhoid fever.

Dr. Wilson—I gave him *Arsenicum*²⁰⁰. No change. Next morning I repeated the remedy. He wakes up at one or two o'clock, then goes into a profuse perspiration, falls asleep and wakes up again in the morning. I gave to-day one dose of *Calcarea*²⁰⁰ for the perspiration. I thought it was threatening typhoid. Dr. D—— said he was threatened with cholera. I do not see any reason for such a diagnosis.

This ended the discussions and the President than announced that at the next meeting *The Organon* would be commenced at Section 1.

Dr. Wilson moved that the next meeting be held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, the first Friday in November. Seconded by Drs. Ledyard and Chapman, and carried.

The President then declared the meeting adjourned.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, November 1st, 1895.

Members present: Drs. J. M. Selfridge, George H. Martin,

A. McNeil, S. E. Chapman, M. T. Wilson, W. E. Ledyard, and M. F. Underwood. Visitor, Mr. A. Johnson.

The meeting was called to order at 8.15 by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and after a slight correction by Dr. Chapman were approved.

Dr. Wilson stated that the case of the young man with bowel trouble related by him at the last meeting was now apparently well.

Dr. McNeil then said—I have a question on medicine that I would like to have discussed by the members of this Club. I would like to hear something upon *appendicitis*. I want to know if it is a fact that every time a man has a pain in his bowels you must call it *appendicitis*, and operate upon him to find grape-seeds.

Dr. Selfridge—There have been many cases in which no grape-seeds were found. I believe it comes in connection with chronic constipation. Nearly every attack of *appendicitis* is preceded by constipation. I cannot say whether it is the presence of a foreign body in the appendix which causes it or not. It is simply the catarrhal form if it gets well without an operation. It is often said that the vermiform appendix, like the uvula, is useless. I do not believe, however, that there is anything in the human body but that has its uses. It is said to be an analogue; large in animals and in man a mere rudiment. It seems to me that it is a part of the intestines. It has an opening and has certain physiological uses. It does have inflammation quite frequently which may be due to the lodgment of dry fecal matter within the appendix.

Dr. Chapman—Is it not on the increase at the present time? Do you not hear of more cases now than when you were a young man?

Dr. McNeil—I would like to ask Dr. Selfridge how many cases he has had, and how often has he operated for this condition?

Dr. Selfridge—I have had a great many cases. I have never operated for this condition as I have always been able to cure with my remedies.

Dr. Wilson—Were you always sure of your diagnosis?

Dr. Selfridge—Are we *sure* of anything? I think I can diagnose a case of appendicitis as well as I can anything.

Dr. McNeil—I have never had a case that I have diagnosed appendicitis. I think these cases will get well without an operation. I want to find out whether it is right to perform a laparotomy for every case supposed to be appendicitis.

Dr. Selfridge—You cannot tell that such a case is not appendicitis simply because you did not find it necessary to operate. A case of mine only last week. Patient with intense pain in the right iliac region, with swelling, distention, tympanitis, tenderness and flatness on percussion, fever, intense pain as if he had intussusception; he had always been constipated. I had the patient placed in position at an angle of about 45° and gave an enema, using plenty of water. My first prescription was *Plumbum-metallicum*²⁰⁰, which I gave until the next day, when I found the inflammation to be more diffused; pain more paroxysmal; more tympanitis. *Colocynth* was indicated, which I gave in the 200th potency, and it cured. It controlled the inflammation. The patient was very sore for two or three days.

Dr. McNeil—What were the indications for *Plumbum*?

Dr. Selfridge—Constipation; severe pain, somewhat paroxysmal; and other symptoms calling for this remedy.

Dr. Chapman—The pain of *Plumbum* in bowel troubles is of a *drawing back to the spine* character.

Dr. Selfridge—The stool of *Plumbum* is like that of *Opium*: *pretty dark, lumpy balls*.

Dr. Chapman—In twenty-three years of practice I have not met a case that I have diagnosed appendicitis. I have had cases that looked like it, but I have always cured them with my remedies.

Dr. Selfridge—I had a case, not long ago, upon which I thought I would have to operate. There was present the marked swelling and every indication for an operation. The case got well after the administration of *Plumbum*.

Dr. Martin—A case came under my care ten days ago. A few days before that the patient ate very heartily of wedding-

cake, shrimp salad, and ice-cream ; drank considerable ice-cold beer, and as a result was seized with severe pain in the right iliac region, which diffused itself all over the abdomen. He was told by a physician to take six ounces of sweet oil, which he did without any result. The next day his family physician, Dr. V. C. Scott, was sent for, and free enemas were given which brought away large quantities of faecal matter, and thoroughly cleaned the lower bowel. She also gave him *Colocynth*, which seemed to be indicated. She then called me in consultation. Upon examination I found the abdomen considerably distended and tympanitic, and extremely sensitive to touch, but the most sensitive part was in the right ilio-cæcal region ; the tongue was coated very brown ; temperature 102°. I suggested *Bryonia*, which was given. In the evening he was a little more comfortable. Dr. Boericke was called in consultation the next afternoon, but the patient seemed a little better when he arrived. Dr. Boericke agreed with the diagnosis, which was *appendicitis with complicating peritonitis*. The following morning the patient was much worse, and an operation was decided upon. I made a careful examination and found a tumor in the rectum. Dr. Bryant was called in the afternoon, but thought it too early to operate, so it was postponed until the next morning. The next day the patient was *very much worse*, and Drs. Bryant and Canney operated. As soon as the abdominal cavity was opened, the pus welled out in large quantities. The appendix was found sloughed off, and its distal end adherent to the intestines. Upon examination the appendix was found filled with dry, hardened faecal matter, which was undoubtedly the cause of the inflammation. The patient was not able to withstand the shock of the operation and died early the next morning. Where there is general peritonitis with the appendicitis it is usually fatal.

Dr. McNeil—Is it normal for the appendix to contain faecal matter ?

Dr. Selfridge—Yes. The appendix is open and there is nothing to keep the faecal matter out. I believe there is peristaltic action in the appendix as there is in the cæcum.

Dr. McNeil—The structure would show whether there is any peristaltic action in it by the muscular fibre.

Dr. Chapman—Why is it necessary for it to have any function? It may be rudimentary like some of the muscles in the ear.

Dr. Selfridge—The muscles of the ear have their uses. I don't believe in the rudimentary idea, except, perhaps, in the fœtal circulation. I believe if you can see these cases of appendicitis in the beginning, you can cure them without operation. In the case that Dr. Martin recited, the enema should have been given first and not the oil. The cæcum should be washed out, and the indicated remedy given as well.

Dr. McNeil—The lodgment of the fæces causes the pain, and I think the indicated remedy would cure it.

Dr. Ledyard—I had a case of gastritis in which I used the indicated remedy. The patient had been suffering with gastritis and getting along very nicely, but had no operation of the bowels for a week. She told me about this, and I warned her against taking an enema even of water, as it would prevent the action of the indicated remedy. When I returned in the evening, I found that she had had an operation of the bowels during the day, and I supposed that it had come about naturally, but subsequently ascertained that she had used an enema. At 2 A. M. she awoke with intense pain, and the following night also, and that little enema threw her back at least three weeks. The enema removed the indications for the remedy, by suppressing some of the most important symptoms. I never succeeded in curing chronic constipation until I stopped all enemata. The enemata oust the remedy, so to speak, the more superficially acting agent gets in its work, and the remedy is thrown out. In a case of inflammation about a tooth, with considerable pain and swelling, a dentist extracted the tooth, and the patient had erysipelas which extended down to the collar bone. A dentist has no business to extract a tooth while there is any pain present, for in doing so he shuts up Nature's safety-valve. In a case of cauliflower cancer, the antitoxine of cancer was *injected into the cancer*, with the result that erysipelas flamed up with very painful symptoms which continued until death.

Dr. Chapman—Any indigestible matter remaining in the intestines I call a mechanical interference with the normal action of the intestines, and requires mechanical measures to remove it. I cannot believe that to remove it from the colon or appendix will interfere with the action of the remedy.

Dr. McNeil—I stand by Dr. Ledyard in regard to what he says in this matter. In the first place, when you remove the foreign substance from the bowels by mechanical means, you cover up some of your symptoms. To say that the indicated remedy will not remove the foreign body is an assumption. *The indicated remedy will remove it.* You cannot cure a case of constipation as long as you keep up the enemas. If you do Nature's work, she will stop doing it herself; and the consequence is that your indicated remedy will be useless. The homœopathic treatment will cure constipation. To say that it will not, shows a lack of faith in the homœopathic remedies.

Dr. Chapman—Here is a case. I was called to see a boy suffering most horribly; bowels would not move; intense tenesmus; it was evident that there was some foreign body in the bowels. With enemas and instruments I removed a lot of cinnamon bark and water-melon seeds. This was purely a surgical case. What would you do in such a case?

Dr. McNeil—Give my indicated remedy.

Dr. Martin—It takes a certain amount of time for the indicated remedy to act. When there is a stuffing up of the intestines causing inflammation, you must sometimes remove it before the indicated remedy will act. In regard to the cure of constipation; I have been very successful in these cases. I usually cure in a few weeks' time like this: If the patient goes five or six days without any movement of the bowels, and is suffering intensely, I give an enema perhaps two or three times, giving my indicated remedy all the while, and I know that it cures. By giving the enema and easing the suffering for the time being, the mental condition of the patient is relieved, which of course is quite a factor.

Dr. Ledyard—As far as the mental condition is concerned, the indicated remedy will remove *it* better and quicker than the

enema can. In a case that came to my notice, a lady gave an enema to a little girl, which caused the fæces to *cut their way out*. I told her if she had waited it would have been better. The fæcal matter in such a condition will be so transformed by the indicated remedy that it will come away all right. Another case in which the patient did not have a stool for three weeks. He would always ask about having his bowels moved. I encouraged him by saying that he would be all right, and on the twenty-first day he had a natural stool; then a stool in seven days, then every two days, and finally every day.

Dr. Selfridge—I believe as much in the indicated remedy as any one; but I know that there is now and then a case in which the indicated remedy is not sufficient at the time. I had a case once of an infant to whom Castor-oil had been given, but without any effect. I then went prepared with a syringe, and gave an enema of soap and water, but it did no good. I then made an examination and found that the entire pelvis was filled with fæces; the rectum was completely plugged and nothing could pass. I was obliged to take a spoon-handle and scoop it out. It was as dry as a brick; all the fluids were absorbed. I dug it away until I got through the dry part, and then it came out with a gush all over my hand. I do not believe that any indicated remedy would have relieved that child.

Dr. McNeil—I believe that the indicated remedy would have relieved the child. I will not let my patients use enemas.

Dr. Selfridge—In such a case no medicine on God's earth would cure it. The fæces in this case formed a surgical plug, and had to be removed by surgical measures.

Dr. Martin—What about stone in the bladder? We know that the indicated remedy is often of no use until the stone is removed by surgical means.

Dr. McNeil—That is surgical.

Dr. Ledyard—It is the same in treating displacements of the uterus. You cannot cure a prolapsed uterus with a pessary.

Dr. Martin—In some cases a pessary is absolutely indicated.

Dr. Selfridge—We must all use judgment in our cases.

Dr. Chapman—I believe that in some cases the indicated remedy is surgery.

Dr. McNeil—I will relate the case of a woman after abortion who had been flowing for a long time, and waited too long for me. When I saw her she said, “If I move the very joints of my fingers pain.” I gave her *Bryonia*. If I could not find my remedy I would use tampons, but there are remedies for these cases.

Dr. Selfridge—There are cases in which the indicated remedy will not act.

Dr. McNeil—In Hering’s *Guiding Symptoms*, there are remedies mentioned for these bowel conditions; for instance, *Silicea*, *Sepia*, *Aloes*, the indication for them being, *feces cannot pass without being removed mechanically*. These are from clinical provings; cases in which that condition existed, and these remedies were given and cured.

Dr. Selfridge—In all those cases it was a paralysis of the rectum, and not a plug that caused the trouble. In such a case the indicated remedy would remove the trouble.

Dr. Martin—I had a case where the feces would act as a plug in the rectum, and *Aloes* stopped the tendency to this formation.

Dr. Ledyard—If the indicated remedy will remove a large tumor, why cannot it remove the feces?

Dr. Selfridge—It cannot remove the feces when it acts as a plug in the rectum. The secretions have all been absorbed, and it needs moisture to soften up the hardened mass.

Dr. Underwood—If the indicated remedy is set to work, will it not increase the secretion, thus causing the feces to come out naturally?

Dr. Selfridge—It might if the stool is not so large that it cannot come out.

Dr. Chapman—How about my water-melon seeds?

Dr. Underwood—I think the increased secretion would break up the mass so that they would pass out, too.

Dr. Martin—In the case you related, Dr. Selfridge, how long had the fecal plug been in that infant’s rectum?

Dr. Selfridge—They had been giving it Castor-oil for weeks.

Dr. Martin—Castor-oil will stimulate the intestines, and if moisture was all that was needed there ought to have been enough ; hence it proves that it had to be removed mechanically.

Dr. McNeil—I wish to state that the warts that have been on the top of my head for five or six months have been removed by one dose of *Sepia*²⁰⁰. There were twenty-five of them of good size, with groups of smaller ones.

The Secretary then read a letter from Mr. E. R. Lilienthal, thanking the members of the Club for the resolutions passed regarding the death of his brother, Dr. James E. Lilienthal. The President ordered that the letter be placed on file.

Upon motion of Dr. Martin, seconded by Dr. Wilson, the meeting then adjourned to meet at the office of Dr. A. McNeil, 784 Van Ness Avenue, San Francisco, the third Friday in November.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

DR. FISHER'S HANDBOOK OF THE DISEASES OF CHILDREN.

EDITOR HOMEOPATHIC PHYSICIAN.

DEAR SIR:—I do not purpose entering into any general discussion of Dr. Fisher's *Handbook of the Diseases of Children*, reviewed in your issue for February (page 106), but I do desire to protest most earnestly against the *unscientific* character of his chapter on vaccination, and the *gross untruthfulness* of his statements and pretended statistics. The vitality of a lie is astonishing! To expose the misstatements contained in the first paragraph of page 242 of Dr. Fisher's work would take up too much of your space; the falsehoods of the second paragraph are not more flagrant, but can be exposed at a less cost of my time, of your space, and of your readers' patience.

The falsehood started in the German Parliament, where a member, who was also a vaccinating official, afflicted with that verophobia which is a characteristic disease of the class, placed

the small-pox mortality of the French army at 23,469 during the Franco-Prussian war, and that of the German army at about 3,400 to 3,600.

This did not please the Anglican and American verophobists, who by successive "attenuations" have reduced the German small-pox mortality to 261. They did not dare raise the alleged 23,469 of the French army. Why they did not do so will be made clear presently.

The lie was presented to the Royal (British) Commission of 1889, by Dr. Arthur F. Hopkirk, in the form of 23,469 for France (Q. 1543 report of the Commission, p. 14 b.) and of 316 for Germany (Q. 1496, Ib. p. 11 b.). This 316 has been further "attenuated" by American verophobists (Qy. by Dr. Charles E. Fisher, President of the American Institute of Homœopathy?) to 261.

The falsehood of these figures is so palpable that they ought not to have deceived a child; 23,469 deaths from small-pox means fully 180,000 cases! This fact alone is so absurdly monstrous that there is absolutely no excuse for Dr. Fisher not having investigated further before adopting the falsehood. Had he done so he would have found that all the figures upon the subject were pure fabrications. The statistics being disputed, inquiry was made by the Royal British Commission (through the intermediary of the British Foreign Office) of the various authorities in France and Germany as to the mortality from small-pox in the French and German armies respectively, during the Franco-Prussian war; from both countries came the unqualified reply that the information sought was inaccessible, because **NO RECORD HAD BEEN KEPT** of the diseases to which the troops succumbed!

This sample of blind copying—or worse—on the part of Dr. Fisher condemns his entire work. A work by a man incapable of discriminating, accepting as true a statement *false upon its face*, rehashing as arguments for a superstitious rite "*statistics*" whose falsity had been crushingly exposed, a rite, too, opposed to the fundamental principles of Homœopathy, a work by such a man is unworthy of serious criticism.

Bad as all this is, "worse remains behind." Further "attenuation" of the figures being hardly possible, Dr. Fisher has introduced a new feature of falsehood which may be termed a *Fisherism*.

No previous verophobist, in reciting the fable, had ventured to say that the French army was *unvaccinated*. This embellishment was reserved for this (pretended) *homœopathic* falsifier. The Anglo-Saxon monosyllable of three letters, however unfashionable, is the only word which will rightly designate it. So far from the French army being *UN*vaccinated, every recruit, without one single exception, on entering the French army is *forcibly vaccinated*.

If the figures were true what greater proof of the uselessness of vaccination could be adduced?

The mendacity of these vaccinating quacks is appalling. Dr. Fisher's work must be abandoned to contempt.

Respectfully,

MONTAGUE R. LEVERSON.

CONDITIONS AFFECTED BY STORMS.

EDITOR OF THE HOMEOPATHIC PHYSICIAN :

In the February issue of your journal, page 101, I read with much interest an article entitled "Conditions Affected by Storms." But knowing of several remedies, not mentioned by the author, that would come under this head, I examined several repertories and works on materia medica, the result of which I thought might be of interest to the readers of THE HOMEOPATHIC PHYSICIAN.

In order that this may be more complete, I will also introduce the remedies given by the author of the above-mentioned article.

In the *Guiding Symptoms* we may find the following :

Worse before a thunder-storm. Agar.

Stormy weather ; oppressed breathing. Ars.

Before a thunder-storm, many old symptoms appear again. Ars-hyd.

Worse in stormy weather. Bad.

Stormy change of weather ; facial neuralgia. Caust.

Worse before a storm ; neuralgic pains. Cedron.

On approach of rain, pain in nose worse. Hep.

Attacks return before storms. Hyper.

Stormy weather ; anxiety. Lyc.

Approach of rain-storm or in rainy weather ; rheumatic pains in joints. Melilotus.

During storm flatulent colic, worse. Natr-sul.

During thunder-storm, trembling and palpitation, pains worse. Natr-phos.

Aggravation before and during thunder-storm. Petr.

During thunder-storm, anxious. Phos.

Before thunder-storm, cough. Phos.

Aggravation before thunder-storm. Puls.

Aggravation before storm ; inflammatory rheumatism. Rhus.

Aggravation before and *during* storm. Rhus. (*Italics mine.*)

Aggravation *before* and during storm. Rhod. (*Italics mine.*)

Aggravation, stormy weather. Sep.

Before a storm, ciliary neuralgia. Sil.

Aggravation during thunder-storm. Sil.

Before storm, ulcer on leg worse. Sulph.

During thunder-storm ; bronchial asthma worse. Syph.

Approach of storms ; chills. Zu.

Dr. A. Lippe, in his *Comparative Materia Medica* gives : Aggravation during a thunder-storm. Bry., Lach., Natr-carb., Rhod., Sil.

Dr. Lee, in his *Repertory of the Symptoms of the Mind*, gives : Anxiety during a storm. Gels., Natr-carb., Natr-mur., Nit-ac., Phos.

In Bœnninghausen's *Therapeutic Pocket Book*, Allen gives : Aggravation on approach of a storm. Bry., Hyper., Meli., RHODO.

Aggravation during thunder-storm. Bry., Caust., Lach., NAT-C., Nat-m., Nit-ac., Petrol., Phos., RHODO., SIL.

Worcester in his *Repertory to the Modalities*, gives under the heading, "Effects of Thunder-storms," the following reme-

dies : Agar., Gels., Hyper., Nat-c., Nux-m., Petr., Phos., Psor., Puls., Rhod., Sil., Zn.

In Lippe's *Repertory* we have :

Aggravation just before a thunder-storm. Agar., Lach., Natr-c., Phos., Rhod., Sil.

Aggravation during a thunder-storm. Bry., Caust., Lach., Natr-c., Natr-m., Nitr-ac., Petr., Phos., *Rhod.*, Sil. Thuj.

To summarize, we have :

Effects of storms. *Agar.*, Ars., Ars-hyd., *Bad.*, *Bry.*, Caust., Cedron, *Gels.*, Hep., *Hyper.*, *Lach.*, Lyc., Meli., *Natr-c.*, Natr-m., Natr-phos., Natr-sul., Nitr-ac., Nux-m., *Petr.*, *Phos.*, Psor., *Puls.*, *Rhus*, *Rhod.*, Sep., *Sil.*, Sulph., Syph., Thuj., Zn.

Aggravation before a storm. *Agar.*, Ars-hyd., *Bry.*, Cedron, Hep., *Hyper.*, *Lach.*, Meli., *Natr-c.*, Nux-m., *Petr.*, *Phos.*, Puls., *Rhus*, *Rhod.*, Sil., Sulph., Zn.

Aggravation during a storm. Ars., *Bad.*, *Bry.*, Caust., *Gels.*, *Lach.*, Lyc., Meli., *Natr-c.*, Natr-m., Natr-phos., Natr-sul., Nitr-ac., *Petr.*, *Phos.*, *Rhus*, *Rhod.*, Sep., Sil., Syph., Thuj.

Aggravation before a thunder-storm. Agar., Ars-hyd., *Gels.*, *Lach.*, *Natr-c.*, *Petr.*, *Phos.*, Psor., *Puls.*, *Rhus*, *Rhod.*, Sil.

Aggravation during a thunder-storm. Agar., *Bry.*, Caust., *Lach.*, *Natr-c.*, Natr-m., Natr-phos., Nitr-ac., *Petr.*, *Phos.*, Psor., *Rhus*, *Rhod.*, Sil., Syph., Thuj.

C. L. OLDS.

THE CENTENNIAL ADDRESSES ON THE LAW OF SIMILARS.

The three addresses on the Law of Similars, provided by order of the American Institute of Homœopathy for the Centennial Celebration at Detroit next June, will be delivered as follows :

1. The Logical Basis of the Law of Similars : Does it Commend Itself to our Reason? By Richard N. Foster, M. D., of Chicago, Ill.

2. The Experimental Demonstration of the Law of Similars.

Can its Existence and Operation be Proved? By M. W. Van Denburg, M. D., of Fort Edward, N. Y.

3. The Clinical Efficacy and Superiority of the Law of Similars: Is it a Reliable Guide in the Practice of Medicine? By John P. Sutherland, M. D., of Boston, Mass.

These three addresses are designed to include and constitute a Re-examination of the Basis and Ground-work of Homœopathy, instituted after a hundred years of experimental probation and in the light of modern knowledge. They will be of a rigidly scientific character and will present, not a mere mechanical recital of facts and statistics, but a philosophic review and discussion of the subjects treated, and will be absolutely free from undignified statements and uncourteous allusions. They will undoubtedly form one of the most attractive features of the Detroit meeting.

PEMBERTON DUDLEY, M. D.,
President, A. I. H.

BETTER BY WRAPPING, YET WORSE BY HEAT.

EDITOR HOMŒOPATHIC PHYSICIAN :

I have a patient with the peculiar symptom, pains in neck and head better by wrapping it up in a shawl, but worse by heat of fire. I find this symptom on page 194, Vol. IX, HOMŒOPATHIC PHYSICIAN, under Rhus-tox., but cannot find it any other place. Will you please ask the profession through THE HOMŒOPATHIC PHYSICIAN if any other remedies have this peculiar modality?

Yours fraternally,
H. C. MORROW.

THE STUDY OF HOMŒOPATHIC PHILOSOPHY.*

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

Study itself is an art. It is more than simple reading or desultory scanning. The novice scans, peruses, and may have the

* Bureau of Homœopathics, Kansas State Homœopathic Society, 1896.

memory to become verbose in parrot-like repetition or in bombastic opposition. The student masters the thought, masticates the subject-matter, digests the ideas, and assimilates the facts. Simple reading is not study. Any one can read; only the student studies. Study implies careful and sincere investigation; deep and broad research; profound and scientific consideration.

It is not presumed that the student has a previous comprehension of the subject he is studying. Light and comprehension come with knowledge. He is a seeker after truth, after light; his aim in study is to find out the right and to keep searching and cogitating until he has the comprehension of the matter under consideration. The first advance in any line of study may be slow and tedious. It usually is. The weak mind denies because it cannot understand. The strong mind holds in reserve its opinion till comprehension comes through careful thought. The man below mediocrity permits his prejudice to form an opinion, and his research is merely to bolster up and to seemingly verify the hasty decision. The true student is not hasty in his conclusions, and never permits his own ignorance to darken his mind or bias his research. The weak mind refuses light because it is not in accordance with preconceived ideas or past experience; because it is beyond easy comprehension. The strong mind is open to conviction and is willing to accept whatever is proven. The one refuses to sincerely test the matter proposed or—to permit others to demonstrate the truth by experimentation; the other is eager for an honest and thorough investigation and demonstration. Practically, one says his opinions must be upheld; the other submits to the divine authority of right.

Reason is a creature of education; it is often led by prejudice. Some things are above reason; beyond its sphere till experience expands and broadens its power. Reason deals with that with which it is familiar. It cannot deal with that which is beyond its ken. The higher law being above the present faculty of comprehension, the reason is confused. Acquired knowledge by careful research is essential to *true* reason. The

reason cannot grasp and hold before the judgment that which it does not comprehend. Cogitation and study and research bring light and comprehension, and then the reason can act upon the subject-matter. It is impossible for the judgment to be clear and accurate while the reason is walking in the dark, or hesitates because of the want of proper understanding. Reason always implies knowledge, and where there is no knowledge there can be no reason.

Understanding is not essential to belief. There are many things that we accept as truth, as facts, that we do not understand. Further research brings more knowledge and that enables us to comprehend. This proposition is exemplified in the life of every school boy. The knowledge which seems so simple to the advanced student is incomprehensible to the beginner. As the child stands at the threshold of his education the field before him seems dark and obscure. Weary months and years of close application are essential to the easy comprehension of the domain of philosophy and science and the more advanced branches of a collegiate course. At first it is plodding along, drudging, accepting by faith alone without comprehension, largely, until the faculty is expanded and the comprehension developed. In time the thought-glance accomplishes more, comprehends more, than weary weeks of close study did at first. Only the ignorant rejects because he does not understand.

All our faculties are creatures of development. The greatest scholar had, at one time to learn his A B C's. This is nature's plan. Development is the law. Babies have been born with full sets of teeth, with all colors of hair, but such a monstrosity as an educated baby has never gladdened the heart of even a homœopathic father—whether of the low or high potency pretension. Even the elements of any branch of knowledge are difficult of apprehension to the beginner. With due knowledge and mental training the most abstruse problems become easy of understanding. These faculties vary in different individuals, but the law of development or progression is applicable to every one.

The morally honest man does not *deny* without a reason and sufficient knowledge to judge intelligently. The infidel, to be an honest man, must be a sincere student of the Bible without bias or prejudice. He must not only read his Bible, but he must be capable of judging of its contents by a thorough knowledge of hermeneutics. He must read his Bible in the original to know the exact contents. He must be versed in all the arguments pro and con. In a word, he must have a reason for his denial. The one who has never sincerely and honestly read his Bible, much less investigated the grounds of its authenticity and credibility, cannot be a man of integrity and honesty of character if he deny its genuineness. The first requisite of a philosopher is sincerity and integrity of purpose. Prejudice and bias and the effect of early influences must be held subservient to the truth; they must be put aside. He must view the subject calmly, definitively, fully, and decide upon its own merits. That a claim is contrary to past supposition is a reason to question, but not to deny. The past supposition may be contrary to the facts, and based entirely upon the *want* of experience. When experience can be brought in to verify the reasonableness of a claim, that experience must be sincerely sought, for experience is demonstration when based upon true knowledge, and such demonstration is above reason.

The honest student will also receive and hold under judgment the teaching of any system he accepts until he proves it to be wrong. He will not refuse to believe merely because he cannot at first understand. His duty is to receive the postulates of the system, to candidly consider them, weigh all the evidence for and against, and come to a legitimate conclusion. If the present status of his mental condition will not enable him to comprehend the position taken by the teacher, his duty compels him to prosecute his investigation until he can grasp the idea and comprehend the teaching. The want of ability to comprehend is never a sufficient reason to reject. If it were, the mass of mankind would reject the bulk of all knowledge. What now seems impossible, will, after due consideration and investigation, seem simple enough and perfectly tenable. The fact that the

majority of mankind holds a postulate untenable does not prove it so. The majority has been and will likely again be in the wrong, as in the case of Galileo. It is natural for the masses to reject that which is novel, or contrary to their common or vulgar experience. The true student, the honest investigator, holds his bias and prejudice in subjection and seeks the true light, even though it may be contrary to his past opinions and notions. Opinion is not argument; a preconceived notion is not evidence. Only the weakling permits doubt to darken his judgment.

I think all present will acknowledge this train of reasoning to be legitimate and correct. Now let each one apply it to the system of medicine as taught by Samuel Hahnemann, and which he, the author of the system, has called by the name of Homœopathy.

It will not be admissible for the sincere student to reject Homœopathy merely because it is contrary to his past notions or beyond the easy comprehension of his mind. Nor will he be sincere to reject it because it introduces new ideas and conceptions of medicine. We must remember that our past notions may all be erroneous, and that Hahnemann may be the medical Galileo combating the false opinion of the world. It is something new, contrary to past usage; hence we must approach its study with frankness and sincerity. We dare not reject anything simply because it is not in accordance with our preconceived ideas and notions. We are to approach its study like true philosophers. We are to prove all things and hold fast to that which is good, *and to do it in the manner directed by the teacher*. To apply his system in accordance with our prejudiced notions, or without due care, and then reject it, possibly denounce it, would be neither scientific nor honorable. While the true student is not to blindly receive all that is asserted, he is to be open to conviction.

The man or woman who accepts Homœopathy as a system of medicine, and professes to practice it as such, is compelled to receive the teachings of Hahnemann unless he prove them to be false. He must accept all the tenets unless proven false.

He must test the system as directed by the founder in all sincerity, and to do this he must first comprehend it. In consistency with his own honor, he cannot reject any part of the system unless he first proves it to be false, and he cannot prove it false unless he has so thoroughly investigated it as to apply it in strict accordance with Hahnemann's instructions. To administer remedies in alternation or in the crude form, or to prescribe on a pathological name, is not Hahnemannian, and those who thus test the tenets of Homœopathy, and necessarily fail because they have tested it by some other rule of practice than the law of homœopathic procedure, cannot consistently and fairly pronounce the teachings of Hahnemann to be at fault. The professed follower of Hahnemann to be consistent and fair in the renunciation of Homœopathy, in pronouncing Homœopathy a failure, must first fully comprehend its tenets and fairly apply them. Those who have best understood the teachings of Hahnemann, and fairly tested the doctrines of Homœopathy, realize more fully than any other class that every failure to cure a curable disease is owing more to the ignorance and inability of the prescriber than to the fault of the homœopathic law of cure.

The Organon of the Healing Art and *The Chronic Diseases* were written by Hahnemann for the purpose of teaching his system of medicine. They are the only original and sufficient source of information, and, being the basis of Homœopathy, it becomes absolutely necessary for every professed practitioner of the system to be a student of them. Yet how many there are who pronounce Homœopathy a failure in whole or in part, and declare Hahnemann to be visionary, who have never even read his basal works! How can any sincere man, any fair-minded man, who professes to practice Homœopathy, deny the teachings of Hahnemann till he has carefully studied *The Organon* and implicitly followed its teachings? Would it not be as consistent for the professed minister of the gospel to call Christ's religion a failure and His teachings erroneous when he did not even own a copy of the Bible, and had never read it, much less studied it? Or could such a minister pronounce the doctrine

of Justification, or any other doctrine, wrong when he could have no proper conception of the doctrine? Such a minister would be considered a very poor representative of the religion of Christ.

The study of homœopathic philosophy is difficult in that it is contrary to common custom and practice. It makes a complete change from the crude material to the spirit-like power of drugs. It is also opposite in its application. The mind of men clings to the tangible and material, as well as to the familiar. It is not easy for him to make a change in opinion and practice, especially when the change implies so much. Yet there are Galileos and Hahnemanns who declare the new truth and prove by clear teaching and demonstration that the former opinions and practices have been erroneous. The world to-day acknowledges Galileo correct, and the time is hastening onward when Hahnemann will also be acknowledged the founder of the only true system of medicine and the homœopathic the only law of cure.

In conclusion, we would call attention to the fact that the greatest and most successful homœopathists were close students and followers of Hahnemann. Those who wrote the books that do us the most good, the living books, were constant readers of *The Organon*. The closer we follow the immortal Hahnemann the greater will be our success as physicians.

BOOK NOTICES.

THE CHRONIC DISEASES, THEIR PECULIAR NATURE, AND THEIR HOMŒOPATHIC CURE. By Dr. Samuel Hahnemann. Translated from the second enlarged German edition of 1835 by Prof. Louis H. Tafel, with annotations by Richard Hughes, M. D., edited by Pemberton Dudley, M. D. Philadelphia: Bœricke & Tafel. 1896. 1,600 pages. Price, half morocco, \$10.00.

The *Chronic Diseases* of Hahnemann, as translated by Dr. Hempel, is a book known to the profession in the five little, ancient-looking volumes in black cloth binding standing on the shelves of the library of every admirer of the master. These volumes have long been out of print, and have com-

manded a price far above their original cost, by reason of the increased demand for the work on the part of the rising generation of practitioners.

Recognizing this demand, the firm of Bœricke & Tafel have sought to satisfy it by republishing the work in full. For this purpose they have caused a retranslation to be made and the new translation to be carefully compared with the former one of Hempel.

The result of this investigation reveals that a new translation was urgently needed to correct the errors of the old.

In the Translator's Preface a series of monumental blunders is specifically demonstrated that show that Dr. Hempel's translation was, to say the least, unreliable to a reprehensible degree. The explanation given in the preface to account for this inaccuracy is that Hempel sought to "master the sense of a period, and then embody it in a free manner in the foreign tongue."

There is a graver accusation against Dr. Hempel of a more inexcusable motive for his inaccuracies in translation than the above. This motive was intimated some time since by the editor of this journal in a review of Dr. Hempel's book entitled, *The Science of Homœopathy*, published in THE HOMŒOPATHIC PHYSICIAN for August, 1895, pages 386 and 387.

In that review it was hinted that Dr. Hempel, by reason of his mistranslations, had aroused toward himself the active resentment and determined hostility of Dr. Lippe. The latter was exceedingly strict and accurate in his reading of Hahnemann's text, a close student of his writings, and perhaps the ablest prescriber on homœopathic principles who ever practiced in Philadelphia.

He was the better qualified to judge of these inaccuracies of translation, because German was his mother tongue, and he had an unusually good command of the English language. He always used the original German text in his own perusals of Hahnemann's works because he did not trust the English rendering.

Intense in his devotion to the Hahnemannian method, successful beyond belief in his practice of it, Dr. Lippe was the implacable enemy of every one who perverted it to any purpose of his own. So it was that he conceived a strong aversion to Dr. Hempel and his writings, and boldly and incessantly denounced him before the classes in the college, in casual conversation with visitors, and in his articles for the journals.

It was Dr. Lippe who made the open accusation that Hempel disputed the truth of much that Hahnemann taught, and that whenever he found a statement which he objected to, he did not hesitate either to throw it out entirely, or else to pervert it to express his own dissenting "view."

These accusations of Dr. Lippe found little credit with the majority of the profession, but they are abundantly verified by the "Translator's Preface" previously mentioned, and indeed the detailed statement of errors there given constitutes in itself an unanswerable indictment, entirely vindicating Dr. Lippe, and at the same time a strong argument for the new translation by Prof. L. H. Tafel.

It may be further said of Dr. Hempel that a man whose intellect was so

obtuse that he felt himself perfectly justified in perverting an author's text merely because he did not find it acceptable to his own mind, is hardly fit to be trusted with expounding those doctrines to a college of students nor in other ways setting himself forward as a teacher and leader of thought on so important a subject.

The Materia Medica department was edited by Dr. Richard Hughes, of Brighton, England, who gives the preface to that part of the book, in which he explains the enormous increase in the size of the book.

Dr. Pemberton Dudley, Dean of Hahnemann College, Philadelphia, and President of the American Institute of Homœopathy, was the general editor of the book. He contributed a preface in which he explains Hahnemann's well-known style of involved phrases, and long parentheses and parentheses within parentheses, and declares his intention to maintain a scrupulous fidelity to the original German, regardless of the loss of grace in the English composition. This promise he appears to have fulfilled, and thus has set up an example which is a gratifying contrast to the practice of Hempel as before explained.

After the articles above mentioned, we get Hahnemann's own preface and his famous essay upon the chronic diseases, which has caused so much acrimonious dispute. After that follows the materia medica, which occupies about fourteen hundred pages of the sixteen hundred pages that comprise the book.

This materia medica is, as will be seen, very voluminous.

The symptomatology is not divided off into chapters as we find in the ordinary materia medica. The symptoms are properly grouped for study, but the groups are not labeled.

Every symptom is, however, numbered, and this is, of course, an advantage. The remedies are placed in alphabetical order so that any medicine may be found by glancing at the top of the page.

A table of contents precedes the whole arrangement, and an index follows it. This index is alphabetical and occupies about ten pages.

We have thus a large volume and at last an authentic translation of the *Chronic Diseases* in which we may place confidence and which will make more familiar to the rising generation of homœopaths the writings of the great founder of the school.

COLOR-VISION AND COLOR-BLINDNESS: A Practical Manual for Railroad Surgeons, by J. Ellis Jennings, M. D. (Univ. Penna.), Formerly Clinical Assistant Royal London Ophthalmic Hospital (Moorfields); Lecturer on Ophthalmoscopy and Chief of the Eye Clinic in the Beaumont Hospital Medical College; Ophthalmic and Aural Surgeon to the St. Louis Mullanphy and Methodist Deaconess Hospitals; Consulting Oculist to the Missouri, Kansas & Texas Railway System;

Fellow of the British Laryngological and Rhynological Association; Secretary of the St. Louis Medical Society. Illustrated with one colored full-page plate and twenty-one photo-engravings. Crown octavo, 110 pages. Cloth, \$1.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

One of the most serious and remarkable of the many anomalies of the eye is the phenomenon called color-blindness. This consists of an insensibility of the eye to the impression of one or more colors. Sometimes it is only one color; sometimes more than one, and rarely all. The condition of total blindness to all color is so rare that its existence is denied. According to the author of the work under review, "blindness to red or green, or red-green, is the form of the defect most frequently observed."

Those who are blind to red—"red-blindness"—know only two fundamental colors—green and violet. Red appears to such people as "a saturated green of a feeble intensity." Yellow seems to them "a green saturated and intensely luminous."

Green-blind people recognize only two colors—red and violet. Orange appears as a saturated red, but much more luminous. "Yellow is undoubtedly a more intensely luminous red than the spectral red." Blue is an intense violet, violet less intense, but more saturated than normal violet.

In the violet-blind there are two primitive colors, red and green. The blue is a green of moderate luminosity and strongly saturated. This kind of blindness is rare.

Much more detail of these phenomena is given in the book, but the selections here quoted are sufficient to form some general idea of the nature of the defect.

The dangers of color-blindness to human life are obvious to everybody who thinks for a moment of the part that colors play in the running of trains loaded with passengers. To quote from the author: "If we visit one of the great railroad terminal stations at night and view the intricate maze of red, green, blue, and white signals, we at once realize how much depends upon the perfect color sense of the engineer. If he be color-blind, the red and green signals appear to be of the same color and he can only distinguish one as lighter or darker than the other; but a small amount of smoke, fog, snow, and ice destroys this difference and the traveler is at the mercy of his conjecture. That this is a real danger is attested by the many disastrous accidents which have occurred in this country and abroad, and which have been proved to be the result of color-blindness. Notwithstanding all that has been written on this subject, railroad managers still continue to employ men without testing the color-sense. Strange as it may appear, the color-blind employee may perform his duties satisfactorily for many years without causing an accident, and indeed without becoming aware of his chromatic defect."

How then are we to account for this comparative immunity from accident?

The explanation given is as follows: "A locomotive, as we all know, is under the charge of two men—the driver and the fireman. In a staff of one thousand of each, allotted to one thousand locomotives, we should expect, in the absence of any efficient method of examination, to find forty color-blind drivers and forty color-blind firemen. The chances would be one in twenty-five that either the driver or the fireman on any particular engine would be color-blind. They would be one in six hundred and twenty-five that both would be color-blind. These figures appear to show a greater risk of accident than we find realized in actual working, and it is manifest that there are compensations to be taken into account.

"In the first place the term color-blind is in itself in some degree misleading, for it must be remembered that the signals to which the color-blind person is said to be blind are not invisible to him. To the red-blind the red light is a luminous green. To the green-blind the green light is a less luminous red. The danger arises because the apparent differences are not sufficiently characteristic to lead to a certain and prompt identification in all states of illumination and of atmosphere. It must be admitted, therefore, that a color-blind driver may be at work for a long time without mistakes, and it is probable, knowing as he must, that the differences between different signal-lights appear to him to be only trivial that he will exercise extreme caution."

Color-blindness has been found to have its compensations. Thus, one patient says: "I see objects at a greater distance and more distinctly in the dark than any one I recollect to have met with; this I discovered many years before I was aware of my defective error in colors."

A color-blind engraver testifies: "When I look at a picture I see it only in white and black, or light and shade; and any want of harmony in the coloring of a picture is immediately made manifest by a corresponding discord in the arrangement of its light or shade, or as artists term it, the effect. I find at times many of my brother engravers in doubt how to translate certain colors of pictures, which to me are matters of decided certainty and ease."

Another case is related where a physician was asked to test a gentleman connected with a large publishing house, for trouble with colors. The doctor found a condition of red-blindness, and incidentally remarked that the patient would make a good engraver. A member of the firm at once replied "That is just what he is good at, and is our authority on the subject."

In this volume is given a complete *résumé* of the subject and the rules adopted by the Pennsylvania Railroad for the examination of its employees.

HINTS AND SUGGESTIONS AS AIDS IN THE CARE AND PRESERVATION OF THE TEETH AND THE RELATION OF THE DENTAL ORGANS TO OUR HEALTH. By Charles G. Pease, M. D., D. D. S., Professor of Oral Surgery in the Metropolitan Post-Graduate School of Medicine. Published for the

benefit of the Laity. New York: Bœricke, Runyon & Ernesty. 1895. 46 pages. Price, \$1.00, net.

This admirable little book deserves a place in every household. It teaches the care of the teeth by teaching the whole theory of the diseases of the teeth and the principles upon which the dentist treats these dental diseases.

The book starts out with an explanation of the theory of caries. This theory is that it is due to the action of an acid which is the product of micro-organisms that generate fermentation. The acid dissolves out the lime-salts at the point of contact, exposing the organic matter, which in its turn is acted on by the ferment, and so the phenomena are continued. This view is backed up by practical laboratory experiments such as that of Dr. Margitot, of Paris, who placed sound teeth into a solution of sugar in water, and allowed the solution to undergo fermentation. At the end of two years the solution was found to be markedly acid, and the teeth completely decalcified.

There are short chapters on disintegration of teeth occurring in early motherhood on local and systemic conditions favoring decay, upon the use of the tooth-brush, of floss silk, of the tooth-pick and of dentifrices. Hygiene, physical exercise, and food receive attention, and the proper mastication of food enjoined. The habit of gum chewing is denounced as pernicious, and a vigorous protest against its encouragement is entered.

The proper occlusion of the teeth is dwelt upon, and the preservation of the temporary teeth.

Face-ache, alveolar abscess and tartar upon the teeth; pyorrhœa alveolaris, recession of the gums, sensitive dentine, and erosion of the teeth are explained, and the correction of irregularity. Other subjects treated are: facial orthopedia, gold crowns, extraction of teeth, artificial teeth, etc. All these chapters are short and plainly written to reach the popular mind. There are no complicated scientific discussions, and so the book is well suited for the purpose for which it was designed. There are also a few indications for the use of homœopathic remedies, which are, however, mixed up with one or two formulæ for mouth washes in cases of aphthæ and ulcers, and for soreness about roots on pressing teeth.

The book is a convenient one for a doctor to hand to his patient whom he finds insufficiently careful of those pearls of great price, a double row of fine healthy teeth.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A work of reference for medical practitioners. 1896. Fourteenth year. New York: E. B. Treat, 5 Cooper Union. Chicago, 199 Clark Street. Price, \$2.75.

The publishers of this work have sought to make the present work quite equal to any of its predecessors, if it does not surpass them.

Looking over the book we meet with a most valuable discussion upon

Chloroform and its dangers, upon the best method of resuscitating those who have been put in jeopardy by its use.

In the article upon antiseptics, we observe a strong recommendation of the value of Acetanilide as a substitute for Iodoform.

In skin diseases the treatment with electricity in currents of great frequency and high tension is recommended and permanent cures reported.

Quite a large number of the newer drugs introduced into medicine from time to time are mentioned with new points in their action and their management reported.

Under Mercury attention is called to the value of blue-pill in heart disease. A case is reported of a man with valvular disease of the heart who was kept alive for ten years, by the continual taking of blue-pills. It is estimated that the patient took twenty thousand grains of Blue Mass in that time, and yet he was never salivated or purged.

Under Potassium Permanganate, a case is reported of poisoning with an over-dose of Morphia, which was successfully antidoted by the Permanganate.

Rhus-toxicodendron is mentioned and its value in treating various morbid conditions "from nocturnal incontinence of urine to pemphigus," is asserted.

Under "Thyroid Extract" a case of acute glycosuria is reported from taking tablets of this preparation daily to cure psoriasis.

On page 72 may be found an excellent article on the "Diagnosis of Toothache and Neuralgia of Dental Origin, by Henry Sewill."

There is a timely article upon the "remedial value of cycling."

There is also a valuable article upon "The Sensory Distribution of Nerve Roots," illustrated by colored plates.

Angio-neurosis, illustrated by photographs, life assurance, abdominal surgery, mammary cancer, illustrated with colored drawings; Antitoxin treatment of diphtheria, diseases of the ear—an elaborate article with colored plates—diseases of the eye, obstinate hiccup, diseases of the larynx, orthopaedics—with many photographic illustrations—prostatic diseases, tuberculosis and typhoid fever, are among the articles noticed by the writer as being of particular interest because of the very latest developments in their pathology and treatment. The Röntgen Rays are spoken of, and considerable cold water thrown upon those whose optimism has led them to some extravagant expectations of what may be accomplished by these extraordinary phenomena.

The foregoing account of the contents of this book will enable the reader to appreciate the very wide horizon upon the latest medical discoveries is afforded him.

WEIR'S INDEX TO THE MEDICAL PRESS. Published monthly.

Subscription price, \$3.00 a year; single copy, 25 cents.

This is a new journal which will be a complete index to all the medical literature published every month. It will be of invaluable service to the medical profession in keeping up with the literature of the day.

The initial, and each successive issue, will treat the entire medical literature of the month immediately preceding as one vast volume, to which it will aim to be the Index or Contents Table. For this purpose, an editorial staff—the personnel of which has been carefully chosen, in order to assure prompt and accurate work—will review monthly the entire medical press of the United States and Canada, including in addition to the published transactions of the various National and State Medical Societies, the current number of every important medical periodical published in the two countries. The result of its labors will be presented in the form of a monthly magazine of from 112 to 128 pages, to be known as *Weir's Index to the Medical Press*.

TRANSACTIONS OF THE THIRTY-FIRST SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA, held at Pittsburg, September 17th, 18th, 19th, 1895. Philadelphia: Sherman & Co., printers, 1896.

It is not possible for the editor of this journal to discuss the transactions of societies. There is too much and in too great variety in these volumes for any ordinary review. It will, therefore, suffice to say that the volume before us is highly interesting and instructive. Among the articles deserving of special notice may be mentioned "Galactacrasia," by Dr. Pearl Starr; "The Chloroform and Oxygen Combination as an Anæsthetic," by H. L. Northrop, M. D.; "The New Anæsthetic—Oxygenated Chloroform," by Dr. W. H. Cooper; "The Proper Application of the Homœopathic Materia Medica," by Dr. J. C. Guernsey; "Splinter-like Pains Compared; or Keynote Modulations," by Dr. Edward Cranch. This last should be carefully studied by every "symptom coverer" and entered in a manuscript repertory alphabetically arranged as directed by Dr. Yingling in his article on "Private Repertories," published in *THE HOMŒOPATHIC PHYSICIAN* for March, 1891, page 124. "Optimism vs. Pessimism in the Evolution of our Materia Medica," by Dr. Roland T. White. "A Plea for Purer Practice," by Dr. Z. T. Miller.

There are many more of these valuable articles not mentioned in this notice, but enough have been enumerated to show the value of the new volume of the State Society's work.

NOTES AND NOTICES.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—The annual meeting of the International Hahnemannian Association will be held at Glen Summit, at the Glen Summit Hotel, Luzerne County, Pa., June 24th next.

The chairmen of the bureaus are Geo. H. Clark, M. D., for Homœopathic Philosophy; Arthur G. Allan, M. D., for Materia Medica; Annie L. Geddes, M. D., for Clinics; Howard Crutcher, M. D., for Surgery; Caroline E. Hastings, M. D., for Obstetrics; Stuart Close, M. D., Necrologist.

The titles of papers should be sent to the chairmen no later than May 1st, and the papers as early as May 15th.

E. E. CASE, M. D., *Secretary*.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—The thirty-ninth annual commencement exercises of the Homœopathic Medical College of Missouri were held last night at Pickwick Theatre, Washington Avenue near Jefferson before an audience which completely filled the hall.

On the stage were seated the members of the Board of Trustees of the college, and the ladies and gentlemen who rendered the various musical numbers on the programme. The board is composed of the following: W. A. Edmonds, A. M., M. D.; L. C. McElwee, M. D.; James A. Campbell, M. D.; I. D. Foulon, A. M., M. D., LL. D.; W. C. Richardson, M. D.; A. H. Schott, M. D.; S. B. Parsons, M. D.; J. Martine Kershaw, M. D.; W. B. Morgan, M. D., Ph. D.; W. L. Reed, M. D.; W. A. Wilcox, M. D.

Dr. W. C. Richardson is Dean of the institution, and to him was assigned the duty of introducing the participants.

Nineteen ladies and gentlemen compose this year's graduating class of the college. They are: C. R. Armstrong, Samuel A. Benson, J. W. Koelle, L. Herckenroeder, W. J. Morris, Edward Ellerbrock, Jennie Walker, Fred Gessner, W. E. Rieley, A. LeRoy, Barnard, H. S. Bauer, Maud G. Keller, H. D. McKenzie, E. W. Burkhardt, Frank Zillicken, G. A. Paulisch, W. A. Carriere, F. W. Murck, H. G. Isenberg.

Rev. Dr. M. G. Gorin pronounced the invocation, and W. A. Edmonds, A. M., M. D., conferred the degree of Doctor of Medicine upon each of the graduates, at the same time making a few remarks appropriate to the occasion. The address of the evening was delivered by Rev. Michael Burnham, D. D., pastor of the Pilgrim Congregational Church. Dr. Burnham congratulated the graduates upon successfully passing the trying ordeal of a final examination. He commented on the innumerable instances which present themselves to physicians to help in some manner or other the unfortunate and helpless, and said he hoped the class of '96 would never neglect an opportunity of doing God's work. His remarks were followed attentively by the students, and the Reverend Doctor was enthusiastically applauded when he closed.

The presentation of the class honors was made by Dr. I. D. Foulon, after which the bouquets were distributed among the graduates. As each stepped up to receive the testimonial of his or her friends, the audience showed its appreciation by hearty applause. This was particularly true in the case of the two ladies who were members of this year's graduating class.—*St. Louis Daily Globe Democrat*, April 3d, 1896.

ANNUAL BANQUET—IT IS ENJOYED BY THE ALUMNI OF THE HOMŒOPATHIC MEDICAL COLLEGE.—Fully two hundred and fifty persons attended the annual banquet of the alumni of the Homœopathic Medical College of Missouri at the Southern Hotel, April 2d. The spread was excellent and the toasts equally good. Frederick H. Bacon officiated as toastmaster.

Dr. Wm. C. Richardson responded to the toast "Alma Mater." Dr. John W. Streeter spoke to "The Homœopathic Physician—the Modern Magician," while the toast "Humanity's Need—A Free Homœopathic Hospital," was responded to by Rev. Dr. George Edward Martin.

The remainder of the toasts and responses were as follows: "Woman in Medicine—She Has Come to Stay," by Dr. Alice Butterworth; "The Doctor and the Lawyer—Friends and Allies," Mr. Ford Smith; "The Ladies," Rev. Dr. J. Henry George; "The Young Physician—Large in Ambition Though Small in Purse," Mr. George A. Lemning.

DR. AMON T. NOE has removed from St. Louis to Bement, Ill.

"A BRIGHT LAD THAT WAS."—A teacher told the pupils to make up a sentence or "story" from the suggestive words, "boys," "bees," "bear." Quick as flash up come one hand, "I have it." "What is it, Tommy?" inquired the teacher. "Boys bees bare when they go in swimming," was the astonishing reply. A better sentence would have been—"Boys will be interested in *bees* and other insects, *bears* and other animals as well as birds, flowers, etc., as described in *The Observer*, Portland, Conn. Sample, 10 cents. One year, \$1.00.

ANNUAL RE-UNION OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, TUESDAY, MAY 5TH, 1896.—The Annual Re-union and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Tuesday, May 5th, 1896.

The Business Meeting will convene at 4.30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the Banquet will be held at 9.45 P. M. at the "Walton," S. E. Corner of Broad and Locust Streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-eighth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. Corner Broad and Locust Streets, Philadelphia.

Banquet cards can be secured by notifying the Secretary. Requests received after Saturday, May 2d, 1896, cannot be considered.

W. W. VAN BAUN, M. D., *Secretary*,

419 Pine Street, Philadelphia.

THE AMERICAN MEDICAL ASSOCIATION meets in Atlanta, Ga., May 5th, and all delegates to this Society should embrace the opportunity of visiting "Lookout Inn," a magnificent and historic spot on the crest of Lookout Mountain, overlooking Chattanooga, Tenn. A special invitation is extended to physicians to spend a week with us, en route to Atlanta, and a complimentary rate will be made for the occasion. Trains up the mountain make close connections in both the Central and Union Depots, Chattanooga, running through to the Inn without change. For further information and handsome, illustrated booklet, address M. S. Gibson, Lookout Mountain, Tennessee.

Published by the Medical Bulletin of Philadelphia, Pa., February, 1896.

HYDROZONE IN PURULENT OTITIS MEDIA.

A report of a case supposed to involve Inflammation of the Mastoid.

BY WM. CLARENCE BOTELEK, M. D., OF KANSAS CITY, MO.

On November 4th, 1895, I was consulted at my office by Robert P——, aged 24 years; occupation, laborer in the Armour Packing Company. The patient complained that for about four weeks he had been suffering from intense pain in his left ear, making it impossible for him to sleep at night, or rest during the day. The pain was so severe that at times he apparently lost consciousness, and it seemed to extend through his entire brain. Upon inspection, the man's face was found terribly deformed; an edematous swelling the size of one-half of an ordinary loaf of baker's bread occupied the usual location of the ear and the surrounding muscles. The auricle of the ear was almost buried in edematous tissue; upon palpation, the part was found intensely tender, and deep pressure evoked expressions of excruciating pain. The integument and sub-cutaneous tissue were thoroughly infiltrated. Ichorous, fetid pus was slowly exuding from an almost imperceptible meatus. The patient expressed feelings of chilliness, showing a possible septic contamination of his system. Every indication and sign pointed to possible suppuration of the mastoid cells—tenderness upon pressure over the mastoid being very marked. Efforts to localize the tenderness, whether in external meatus or mastoid, for discriminating diagnosis, were unsatisfactory. I concluded to withhold a positive diagnosis as to whether the condition was purulent otitis media or suppurative inflammation of the mastoid, and used tentative treatment for a short while. I immediately placed the patient under heroic doses of elixir of the six iodides internally. After laborious effort I succeeded in separating the edematous tissue sufficient to admit the introduction of a small Eustachian catheter into the external meatus. Through this, with a small hard rubber syringe, I injected four

times daily about one-half an ounce of hydrozone, allowing it later to drain away, advising hot fomentations. The patient was confined to his bed and the most possible hygienic surroundings provided. In twenty-four hours after the treatment was commenced, the intensity of the odor, amount and character of the discharge had manifestly lessened, the swelling was reducing, and the patient feeling better. The edema being lessened, the aperture was enlarged. I now recommended the injection of hydrozone through a catheter of larger calibre, every hour, requiring the head to be kept turned to the opposite side for ten minutes to allow the percolation of the hydrozone as deeply as possible into the middle ear, before reversing the position to allow drainage. We continued this treatment for a week, the man's recovery progressing with remarkable rapidity, his pain and the constitutional symptoms having disappeared about the third day. At the end of eight days the swelling had entirely disappeared, his features were again normal, and he expressed himself as perfectly well. An examination showed a circular perforation in the ear drum the size of a shot, proving that the case had been one of purulent otitis media, with septic contamination of the patient's system, and infiltration of the surrounding cutaneous tissues. Small incisions were made at two different places to permit the exit of pus from the integument. The mastoid was found not involved. The rapidity with which the disease yielded after the introduction of hydrozone through the catheter into the middle ear impressed me with the wonderful value of the preparation; for, struggling with such cases during a practice of seventeen years, I have never seen its efficiency equalled by any medicinal or operative procedures.

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"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.

Vol. XVI.

MAY, 1896.

No. 5.

EDITORIAL.

MERCURIUS-VIVUS.—In the last number were given some of the mental symptoms and a few of the head symptoms of Mercury, together with some valuable notes upon the sense of a band around the head.

Attention is now drawn to the symptom of Mercurius—"Headache, as if the head would burst, with fullness of the brain." This is similar to Natrum-muriaticum. Belladonna has this bursting headache. It is thus expressed by Lippe in his *Materia Medica*: "Pressing headache, as if the head would split." In Hering's *Condensed Materia Medica* it is expressed as follows: "Frequently obliged to stand still in walking, from the violence of the pain in the forehead. At every step it seemed as if the brain rose and fell in the forehead." Again: "Pain, as if the bones were being lifted up."

Cannabis-indica has pain as if top of the head were opening and shutting and as if the calvarium were being lifted up.

China, headache so severe it seems as if the skull would burst.

On this subject of bursting headache a formidable list of remedies having this symptom can be found in the second chapter of Dr. Lee's *Repertory*, under the head of "Bursting," at page 86. Another equally formidable list of remedies having this symptom, together with all the details by which they may

be differentiated from one another, may be found in Dr. Knerr's great *Repertory*, at page 122.

Mercurius has dry, stinging, burning, fetid eruption, like yellow crusts, on the forepart of the head and temples; when scratching, inflammation and erysipelas. This symptom, Dr. Lippe stated, was a great characteristic, indicating Mercurius. Mercurius has open fontanelles. This is similar to *Calcarea-carbonica* and *Silicea*.

Mercurius has foetid, sour-smelling, oily perspiration on the forehead, which is icy-cold. Foetid perspiration is characteristic of *Silicea*. Sour perspiration indicates *Calcarea*. Cold perspiration on cold forehead indicates *Carbo-vegetabilis* and *Veratrum*. Oily perspiration is the keynote of Mercury.

Cold perspiration, standing in beads on the forehead, is the keynote of *Veratrum*. This symptom occurring in cases of cholera morbus, cholera infantum, whooping-cough, vomiting, and other affections, almost certainly indicates *Veratrum*, and will lead to a brilliant cure. The editor can give abundant testimony to the value of this symptom in curing quickly, almost magically, cholera infantum, persistent vomiting, whooping-cough and the ordinary cough of a "bad cold."

There is a young woman who sometimes comes into this office for treatment, who, when a year and a half old, was given up to die from cholera infantum, by her allopathic attendant. The writer of this editorial was then called in and cured her with *Veratrum*, being led to think of it by this symptom of cold perspiration on the forehead.

Tartar-emetic has cold perspiration on the forehead in cases of croup, along with its well-known Guernsey keynote "rattling in the larynx as if a cupful of mucus were lodged there, yet none is expectorated."

The editor can testify to the efficacy of this keynote also, having had repeated success with it in cases of croup.

He cured croup three times in the same child, occurring once every winter for three years in succession. The indication for Tartar-emetic was always "loud rattling of mucus in the larynx, both in breathing and coughing, yet none is expectorated or

dislodged." There was also cold sweat upon the forehead. On each occasion it was apparent that the child had but few hours to live. The administration of Tartar-emetic in the two hundredth potency, without assistance from any kind of "adjuvant" treatment, quickly relieved the child and later cured it. The child is now grown up and is the mother of children herself.

Cold perspiration on forehead occurs under other remedies. It may be studied by consulting Dr. Knerr's *Repertory*, page 1115. What is here given, however, is simply from Dr. Lippe's lectures, and, therefore, exhaustive comparisons of a large number of remedies would be out of place and unnecessary, as they can be found in the new *Repertory to the Guiding Symptoms*.

AGNUS CASTUS.

C. L. OLDS, M. D., H. M.

The origin of the name of this plant is rather interesting. *Agnus* means a lamb, and *castus*, chaste. It was called agnus because the leaves have a woolly substance upon them; and castus, because at the celebration of the feast of Ceres the good matrons would place this woolly substance on their beds, that they might be chaste wives.

Farrington says that this remedy is especially applicable to old men, who have spent their lives in sexual excesses, and at sixty or seventy have just as great sexual desire as when eighteen or twenty—but the desire is all mental—physically they are impotent. The provings justify this assertion. The patient is a melancholy, hypochondriacal subject; peevish, absent-minded, incapable of attending to any business, unable to fix the attention upon mental work. He sometimes feels as if he were nobody and would like to be dead, and at other times is exalted, feeling as if he were a great man. He has vertigo—feels as if he were turning in a circle; also tearing headache, above the eyes, with photophobia.

In these old sinners the sexual organs will be cold, flaccid, relaxed, cold to the touch. Voluptuous fancies excite no erec-

tion ; although they have the most intense sexual desire mentally, they are unable to have an erection. They have emissions of semen while at stool, or pass prostatic fluid while at stool.

This remedy is sometimes indicated in gonorrhœa, gleet, with thick, yellow discharge, but no erections. This is peculiar, because generally with gonorrhœa there are painful erections, more or less priapism. There may be premature old age as a result of sexual abuses. The testes feel cold to the touch, nothing induces an erection ; there is great weakness, both of body and mind.

A certain man, to prevent producing children, took this remedy in large doses for three months. Afterward he had a great desire for children, but no erections ; the semen was lost while at stool or dribbled away.

Agnus castus may be indicated during lactation. The milk is suppressed or scanty. The patient becomes gloomy, sad, melancholy, keeps saying that she will die ; she is troubled with sleeplessness, or if she sleeps wakes with a start and gloomy forebodings.

There are troubles in connection with the female genitals ; metrorrhagia, lasting from ten to eighteen days ; suppressed menses, with parts relaxed ; leucorrhœa in place of the menses ; leucorrhœa flows away without her knowing it. She feels as if all the pelvic viscera were sinking, dragging down—wants to support them with the hands. She has constipation.

A peculiar symptom is that the flatus smells like old urine.

There are pains in different joints—in the shoulders, arms, hands, knees—with rheumatic swellings. The remedy has been successfully used in sprains.

There is a sensation at the root of the nose as if it were pressed upon, ameliorated by pressure ; also a smell of musk before the nose. There are corrosive itchings in different parts.

This is a thirstless remedy—no thirst in any of the complaints.

The complaints of this remedy are chiefly in the sexual sphere, due to early excesses. This seems to be its principal application.

SOME SYPHILINUM CASES.

H. C. MORROW, AUSTIN, TEXAS.

(Continued from March Number.)

CASE VI.

Mrs. Mc., age, sixty-five. Eczema on legs. Itches intensely at night. Has to sit up in chair until toward morning. Itches worse when she undresses and when the legs hang down. Always worse in the evening after the sun goes down and at night. Worse getting warm and bathing.

Eruption when first comes out moist, profuse discharge of serum from surface; afterward dry and scaly. Urine nearly as thick as castor oil, yellow, strong. Feels good to scratch, but scratching aggravates. Burning and itching worse before a rain. Itching worse around ankles and tops of feet. Bathing with cold water relieves, warm aggravates.

Syphilinum^{em} (Swan) gave her a great deal of relief and comfortable nights. I believe it would have cured had she kept up the treatment, but she removed to another State and I lost trace of her.

CASE VII.

Mr. F., age, fifty-two. Very stout, face fat and bluish. About five years since a warty-looking tumor came beneath left ear on the side of the neck. Had a "famous" New York specialist remove it with a salve.

A few months after scar commenced to enlarge rapidly, became hard, blue, and painful to touch, showing a return of the cancerous condition.

Had frequent sharp, shooting pains in the tumor, and it itched and burned.

Not desiring to go through the same torture again, he applied to me for relief.

I put him on Syphilinum^{emm} (Swan), and in a short time improvement became very manifest. The pains ceased, the blue

color left, and instead of increasing it commenced to decrease, and in a few months it presented the appearance of a perfectly healthy normal scar, and has so remained until this day.

SYPHILINUM IN CANCEROUS ULCERATION.

H. C. MORROW, AUSTIN, TEXAS.

In May, 1894, Dr. B., an allopathic physician, age, seventy years, consulted me. Has had for seven or eight years a number of sores on his face, which have been pronounced by several allopathic dermatologists to be cancerous in their nature. They came first as raw places on the face, and then covered with perfectly black scabs, which either do not come off or, if they do, leave raw sore places, which will not heal, but become again covered with the black scabs. Under each eye, and especially at the outer canthus of the right eye, the spots or sores look decidedly like epithelioma. The one under the corner of the right eye is threatening to involve the lower lid and the internal structure of the eye. On this eye, a few years since, there was an ulcer on the cornea, which nearly destroyed the sight. He can only distinguish daylight from darkness.

The conjunctiva of this eye is very red and inflamed, and there is ectropion of the lower lid. He is in bad health, and drinks a good deal of whisky. He had been treated by himself and all the "eminent" dermatologists and general practitioners in this part of the country and in New Orleans, and they had given the comforting assurance "that he might live several years, but that it would finally kill him." I put him on Syphilinum^{em} (Swan). To make a long story short, he has gradually improved with occasional relapses, until to-day he appears to be entirely well. He says for the first time in ten years there are no sores or scabs on his face. Where the worst ones were there are now cicatrices, but they look perfectly healthy and are gradually becoming smaller. The inflammation is entirely gone from his right eye, the ectropion is nearly removed, and he can see small objects six feet distant with his lame eye.

What perhaps is the most remarkable of all, he has stopped

drinking whisky, thus verifying Dr. Thomas Wilde's observation, made some years since, upon the great efficacy of Syphilinum in alcoholism, although I am not prepared to agree with his second observation, that all chronic drunkards are syphilitics. My patient's skin troubles were always worse from the light and heat of the sun. There was but little local discomfort, but from the inroads the sore spot at the corner of his right eye was making on that structure, I have no doubt it was epithelioma.

There can be no question of the great value of this remedy for cancer. I believe every case of cancer to be the direct offspring of either syphilis or sycosis, or perhaps both, either acquired or inherited, and no case should be allowed to die or pass under the surgeon's knife, which alternative is about equivalent to death, without being given the benefit of a trial of Syphilinum.

COMMENTS ON SYPHILINUM.

H. C. MORROW, M. D., AUSTIN, TEXAS.

The foregoing cases cured with Syphilinum (see *THE HOMŒOPATHIC PHYSICIAN* for March, page 129) show many clinical symptoms that are not contained either in the proving published by Dr. Swan in the *Medical Advance* (Vol. XXI, p. 123), or in Hering's *Guiding Symptoms*.

With the consent of the editor and the indulgence of my readers, I have tabulated the most prominent of these, in the hope that others will add their experience, and that in time, by careful observation and comparison, our materia medica editors will know what clinical symptoms to add.

One swallow does not make a summer, nor does a clinical symptom once observed entitle it to a place in our materia medica; but when many careful, conscientious prescribers observe the same symptoms cured by the same remedy, such symptoms are then entitled to a place in the pathogenesis of the remedy under consideration. I have therefore entered the following list of symptoms under the head of

SYPHILINUM.

Peevish, irritable, does not want to be touched or looked at.

Frets as long as a stranger is present.

Wants to be carried—can only be soothed by carrying up and down the room.

Crie cerebrale.

Unconsciousness.

Sensitive to noise.

Does not want to be left alone.

Wants a light in the room at night—fear in the dark.

Afraid of noises which he cannot account for.

Fear of mice.

Cries and thinks he will not get well.

Gloomy, despondent, taciturn.

Thought he was neglected by members of the family, which was not true.

Stupor—unconsciousness.

Rolling the head from side to side.

Bores the head into the pillows.

Scalp looks as though it had been dried on the skull.

Anterior fontanelle sunken in—has ceased to pulsate.

Sleeps with eyes half-open.

Eyes rolled back in head.

Sclerotics of both eyes red and congested, especially toward inner canthi (Hydrocephaloid).

Eyes dim, glazed; corneæ look as though they had been baked.

Little lumps of mucus on the eyeballs; eyeballs dry, no tears.

Ears very red, look as if the blood would burst out of them.

Face fiery red (during fever).

Face very much emaciated—old woman appearance (baby).

Profuse salivation.

Chewing motion of the mouth when asleep.

Tonsils inflamed and swollen, and fauces red and inflamed.

Deglutition very painful.

Yellowish gray, diphtheritic membrane on both tonsils.

Intense thirst for large quantities of water at frequent intervals.

Vomits water soon after drinking.

Vomits milk curdled.

Becomes pale about the mouth before she vomits.

Vomiting preceded by a hacking cough.

Vomits as if it were thrown out with a gush.

Gagging, retching, shows intense nausea and deathly sickness.

Very severe, cramping pain in the region of the umbilicus, ameliorated by heat, pressure, and sitting bent over. Rumbling in the abdomen constantly in the afternoon.

Stools watery, frequent (over twenty in twenty-four hours), yellow, and very offensive.

Sensation in rectum of two large extremely sore lumps which obstructed the passage, so that it was agonizing to have a stool.

Has to sit with legs wide apart so as not to press these two sore lumps together.

Desire for stool without result.

Not satisfied after stool, feels as if more ought to come.

Stools of hard, dry, brown lumps, excruciatingly painful—"would rather die than have a stool," though there is constant desire.

Pain in rectum worse from coughing, sneezing, blowing the nose, pressing to stool, standing and walking; only relief sitting with legs wide apart and heat (steam from hot water).

Red, sandy sediment in urine.

Urine very scanty, only twice in twenty-four hours.

"Root" of penis very much swollen and very sore.

Rich lemon-yellow, scanty urine (frequently confirmed).

Suppression of gonorrhœa by quack nostrums.

Prostate glands very much enlarged, inflamed, and very painful, as a result of suppressed gonorrhœa.

Hard, racking, tearing cough, which is restrained as much as possible on account of pain in the rectum.

Profuse expectoration of bright red blood, gushes of pure blood.

Pneumonia from suppressed gonorrhœa.

Swollen glands in nape of neck (Hodgkin's disease).

Automatic jerking of right arm and hand.

Four P. M. and two A. M. aggravations quite marked. Languid, taciturn, and indifferent during fever.

Perspiration, cold, clammy, smells musty, very profuse all over body and limbs during sleep.

Perspiration on the upper side of the body, while the side on which he lies is dry and hot.

Chilliness, even during high fever, worse from draft of air.

Dumb chill every other day about one P. M.

Chilliness up the back, worse when he moves.

Hands and feet cold, head hot.

Extreme emaciation, skin hangs in folds from limbs.

Epithelioma on neck, with sharp, darting, tearing pains in it; cicatrix blue, commenced to grow and enlarge after previous removal by cancer specialist; cured and remains cured to this date, three years after.

I omit from this summary the skin symptoms of the old lady, because they were not cured, but very much ameliorated.

The symptoms which I have enumerated were mostly intense and marked, were not affected by any previous medication, and were so quickly relieved and completely neutralized and removed that there could be no question that Syphilinum was the simillimum.

*THE ORGANON AND MATERIA MEDICA CLUB
OF THE BAY CITIES OF CALIFORNIA.*

The regular semi-monthly meeting was held at the office of Dr. A. McNeil, 784 Van Ness Avenue, San Francisco, Friday evening, November 15th, 1895.

Members present: Drs. J. M. Selfridge, A. McNeil, S. E. Chapman, M. T. Wilson, W. E. Ledyard, G. J. Augur, M. F. Underwood, and George H. Martin.

The meeting was called to order at 8.10 o'clock by the President, Dr. J. M. Selfridge.

The minutes of the previous meeting were read by the Secretary, and after some corrections by Drs. Selfridge and Ledyard, were approved.

DISCUSSION.

Dr. Chapman—I would like to ask Dr. Ledyard if he would remove the urine from the bladder by the use of a catheter if he were called to a case of uræmic poisoning? The urine in such a case acts as a poison to the system, and I have never been able to control a case unless I removed the urine.

Dr. Ledyard—I have not had occasion to use a catheter for fifteen years. The last time I did was in a case after confinement, and later I found out that if I had given a dose of *Arsenicum* it would have cured the case. I had a case of a little boy with horribly offensive stools; so bad that I hated to go into the house. The mother said that he had not passed urine for several days. *Apis*, from 200 to 20,000, would always pick that boy up from the verge of the grave.

Dr. Augur—I will relate a case to illustrate the fact that the indicated remedy, without mechanical means, will not always be sufficient. A young man eighteen years of age, a University graduate, was out with some friends. He sat down by a spring and took cold, which resulted in myelitis. A physician diagnosed it typhoid fever. When I saw him he could not pass water without the use of a catheter. I took a sponge wet with cold water and touched his back with it, and immediately he screamed out, "*It burns me—hot!*" There was entire paralysis of the bladder, and he was utterly unable to pass water. There was also a partial paralysis of the lower bowels, partial loss of sensibility in the extremities, as well as a partial loss of eyesight. I cured the case with *Opium*²⁰⁰, occasionally repeated, but not often.

Dr. Ledyard—Did you draw the water with a catheter?

Dr. Augur—Certainly. Hammond says he cured but one case of myelitis.

Dr. Ledyard—Do you mean to say that in such a case the indicated remedy would never act without using the catheter?

Dr. Augur—It would act, but the boy would die, in the meantime, from uræmic poisoning if the urine was not removed.

Dr. Ledyard—So you positively assert, then, that the drawing off the urine cured, and not the indicated remedy?

Dr. Augur—I had to remove the urine to prevent shock from over-distention and to prevent the absorption of the urea, and then gave a remedy to cure the entire condition.

Dr. Ledyard—Why could not the *Opium* have cured without the catheter by allowing the urine to pass?

Dr. Selfridge—The bladder was extended to its fullest capacity. We know that if urea is retained in the system for twenty-four hours the patient will die.

Dr. Augur—It was three weeks before the boy was able to pass water naturally.

Dr. Ledyard—I know that *Opium* would have relieved him.

Dr. Augur—*Opium*²⁰⁰ was the only remedy used.

Dr. Ledyard—But you drew off the water with the catheter and did not give the *Opium* an opportunity to do so.

Dr. Augur—How long do you suppose it would have been before he would have passed water voluntarily?

Dr. Ledyard—I do not know how long, but he would have done so.

Dr. McNeil read Note 3, of Section 7, of *The Organon*.

Dr. Selfridge—That covers it all, and I think physicians should use their judgment in all cases. When I was a medical student I knew of a case of a child in convulsions who was attended by Dr. S——. The child went a long time without a passage from the bowels. The doctor would not allow an enema, and though the people were good homœopaths, they soon became tired of this do-nothing business and called in another physician. He gave enemas and got away a foot and a half of fecal matter. This fact did more good with these people than all Homœopathy might do.

Dr. Ledyard—That does not prove it at all to me. That

physician may not have been a good homœopath, and may not have given the right remedy.

Dr. Martin—Does Dr. Ledyard ever use instruments in confinement cases?

Dr. Ledyard—Very seldom. I would use them, however, if I thought it necessary.

Dr. Chapman—Does Dr. Ledyard ever evacuate an abscess?

Dr. Ledyard—Not if I get the case early enough. I had a case of a boy with an abscess on the back of the neck. His people called it a boil, but it was not a boil. The neighbors wanted to treat it locally. It was a *Rhus* case. There was a large abscess at the nape of the neck, with a diameter of about three inches, rising up about an inch and a half. He came to me on Friday morning. I figured out about half a dozen or more symptoms and gave *Rhus*²⁰⁰, one dose; and in twelve hours another powder to be dissolved if necessary, and to be given in from one to three doses. I said the abscess would break in thirty-six hours. On Sunday it did break, and the flow of pus kept up for half an hour. On Wednesday he came to me again, and there was not a vestige of the abscess left, with the exception of a slight line on the nape of the neck. If a poultice or knife had been used in this case the remedy would not have cured, because the action of the vital force would have been interfered with, it would have been opened too soon. The patient is feeling splendid, with a convalescent's appetite. This shows clearly the principle we have just been discussing.

Dr. McNeil—I have a case to illustrate this point. When I was a student my preceptor always made a crucial incision in abscess. When I began to read a little more for myself I was staggered by the statement that *Hepar-sulphur*²⁰⁰ would cure abscess without the knife. A case soon came to me of a boy who had not slept for two nights from the pain of a boil. I sent him *Hepar-sulphur*²⁰⁰. He went to sleep at ten, and the boil broke at twelve o'clock, and he was all right. Dr. Ledyard left out one point in his case. In my case the pain ceased very soon, but the abscess did not break for hours after.

Dr. Ledyard—As far as relief in my case was concerned the patient was relieved very soon.

The President then appointed Dr. Ledyard reader of the evening, who read Sections 1-8 of Dudgeon's translation of *The Organon*.

DISCUSSION.

Dr. McNeil—There is no danger of our ever getting ahead of Hahnemann, by the demands he makes upon us in the third paragraph; that is, to know the disease. Here is one point, that some pay no attention to pathology. To illustrate: say we are called into a case where there is vomiting, derangements of stomach; we naturally say, "What have we got here?" It may be cancer, ulceration, etc., etc., and as far as the remedy is concerned it does not make any difference what it is; but as far as the prognosis is concerned it does make a difference. When Hahnemann says the physician should know about drugs, he says that the physician should have an exhaustive knowledge of materia medica; and so he goes on through everything.

Dr. McNeil then read an article by Dr. G. M. Gould, of Philadelphia, and stated that the old school did not differ with us upon the question of vital force.

Dr. Chapman—Their antitoxines will lead them the right way if they keep it up.

The President then declared the meeting adjourned, to meet again the first Friday in December, at the office of Dr. J. M. Selfridge, in Oakland, when Wesselhœft's translation of *The Organon* would be read, as Dudgeon's translation was not liked by the members.

W. E. LEDYARD, M. D., *Secretary.*

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, in Oakland, Friday evening, December 6th, 1895.

Members present: Drs. J. M. Selfridge, A. McNeil, M. T.

Wilson, W. E. Ledyard, E. W. Bradley, G. J. Augur, and George H. Martin. Visitor, Mr. A. Johnson.

The meeting was called to order by the President, Dr. J. M. Selfridge, at 8.15 o'clock. The minutes of the previous meeting were read by the Secretary, and after slight corrections by Drs. Augur and Ledyard, were approved.

Dr. Selfridge stated that he had revised his paper, "Infinities in Nature," and read selections from it, whereupon Dr. Wilson moved that the paper be made a part of the minutes, and that it be published in THE HOMŒOPATHIC PHYSICIAN. (See February Number, p. 68.) Seconded by Dr. Chapman, and carried.

The President then appointed Dr. McNeil reader of the evening, who commenced *The Organon* at Sections 8 and 9.

DISCUSSION.

Dr. McNeil—These sections are upon the theory of vital force. There is a large body of old-school physicians who maintain the theory of vital force. It is necessary to have the "vital force" in order to account for sickness. Neither physics nor chemistry will do it.

Sections 10 and 11 were then read.

DISCUSSION.

Dr. McNeil—The old-school physicians are always speaking of the pathological changes taking place. There is a time, however, before the pathological changes occur. If they are the causes of disease the patient is really well until these changes take place. We know that a man may be sick some time before any pathological change takes place.

Dr. Ledyard—The old-school men mistake the effect for the cause.

Dr. McNeil—They are all the time endeavoring to remove the *product* of the disease and not the *cause*, consequently they do not remove the disease at all.

Dr. Martin—I think Dr. McNeil goes a little too far in his last statement. The allopathic physician who does as he says is

extremely superficial. Gowers, in the treatment or analysis of disease, first starts in with the causes, then the pathological anatomy, the symptomatology, the pathology, the differential diagnosis, and the prognosis. Pathology is a discourse upon disease, or the analysis of symptoms and causes. *Worry* will produce a disease or symptoms that will indicate a disease. Neurologists try to find a drug that will act pathologically. They try to prescribe, however, for the cause of the trouble as well as for the pathological condition.

Dr. McNeil—Upon this point I will acknowledge that the neurologist is more likely to do as Dr. Martin states than any of the others. The neurologist comes nearer to the cause of disease. He sees more clearly than the others.

Dr. Ledyard—However that may be in regard to their scientific explanations, etc., their treatment is to remove the pathological condition. They remove tumors, etc. They remove feces in constipation and think they have cured. Their treatment is directed against the *result* rather than against the *cause* of disease.

Section 12 was then read.

DISCUSSION.

Dr. Selfridge—Hahnemann does not want us to try to find out what the vital force is.

Dr. McNeil—He evidently is striking here at one of the follies of the old school, and that is that they are always dabbling in *speculations*. Hahnemann wants us to take certain things for granted, and leave speculation alone.

Sections 13-16 were then read.

DISCUSSION.

Dr. McNeil—It is quite clear that a great many mistakes have been made as regards therapeutics, not only among the laity, but in the old school. In reading the life of Hahnemann, it can be seen that in the science of that day there was a great deal more materialism than there is to-day. They used to

think that disease was something to be chased out, sweated out, etc., and some of them have not gotten over it yet.

Section 17 was next read.

DISCUSSION.

Dr. Chapman—This does not look as if Hahnemann was an atheist, as some have said of him. Judging from the notes to this Section, he seems to have been a devoutly pious man.

Dr. McNeil—That first note is a striking example of showing the immateriality of disease.

Dr. Martin—I have seen that enacted once. In the Hawaiian Islands there is a custom of praying people to death. A man forty years of age dropped dead in front of my house. I went out and picked him up. The autopsy revealed heart disease. What really caused his death was the fact that upon that morning he had heard that for three weeks enemies had been praying him to death, and he died at the very hour that they wanted him to die.

Dr. Selfridge—I can conceive of one being frightened to death, but I should look at that case with suspicion, a diseased condition really being present.

Dr. McNeil—We know that witch-craft was the source of sickness and death in old times. This suggests the man Schlatter, who is at present making so many remarkable cures, and I do not doubt that he is doing so. The people have become thoroughly convinced that there is a divine power in him, and it works a cure with their nervous systems. All over the world there are shrines, as St. Anne's, Lourdes, etc., where people go to be cured, and I believe there are cures in this way for certain people.

Dr. Martin—There is another side to that question. One of the daily papers said that Schlatter's cures were not only due to the faith of the people, but to the confidence he has in himself. Let us once make up our minds that the remedy we prescribe is the correct one, and it has a great deal to do with the cure.

Dr. McNeil—It is the confidence in ourselves, or we inspire our patients with confidence and we make a good selection in

our remedy. I believe that Schlatter is an impostor. He may be honest enough in what he intends to do, but he certainly has no divine power.

Dr. Chapman—Faith will not touch pathological states.

Dr. McNeil—I believe that it is only in functional diseases that cures are made by Schlatter. Bernheim on hypnotism claims that all these cures are cures by *suggestion*, without any supernatural power, and they are all functional diseases that can be cured in this way.

Dr. Selfridge—I do not think that I can agree with Dr. Martin, that any man's belief in his own medicine will effect a cure. I have cured when I was not sure of my remedy.

Dr. Ledyard—I heard that *Pulsatilla* would change the position of the child in the uterus. I had a case of shoulder presentation which became more fixed with every pain. I gave a little powder of *Pulsatilla*²⁰⁰, and while my finger was on the shoulder of the child it turned, and I gave the credit to the *Pulsatilla*.

Dr. Martin—I do not wish to infer that the confidence alone in the medicine would cure.

Section 18 was read.

Upon motion of Dr. Wilson, seconded by Dr. McNeil, the meeting then adjourned, to meet at the office of Dr. W. E. Ledyard, 233 Post Street, San Francisco, the third Friday in December, when the reading of *The Organon* would be commenced at Section 19.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, December 20th, 1895.

Members present: Drs. J. M. Selfridge, S. E. Chapman, W. E. Ledyard, G. J. Augur, M. F. Underwood, M. T.

Wilson, A. McNeil, C. M. Selfridge, and George H. Martin. Visitors: Drs. A. J. Forget and A. N. Couture and Mr. Huffman.

The meeting was called to order at 8.15 P. M. by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and after a slight correction by Dr. McNeil were approved.

Dr. Chapman presented a patient of his to the members, wishing their opinion as regards diagnosis, etc. Mr. E., age, sixty-three, rancher, met with an accident last May, almost immediately after which the following stomach symptoms appeared: excessively acid condition of the stomach; flatulency; empty eructations, which sometimes relieves; constant distress in stomach; feels very badly when stomach is empty and seems to feel somewhat better by eating; not much nausea, and very little vomiting; constantly smelling unpleasant odors, better out in the open air; smelling of cooking food particularly disagreeable. The patient's history showed an attack of chills and fever dating back forty years, with some stomach trouble of about thirty years' standing, but which had not been very severe until the accident in May. Dr. Chapman stated that he had met several cases similar to this one, and that he was of the opinion that this case was carcinomatous, and, if so, would like to prove that homœopathic remedies would cure these troubles.

Dr. J. M. Selfridge—In a man of this patient's age, with the symptoms of long standing, I should be inclined to think it something malignant, though this opinion might be modified by further investigation. I had one case of a man who had suffered with indigestion for years, but finally the symptoms started in with great severity. Degeneration commenced in the pancreas, extended to the stomach, and killed him.

Dr. Ledyard—I think there was a suppression of the chills in Dr. Chapman's case, and I think this fact should be kept in mind during the treatment.

Dr. Chapman—I have thought of *Lycopodium* or *Carbo-vegetabilis* as suitable remedies for this case.

Dr. Underwood (on learning that the patient had also had a

suppression of gonorrhœa)—I saw such a case cured by bringing out the suppressed disease. I would suggest *Medorrhinum* to bring out the suppressed discharge in this case.

The President then proceeded with the regular business of the Club, suggesting, first, that the members select a special place to meet in San Francisco, so that the members will always know just where the meetings are to be held; whereupon Dr. Martin offered his offices to be used for the purpose. Dr. Wilson moved that the Club accept Dr. Martin's offer with thanks, and that hereafter the San Francisco meetings be held at Dr. Martin's offices. This was seconded by Dr. Ledyard. Carried.

Dr. McNeil then introduced Dr. A. N. Couture and Dr. J. M. Selfridge introduced Dr. A. J. Forget. Upon motion, these gentlemen were extended the courtesies of the Club with privilege of the floor.

The President then appointed Dr. Martin reader of the evening, who commenced *The Organon* at Section 19, continuing to 22.

DISCUSSION.

Dr. Ledyard—I had a letter from a lady who suffers from asthma. She writes to ask my advice, as she expresses it, regarding a preparation which she has heard will cure asthma. The preparation contains Iodide of Potash, Bromide of Potash, and Kola-nut. I sent her the symptoms produced by Iodide and Bromide of Potash, but the Kola-nut I knew nothing about. She said many cases had been cured by this preparation. How could these drugs cure asthma? They each produce different symptoms.

Dr. J. M. Selfridge—Perhaps the combination formed a new remedy, and in this way made a cure.

Dr. McNeil—The Kola-nut is evidently one of the most powerful stimulants. It is like Coca. Alcohol is not to be compared to these drugs as stimulants. Under their influence men can make wonderful exertions, but their secondary reactions are, in consequence, extremely depressing. In crossing over the Andes the Indians will carry heavy burdens for days without food, but under the effects of these stimulants. At

the age of thirty, however, they are more like walking mummies than men.

Dr. J. M. Selfridge—We do not know by what this lady wrote that any of the patients were cured. What she would call a cure and what we would call a cure might be a very different thing.

Dr. Underwood—I have a patient now who has used it for years, and she gets relief, but it does not cure. The allopaths call palliation cure.

Dr. J. M. Selfridge—I know of many cases which have been relieved by the removal of the so-called third tonsil, and some call such cases cures. I think it is too early yet to be sure of a cure by the removal of the third tonsil.

Dr. McNeil—In a case of horrible eczema, the patient could not even wear slippers, as the feet were in such a bad condition. Had tried all physicians, but did not seem to get well. Finally used *Cuticura Soap*, and there was a most remarkable cure. I think many of these cures are accidental, and it is a mistake to think that because a certain thing cures in one case that it will do so in every case.

Dr. Chapman—You take the ground, then, that all cures are homœopathic?

Dr. McNeil—Yes. We are the only school that recognizes the difference between individuals.

Dr. Couture—Does it necessarily follow that the asthma would come back again, or may it not come back again in the form of some other disease?

Dr. J. M. Selfridge—As in *cure* by the removal of the third tonsil. They are apt to be like the Frenchman's operation: the operation was a success, but the patient died.

Dr. Ledyard—In a case like that, would it not be a suppression of a suppression, which one would think would be almost impossible to cure?

Dr. Chapman—It strikes me that a great many of our prescribers will ignore the totality of symptoms to prescribe for an old itch, etc. I think *we are bound to prescribe for the totality of symptoms*, no matter what has been suppressed.

Dr. Ledyard—That is right; but if we prescribe for the totality of the symptoms, and yet the condition does not pass away, I then think it best to give the nosode to bring out the suppressed disease.

Dr. Underwood—I do not give the nosode homœopathically. It is given to bring back the suppressed disease, that I may cure it with the indicated remedy.

Dr. McNeil—I am a good deal like Dr. Chapman on that point. The question of nosodes has been made too much of. Anything that cannot come up straight and fair with *similia similibus curantur*, sooner or later will come to grief. The psoric theory does not violate the law of similars; but if you have a case of psora and give Psorium simply for that reason, it would be given against the law, and would, sooner or later, be a failure. If *Tuberculinum*, *Syphilinum*, or any other nosode, is given according to the law of cure, it will cure; but it will not do so in any other way. Homœopathy does not consist simply in giving a high potency, but *the totality of symptoms must always be met*.

Sections 23–27 were next read.

DISCUSSION.

Dr. McNeil—There has been a gross misconception as to the meaning of one point here. A number of years ago a man made an assertion in the *American Homœopath* that Hahnemann did not practice with the high potencies; and that all who used high potencies were not following his teachings. This man said that Homœopathy had no right to the high potencies. The point is this: that a *drug which is more potent than the disease should be used*. If any one will read that as seeking the truth, and what follows, he will see that the 30th potency that Hahnemann used was not potent enough to overcome this. I quoted from the *Materia Medica Pura*, and the *Chronic Diseases* and sent the *American Homœopath* an answer to what this man wrote, but they never published it.

Section 28 was read.

DISCUSSION.

Dr. J. M. Selfridge—I have always thought that Hahnemann made a mistake in explaining the effect of drugs.

Dr. McNeil—Hahnemann meant that he was satisfied with what he found out about the effects of drugs, and we can take his experience or not as we wish.

Section 29 was next read.

DISCUSSION.

Dr. J. M. Selfridge—It seems to me that the cure of disease is better explained by recent and more scientific explanations. *Sickness is disturbed molecular action* instead of deranged “vital force.”

Dr. Underwood—I would like to know what it is that causes the molecules to be disturbed.

Dr. McNeil—Talking of disturbed molecular motion is simply getting a scientific nomenclature for *deranged vital force*. I think the thing itself remains.

Dr. Chapman—I believe that *it is the spiritual man that is affected*.

Dr. McNeil—How do you account for the spiritual sickness in animals?

Dr. Chapman—We may be able to account for that too. This talking of metaphysics is talking about something you do not understand, and what no one can understand.

Dr. J. M. Selfridge—I have no idea of disputing Hahnemann, but I do not think his explanation is the best.

Dr. McNeil—Dr. Selfridge’s explanation is more modern and scientific perhaps, but it is still the same as Hahnemann’s. There is one point to be remembered: At the time that Hahnemann lived, the reign of law had not lived. He introduced it in the law of medicine. Every intelligent man believes now in the reign of law. An intelligent allopath will tell you that he believes in almost every law but that of medicine. Hahnemann shows that a man cannot get out of the reach of law by being sick.

The President then declared the meeting adjourned, to meet

again the first Friday in January, at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, when the reading of *The Organon* would be commenced at Section 29.

W. E. LEDYARD, *Secretary.*

Reported by Eleanor F. Martin, M. D.

AMALGAM AND KINDRED POISONS.

HENRY SHEFFIELD, M. D., NASHVILLE, TENN.

Health is a subject in which every individual is interested. How to secure it, how to protect it from impairment by poisonous substances and other detrimental agents, gives man the most anxious thoughts of life, and the philanthropist his most benevolent study.

Filling carious teeth with amalgam is destructive to health—it, with other poisonous substances, will be the theme of this article.

The poisonous effects of amalgam are not generally recognized, are not cared for properly, therefore its injurious effects should be as widely known as its use.

One of the ingredients of amalgam is quicksilver, which will rapidly oxidize when exposed to the air. Those men who mine it and inhale its vapors are salivated; they suffer from cerebral diseases; they are palsied; they sink into marasmus and die prematurely.

Plants that are exposed to the vapor of quicksilver, in a close room, will perish in a few days.

It is but a few years since a merchant ship left San Francisco, and in her cargo was a large quantity of quicksilver. It was not securely confined; it escaped and ran into the hold of the ship. There it came in contact with bilge water, by which it was oxidized, and its vapor soon permeated the hull of the ship. The crew of the ship were salivated, the canary bird caged in the cabin, the pigs and the fowls, each in their own quarters, and the rats in the hold, died from inhaling the poisonous vapor.

When quicksilver is dissolved in Nitric Acid, the product is Nitrate of Mercury. Let me enumerate some of the poisonous

effects of Mercury on the human family. A metallic taste in the mouth, headache, soreness and sponginess of the gums, pain in the sockets of the teeth when pressed together, fetid breath, ptyalism, ulceration of the mucous membrane of the mouth, fauces, larynx, and bronchia, loss of voice, hectic fever, profuse perspiration, emaciation, and death.

Quicksilver will dissolve in strong acid, it will oxidize in open air, in contact with fetid water, in the mouth when exposed to acids and vitiated secretions, and when swallowed with them is absorbed by the stomach, and its effects poisonous. The quantity of this oxide taken into the stomach in one week, or a month, will be comparatively small, but when swallowed, as it is, for years, will certainly produce the poisonous effects of Mercury, and in nearly the same order as heretofore enumerated.

The mercurial effect of this oxide is not as rapidly and extensively developed in persons of bilious, phlegmatic temperaments as in persons of nervous sanguine temperaments, who are by heredity predisposed to glandular and bronchial diseases.

We know that great grief, fright, intense anger, may so poison the milk of the nursing mother as to carry death to the child. Professor Elmer Gates, of the Smithsonian Institute, has not only isolated the poison and shown it in crystals, but has demonstrated that bad and unpleasant feelings create harmful chemical products in the body which are physically injurious, while good, pleasant, and benevolent feelings create beneficial chemical products, and these products may be detected by chemical analysis in the perspiration and urine.

Now, if mental emotions can create poisonous chemical products, it is absolutely certain that chemical substances introduced into the blood will destroy its purity and create disease in some part or organ of the body for which that substance has an elective affinity.

A great many persons possess an idiosyncrasy peculiar to themselves. One person will faint from one odor, another from a different one. One has fainted from the odor of copper, while hundreds of others have worn it in contact with the body, and it has relieved them of cramp, or rheumatism, or neuralgia.

These persons who have been salivated are particularly sensitive to Mercury; in them I have frequently seen ulcers of the mouth and fauces produced by a few doses of Mercury, each dose containing less than the one-thousandth part of a grain. Those persons who have been salivated and have amalgam fillings in their teeth, frequently suffer from mercurial rheumatism and other symptoms of that poison; in fact, some are walking barometers, and by their pain can foretell a change of weather.

When the liver has been stored with atoms of Mercury, it can be stimulated to increased secretion by acids, hence their frequent use.

The proverb, "The fathers have eaten grapes and the children's teeth are set on edge," is an eternal fact which appears to be little known and less observed in this country. The effects of Mercury and other poisonous substances are not confined to parents who use them, but are transmitted to their children, "even to the third and fourth generations."

It is not, therefore, what comes out of the parents' mouths that defiles them and produces disease in their children, but that which they put into them. The use of alcoholic drinks, drugs, tobacco, Morphia, with many other poisons, is destroying the physical stamina and mental equilibrium of native Americans and making them selfish and evil. The free use of deleterious substances will degrade the natural body and make it an unfit temple for the soul.

If you would learn the effects of poisonous substances, examine carefully the children of native Americans who have used such enormous quantities of them. You will find them with enlarged tonsils, glandular swellings, skin diseases, catarrhal affections of the eyes, ears, nose and throat, subject to croup, teeth and bones imperfectly developed; they easily succumb to inflammatory conditions or marasmus ends their early career. Our asylums for the vicious, the insane, the orphan, the blind, the mute, the deaf are crowded with them.

These facts show the rapid decline of native Americans, physically, mentally, and morally during the past century, and

if the same course is pursued of constantly swallowing poisons, it will not require a prophet to foretell their ultimate extinction.

“Weighed in the balance and found wanting” is the writing on the wall; and unless philanthropists and reformers waken native Americans to their danger, they will not escape their doom.

For forty years patients have come to me with teeth filled with amalgam, each one suffering with some of the symptoms enumerated in poisoning by Mercury. After the amalgam had been removed, and their teeth refilled with gold, they soon began to improve and ultimately recovered, except those who had ulceration of epiglottis, larynx, trachea, and bronchia, accompanied with hectic.

The facts presented with my own statement *are positive evidence*, and it cannot be lessened or destroyed by any amount of *negative evidence* nor ridicule.

To my patients I state plainly the effect of amalgam fillings and its disastrous consequences. They then consult their favorite dentist, who declares their teeth to be in good condition, and he is acquainted with persons who have worn amalgam fillings for many years without any injury, and he knows it can do them no harm.

To this statement I will reply, that he cannot know (only believes) that any one person can resist the poisonous effects of any substance, or perform any act whatsoever, because another person has done so successfully. For example: Dr. Winslow, of Boston, could lift a dozen men at the same time, therefore my patient can do the same thing. Professor Sandow can do the somersault with fifty pounds in each hand, therefore my patient can do the same thing. Such deductions are false, misleading, and harmful.

Every individual is entitled to his own opinion and belief, in the defense of which he will often risk his own life. That does not prove his belief to be either true or false; only shows his own firmness and fortitude.

If it is founded on falsehood or superstition it is worthless to others who know the facts.

Now, it is utterly impossible to have a clear brain, with virtuous, benevolent, and honest impulses, surmounting a diseased and depraved body. We, therefore, sadly need school-houses where able preceptors can teach new women and children "the truth, the whole truth, and nothing but the truth" about physiology, toxicology, hygiene, and every other subject that has any bearing on health; how to protect and perpetuate it, and how to transmit it to our children.

Health is a universal need, as that only can modify avarice, lust, and crime, and ultimately overcome them.

When native Americans all become sound in body and brain, then, and then only, can they closely follow the examples of Christ; then, and then only, will they practice religion in its purity; then, and then only, will justice, harmony, peace and prosperity prevail among them.—*The Homœopathic News.*

A REMARKABLE CASE.

DR. PRÖLL.

(Translated by A. McNeil, M. D., San Francisco, Cal., from *Archiv für Homœopathie.*)

In 1858 a lady of the nobility came to consult me on account of her daughter. It embarrassed her to name the complaint, but she at length mustered up courage to tell me that a horrible odor streamed out of her daughter's mouth, so that she could scarcely go near her, and for a long time had ceased to embrace her. She was unable to discover a cause, and, the most dreadful of all, her daughter's affianced had promised to visit her in three months, and she could not blame him if he would break the engagement. She wished to communicate these things before I saw her daughter.

She now called her in, and I was most agreeably surprised to be introduced to a lovely being with the most superb form, like a Juno, who very shyly offered me her hand. Her eyes were red with weeping. She was about twenty-three years old; blonde hair, blue eyes; her exterior revealed no blemish. Her mouth, as well as her graceful although voluptuous form, was a

model of neatness. Her teeth were faultless, not one missing; her tongue beautifully clean, and also her throat, and yet it cost me a great effort to approach her mouth, for a cadaverous fetor almost drove me away. And yet every function, including the sexual, was normal. The riddle was difficult to solve.

I returned to her examination and discovered something, viz.: a trace of a scrofulous taint, which was told me by her mother; that when the daughter was a little girl she had suffered from a scrofulous affection of the nose and eyes.

When she retired, that I might continue my investigation of her mental state, her mother related to me that she was extremely melancholy, and that now she has longings for solitude, is reserved, timid, and sad. I had to build my diagnosis and treatment on these materials.

I explain the disgusting odor by exosmosis through the walls of the net-work of veins in the mouth and throat, and that from the relaxation of the tissues generally and their want of tone which permits gases to escape (Carbonites of Sulphur? Sulphide of Hydrogen? Phosphide of Hydrogen?) from the impure blood (scrofulous dyscrasia) through the meshes of the venous coats (as the watery vapors from the unglazed porous vessels, the so-called alcaragas).

I then selected, based on the law of the similars, Aurum-met., particularly on account of the mental condition, and also on account of the scrofulous diathesis.

At first three times a day before eating, what would rest on the tip of a spoon, of the 5th dec. trituration, and after three days the 10th dec. dilution, a drop morning and evening.

Behold how my diagnosis and choice of remedy were confirmed by the results! In seven days the mother, radiant with joy, announced a considerable improvement; after fourteen days strikingly pure breath. After three weeks, when she received the 30th dilution, a drop once a week, perfect recovery, and after two months, the wedding. The bad odor never returned.

ASTHMA FROM A SUPPRESSED ERUPTION.

DR. DAHLKE.

(Translated by A. McNeil, M. D., San Francisco, Cal., from *Die Zeitschrift*.)

R., a teacher, about forty, came to me in the summer of 1892 on account of asthma, from which he had suffered three years. He thinks it has been caused by taking cold. The attacks usually arise after catching cold, and continue several days at least. They begin with whistling in the chest, and dyspnoea when walking. This increases to such a degree that the slightest motion produces a want of breath. The first days there is neither expectoration nor cough afterward. This is followed by expectoration of mucous threads, without cough. When the attacks are severe he cannot go to bed, and must sit bent forward. Fumigation with Stramonium and Hyoseyamus relieves.

He had suffered since his sixteenth year from an eruption which disappeared with the beginning of the asthma, and has not returned.

During winter he suffers most. He is a demi-blonde, inclined to corpulence. I gave him Sulphur⁵, which he took until late in autumn.

January 27th, 1893.—He has been all winter, until the present time, free from a severe attack. The eruption has returned and troubles him much with itching.

Sulphur³⁰, a dose night and morning for three days, then Placebo.

March 6th.—He has not had an attack. Continue Placebos.

February 8th, 1894.—Has not had an attack this winter.

EXANTHEMA SQUAMOSUM FROM QUININE.—Of all acute exanthemata none is followed by such thorough desquamation as scarlatina and the Quinine eruption. All medicinal eruptions have this in common, that they are very apt to return after every new use of the drug.

CIRCUMCISION NOT A MINOR OPERATION.

HOWARD CRUTCHER, M. D., CHICAGO, ILLINOIS.

Circumcision may not be a major operation, but it is certainly not to be classed with the minor operations. In the first place an anesthetic, local or general, is required; vessels are to be ligated, and some careful stitching is necessary to secure a good result. The bleeding is sometimes very troublesome, and is never a matter of indifference to the careful surgeon.

Circumcision is really an amputation, and with this view in mind can be dealt with precisely as any other operation of the kind. My method is as follows:

Apply an elastic constrictor near the base of the organ; inject from ten to thirty drops of a four per cent. solution of Cocaine into the soft tissues of the prepuce; wait about three minutes, meantime working the tissues between the thumb and fingers; when the solution is thoroughly worked into the tissues, remove the constrictor, draw the prepuce well forward, which act locates the vessels, then ligate all the vessels by passing a needle around them and tying above, the suture line to be well behind the intended line of incision; next stitch the spaces between the vessels, being careful not to include too much tissue in the suture. When all sutures are tied, split the foreskin on the dorsum, and carry the incision around the organ until the necessary tissue is amputated. The method of amputating all the tissue by one sweep of the scissors is not satisfactory. If any vessel has escaped preliminary ligature it should be secured without delay. The frænum sometimes gives a troublesome hemorrhage, and any oozing at this point must receive the most careful attention. Once I had a dangerous and nearly fatal hemorrhage from this vessel. The bleeding was at last controlled as follows: The point was seized with strong forceps and drawn up; a needle was passed through the centre and the mass tied from both sides. It had been tied before, but transfixion was necessary to prevent the ligature from slipping.

The operation as described applies, of course, to adults and to those children in whom no adhesions are present, or, if present, are easily broken down. In adhesive cases it is often necessary to make a free incision before any progress can be made. In no operation can iron-clad rules be laid down.

Some may think the precautions against hemorrhage unnecessary, as the bleeding is generally trivial, but my experience is that some serious and perhaps fatal hemorrhages arise from amputation of the foreskin. The tissues are so soft that little aid can be expected from the natural hemostatic forces. One day recently I was called hastily to stop a hemorrhage in an infant of ten months, whose family physician had amputated the foreskin at one sweep and ignored all other features of the operation, not even putting in a stitch. It is a fact that the operation is often done in this manner. No one would think seriously of amputating a finger in this way, and yet of the two operations circumcision is frequently the bloodier.

As a matter of record I put the following in print: At a social gathering a gentleman apologized to me for his sleepiness by saying that his boy, aged about a year, had been so nervous and fretful that the entire household had been robbed of rest on account of the youngest member's pulmonary activity.

"Why don't you circumcise him?" I asked.

"Oh! he has been some time ago. Our family doctor don't believe in operation, but he gives a medicine that has the same effect."

The name of this medicine, and especially the name of the doctor that gives it, ought to be made known. It is a pity that such astonishing wisdom should have remained concealed so long.

The removal of a gangrenous leg will not cure a patient, but it is very certain that a cure never can be brought about without amputation. Circumcision may not completely cure every case, but it certainly is an obstacle of great magnitude in many instances.—*Journal of Orificial Surgery*, February, 1896.

HONOR TO OUR BROTHER.

The Board of Freeholders of New Brunswick, N. J., has elected Dr. Samuel Long, County Physician, to succeed Dr. Carroll, of the old school, the former incumbent.

The Daily Home News, of New Brunswick, in speaking of it says editorially :

“It is quite a feather in the cap of the practicing homœopaths of this community that one of their own has been recognized as a desirable person for the office of County Physician. Thus it is seen that the selection of Dr. Samuel Long by the Board of Freeholders yesterday over Dr. Carroll had a peculiar significance, for it is probably the first time in the history of the county that a new school disciple has been thus recognized. The vote was 10 to 9, and the Republicans voted as a unit for Dr. Long, although there had been no caucus. And we have no doubt that Dr. Long’s politics were unknown to the members of the Board, as they are this minute to us.”

A correspondent of the same journal writes as follows :

“**HOMŒOPATHY GOT A BOOST.**—How certain esteemed physicians of this city would have jumped into the fight had they supposed for a moment that the Board of Freeholders intended to elect a homœopathic physician as County Physician. We should have seen some wire-pulling that would have been intensely interesting. As it is we can congratulate Dr. Long. The foolish prejudice against the new school has received a body blow.—REMUS.”

THE HOMŒOPATHIC PHYSICIAN congratulates New Brunswick upon its selection of so able a physician as Dr. Long, who is a homœopathist, not only in name, but most strict in his practice of the scientific doctrines of Hahnemann.

DIPHThERIA AND THE SO-CALLED ANTI-TOXINE.

JOS. FITZ MATHEW, M. D., VICTORIA, PA.

There is every reason to believe that the obsequies of Behring's serum have commenced. The adverse testimony of many distinguished medical practitioners enjoying exceptional facilities for testing the Anti-toxine—whose mental faculties have resisted the influence of crack-brained bacteriological enthusiasts is such that it must now be regarded as little short of criminal to inject into the tissues this horse serum poisoned by diphtheritic toxine.

From various quarters we still hear favorable reports of its action, prematurely given, and it is unpleasant to reflect that the investment of \$100 or less in an unfortunate horse will produce serum to the value of \$2,000 to \$2,500.

There was once a city in ancient times (beleaguered by an enemy, whose walls were out of repair, and the town council assembled to consult as to the best material to be used, when the currier, who had a large stock of leather on hand, said: "Gentlemen, in my opinion there is nothing like leather."—*Æsop's Fables*). Now let us hope that Behring's serum is not being recommended in some quarters from unworthy motives.

Assistant Surgeon F. O. B. Cordero, U. S. N., in reply to Surgeon-General of the U. S. N., said: "After a thorough study in various hospitals of Berlin of the use of Behring's diphtheria serum, so far proofs are lacking of the value of it in diphtheria. Children who during their first sickness have been treated with large doses of serum have, a short time afterward, acquired diphtheria anew. In a large number of cases children have been treated on the first and second day of their illness with the fullest doses of the Anti-toxine and died. * * * A large number of children treated with both large and small immunizing doses have within a few weeks acquired diphtheria,

and some of them have died of it. * * * We do not possess a single scientific proof that a case of diphtheria was ever prevented by the immunizing process. It is certain that a large part of those who have died, notwithstanding the serum treatment, did not die from the effects of a mixed infection, but directly from the specific effects of the Klebs-Löffler bacillus." Dr. Winters, of the Willard Parker Hospital, is most emphatic in his condemnation of it. He reports one hundred and fifty cases treated without the slightest effect. He further says: "The conditions of these babies was one of Anti-toxine septicemia brought about by the influence of Anti-toxine on the blood."

A correspondent of the *New York Medical Record* gives a very unfavorable report from the hospitals of London. The doctor in charge of one of the largest of the seven hospitals devoted exclusively to infectious diseases, the Northwestern London Fever Hospital, said, that in common with other institutions, save one that is neutral, the Anti-toxine is now regarded as a complete failure, and on the whole rather harmful to patients. The mortality ranges as formerly, about twenty-seven per cent.

Dr. Lennox Brown, of London, reports the treatment of a hundred cases of diphtheria without Anti-toxine, and one hundred with it, with the same rate of mortality.

NOTE ON ANTI-TOXINE.

A profound sensation has been created among medical men of Germany and France through the fatal effect attending the administration of anti-diphtheria serum to the child of an eminent Berlin physician. A servant in the physician's household, showing signs of diphtheria, the doctor, to prevent his child from contracting the disease, administered an injection of the serum, and the child died in a few minutes.

United States Commercial Agent Moore, at Weimar, has made the incident the subject of a special report to the State Department, in which, after telling of the theories put forth by

the medical authorities to account for the fatal action of the serum, he declares the child died from nervous shock, although it has been decided that the injection of the serum into a healthy person for prevention is a dangerous practice.—*Philadelphia Evening Bulletin*, May 18th, 1896.

SURGERY WITHOUT PAIN.

IMPORTANT OPERATIONS DONE WHILE THE PATIENT IS FULLY CONSCIOUS.

A recent meeting of the Philadelphia County Medical Society was rendered particularly interesting on account of the presentation of a paper by Dr. T. Parvin on the new method of abolishing the pain of surgical operations without the necessity of employing Ether or Chloroform. This is the system suggested and practiced by the well-known German surgeon Schleich, who, by its use, has been able to perform practically all of the minor and many of the major operations of surgery without the slightest pain to the patient, and without depriving him in any other way of his consciousness.

By the method of Schleich, there are prepared three solutions of common salt, in which are dissolved different quantities of Muriate of Cocaine and Morphia. The part to be operated upon is thoroughly cleansed with an antiseptic solution, and the surface brought to a low temperature by a spray of Chloride of Ethyl. Into this area of the skin, which, by the action of the spray, has been deprived of all sensation, the salt solution containing the Cocaine and Morphine, is injected by means of a special hypodermic syringe, numerous punctures being made in all directions. This renders the deeper structures insensible to the surgeon's knife, and for a period of from twenty minutes to half an hour the patient is not conscious, so far as actual pain is concerned, of extensive cutting and sewing.

The new method differs in an important degree from the ordinary employment of hypodermic injections of Cocaine. The strength of the drug which has been used in the past is

about one part in each twenty-five parts of the solution, while in the Schleich method there is often employed a strength of only one in ten thousand. In the former, however, only a few drops of the solution are employed, while in the latter the tissues surrounding the part to be operated upon are thoroughly infiltrated with the solution. With the small quantity of the Cocaine employed by Dr. Schleich, it is apparent that something more than Cocaine is responsible for the local anæsthesia so perfectly obtained. In the opinions of Drs. Keen, Ashhurst, and Morton, who discussed the merits of the new system, the infiltration of the tissues with the solution and the distention and consequent pressure upon the small nerves were responsible in a large measure for the absence of pain when the incision by the knife is made.

To indicate the manner of employing the method of Schleich, and to show the entire absence of pain, one of the surgeons had the solution inserted beneath the skin of the arm and an incision an inch long made and sewed up before the society.

In the discussion it was generally conceded, both from the results achieved by the German surgeon and the experiments made in a number of cases in this city, that a decided advance had been made in the field of anæsthetics, and that for a large number of operations the infiltration method would entirely supersede the general anæsthesia by Ether and Chloroform.—*Philadelphia Record*.

MEASLES A DANGEROUS DISEASE.

There is quite a prevalent but erroneous idea that measles is not a dangerous disease, and hence but little effort is made to restrict its spread in most localities. However, in England, and some American States, statistics have shown the magnitude of the danger resulting from this opinion and neglect, and also the great benefit following the application to this disease of the preventive measures generally used against other communicable diseases.

The Michigan State Board of Health has taken the lead in

this important field of State preventive medicine. This it is enabled to do, because for years that State has enforced a thorough system of gathering vital statistics, which is placed at the disposal of its Health Board; which also is furnished with a large clerical force, and means of communicating with every neighborhood in the State, and of insuring compliance with its rules and regulations.

The Michigan State Board of Health classes measles with "diseases dangerous to the public health," and which must be restricted under the law; because it is a communicable disease, and, therefore, preventable; because it occasions a large number of deaths each year in Michigan, and causes several thousands of cases of sickness each year. Also it frequently injures or destroys the organs of sight or hearing. It prepares the way for, and is closely followed by, pneumonia and consumption. In England, where it is very prevalent, it destroys more lives than diphtheria and scarlet fever combined.

By reference to the voluminous and elaborate reports of the Michigan State Board of Health for thirteen years, inclusive, it will be seen that great labor has been bestowed upon the prevention of measles, and with marked beneficial results. In the latest (or twenty-third annual report), attention is called to two erroneous and very harmful beliefs, to wit: That measles cannot ultimately be escaped any more than teething, and that the least dangerous time for persons to have the disease is while quite young children. The carefully studied statistics of Michigan demonstrate that measles is a preventable disease, and that it is more fatal to children under ten years of age than to older persons.

Doubtless, if Tennessee had such a system for collecting vital statistics as Michigan has, and if like study was bestowed upon the hitherto underrated disease, measles, the same fact would be apparent here. Beyond question the medical profession in Tennessee, and many other localities, has been too careless in this regard, and should hereafter profit by the long and patient efforts of Dr. H. B. Baker to wake us up.—*State Board of Health Bulletin of Tennessee*, March 20th, 1896.

SEA SICKNESS—THERAPEUTIC INDICATIONS.

H. N. GUERNSEY, M. D.

Arsenic.—Same thirst as of Phosph., but the substances are vomited *immediately*. Feels *very* weak and *exhausted* after vomiting.

Bellad.—Nausea, with retching and gagging, but not much vomiting.

Bryonia.—Wishes to keep still; the least *motion*, sitting up, moving about, even the motion of the hand, may aggravate the nausea or vomiting. All food is ejected at once.

Cocculus.—When one is satisfied that the motion of the vessel aggravates the nausea, and produces vomiting. Headache, with a strange feeling in the head, a sort of uncertainty.

Ipecac.—Constant sensation of nausea, vomiting without any relief.

Nux-vom.—Nausea, with a sensation as if vomiting would bring relief; it seems as if some substance were in the stomach creating the nausea, which, if ejected, would cure.

Phosp.—Thirst for cold water and for cold substances generally, which after awhile (as soon as warm in the stomach), increase the nausea, and are vomited.

Pulsat.—Nausea and vomiting, with a very bad taste in mouth, and of all substances ejected; one wishes to cleanse the mouth with cold water frequently; a slimy, sticky feeling in the mouth.

Secale.—Nausea, with a sensation as if too warm, one wishes less clothing; finally vomiting profusely, with a marked sense of relief; one feels *much* better every way for awhile, then the same scene is repeated, and so on.

Sepia.—Painful sensation of emptiness at pit of stomach; smell of food aggravates the nausea.

Tabac.—Nausea, with great sense of weakness and faintness; can hardly stand or sit up, a deathly sort of feeling; cold sweat.

AMMONIUM-BROMATUM IN BRONCHIAL TROUBLES.

DR. H. GOULLON.

(Translated by the late Dr. Samuel Lilienthal.)

An aged lady, past sixty, suffered since January from extensive bronchial catarrh; rattling murmurs all over chest, with most difficult expectoration; cough very painful, so that she has to support the chest by pressure with her hands; worse at night, as it prevents all sleep, and feels in the morning unrefreshed and bruised all over; prostration and exhaustion. One solitary dose of Ammonium-brom. 3d cent., removed the whole trouble as if by magic, and the old lady is happy again. Eichler led the attention, years ago, to Ammonium-bromatum and Iodatum, where copious mucus is produced from the nostrils or from the respiratory organs, but so far very little clinical experience has been recorded, either from negligence or from failure in its application. Goullon gives us the following valuable hints for its use:

1st. Chronic bronchial catarrh, turning into an acute stage.

2d. Constant rattling in chest, and still difficult painful cough, partially and momentarily relieved by pressure of hands upon the chest.

3d. Insomnia from the constant cough and desire to expectorate.

4th. Hebetude and exhaustion from the constant cough.—*Pap. Zeitschrift*, 16, 91.

HEADACHE.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

Mrs. Margaret C., æt. thirty, came under my care September 6th, 1894, with the following history: Inclined to obesity; bilious, lymphatic temperament; headache first appeared at

puberty ; it either precedes or follows the menses ; as a child had stomach disorders and was generally weak ; pains are not well defined as to character, but change place over head ; it is accompanied by vomiting of bile, and followed by jaundice and stiffness of the neck, always lasting several weeks ; great intolerance of heat and pressure of the neck-band ; bad taste in morning. R̄ Lach.^{cm} and Sac-lac.

October 24th, much better. December 31st, slight return of symptoms. R̄ Lach.^{cm} and Sac-lac. October 11th, 1895, reports that she is well, and has had no headache since the last prescription. The chief interest in this case centres in the fact that two doses of a high potency cured a headache which had persisted fifteen years, and was evidently purely of a reflex nature.

DIABETES.

Sir George Johnson proposes a new test for urine, in which, to an equal volume of urine and saturated water solution of Picric acid, half its volume of Liquor Potassi is added. An orange red color instantly appears as a result of the incipient reducing action of Picric acid at ordinary temperature. The color is deepened by boiling, and if after about a minute at this temperature a bright red color appears through the test-tube when held up to the light, the urine is free from sugar. A solution containing two grains of glucose to the ounce of water is rendered so dark that no light is visible through the full diameter of the tube. It is asserted by the author that traces of sugar do not exist in normal urine.—*The N. Y. Med. Times.*

BOOK NOTICES.

THE LIFE AND LETTERS OF DR. SAMUEL HAHNEMANN.
By Thomas Lindsley Bradford, M. D. Philadelphia, Pa. :
Bœricke & Tafel, 1895. 513 pages. Price in cloth, \$2.50
net ; by mail, \$2.75. Half morocco, \$3.50 net ; by mail,
\$3.95.

The editor owes the author and the publishers alike an apology for the long delay in noticing this book. His excuse is that the story of Hahnemann's life has been told by Dr. Bradford in such fascinating style that he desired to read it through carefully before discussing its merits. Hence the failure to speak of it at an earlier date.

Dr. Bradford is very well known to the profession by his excellent book, *Homœopathic Bibliography of the United States*. This latter book shows an immense amount of research, as it is also the product of many years of laborious collecting of books and pamphlets devoted to Homœopathy, Dr. Bradford has thus established himself as an authority upon homœopathic literature. Therefore, when he appears before the profession as the writer of a life of Hahnemann, his work must receive much more than the usual attention, and must be accorded a most cordial reception because of the confidence inspired in him by his previous volume on the Bibliography of the School.

Nor are we disappointed when we examine the book. It is delightfully written in a style that compels attention and interest. Many points in Hahnemann's life not hitherto brought out, or else overlooked and forgotten, are here recorded. For instance, on page 316, it is related that Hahnemann was made honorary member of "The Medical Society of the City and County of New York," which was an Allopathic organization of the leading physicians of the old school in New York city! Hahnemann continued to be a member of this society for ten years, when his certificate of membership was withdrawn by the society about a week after his death! Of course the members could not have known of his death, as cable communication between Europe and this country had not been established. It is, however, an interesting item in the history of this great man.

All the statements in this biography are abundantly backed up with authorities, and at the end of the book is a list of all of Hahnemann's works.

A discussion of the *Chronic Diseases*, the work which, more than any other of Hahnemann's writings, has caused so much virulent controversy, is given with great careness. It will be remembered that a review of the new edition of Hahnemann's *Chronic Diseases* was published in this journal in April. In that review mention was made of the inaccuracies of translation of the *Chronic Diseases* perpetrated by Dr. Hempel in the former English edition.

Dr. Bradford seems to have shared the opinions given in that review of the unreliability of Hempel's English rendering, for he has almost entirely ignored it in speaking of the *Chronic Diseases*, and appears rather to have depended upon a manuscript translation prepared by Dr. Korndorfer. It is to be regretted this translation never saw the light. It probably will not, now that the version of Professor Tafel has been published.

In connection with this discussion of the *Chronic Diseases*, perhaps one of the ablest, as it is one of the most interesting parts of the book, is that in reference to Hahnemann's psora theory. A fine defense of Hahnemann is here given, an elaborate and vivid exposition of what he meant by psora, and

a demonstration that Hahnemann *did* know of the existence of the itch insect. This last point has been persistently questioned, and Dr. Bradford, we think, has effectually settled it.

Nothing like this book has ever appeared concerning the master of the healing art, and nothing too much in praise of it can be said of it by any reviewer. Nothing commensurate with its merits has been said in this notice. To do it justice would require more space and more time than is at the command of the editor, and so this abbreviated commentary must serve to cordially recommend Dr. Bradford's fine effort to the attentive perusal of all who venerate Hahnemann.

THE CHECKING LIST CASE BOOK, by Maro F. Underwood, M. D., 924 Geary Street, San Francisco, California. Folio, 200 pages; price, \$3.00. 400 pages, price, \$5.00, postage prepaid.

This is a folio volume, with pages measuring sixteen inches by twelve. It is intended to assist in studying difficult cases, and is well adapted for the purpose. The editor of this journal has been making use of it for some months, with a view to testing its value before recommending it to the profession.

To enable the reader to understand its arrangement, we may thus explain it:

On opening the book we observe that the left-hand page is differently ruled from the right.

The left-hand page is divided into two columns, for writing down the symptoms of the patient. At the top of the page are headings with blank spaces, for inserting name, address, age, weight, and other necessary items of information.

The right-hand page is divided into four columns. On the left-hand borders of these columns are arranged the names of the remedies of the homœopathic materia medica in alphabetical order. The rest of the space in these columns is ruled off into very narrow *sub*-columns of about a quarter of an inch in width. In these sub-columns are placed letters of the alphabet from A to R, in a line running across from the name of the remedy.

In using the book, the main symptoms of the case are written down on the left-hand page, and, instead of being numbered, are marked each with a letter of the alphabet from A to R.

On studying the case when a symptom—say "D"—is found under any particular remedy, say *Corallium-rumbrum*, that remedy is hunted out in the right-hand page, the letter D is sought, and a dash marked under it. If any other remedies have this same symptom they too are marked. Proceeding in this way, we finally have all the symptoms accounted for under the different remedies. A glance of the eye serves to show which one of the remedies has the greatest number of these dashes opposite to it. This remedy, so indicated, is selected for administration to the patient. When the next report from the patient, after taking the remedy so indicated, comes in, there is no

need to go over the study of the case again, because we have the whole of the previous study mapped out and ready for immediate reference. Thus this book is a time-saver. We have, as before stated, made frequent use of it in difficult cases, and find it works very satisfactorily.

THE PRACTICE OF MEDICINE. A Condensed Manual for the Busy Practitioner. By Marvin A. Custis, M. D. Philadelphia: Bœricke & Tafel. 1896. Price, \$2.00; by mail, \$2.06.

This little work of 367 pages, in its elegant flexible morocco binding with gold edges, is very similar in external appearance to the *Accoucher's Emergency Manual*, by Dr. Yingling, published by the above-named firm in 1895. The author, in his preface, says: "In the description of the diseases the latest definite views of etiology and pathology have been given; and, in the treatment, only those remedies are mentioned that have a definite relation to the disease treated of.

"The symptoms of each remedy have been marked according to their estimated value.

"The standard works of both schools have been consulted in the preparation of this manual, and the indications for the remedies are those accepted by the homœopathic medical profession generally as trustworthy and accurate."

The above plan has been well carried out in this work. Almost every disease known to man is here treated in a few concise words. After the name of the disease its synonyms are given; then, in regular order, we find definition of the disease, etiology, pathology, symptoms, physical examination, duration, complications or sequelæ, prognosis, and, finally, the treatment, which comprises hygienic and dietetic as well as the medicinal treatment. The selection of remedies is good, as far as it is possible to group them under the name of a disease. The author has quoted liberally from the therapeutic experience of such physicians as Farrington, Hughes, Hale, Jahr, Bell, Lutze, Goodno, and a host of others, giving the reader an opportunity of knowing in what esteem a remedy was held in a certain disease by these well-known physicians.

The method in which a physician treats intermittent fever is generally an index of his treatment of other diseases, and of his position toward Homœopathy; so here does the treatment of intermittent fever somewhat index the character of the work before us, as shown in the following statement: "The quickest way to *check* intermittent fever is by giving a full dose, say ten to fifteen grains, of Quinine, about one hour before the expected chill; but, if you want to *cure* the patient, you must give the indicated remedy."

All in all, this is a work that will form for students a reliable compend on the Practice of Medicine, as also for the busy practitioner who wishes to carry with him on his visits to patients a work that comprises the whole scope of medicine in a condensed form.

C. L. O.

NOTES AND NOTICES.

THE annual meeting of the SOCIETY OF HOMŒOPATHICIANS will be held at "The Matthewson," Narragansett Pier, R. I., June 23d, 24th, 25th, and 26th.

The rates will be \$3.00 per day; two in a room, \$5.00 per day.

"The Matthewson" has been much enlarged, almost rebuilt, and will be more attractive than ever.

Four days have been selected for the meeting, in order to avoid the constant work and hurry that usually attends such conventions; it will also give those present a chance to enjoy themselves and to become acquainted with one another.

The meeting will be an excellent one. Many interesting papers are promised for the various bureaus.

Candidates for membership will be present and will read papers.

A stenographer will be in attendance.

The first session will be held at 2.30 P. M., Tuesday June 23d.

S. A. KIMBALL, *Secretary*,
124 Commonwealth Ave.,
Boston, Mass.

"THE PLEASURES OF OUT-DOOR LIFE." Birds, insects, ferns, mosses, plants, flowers, stars, planets, etc., are all delightfully written about by the most talented writers in *The Observer*, Portland, Conn. This popular magazine has been greatly enlarged and improved, yet the price is only ten cents a single copy, one dollar a year, as heretofore. Young people as well as old will be interested in the attractive pages of this magazine. It is a valuable opening to the wonderland of out-door life, which, strange to say, is unnoticed by the greater part of mankind.

THE MEDICAL CENTURY has issued a voluminous prospectus of their *Homœopathic Text Book of Surgery*. It contains portraits of the authors and otherwise gives considerable information concerning their book. Copies may be had by addressing The Medical Century Co., 31 Washington Street, Chicago, Ill.

THE STANDARD DICTIONARY of Funk & Wagnalls, New York. Professor D. G. Brinton, M. D., LL. D., University of Pennsylvania, and President of the American Association for the Advancement of Science: "The attack upon the *Standard Dictionary* is absurd, malicious, and inexcusable. The *Standard Dictionary* was unquestionably right in inserting the class of words referred to, right by the precedent referred to in the most cultivated countries, and right by the requirements of linguistic science."

THE AMERICAN HOMŒOPATHIST has arranged to take a select, private party of ladies and gentlemen to London, sailing July 25th, to attend the International Homœopathic Congress.

The cost of this trip will be as follows: From Detroit to London, and re-

turn to Detroit, \$90.00; from Cleveland to London, and return to Cleveland, \$92.00; from Buffalo to London, and return to Buffalo, \$85.00. And so in decreasing proportion as we approach the point of sailing. This includes railway fare to point of sailing, ocean fare, and railway fare from Liverpool to London, and return to point of starting.

This is to be a popular, hard-times outing for hard-worked and not over-paid professional people. A lot of jolly folks out for a jolly time and at moderate expense. No full-dress affair. No purple and fine linen. No trunks. Nothing but a valise or two. Wearing comfortable clothing. Also paper collars and cuffs if we want to. Skipping costly hotels. Eating and drinking (principally the former) when and where and as much or as little as we like or can pay for.

The sailing is along a route not commonly selected by American tourists. It is, however, bright with attractive features, both on land and sea. The actual ocean voyage is cut down to about five days.

By going with us you will be with friends. You will not need to be nervous. You will not be a stranger in a strange land. You will not have to deal with unknown and indifferent steamship companies and their local agents. You will deal directly with the editor of *The American Homœopathist*, who will be of the party. Before you leave home you will know exactly the location of your berth, the amount of clothes and money, etc., to take with you.

Board and bed can be had abroad for \$1.00 a day and upwards. Arrangements are now pending for special hotel and furnished-room rates in Liverpool, London, and Paris for this party.

Write quickly for particulars (inclosing stamp), as the number of berths held for this party has already been agreed upon, and no more are to be had on this steamship.

Address *The American Homœopathist*, 57 Bell Ave., Cleveland, Ohio.

INTERNATIONAL HOMŒOPATHIC CONGRESS, August 3d to 8th, 1896. In consequence of the demand for a hearing at this Assembly, it has been determined that the forenoons, hitherto destined for extemporized and informal gatherings, shall be utilized for "overflow meetings," to be held under the rules and officers of the Congress. They will be devoted to the further discussion of the subjects of the preceding afternoon or to the handling of fresh subjects of the same order.

As a good deal more time will thus be made available, the officers can abandon the limitations under which, in their "preliminary announcement," they invited further communications. They will now welcome such, not only "on the topics hitherto specified, and on those which will be later announced as chosen by the American Committee," but upon any subject which may be selected by the essayist. They would add, moreover, that even should the additional time prove insufficient for a discussion of all the papers they may receive, these—if accepted—will be read by title at the meeting, and be printed in the Transactions.

All American contributions should be sent to Dr. Dewey, 170 West 54th Street, New York, the Secretary of the Committee appointed at the last meeting of the American Institute of Homœopathy for furthering the interests of the Congress from that side of the water. Contributions from other countries should be addressed to the General Secretary of the Congress, Dr. Hughes, Brighton, England.

BURNETT'S COD LIVER OIL is a standard with the medical profession throughout the whole United States. Write to Theo. Metcalf Co., of Boston, for literature.

THE AMERICAN INSTITUTE OF HOMEOPATHY will hold its annual meeting at Detroit, Mich., beginning Wednesday, June 17th, 1896. The local committee, Dr. D. A. MacLachlan, Chairman, has been vigorously at work during the past few months, and has perfected its plans to such a degree that it may be said, without any exaggeration, that the Institute will receive a right royal welcome in Detroit. A magnificent building, containing auditoriums, large and small, reception rooms, rooms for committees and officers, and every possible convenience, has been engaged for the use of the Institute, and it is believed that the arrangements in this respect will be more complete and satisfactory than ever before. The hotels are first-class, charge moderate prices, and will do all that is possible to entertain the members of the Institute.

Detroit is a beautiful city, centrally located, and most fortunate in its approaches. From it many delightful trips and excursions may be taken. The details of these will be announced by the local committee. One proposed trip, however, deserves special mention—the journey by the magnificent new lake steamers to Duluth and return. There is no finer trip than this in the world.

The annual circular, to be issued in May, will give full information regarding the details of the meeting.

DR. EDMUND CARLETON has removed from 53 West Forty-fifth Street to 62 West Forty-ninth Street.

HAHNEMANN'S BIRTHDAY.—Dr. Henry M. Smith, 288 St. Nicholas Ave., New York City, Secretary and Treasurer of Hahnemann Monument Committee, has written a letter to the profession repeating the offer of Dr. Bushrod W. James, of Philadelphia, Pa., that the birthday of Hahnemann be made the occasion of interesting the public, as well as the profession, in Hahnemann's history. He also reports the great work already accomplished in attaining the object, and solicits more subscriptions, which may be sent to the above address.

MARCHAND'S GLYCOZONE —Recently a case of imitation of this preparation which has been so extensively advertised in THE HOMEOPATHIC PHYSICIAN, for the past two or three years, has been brought to the attention of the profession.

For some months a Dr. Beach has been selling a similar preparation, which he called Glycozene upon the labels of the vials, but Glycozone in his circulars, thus making it appear to be the same preparation as that of the Drevet Manufacturing Company. This company, therefore, took the case to the United States Circuit Court of Northern Ohio, and obtained an injunction forbidding the sale of the imitation or of the use of the name Glycozone. It is likely that this decision of the court will intimidate others from similar attempts to appropriate these names or the products.

THE PENNSYLVANIA STATE COLLEGE, STATE COLLEGE, PA.—An examination of candidates for admission will be held at the College, Thursday, June 18th, at 9 o'clock A. M. A second examination will be held Tuesday, September 15th, beginning at the same hour.

Local examinations will also be held Wednesday, June 24th, at Philadelphia, Pittsburg, Harrisburg, Williamsport, Reading, and Scranton, beginning at 9 o'clock A. M. Places will be announced in the local papers two weeks in advance.

Orders for tickets over the Pennsylvania Railroad and branches to Lemont, or to the College (via Bellefonte) and over the Reading and Beech Creek roads to Bellefonte, may be obtained from John I. Thompson, Jr., State College, Pa.

THE National Eclectic Medical Association will hold its twenty-sixth annual meeting, by special invitation, in the Chamber of Commerce Building, Portland, Oregon, on the 16th, 17th, and 18th of June, 1896. The Association has issued a handsome octavo book of more than ninety pages, describing the route and giving programme of proceedings. It is embellished with photographs of the fine scenery along the route. The book may be had of the publisher, Pitts Edwin Howes, M. D., Boston, Mass.

A NEW SANATORIUM.

LAKE AVENUE, NEWTON HIGHLANDS, MASS., May 12th, 1896.

DEAR DOCTOR:—Every physician occasionally wishes to send away, for a few weeks or months, a patient who needs a change of scene and a rest from business or family cares. To those of my professional friends who hesitate to send such a case to a large sanatorium, and are unwilling to risk a change of treatment, I desire to announce that I am prepared to receive a few cases into my own home and give them careful nursing, a liberal diet, and strictly Homeopathic treatment; avoiding the factitious aid of tonics and palliatives.

Newton Highlands is nine miles from Boston, on the Albany road. The well-known beauty and healthfulness of this suburb render it especially desirable for all who appreciate attractive scenery, pure air and water, fine roads, and proximity to the Atlantic seaboard.

My house is pleasant and modern, located in the healthiest part of Newton. The terms are \$25 a week, including board, nursing, and medical attendance:

Yours fraternally,

SAMUEL L. EATON, M. D.

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"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.

Vol. XVI.

JUNE, 1896.

No. 6.

EDITORIALS.

MERCURIUS-VIRUS.—Mercurius is often indicated in inflammation of the ear, with discharge of pus from the ear, and external ulceration. Chamomilla is to be thought of when the pus is thin. Silicea when the pus is watery and offensive. Pulsatilla when the pus is thick and green or greenish-yellow. Calcarea-carbonica for white pus with profuse perspiration about the head, having a sour smell, coming on when the child is sleeping.

The editor made a brilliant cure of a case of this kind in a little child by using Calcarea-carbonica.

The Mercurius patient suffers from dullness of hearing on blowing the nose. Greenish, fetid pus is discharged from the nose, which is similar to Pulsatilla, except that the color under the latter remedy is yellowish-green.

Mercurius has profuse fluent coryza of a very virulent type and the discharge being corrosive. This is somewhat similar to Arsenicum. The difference being that the coryza under Mercurius is more virulent and the discharge is acrid. Another difference is that the Mercurius patient is bathed in perspiration which does not relieve, while the Arsenic patient has a cold skin with dryness suggesting parchment.

The Mercury patient has dull, lustreless eyes, while the Belladonna patient is just the opposite, having bright lustrous eyes.

The Mercury patient also has inflammatory swelling of the lower jaw and almost complete immobility of the jaw. This is similar to Lachesis.

There is caries of the jaw under Mercurius similar to Phosphorus. This would naturally be expected when we recollect how Mercury in massive doses loosens the teeth and softens the gums in cases of salivation.

Mercurius is valuable in the sore mouth of children, with or without parasitic growths. Nitric-acid is also valuable in the same condition. The most striking characteristic of Mercurius is the indentation of the edges of the tongue by the teeth. Arsenicum-album, Iodine, Rhus-toxicodendron, and Stramonium have this same symptom.

Dr. Lippe, however, did not mention all the remedies that have this symptom. From his note-book the editor copies the following :

Tongue indented upon the edges. Arsenicum-metallicum, Arsenicum-album, Antimonium-tartaricum (Tartar-emetica), Glonoine, Hydrastis, Ignatia, Iodine, Kali-bichromicum, Kali-iodatum, Mercurius, Podophyllum, Rhus-toxicodendron, Sepia, Stramonium, Tellurium. Dr. Knerr's *Repertory to the Guiding Symptoms* gives in addition to the foregoing, Chilidonium, Syphilinum, and Viburnum. In cases of epithelioma with hypertrophy, Kali-muriaticum; in atonic dyspepsia, Sepia; in stomatitis, Hydrastis; and abuse of Mercury, Kali-iodatum.

Mercurius has swelling of the roof of the mouth in ridges as in horses.

Under Mercurius in cases of inflammation of the throat, there are stinging pains, like Ignatia. In these cases the fluid swallowed comes out through the nose. This is like Belladonna and Lachesis.

Mercurius has desire for sweet things which make his symptoms worse.

Mercurius has metallic taste in the mouth. Dr. Lippe related the case of a chemist, his patient, who could always tell when the Doctor had given him Mercurius in a potency, by the metallic taste in his mouth, after taking the pellets upon his tongue.

Mercurius has pains in the abdomen after taking cold. Nitric-acid has liability to take cold in the abdomen, causing colic. Indeed colic from taking cold in the abdomen is a keynote of Nitric-acid.

From the foregoing it will be seen that there is a continual correspondence between Mercurius and Nitric-acid. One supplements the other. One antidotes the other. Take a case coming from the old school, where the patient has been dosed to excess with either Calomel or Blue Mass, Nitric-acid is likely to be the remedy, and will do wonders in relieving the patient.

In conclusion, attention may be called to the sensation of emptiness in the abdomen, which is Dr. Guernsey's keynote for Phosphorus. This symptom can also be found under Mercurius.

DR. MARTIN DESCHERE.—The editor owes Dr. Deschere an apology for the astonishing transformation of his name as printed in the January number of THE HOMŒOPATHIC PHYSICIAN at page 40.

In giving the list of officers of "The Hahnemann Association of New York," the name of the President is printed "Naesteri Desebere, M. D." This absolutely unique perversion of the name of so distinguished a man as Dr. Deschere is not, as it would seem to be, a printer's blunder. It occurs exactly so in the original manuscript sent to this office for publication.

The editor noticed it in reading the proof, and at once referred to the copy, only to find it there. It was his intention to write to New York and find out what the name really was. Other duties pressing upon his attention, this resolution was forgotten, and so this strange combination of letters got into print. It is only within a few days that the attention of the editor was called to the queer thing by the Corresponding Secretary, Dr. H. D. Schenck. Hence the tardiness of this correction.

DYNAMICS OF NATURAL AND HOMŒOPATHIC SCIENCE.

(Thoughts on the essay of Dr. C. Kunkel, in Kiel: Are Matter and Force Cause and Effect? *)

B. FINCKE. M. D., BROOKLYN, N. Y.

Goethe's dictum on the natural research of his time, "that indeed nothing could be said against its exactness in detail, but that the fundamentals are passed over too lightly," which the author places at the head of his essay, is inestimable. It is a pity that the great man paid no attention to another great man growing up side by side with him, viz., Hahnemann. But we know that the friend of Goethe, the celebrated Doebereiner, rejected Hahnemann's discovery of the active principle of the alkali, called by him Causticum, which has become one of the most valuable remedies in the homœopathic materia medica. So likewise the rare and costly Platinum, which came to Doebereiner's hands through his friend Goethe, and led him to the discovery of Platina-black and the invention of the Platina igniting machine, grew in the hands of our own Stapf to one of the best homœopathic remedies in acute and chronic diseases, unknown to the chemist from whom it came. The reason of this negligence of those great men of science lay in their acknowledgment of Materialism under the disguise of the then prevailing Rationalism, which also Hahnemann followed till he found another view answering his research in medicine, the dynamic philosophy founded upon the life-force animating all matter. Goethe's "Farbenlehre" confirms the idea of his Materialism, and his refutation of Newton roots in it because Newton's fundamental ideas were decidedly dynamic, and conform with Hahnemann's dynamicism, to which this philosopher arrived at the hands of facts which grew out of the potentiation

* Sind Stoff und Kraft, Ursache und Wirkung. Ein Beitrag zur Arzneifrage. 2. Aufl. Kiel und Leipzig: Lipsius & Fischer. 1894.

of substances for the purpose of assimilating them to the life-force which animates everything, therefore also the human body. Thus it appears that the dictum of Goethe at the head of our essay goes against himself, for his aggression of Newton is so bitter because he himself went over the fundamentals of all natural science, the universal gravitation, the origin of which Newton left to every one studying it, without fastening it to a materialism such as dominates the researches of the scientists up to the present day.

The "Unity of Life" is curiously maintained by the natural philosophers, physicians, physicists, and chemists of the day, but for reasons which on account of the incongruity in thinking cannot bear close scrutiny. For they try to explain life and especially organic life by physical and chemical laws which, however, according to their views only find their application upon what they call dead matter, because those laws are deduced from the behavior of matter to each other, naturally or experimentally. This contradiction has not come to their consciousness, since they do not acknowledge any other forces than physical and chemical forces. They close their eyes to other forces or merely put them aside in order to take them up again when the science will be so far advanced in the future ages, to remember the material stowed away for eventual future use. Nothing indeed can be said against this. These scientists, however, should be careful not to distrust, slander, and hinder efforts which aim at no less than to assign now to these forces their proper places as well as those of physics and chemics themselves in general science.

Naturally the "Unity of Life" comprises simultaneously the so-called material and spiritual world. The life is the motion which penetrates everything and by means of matter mediates the phenomena which are ascribed to the realization of their underlying laws. The physical and chemical forces of inorganic things are of the same nature as we observe in the organic world, but they are more simple, and therefore easier to deduce and demonstrate, than those of the complex organic bodies. The unity of life can certainly not be subject to any doubt. Life is a

series of motions from the lowest to the highest, from the simplest to the most complex with irradiation of infinitely many side-series which in all possible angles deviate from the line of the main series. But motion, what is motion? Change of place. Change of place of what? Change of something which moves of itself or is moved. But no matter moves of itself. How uncertain is this concept of motion! From the appearance and from the experience it is accepted without much ado that it must always be a body which is subjected to the motion. But does not also the spirit move? Are not the thoughts in constant motion, in waking and dreaming? By the motion all things are connected with each other. By the motion they act upon each other. Without motion nothing can be conceived as existing. The motion, therefore, is more than a mere property of something else, it is something itself and certainly something which is most difficult to understand, because it enters into the composition and existence of all things without being a material thing itself, and without it these things are not at all thinkable. Unfortunately there has been attached to the word "Motion" always a low concept in the science of mechanics, which has to deal only with dead inanimate objects and their action upon one another. But always at the same time the universal motion which pervades the universe in all its large and small parts, called "Universal Gravitation," the universal attraction which is the realization of the fundamental principle of "Universal Assimilation" or "Homœosis," lying at the bottom of it, is forgotten or neglected or unknown.

If now by the Hahnemannian potentiation we find that in all substances exists a force which of different quality only after a peculiar manipulation under elimination of all material appears and is assignable only by its application to the human (animal) organism, we immediately arrive at the fact that only by an inert vehicle this force can be evolved from the substance. This points to the fact that the substances, aside of their physical and chemical forces, contain still other forces unassignable by these departments of science which can be called medicinal forces, since they can be recognized only by the pathogenesis

and pathopoësis of the organisms, but never by mere physical and chemical experimentation. The present conception of natural science, therefore, has no right to fasten the life of organic bodies upon the procrustes bed of physical and chemical laws concerning matter as mass. This matter serves only to furnish to the organism the material for its growth and development. Though this material naturally is subject to these laws also, it does not follow that what is characteristic of the inorganic stone and earth in physics and chemics is necessarily also the characteristics of the organic body in dynamics. In relation to this, which, and though it comprises in itself the physical and chemical laws, we may ascribe life also to matter, since in its potentiation it must contribute to the organization of the higher organic bodies. Therefore, instead of degrading the organism by the appearance and the necessity of the realization of the physical and chemical forces in it to a lower value, the forces of the so-called dead and inanimate bodies have to be raised to a higher grade by the concept of life. And thus we arrive at the idea that what is called motion comprises the concept of life in itself as the continually-acting force in the universe which refines the matter by potentiation and utilizes it for the formation of organisms.

In this regard no objection can be raised to the conception of a unity of life. On the contrary, it is a great progress in the modern, natural science, which, without knowing or willing it, follows imperceptibly in the wake of the Hahnemannian dynamic philosophy.

This is just the error into which they fall, that they consider the organism as though a very complicated mechanism or machine which can be taken asunder and in all its parts treated *ad libitum*. For the machine is only in so far valuable as it fulfills the purpose for which it was made. The decomposition of it disturbs its unity of action and with it its purpose. The parts of the machine have every one its own life, according to the quality manifesting itself in its action. Just so the organism. Without the unity of life it is no more an organism. It is indeed a complicated mechanism, but a great deal more. For in

it are deposited the higher organs, the life-force, the soul and the spirit which manifest themselves in their activity by means of the mechanism of the organism. Nothing can illustrate this better than the Hahnemannian concept of the life-force. Only it should not be conceived as an abstract something which independently like a king sits upon his throne and rules his subjects. The life-force is the blossom of the mechanism, and cannot be missed in the living organism on account of the mentioned necessary unity of life, the force of life of the whole organism in its entire unity. May the adherents of the physico-chemical school cease to acknowledge the life-force and throw it away into nothingness, as they imagine: *naturam expellas furca, tamen usque recurrit*. The poor, slandered Genoveva thrust into the wilderness, who must subsist upon the products of Homœopathy, will be vindicated, and like this be reinstated in her full rights.

Therefore, indeed, the conception of the unity of life excludes the expression of a dead nature, for everything moves or is moved—*i. e.*, everything lives.

The declaration of the action of the mineral waters which owe their virtue to something else than the matter contained in them in inappreciable quantity, in the essay before us is quite appropriate to lead the natural philosophers the right way, since it is clear and admitted by them the amount of matter they hold cannot be the characteristically healing power in them, the peculiar animating something which these waters undoubtedly possess. Here our fluxion-potencies present an analogy and offer a practical solution of the problem. After the medicinal substance has been subjected to a thorough succussion in the initial potencies prepared according to Hahnemannian rule, it is submitted for a long time to a slow continuous stream in the proportion of one to hundred, a process which decidedly excludes every idea of attenuation of matter. At least after the twelfth centesimal potency every scientific test fails to reveal the presence of any matter.

The proof of the efficacy of these fluxion-potencies lies in their application upon the healthy and sick organism. The

modus operandi of this process is not the attenuation of matter, but the transference of the medicinal forces contained in the crude medicinal substances upon an inert vehicle. The process potentiates the inert vehicle and renders it medicinal in the direction of the original substance used. As any mechanical force is transmitted by machinery for the work intended, so the undulation of the fluxion carries the medicinal force to all the infinitesimal parts of the fluid vehicle employed and makes out of them potencies powerful to sicken or to heal as the case may be.

Now the mineral waters in question are fluxion-potencies prepared by Nature by means of a continuous fluxion for many miles. The medicinal forces of the matter over which this takes place yield their power by transference to the undulations of the flowing water; and afterward at certain places they show the healing qualities, which are made use of by drinking and bathing. How many medicinal forces enter the current it is impossible to say; but some of them must be predominant, because peculiar characteristic healing qualities, and also the reverse, are observed from the different waters. That the wave-motion of the waters supplants the Hahnemannian succussion and facilitates the potentiation is probable. In our fluxion-potencies the succussion has been made use of only in the initial potencies. In the higher potencies the simple undulation of the slowly-flowing water has been sufficient to transfer the medicinal force throughout the whole mass of vehicle.

The learned hypotheses which have so far been advanced for the explanation of the action of the mineral waters in question, which escapes the acumen of physical and chemical investigation, may do all honor to their proponents, but they fail to give a practical result which leaves no reason for speculation and satisfies the most rigorous philosophical method of scientific research. But, of course, those adherents of the physico-chemical school must study Hahnemannian Homœopathics if they want to approach a solution of the problem before them. Our potentiation by fluxion, however, furnishes a simple type how forces can be transferred through masses of fluid vehicles with ease

and certainty and preserve the character of the medicinal force of the original medicine substance intact to the highest degrees. The proof can only be furnished by the homœopathic argument, which consists in the administration of the potencies upon the human organism in proving and healing. This proof has been given, for these fluxion-potencies are now in constant use in acute and chronic diseases by the homœopaths for the last thirty years. But our opponents, the scientists *par excellence*, are so ignorant in regard to homœopathic science that it is no wonder that they cannot find the explanation of the efficacy of the mentioned mineral waters. They turn around and around to escape the true solution of the problem, which can only be reached by the homœopathic potentiation.

The mineral waters in question, then, are fluxion-potencies obtained by Nature through the instrumentality of flowing water over medicinal substances. Through flowing along large distances for miles and miles, the substances coming in contact with the water are potentiated—that is, the medicinal forces contained in them are taken up by the water and transferred through the undulation to immense masses of water serving as vehicle, so that when they appear at the surface of the ground as springs, they exert their healing or sickening action as the case may be, which are recognized by their administration to the human body. Our potencies pass also along a way of many miles in the slow exit of the vehicle from the potentiating vial. The undulation of the flowing water which by its gravity seeks the lower level is the necessary element for the transference of the medicinal forces while spread through and penetrate all the infinitesimals of the moving vehicle. Our potentiation differs from the natural one as it limits itself to the potentiation of one single substance, whilst, in the natural one of the mineral waters (so-called), a multitude of substances is concerned. Thus the value of our potentiation depends upon its simplicity as a scientific experiment. There is nothing than the substance acted on, and the undulating vehicle moving according to the laws of gravitation. The inductive experiment of applying the thus obtained potencies in

health and disease, leads us to the undoubted fact in nature proved by physics and chemics, that it is not the matter which is transferred by a supposed but erroneous infinite divisibility of matter through the inert vehicle, but the forces dwelling in the matter and the proposition, therefore, that all matter contains medicinal forces, aside from physical and chemical ones, is not a hypothesis, but an established fact to be accepted as fundamental in general science.

That the powerful succussion enjoined by Hahnemann, who thought in it to find the explanation of development of medicinal force has that significance and the great value assigned to it is very doubtful, because efficacious remedies are obtained by gentle motion of the fluid vehicle by simple fluxion.

But it is entirely beyond doubt that—*e. g.*, a Cm Lachesis, which exerts its potency upon the healthy or sick human body, cannot be derived from anything but the original drop of the poison obtained from the living snake. This small drop has the immense series of hundred thousand potencies behind itself, with all the series which may be derived from every drop of the vehicle-series *ad infinitum*, and every one is potent to act upon the human body according to homœopathic law.

Inversely, all those infinite series of potencies which are medicinal forces can be thought to be contained in the original drop used for potentiation, and there is no other way to think of it, for during the potentiation nothing was concerned in it than the drop originally used and the inert vehicles. Nay, the forces obtained from the drop are by no means exhausted in it, and probably still more infinite series have been in it which could not find development.

According to the most approved scientific methods the last molecule of matter had disappeared already in the twelfth centesimal potency, nay, somewhat before it, though this limit has been appointed to it only by mathematical calculation of the last molecules of another substance, and this has been adduced as a proof that all the potencies claimed after this arbitrary limit of potentiation are mere figments in the brains of those thinking differently. An experience of more than fifty years by hundreds

force which dwells in all and everything in various innumerable degrees and directions, and is brought to the highest perfection in the wonderful organism of man.

We, however, here have to do only with the medicinal forces which we use to heal the sick according to the eternal principles of pure homœopathics as revealed and taught by Hahnemann. But of this the ruling powers of natural science and medicine, and also the majority of our own profession, do not want to know anything. They turn with disdain from the acceptance of the Hahnemannian ideas which they do not take pains to understand, because they militate against the accepted tenets of materialistic philosophy. They will not acknowledge the great fact of the almighty source of life-force, and please to be considered as gods themselves whilst they live. They are actually adored as saints! Hence they try to force any science opposed to their way of thinking out of existence, because it is so unpleasant to be reminded again and again that their materialistic philosophy resembles the terrible image of Nebucadnezar standing on feet of clay. Even the good Newton took care not to derive gravitation from matter, and left it to every one to discern its cause. But it is all in vain to convince those who do not want to see. How many human beings must perish before their time of allotted life, before the great lights of science will take proper notice and accept the beneficent doctrine of Hahnemann and execute it, instead of running after the false lights of botched methods, which, supported by the political forces, are forced upon poor humanity as the *ne plus ultra* of medical wisdom. If they were reasonable, the little pamphlet of Dr. Kunkel would give them pause. But it is all in vain. Only the successful cures, according to the Hahnemannian art, multiplying as the art and science of homœopathics progresses in its further cultivation on our own ground, can promise a better future for suffering man.

Certainly the law of mechanical acquivalence is decisive for the organic life, though it comprises the law of quantitation; but it is so just as well for inorganic life on account of the unity of life claimed by general science now, as mentioned above.

This law of mechanical acquivalence is nothing else than the law of proportionality applied to medicine in Hahnemann's *similia similibus curantur*, and in the relation to the sensitivity of the organism.

UNDER NO CONDITIONS, THEREFORE, CAN MATTER BE LOOKED AT AS THE CAUSE OF FORCE, for this is the grossest materialism, leading back into the wilderness of savage life. No! The Hahnemannian idea of potentiation applied to the acknowledged unity of life is the correct view, viz.: That matter is only the vehicle of force, hence inert *per se*. Wherever the force comes from may be revealed to those who after death care for it, if they are not content to know already during their life on this earth, that it comes from God, the creator and preserver of the universe.

But whence does matter come? No doubt from the same Almighty source; but what, according to the idea of potentiation matter itself is, is a nut which we must leave to the materialistic philosophers to crack, as it is their undoubted duty if they make it the supreme power governing all science.

Ceterum censeo macrodosiam esse delendum.

B. FINCKE.

BELLASYLVA, PA., Sept. 4th, 1895.

"THE REPETITION OF THE DOSE."

(Proceedings of the Brooklyn Hahnemannian Union.)

The regular meeting of the Brooklyn Hahnemannian Union was held on February 29th, Dr. Baylies presiding, according to appointment. Dr. Fincke read a translation of an editorial by Dr. Villiers, of Dresden, comparative of different methods of practice, showing that, while the homœopathic law is the only one which satisfies, yet its progress largely depends upon the character of its representatives. Dr. Lutze spoke of the three provings of Anti-toxine recently made by the Kings County Medical Society, the value of which was rendered void because

of the Carbo-lic-acid in which the Anti-toxine was preserved, nearly all the symptoms elicited being Carbo-lic-acid symptoms. Dr. Baylies added that there were no symptoms from the 1st decimal, but the 6th and 30th were followed by diarrhœa and tonsillitis, and the latter was cured with Belladonna. These three provings cost the society seventy-five dollars. Dr. Lutze spoke of the progress of Allopathy as guided by fad, which seemed to follow a curve and was now going back to the old method of using parts of the human body, or isopathy. He preferred potentiation by alcohol to that of animal propagation. Dr. John Campbell referred to the recent idea of tuberculized chickens.

At this point, the members having all assembled, the minutes of the previous meeting were read and accepted. Dr. Baylies' paper on "The Repetition of the Dose" was then read.

Dr. Baylies said in part that the object of the homœopathic prescription is cure, and to accomplish this there is more to be considered than merely symptom-similarity. The remedy to prove curative, often, must have attained a greater vibratile tension than can be reached in ordinary potencies, in order to harmonize with the perturbed vital dynamis. The high potency must be managed with greater care than the low.

The necessity of frequency of repetition of doses depends upon the activity of the individual medicine, the duration of its action, and the susceptibility of the patient, which at present can be determined only by experiment. The 200ths, in sthenic conditions, such as inflammation or fever, act well in doses repeated every two or three hours. In chronic diseases, or acute inflammations complicated with psora, the best results have been obtained from the single dose of the high potency—generally under CM. In diphtheria give the single dose, high, and repeat at cessation of improvement. Aggravation or suspension of improvement often follows repetition of high potencies. In grave forms of disease, like diphtheria, it is necessary to economize the medicinal force, in order to economize the vital force. Dr. P. P. Wells thought that a lower potency cannot well follow a higher.

In several cases of chronic diffused eczema much increased congestion of the skin followed administration of second dose after lapse of several weeks. The patient was cured, but recovery was retarded by the repetition.

Dr. Fincke said that, although there is great diversity of opinion on the subject there is uniformity in saying, if improvement continues, let the medicine act. Hahnemann himself has given different views, and we read many contradictions in the journals, as when one authority cautions *not* to repeat Lachesis, while another says it is one of the shortest-acting remedies.

Dr. Lutze spoke of a case of sleeplessness which had continued since an attack of scarlet fever. The man had the appearance of the fever again with grip. Belladonna cured him, but a repeated dose produced an aggravation.

Dr. Alice Campbell insisted that there ought to be some law. Dr. Fincke questioned if repetition could spoil the case. Some even say that a very high potency might hasten death, acting so powerfully. Dr. Close asked whether the evil effects attributed to repeated doses might not sometimes be due to the psychic influence of the prescriber upon the patient. If he fears trouble he will be likely to have it. The prescriber's moods may affect the accuracy of his prescription, and they may also, by operating telepathically, or through what is called personal influence, impress his patient helpfully or otherwise, as well as the remedy prescribed. Dr. Campbell said we speak of moods in developing an art, but the healing art is different. One's moods affect his personality, and an undeveloped art like Homœopathy must be above moods, and will be, with the right conception of art. The scientific curiosity to see what the drug would do had kept her above them. Dr. Close related a case which demonstrated an exception to the usual rule that a high potency should not be followed by a lower. A boy with nocturnal enuresis had for years been treated with high potencies at long intervals without apparent effect. A powder of Pulsatilla²⁰⁰, every night for two months, had nearly cured him.

Dr. Fincke gave a case where, after three miscarriages, the patient was threatened once more, and began flooding at the

seventh month. Sabina^{cm} was used, and she was worse. Sabina millionth cured in a half-hour. Repetition evidently did it. Also a case of enuresis where the patient slept heavily, Opium^{90M} helped. When given every day it aggravated, but every third night only it acted better.

Dr. Campbell again expressed her longing for a principle to guide one. Dr. Close said the homœopathic remedy is a force or potency to be individualized, and that which influences it must be observed. We cannot determine beforehand how long it will act. The principle Dr. Campbell desires is, repeat when improvement ceases. The doctrine of the single dose includes a repetition of the same dose on the cessation of improvement.

Dr. Campbell asked how we should know when a patient is progressing; by the symptoms, or generally feeling better?

Dr. Close said, if we grade symptoms by their importance, mental symptoms come first, and that would include the "feeling better." Dr. John Campbell gave in diphtheria the Biniode of Mercury^{cm} with no effects, but the 30th four times in water entirely overcame the paralysis of the throat. He also told of a case of metrorrhagia which Sabina^{9m} stopped in three minutes, adding that while he thought he had no mental influence, because of his anxiety, yet he had confidence in the remedy.

Dr. Lutze related a case of sleeplessness with no symptoms except irritability, aggravation from noise, and relief from lying on the stomach. Belladonna^{cm} repeated in a week produced no effect, but the 30th given every morning for two weeks caused sleep at night, which benefit then continued.

Dr. Baylies gave a case of cough and night-sweats and sore sides where Kreosote produced some benefit, but one dose of Bacillinum^{50m} caused the patient to gain four pounds in a week. Also a case of peritonitis with appendicitis in a woman over sixty. The attending symptoms pointed to Pulsatilla. 45M helped, but CM completed the cure.

Dr. Campbell told of the sudden death of her brother from heart trouble, accompanied by attacks of so-called indigestion.

The peculiar feature was the absence of abnormal heart sounds. Puls. and Carbo-veg. had kept the trouble subdued.

Dr. Lutze thought abnormal sounds were not always an accompaniment of valvular lesions, and Dr. Fincke spoke of a man over seventy who had all kinds of noises in his heart.

According to the alphabetical arrangement Dr. Alice Campbell was elected chairman for the next month, and the meeting then adjourned.

E. L. CLOSE, *Secretary.*

CHIONANTHUS IN JAUNDICE.

H. C. MORROW, M. D., AUSTIN, TEXAS.

Mrs. A. had suffered several days with a very severe headache before sending for me.

Pains shoot like lightning from temples to eyes—right temple worse than the left. Moving of the eyeballs causes aggravation. Pressure relieves. Right hand and arm get cold. Feels sore all over. Scalp is sore. Lies very quiet. Is afraid to move because motion aggravates all the pains. Moistens lips with tongue. Drinks frequently but not much at a time. Throbbing in temples. Sighs and moans and is in very great distress. Motion and jar aggravate headache. Face and teeth sore. All complaints worse on right side. Right hand warm, left hand cold.

Photophobia — eyeballs very sore. It hurts to move them and aggravates headache, also chill every day about 8 P. M., which soon anticipated to 5 P. M.

Thirst before and during chill; aching all over. Felt cold in stomach. Felt subjectively cold, but objectively warm. Thirst for small quantities of water frequently during the fever, but it is vomited in a short time.

Wants cold drinks; craves buttermilk. Headache better lying on painful side. Hot to touch during chill.

Covered up during chill, but uncovers during fever. Wants to be uncovered during sweat. Thirst during sweat.

Burning thirst during fever for very cold drinks, which are vomited as soon as they become warm in the stomach.

Great restlessness and distress, has to move occasionally although motion is intensely painful and does not ameliorate. Sore all over—sore to touch when handled. Is so sore she cannot move herself, has to be helped.

Back and legs ache during chill and fever. Cold inside, hot outside during chill. Very profuse sweat after fever passes off. Burning like fire the whole length of œsophagus. Acids disagree. Urine burns when it passes. Very severe boring, pressing pains in stomach.

Pains in stomach worse from motion, turning, gaping, belching, breathing, lying on back, eating and drinking.

Stomach and whole length of œsophagus burns like fire. Great restlessness and anguish.

After she had been sick several days and no amelioration of her sufferings from Arsenicum, Arnica or Bryonia, she became jaundiced. Skin yellow as saffron and sclerotics deep greenish-yellow, but no amelioration of her sufferings. She was five months pregnant, but strange to say with all her vomiting and retching and agony she had no intimation of a miscarriage.

After the appearance of the jaundice I put her on a *Chionanthus*³⁰ (my own potency), and from the very first there was improvement and in two days she was apparently as well as she had ever been in her life.

She went to full term and was delivered of a strong, healthy child.

I did not test the urine, but always have been sorry I did not. There may have been some albumen in the urine, but of course this is conjecture.

Chionanthus is a remarkable remedy in disorders of the liver, especially where the appearance of the skin and eyes show that the liver is not secreting the bile.

An uncomplicated case of jaundice I have never failed to cure in a few days with this remedy.

I cured with *Chionanthus*, a year ago, an old German who had had jaundice of several weeks standing. In less than a week

all traces of jaundice were gone, and he has been in fine health ever since.

Not only that, but severe attacks of gall-stone colic disappeared with the jaundice. These he had been having at frequent intervals for two years.

I quote a few symptoms from its proving to show its intense action on the pneumogastric nerve and on the muscular system. The following are the symptoms of

CHIONANTHUS VIRGINICA :

Eructations, nausea, and vomiting.

Bitter eructations.

Never before felt so sick at the stomach.

Eructations so bitter and sour that I had to hold my mouth open to permit their escape.

Hot, bitter, sour eructations, setting teeth on edge.

Great nausea and retching with desire for stool.

Very violent attack of nausea and a great deal of retching before he could vomit.

Vomitings of very dark-green, ropy, and exceedingly bitter bile, with a single gush.

Vomiting, followed by cold sweat, standing in beads on the forehead, and by extreme weakness.

Sore, weak, bruised feeling all over small of back.

Sore and weak in sacral and lumbar regions; could scarcely walk.

Sore, aching, tired feeling in lower limbs.

Sore, aching and bruised feeling all over body.

Head feels sore and bruised; bruised feeling seems to go deep into the brain.

It is a matter of great regret this remedy has not been fully proved before this time.

In disorders of the stomach and bowels, where the liver is likewise involved, it has but few rivals in the materia medica.

While I do not believe in specifics, yet in jaundice I have cured nine-tenths of my cases with this remedy alone. Improvement is immediate, and I have never seen a case of uncomplicated jaundice fail to be cured by it in a very brief time.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter St., San Francisco, Friday evening, January 3d, 1896.

Members present: Drs. J. M. Selfridge, W. E. Ledyard, N. T. Wilson, G. J. Augur, S. E. Chapman, George H. Martin, and C. M. Selfridge. Visitors: Drs. A. J. Forget, C. J. Holmgren, and Mr. A. Johnson.

The meeting was called to order at 8.10 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary and approved.

Upon motion of Dr. Wilson, seconded by Dr. Ledyard, the courtesies of the Club were extended to Dr. Holmgren.

Dr. Chapman stated that in the case which he presented to the Club at its last meeting, upon further investigation he had discovered the patient has been suffering from constipation for a long time; the bowels retracted, with *sensation as if the bowels were drawn back to the spine*, and sheep-dung stool. He prescribed *Plumbum*²⁰⁰, and thought now that on the whole the man is mending.

Dr. Ledyard thought that physicians often make the mistake of treating diarrhoea when it appears in certain cases, instead of leaving it alone and prescribing for the other symptoms.

The President then appointed Dr. Martin reader of the evening, who commenced *The Organon* at Section 29.

DISCUSSION.

Dr. Wilson—I presume what is meant by "life-long diseases" is that they are inherited diseases.

Dr. Ledyard—This would show the utter uselessness of resorting to hydropathy or massage to cure these chronic diseases.

Dr. Chapman—I would like to know if there is anything in our law to prohibit a man from using hydropathy? I saved

two lives by this method. One case of pneumonia in a woman sixty-seven years of age. Respiration was above 50; pulse so fast that I could not count it at all; temperature 107° – 108° . She was going down fast, and I saw that something more should be done. *I wrapped her in wet, cold sheets*, and the steam fairly rolled from her. A copious watery discharge from the bowels came on and relieved the tension she was under. Was this justifiable for a homœopath to do? I know that the cold water set about a reaction with this critical discharge.

Dr. J. M. Selfridge—You were not certain that she would not have had that critical discharge anyway.

Dr. Chapman—The other case was one of typhoid fever in a powerful young fellow. Rigors every evening about 10 o'clock, with tremendous shaking for hours. I could not stop it and thought he would die. I gave the indicated remedy as far as I could get at it. The rigors continued all night long. The third night I made up my mind that something more had to be done. The temperature was very high. I ordered some *hot water*, dipped some blankets in it and rolled him up in them and he slept nearly all night. He was relieved in about ten minutes after being rolled in the blankets. I continued giving the remedies. I cannot help believing that the hot water pulled the man through. I think it a very valuable auxiliary.

Dr. J. M. Selfridge—It was not Homœopathy anyway.

Dr. C. M. Selfridge—The old school are doing this a great deal in typhoid fever. They dip the patient in the water for from three to five minutes, and do this two or three times a day.

Dr. Wilson—Why would it be objectionable to Homœopathy? It simply brings about a reaction and the medicines are set to work.

Dr. J. M. Selfridge—Because it is not in accordance with the law of similars.

Dr. Chapman—The man in my case was not chilly, but simply had rigors; perhaps they were nervous.

Dr. Ledyard—It *was* homœopathic; the man was hot with fever and the water was hot.

Dr. J. M. Selfridge—Would hot water produce these symptoms?

Dr. Ledyard—It is on the same principle as using snow for frost-bite, and I call that homœopathic.

Dr. Chapman—Was I right in doing what I did?

Dr. Ledyard—Most decidedly.

Dr. J. M. Selfridge—You can apply cold, but it is a question whether or not you will be applying heat after all by using the snow in frost-bite.

Dr. Martin—In applying the snow you simply prevent the heat from coming on too suddenly. It is a mechanical condition. Persons working in a high temperature do not jump right in at once, but gradually get accustomed to it. So it is with this: we use the snow to prevent the blood from going into the frost-bitten part too suddenly.

Dr. Ledyard—It is because of the harmony of the law. What you say is true of course, but *it is in harmony with the law.*

Dr. Wilson—Simply a mechanical means then brought this condition to an end.

Dr. Martin—I believe the remedy had a great deal to do with the watery discharge from the bowels in Dr. Chapman's case. Cold applications where the temperature is very high do reduce the temperature, but this is an extremely dangerous procedure. They say that a patient with such a high temperature cannot catch cold. This may be true, but it is a tremendous shock to the system, and it is a question whether the patient will survive it or not. The after-results are sometimes very disastrous.

Dr. C. M. Selfridge—The old-school men claim that they save a great many cases by this method.

Dr. Martin—They do not save cases that we would save. When they use the cold-water treatment, *they do not use remedies.*

Dr. J. M. Selfridge—That is why they save them.

Dr. Augur—When I was practicing allopathy I used to put a person in warm water and then add cold water gradually. I had very good results from this treatment, but do not do it now.

Dr. J. M. Selfridge—Dr. Chapman's wet, hot sheet is not homœopathic, and in using it it is done like the allopaths to-day use poultices.

Dr. Chapman—*Anything* that I can do that will add to the patient's comfort, *that will not interfere with the action of the indicated remedy*, I feel that I can do.

Dr. J. M. Selfridge—Some of the high potency men discourage even douches, etc., because they say it takes away the symptoms for the indicated remedy. How do you know that it does not interfere with the indicated remedy?

Sections 30 and 31 were read.

DISCUSSION.

Dr. J. M. Selfridge—Hahnemann inculcates the idea that when our systems are in a healthy state, diseases will have no effect.

Dr. Martin—I would suppose that that would have reference to malaria, etc.; anything from noxious gases.

Dr. Chapman—In the country I have seen a sporadic case of diphtheria, away above civilization line, with environments perfectly sanitary, and yet had a most terrible case. It makes me a little dubious about the germ theory. I have also seen typhoid fever in a camp where it would seem impossible.

Dr. J. M. Selfridge—The causes around camps may be quite sufficient to produce typhoid.

Sections 32 and 33 were read.

DISCUSSION.

Dr. Chapman—These sections give me a new thought. It is a blessed good thing that *we are more susceptible to drug force than to disease*, otherwise we would have no control whatever in disease.

Dr. Martin—It may take a stronger dose to affect some persons more than others. Some persons are not affected by doses of noxious gases.

Dr. J. M. Selfridge—It is on the same principle as commencing by taking little by little until you can take in one dose

what would kill twenty men. I knew of a man with disease of the mesenteric glands who took five grains of Morphine twice a day.

Dr. Martin—I had a case in which one dram of Morphine was taken every day.

Dr. Augur—I had a case in which the same thing was done.

Dr. Ledyard—For how long was it taken?

Dr. Augur—Until the patient died.

Dr. J. M. Selfridge—In regard to what Hahnemann says about *Belladonna* being a prophylactic. *It is an antidote to a certain form of scarlet fever* but not to others.

Dr. Wilson—It is an antidote in high but not in low potencies.

Dr. C. M. Selfridge—I had two cases in one family. A little girl nine years old was first taken with it; the little brother ran into the room and kissed his sister. He had been having *Belladonna*²⁰⁰, three or four doses a day.

Dr. J. M. Selfridge—Hahnemann gave it in rather strong doses.

Sections 34 and 35 were read.

DISCUSSION.

Dr. Martin—I think this Section 34 is well illustrated in mental diseases. In chronic mania there is undoubtedly a low grade of inflammation. How many times have we seen it a fact that a person so suffering meets with an accident about the head, something which sets up an acute inflammatory condition, during which time it seems that the patient must die, and yet he gets through with that trouble and the mania is cured afterward. Nature has to put forward all her powers to cure the acute trouble.

Dr. J. M. Selfridge—This is not in accordance with the usual course of things. We often have chronic troubles following acute conditions.

Dr. Martin—These cases are really comparatively common in insane asylums. Persons who have perhaps been suffering for years, get an acute attack of some kind, and then get well altogether. I think the facts are authentic.

Dr. Chapman—I have known such cases. For instance, a lady in the East, during the menopause, thought her soul lost, etc. Her friends thought they would have to take her to an asylum. Typhoid fever attacked other members of the family, she took care of her girls, was attacked with the disease and recovered from the insanity.

Sections 36-39 were read.

DISCUSSION.

Dr. J. M. Selfridge—I have seen issues put on the arm in chronic coughs, setons in back of neck for headaches, etc. Moxas have been used in curvatures of the spine up and down the spine. It was done by rolling up cotton cloth like a bandage, soaked in turpentine, putting it upon the back and setting it on fire until it burned down to the flesh.

Dr. Chapman—It has been a source of wonder to me why the old-school men should not be glad to accept any new theory.

Dr. Martin—It does not seem at all strange to me that the practice of Homœopathy does not progress more rapidly because it is a fact in the history of the world that *truth and simplicity are slow to make headway*. For instance, a man comes to me suffering from some chronic trouble, and in two or three weeks under homœopathic treatment seems to be cured, and yet this will not be believed.

Dr. Augur—Since I have been practicing Homœopathy I have been astonished at the apparent lack of belief of the laity in homœopathic cures, and I have frequently said to my patients that if they had the confidence in Homœopathy that I have there would not be an allopathic physician engaged for anything. I think the fault is with the homœopaths themselves. *They are inconsistent, and do not practice what they preach*. That is why Homœopathy does not get along better. When the allopaths see that homœopaths who profess to be homœopaths do not practice what they preach, they will not believe when we do make a cure.

Dr. J. M. Selfridge—It is just as Dr. Augur says. The

allopaths say that we do not do as we say. If the homœopaths would stick to their principles we would convert the allopaths.

Dr. Chapman—Our colleges do not teach as they should. They do not teach *pure* Homeopathy, but only mongrelism.

Dr. Martin—There is one fact back of it all, and it is that *in order to be a good homœopath one must work like a slave from the beginning to the end*, and unless a practitioner does that he will not be successful in the treatment of his cases. The trouble is they are too lazy, and will not give the effort to study up the proper prescription which is necessary.

All—That is what is the matter.

Dr. Wilson—When patients come to your office, and you do not do any more than give the homœopathic remedy when it is indicated, they are not satisfied, as they think that something more should be done. They seem to think that you have not paid enough attention to them.

Section 40 was read.

The President then declared the meeting adjourned, to meet again the third Friday in January at the office of Dr. J. M. Selfridge, in Oakland, when the reading of *The Organon* would be commenced at Section 41.

W. E. LEDYARD, *Secretary.*

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, in Oakland, Friday evening, January 17th, 1896.

Members present : Drs. J. M. Selfridge, W. E. Ledyard, M. F. Underwood, G. J. Augur, C. M. Selfridge, and George H. Martin.

The meeting was called to order at 8.15 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and, after correction by Dr. J. M. Selfridge, were approved.

The President then appointed Dr. Martin reader of the evening, who read from *The Organon*, Sections 41-43.

DISCUSSION.

Dr. J. M. Selfridge—It does not seem possible that two diseases could be present in the body at the same time.

Dr. Martin—It would hardly seem possible.
Sections 44-46 were read.

DISCUSSION.

Dr. J. M. Selfridge—What a wonderful investigator Hahnemann was. How much he must have read in order to be able to explain all that he has!

Dr. Martin—We do not give Hahnemann one-half the credit he deserves. He certainly was a very learned man.
Sections 47-50 were read.

DISCUSSION.

Dr. Martin—This last section is one which contains food for a great deal of thought just at the present time. It distinctly says that if it were possible to inoculate a person with measles, it would be a dangerous thing to do if the patient were suffering with another skin disease, because the measles might affect the system, and the after results might be more severe than the primary disease. The same holds good in the Anti-toxine treatment. It is an element of a drug which annihilates a disease. In order to cure, the Anti-toxine must set up some morbid disease which may cure. If it does so, is it really a cure? It may cause more trouble than the disease we are trying to cure.

Dr. Augur—The dose given is too large, and the disease which is set up cannot be controlled.

Dr. Ledyard—As Dr. Augur says, the dose is too large.

Dr. C. M. Selfridge—While I was in Boston a patient in the hospital was suffering from diphtheria, and Dr. Kimball said it was the mildest of four cases. He used Anti-toxine, and that case was the only one that died.

Dr. Ledyard—I heard of a case in Santa Rosa; a little girl

with diphtheria, who was very sick. She was cured by Antitoxine. The father told me that it seemed to be a wonderful cure.

Sections 51-54 were read.

DISCUSSION.

Dr. J. M. Selfridge—I want to remark in connection with this. We have to-day persons who call themselves homœopaths teaching that Homœopathy has limitations. Some time ago Dr. —, a teacher of materia medica in a homœopathic college, read a paper in one of the societies in which he stated that there are limitations of the law of similars, and the editor of one of our journals has seconded this. With this state of affairs it is no wonder that Homœopathy is not progressing.

Dr. Martin—No one was more sorry than I to see that editorial. I made some remarks when the paper was read. I said that Dr. — made a mistake in the title of the paper, which was: "Homœopathy a Specialty in Therapeutics." I said that he might call it a specialty if he would say that hygienic and surgical measures were also specialties. We know that Homœopathy or any other "pathy" is not going to cure an incurable case, or one in which there is great destruction of tissue. Hahnemann says this himself.

Dr. J. M. Selfridge—It is perfect heresy to say that Morphine must be used often.

Dr. Ledyard—The crude drug suppresses the symptoms, which are, or should be, the sole guide in the selection of the remedy.

Dr. Martin—The homœopathic remedy would act even if the Morphine were given.

Dr. Ledyard—The Morphine only relieves palliatively, suppressing the symptoms, and thus making it impossible to select the remedy, in consequence of the absence of symptoms.

Dr. J. M. Selfridge—Sometimes it is hard to get out of a patient symptoms that you can prescribe for, because there is so much pain that the patient cannot tell much about it. In one case I came near giving *Plumbum*, waited a little while and

found that *Colocynth* was the remedy, which I gave, and it cured.

Sections 55-59 were read.

The President then declared the meeting adjourned to meet again the first Friday in February, at the office of Dr. George H. Martin in San Francisco.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, The Wenban, 606 Sutter Street, Friday evening, February 7th, 1896.

Members present: Drs. J. M. Selfridge, W. E. Ledyard, A. McNeil, M. T. Wilson, G. J. Augur, and M. F. Underwood.

The meeting was called to order at 8.30 by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and after corrections by Drs. Selfridge, were approved. Most of the evening was taken up by a discussion on expert testimony by Dr. Selfridge concerning a case on trial in Oakland, after which Dr. McNeil was appointed reader of the evening, who commenced *The Organon* at Section 60-61.

DISCUSSION.

Dr. McNeil—Did I understand in the minutes of the previous meeting just read that Dr. Martin stated that Morphine and the homœopathic remedy could be given at the same time?

Dr. Selfridge—No. What Dr. Martin meant was that if Morphine had been given, the homœopathic remedy would also act.

Dr. McNeil—That would be claiming that the homœopathic remedy is more powerful than the Morphine, and I have not found it so. If the case is taken before the palliative is given,

we do not allow for the symptoms produced by the palliative, and *vice versa*.

Dr. Selfridge—Here is a case for illustration: A man with severe hemorrhage of the nose. Liquid Monsell's Salts was used liberally. The nose was plugged from the throat to the nostril, and yet he would bleed profusely. The galvanic cautery was used, and still he bled. The patient was given Ergot until he was ergotized, and still he bled. We thought he would die. Dr. Clarence Selfridge gave one dose of *Aconite*²⁰⁰, and the hemorrhage stopped. The great restlessness, dry, hot skin, bounding full pulse, and fear of death of *Aconite* were present. The dose was repeated occasionally. Homœopathic remedies will act in spite of other drugs.

Dr. Underwood—If this were not so, how could we account for the wonderful cures of allopathized patients?

Dr. McNeil—This should not be used, however, as an excuse for giving palliatives. In Dr. Selfridge's case there still remained a picture of *Aconite*, which is not always so when a palliative is given, as the mere crude drug covers up the symptoms of the indicated homœopathic remedy.

Dr. Selfridge—I do not approve of using hypodermics of Morphine before giving the homœopathic remedy, but I know that the remedy will act even if the Morphine has been used, providing the proper remedy is given.

Dr. Augur—As in taking *Natrum-mur.* when we use plenty of salt every day.

Dr. Wilson—Notwithstanding the allopathic drugging the indicated remedy will act.

Dr. McNeil—I know that we do make cures in spite of these things, but all the more reason why we should try to prevent the use of palliatives. There is a possibility that accidental cures have been made when patients have been treated allopathically.

Section 62 was read.

The meeting was then declared adjourned, to meet again the third Friday in February, at Dr. Martin's offices.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB OF
THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, February 21st, 1896.

Members present: Drs. J. M. Selfridge, G. J. Augur, M. T. Wilson, M. F. Underwood, and A. McNeil.

The meeting was called to order at 8.15 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read and approved.

Dr. Selfridge then read from *The Organon*, Sections 63 and 64.

DISCUSSION.

Dr. McNeil—Much has been said about primary and secondary effects of drugs. Hempel says if the disease symptoms are like the primary action of the drug, we are to give a high potency. Hale says the opposite to this. Dunham covers both of these opinions, and says he has seen one remedy cure diarrhœa and constipation in one day. I think Dunham is right. I never make any difference in the potency to suit the primary or secondary action of drugs.

Dr. Selfridge—My recollection of Hempel is that he believes that the drug antidotes the morbid cause of the disease. He says if you wish to use high potencies, commence with Arsenic. Sulphur is the remedy for early morning diarrhœa, and may be used for constipation as well.

Dr. Wilson—Hahnemann claims that the secondary effect of a drug is the curative effect.

Dr. McNeil—The secondary effect of a drug may meet either diarrhœa or constipation, and it makes no difference whether high or low potencies are used.

Section 65 was read.

DISCUSSION.

Dr. Wilson—This is a corroboration of what he said in the previous section.

Dr. McNeil—Is it not strange that the allopaths pay attention to both actions of drugs?

Dr. Selfridge—They are doing it more now.

Dr. Augur—Take for instance Ipecac. They give it to produce vomiting, and to cure it.

Dr. McNeil—Is it only occasionally that they make use of both actions.

Section 66 was read.

DISCUSSION.

Dr. McNeil—The only meaning to the word "alterative" used in this sense would be *active*. It is not used in the same sense as the old-school men use the word.

Dr. Augur—It would certainly not be used as the old-school men use the word "alterative."

Dr. McNeil—Do they not apply it to the remedies we recognize as antipsorics, as Iodide of Potassium, etc.?

Dr. Augur—Yes.

Dr. Selfridge—I understand that an alterative in their way brings the system under its effects by giving small doses.

Dr. Augur—The action seems to be scarcely recognizable to them. It is a slow, mild action.

Section 67 was read.

DISCUSSION.

Dr. Augur—In the practice of medicine I believe in applying the Golden Rule as often as possible. I think that there are very few of us who, if suffering acute pain, and could be relieved by an injection of Morphine, would not use it in preference to waiting for the action of the homœopathic remedy. In such a case in our practice I think we should do as we would like to have done by us, and prescribe for such a condition as we would prescribe for ourselves.

Dr. McNeil—The illustration is not a fair one. When a man is suffering from acute pain he is not a fit subject to give

medicine to himself, because his judgment is more or less affected. Therefore, to use the Golden Rule, as Dr. Augur says, and by doing so to use palliatives when our patients are suffering pain, would not be the proper thing to do at all.

Dr. Augur—Dr. McNeil has taken a little different view of it. The patient is not competent to prescribe for himself, but in the case I have in mind, I think the doctor would agree with the patient. Take, for instance, nephritic colic. There are remedies which ameliorate that condition, but I do not know of anything which will relieve the condition as quickly as a hypodermic of Morphine, and if I had it and Morphine would relieve my condition, I would take it rather than wait for the action of the homœopathic remedy. If after trying the homœopathic remedy you do not get relief, is it not better to use a hypodermic of Morphine to blunt the sensibilities for the time being?

Dr. Selfridge—I think the homœopathic remedy will do this if you really get the right remedy.

Dr. Augur—I have only practiced Homœopathy three years, but I am sure that there is no one who has more confidence and faith in the efficacy of homœopathic remedies than I have. We have never had a proving producing nephritic colic, and in such a case I would be afraid to wait for the action of a remedy.

Dr. Selfridge—In my own case at one time, I thought *Rhus* the remedy and took it. The pain stopped, but came back again. I lost my grip and had a small injection of Morphine.

Dr. McNeil—I am very glad this question was brought up. Dr. Augur made a mistake when he said we have never had a proving producing nephritic colic. We never designed to produce diseases. The assumption is that the passage of a calculus is necessarily painful. It is not necessarily painful of itself, but when this morbid condition is present it produces spasm of the ureter which causes the pain. We all know that when the agency is most excruciating, an ordinary dose of an opiate will not relieve the patient. I gave three-fourths of a grain at one time before it would blunt the pain.

Dr. Augur—One-half grain relieves in my case.

Dr. McNeil—One-half grain is nothing. At any rate, after the calculus has passed into the bladder the pain is over, and you have given the patient one-fourth to three-quarters of a grain of Morphine. To give this to a well man would be a very serious thing. When the pain is gone the patient is almost a well man, but the results of your treatment might be very serious. In one case of gall-stone colic, I gave several drugs without any effect. I could not get a clear picture of the case. All at once the patient said: "How strange it is that every time the pains come on my hands tingle." I gave one dose of *Secale-cornutum*²⁰⁰ and in half an hour the patient was free from pain. The passage of calculus was still going on and yet the pain stopped.

Dr. Augur—When I practiced allopathy it was my custom never to give more than one-fourth grain of Morphine at one time, but repeated the dose. In such a case as Dr. McNeil's I would give one-fourth grain and repeat the dose.

Dr. Underwood—I think we make a little mistake at times when we say that when the indicated remedy fails we should give something else. I think the indicated remedy in the proper potency will soothe the nerves quicker than anything else. A high potency of *Staphisagria* given before an operation will leave the patient in such a condition that he can hardly realize that an operation has been performed at all. I think the indicated remedy is the best pain-killer we have.

Dr. McNeil—The only thing is when we fail to give the indicated remedy. We may not be able to master the materia medica. I have a great deal of sympathy for the physician who finds himself in that position, and I do not blame him when he is in that fix if he gives a palliative, but I do not want him to get up at the next homœopathic meeting he attends and say that he could not cure with homœopathic remedies and had to use a palliative.

Dr. Augur—I agree with Dr. McNeil that the pain in the passage of a calculus is due to spasm of the ureter, and I give the Morphine to relieve the pain during this time.

Dr. McNeil—The Morphine is not necessary, for it has been

proven that the indicated remedy has made the passage of calculi painless.

Dr. Augur—The fact that it did it in one case would not make it so in every case.

Dr. McNeil—We must admit that *we* fail often, but *Homœopathy never*.

Dr. Wilson—My experience with nephritic colic has not been enough to make me resort to Morphine. My indicated remedies have always relieved, not perhaps immediately or as soon as the Morphine would, but in time they have done so.

Dr. Augur—Any one who has ever suffered from this condition knows that at the end of say an hour your nerve gives out, and you must have something to relieve you.

Dr. McNeil—In what time in such a case of pain would you expect to relieve with Morphine?

Dr. Augur—Inside of twenty minutes.

Dr. McNeil—I can beat that with the indicated remedy. I have seen relief from the indicated remedy in five seconds. A patient, suffering with violent colic, told me that when the medicine was in her throat she had relief.

Dr. Augur—That is very true. In a case of mine of a young girl during the menstrual period suffering intensely with headache. She had consumptive symptoms and had been taking *Phosphorus*, which was her remedy, and I disliked to change it, as she was improving under it. I thought this remedy would relieve the headache also and I gave it to her in water, and the pain was relieved almost immediately. I simply cite this case to show that I have as much confidence in Homœopathy as any one.

Section 68 was read.

DISCUSSION.

Dr. McNeil—Here is one point that should have some attention. The poor patient or the vital-force has two enemies—namely, the morbid enemy and the palliative enemy.

Sections 69–71 was now read.

DISCUSSION.

Dr. Augur—Is it absolutely true that when you find a pathological condition, as abscess or ulcer of the stomach, that this is a dynamic disturbance of the vital-force?

Dr. McNeil—The abscess or ulcer is not the disease, but is the product of the disease.

Dr. Augur—I accept your explanation, but I do not think that Hahnemann makes it so clear.

The meeting was then declared adjourned, to meet again the first Friday in March at the office of Dr. J. M. Selfridge, in Oakland, when the reading of *The Organon* would be commenced at Section 70.

W. E. LEDYARD, *Secretary.*

Reported by Eleanor F. Martin, M. D.

COMPLEMENTARY REMEDIES.

C. L. OLDS, M. D., PHILADELPHIA, PA.

Very often in the treatment of a patient, no matter whether the disease be acute or chronic, we find that after a longer or shorter period of time the remedy that was indicated in the beginning of the treatment no longer benefits the patient. We say that the remedy has "run out," and that another remedy must be selected. If, after the administration of this remedy the patient progresses toward health, the second remedy, because it completes the work of the first in a greater or less degree, is called a complement of that remedy. For example, we may find that a patient improves under Sulph. in its various potencies for a long period, but there comes a time when Sulph. no longer acts beneficially, and on restudying the case we find Calc. to be the remedy corresponding to the state of the patient; then, if there be improvement again, we say that in this case Calc. was the complement of Sulph. But there may come a time when Calc. is no longer of use to the patient, and on again studying the symptoms we are very apt to find Lyc. the remedy, if it be a chronic complaint. Here Lyc. is the complement of Calc.

It has been found by experience and a knowledge of the action of certain remedies that when one remedy is given and benefits the patient, but does not restore to health, that a certain other remedy will in all probability be the one to take the case up and carry it along to or toward health, as in the case of the Sulph. and Calc., cited above.

The following list of complementary remedies has been gathered from our works on materia medica, current literature, and the experience of several well-known physicians; some notes of the late Dr. Adolph Lippe, also forming a part of the work.

COMPLEMENTS.

Abrotanum.	Bry., Kali-bichr., Lyc.
Acetic-acid.	Chin.
Aconite.	Arn., Coff., Millef., Spong., Sulph.
Æthusa.	Calc.
Allium sativa.	Ars.
Aloes.	Sulph.
Alumina.	Bry., Ferr.
Antimonium-crudum.	Scill.
Apis.	Natr-mur., Hell.
Argentum-nitricum.	Natr-mur.
Arnica.	Acon., Psor., Rhus, Sulph-ac.
Arsenicum.	All-sat., Carb-veg., Lach., Natr-Sulph., Phos., Sulph., Thuj.
Baryta-carb.	Ant-t.
Belladonna.	Borax, Calc., Natr-mur.
Bryonia.	Abrot., Alumn., Kali-carb., Rhus, Sep., Sulph.
Bufo.	Salamandra.
Caladium.	Nitr-ac.
Calcarea-carb.	Lyc.
Calcarea-phos.	Ruta, Sulph., Zinc.
Calendula.	Hep.
Carbo-an.	Calc-phos.
Carbo-veg.	Ars., Kali-carb., Lach., Phos.
Causticum.	Petros.

Cepa.	Phos., Puls., Sars., Thuj.
Chamomilla.	Bell., Calc., Magn-c.
China.	Ars., Calc-phos., Ferr.
Cina.	Calc., Sulph.
Colocynthis.	Merc., Staph.
Corallium-rubrum.	Sulph.
Crotalus.	Carb-veg.
Cuprum.	Ars., Calc., Iod.
Drosera.	Carb-veg., Nux.
Dulcamera.	Alum., Bar-c.
Ferrum.	Alum., Ars., Chin., Ham.
Fluoric-acid.	Sil.
Graphites.	Ars., Caust., Ferr., Hep., Lyc.
Helleborus.	Zinc.
Hepar.	Sil.
Ignatia.	Natr-mur.
Iodine.	Bad., Lyc.
Ipecacuanha.	Cupr.
Kali-carb.	Carb-veg., Phos.
Lachesis.	Ars., Calc., Carb-veg., Hep., Lyc., Nitr-ac.
Lactic-acid.	Psor.
Lycopodium.	Iod., Lach., Puls., Sulph.
Magnesia-carb.	Cham.
Mercurius.	Aur., Bad., Hep.
Mezereum.	Merc.
Natrum-mur.	Apis, Arg-n., Sep.
Nitric-acid.	Ars., Arum-tryph., Calad., Calc., Lyc.
Nux-vomica.	Con., Phos., Sep., Sulph.
Opium.	Plb.
Palladium.	Plat.
Phosphorus.	Ars., Cepa, Kali-c., Sil.
Podophyllum.	Calc., Natr-mur., Sulph.
Psorinum.	Sulph.
Pulsatilla.	Lyc., Sil., Stann., Sulph-ac., Sulph.
Rheum.	Magn-c.
Rhus-tox.	Bry., Calc., Caust., Sulph.

Ruta.	Calc-phos.
Sabadilla.	Sep.
Sarsaparilla.	Merc., Sep.
Scilla.	Ant-c.
Sepia.	Natr-mur., Psor., Sulph.
Secale.	Ars., Thuj.
Silicea.	Fluor-ac., Thuj.
Spongia.	Hepar.
Stannum.	Puls.
Staphysagria.	Coloc., Caust.
Sulphuric-acid.	Puls.
Sulphur.	Acon., Aloe., Ars., Bad., Calc., Puls., Pyrogen.
Thuja.	Sabin., Sil.

C. L. OLDS.

LATE DEVELOPMENT OF LARGE FŒTUS IN ABDOMEN OF AN ADOLESCENT OF THE MAS- CULINE SEX.

(Academy of Medicine, Paris, France, meeting of 5th May, 1896.)

Dr. M. G. Lévy read observations made by Drs. Maydi and Sängler, of Prague, on a young man of nineteen years, who had suffered for two years from an abdominal tumor, which slowly acquired the size of the head of an infant at term. This tumor was situated under the peritoneum and between the folds of the mesentery. The patient died twenty-four hours after the operation for its removal.

The tumor contained a yellowish, gelatinous liquid and a well-developed fœtus, feminine sex, apparently of fifth month of gestation. Dr. Lévy states that "cysts" of this nature exist generally from birth, and receive a growth impulse, more or less strong, at the period of puberty of patient, or from a traumatism.—*Semaine Medicale, Paris.*

CASE OF SANTONINE POISONING.

(Translated by the late Dr. Samuel Lilienthal.)

A boy of eleven years took, from November to March 3.6 grammes Santonine and lots of worm-lozenges. He complained at first only of bellyache; during February he suffered from chronic cramps, with great restlessness and anguish. During March his legs became weaker, his voice hoarse, and finally aphonia set in. The boy sees fiery balls, lightning, and everything appears yellow. Face pale, pupils dilated and without reaction, severe vertigo and headache, nausea, vomiting, burning and pressure in the eyes; accelerated respiration, feels downcast, pulse 80; impossibility to walk, patellar reflex normal, sensibility preserved, constipation, and the catheter has to be used. He hears and understands everything, but cannot talk. During the pains long continued clonic twitchings in the legs, more than in the arms; contortions of the eyes, consciousness undisturbed. It took months before all symptoms disappeared, the last ones were debility and a disagreeable, copious sweating.

—A. H. Z., July, 1890.

SILICEA.

(Translated by the late Dr. Samuel Lilienthal.)

An old man of seventy complains of right-sided rheumatic pains in his face and palate; worse in damp weather, when the cheek swells up and reddens. Even touching the painful spots with his tongue causes excruciating pains. Considering it as affection of the periosteum, Goullon prescribed Silicea³⁰, four drops in half a glass of water, thrice daily a teaspoonful, which not only quickly removed all pain, but also cleared up his murky urine, of which he had complained for some time.—*Pop. Zeitschrift*, 16, 91.

VERTIGO WORSE FROM MOTION.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

In the December number of THE HOMŒOPATHIC PHYSICIAN, at page 563, I saw a case reported by Dr. Rufus Thurston of symptoms produced by Morphine. Among these symptoms I particularly noticed the symptom "Vertigo from the least motion of the head." A case occurred in my own practice of vertigo from the least motion of the head.

Miss M., a young lady twenty-two years old, dark, spare build. Headache with sensation of being wound up tight. Sleepiness and numbness of the lower extremities. Intense vertigo on least motion of the head. R̄ Morphia-sulph.^{cm}, and the next day all the symptoms were gone. This prescription was made upon the statement of Dr. Thurston in the article to which I have referred.

After this successful prescription I received the March number of THE HOMŒOPATHIC PHYSICIAN and saw in that number, at page 123, a confirmation of this same symptom by Dr. Thomas Skinner, of London, England.

BOOK NOTICES.

DON'TS FOR CONSUMPTIVES, OR THE SCIENTIFIC MANAGEMENT OF PULMONARY TUBERCULOSIS. How the Pulmonary Invalid May Make and Maintain a Modern Sanatorium of His Home, with Additional Chapters Descriptive of How Every Consumptive Person May Apply the Forces of Nature to Assist and Hasten Recovery, and also how the Defects of Heredity may be best overcome. By Charles Wilson Ingraham, M. D., Binghamton, N. Y. February, 1896. Printed for the author by *The Call*, Binghamton.

This valuable book consists of thirty-eight chapters, each chapter being preceded by a text which may be called a "Don't." We will give a few of these "don'ts:"

Chapter I. Do not adopt any method for the disposal of expectorated material except that which provides for its absolute destruction by fire.

Chapter III. Do not allow the smallest particle of expectoration to remain upon your sheets, bed-coverings, or any other articles of furniture.

Chapter V. Do not occupy rooms which have been previously occupied by a consumptive person, unless you know positively that the apartments and hallways or walks leading to them have been effectively cleansed and disinfected.

Chapter X. Do not antagonize the adoption and enforcement of any just municipal or State legislation designed to limit or control tubercular contagion.

Chapter XII. Do not neglect systematic chest exercises designed to strengthen the muscles of respiration and to increase the breathing capacity of the lungs.

Chapter XIV. Do not go suddenly into cold or damp air and take a deep, or even an ordinary inhalation.

Chapter XV. Do not allow yourself to breathe through the mouth.

Chapter XXIII. Do not neglect giving the teeth the best of care.

Chapter XXIV. Do not make use of a patent cough syrup.

These "don'ts," selected at random, show the range of the book. Each one is followed by a chapter of commentaries, by which the value of the "don't" is made more clear. They are excellent and most useful.

The book ought to be put in the hands of every consumptive, and it would be a good idea for physicians to supply themselves with a number of copies, so that when they have consumptive cases a copy of the book may be handed to the patient, and thus save the physician much talking when directing the medical care of the case.

From this it will be seen that the author has a great belief in the contagiousness of consumption. He also is a firm believer in the ultimate extermination of consumption through carrying out the ideas of Prof. Koch, of Berlin. It may be added that he is an advocate of the corollary of these ideas, a strict hygiene, and of legislation to enforce this hygiene. This book then sets forth the practical sanitary measures which the patient himself may make use of to bring about recovery and prevent infection of those with whom he is brought in contact.

SYPHILIS IN THE MIDDLE AGES AND IN MODERN TIMES.

By Dr. F. Buret, Paris, France. Translated from the French, with notes, by A. H. Ohmann-Dumesnil, M. D., Professor of Dermatology and Syphilology in the Marion Sims College of Medicine; Consulting Dermatologist to the St. Louis City Hospital, to the St. Louis Female Hospital; Physician for

Cutaneous Diseases to the Alexian Brothers' Hospital; Dermatologist to Pius Hospital, to the Rebekah Hospital, to the St. Louis Polyclinic and Emergency Hospital, etc., etc. Being Volumes II and III, of *Syphilis To-Day and Among the Ancients*, complete in three volumes. 12mo. 300 pages. Extra Cloth, \$1.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The first volume of this remarkable book has been noticed before. In *THE HOMŒOPATHIC PHYSICIAN* for September, 1892, at page 409, is a review in which the salient features of the book have been faintly outlined.

The second and third volumes of that work are now before us, bound as one volume.

If the first volume was remarkable in its revelations concerning the antiquity of syphilis, these two later volumes are still more remarkable. The proofs given of the presence of syphilis before the discovery of America and before the siege of Naples are amazing. They show immense and patient research and a fine instinct in selecting the right paths in which to find the desired testimony to prove the stand taken by the author.

The three volumes taken together form a very vivid history of the early phases of syphilis.

In ancient times, and in the middle ages, the nature of syphilis was not understood, and though certain phenomena and symptoms were known to arise by contact with lewd women, the full significance of these phenomena was not imagined. Constantly, through all these long periods of time, the disease was confounded with leprosy. Indeed the most obvious cases of syphilis were called leprosy.

In consequence of this error there arose a great variety of opinions upon the contagiousness of leprosy. This conflict of opinion continues to this day. Dr. Zambaco, of Constantinople, in a communication to the Paris Academy, on August 13th, 1889, declared that while leprosy is hereditary it is not contagious. Professor Leloir, of Lille, on the other hand, declares that it is contagious; and he is again offset by Dr. Springer, who after studying the lepers of Norway, casts a doubt upon the contagiousness of the disease.

Meanwhile the discovery of the bacillus of leprosy has once more "restored the doctrine of contagion."

In the face of this restoration, Professor Cornil once more throws doubt on the doctrine of contagion.

This state of confusion in which it is involved would seem to render the problem hopeless. Nevertheless our author offers a solution. He asks: "Why could it not be regarded as a constitutional parasitic disease, analogous to tuberculosis, whose direct transmissibility would only take place under exceptional circumstances and in an already well-prepared soil?" Quoting Dr. Le Grand, he comes to the conclusion that "*there never was more*

of an epidemic of leprosy than there has been an epidemic of syphilis or of phthisis."

Turning now to the consideration of the testimony concerning the character of leprosy and its symptoms, the author finds that this testimony reveals little else than a veiled history of syphilis.

Syphilis as a distinct disease, with a variety of manifestations, was not known. Leprosy was known by tradition at least. So when the phenomena of syphilis from contact with infected women appeared they were at once attributed to leprosy.

Instances are given where this mistake was obviously made. Thus, Gordon, a writer of the fourteenth century, says: "A certain countess who had leprosy went to Montpellier, and I treated her toward the end. A bachelor of medicine whom I had placed by her, shared her bed, and made her big with child; but he became leprous himself."

Another author relates the story of "a carpenter who, having had to do with a leprous woman, was infected with leprosy a short time after."

In contrast with these instances we have the statement of the modern Dr. Zambaco, before quoted, in reference to true leprosy, "that married men and women, perfectly healthy, may live with their consorts, who are notoriously leprous, without ever contracting the slightest trouble." Thus the author is "forced to the conclusion once more, that the word *leprosy* in the middle ages was most often the synonym of *venereal disease*."

Moreover, the author finds that there were authors preceding himself who held this opinion. One of these, Vercelloni, who wrote in Latin verse in 1701, says: "When I read the books of the ancients on Leprosy, it seems to me that I am reading works on the pox, and the titles alone of these books persuade me that they are treatises on this disease."

A cemetery connected with a leper asylum of the middle ages, in Paris, was dug up a few years ago and the bones critically examined. They were profoundly altered, and all in the same manner. Yet these lesions did not answer at all with those of leprosy, while they did resemble the ravages of syphilis.

It is not to our taste, nor is it needful, to go into all the nauseous details and translate all the hints of human depravity to be found in this volume, valuable as they all are in establishing the truth concerning the antiquity of syphilis.

Suffice it to quote from the preface that the proofs are irrefutable "that the appearance of syphilis is lost in the twilight of time, and that the disease has no age. It is found described, in fact, among the most ancient peoples—even among the Assyrians and Babylonians—under pretty similar forms, by priests and poets rather than by physicians." "But," adds the author with characteristic sarcasm, "it must be admitted that the physicians, in these remote times, did not seem to enjoy the confidence which is accorded them to-day."

NOTES AND NOTICES.

DR. L. D. ROGERS and wife, of Chicago, have gone to Europe for the summer. They sailed May 29th.

DR. B. L. B. BAYLIES announces that he has removed his down-town office from 174 Schermerhorn Street to 133 Remsen, near Clinton Street, Brooklyn. Telephone, 398 Bedford.

THE MANHATTAN LIFE INSURANCE COMPANY, of New York (No. 66 Broadway) has recognized the homœopathic school of medicine by appointing upon its staff of medical examiners Drs. Eugene H. Porter and St. Clair Smith.

"KEEP YOUR EYES OPEN."—"Having eyes, see not." That's the trouble with lots of people, who never see the wonders of their own dooryard or farm, the roadside by which they drive, the fields and woods through which they walk, or the ponds where they catch anything from frogs to black bass. Of many of the usually unseen "wonders and beauties of Nature" you can read in *The Observer*, Portland, Conn. This very interesting illustrated magazine is of interest to all students and lovers of Nature. It assists parents in providing home interests for their children, and leads the "children of a larger growth," to be more interested in home. Do you enjoy roaming over hills and fields or through the woods; are you interested in birds, flowers, insects, rocks, etc.? then send ten cents for sample copy of *The Observer* (an illustrated monthly magazine), Portland, Conn. Subscription, \$1.00 a year. Give it a fair trial as to its merits.

THE PENNSYLVANIA STATE COLLEGE.—Special attention is invited to the following points: 1. The fall session of 1896-7 opens September 16th, 1896 (not September 9th). 2. Examinations for admission will be held at the College June 18th and September 15th, 1896. 3. Local examinations will be held Wednesday, June 24th, as follows: At Philadelphia, Reading, Harrisburg, and Williamsport, at the rooms of the Y. M. C. A.; at Scranton, at the School of the Lackawanna; at Pittsburg, at the rooms of the Central Board of Education—all beginning at 9 o'clock A. M. 4. Department for Women. With the establishment of a full classical course and elective courses in language, literature, history, and philosophy, the College now offers special advantages to young women, who are admitted to all classes on the same terms as young men. A separate cottage has been erected for their use, which furnishes an attractive and beautiful home. For catalogues or other information, address the President, State College, Centre County, Pa.

THE MAYWOOD BICYCLE.—Chicago, Ill., Feb. 11th, 1896. I am still riding the "Maywood" Bicycle bought of you season before last, and shall ride it again this year. During the past two seasons I have covered on this wheel 13,256 miles, without a break, and total cost of repairs for spokes 45 cents.

Last September I rode from Chicago to Detroit, Mich., thence to Cincinnati, Ohio; thence to Atlanta, Ga., and the "Maywood" carried me through without any trouble. I never lose the opportunity to speak in praise of your wheel, for I believe there is none better. Will C. Davis, 358-366 Dearborn Street.

PNEUMATIC TRUSS PADS.—Those who are obliged to wear trusses have suffered from pads that are supposed to hold up the ruptured parts, and to alleviate the pain thus caused, hard and soft pads have been devised, and all proven more or less unsatisfactory.

A pneumatic truss pad that is non-collapsible has been invented by G. W. Flavell, and can be used on any truss. It has been found to correct all the difficulties of the old pads and gives instant relief.

One of the new pads should be in every physician's office, and a sample can be obtained at the nominal price of 50 cents, from G. W. Flavell & Bro., 1005 Spring Garden Street, Philadelphia, Pa.

PHENOL DRESSINGS.—The medical expert of the *Herald's* European edition reports several mishaps from the imprudent use of phenol dressing which were recently brought to the attention of the Paris Academie de Medecine. In one of the cases quoted in Paris a cook, after wounding her thumb in cleaning a pane of glass, and after keeping it dressed two days with a two per cent. solution of phenol, found that the second joint had become quite black; but, in spite of the acute pain, she continued to apply the solution. The caustic action was so rapid that four days from the beginning the second joint was black and shrunken, and subsequently dropped off. The *Herald's* foreign medical correspondent, commenting upon this result, says:

"The only means of protecting ourselves against accidents of this nature is to be well aware that strong carbolic solutions are not the only ones to be suspected; a phenol dressing one in forty, fifty, or even a hundred, kept around a finger or toe for one, two, or three days may cause more or less complete mortification of the whole or part of it, at any age and without any pathological predisposition, because the fact of being shut in by an impermeable wrapping gives to the dressing a degree of caustic power which the concentration of the solution would in no way lead us to expect."—*New York Herald*.

ADVERTISING AXIOMS.—By J. Walter Thompson, of New York.—"The better the day, the better the deed." The better the "ad." and the better the mediums used, the better the results.

If you have something that the people need, advertise "with courage and faith," and the people at home and abroad will respond to your profit.

Do not forget that an advertisement in "perpetual motion," if it is good, will wear its way into the people's memory with consequent results to you.

Here is a suggestion—"Make your advertisement an argument deriving its force from the situation, and present it clearly to all to whom it is addressed."

By advertisers I mean those who know that advertising well done is bound to bring results; by business men I mean a very large class of manufacturers who are "poor in the midst of great wealth"—i. e., of possibilities of development.

Published by the Medical Summary, of Philadelphia, Pa., for March, 1896.

CHRONIC GASTRITIS OF LONG STANDING, WITH PERIODIC ATTACKS OF MIGRAINE.

REPORT OF A CASE.

BY GEO. A. CURRIDEN, M. D., OF CHAMBERSBURG, PA.

The herewith reported case is one of double interest, inasmuch as the patient has been under my care for a number of years, and previous to the commencement of the present treatment I have been unsuccessful in affording much relief or preventing the recurrence of the frequent and periodic attacks of migraine, to which she had been more or less subject since early womanhood, the cause of which I could not account for more than "a habit long continued," aggravated by gastric catarrh.

The history of the case is, briefly, as follows: Mrs. A., aged fifty-five, since early womanhood has been subject to periodic attacks of migraine at intervals of two, three, or four weeks, but seldom free from them for longer intervals.

An attack comes on by general malaise of usually a day's duration, repugnance of food or drink, marked drowsiness, much depression, with request for rest and quiet, followed by complete physical prostration, dull frontal headache, which the least noise or disturbance makes the more intense, invariably accompanied by violent and frequent attacks of vomiting and retching, inability to retain any food or nourishment of any kind, retention of bowels, often cold sweats, pulse somewhat slow and weak and small in volume, this condition lasting usually two days, followed by gradual cessation of symptoms.

During the whole period of usually four or five days' duration she is unable to take nourishment of any kind, remains constantly in bed, and desires only complete rest and quiet. The previous treatment has been so varied and on so many different plans that I refrain from mentioning them.

Two years ago I was able to prevent an attack for over two months by the use of Strychnine in 1-20 grain doses t. i. d., with careful diet and artificial digestive.

In May, 1895, I put her on Charles Marchand's "Glycozone" in teaspoonful doses well diluted t. i. d., using this, as all other previous remedies, experimentally. She commenced to improve much in general health, an unusually good appetite, without the previous distressing symptoms following; a more regular movement of the bowels, freedom from headache, and in every way a decided improvement. This improvement and enjoyment of good health lasted during continuation of above treatment for over three months. Unknown to me she stopped taking the Glycozone, thinking herself perfectly well. In a few weeks had a return attack, milder and devoid of gastric distress. A similar attack two months later, both of which occurred some weeks after stopping the above-described treatment, and, I might say, caused by imprudence in diet.

The conclusion come to in this case is that the headache is sympathetic; that the stomach becomes acutely inflamed by its inability to naturally and properly perform its functions, and responds to the call of nature to unload itself, and thus secure for a time rest; that the use of Glycozone has corrected the existing gastritis, and by so doing has removed the primary cause of these many years of suffering.

FUN FOR DOCTORS.

WONDERFUL SKILL.—“I tell you,” exclaimed the young medical student, “our professor’s a great surgeon.”

“How’s that?” asked the chum.

“Well, a fellow was brought in with a crushed leg. The professor said it must come off. So he hacked away and cut off the wrong leg.”

“Do you call that great surgery?”

“Wait a bit. The professor said it would be terrible for the poor fellow to go about with no legs at all, so he splintered up the crushed leg instead of cutting that off, too, and now it is as good as ever. An ordinary surgeon would have left the fellow legless. Wonderful skill, the professor’s.”—*Doctor’s Weekly.*

ACCOUNTING FOR IT.—Young Man—“Doctor, you have been attending me for a week, and I am worse than I was at the start.”

Physician—“I will be frank with you, sir. Being unable to discover what was the matter with you, and being unwilling to risk interfering with the curative powers of nature, I have given you no medicine at all. In fact, my treatment has not commenced yet.”

“But you have given me pills right along.”

“They were only a sham. They were made of bread.”

“Where did you get the bread?”

“Your young and charming wife made it.”

“No wonder I’m worse.”—*Ex.*

Patient—“I know, now, why Shakespeare wanted physic thrown to the dogs.”

Doctor—“Why?”

Patient—“In order to sick ’em.”

He (despairingly)—“It doesn’t matter if I have got lots of money, I cannot forget that my grandfather was a stage driver.”

She (sweetly)—“That is all right. You can refer to your ancestral hauls without going into particulars.”

Mrs. Partington (addressing her medical adviser)—“How completely the treatment of diseases has changed, doctor. When I think of the bolsters and rostrums I used to be made to swallow as a child I wonder I am alive to tell it.”

AN UNHEARD-OF THING,—Doctor (to messenger boy)—“So yo’ mummer say ez what de yarbs ain’ done her no good? Wait er minnit (consults book). Yi! I thought so? Ask yo’ mummer how she spec de yarb do good when de bill ain’ paid?”—*Harper’s Bazar.*

NO MATERIAL TO WORK ON.—Doctor—“You must give up drinking and—”

Mr. Sickly—“I never touch a drop.”

Doctor—“And stop smoking.”

Mr. Sickly—“I don’t smoke.”

Doctor—“Humph! that’s bad; if you haven’t anything to give up, I’m afraid I can’t do much for you.”—*Puck.*

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"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.

Vol. XVI.

JULY, 1896.

No. 7.

EDITORIALS.

MERCURIUS-VIVUS.—This remedy has discharge of blood before, during, and after stool. This is similar to *Lycopodium*. There is a discharge of mucus from the rectum which is similar to *Apis*. Those who wish to know all about the indications for remedies under the symptom of mucous discharge from the rectum should study *Bell On Diarrhœa*.

Rectum black, discharging blood, is an indication for *Mercurius*. If there be at the same time burning pains we should think of *Arsenicum*.

Under *Mercury* the urine may be in great abundance and very pale. This also is true of *Lycopodium*. *Rhus-toxicodendron* has scanty urine. The urine smells sour and pungent. This indicates both *Mercurius* and *Nitric-acid*. Hemorrhage from the urethra indicates *Mercurius* and *Cactus-grandifloris*. *Mercurius* has liver-spots on the genitals.

Mercurius is the most important remedy for chancres on the prepuce and glans. Dr. Lippe gave the following indications for chancres in the course of his remarks upon *Mercury*.

Corallium: chancres are exceedingly painful and sensitive to contact. The patient does not want them touched. The discharge from them is thin, offensive, and black.

Hepar: ulcers on the prepuce with corrosive pains, also burning and stinging and extremely sensitive to contact.

Kali-bichromicum : ulcers become deeper without spreading. They look as if cut out with a punch.

Sulphur : ulcers on the glans, sensitive to touch.

Mercurius-jodatus-ruber : the ulcers are almost painless.

Thuja : red, black, dirty ulcers upon the glans.

Silicea : ulcers upon the glans with much destruction of tissue and generally a watery discharge.

Nitric-acid : deep ulcers on the glans with indurated edges.

Mercurius is strongly indicated in phimosis and paraphimosis.

Mercurius has profuse menstruation, like Calcarea-carbonica.

Mercurius has acrid greenish leucorrhœa. It indicates the probable presence of gonorrhœa.

Mercurius has cough and hoarseness. There is no expectoration at night.

Mercurious and Nitric-acid are both indicated in violent catarrhs with cough, hoarseness, coryza, and sore throat.

Natrum-muriaticum has violent racking cough.

The cough of Mercury is aggravated from lying on the left side. This is similar to Phosphorus.

The Mercury cough is also worse from walking, running, and during sleep.

Mercurius has shortness of breath when ascending stairs, like Calcarea-carbonica.

Mercurius has inflammation of the lungs with stitches in the right side of the chest through from the shoulder blade. This symptom induced Dr. Lippe to remark that stitches in right side of the chest, upper third, indicate Borax. Stitches in the lower third of right side of chest indicate Bryonia. Stitches in upper part of left chest indicate Phosphorus. Stitches in lower part of left chest indicate Sulphur.

Thus upon a diagram of the chest we might write the names of five remedies above mentioned, thus : above right nipple, Borax and Mercury ; below right nipple, Bryonia ; above left nipple, Phosphorus, and below left nipple, Sulphur.

In this connection Dr. Guernsey's key-note for Arsenicum may be mentioned. Pain in the apex of the right shoulder or all over upper part of right chest and at the same time pain in the left

hypochondrium. Thus the chest pains of Arsenicum are diagonal. Apis is another one of Dr. Guernsey's diagonal remedies. It has a key-note, pain in left chest and at the same time in the right ovary.

In 1879 Dr. Lippe, conversing with the editor of this journal upon the foregoing symptoms, spoke of the indications for Mercury in pneumonia as exemplified in a case which he was treating. The principal symptoms were: Chill before the patient went to bed, followed by high fever; pulse 120 and like a hammer; it became lower in the evening; great drowsiness all day; could not keep his eyes open; sleeping all day; skin very sallow; imprints of the teeth upon the tongue; the tongue was swollen and flabby; pain in the chest, right upper lobe of the lungs through to the back; it is a stitch, and is stronger under Mercury than under any other remedy; urine brown and scanty. After a prescription of a high potency of Mercury the patient became better, but profuse perspiration set in, lasting all night. He had a bad cough, which was quite short but persistent. The patient could not speak for coughing. No medicine was given for the cough, as Dr. Lippe considered it to be a necessity, and that it would be hazardous to check it. He regards the character of cough as presaging a favorable termination to the disease. The old school, he further remarked, give Anodyne cough syrups in these cases, suppressing the cough, and the death of the patient soon happens. In prescribing for this case, the symptoms not necessarily belonging to the disease, but peculiar to the patient, were used in making the prescription.

HERING ON TYPHOID FEVER.—The editor announces that he has begun the publication of the old monograph of *Dr. Hering on Typhoid Fever*, long since out of print. The original publication was a cumbersome quarto. It has been reduced to the size of a duodecimo, so that it is handy for the pocket. The work was undertaken at the request of a number of subscribers, who have frequently expressed a desire to see a new edition of so valuable a book in a more convenient form than the original. It is to be issued as a supplement to THE HOMŒOPATHIC PHYSICIAN.

THE CONQUEST.*

C. F. MENNINGER, M. D., TOPEKA, KANSAS.

Truth and error have been in contest ever since the world began. Throughout the history of the human race we behold the struggle for supremacy between right and wrong. Here we see the forces of darkness and destruction gain seeming victory; there the hosts of light are triumphant. This ceaseless conquest is still going on. Ignorance, error, darkness, vice, degradation, and crime—all these in fact the same, in seeming only, different—are waging war against truth, intelligence, light, virtue, and happiness.

To confine our scope of view to the limits of but a few years would render our judgment imperfect. To adequately judge of the true state of affairs in this conquest centuries of time are none too long. He who mounts the heights and overlooks the whole valley of time that stretches out before him into the dim unknown, and can stand there with a clear brain, an unsullied conscience, and a pure heart, can see through all the maze of human action, as recorded in history, sacred and profane, the progress of right against wrong, the conquest of truth over error. He can see the self-destruction of evil, the suicide of darkness, and the vanquished form of crime, all because of the victories of truth, of right, of intelligence.

The world is growing better, is growing more intelligent, is growing happier. The steady advance of all peoples from ignorance to intelligence, from misery to happiness, from barbarity to civilization, demonstrates irrefutably the final and absolute victory of truth.

Divine Love is the motive, *Infinite Wisdom* the power, and *Education* the means whereby mankind will be able to attain to that perfection. “*For God so loved the world,*” is a message so

* President's Address, Kansas State Homœopathic Society, 1896.

full of tender feeling as to touch the hearts of all who hear it. It is the motive that gives us life and happiness; that surrounds us with all that charms the ear and delights the eye in wondrous nature, in all her myriad forms and moods.

Infinite Wisdom is the power that makes and unmakes the laws of the universe. It started and keeps moving the wondrous world of stars and planets. It rides upon the winds and flashes with the lightning. Wisdom in everything, as laws that know no changing speak in clarion tones the infiniteness of God. On all hands He reveals Himself to us, if *we* will but see. If *we* but *inform* ourselves of His works and through them of Himself, we will attain more and more *like unto Him*.

Education is the means whereby we may be able to enjoy these blessings. It is the key that unlocks the gates which shut out happiness from mankind. It is the light and life of the nation. Through education, truth and right will conquer. The conquest of civilization over barbarism, of Christianity over heathenism, of science over chance, will alone be won by education.

It was through education that Homœopathy was brought into the world. Although known in the dim, dark ages, the law of similars was announced to the world as the only law of cure by one of the most successful and best educated physicians of the last century. Homœopathy could never have come into existence as it is to-day except by the guidance of so able a man as Samuel Hahnemann, and through the efforts of his scholarly pupils. These men had obtained a scientific and classical education in the best Universities of the continent; they had completed, as post-graduates, the study of the science of medicine as it was then taught by the highest and best authorities. But they found the allopathic system of medicine wholly inadequate, or, rather, they found the system of medicine founded by Hahnemann far superior in every respect. They deserted Allopathy and embraced Homœopathy with such fervor and devotion as is rarely found. The mantle of shame and disgrace was laid upon them, and with abusive and defamatory words they were driven almost into exile. Yet they had found the truth and to this they adhered.

Education is the handmaid of Homœopathy, for by it this system of medicine was ushered into the world; by it Homœopathy has made its stupendous growth in face of the bitterest opposition, and it is by education alone that Homœopathy will be able to conquer the world.

One of the most serious drawbacks that Homœopathy has had, and this especially so in the last half of this century, has been the uneducated practitioner. There have been and are in the ranks of Homœopathy men and women as practitioners, as exponents of the immortal Hahnemann and his magnificent system of medicine, who could not pass a creditable examination in the common-school branches. There are many who, on account of the lack of education, made a glorious failure as teachers, ministers, and lawyers who have entered the ranks of Homœopathy as practitioners. This is not the class of followers Hahnemann had as his first disciples. Incompetent men and women have brought the homœopathic school of medicine into disrepute. Having little knowledge of the rudiments of medicine, and still less of the philosophy of Homœopathy, they cause strife as to the correct application of this law of cure. The best educated physicians of the homœopathic school, not only in a scientific way, but also in all that appertains to medicine, its collateral branches, and especially in the philosophy of Homœopathy, its history and literature, are strict followers of Hahnemann and his earliest disciples. They are Hahnemannian homœopaths. I challenge any refutation of this assertion.

The homœopathic profession has recognized that education is the handmaid of Homœopathy. Practical experience and observation have taught that the best patients in every sense of the word, and the best supporters in spreading the gospel of truth, are the educated patrons. The National Society has expressed itself in favor of education by increasing the length of term in college, and by demanding of the matriculant greater proficiency before he can begin his medical studies.

Homœopathy has done more for the people than any other system of medicine by educating the masses. It encourages

investigation ; invites parents to procure family medicine cases and books from which to study its philosophy and art of application. Homœopathy writes its prescriptions in common, everyday vernacular and discourages mysticism in every way. Homœopathy is synonymous *with light*, not darkness ; *with truth*, not error ; *with intelligence*, not ignorance. It encourages and invites investigation. Homœopathy wants all to "*reach hither thy finger*," to investigate by actual experiment. It does not suffer by having men doubt its efficacy. It matters not how unreasonable they may be, if they are only honest and will lay aside prejudice long enough to investigate. There is a large class of people who are so narrow and prejudiced and so opposed to all investigation, that it is almost impossible to get them to entertain one favorable thought toward our system of medicine. They will not allow themselves to approach the question.

It is a hard matter to change a man's ideas and methods after they have once become established in his mind. Prejudice is often unbounded. It will not allow him to see the good results of Homœopathy. He will not do as Dr. Hering did, "READ IT UP TO WRITE IT DOWN." Dr. Hering was an honest man. He believed Homœopathy was wrong, and in an honest way he went about to prove it to be false. He began to study 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*. So much for honest investigation.

Homœopathy is capable of being clearly demonstrated to any thoughtful mind. It rests upon *facts* which can be and are being multiplied any number of times, and which cannot by any process of reasoning be set aside. We may not be able to satisfactorily explain how the small dose cures, but the *fact* nevertheless remains *that it does cure*. "Nothing can be known with certainty except by an appeal to facts." This is inductive reasoning, by means of which Hahnemann was able to arrive at the law of cure underlying all observable phenomena in therapeutics. This is the first great step in the process without which man can never be certain that he knows anything. Therefore

Hering, fully appreciating this, 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."

Yet there are those, no small number, who declare Homœopathy to be a myth ; that the benefits experienced by hundreds of thousands of its patrons are absurdities ; who decry its merits and virtues ; who deny it a place in the world's history of scientific attainments. This is but one example to which we have alluded, namely, that there is a ceaseless strife going on between ignorance and intelligence, truth and error, light and darkness. Each is struggling for supremacy. The conquest is between Homœopathy and all those who oppose it. Homœopathy is intelligence, is light, is truth. The opposition is ignorance, is darkness, is error. Homœopathy invites you to investigate. The opposition refuses flatly, and without foundation in fact declares it unreasonable. Homœopathy offers itself in love. The opposition rejects it with bigotry and hate. The conquest is on. It is a fight to the finish. As in battle the private, and not the officer, does the effective work that brings decision and wins the victory, so it is the general practitioner in his humble position who *alone* is capable to lead *us on to victory*. No small responsibility rests upon his shoulders. Fully equipped with all that education can give him he further needs *energy, courage, perseverance*, and a heart illumed with DIVINE LOVE and TRUTH. In his own field of practice the battle must be fought. It seems to me that the three most important points that will require his greatest attention, are 1st, *to practice pure Homœopathy* ; 2d, *to educate the people in Homœopathy* ; and 3d, *to encourage only those who are competent, and discourage all incompetent from studying medicine*.

To practice pure Homœopathy he must be a close student and follower of Hahnemann, and such disciples as Jahr, Boëninghausen, Lippe, Dunham, and Hering. The *practice* of these men built the enduring system of medicine which we have chosen. Under the most trying circumstances of social and professional ostracism and persecution, with steadfastness of

purpose to do right, they, as privates in the rank of battle, carried on the fight. Through the greatest of adversity they established our colors, and held the fort against all assaults. Their thoughts and their works are surely fit objects of study, and worthy of being imitated.

But have we not learned better ways since then? Would they not have modified their rules and kept abreast with modern methods had they lived to-day? No. *A law of nature once established is as firmly fixed and as unchangeable as a proposition in mathematics; is as true to-day as it was at its foundation.* THERE CAN BE NO REVERSAL.

The law of similars was established by inductive reasoning. By the accurate observation of well-authenticated facts Hahnemann and his able disciples established the science of therapeutics. All that has been achieved in the progress of medical science since that day has been but additional data to confirm this law. The laws governing the motions of the stars and planets have been confirmed since the days of Newton and Kepler. Not one single change has been made necessary by the addition of new evidence. Yet the science of astronomy has improved since those days. So with the science of therapeutics. All new evidence, all new discoveries, have not made it necessary to make a single change in the law of similars.

All the phenomena of drug action and of signs of disease that have been discovered and demonstrated subsequent to the formulation of the law of similars *harmonize perfectly with the terms of this law*; and yet the science of medicine has improved since those days.

Those who say that it is necessary to so change Homœopathy as to keep up with the times, or that they are modern homœopaths, are unmindful of the fact that the law of similars is as much a law of nature to-day as it was in the days of Hahnemann, and, *as such*, as unchangeable as any other law of nature. Who ever heard of modern physicists who have improved upon the law of gravitation since the days of Newton? Who thinks that the law must be modernized in order to suit the times? That principle which is capable of indefinite ex-

pansion and elaboration without in the least altering it, is alone worthy of being classed as a law of nature; and such a principle alone will answer the purposes upon which to construct a science.

Had the practice of the men cited been founded on speculative grounds, as is that of the allopaths to-day, it would have been subject to reaction. Speculative science has no permanence. Inductive science is eternal. "A fact is a fact yesterday, to-day, and forever. If like cures like because it is the dictum of unchanging nature that it should, then there can be no change, however much the sluggard would have it so."

Every homœopathic physician has demonstrated to his fullest satisfaction that the potentized drug cures diseases, not once, but all the time, under similar circumstances. Shall we turn from that certainty and trifle with uncertainties? Every one who has tried it knows that the single remedy bears more intelligent evidence than the multiple. Shall we grope 'mid the uncertainty of alternation? We know that disease attacks in varying force, and that varying force is required to combat it. Then shall we wield the sledge in every case when the gentler vibration of insensible molecular motion would be sufficient? In other words, is it not best to use the lowest to highest potencies compatible with cures?

We must use *the pure homœopathic practice in order to win the victory*. This calls for *the similar remedy, the single remedy, and the minimum dose*. "With this mode of cure there can be no compromise. Homœopathy is either dead right or dead wrong, it is everything or it is nothing."

Besides practicing pure Homœopathy, which I regard as the first and most important step to take, to conquer the world for Homœopathy, there remains other things for the general practitioner to do. We would be false to our profession, indifferent to the welfare of the sick, and regardless of the fame of him to whom, in therapeutics, we owe nearly everything, were we to neglect to enlighten the public. Homœopathy is in many places not even known; in others most imperfectly, and therefore the butt of ridicule and derision. Among the mem-

bers of the medical profession not of our school there exists a woeful lack of knowledge. Much to their discredit there exists also a determination not to inform themselves or institute investigation, and they give utterance to opinions detrimental to Hahnemann and contemptuous of Homœopathy without possessing even a modicum amount of knowledge of the same. The public does not know that they are so ignorant, and hence can scarcely believe it when told, for they look upon the profession as the fountain of all medical knowledge. It is our duty to set forth the true status of Hahnemann, of his great and transcendent merits as an original observer, as a patient and careful therapeutic investigator, and as a scientific thinker. We must show by comparison the vast superiority of the homœopathic practice over the allopathic. By informing the public of what Homœopathy means and of the results which accrue from it, we obtain powerful assistance in making yet more generally serviceable the important therapeutic truths of which we are the trustees.

In his own private practice the general practitioner has yet another duty to perform in order that he may render his best service toward the conquest of Homœopathy. It is one which requires much study and deliberation and which will ofttime tax all his powers to perform faithfully and adequately. But if he has at heart the true love of his profession and the highest regard for humanity he will not fail to encourage only those who are competent and discourage all incompetent from studying medicine. It requires an unlimited amount of unusually good common sense and discretion to do this, yet it is a duty which, when neglected, causes untold damage; when performed with tact, it brings forth invaluable aid in the conquest.

Thus far the work of the general practitioner has been confined to his own field of practice. So far he has worked by himself. But he has associates in different parts of the country, and with them jointly he can and must do much to secure final victory. Frequently this part of the work is neglected by the many, and then it falls to the few. *In order that we may conquer this State for Homœopathy, we must unite with our fellow-*

workers in organized movements for the advancement of our cause. Our State society needs new life. It has muscle and bone and sinew enough to be a power. But there is an apathy, an indifference, a don't-care-sort-of-a-feeling that has taken possession of its members which needs to be shaken off. We must arouse ourselves from this dreamy state and go forth to win.

We need more and better organization. In addition to having one State society there ought to be organized at least three sectional societies, a central, a southeastern, and a north-eastern Homœopathic Medical Society. These meetings could be so timed as to not interfere with the workings of one another or with the parent society of the State. If we would amend our Constitution so as to elect three Vice-Presidents, one from each of these three sections of the State, and let these Vice-Presidents be the Presidents of the sectional societies, much good for the cause could be done by way of thorough co-operation. In order to do the most effective educational and missionary work for Homœopathy, it might be well to observe and consider the organization and operation of successful associations, such as the religious and educational societies of this and other States. See how they are organized and conducted. Surely our work and our cause is no less important nor less inspiring than theirs. They are fit bodies for our emulation. We cannot and must not rest upon our arms in this apathetic way. The progress or regress of Homœopathy depends upon its representatives. **WE MUST GO TO WORK.**

Through organized efforts only will we be able to demand and obtain recognition from authorities who have denied it thus far. This body of homœopathic physicians here assembled owes it as a duty to the whole world of homœopathic physicians and their patrons, and to the large number of people in this State who prefer this practice, that we leave *nothing undone for the good of this cause.* It is demanded of us that we put forth every effort to advance Homœopathy in this State; that we obtain charge of the medical department of all the State charitable institutions; that we obtain a voice in all public or semi-

public questions which affect their health or well-being; that we so associate ourselves as to most effectively and in the most lasting way obtain the confidence, good-will, and approbation of all the people of this State. This is demanded of us because we have voluntarily taken upon ourselves the care and keeping of the sacred truths of Homœopathy. We are responsible for making known these truths, and for their universal acceptance, because we, of our own free will, have chosen to be their trustees.

Nor do the boundary lines of this State limit the sphere of our duties. We have no right to be independent of all others. We must exert our influence within our domain so as to have its influence and power extend all over the civilized world. That we may conquer in this fight, we must express our approval or disapproval of all things that relate to the progress of our school. It is our duty as members of the great body of the homœopathic fraternity to see that everything is being done to advance it throughout the world. It therefore becomes necessary for the general practitioner to decide what instruction medical colleges should give and how patients should be treated in our hospitals. We must demand of all the colleges the best instruction for students in the science and art of medicine and surgery, and especially in Homœopathy. This instruction must be given by the best teachers obtainable. It is not alone necessary that he be a success as a practitioner, he must have talent as an instructor and such attributes as go to make a man. Now as to the subject-matter taught: As homœopathic practitioners *we must demand the teaching of HOMŒOPATHY*. This is the crying need of the day in our medical schools. There are but very few schools in this country where anything at all adequate in this respect is the subject of instruction. Most of our so-called homœopathic medical colleges are guilty of a crime for taking the money of students and promising to give them certain instruction and then absolutely failing to do so. They give a medical education, as good as can be obtained in any college in the world, but the *student of Homœopathy* went there to get a HOMŒOPATHIC medical education. The addition

of that word means certainly something, and is not used merely as a catch-penny phrase. If it does not mean anything, then the sooner it is left out of announcements the higher will be the respect entertained for the college. But, if it is to be left in the announcements, and they really mean to *give* and to *do* what they say, nine-tenths of our medical colleges need to *begin to teach Homœopathy*. Homœopathy is not everything in medicine, *but it is everything to the HOMŒOPATHIC PRACTITIONER*. Our students need to be *filled with Homœopathy, its history, its laws, its literature, its great exponents and their ideas, its mode of application—in short, with all that pertains to this science that the immortal Hahnemann gave to the world. It must be taught from the opening until the final GRADUATION DAY. It must be taught by the best instructors obtainable. This is the distinctive feature of our school. TO US it means EVERYTHING. Therefore the absolute necessity of its thorough instruction.*

A homœopathic hospital is an establishment for the cure and alleviation of the sick and suffering upon the principles enunciated and promulgated by the founder of the homœopathic art. Anything short of it, or contrary to it, is a species of fraud and a betrayal of a trust, both private and public. If they are conducted upon the principles of Homœopathy they will exhibit three sets of facts, all of which show the superiority of our school of medicine over every other, any one of which would be inducement and reason sufficient to decide the question of the value of our system of medicine. These three sets of facts are: 1, Homœopathic treatment shortens the time of sickness in contrast with any other mode; 2, Homœopathy reduces the mortality below that of all other systems or modes of cure; and 3, Homœopathy reduces the expenses of both the patient and institution far below that of all other systems of medicine. These three points commend themselves to the intelligence and sound judgment of all thinking people. That we may continue to do this in the fullest sense *the general practitioner of our State must see to it that all our hospitals be conducted upon homœopathic principles, and NONE OTHER*. The responsibility lies with the entire profession. If it will suffer them to be con-

ducted upon any other basis it is a participant in the fraud perpetrated.

If we would extend the domain of Homœopathy throughout the world, if we would conquer this State for Homœopathy, the campaign as mapped out must, in a large measure, be the plan of action. The work must be done by the general practitioner in his private practice by using pure Homœopathy, by educating the people, by encouraging only those who are competent to study medicine; throughout the State, in associating himself with his fellow-practitioners in more thorough organization, and through them demanding public recognition; throughout the world he must exercise a censorship over our colleges and our hospitals, *commending what is right and condemning everything detrimental to our art of cure. These are self-imposed duties to which he cannot prove recreant unless he violate a sacred trust.*

MEDICINE AND SURGERY IN THE TWENTIETH CENTURY.*

HENRY W. ROBY, M. D., TOPEKA, KANSAS.

“ Watchman, tell us of the night,
 What it's signs of promise are.
 Watchman, tell us of the dawn,
 What shall be its guiding star.”

In the unfolding of the fleeting centuries that are rushing from a great unknown inception to a great unknown conclusion, each century and many of its subdivisions present to the human mind majestic and astonishing problems for solution. In the coming century, whose glow of dawn we already see, lie coiled and struggling to be unfolded the mightiest problems that ever appealed to mortality. The struggle is upon us already to make that clause in the Declaration of Independence, that “all men are created free and equal,” the reigning reality among all men. More human hands than man can count are clutching

* Kansas State Homœopathic Society, 1896.

and tugging at the car of progress, to drag it in triumph over the stony paths of life, just as a few years ago the votaries of Vishnu clutched the great car of Juggernaut, to roll it in superstitious triumph over the trembling earth and the prostrate forms of wild devotees.

All along the highway of human advancement willing hearts and willing hands are toiling through sunlit days and sleepless nights in the dream and hope of bettering the condition of mankind. The law-giver is alert to formulate the best laws on all the statute books. The philanthropist is calling on all men to aid him in uplifting the poor in heart as well as in purse. The inventor is racking his brain and wearing out soul and body in a grand struggle to invent machines and devices to lighten human labor and multiply human blessings. The press and the pulpit are thundering like a tornado over the great, flinty road to universal betterment, and in their wake the shrines and temples of wrong and oppression are toppling and crashing to everlasting ruin. That subtle servitor, electricity, is already bearing the burdens of countless men and women up the rugged slopes of life, while they ride toward the summit in its swift car and in the glare of its dazzling light. The reapers of the world's harvest ride leisurely upon clanking machines that do the work of untold laborers, and there is seen all over the face of the earth a vim and push along the lines of progress that, were it reversed and directed against humanity, would be appalling and paralyzing. Patrick Henry truly said there is no way of judging the future except by the past, and applying that rule of judgment, what may we not expect along all the lines of human endeavor in the next century? If every other human interest is advancing, not at a snail's pace, but upon the swift wings of the lightning, may we not surely calculate on great progress in medicine and surgery? Think what has been done along the lines of chemistry, pharmacy, surgery, obstetrics, bacteriology, and therapeutics in the very few centuries that have already pitched their tents on the eternal camping-ground of the ages! In the single century that is now closing what wonderful strides has the *genus medicus* taken.

“Science for centuries devoted itself to the cataloguing of facts and the discovery of laws. Each worker toiled in his own little place—the geologist in his quarry, the botanist in his garden, the biologist in his laboratory, the astronomer in his observatory, the historian in his library, the archæologist in his museum. Suddenly these workers looked up; they spoke to one another; they had each discovered a law; they whispered its name. It was Evolution. Henceforth their work was one, science was one, the world was one, and mind, which discovered the oneness, was one,” and that *one* entity, mind, was the progressing, moving entity of the world which has dominated all the past centuries as well as the present, and will dominate the centuries to come.

Two hundred years ago medicine presented a greater babbling and confusion of tongues than the great tower of Babel. Within that time, revolution after revolution in therapeutic methods has occurred, and each revolution was but a phase of evolution. Thought quickened, perception grew broader and deeper, conception of powers and capacities of principles and relationships grew greater, profounder, until out of the chaos came order, harmony, system, consistency, and a more universal success. Great discoveries were made, great skill attained, and great results achieved.

Now, march all these analytical and constructive forces forward into the new century and add to them the genius and the multiplied advantages naturally coming over into this field from all the other fields of science, and see what an avalanche of forces shall march in triumph through the twentieth century. With the mighty forces of chemistry, electricity, magnetism, the microscope, the spectroscope, the telescope, the culture tube, and the weather bureau all harnessed to the car of medicine and guided by an ever-increasing intelligence and an ever-growing warmth of human sympathy and loving solicitude, and who can adequately predict the triumphs and victories in this great field of contest? We may justly hope and predict that the stubborn and arrogant conflict of dogmatism will have passed away, and that all medical men will dwell together in unity. That no

man will be ostracized by his fellow-laborers in humanity's cause for believing that drugs have one or two modes of action. That increased light and knowledge will enable medical men to serve the world more acceptably in the role of sanitarians than of phlebotomists ; that the chief function of the physician will be to teach people how to live wholesome and untainted lives, and to die of old age instead of pestilence. That when drugs become necessary at all against accidental disorders, men will be wise enough and sufficiently familiar with the action and powers and properties of drugs to make them serve their benign purpose in such minute quantities that no life shall be put in peril of the dose. That all the appliances for the mitigation of bodily ills shall be as delicate as are now the most sensitive chronometers and microscopes. That hygienic and vital knowledge will be so general and diffuse that it will first be a disgrace, then a misdemeanor, and then a crime to be ill of a preventable disease, and the medical man's status in the community, his reputation and honor will depend upon his ability to teach his patients, both by precept and example, the pure gospel of health, which, like a great benediction, shall cover every clime and race and tongue on the planet. Such we may confidently expect to be the state of medicine in the twentieth century.

Now, walk with me down the path of all the sciences and we shall see that none of them are brighter with hope and blessings for the race than the surgeon's path. It will still pass by some new-made graves, but they will grow fewer the further along we walk in it. To-day humanity has no better friend, and nothing on earth so near to a savior as the well-equipped surgeon. When your untutored hand and brain fail to rescue your wife or child from impending death ; when your kind and humane neighbors all fail after using their best efforts ; when your family physician, with all the aids that *materia medica* and sanitary science affords, fails ; when your minister and Church and Christian science and faith cures all fail, and death seems to have won the fight and is just in the act of carrying off your loved one, the true, skillful, and brave surgeon often steps

in and says to death, "Hold, stay thy hand!" and to the broken-hearted says, "Have courage, there still is hope," and to the bystanders says, "Be brave and lend a hand," then, with the courage of a lion and nerves of steel, and a heart as tender as a woman's, he lays the glittering blade close alongside the false growth that is sapping the life of your loved one and draws its keen edge close between quivering nerves and throbbing arteries close down among the well-springs of life, and with a master hand severs the false from the true flesh and casts the monstrous growth loose from the body it had so nearly slain, or lets the sweet air of heaven into croup-shut lungs, and then gently and swiftly takes up the severed and bleeding vessels and secures them against further loss of the life current, dresses the new-made wound, and then sits by the side of your loved one with finger on pulse, and eyes and ears and all his powers alert for any lurking or approaching danger, and stands by, without food, without sleep, without rest, in as deep concern for the life that is in peril as you feel, and then when death, baffled and beaten, skulks away, and he restores to you alive and well and free from peril your loved one, he becomes the *summum genus* of the race.

It is a marvelous fact that many thousands of women are alive and well to-day from whose bodies the surgeon's knife has severed tumors weighing from one to one hundred pounds, ninety-seven out of a hundred of them saved from otherwise inevitable death.

Even in this twilight hour of the nineteenth century, we almost ruthlessly invade the sacred precincts of the pelvis, abdomen, chest, and skull and cast out the offending neoplasms, exsect retrograding tissues, and resect and anastomose tubular structures with surprising and gratifying results. That which was once a forbidden shrine is to-day the daily camping-ground of the surgeon, and enterorrhaphy, ovariectomy, oöphorectomy, and hysterectomy are rapidly shifting from the field of formidable and perilous procedures, and being relegated to the realm of minor operations.

With all the analytical and corrective operations that the

mind can formulate already accomplished facts, what have we left for the next century to solve but the synthetical and constructive procedures? Will we not then graft legs and arms and hands and feet as easily as we now graft skin? Will we not then transplant sections of lungs and hearts and brains as now we do sections of bones decalcified? Shall we not then pluck the good eyes from the young victim of a fatal traumatism and hastily transplant them to the sockets of the octogenarian as readily and successfully as we now transplant apple trees from the nursery to the garden? Shall we not yet establish a new optic commissure, when the old one is destroyed, with the same ease with which we now graft and bud our grapes and peaches?

I fancy I foresee the day when the severed jugular vein or carotid artery shall have such a delicate adjustment of compression applied above and below the cleavage as to restrain an otherwise fatal hemorrhage and permit of the restoration of severed continuity by some more delicate and masterly stitch than the Czerny-Lembert suture.

In my fancy I catch fore-gleams of the day when some more glorious Jackson or Simpson shall stretch us on our dream couch with some new anæsthetic as free from harm and danger to all mankind and as happy in effect as now the cataleptic sleep is to a few.

Or, shall not some Charcot find the magic wand by which all men shall then be charmed to lethal slumbers for the surgeon's work without the use of drugs at all?

The hopeful prophet in our ranks can foresee the day when the hypnotized patient shall sit in the surgeon's chair and tell stories while his brain is being mended, as now he sits in the barber's chair to have his scalp tonsorialized, and thoracoplasty and craniotomy shall come to be an art that needs no mending.

If we may justly judge the future by the past, we are to-day warranted in

“Dreaming dreams no mortal ever dared to dream before.”

We are warranted in exercising a high and long range pre-

vision, warranted in foreseeing and foretelling events that shall come to pass in distant days.

We are warranted in multiplying achievements of this century by all of the achievements of past ages, and foretelling the day when Velpeau shall no longer be called the "King of Surgeons," and Senn and Helmuth shall seem as tyros to the men on yonder height.

Darwin proclaimed *The Descent of Man*, Drummond proclaimed *The Ascent of Man* and man himself proclaims his own rapid and unending progression,

Over the bounds of that shadowy verge
Where the known and the unknown meet and merge.

Just on the eve of the twentieth century there is breaking a glorious morning containing a new ray of light by which,

We see in outlines, flesh-bereft
The scaffolding that Nature left
Within the temple on the day
She housed the soul of man in clay.
And with a new and wondrous art
We trace the chambers of the heart,
And watch with eager eyes the flow
Of purple currents to and fro,
And see the flood-gates rise and fall
Beyond the temple's inner wall.
We trace the new and rising zone
As Nature knits the broken bone.
While through the labyrinthine mesh
Of bone and sinew, nerve and flesh,
We follow, like the hunter's pack,
Swift-footed on the bullet's track.
And with these mortal eyes profane
The inner sanctum of the brain,
And walk unhindered through the whole
Majestic palace of the soul.

HERNIA—SURGICAL TREATMENT AND RADICAL CURE.*

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Most of the operations for the radical cure of hernia are so new that the surgical world is only beginning to grasp their vast importance. Operations for the radical cure of hernia will within the next decade, I venture to predict, become so common that an impress will be left upon this period as an epoch in surgery of no less distinction than that made for kolpohysterectomy by Czerny and others within the decade now closed.

When once the utility of this subject is fully realized by surgeons the popularization of the operation will quickly follow. Of the six or seven millions of persons in the United States who have hernia at the present time, the numbers will so rapidly diminish that the next census will doubtless show a marked change in this respect.

A brief inquiry into the history of operations for the surgical cure of hernia discloses the fact that very little was done until within about twenty-five years. Writers previous to that time have generally ignored the subject or treated the proposed operations with contempt or suspicion. The nestor of American surgeons, the late Samuel D. Gross, fails to record one word in mention of any operation having this end in view. In the early part of the present century, Langenbeck, Schumacker, the Coopers, Warren, and other surgeons, made operations for the radical cure with success. It is also certain that the operation quickly fell into disrepute, and was wholly lost sight of until about 1870, when Lister made known to the world his anti-septic views, which caused a new impulse to surgery in every department.

* Kansas State Homœopathic Society, 1896.

Operations for herniotomy are well known. They are historic, and it strikes the modern surgeon as singular that the older operators should make a herniotomy without resorting to any method to accomplish a radical cure. The fact is that herniotomy in time past fell into disrepute in consequence of the high rate of mortality following the operation. In this respect a parallel process of reasoning condemned, not many years before, the operation of trephining the cranium for gunshot and other injuries. It is stated in the *Medical and Surgical History of the War of the Rebellion* that the mortality rate following trephining in some of the wars of Napoleon was so great that its practice was interdicted by Baron Larrey and others. A late writer, in discussing this question, justly observes that the high death-rate following the operation of trephining was not the result of the operation itself, but that death resulted from the injury which rendered the trephining necessary. It is equally true that most of the deaths which have followed the operation for herniotomy have resulted, not from the operation itself, but from the fact that the condition of strangulation, which rendered the operation necessary, had already produced such pathological conditions as to render death inevitable.

Surgeons of the present day take note of these facts, and operate early before tissue changes to any great extent have occurred, and then follow the release of the strangulation by some of the varied methods for radical cure. Different operators for radical cure practice and advocate different methods. The object to be attained is the same by all. Whatever method secures the desired result must certainly be commendable. Statistics show that death from selected operations for the radical cure of hernia are extremely rare, that when the operation is done properly under aseptic conditions, the cure is practically certain.

There is a notion prevalent, not only amongst professional people, but also widespread amongst the laity, that operations for hernia are not only dangerous to life, but frequently fail to cure the rupture. Nothing could be more erroneous. It is perfectly certain that there is more menace to life from the hernia

itself than there is from the surgical operation for the cure of hernia. This is true in general. It is emphatically true in regard to femoral hernia. This form of rupture is mostly found in women. The canal through which the hernia escapes, the crural ring, is extremely small. In case the hernia is composed of intestine, the dangers of strangulation are very great, and death is very rapid, the patient even going into collapse, and passing beyond surgical remedy before a decision to operate has been made, or before the surgeon can reach the patient. The day is near at hand when surgeons will advise and the people will be ready to accept operations for a radical cure in every case where a cure by other means fails. I am not quite certain in my own mind whether it would not be better in cases of congenital hernia, even, to resort to an operation for radical cure, in preference to the uncertain, and often futile attempt to cure by the application of trusses and otherwise.

This question is of such importance that its free discussion by surgeons should be encouraged, and the results of operations for radical cure widely disseminated, so that the prevalent errors may be speedily abandoned.

PSORINUM.*

J. H. ALLEN, M. D., LOGANSPOBT, IND.

Psorinum comes down to us through the files of the ages, and is known as Psora. Hahnemann says it is recorded in the third book of the Bible, hence it seems to have been one of the first subversive forces manifesting itself upon that degenerate being, man. Some have gone so far as to say it was the primary physical manifestation of original sin; but be that as it may, it has become recognized as a positive fact, a living reality, by all honest and unbiased minds in all branches of the homœopathic school, and there is only an individual here and there opposing the psoric theory with any degree of opposition. The proclamation of Hahnemann has gone out into all the world that

* Kansas State Homœopathic Society, 1896.

such a subversive force exists in the organism, and that it is the primary disturbing principle of biological law, the basic principle of most chronic diseases recorded in our nomenclature, and known as specified pathological states and conditions in our literature; when we as honest men of science begin to investigate *The Organon* and the teachings of Hahnemann the whole psoric theory unfolds itself to us so that no man can be mistaken, or have any hesitancy in accepting the truths as recorded by the master. I will not take up your time by theorizing as to how these artificial subversive forces, known as remedies, act on the natural or diseased life forces, except to say it is only through the law of similars, in which we all believe no matter how limited our knowledge is of the science. Nor have I time to give you my theories as to how a high potency of this natural or diseased subversive force acts subversively upon itself, save to say that the very means of grace exists in the very means of death. In the crude state psora is the arch enemy of true biological law, the penalty of which is death. But the potency when applied through the similar law is the gateway of life, for similia is grace just as much so as if the Christ reached down the finger of His mighty power and touched you and made you whole, for law is suspended through the higher power of grace.

The remedy Psorinum has been proven extensively by Hahnemann, Hering, and others, besides many clinical symptoms have been added, thereby making it of still greater value to the prescriber. It has a very marked and peculiar sphere in the organism, finding its expression in the vital force itself. What would not be considered a symptom under any other remedy may be taken as very characteristic of Psorinum.

Psorinum expresses itself in the lack of vital energy, a lack of response to remedies, foods, or anything seemingly well indicated in the case; lack of reactive power, especially in acute diseases, as in prolonged febrile states. When the patient reaches the reactionary period in disease he does not react promptly, but remains lethargic or in a state of great physical prostration. Often a dose of Psorinum will here arouse the

failing vital force which is so hampered by the presence of psora that it cannot respond. A single dose often loosens the life forces from its bonds and it at once sets to work to restore the organism to health. This wonderful action is only known to those who have the pleasure of using this drug. Often with its help you pull your patient out of very difficult corners, and that without the aid of stimulants, or the thousand and one abominations usually employed in such cases. The heart, the circulation, together with all the organs, right themselves in their order as soon as the life forces are freed from the thralldom of psora. The other symptoms peculiar to this remedy might be summed up in the eruptions of the skin, the prostration of body and mind, the great distress in breathing, the cardiac weakness, and more particularly the weakness that cannot be localized in any part of the body in constitutional troubles.

In the mind we have utter hopelessness, melancholy, sadness, even to a fear of death; fear that he will lose his fortune, or that he will die in the poor-house, or become a beggar; if he is of a religious temperament he will despair of his salvation. He has no surplus energy to throw away; he is always ready to lie down when an opportunity offers itself; he is relieved by so doing, also by warmth, rest, quiet. The life forces have all they can do to keep the feeble spark of life burning, and have therefore no power to store up energy on the one hand, nor heat on the other, hence he must have it artificially supplied either by a surplus amount of clothing, which seems greatly out of reason, or by direct artificial heat. These patients are nervous, restless, and easily startled; they are sleepless frequently from intense itching of the body, with burning after scratching. He takes cold at the slightest exposure, and is excessively sensitive to all atmospheric changes or fall of barometer; hence he is better in summer and worse in winter; also much better when perspiring (the reverse of Sulphur; Medorrhinum is also worse in winter). Psorinum is also worse at night.

The psoric baby cries, frets, whines all night pitifully (Jalap); it has no assimilation, hence nothing agrees with it, not even water; the body smells foul all the time, and it is not

removed by washing ; it has pimply and scaly eruptions on any part of the body, and all discharges and excretions smell foul, carrion-like, offensive—stools, expectoration, breath, menses, leucorrhoea, everything offensive.

Hunger is a marked symptom in many cases, even ravenous hunger ; eating often relieves the headache. Headaches are also made better by washing the face, by profuse sweat, and by nose-bleed. Hunger at night, he wakes up hungry ; his face is usually pale, sallow, thin, sickly looking.

The hair is dry, easily tangled, glues together, lustreless (*plica polonica*) ; he has an aversion to having the head uncovered, and wears a heavy cap when he should wear a straw hat ; sensitive to the least draft, even in bed. Frequently we find raw, moist sores around the margin of the hair exuding an offensive secretion, often pus ; scurfy, scaly scalps in children ; copious dandruff, brown, bran-like scales, and when washed out soon form again ; itching when warm, burning after scratching ; rawness and soreness behind the ears (like Hepar, Calc-c., Sil., Petroleum) ; itching boils in the scalp exuding offensive pus and bleeding easily (like Nit-ac., Hepar, Merc.).

Papular eruptions in the flexures of the joints, between the fingers, burning worse at night and from warmth of bed ; sweats easily ; grows weak and then, no matter what the trouble is, has much anxiety about his health ; scratches till the blood comes, when he falls asleep ; the skin trouble is worse undressing (like Hepar, and others) ; children bury their faces in the pillows in bronchial troubles, which are accompanied with thirst and rattling cough. In the eyes and eyelids we have many prominent symptoms of this remedy worthy our attention. The lids are inflamed, red like raw beef, scaly, scurfy crusts on edges ; eyelashes gone entirely or else stuck together (Merc., Graph., Cinnabaris, Sulph.) ; worse in the open air and better by warmth of room, with itching and burning after using them ; desires to keep them closed or else to rub them.

In the ears we have all sorts of noises ; singing, cracking, humming, buzzing, often with an offensive discharge of watery

pus or reddish cerumen; bores and picks in the ears; scaly, bran-like eruption in the meatus.

The pains of this remedy, whether in the stomach or any organ of the body, are of a burning nature usually, especially after suppressed eruptions or suppressed conditions from which chronic dyspepsia is apt to develop in business or railroad men who eat hurriedly, and who resume their work soon after eating; they usually are hearty eaters. The eructations smell like rotten eggs, or there is vomiting of sour mucus before eating, with weakness in the stomach and backache in the morning, or with oppression after eating. Stools in diarrhoea are usually preceded by colic, and are usually thin, watery, greenish, or brownish, bilious and united with mucus; hot, fetid, very offensive, driving you out of the room, like rotten eggs or hydrogen sulphide; usually painless and worse at night or change of weather. Skin often unhealthy, dirty, greasy, covered with a poorly-developed eruption. Cholera infantum in children who cry and fret all night, no peace with them till morning, when they fall into an exhausted sleep.

Talking fatigues, voice weak, chronic hoarseness in psoric patients or in tubercular patients; suffocating, crawling sensation in the larynx producing a dry paroxysmal cough (*Tuberculinum*) as if the throat were narrow. Hay fever; often this is the best remedy with which to begin treatment. The chest in these patients expands with difficulty; they have anxious dyspnoea in lung and bronchial troubles, with palpitation and pain in the region of the heart. Asthma in psoric patients, with dry, hard cough, caused usually by tickling in the larynx; worse sitting and in the morning. Such cases have been known to last for thirty years before the lungs broke down. Suppressed eruptions are the cause of the most aggravated forms of psora. The expectoration is frequently profuse and greenish, tastes salty; all chest symptoms are better by lying down.

The chill generally begins in the arms or thighs, usually in the evening, with much thirst, but drinking causes cough; pain in the chest follows the heat, the fever is then followed by a profuse, foul-smelling perspiration, copious, trickling down the

face, clammy and sticky. There is usually a tired feeling before the chill, with a desire to lie down and to stretch out the arms, and a desire to cover up, though they are perspiring profusely and the temperature is high.

The cough is always better by lying down ; also chest symptoms. Weakness in all the joints ; often trembling of the hands and feet. Rheumatism of the extremities with suppressed eruptions, or following suppressed skin troubles ; or gouty pains with dry cough accompanied by ill-humor and despondency, with heat in hands or feet ; similar to Sulphur. All troubles relieved by reproducing the suppressed eruption, and cured by Psorinum.

A STUDY OF FEVER REMEDIES.*

E. W. BOARDMAN, M. D., PARSONS, KANSAS.

Fevers are characterized by rigors, heat of the skin, quick pulse, languor, lassitude, followed by perspiration. A fever may be idiopathic, without any local cause, or symptomatic of some local irritation.

It may be paroxysmal or continued in nature, contagious or traumatic in origin.

There are periods of exacerbation and of remission, days of crisis and many phenomena developed. With theories and explanations we are not dealing in this paper, but shall study for a few moments how to adapt a remedy homœopathically to an individual case.

We must study the history, probable cause, fever symptoms, and concomitant symptoms in endeavoring to find a remedy which will check all developments. It is not sufficient to know that typhoid fever will frequently call for Baptisia, or that lung fever often requires Aconite. In prescribing homœopathically we must set aside the names of diseases and give the remedy indicated, regardless of precedent, even if it is unheard of in the disease under treatment.

* Kansas State Homœopathic Society, 1896.

But while this is a true principle of homœopathic prescribing, the intelligent prescriber will consider the history, etiology, and pathology of his case. If he finds a history of exposure to extreme cold, producing a chill, followed by high fever of a certain type which has continued but a few hours before he was called, the knowledge of these facts, taken in conjunction with certain febrile and concomitant symptoms will all assist him in his selection of a remedy. If, again, he finds that the patient has been failing gradually in a general way, becoming progressively weaker, apathetic, with some headache, anorexia, that he has been with persons sick with typhoid fever, or in the same locality, and that for several days before consulting the physician he has had fever, the prescriber will think of an entirely different remedy or class of remedies from that which he thought of in the former case, because such an etiology and pathology will not produce symptoms similar to those of the former case.

Aconite will not cure a fever which depends upon an alteration in the blood, such as is produced by malarial or typhoid poison or bacteria or ptomaines, because these poisons, in changing the normal constituents and relations of blood corpuscles and blood plasma, will not produce symptoms to which Aconite is the similia. For this reason it appears proper that we should study a few remedies, any one of which is likely to be needed when we are considering a given disease, rather than to waste time studying numerous remedies which cannot, in the nature of the case, be indicated.

A comprehensive study of homœopathic materia medica will harmonize the etiological, pathological, and symptomatic indications of our remedies, and strengthen the faith of the earnest student.

In a study of so limited length, however, it will be necessary to confine the attention mainly to symptomatic indications, and to a few of the remedies most often indicated in pyrexia, not, however, forgetting that symptoms may be induced by fever calling for any remedy in the known materia medica.

Probably all will admit that Aconite is the king of fever remedies, a time-honored polychrest, a sheet-anchor in Homœ-

opathy. But if Aconite is prescribed merely because the pulse is abnormally quickened and the temperature is rising, we may be disappointed in its action. A paper of large dimensions might be written on the pulse indications alone. What a difference between the quick, full, and hard pulse of Aconite and the full, flowing, but soft pulse of Gelsemium, or the extremely rapid and tumultuous pulse of *Veratrum-viride*, or the quick, weak, and irregular pulse of Arsenicum, or the small, hard, rapid, and irregular pulse of China, or the quick, full, and soft pulse of *Baptisia*, or the throbbing, forcible, and frequent pulse of *Belladonna*, any one of which may be combined with high temperature. In the examination of a patient with fever, the pulse and temperature are usually noted first, and right here may often be found the keynote, which, when backed up by other symptoms, leads to the selection of the simillimum.

Next the condition of the tongue may be investigated, not merely to learn whether the fever is gastric, inflammatory, typhoid, or intermittent in type, but to ascertain what remedy corresponds to it. We find that in simple fever or in the first access of inflammatory fever with a high temperature, the quick, full, and hard pulse, and a white tongue, Aconite is indicated. Where we find a bounding pulse with a dry red tongue, or with white centre and red edges, *Belladonna* is likely to come in well. *Veratrum-viride* has nearly the reverse of *Belladonna*, a red streak down the centre instead of red edges, and the margins of the tongue yellow. A tongue with red tip and furred sides, or dry and brown, combined with a rapid, weak, and irregular pulse suggests Arsenicum. *Baptisia* has a yellow tongue shading to dark brown in the centre, accompanied with sordes on the teeth, *Bryonia* has a thick white coating, China yellow or dirty white, and Gelsemium a thick flabby tongue with a yellowish white coating.

Rhus-tox. has a dry and cracked tongue with a very red tip.

The variation in respiration, as well as the ratio of respiration to the pulse is also marked in these few remedies. Normally there should be three and one-half to four pulse beats to every

complete respiration. In Aconite we find a quick and superficial respiration, but with the pulse-respiration ratio maintained, often accompanied with hacking or croupy cough, and with lancinating pains through the chest. Arsenicum has difficult breathing, rather irregular, sometimes an asthmatic struggle for breath, several very shallow inspirations, with occasionally a deep sigh to fill the lungs. Belladonna has short, hurried, and anxious breathing, frequently with tickling in the larynx. When Bryonia is indicated, we find a disposition to breathe deeply, but with great pain and considerable rapidity, even one respiration to three pulse beats. In Gelsemium we find very slow breathing, with rapid pulse; and even more promptly under Veratrum-viride, where the ratio may be reduced as low as one respiration to seven or eight pulse beats.

The mentality of fever is also of great importance, in differentiating between remedies. I need only suggest the anxious restlessness of Aconite with great fear of death; the scattered feeling of Baptisia, with inability to get the parts together; the wild delirium with horrible visions, and disposition to jump out of bed, which characterizes the Belladonna patient; the morose, ill-humored anxiety, with ravings about his business affairs, and desire to go home, which constitutes the mentality of the Bryonia patient. Just as familiar are the sluggish stupor, and inability to fix the attention, of the Gelsemium patient; the anxious fear and extreme restlessness, with dread of death, of Arsenicum; the confusion of ideas and dislike to all exertion produced by taking Quinine, and consequently indicating China when not so produced. Rhus-tox. has great restlessness, or a low mild delirium with stupefaction, and Veratrum-viride has a mentality as greatly excited as is its circulation.

Many lay great stress upon the exact hour of aggravation, but it is a clinical fact that nearly all fever patients are worse toward and during the night, and febrile symptoms are also aggravated by any excitement, at whatever hour. According to text-books, Aconite is worse in the evening and night; Arsenicum from 1 to 3 A. M.; Belladonna after 3 P. M., and after midnight; China in the morning or evening and every

other day ; Gelsemium in the evening ; Rhus-tox. after midnight ; Veratrum-viride in the evening.

But few remedies have been considered in this paper, but probably the fever symptoms of a majority of cases may be pretty well covered by these polychrests. If physicians would more carefully study the old and well-proven remedies in our materia medica, they would often find it unnecessary to fall back upon the refuse of a *gas factory* for anti-pyretics, even to administer new remedies lauded commercially by pharmacists without proper proving.

Our noble ancestors, medically speaking, have performed cures innumerable with the polychrests. Why not we ?

IN MEMORIAM—DR. JOHN L. FERSON.

The committee appointed to draft a set of resolutions in memory of Dr. John L. Ferson, deceased, beg to report the following :

WHEREAS, In the dispensation of an all-wise Providence, our esteemed friend and fellow-member, John L. Ferson, M. D., has been removed from the scene of his labors and good works in this world, and has entered upon his rest in the other and better world ; and,

WHEREAS, Many years of professional fellowship and acquaintance have endeared the deceased to each of us, and have demonstrated in him superior acquirements as a physician and noble qualities as a man ; and,

WHEREAS, By his death this Society has been deprived of one of its most loyal and earnest members, and his professional associates of the benefit of his judicious counsel and wise advice ; therefore,

Resolved, That in the death of Dr. Ferson, the Homœopathic Medical Society of Allegheny County has lost a faithful and valued member, and the system of medicine which he so steadfastly and ably supported has lost one of its truest and most consistent advocates.

Resolved, That we tender to the bereaved family of the deceased our heartfelt sympathy and condolence, and fervently hope that their affliction will be less keenly felt by the assurance that he will be gratefully remembered by a community in which he was so highly esteemed and universally beloved.

Resolved, That a copy of these resolutions be spread upon the minutes of the Society, be sent to the family of our deceased fellow-member, and to the principal medical journals of our school.

Resolved, That as the last act of respect and esteem that it will be our privilege to pay Dr. Ferson, the Society attend in a body the funeral services, Thursday morning, July 9th, at his late residence, Wylie Avenue.

(Signed)

W. J. MARTIN, M. D.

J. B. McCLELLAND, M. D.

J. F. COOPER, M. D.

J. C. BURGHER, M. D.

T. A. WILLARD, M. D.

IN MEMORIAM—DR. MARY E. GRADY, OF
BROOKLYN,

a graduate of the New York Medical College and Hospital for Women, and the New York Ophthalmic Hospital College, died in Brooklyn, June 29th. She was a very talented woman and thorough oculist and specially successful in refraction work.

For two and a half years she was associated with Dr. Bushrod W. James, of Philadelphia. She was practicing ophthalmology in Brooklyn at the time of her death, which was of pulmonary disease, the result of pneumonia.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The seventeenth annual meeting of this Association was held at Glen Summit, Pa., on the 24th and 25th days of June. The meeting was the smallest in the history of the Association. This should not be. The Association should not be allowed to decline in interest and importance by reason of small attendance and scanty contributions of papers. There was a well-founded belief that new causes of dissension were to be brought before the Association, and this had the effect of keeping many members away. Notwithstanding the small attendance, the papers actually submitted and the discussions upon them were of the highest interest.

The address of the President, Dr. B. Fincke, was unanimously spoken of as a most scholarly and instructive paper. We hope to be able to reproduce it in full in the pages of *THE HOMŒOPATHIC PHYSICIAN*.

After the usual reports of officers the regular business of the meeting was opened by the reports of the chairmen of the various bureaus. The following are some of the papers, which were interesting :

In the Bureau of Homœopathic Philosophy, of which Dr. George H. Clark was chairman, several papers of value were noticeable. "Harmonics of Homœopathics" was the title of one by Dr. J. H. Allen, of Logansport, Ind.

Dr. Fincke contributed a translation of a paper entitled, "On the Appreciation of High Potencies," by Dr. C. Von Bœninghausen, in Munster. This paper was highly interesting. Dr. A. McNeil, of San Francisco, contributed a paper on the "Genius Epidemicus." Dr. C. H. Oakes contributed an intensely sarcastic and very witty paper entitled, "Is Consumption Contagious?"

This paper heaped ridicule upon the dominant school of medicine and was very entertaining.

BOOK NOTICES.

THE OBSERVER: An illustrated monthly magazine for students and lovers of nature. Published monthly by E. F. Bigelow, Portland, Conn. Subscription, \$1.00 per year. Ten cents a single copy.

The July number of this instructive and elegant journal is before us. Among other articles we find one on "The Anatomy of the May Beetle," illustrated, with diagrams of its several parts; one on "The Study of the Grasshopper;" an entertaining essay on the character and habits of a song-bird called the "Prothonotary Warbler;" another interesting article is "The Pine Grosbeak in Northern New York." These are followed by a series of articles upon astronomy. One of these collects from that "Thesaurus of human wisdom, the Bible," all the references to the stars of heaven; another is upon "Kepler, the Legislator of the Heavens;" another is upon "Danger from Comets." Most interesting, especially to the physician, is the series of lessons in Practical Bacteriology in the microscopical department of the journal. From these articles it will be seen that the journal interests every order, from the physician to the wandering school-boy roaming through field and wood.

THE STANDARD DICTIONARY of Funk & Wagnalls.

On the table side by side at the Wadsworth House, Cambridge, Mass., the home of the clergy of Harvard, lie peaceably two of the great rival dictionaries, the Webster International and the Funk & Wagnalls Standard. In the former is this inscription:

"To the Harvard University, for the use of the staff of University preachers—for the correction of their English."

"Feb. 28th, 1895. "PHILIP S. MOXON,
of the Staff of 1894-5."

This caught the eye of Bishop Vincent, who presented a copy of the Standard with the following inscription:

"To the Harvard University, for the use of the staff of University preachers, thinking that *the very best* is not too good for them.

"April 8th, 1895. "JOHN H. VINCENT,
of the Staff of 1893-5."

THE METAPHYSICAL MAGAZINE, published by the Metaphysical Publishing Company, 503 Fifth Avenue, New York, for July, is out. Price, 25 cents; yearly subscriptions, \$2.50; in foreign countries, 14s.

Among other articles Professor Elmer Gates, formerly of the Smithsonian Institution, explains for the first time the results of his extended experimental researches in the domain of Psychology. These experiments have been conducted in a thoroughly scientific manner, and the demonstrations are of the very highest importance to every branch of learning.

The contents of this number also include: "Karma in the Bhagavad Gita," by Charles Johnston, M. R. A. S.; "The Subtile Body," by E. G. Day, M. D.; "The Serpent and Its Symbol," by Lieut. C. A. Foster, U. S. N.; "Spirit in Man and Nature," by C. Staniland Wake; "Conception and Realization of Truth," by Frank H. Sprague; "A Prophetess of the New Life," by Lilian Whiting; and other articles on occult, philosophic, and scientific lines.

MACMILLAN & COMPANY, 66 Fifth Avenue, New York, have issued a handsome volume entitled *The Fundus Oculi*, with an ophthalmoscopic atlas illustrating its physiological and pathological conditions, by W. Adams Frost, F. R. C. S. It is a quarto volume, extra cloth, gilt top, price, \$18.00. The same firm have also in press *A System of Medicine* by many writers, edited by Thomas Clifford Allbut, M. A., M. D. etc., to be complete in five volumes, medium octavo. Price, cloth, \$5.00 net.

NOTES AND NOTICES.



A MEDICINE-GLASS COVER.—This cut represents a new medicine-glass cover with index to show the hour when the next dose is to be taken and a spoonholder. It is particularly useful to homœopathic physicians and is highly indorsed by physicians of both schools. Price, 15 cents. Sharon Manufacturing Co., 17 North Juniper Street, Philadelphia, Pa.

INTER-STATE COMMITTEE OF THE AMERICAN INSTITUTE.—At a session of the American Institute of Homœopathy, held in Newport, R. I., in June, 1895, the homœopathic society of each State was requested to appoint two of its members as delegates, to unitedly form an Inter-State Committee of this Institute. In the forty-five States of the Union, there already exist thirty-three such State Societies, twenty-eight of which appointed and reported such delegates. These delegates assembled at Detroit during the recent session of the Institute, organized and carefully considered the relations of the State Societies to the Institute and to each other.

In accordance with the recommendations of this Inter-State Committee, the Institute adopted the following preamble and recommendation :

WHEREAS, It is of great importance that our State Societies should be in harmony with the American Institute of Homœopathy, therefore, in order to secure this end,

WE RECOMMEND, The revival of the former custom by which the Presidents of our State Societies shall become honorary vice-presidents, and the secretaries, corresponding secretaries of the Institute, during their respective terms of office.

The following recommendations were also adopted :

1st. The legal incorporation of all homœopathic State Societies, not already incorporated ;

2d. The organization and incorporation of homœopathic State Societies in States containing a sufficient number of homœopathic physicians, wherever no such organizations now exist ;

3d. There is to be urged upon all homœopathic State Societies to annually furnish the Institute with correct lists of homœopathic physicians and of all homœopathic institutions (including hospitals, colleges, societies, journals, etc.), in their respective States ; also, that an annual report of desirable locations for homœopathic physicians be prepared by the State Societies for publication, and that copies be furnished to the American Institute ;

4th. That this Inter-State Committee be made a permanent Committee ;

5th. That each State Society shall annually publish a list of its members, together with a *résumé* of its general transactions ;

6th. That a system of the Inter-State delegations between our State Societies be arranged as far as practicable.

The earnest interest already exhibited in this movement, and the great importance of harmonious and systematic action on the part of our societies and institutions, should lead every State Society to actively assist this measure.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION held its annual meeting at Glen Summit, Pa., June 24th and 25th. The following officers were elected for the ensuing year : President, Wm. P. Wesselhœft, M. D., of Boston ; Vice-President, Walter M. James, M. D., of Philadelphia ; Secretary, Erastus E. Case, M. D., of Hartford, Conn. ; Corresponding Secretary, Mary Florence Taft, M. D., of Newtonville, Mass. ; Treasurer, Franklin Powel, M. D., of Chester, Pa. ; Board of Censors, B. L. B. Baylies, M. D., of Brooklyn, N. Y. ; A. R. Morgan, M. D., of Waterbury, Conn. ; Alice B. Campbell, M. D., of Brooklyn, N. Y. ; E. P. Hussey, M. D., of Buffalo, N. Y. ; L. A. L. Day, M. D., of Chicago ; Necrologist, Stuart Close, M. D., Brooklyn, N. Y.

THE
Treatment of Typhoid Fevers,

WITH A FEW ADDITIONS.

A PART OF THE
ANALYTICAL THERAPEUTICS

BY
CONSTANTINE HERING, M. D.

SECOND EDITION.

Philadelphia, Pa. :
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PREFACE TO THE SECOND EDITION.

DR. HERING'S monograph upon Typhoid Fever was published many years ago as a part of his famous system of "Analytical Therapeutics." This system was never finished, and the fragment containing Typhoid Fever was about all that remained in practical use, of the portion published.

For some years it has been out of print.

The demand for it, however, has by no means ceased. Those who have been unsuccessful in obtaining it, those who by continual use have worn out their own copies have repeatedly desired that it should be republished by *The Homœopathic Physician*.

The remarkable success of homœopathic practice in bringing about a happy recovery from Typhoid Fever, where pains are taken to give the similar remedy, has impressed the editor with the need the physicians of our school have for every possible assistance in selecting the true simillimum, the better to insure this success.

This thought has decided the editor to gratify these wishes, and give to the profession the much-desired book.

Through the kindness of Dr. A. W. Holcombe, of Kokomo, Indiana, who was willing to sacrifice his copy for the good of the cause, we are enabled to present this publication to the profession.

The original was a large quarto with double columns which made the book much too cumbersome for general use. In reprinting, it has been deemed advisable to reduce it to the present size of page in order that it shall be more serviceable for reference at the bedside of the patient.

In other respects no important changes, additions, or subtractions have been made to the text, so that the reader may rely upon the accuracy of this reproduction of Hering's valuable work.

WALTER M. JAMES, M. D.,
Editor of *The Homœopathic Physician*.

P. S.—The marginal references as described in the preface at page 8 had to be altered, since they were arranged for a quarto page with double columns. The figures as now inserted will correspond with page and paragraph.

PREFACE TO THE FIRST EDITION.

THIS number is a specimen of the book, which will be published without delay if the profession desires it. The first part of the work will contain full advice: *How the book is to be used.*

The *arrangement*, followed not only through the whole work, but also in its divisions and sub-divisions, will be given separately in the first number, and will be fully explained. The more the reader is familiar with this arrangement, with the more advantage and saving of time he may use the work. The arrangement is the same as has been followed in the monographies of proved drugs in the Journal for Materia Medica, and afterwards in the Hahnemannian Monthly.

A *list of names* will be given of all the medicines mentioned, and their *abridgments*; each will contain two syllables at least, to avoid not only the many errors occurring in nearly all our repertories, as f. i. : *Arn.* and *Ars.*; *Bell.* and *Hell.*; *Bar.* and *Bor.*; *Bor.* and *Bov.*; *Euph.* and *Euphr.*; *Sel.* and *Sil.*, etc.; but also to make the reading as easy as possible. It costs more space, but it saves time; and our time is

worth more than the few dollars to be given for a more spacious book, if it is an every day's saving for years.

A few alterations in names have been adopted. The old name *Actæa racemosa*, has been, for many reasons, preferred to the later bad one: "Cimicifuga;" the *Calcareæ* of Hahnemann has not been called "carbonica," because it is not this chemical combination, but has been named *Calcareæ ostrearum*, as a product of an animal, differing widely from the former; for the stale "China," *Cinchona* has been used; otherwise the nomenclature adopted by the Institute has been followed.

A beginning practitioner of Homœopathy cannot have a better opportunity to build up a reputation, than in an epidemic of typhoid character. (Benninghausen's Aphorisms of Hippocrates, III. 554, 5.)

A thorough examination of all the elements of each case cannot be too strongly insisted on, or too carefully performed. *In no other disease is this so important, though it is indifferent in none.* (P. P. Wells.)

The totality of the symptoms being once committed to writing, *the most difficult part is accomplished.* (Hahnemann's Organon, § 104.) At the end of his masterly advice: "*How to examine the sick,*" Hahnemann also says: After it is done and committed to writing, *the most difficult part is done.*

Beginners may learn by the use of this part of the Analytical Therapeutics, how to complete their

images of the single cases, and by summing them up, how to get the totality of symptoms in an epidemic.

If any one should complain of the size of the book, he might be compared to a man, to whom large heaps of bank-notes were offered, and who would refuse to carry them home, because there might be counterfeits among them; saying he found it "too much trouble" to pick them out.

Most of the symptoms are taken from cases reported as cured, or observed by myself, and trustworthy colleagues; only some exceptions have been considered useful, f. i.: The leading symptoms of *Fluor. ac.* have been added, in hope of confirmation by cures. Repetitions of the same words, as used by different physicians, have intentionally not been avoided, but given as near as possible in the words of the observer.

Beginners may be aided by being enabled to glance over in a small compass, all that has already been observed by others, and with success, and thus may by preference, be given again, if the characteristics correspond.

Next to this collection of symptoms, the one for intermittents ought to be used; and next to this, the general repertory of *Materia Medica*, and above all, *Materia Medica* itself, because we ought not to make ourselves dependent on former cures. There was a time when *Taraxacum* had never been given in Typhoid, or Intermittent fever, until Bœnninghausen published his case cured, after the *Rhus* had failed, and Raue corroborated it. (*Special Path.*, p. 586.)

This is the right way to widen our circle all around, while strengthening it within.

Corroborated symptoms ought to be marked as such by every practitioner according to his experience; it will, when published, increase their value.

The importance of a medicine in diseases of the same group, or in given symptoms, has, according to Bœnninghausen, been marked; but by signs, instead of different types. The lines | || | || indicate their value; the dash (—) refers to the word, or words heading the paragraph, generally printed in bolder type.

At the close of some divisions an index will be found (in this number after the Mind Symptoms), for such as are not used to the rules of the scientific arrangement. This arrangement has the immense advantage of placing similar sensations near each other, instead of the most annoying way of scattering them, according to their first letters, which necessitates a search through the repertory for the word preferred by the author.

Every index refers to the number of the page, and also indicates the column, and the place in the column, where the word is to be found. On the margin of each page are small numbers from one to five. These numbers being placed before, or to the left of the number of the page, indicate the column to the left of the reader; if placed after it, or to its right, they indicate the column to the right of the reader; f. i., 5 6 refers to page six, left column, part fifth; 6 5 refers to page six, part fifth, right column.

The arrangement of the *Mind Symptoms* we have to thank Dr. Raue for. The little index added will facilitate the finding of each peculiarity. Every one will find how absurd an alphabetical arrangement would have been.

Dr. P. P. Wells' Treatise on Typhoid Fevers, Am. Hom. Rev., Vol. 3, the best in our literature up to this day, has been included.

H. V. Miller's very serviceable comparison in the Journal of Materia Medica, Vol. V, p. 419, has also been used. Jahr's Forty Years Practice has been frequently quoted verbatim.

The whole work will be published if wanted, and given to the trade, in parts, two dollars and a half each; how many there will be, it is impossible to calculate, but *each one will be complete in itself, and may be used as such by the practitioner.*

Every one who thinks this work may aid our cause, ought to aid the book by sending remarks, and additional observations, which will be thankfully acknowledged by the author.

CONSTANTINE HERING

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"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.

Vol. XVI.

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No. 8.

EDITORIAL.

MERCURIUS-VIVUS.—Continuing these notes, there is erysipelatous inflammation extending from the back around the abdomen like a girdle. It resembles herpes zoster, and causes us to think of three principal remedies—Mercurius-vivus, Rhus-tox., and Apis.

The twitching of the arms and fingers occurring under Mercury reminds us also of Ignatia. When we see trembling of the hands and fingers in brandy drinkers, the patient is unable to hold anything in his hand until he has had a glass of brandy, we should think of Mercurius. Such patients are apt to have chronic diarrhœa, and if we examine the tongue we will frequently find imprints of the teeth along its edges. Sepia is similar to Mercurius in having moist itch on the hands, with violent itching at night.

Contraction of fingers indicates not only Mercurius, but Arsenicum and Causticum. Swelling of the finger joints indicates Mercurius and Calcarea-carbonica. Mercurius is an important remedy in hip-joint disease. Mercurius has cold sweat on the forehead and on the feet. The cold sweat on the forehead reminds us of Veratrum, of which it is the key-note. Under Mercurius the bone pains are worse at night.

Painful swelling of metatarsal bones indicates Mercurius and Asafœtida. Mercurius has rheumatic and arthritic pains, worse

at night and attended with profuse perspiration, which gives no relief.

This symptom, as stated, gives three key-notes of Mercurius:

- (1). Aggravation at night.
- (2). Rheumatic pains, attended with much perspiration.
- (3). Perspiration gives no relief.

The perspiration is apt to be cold, and is usually oily. This, too, is a key-note.

We have here suggested to us the following comparisons:

Hepar, sweat without relief.

Hellebore, cold sweat without relief, followed by paralysis in cases of myelitis.

Chelidonium, perspiration without relief in rheumatism.

Natrum-muriaticum, on the contrary, has amelioration from perspiration. This is, indeed, Dr. Guernsey's great key-note for it.

Apis and Thuja have amelioration from perspiration in rheumatism.

Rhus-toxicodendron, Gelsemium, Cimex, and Ipecac. have amelioration from perspiration.

Although Hepar is given above as having perspiration without relief, yet Dr. Hering gives Hepar as having sore nodes on the head, which are relieved by perspiration.

Ferrum and Ipecac., according to Hering, have aggravation from perspiration. Ipecac. here furnishes a contradiction, like Hepar.

Mercurius has going to sleep of limbs when sitting quietly. In rheumatic conditions the patient can't lie in bed. As soon as he touches the bed he is worse.

The sleep of the Mercurius patient is easily disturbed, and he is addicted to walking about in his sleep at night.

Mercurius has irregular pulse, and so has its great antidote, Nitric-acid.

Mercurius is an unsafe remedy to give in typhoid fever.

This was one of Dr. Lippe's great hobbies. In twenty years of close association with him on the part of the editor, Dr.

Lippe was constantly protesting against the giving of Mercurius in typhoid fever, alleging that it insured fatal results. Once, when he lay sick in bed with a severe cold under the care of the editor, he fell to musing upon past experiences. He related a case of typhoid fever in which he was consulted by another physician. The symptoms seemed to point to Mercurius, and the other physician wished to prescribe it. Dr. Lippe protested, but without avail. The remedy was given by the attending physician, and not long afterward the patient died. Dr. Lippe used to say that Mercurius was *never* indicated in typhoid fever. Patients to whom it is given invariably die. To prescribe it in typhoid fever is simply to kill the patient. If the symptoms of a case seem to indicate it, do not give it, but examine the case more closely, and it will be found that some other remedy is better indicated.

No one who was not intimately acquainted with Dr. Lippe can form any idea of the positiveness of his convictions and of the earnestness and force with which he expressed them. The fierce intensity of his convictions of the unimpeachable truth of Homœopathy, the strength with which he defended it, and the violence of his denunciations of those who betrayed its principles, all constituted a phenomenon of strong belief that could be appreciated only by those who came in intimate association with this great apostle of Hahnemann.

Mercurius and Belladonna have chilliness on rising from bed.

During the fever Mercurius has much thirst for beer and other cold drinks.

Mercurius has perspiration toward morning, with palpitation. This is similar to Natrum-carbonicum and Nitric-acid. In this connection it would be well to remember the differential indications for Calcarea-carbonica and Silicea. Calcarea has perspiration in the first part of the night—during sleep—and Silicea has perspiration in the early morning.

Mercurius has caries of the bones, and so also have Calcarea-carbonica, Silicea, and Asafœtida.

Mercurius has eruptions, itching violently from the heat of the bed, bleeding when scratched.

Mercurius has moist itch, Sulphur dry itch, and Sepia army itch.

Mercurius has aggravation from walking in the open air. The Mercury patient inclines to lie on the back.

BURSA-PASTORIS (SHEPHERD'S-PURSE).

J. H. ALLEN, M. D., LOGANSPOBT, IND.

This wonderful remedy, which we find growing by the way-side in most civilized countries and belonging to the natural order of *Cruciferae*, and known by the common name of Shepherd's-purse, receives but a page and a half in Hering's *Guiding Symptoms*. It has been suddenly brought to our attention by the earnest efforts of Dr. B. Fincke, of Brooklyn, in a very fine proving made by and under his instructions in 1894 and 1895, and published in the International Hahnemannian proceedings of a meeting held at Narragansett Pier in June, 1895. In Hering's *Guiding Symptoms* it is known under the name of *Thlaspi-Bursa-Pastoris*, but in his proving Dr. Fincke has simplified the name to *Bursa-Pastoris*. His attention was first called to this remedy by Dr. Anton Hoffman, of Frankfort, Germany, who told him of its wonderful hæmostatic powers. He says a bunch of it held under the arms will stop nose-bleed immediately. His provings are preceded by extracts from old books giving records of the observations of older physicians, and of some cures made by more modern physicians based upon them; also his own proving by the strong tincture, the 30th and 1,000th centesimal potency; also a proving by Dr. Malcolm MacFarlan with the 9,000th potency. The proving of Dr. Fincke has been made with great care to avoid anything that might interfere with the purity of observation. Hippocrates mentions its use in hemorrhages of the uterus, and, according to Plinius, the seeds were used to purify the bile, to promote menstruation, for the removal of internal ulcers and abscesses, and it was known by Discorides to kill the fetus. It is also mentioned by Paracelsus as curative in dysentery or flux and in menstrual hemorrhages, nose-bleed, and spitting of

blood. Many others have mentioned wonderful cures by this remedy, especially in the old school of medicine. The following are the symptoms of

BURSA-PASTORIS.

MIND.—Great excitement, with red face and ebullition of blood; melancholy and inclined to weep; excitable and angry the whole day (like *Nux*); lassitude, with disinclination to work (like *Sepia*); disagreeable, scolding disposition (*Sepia*); very nervous, irritable, cross; feels like fighting; precise, particular, and exacting; the future looks dark and gloomy; indifferent to life; nervous and excitable, with indifference to life and constant depression of spirits; desperate, discouraged; thinks she must destroy herself, especially when left alone.

SENSORIUM.—Vertigo with sensation as if drunk and with contraction of the brain, as if it was rising out of top of head. Stupefied and dull, as if she had not slept enough. Dizziness, leans on her head with eyes closed, or as if suspended in the air; vertigo worse from rising from a stooping position. Dizziness in the forehead, like sea-sickness, passes off after walking and resting.

HEAD.—Pressing in forehead toward the right side, into right eye, with heaviness in it. (A sensation.) Stupefying, pressing pain in forehead. Headache, with great fullness. Headache beginning in the middle of left eyebrow, running up and over top. Violent headache, lasting all night and worse toward evening; frontal headache worse toward evening.

EYES.—Pressure in forehead toward right side. Sensation as if the ball was pressed inward, with waning of sight in myopia, aggravated by glare of sun. Unpleasant feeling in the morning, as of dust, after sewing or using eyes. Sensation as if swollen.

EARS.—Under this rubric we have many symptoms, but I will give only a few of the most prominent ones: Spasmodic drawing from right ear to right lower jaw. Dry eruptions behind the ears; small vesicles, with yellow points, above right ear. The eruptions come and go frequently. Scaly eruptions behind ears, with fissures in the fold. Sensation as of an insect

entering the left ear, making a buzzing noise, and relieved by boring in the ear with fingers.

NOSE.—Gnawing in nasal bones and soreness in nose, with tenderness on touch. Dryness of nose, preceded by sensations of bleeding. Bruised feeling each side of bridge, with bleeding from nose.

FACE.—Face feels parched and dry, miserable countenance, dusky eyes, shiny, and with dilated pupils.

MOUTH AND TONGUE.—Scratchy feeling in the palate. Tongue and palate feel as if scalded. Feel raw, as if from smoking strong tobacco. White-coated tongue, mouth cracked in right corner, and sore. Upper lip cracked.

TEETH.—Drawing in right upper molar and in hollow teeth, worse from cold water (reverse of Pulsatilla), the pain in the teeth is of a dull nature.

THROAT.—Dryness of fauces, with sensation of constriction of the throat, also with dry sensation and scraping. Violent sore throat. All-night chills, with wakefulness and slight diarrhœa, with swelling of tonsils. Sensation as if the throat was laced together.

APPETITE AND TASTE.—Great longing for food, and, while eating, is disgusted with the food, with emptiness in the stomach. Canine hunger; food tastes good, but can eat a very little. Hungry two hours after eating. (Sulph., Ign., Sepia.) Desire for bread and butter, which does not taste good. Aversion to potatoes; vicious appetite, with either constipation or diarrhœa; even water tastes bad, also milk. Oat cakes are eaten with a relish. Bitter, slimy taste, with dryness of mouth and white-coated tongue. Nausea in the forenoon; on walking, nausea with loathing of food. Vomiting and purging, with great debility. Better toward evening and after strawberries; worse after eating. Sour rising, like heartburn.

STOMACH.—All food causes pain and lies heavy on stomach; empty feeling, with bad, bitter taste. Spasm of stomach with nausea; thirst for cold water. Worse after drinking; worse in the forenoon. Sharp pains in lower bowels with an uneasiness in the rectum as of diarrhœa, sometimes with nausea,

pains sharp. Bloated after eating, with loud emissions of flatus; bowels feel as if drawn down and out.

STOOL.—Slow and difficult, obstinate slow stool with severe pressure and urging without effect, nine P. M. Hard, difficult, dry stool, leaving anus sore (stool in small balls at times), bleeding after hard stool. Diarrhœa mushy, brown, dark, urgent, and sometimes with nausea, yellowish color, troublesome itching, and protrusion of piles.

BLADDER AND URETHRA.—*Female*.—Heat and irritation in urethra with dryness, surrounding the parts, relieved by application of cold water; urine somewhat scant, urine foamy, light colored, or clayey, and under it a brownish, red deposit.

GENITAL ORGANS.—*Male*.—Stitching in penis, running through to anus. Soreness of prepuce with intense itching or cold sensation (Agar.).

Female.—Bearing down in uterine region on rising, relieved by cold water. Weakness in uterine region on rising. Stitch-like pain on right side of uterus, *sore pain in womb on rising*, great weakness on going up-stairs. Weakness in genital organs with pain in back, also accompanied with stiffness in back; pain in lower abdomen with much weakness after dinner, stiffness and weakness in uterine region with the same condition of stiffness in the limbs, worse standing; prostration after pain in uterine region. Bearing-down pressure very low from brim of pelvis, with weakness as before delivery of child, worse on rising in the morning. Pressure in pubic region better by lying down. Pressure in pubic region on rising until eleven A. M. Pressure in vagina in morning, worse on standing, remained until she had lain down two hours, returning after standing, with prostration. Pain in lower back through womb before rising A. M.; pain in womb after coughing or sneezing. Cramping pain across womb on getting out of bed. Weakness in lower abdomen and also in womb, must lie down, better after eating. Since cessation of menses, weakness of womb and pain in back on rising. Weakness in womb relieved by bathing. Weakness of womb at menses, scanty and pale at first, then profuse.

LEUCORRHEA.—Transparent and followed with prostration. The menses were accompanied with bearing-down pain; scanty and brownish, lasting four days; or bright color and watery, not profuse, with weak feeling in womb, worse from standing. *Coryza*, sneezing, running from nose, cough with hoarseness and oppression of chest, and dull pain over eyes; cough is better in open air.

COUGH.—With irritation behind sternum, as of something tearing away; fits of coughing as if the sternum pressed inward with pain in it when drawing a deep breath; accumulation of phlegm in chest at lowest part of sternum, inducing convulsive cough; relieved as soon as phlegm is loosened; pain, uneasiness, and pressure behind the sternum.

HEART.—Stitching pains at the apex; palpitation worse in the morning in bed; palpitation ending with cough; pain left side of apex, running down to short ribs, region of apex of left heart; sensitive to slight pressure.

BACK.—Morning backache; awakened with violent pain between the shoulders, with great weakness; awakened at four A. M. with violent pain between the shoulders, extending to lower part of body, in sympathy with womb; passed off on rising; pain between shoulders, extending to waist; weakness between shoulders on rising; continued pain in small of back.

UPPER EXTREMITIES.—Strained pain in right shoulder; gouty pain in arm; tearing, gnawing pain from elbow to throat; rheumatic pain in left arm and shoulder-blade, extending to throat; hands tremble when holding anything; swelling of veins of hand and arm; tearing, wrenching pain in left wrist; redness around root of nails; lame feeling in right forefinger; pain in the periosteum.

LOWER EXTREMITIES.—Drawing pain in left thigh like gout; weariness in lower limbs; can hardly stand, with severe pain and stiffness in right knee-cap; tearing, gouty pains left leg, worse in forenoon.

SLEEP AND DREAMS.—Restless tossing about; frequent awakening; ebullition of blood and great heat all over; much fatigue toward evening, with sleeplessness; could not get to sleep

before twelve o'clock at night; pain under left shoulder-blade kept her awake; sleepy after eating, or falls asleep while eating; confused and unpleasant dreams when asleep.

CHILL AND FEVER.—Chill at nine A. M., or from seven to nine P. M.; worse from lying down; chilly when uncovering during heat; worse from going into warm room during fever; skin dry, hot, even to burning; continued fever with quick pulse; hot, dry skin; red cheeks; scanty urine; sweat profuse at night; worse after sleep.

GENERALITIES.—Distunement of whole organism; lassitude; disinclination to work; much weakness; can scarcely hold herself up; tremulous; feels like fainting; susceptibility to cold; prostrations; worse toward night; better by cold bathing and open air.

WARTS AND FIGWARTS.

OLIN M. DRAKE, M. D., BOSTON, MASS.

[Read at a Clinical Evening of the Benninghausen Club, May, 1896.]

Having been for some time engaged in preparing a repertory upon warts and figwarts, the thought has occurred to me that perhaps a few personal experiences in their treatment would be an acceptable quota toward one of our monthly "feasts of reason and flow of soul." At any rate, I hope to amuse if not interest you.

Like "the peculiar people" we read of in *Punch*, warts have odd ways of their own, often disappearing as mysteriously as they originally appeared, or, in the words of the old woman, "without rhyme or reason."

As is known to you, their removal will occasionally follow all kinds of expedients, wise or otherwise, including charms, incantations, etc. My most intimate playmate during my boyhood days had two or three large seed-warts, which resisted many so-called infallible "cure-alls." They finally yielded to the following procedure: He rubbed them freely with a piece of raw beef which he stole from a butcher's cart and subsequently buried in the earth. If the beef had not been stolen the

remedy would have been ineffectual, and the same failure would have attended the effort if the beef had not been put into the earth afterward. N. B.—Do not overlook these details when you try this treatment.

Having a large seed-wart myself on the second joint of the thumb of the right hand, I resorted to the same procedure, but strange as it may seem to some, I was not cured. I next tried the application of pure Nitric-acid, and later the ignition of the phosphorus of a common lucifer match over the wart, but the enemy continued “to hold the fort” with a vigor which shook my faith in such methods. But even then I began to manifest some of that obstinacy which my friends say that I possess in no small degree, and victory soon perched upon the banner of my efforts. Bits of rolled spider-webs burnt over the wart worked the miracle. After the last spark of this slow match had gone out the wart was found perfectly white, and it easily rolled out of its bed, leaving a clean and smooth surface behind. Ulceration afterward followed, painful indeed, but I was rid of my wart, though I carry to this day a cicatrix which reminds me of this incident in my youthful life. If the removal, however, had been accomplished by the homœopathic remedy, no scar would have been left, as you are all aware. He who runs may read his own inferences from this.

I have cured many cases of warts, and with the homœopathic remedy alone. No event in the earlier days of my professional life, gave me a better start in the confidence of the people of the district I was living in at the time, than the cure of a large troublesome seed-wart upon the end of the middle finger of the left hand of a master bricklayer. This wart obliged him to wear a glove during his work, for every time the wart was rubbed it would break open and bleed, and become inflamed, preventing the man from working at his trade for several days afterward. His physician ligated it, cauterized it, and even excised it, but it would sprout up again with renewed vigor, to the disgust and concern of both physician and patient. The wart vanished after he took several doses of *Causticum*²⁰⁰.

After this cure I had many applicants for the treatment of

warts, and for awhile I had quite a "rushing business" in this line. I cannot recall one single failure to cure when the patient could give me subjective indications. In the case of an isolated wart of long standing, with no, or few subjective symptoms, and the patient otherwise in good health or "symptomless," a cure would be difficult, and I fear, often impossible, but I should like to try the case before absolutely committing myself to the theory of a cure not being attainable.

When "I gird my loins" to "tackle" the enemy wart, I note down his election of domicile, the kind of "frills" he wears, or, in other words, the objective symptoms, and more especially the subjective indications. Having selected a remedy to cover all these symptoms, I give a dose of it once or twice a day for a week, and follow this with Sac-lac. for three weeks. If at the end of this time there is no improvement, and no new indications, I repeat the remedy, but in a higher potency. At the expiration of another month, should there still be no change, I seek for another remedy. Very often I have struck the bull's eye at the first shot, but not by any means invariably. If I were a better prescriber I should bring down the game each time, but alas! I am not. I must confess I have even had cases where all my efforts proved futile and the enemy came out triumphant. How I do hate to see myself thus worsted! Not only on my own account do I regret it, but for the sake of the good name of Homœopathy, the cause and success of which is so dear to myself and all Hahnemannians.

As I write there comes up to my mind the case of a "down-Easter" who had come miles to consult me. His first salutation was: "Doctor, can you do a little surgical operation for me this morning?" In reply to my inquiry as to the nature of the operation he was seeking to have performed, he stood up, unbuttoned the fly of his trousers, passed in his hooked forefinger and pulled out about six inches of a well-proportioned "life-of-man root," laid it across the palm of his left hand, and requested me to take a look at it. I had no difficulty in discovering the source of his trouble, for upon the upper surface of the glans penis was a large wart, nearly the size of a medium white bean.

Its surface was split, and each individual seed was armed with a sharp point, as hard as a porcupine's quill. I could easily imagine what a formidable implement that might prove to be, if used in the performance of the patient's marital duties. And soon the man "made no bones" of confessing that whenever he used it, he and "his woman" had a regular "cat fight."* It appeared that the difficulty between them had reached its grand climax only the day before. In the tussle she had bitten his left ear nearly off, scratched his face, and flatly declared that "never, never, so long as she had any breath in her body, would she consent to have her bowels rasped out with such a tool again." I could readily believe that that kind of "curetting" would not be likely to lead to harmonious relations between a married couple, and the wife's protests, under the circumstances, were not unreasonable. I soon convinced the man that it would be best to try internal treatment, before resorting to an operation, which I did not believe would be necessary. I administered *Thuja*²⁰⁰ internally and touched the wart with the tincture of the same remedy. The wart soon began to shrink about its base and it continued to wither until it dropped off—about six weeks after the beginning of the treatment. If both those people do not think of me in their prayers, they are very ungrateful.

I was requested some years ago to prescribe for a little girl seven years old, whose hands were covered with a colony of warts, varying in size, numbering fifty-seven, by actual count. I prescribed *Causticum*²⁰⁰. I did not see her again for four months, when the warts had increased to seventy-five. I then gave her *Dulcamara*²⁰⁰, and in six weeks I repeated the same remedy in the 3,000th potency. Two months later the warts were nearly all gone, but I gave one more dose of *Dulc.* in the same potency as the last, when the remaining ones soon afterward disappeared. Years later I saw this same girl and she had had no return of the warts.

* The term used by this farmer—"cat-fight"—was not inappropriate, for the male cat's organ has rough points which makes its withdrawal from the female genitals very painful, and hence the screaming and spitting of his consort.

Many years ago I prescribed for a Shetland pony, upon and around whose vulva was a mass of figwarts which would have filled a quart measure I verily believe. I gave her Thuja internally and told her owner to apply to the parts an infusion of Thuja buds. In the course of five or six weeks the figwarts had decreased two-thirds; and I have no doubt that a complete cure would have resulted, but the pony was sold to people who took her to a distant State and I lost sight of her.

Last summer, during my summer vacation, I was consulted by a female copyist for a seed-wart located on the inner side of the little finger of the right hand, along the side of the nail. She felt stinging pains in the wart, extending toward the finger, outer side of hand, up wrist, and occasionally ascending to the arm. The wart was very sensitive to the touch. She also had another wart upon the outer side of the ring finger, just opposite the one upon the little finger, which interfered with her bringing the fingers together. Cauterizing and cutting had not done any good. Thuja²⁰⁰ was given without effect, but Causticum²⁰⁰ removed both warts in a few weeks.

I could relate many more similar cases, with identical results, but these will suffice for this evening.

"THE TRUTH SHALL MAKE US FREE."

(FIFTH ARTICLE.)

J. H. ALLEN, M. D., LOGANSPOUT, IND.

Truth unfolds the curtains of the night, and the shadows that were cast by ignorance and agnosticism over the true relationship of man's existence toward his Creator, and all true biological law, are dissolved into nothingness, by that blazing star of truth that crowned the forehead of that morn in which Hahnemann discovered the grace-given principle Similia, by whose powers the love of God could be made more manifest to the sick and pain-suffering one through us as physicians. By the application of the truth in science, for offended law can only seek reconciliation through law, and this reconciliation or

restored harmony in the sick one comes only when law and grace have kissed each other through Similia. God has given to the human soul the inherent power under certain conditions to perceive and comprehend the fixed laws of Nature. What these conditions are we may never know, but they do exist. We find one perceiving the law of sound, another of color, of light, of harmony, of chemical action, of Similia. The cure of disease through law is so silent, so symmetrical, so harmonious, that we cannot believe it is the workings of law; we look for signs and symbols but we find but silence, action, and invisible change; only through the study of phenomena can we see its action. The working of all law is consummate wisdom; in it we have the key of life, of power, and of harmony; indeed it is the source of applied power or the hand of God in action. So that power applied through it is true harmonics, but if applied out of law it is perverted power, and perverted power in therapeutics is disease-producing in its action, where, on the other hand, if the power is applied through the law of Similia it is health-producing, health-restoring, magnifying all the functions of the organism. No! no! cries one that knows not all the truth, Homœopathy does not look like that to me. Ah, my dear worker in the field of Homœopathy, you have not pulled down all the wall, so as to let in all the light you can; climb higher and higher and stand face to face with the Master Hahnemann. Then look down upon the climbers and the workers in the fields. Not all may be able to see the truth as we do, yet it is hoped they will some day. Aspire to it, dear readers, and some time the "truth shall make you free" in the broadest acceptance of the word. Oh! how we all admire Hahnemann for his loftiness. He stopped far up the slope and the truth made him a king and the angel side of our human love and ambition is ever climbing up to be crowned by him. He was a master, and yet in memory methinks he stands with many others in science, in the noonday glare of that great white light of truth that lighteth up the world, inspiring us to higher motives and to higher things, so that we cannot do better than to climb, calling unto him from the heights. And soon the revelation

will come and we are made partakers of that freedom that only the truth reveals. Thus are we led into the presence of the majesty and power of potency. Thus we are ushered into a larger life in science from a lesser life. And having heretofore only a human conception of the law of cure, now we have a divine conception, because we are now willing to be guided by the precepts and principles of law. Thus we are lifted up by and through the principles that govern our science.

All nature is but an expression of divine love; we see it in its beauty in the crystal, a higher form of it in vegetable, and a still higher in the animal, and crowned in all its glory in man, who is the epitome of all organized life. Indeed, love is the great moving principle of all harmonics, whether it be grace or law. So Homœopathy throws off the case-hardened wrappings of the ages, and reveals through Similia the great, deep, sacred love of infinity that is ever falling as a benediction upon our heads. Then let us scrape off the barnacles of empiricism and unhomœopathic methods lest they sink the ship, and meet the onslaughts of the enemy by ever presenting before them the mirror of truth, so that they may have a true reflection of their *skeleton* in *armor*. Let us clothe ourselves with the whole armor of truth as it is taught in pure Hahnemannian Homœopathy, wearing for a breast-plate Similia and engraven on our shield of faith Simplex, Similia, Minimum; studying the phenomena of disease and not the nomenclature; studying each case not as a disease by name, but as a disturbance of the life-force, as a new conception, an entirely different manifestation of perverted biological law; a disturbance of that peculiar complex relationship between body, mind, and spirit; that relationship that is so intimate—Dynamic, Triuneus, Omnipresentius, Animalis, Humanus, Deus—with its potens of body earthy, potens of mind intellectual, potens of spirit divinity; maintaining a relationship to mother earth in its earthy body, manifesting its relationship to wisdom through that great intermedium, the mind, manifesting its relationship to its Creator through the spirit. Thus when we say "ashes to ashes, dust to dust," we mean that he cannot take from earth that which

belongs to earth, nor that from mind that belongs to mind—which is but the potens of the soul or spirit, which is of God. But it devolves on us as physicians to maintain that true relationship or harmony by a true knowledge of physical law, so as to be able to suggest to him his proper relationship to that law and a true knowledge of biological law ; so as to teach him the internal workings of biological dynamics and a true knowledge of the relationship between mind, body, and spirit, so as to not prevent that true, happy, and harmonic relationship. From perverted mind we have perverted life-force, or *vice versa*, which may be followed by structural or functional changes in the organism even to a pathological condition. A spiritual or a mental aberration may produce a change in the physical organism, which, being classified under some special name in our nomenclature, at once ushers us into the domain of antipathic medicine, and robs disease of its dynamic nature, clothes it with the unscientific garb of materialism, and takes away all those wonderful and infinite phenomena of disease that give us so many and infinite expressions of the disturbed life-force, and there remains nothing except a pathological grouping.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, in Oakland, Friday evening, March 6th, 1896.

Members present : Drs. J. M. Selfridge, A. McNeil, W. E. Ledyard, M. T. Wilson, G. J. Augur, M. F. Underwood, and C. M. Selfridge.

The meeting was called to order at 8.20 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and, after corrections by Drs. J. M. Selfridge and McNeil, were approved.

Dr. McNeil then said he would like to say a few words in regard to Swanism. He said : There has been a tendency for some of our school to follow the errors of Swan. I accuse

Swan of three errors : 1. He uses unproved remedies. 2. He gives drugs for the names of diseases. 3. He compounds drugs. For instance, what he calls "Bellpul" is an unproved remedy and is a combination of several remedies. What he calls "Tissue Twelve Crude" has twelve drugs combined and it is entirely unproved. He has never given provings of these combinations to the profession. The three errors I have just mentioned are the three differences of opinion between Samuel Swan and Samuel Hahnemann, and we cannot serve two masters. If we prescribe according to Swan's teaching we do not practice Homœopathy.

Dr. J. M. Selfridge—I do not condemn Swan entirely, but neither do I approve of combined remedies unless proven. I must admit, however, that splendid remedies have been given to the profession in this way. I have used Swan's *Tuberculinum* without considering whether it fully corresponded with the guiding symptoms, and had splendid results.

Dr. Augur—Even in giving the proven remedies we do not always stop to analyze all of the symptoms, as, for instance, in epidemic remedies. If the symptoms were summed up in such cases perhaps they would not all correspond with the guiding symptoms of the remedies given.

Dr. J. M. Selfridge—I will cite a case. Miss L——, aged sixteen, brown hair and eyes, tall, emaciated, pale, feeble-appearing girl, was brought to my office February 19th, 1896, by her mother who gave the following history : She has always been a delicate child ; never could endure anything, and during the last few years has grown very rapidly, and for three months past has become rapidly weak and lifeless. Never ate or slept well ; has had frequent attacks of diarrhœa ; could not hold her urine ; has cold feet and dry, hot hands day and night. Has never menstruated. Was under the care of a homœopath for about a year and an allopath for about three months, each of whom concluded that there was something wrong with the womb or the orifices of the body, and the usual examination was urged, which was refused. Further inquiry elicited the fact that the mother had lost four sisters and three brothers

with consumption, while her father died of cancer of the stomach, her mother suffered with rheumatism, and was found dead in her bed from, probably, heart disease. The patient herself had not been troubled with a cough. A careful examination of the lungs by the most approved tests did not discover the presence of tubercle in the lungs. Diagnosis: phthisical cachexia—with a tendency to the deposit of tubercle in the mesenteric glands. I prescribed Swan's *Tuberculinum*^{dmm}, one powder. A generous diet, out-door exercise were also recommended, the exercise not to be continued to fatigue, and being careful not to take cold. Result: prompt and continuous improvement from the first. March 4th, just fourteen days from the only dose of medicine, she reports: no diarrhoea from the first dose; bowels regular; appetite good; sleeps well; no cold feet or hot hands; strength improving daily; can run uphill with but little fatigue; feels sprightly and well; cheeks filling out and begin to have a rosy hue.

Dr. McNeil—I congratulate the doctor on making what I consider an accidental cure. *Tuberculinum* is a drug for tuberculosis, but it is not *the* drug. In that case you did not get the true pathogenesis of the drug, and this is not the way to prescribe homœopathically. Because you gave the DMM potency does not make it Homœopathy.

Dr. J. M. Selfridge—I reported another case some time ago of a woman with a sub-peritoneal tumor in the womb. I gave her *Tuberculinum*^{dmm}, and in a few months the tumor was gone. I do not hold that this is an example that every one should go by, but we do sometimes get results in this way.

Dr. Augur—Even when we prescribe from key-note symptoms we do not always get results.

Dr. McNeil—I think you will all acknowledge that if we can cure consumption with Calcarea, Phosphorus, and many other drugs, that *Tuberculinum* is not indicated in all cases. We need clinical provings to add to our other provings.

Dr. J. M. Selfridge—I am not an apologist for Swan. In the case I reported there were no sputa or cough, but simply the lineage to direct me. In the case of tumor there was a deposit

of tubercle in the lungs. Swan's idea is that a case of consumption is a proving of *Tuberculinum*.

Dr. Ledyard—From what I have read and heard of these nosodes, I judge that the correct use of them is that after you have made a close study of the case, and fail to find symptoms enough for the indicated remedy, you give a dose of the nosode to clear up the case.

Dr. J. M. Selfridge—A great many of the symptoms given in the *Guiding Symptoms* are the ones I have given in my case. Symptoms observed on the sick only.

Dr. Underwood—Case, little girl very delicate. I took the case very carefully, but could not decide upon a remedy at all. I gave *Tuberculinum*^{cm}, one dose, and from a puny, delicate girl of sixteen she has developed into a rosy, buxom girl.

Dr. McNeil—Bœnninghausen said that nosodes were not indicated in recent cases. A nosode should not be given for a recent case of itch, but if the itch had been suppressed then it could be given. We must not give them for the name of the disease, but for the totality of the symptoms.

Dr. J. M. Selfridge—I agree with you on that point.

Dr. Selfridge then read from *The Organon*, Sections 71 and 72.

DISCUSSION.

Dr. Wilson—I believe that when we were discussing these sections before, the question of the self-limitation of disease was brought up. There are many cases which might be called self-limited, but if this idea is allowed to be accepted, will not the question arise as to whether our remedies or the self-limitation of the disease has been the cure? If this is accepted, I think it will put us all at sea as regards the cure of disease.

Dr. J. M. Selfridge—Some diseases do run their own course, as measles, etc., and this is generally accepted as a fact.

Dr. Wilson—Enteric diseases, such as colic, we usually cure in a short time, but if this idea of self-limitation is accepted we might believe that such cases often get well of themselves.

Dr. McNeil—Hahnemann lays down very clearly the dis-

eases that are self-limiting, and those that are not. It is a duty we owe to ourselves to find out whether the patient was cured by our remedy or got well through the self-limitation of the disease. The acute diseases are self-limiting, but the chronic diseases are not.

Section 73 was read.

DISCUSSION.

Dr. McNeil—Rademacher first brought up the question of epidemic diseases, and later it was enlarged upon by Grauvogl. Speaking from a therapeutic standpoint, I think that epidemic diseases should all be treated alike. In every case in which we would give the epidemic remedy it would be given according to homœopathic principles. A great many diseases diagnostically we must call different diseases, but if we examine them closely we will find them to be very similar. The epidemic remedy cures these diseases because it is homœopathic to them.

Dr. Augur—Dr. McNeil states that in the epidemic disease there is a type that may not be recognizable at first, but may be later; and by giving the epidemic remedy for such a condition it will cure. So it is in tuberculosis. There is a common cause for the production of this disease in all cases, the symptoms varying somewhat in each individual case, and yet the doctor says they must not be treated similarly. I fail to understand how he makes this distinction.

Dr. McNeil—Dr. Augur starts in with a fundamental error. Tuberculosis is not from a common cause. Hahnemann does not depend on one remedy for psora. The different symptoms that will appear in consumption of the lungs—for instance, as cough of all kinds, different kinds of expectoration, etc.—will readily tell of the different remedies indicated.

Dr. J. M. Selfridge—I do not think that Dr. Augur thinks that *Tuberculinum* would cure every case of consumption.

Dr. Augur—Not at all.

Dr. Ledyard—It appears to me that it is prescribing on pathological grounds.

Dr. J. M. Selfridge—In the case I cited the patient had

symptoms that are produced by tubercle. Tubercle injected into animals will cause symptoms of tuberculosis.

Dr. Ledyard—I think there must be a predisposition to tuberculosis.

The meeting was then declared adjourned, to meet again the third Friday in March at the office of Dr. George H. Martin in San Francisco, when the reading of *The Organon* would be commenced at Section 74.

W. E. LEDYARD, *Secretary.*

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, March 20th, 1896.

Members present: Drs. J. M. Selfridge, G. J. Augur, M. F. Underwood, M. T. Wilson, C. M. Selfridge, and George H. Martin.

The meeting was called to order at 8.10 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read, and, after slight corrections by Drs. J. M. Selfridge and Underwood, were approved.

Dr. J. M. Selfridge then read from *The Organon*, Sections 74 and 75.

DISCUSSION.

Dr. J. M. Selfridge—I had a case of la grippe, in which the patient attempted to cure herself with Quinine, which resulted in an asthmatic condition, with considerable cough and inability to lie down. This continued for three weeks. There was one symptom that attracted my attention: *after sleeping, very profuse perspiration, which came on immediately upon waking.* I looked it up and found that there was only one remedy in the materia medica that had this symptom, and this remedy was *Lac-caninum*. I gave one dose of the CM potency, and she was better the next day. She had many symptoms of *Lac-caninum*.

Dr. Martin—It is strange how a single symptom will so often make the other symptoms clear.

Dr. J. M. Selfridge—I would rather depend on a single key-note symptom than a lot of uncertain symptoms.

Dr. Wilson—I think it a very safe method to prescribe for key-note symptoms.

Section 76 was read.

DISCUSSION.

Dr. J. M. Selfridge—Many cases are cured by prescribing for a single symptom.

Dr. Underwood—I have cured two cases with the following symptom: *Sensation as if there were a hole in the epigastric region going clear to the back, with sensation of air going through it.* *Rhus*^{cm} cured one, and *Medorrhinum*^{cm} the other.

Sections 77-80 were read.

DISCUSSION.

Dr. J. M. Selfridge—Homœopathy has been made fun of from the fact that allopaths claim that itch is due to a microbe. For this reason they make fun of Hahnemann's explanation of the itch. He states, however, that itch is only a symptom of some internal disease.

Dr. Underwood—Can all persons take the itch?

Dr. J. M. Selfridge—No. Some persons would have to be exposed a good deal in order to get it.

Dr. Underwood—According to the vaccination law, the person who has had it once is not likely to get it again.

Section 81 was read.

DISCUSSION.

Dr. Martin—We are called by our brethren of the other school the unscientific practitioners, but I think this name would be suitable for them in some of their treatment. For instance, the rest-cure for nervous prostration. The majority of allopathic physicians usually say that in order to carry out the rest-cure you should put your patient in a darkened room and keep

her there for six weeks. During all this time they stuff the patient full of certain kinds of food, treating all patients alike. A number of patients are helped, perhaps, but many are made almost insane by the enforced quiet. This is not scientific treatment. They do not differentiate their cases.

Dr. J. M. Selfridge—Is there a distinction between nervous prostration and neurasthenia?

Dr. Martin—No.

Sections 82-95 were read.

DISCUSSION.

Dr. J. M. Selfridge—Case to illustrate a cure by key-note symptom. A lady who had been in the habit of wearing high-neck and long-sleeve dresses was invited to a party, where she wore low-neck and no sleeves. Asthma occurred. She went to Philadelphia, and I advised her to see Hering, which she did, but he did not cure her. She returned home and had repeated attacks. Finally she said to me, “*I feel as if wind were blowing upon my back.*” I gave her a few doses of *Hepar-sulphur* and cured her.

Dr. Martin—I had a case of a man with severe headaches. I studied his case very carefully, and relieved him some almost the first thing, but did not cure. He was satisfied, but I was not. I wanted to cure him. One day I was feeling of his head and discovered a round bald place, under long hair, with a peculiar eruption over the scalp. I questioned him regarding it, and he said that just before his headaches commenced a blister came on his head just where this bald spot was. He had had some fever and the next morning found this blister. It broke in two or three days, and the headaches then commenced. They were occipital pains, sometimes intense. I thought of *Sulphur*, and looked it up. I had given him *Belladonna*, *Gelsemium*, *Hyoseyamus*, etc. I found that *Sulphur* covered nearly all of his symptoms; gave it in the 200th potency, and his sister reported four months later that he felt so well that he thought it unnecessary to come again.

The meeting then adjourned to meet again the first Friday in

April, at Dr. Martin's office, in San Francisco, when the reading of *The Organon* would be commenced at Section 96.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

THE ORGANON AND MATERIA MEDICA CLUB
OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, April 3d, 1896.

Members present: Drs. J. M. Selfridge, A. McNeil, M. T. Wilson, M. F. Underwood, G. J. Augur, W. E. Ledyard, and George H. Martin.

The meeting was called to order at 8.10 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and, after a correction by Dr. Underwood, were approved.

By request of Dr. McNeil, Section 80 of *The Organon* was read instead of 96.

DISCUSSION.

Dr. McNeil—Hahnemann does not mention *all* chronic diseases in this section. He brings in a long list of chronic diseases which are psoric, but there are many chronic diseases that are not psoric. Chronic diseases that are cured by non-antipsoric remedies are not psoric diseases.

Dr. Selfridge—You mean to say, then, that Hahnemann's statement in regard to diseases which take their origin in psora is not correct?

Dr. McNeil—He does not give *all* chronic diseases here. We all cure some chronic diseases with non-antipsoric drugs, and these diseases do not originate in psora.

Dr. Selfridge—We had this same subject to discuss once before, and the point I made then I make now, and that is, that any remedy that cures a chronic disease is an antipsoric remedy even if Hahnemann has not mentioned it as such.

Dr. McNeil—Non-antipsoric remedies will cure chronic diseases arising from various causes, but will not cure those which come from a psoric condition. If you are right then it would not be necessary to make any distinction between antipsoric and non-antipsoric remedies.

Dr. Augur—Hahnemann mentions in the note to this section other chronic diseases.

Dr. Underwood—What does Hahnemann mean when he says that when prescribing for a chronic disease we must give an antipsoric remedy?

Dr. McNeil—He means then psoric diseases. The position that Dr. Selfridge takes is that Hahnemann did not know an antipsoric remedy from any other.

Dr. Martin—If we continue reading we will find that Hahnemann gives other chronic diseases besides those he mentioned in this last section. He lays the foundation and fundamental cause of all chronic diseases to three different sources, psora, sycosis, and syphilis.

Dr. McNeil—I want to know if there is any one here who has not cured chronic diseases with a single antipsoric remedy, as for instance rheumatism with *Rhus*, dysmenorrhœa with *Pulsatilla*, etc.?

Dr. Martin—I do not think that I ever cured a chronic disease with one remedy alone.

Dr. McNeil—I have cured many of them. One case in particular of a young girl suffering from dysmenorrhœa whom I cured with *Pulsatilla*.

Dr. Augur—I have always understood that *Pulsatilla* was an antipsoric remedy.

Dr. McNeil—*Ignatia*, *Aconite*, *Pulsatilla*, and *Rhus-tox.* are classed as non-antipsorics in the *Materia Medica Pura*.

Dr. Selfridge—If I understand Hahnemann, he classes all chronic diseases as coming from one of three miasms, psora, sycosis, or syphilis, and if he does not mean this I should like to know where he says that they do not.

Dr. McNeil—In every case of rheumatism for which *Rhus* is the remedy, it is usually a rheumatism arising from damp-

ness, often in out-of-door laborers with unwholesome habits of living. Chlorosis, which is amenable to *Pulsatilla*, is usually caused from improper living. Nervous diseases cured by *Aconite* often arise from fear. *Ignatia* is the remedy for long protracted grief, etc. These conditions are certainly not psoric conditions.

Dr. Selfridge—And you call these chronic diseases? Is fright a chronic disease?

Dr. McNeil—Chronic diseases often arise from fear.

Dr. Selfridge—Rheumatism is not chronic unless it is based upon psora, sycosis, or syphilis. A case of rheumatism from exposure will run its course, unless by frequent exposures it be kept up for some time. Any remedy that will cure a pure, clear-cut, chronic case is an antipsoric remedy.

Dr. McNeil—Chronic diseases arising from fright or grief are not psoric diseases, and they are cured by non-antipsoric remedies.

Dr. Selfridge—The patients in which your chronic diseases arise from these causes are subjects of one of the three miasms I mentioned.

Dr. Martin—That is just exactly it. There is back of all these symptoms the psoric condition. Hysteria is never pure and simple without some exciting cause; also madness; but back of the exciting cause is the predisposition to it which is the psora, and which has now been aroused.

Dr. McNeil—A young lady suffering from dysmenorrhœa, narrated her case with tears. She had suffered intensely with occipital pains. Her father was a locomotive engineer, and he would have to rub her occiput with all the strength of his hands in order to relieve her at all. *Pulsatilla* made a perfect cure in this case. It is a non-antipsoric remedy.

Dr. Underwood—*Pulsatilla* is an anti-sycotic remedy. It cures figwarts.

Dr. McNeil—*Aconite* and *Ignatia* are not antipsoric remedies and they cure chronic diseases.

Dr. Underwood—I would like to know where we can go to-day and find a person who is not affected with psora.

Dr. Selfridge—There is no one who is not affected.

Dr. McNeil—For the effects of grief, *Phosphoric-acid* or *Natrum-muriaticum* may be the remedies.

Dr. Selfridge—How do you know that in the case you cured with *Pulsatilla* there was not present either psora, sycosis, or syphilis?

Dr. McNeil—It is not necessary for me to know it.

Dr. Selfridge—How did Hahnemann know or how do we know how many antipsoric remedies there are?

Dr. Selfridge then read from *The Organon*, Sections 96 and 97.

DISCUSSION.

Dr. McNeil—I like to treat children because they do not lie. Patients who have reached years of discretion always lie. Some exaggerate because they want to think they are very sick. There is another class of patients in whom every point cannot be brought out. Florence Nightingale said that there were two classes of patients, those who exaggerate and the heroic. The latter do not like to complain at all. I had such a case, a young man with typhoid fever. I could hardly get a symptom out of him but those I could see.

Dr. Underwood—I notice that patients who come into my office who do not give me the symptoms, I give a dose of *Sac-lac.* and divert their attention, and after a short time they tell me all about themselves.

Section 98 was read.

DISCUSSION.

Dr. Ledyard—In regard to what Dr. Underwood said: I have often given the remedy I supposed to be the correct one, and they then commenced to talk and I have wished that I had not given them that remedy.

Dr. McNeil—I think I learn more in examining patients as I grow older. We cannot reach Hahnemann's standard in this regard except by hard study and observation.

Sections 99 and 100 were read.

DISCUSSION.

Dr. McNeil—Do these diseases just mentioned form exceptions to what he has stated before?

Dr. Selfridge—I don't think they do. I have treated a great many cases of small-pox, and have rarely found two epidemics alike.

Dr. Ledyard—This is so in whooping-cough.

Dr. McNeil—In a case of croup I found the mother fanning the child. I cured with *Carbo-vegetabilis*, from *desire to be fanned*. *China wants to be fanned slowly*.

Dr. Underwood—*Medorrhinum* wants to be fanned fast, *especially upon the hands*.

Sections 101-103 were read.

DISCUSSION.

Dr. Underwood—Hahnemann says here *chronic miasmatic diseases*, showing that he meant there were other chronic diseases as well.

Dr. McNeil—He means here the distinction between miasmatic and epidemic chronic diseases.

The President then suggested that the vacancy in the Vice-Presidency should be filled, whereupon Dr. Martin moved that Dr. McNeil be appointed to that office. Seconded by Dr. Wilson and carried.

The meeting then adjourned, to meet again the third Friday in April at the office of Dr. J. M. Selfridge, in Oakland, when the reading of *The Organon* would be commenced at Section 104.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

 PROCEEDINGS OF THE NEW YORK HOMŒOPATHIC UNION.

The regular meeting of the New York Homœopathic Union was held at 62 West Forty-ninth Street, May 21st, 1896, the President, Dr. Edmund Carleton, in the chair. The following

members were present: Drs. Finch, Gillingham, Leverson, O'Brien, Richards, Stanton, Thomson, Young, Wilcox; also Miss Mayer, medical student. Regrets were received from Drs. Fletcher, Howard, and Powel.

Edmund Carleton, M. D., was elected President, and E. D. Wilcox, M. D., Secretary, for the ensuing year.

Reading and discussion of Hahnemann's *Chronic Diseases*, Vol. I, pp. 156 to 169 inclusive (Hempel's translation), was then taken up (p. 133, Tafel's translation).

Question of the accuracy of Tafel's new translation, p. 122, last half of the paragraph, having arisen at the last meeting, the opinion of Dr. Fincke was sought, with the following result:

"BROOKLYN, May 5th, 1896.

"DEAR DR. CARLETON:—The German text is: 'Man wähns ja nicht, dass die Zeit der angegebenen, ungefähren Wirkungs-Dauer kaum abgewartet werden durfe, un eine andre antipsorische Arzner zu geben—*dass man also mit der Abwechslung eilen müsse um die Kurzubeschleunigen.*'

"The *literal* translation is: 'One imagines (imperative) on no account that the time of the stated probable duration of action need scarcely be waited for in order to give again another antipsoric medicine—that, therefore, one must hasten with the alternation in order to accelerate the cure.'

"'You takes your choice!'

"Yours fraternally,

"B. FINCKE."

There was unanimous concurrence with Hahnemann's statement that "several antipsorics are generally required for the cure of a chronic disease. If the physician alternates his remedies in rapid succession, this is a sure sign that he has not chosen his remedies with strict reference to their homœopathic action, or has but carelessly studied the existing series of symptoms. The homœopathic physician is very apt to commit this mistake in urgent cases of both chronic and acute diseases, especially when the patient is dear to him. The practitioner cannot be sufficiently on his guard against this practice." In-

dividual experiences were mentioned in confirmation of the foregoing, with stress upon the number of remedies and length of time required. Time is an important factor in the treatment of a chronic case.

The succeeding paragraphs, relating to mesmerism and olfaction, elicited the fact that few present had had much experience with either. Olfaction, however, had been successful in the cases cited; and there was great willingness to employ this method of administering medicines when required. Hahnemann's statement that "the remedy acts just as powerfully by communicating its medicinal influence to the system through the nasal fossa and the lungs as if a dose of the remedy had been swallowed" was declared to be reasonable.

Note to page 165 (H.).

"There are hypercritical homœopathic physicians who were afraid that even the sugar of milk might obtain medicinal qualities from being long kept in a bottle, or from long trituration. Long-continued experiments have convinced me that this apprehension is unfounded, etc." Dr. Stanton remarked that the imagination of some nervous patients is so vivid that they get symptoms from innocent placebo. Dr. Finch—"Sugar, Natrum-mur., Lycopodium, must be triturated highly to produce symptoms."

The subject of intercurrent remedies received much attention. Dr. Young deprecated their use, unless the necessity is too great to be ignored with safety. He lets the patient stand the interruption; and believes that he is finally cured sooner by following that course than by interfering to relieve the temporary malady. Dr. Finch related Teste's case, where *Sepia* was effecting a cure under difficulties. The patient became angry, for some cause. Immediately the action of *Sepia* was interrupted, and it was impossible to cure after that. Also Lippe's case of chronic affection of the chest, cured by the appropriate remedy. Presently the patient's leg became affected; he would not endure this, and took medicine that entirely relieved the leg. The chest trouble then returned and could not be cured. This paragraph in the *Chronic Diseases* relating to the

treatment of intercurrent maladies is to him (Dr. Finch) of more importance than most any other part of the book. It reads thus :

“Among the mishaps which disturb the treatment only in a temporary way I enumerate: Overloading the stomach (this may be remedied by hunger—*i. e.*, by taking a little thin soup instead of the meal and a little coffee); disorder of the stomach from fat meat, especially from eating pork (to be cured by fasting and Pulsatilla); a disorder of the stomach which causes rising from the stomach after eating, and especially nausea and inclination to vomit (by highly potentized Antimonium-crudum); taking cold in the stomach by eating fruit (by smelling of Arsenicum); troubles from spirituous liquors (Nuxvomica); disorder of the stomach with gastric fever, chilliness and cold (Bryonia-alba); fright—when the* medicine can be given at once, and especially when the fright causes timidity, by Poppy-juice-opium—but if aid can only be rendered later, or when vexation is joined with the fright, by Aconite; but if sadness is caused by the fright, by Ignatia-seeds; vexation, which causes anger, violence, heat, irritation, by Chamomilla (but if beside the vexation there is chilliness and coldness of the body, by Byronia); vexation with indignation, deep internal mortification (attended with throwing away what was held in the hand) by Staphisagria; indignation with silent internal mortification by Colocynthis; unsuccessful love with quiet grief (by Ignatia); unhappy love with jealousy (by Hyoscyamus); a severe cold (next to keeping the house or the bed), by Nuxvomica; when diarrhoea resulted, by Dulcamara; or if followed by pains, by Coffea-cruda; or if followed by fever and heat, by Aconite; a cold which is followed by suffocative fits (by Ipecacuanha); colds followed by pains and inclination to weep (by Coffea-cruda); cold with consequent coryza and loss of the sense of smell, and of taste (by Pulsatilla); overlifting or strains (sometimes by Arnica, but most certainly by Rhus-toxicodendron); contusions and wounds inflicted by blunt instruments (by Arnica); burning of the skin (by compresses of water mixed with a dilution of highly potentized Arse-

nicum, or uninterrupted application for hours of alcohol heated by means of very hot water); weakness from loss of fluids and blood (by China); homesickness with redness of the cheeks (by Capsicum)."

The reading of the section relating to intermediate diseases (which are generally fevers) led Dr. Gillingham to give the dictum of Dr. Bayard: "Sulphur is chronic Rhus; and Calc-carb. is chronic Sulphur."

Drs. Finch and Wilcox reported cases of Rhus poisoning successfully treated with high Rhus. Dr. Young had seen Rhus-radicans succeed where Rhus-tox. had failed. This precipitated a long discussion of the alleged identity of the two drugs. Botanists admitted no difference. Dr. Thomson said that the tincture of Rhus-tox. had a shade of color different from that of Rhus-rad. Dr. Carleton was glad that others had been able to cure poison cases with either Rhus-tox. or Rhus-rad. in high potency. He was once persuaded to try that kind of practice, but without success. He never believed in it, but had been persuaded to it by others. He now always selects another drug—often Cantharides. In the *Symptomen Codex* may be found the pathogenesis of Rhus-radicans—"proved and the symptoms arranged by Dr. B. F. Joslin, with the co-operation of Drs. S. B. Barlow, E. Bayard, R. M. Bolles, B. F. Bowers, R. A. Snow, J. Taylor, W. Williamson, and C. Wright. A few symptoms are from Drs. Bute and Horsfield." A note at the end of the article argues the difference between the two drugs. This sentence appears in it: "Moreover, in these provings the radicans has evinced great power and several properties not hitherto discovered in the Toxicodendron." Subsequent compilations have combined all the symptoms, and published them under Toxicodendron against the wishes of the provers of radicans.

Meeting adjourned.

EMMA D. WILCOX, *Secretary.*

TALLAPOOSA AS A HEALTH RESORT.

TALLAPOOSA, GA., June 28th, 1896.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN.

I am now located in the above place. Please send my Journal there in future.

This is a winter health resort, and a great many have come for their health and remained permanently. The climate here is very fine, indeed. During the past few days, which the old residents say have been very warm, I did not suffer half as much as I have suffered in Baltimore during the hot days of summer. The nights are generally pleasant. The winters are short, and never extremely cold. So there is neither extreme heat in summer nor cold in winter, which makes it very desirable for those who wish to avoid the two extremes, to which more Northern climes are subject.

If you have any patients who come South in winter you cannot do better than recommend them to this city. It is located in the northwestern part of the State, directly west from Atlanta, about two hours' ride from that city. It is almost on the border of Alabama, and is said to have a population of three thousand inhabitants. We have two good hotels here—the Tallapoosa House, which is quite near the depot, and the Lithia Springs Hotel, about half a mile north. Board can be had at private houses. I shall be glad to look after any patients you may send here during the fall and winter.

With kind wishes, yours very truly,

E. H. HOLBROOK, M. D.

CURED SYMPTOMS.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

1. Tongue burns like pepper (Iris. Hydras. Xanthy.), headache as if the top of head would fly off. Sense of soreness in stomach. R̄ Iris-v.^{mm} cured.

2. Every time the patient has a cold there is a dripping of

clear watery fluid from the uvula (Cep. Merc.-cor. Spig.).
 ℞ Ceph.^m cured.

3. Vertigo, felt most in temples; sensation as if to fall forward; worse from *least motion of the head*; numbness of the extremities; has always been supersensitive to allopathic doses of Morphia. ℞ Morph.-sul.^{cm} cured.

4. Sensation of heaviness in mammæ; fatty pellicle in urine; bloated all over. ℞ Iodum^{3x} cured.

5. Sensation of a lump in the urethra. ℞ Bovista^{cm} cured.

6. Sweat on tips of fingers, excoriating, causing itching and burning in summer. ℞ Sul.^{cm} cured.

7. Awakens and don't know where she is, with great restlessness and diarrhœa. ℞ Ars.³⁰ cured.

8. Saliva tastes sweet and is tenacious; aggravated by empty swallowing. Follicular tonsillitis. ℞ Lach.^{cm} cured.

BOOK NOTICE.

THE CHECKING LIST CASE BOOK OF DR. MARO F. UNDERWOOD.

This ingenious device for studying cases was reviewed in the May number of THE HOMEOPATHIC PHYSICIAN at page 247.

In giving the directions for using the book, it was stated at page 247, in the last paragraph, that a dash was placed opposite the name of the remedy in the letter-marked column that corresponded with the similarly lettered symptom that was being studied. This is an error. It should have said that the figure 1, 2, 3, or 4 should be placed there corresponding to the value of the remedy as given in Bœnninghausen. This, it will be seen, gives an additional advantage in getting at the remedy.

Another advantage entirely overlooked by the editor in his review is that each remedy in the book has three small figures placed over it. These figures denote, the first its antipsoric value, the second its antisycotic value, the third its antisyphilitic value.

Thus Hepar has the figures 413 over it. This signifies that as an antipsoric it has the fourth place. As an antisycotic it occupies the first place, and as an antisyphilitic it holds the third place. This also is an advantage.

TYPHOID FEVER.

A name given to groups of symptoms appearing now and then epidemically, each time in a varied form, so that the yearly fevers assume a character called by this name; the same appears at any time, when exhausted, badly-treated men are heaped up too near each other (ship-fever, camp-fever, war typhus), or when some chronic organic diseases, already almost in an incurable state, assume a similar form as a farewell from this world. In each case different drugs may be indicated, and not one in our store of knowledge ought to be excluded. There is none offering a true and complete resemblance to the pathological form, there are no "specifics" for typhus nor for any of the forms established by the pathologists; only at certain times, in certain places, the same drug may be the main medicine for a while.

The distinction between a so-called "Typhoid" and a "Typhus" is entirely useless in the selection of the medicine. The same is the case with localized and not localized forms. The only advantage is, to be able to distinguish such forms as may be or have

oftener been contagious. The prognosis also depends not altogether upon the symptoms, and the dietetic rules may be altered in certain forms. Hence we cannot do without pathology.

Beginners may be somewhat aided by knowing what in certain forms, described under peculiar names, already has been given with success.

Exanthematic forms: *Apis. Arnica. Arsen. Bellad. Bryon. Calc. ostr. Carb. veg. Lachesis. Mercur. Mur. ac. Nux. mosch. Phosph. ac. Phosph. Rhus tox. Secale. Stramon.*

Pectoral forms. Pneumotyphus: *Ant. tart. Bryon. Carb. veg. Hyosc. Phosphor. Rhus tox.*

Enteric forms. Ileotyphus, enteric typhus, typhus abdominalis: *Apis. Arsen. Bellad. Bryon. Calc. ostr. Carb. veg. Cinchona. Colchic. Ginseng. Ipec. Lycop. Mur. ac. Nitr. ac. Nux vom. Phosph. ac. Phosphor. Rhus tox. Secale. Sulphur. Veratr. alb. Phosph. ac.* seems to act chemically. GRAUVOGL, II, 35. *Oxal. ac.* is to be placed next to it, after *Apis*, or followed by it. H. Gross.

Bilious form. Typhus icterodes, typhus biliosus: *Bellad. Cham. Merc.*; after anger: *Chamom.*; with sensitiveness in region of liver: *Bellad.*

Mucous form. Typhus pituitosus: *Mercur. Pulsat. Rhus tox.*

Petechial form. Hemorrhagic, typhus putridus: *Arnica. | Arsenic. | Camphor. Carb. veg. Chinin. Chlorum. Mur. ac. Nitr. ac. | Sulph. ac.*

| *Arsen.*: when putrid, foul, cadaverously smelling stools; brown, dry, leather-like tongue, extreme prostration.

| *Mur. ac.* : fetid stools, intestinal hemorrhage, sopor, so weak that he settles down in bed into a heap.

| *Arnica* : foul breath, petechiæ, says there is nothing the matter with him.

Putrid decomposition of all the fluids, tongue parched, dry, brown; bloody, cadaverous, fetid stools : *Rhus tox.* *Phosphor.*

Cerebral forms. Typhus cerebrialis, typhus encephalicus: *Arnica.* *Baptis.* *Bellad.* *Bryon.* *Hyosc.* *Lachesis.* *Nux mosch.* *Opium.* *Phosphor.* *Rhus tox.* *Stramon.* *Veratr. alb.*

Versatile forms. Typhus versatilis: *Bellad.* *Bryon.* *Chamom.* *Cina.* *Digit.* *Hyosc.* *Ignat.* *Lycop.* *Mur. ac.* *Natr. mur.* *Nux vom.* *Opium.* *Phosph. ac.* *Pulsat.* *Rhus tox.* *Stramon.* *Zincum.*

Stupid forms. Typhus stupidus: *Arnica.* *Arsen.* *Bellad.* *Bryon.* *Carb. veg.* *Cinchona.* *Coccul.* *Helleb.* *Hyosc.* *Lachesis.* *Mur. ac.* | *Nitr. spir. dulc.* *Nux vom.* *Opium.* *Phosphor.* *Phosph. ac.* | *Rhus tox.* *Secale.* *Stramon.* *Veratr. alb.* ; with torpor intermitting : | *Phosph. ac.* ; with complete stupor : *Opium.* ; depression of nervous system without any other affection, except enlarged spleen : *Coccul.*

Apoplectic forms. (Congestive fever.) It is absurd to expect anything from large doses of *Bellad.* ; it is murderous to bleed, and foolish to apply ice instead of cloths dipped in cold water, changed every few seconds. If it was not or could not be prevented : | *Glonoine.* *Gelsemin.* *Laches.* *Sanguin.* or *Veratr. vir.* may help if their indications are not overlooked.

Impending paralysis of brain: *Lycop. Opium.*
 | *Phosph. Zincum.*; impending paralysis of lungs:
Arsen. Carb. veg. Phosphor.

| *Moschus.*: cannot get the phlegm up, breathing and pulse weaker and weaker, fluids roll audibly down the throat, stools and urine pass unconsciously.

| *Carb. veg.*: paralytic condition, stupor, collapse, dissolution of blood.

In the beginning of typhoid fevers, almost any medicine may be given, particularly such as are indicated by the genius epidemicus, or prevailing character of complaints. One third of such patients as come under our treatment from the first, ought to be able to sit up and go out again within a week or two; over another third may last from two to three weeks; hardly one third will run to the full time of six weeks, excepting such cases as have been spoiled by wrong treatment, or have, after feeling unwell, taken *Ricinus oil* or *Citrate of Magnesia*.

At the beginning, or in the early stages, the following remedies have been given; with sudden tumultuous symptoms, especially congestive headache: | *Bellad.*; with nosebleed: | *Rhus tox.*; gums bleed: *Mercur.* (in yellow fever: || *Carb. veg.*); lassitude and heavy limbs, with headache, white-covered tongue, loss of appetite, belching: *Bryon.*; furred tongue: *Coccul.*; mouth and tip of tongue dry: *Nux*

vom.; gastric symptoms, with acute shooting pain, in different parts of body: *Bryon.*; the same, but with sour, bitter belching and vertigo: *Nux vom.*; in case of looseness: *Bryon. Rhus tox.*; with sour, bitter belching: *Pulsat.*; or with flatulence: *Phosph.*; suspended catamenia and gastric symptoms: *Puls.*; vomiting and copious watery diarrhoea: *Ipecac.*; copious, thin, watery stools, after pain in bowels, with rapid sinking: | *Veratr. alb.*; chilliness on the slightest motion: *Nux vom.*; drowsy, but not able to sleep: | *Bellad.*; erethism: | *Rhus tox.*; stiffness: *Bryon.*; wants to lie down on one spot: *Rhus tox.*; trembling, with weary limbs: *Bellad.*; heat unbearable, but uncovering makes chilly: *Pulsat.*; in the beginning of typhus versatilis: | *Bryon.*; later: *Mur. ac.*; if the so-called nervous symptoms are predominating: *Baptis.* or *Gelsemin.* is better than any of the others.

Not only the duration of the fever ought to be a great deal shorter, but the mortality ought to be considerably less. The latter ought to be restricted to patients with such organic diseases as are developed by the fever, or such relapses as are brought on by neglecting the rules during convalescence.

The stage of **Convalescence** is of the highest importance. Most people, who get well within a week, suppose nothing serious has been the matter with them (compare Mr. Kidd's remarks, BRITISH QUARTERLY, 1847, VI, 97), and do not follow the positive rules, to avoid for the full time of six weeks, all excesses in eating or drinking. The least indulgence may bring on a dangerous relapse. The more

appetite they have, the more carefully they ought to limit the quantity as well as the quality. All exertions of mind or body are a great risk; coition very often proves fatal.

During Convalescence, the following have been given with success; in the most complete despair of recovery: *Psorin.*; loss of memory: *Anacard.*; hemi-
crania: *Ignat.*; rheumatic toothache: *Rhodod.*; ap-
petite will not return: *Psorin. Sulphur.*; ravenous
appetite: *Arsen. Pulsat.*; cannot eat, everything
tastes bitter: *Pulsat.*; unconquerable bilious vomit-
ing: *Cinchon.*; obstinate vomiting: *Kreosot.*; slow
recovery, with diarrhœa: *Cinchon.*; sour diarrhœa:
Rheum.; from using sour things, with cutting:
Ipecac.; great sexual desire: *Alocs. Phosph. Psorin.*;
tendency to tubercular deposit: *Calc. ostr.*; periostitis
of sacrum: *Silic.*; constant, painless, œdematous
swelling of lower limbs: *Aur. mur.*, after it failed
(right side): *Bellad.*; lower limbs as if paralyzed:
Selen.; obstinate rheumatism: *Colchic.*; strength
alone wanting: *Veratr.*; great prostration: *Psorin.*;
marasmus: *Cinchon.*; relapse after overexertion of
body: *Rhus tox.*; of mind and body: *Cuprum.*; of
mind alone: *Nux vom.*; after a fright: *Ignat.*; angry,
passion: *Nux vom.*; continual chilliness and sensi-
tiveness to the slightest draught: *Selen.*; weakening
sweats day and night: *Psorin.*; convalescence too
slow: *Cinchon.*; unpleasant sensations running down-
wards: *Guaco.*; upwards: *Fluor. ac. Selen.*; threatens
to assume a lingering form: *Arnica.*; feverish feel-
ing, appetite delayed: *Coccul.*; slow protracted cases
with mild delirium, restless, anxiety: *Arsen.*

The sick room ought to be moderately warm, but aired freely, particularly during the time when the sun shines into it, and always after sunrise. A grapery would be the best place to keep the patient in. Rubbing daily with a towel dipped in cold water, is advisable, and if the patient is used to washings, it may be done all over. Towels are better than sponges.

To disinfect a room or destroy all kinds of bad odor, roast three or four beans of coffee on the stove or a hot plate; all other disinfectants are injurious and useless. Tubs of water under the bed will, in most cases, prevent bed sores. In changing the bed-clothes or shirts, put the clean ones in the sun for one hour, shirts inside out, or rub with the hands what will touch the skin, to take off the peculiar sphere of the laundry. Never interrupt sleep.

Pure cold water is to be allowed as much as the sick person wants, in summer cooled by ice around the outside of the vessel, as melted ice is injurious; stale bread well toasted, but only brown, and while hot put into boiling water, cooled afterwards in an earthen vessel, not in metallic; apples boiled in much water and a few small raisins; some raspberry syrup, not made up artificially; or good rice-water, not seasoned or flavored; no vinegar or lemon may be offered to the sick, unless there is a great desire; barley or oatmeal gruel, according to taste; the so-called Essence of Beef is one of the most injurious things, only does harm, and is not nourishing; beef soup only, is advisable in convalescence, and always with some solid food; never allow young animals or

unripe fruit or vegetables. Pure American or Hungarian wine in small doses, but no Port wine. Scraped beef made into a fat lump, salted and fried, or a roasted potato is the best, when beginning to eat. Too much hunger should be moderated by the medicine, and very light and plain food given often, and but little at a time. For complaints after each morsel of food, *Pepsin* may be given; for a total want of appetite, give the indicated medicine, and offer such food as the patient used to eat when a child.

KEY.

Alumin.	Chamon.	Hep. s. c.
Alum. p. s.	Chin. sulph.	Hydroc. ac.
Amm. carb.	Cinchon.	Hyosc.
Anacard.	Coccul.	Ignat.
Ant. tart.	Coffea.	Ipecac.
Apis.	Colchic.	Iris vers.
Arg. nitr.	Conium.	Jodium.
Arnica.	Crocus.	Kali carb.
Arsen.	Crotal.	Kreosot.
Astacus.	Cuprum.	Laches.
Baptisia.	Digit.	Lachnanth.
Bellad.	Dulcam.	Lauroc.
Borax.	Ferrum.	Lycop.
Bryonia.	Ferr. mur.	Mercur.
Calc. ostr.	Fluor. ac.	Merc. subl.
Camphor.	Ginseng.	Moschus.
Canthar.	Glonoin.	Mur. ac.
Carb. anim.	Guaco.	Natr. mur.
Carb. veg.	Helleb.	Nitrum.

Nitr. ac.	Psorin.	Staphis.
Nitr. sp. d.*	Pulsat.	Stramon.
Nux mosch.	Rhus tox.	Sulph. ac.
Nux vom.	Secale.	Sulphur.
Opium.	Selen.	Tarax.
Oxal. ac.	Sepia.	Veratr.
Phos. ac.	Silic.	Zincum.
Phosphor.	Spongia.	

* *Sweet Spirits of Nitre* ought to be prepared in the usual manner, by mixing one part of Nitrous Ether with eight parts of pure absolute Alcohol ; it ought to be kept in small bottles, and should not redden the cork.

CONCOMITANTS AND MODALITIES.

MIND.

FEELINGS.

I. **Indifference** : || *Arnica*. | *Cinchona*. ;—even to the most loved child : *Phosphorus*. ; — to the most loved objects : *Mercury*. ; — to everything : *Secalium*. ; — with a kind of insensibility, impelling to rub forehead : *Veratrum*. ; — and insensibility, with a pale face : *Cinchona*.

II. **Apathy** : *Veratrum alb.* ; — with indifference : *Cinchona*. *Phosphorus ac.* : — and extreme dullness of senses : | *Nitrum sp. d.*

Does not complain at all : | *Opium* ; no complaint of anything : *Hyoscyamus*. ; unless questioned, he says nothing of his condition, which does not seem dangerous to him : *Colchicum*. ; says he feels well, nothing the matter with him ; | *Arnica*. ; thinks he is well : *Arsenicum*. ; utters no desire : *Helleborus*. ; does not ask for anything, has hardly any of the usual wants : *Nitrum sp. d.* ; no action by will : *Helleborus*. Compare, Stupefaction, Stupor.

III. **Anxiety** : *Arsenicum Bryonia*. ; — with nausea and cold sweat on the forehead while standing : *Veratrum*. ; —

with pressure in the heart and tearing pains in the loins, sinking of all the forces but restless, more after than before midnight: || *Rhus tox.*; — and weakness: *Arsen.*; — and frightful dreams: *Arsen.*, on waking from them: *Cinchon.*

I. Does not know what to do with himself, mostly in the third hour of the night: || *Arsen.* | *Kali carb.*

II. Inexpressible sense of illness in mind and body: *Mercur.*; dejected, debilitated, with aversion to thought: *Bryon.*; either sorrowful, depressed or violently delirious: *Bellad.*; depression of spirits, with timidity: *Secale.*; sadness: *Opium*; hopeless of recovery: *Psorin.*, and certain of death: *Baptis.*; uneasiness with sense of illness: *Opium*; uneasiness of mind and body: *Opium*; fear of being left alone: *Hyosc.* | *Lycop.*; believes he is always alone: *Stramon.*; timid and fearful: *Bellad.* *Bryon.*; faint hearted, timid, inclined to weep, fears death: *Acon.* | *Arsen.* *Coccul.* *Rhus tox.* *Veratr.*

III. Wants to go from one bed into another: || *Arsen.* *Bellad.* | *Calc. ostr.* | *Cina.* | *Chamom.* *Hyosc.* *Mezer.* | *Rhus tox.* *Sepia.* *Veratr.*

IV. Desire to run away (in later stages): *Bellad.*; and much excited: *Stramon.* Compare Desires.

V. Frightful objects constantly before the imagination while his expression is that of fear and terror; believes he sees dogs, cats, rabbits, approaching from all sides, and that he sees ghosts: *Stramon.*

VI. Fear of death: *Acon.* *Arsen.* *Bryon.* *Coccul.* *Rhus tox.* *Veratr.*

CONATION,

WITH FEELING OF PAIN.

I. Embarrassed: *Hyosc. Sulphur*; does not know whether he will take what is offered or not, whether to take this or that: *Hyosc.*; suspicious: *Bellad.*; great impatience and despair about pains and bad feelings which he cannot describe: *Ignat.*

II. **Bad humour**: *Rhus tox.*; vexed, irritated, wants to quarrel; *Bryonia*; chagrined: *Nux vom.*; quarrelsome: *Bellad.*; angry disposition: *Bryon. Cinchon.*

III. **Irritable**: *Coccul.*; too sensitive, vexed from questions or gives short answers, easily offended: *Bryon.*; --, nervous with depression of spirits, and intolerance of all impressions on the senses, especially of noises: *Cinchon.*: — after muttering for a while, can endure neither noise nor contradiction, speaks hastily: *Coccul.*: —, peevish, easily offended: *Bryon.*

DESIRES.

IV. Desire to get out of bed: *Bryon.*; to change beds: *Arsen. Calcar.*; to escape from bed: *Bellad. Bryon. Hyosc. Stramon.*; to go home: *Bryon.*; to run away: *Bellad. Bryon. Hyosc. Stramon.*; to escape: *Bellad. Opium*; to jump out of bed: *Hyosc.*, restrained and calmed with difficulty: *Zincum*; springs up from bed suddenly: *Bellad. Nux vom.*

V. **Wishes to die**, with indifference to the most loved objects: *Mecur.*; inclined to weep, with fear: *Acon. Bryon. Coccul. Rhus tox. Veratr.*

ACTIONS.

I. **Loquacity**, afterwards stupid and irritable: *Lachnanth.*; talks all the time, or not at all: *Stramon.*; — of the business of the day or the last few weeks: *Bryon.*; — to himself: *Rhus tox.*; constant muttering: *Hyosc. Stramon. Tarax.* Compare Delirium.

II. **Murmuring**: *Laches.*; —, which cannot be understood: *Hyosc. Lycop.*; slow —: *Phosph. ac.*; —, with picking clothes: *Hyosc.*; — loquacity: *Hyosc. Laches.*; with an insensible apathy, hardness of hearing, and a pleasant, happy expression, which looks strange: *Apis.*

III. **Talks** incoherently without any seeming connection of ideas: *Laches. Rhus tox.*; — indistinctly: *Hyosc.*; — nonsense with eyes open: *Hyosc.*; — of dogs, wolves, cattle, soldiers, battles: *Bellad.*; — like a drunken man: *Lycop.*

IV. **Sings** and laughs loud in his delirium: *Bellad.*; — laughs, whistles, recites verses, sings opera pieces: *Stramon.*; whines and don't know why: *Hyos.*; moans loudly: *Mur. ac.*; cries out, suddenly: *Hyosc. Lycop. Stram.*; from time to time: *Arsen.*

V. **Staring** constantly at surrounding objects, with apparent entire self-forgetfulness: *Hyosc.*

VI. Picking the bed clothes: *Arnica. Arsen. Colchic. Hyosc. Lycop. Opium. Psorin. Stramon. Zincum*; with muttering: *Hyosc.*; in delirium: *Rhus tox.*; catching, grasping at flocks: *Lycop. Ph. ac. Zincum.*; playing with his own hands (not picking with them): *Hyosc.*; motion with hands as if they would get things: *Ph. ac.*; groping about with hands: *Opium*; waving

hands as if getting things out of the air: *Stramon.*; reaching after objects in the air: *Psorin. Sulphur.*

I. Does foolish things, behaves like a madman: *Hyosc.*; acute mania: *Bellad. Stramon.*; beats and scratches others; the milder others talk to them, the worse they get: *Hyosc.*; abuses those about him: *Hyosc.*; strikes, bites or spits at his attendants: *Bellad.*; strikes his attendants, with fearful outcries; great disposition to bite and tear everything with his teeth, even his own limbs: *Stramon.*; raving with pain in the head: *Arsen.*; never awkward but wondrously dextrous: *Stramon.*

II. **Answers**, hastily: *Bryon. Hepar. Rhus tox.*; — rightly, but in a quick, violent manner, as if angry: *Rhus tox.*; — with indignation: *Pulsat.*; hasty speech: *Bryon. Coccul. Hepar*; if he talks at all, it is quick and hasty: *Arsen.*

AVERSIONS.

III. **Silence**: *Veratr.*; as if averse to everything: *Nux vom.*; sits absorbed in silence: *Opium*; with an unconquerable inclination to sleep: *Coccul.*; obstinate silence, will answer nothing: *Cinchon.*; taciturnity: *China.*; don't want to talk: || *Phosph. ac.*; averse to speaking: *Rhus tox.*; with confusion of head: *Mercur.*; reluctant to answer questions: *Phosph. ac. Rhus tox.*; to speak: *Bellad.*; answers short: *Bryon.*; with "yes" or "no": *Phosph.*; short and incorrectly: *Phosph. ac.*; declines to answer questions: *Arnica.*; answers no questions: *Arsen. Hyosc.*

IV. Averse to speaking: thought is difficult: *Rhus tox.*; scarcely answers, in spite of what is done to in-

Continues after p. 454

PEROXIDE OF HYDROGEN.

Dr. Warren Brown, of Tacoma, Washington, in a paper on "Peroxide of Hydrogen," read before the Washington State Medical Society, and published in the *Medical Sentinel*, of Portland, Ore., February, 1896, after alluding to its method of manufacture, speaks of it therapeutically as follows:

Gonorrhœa may often be aborted by using a full strength Hydrogen-dioxide injection immediately on the very first appearance of discharge. The injection should be used four to six times in twenty-four hours and retained for five minutes.

Cystitis, where pus is voided with the urine, often yields rapidly to injections of a solution containing two ounces to the pint.

Otitis media is treated by Hydrogen-dioxide solutions in various strengths from 6 per cent. upward.

Eye diseases, where there is a purulent external inflammation, are constantly being benefited by this agent. The Wills Eye Hospital, Philadelphia, uses a 50 per cent. strength of the so-called 15 volume solution. Blepharitis marginalis is quickly cured by touching the edges of the lids once or twice daily with a strong solution, care being taken to avoid getting it into the eye.

Ulcers of all kinds improve rapidly under its use, and for treating and cleansing venereal sores, as chancroids, etc., it is of great service.

Empyema, especially where there is from the first a stinking, sanious exudation following incision, is very satisfactorily treated by washing out the cavity with a solution from one-half to full strength.

In appendicitis, the abscess cavity is cleansed with this solution by many operators, in preference to any other antiseptic. Robert T. Morris, of New York, has laid special stress on the value of the Peroxide in these cases.

In follicular tonsillitis, the use of a spray, diluted just enough to prevent the smarting sensation, and alternating with this, one of the alkaline antiseptic sprays, or gargles, is a very satisfactory procedure.

Diphtheria and all naso-pharyngeal inflammations where there is a pseudo-membranous and septic condition, have been treated very widely by means of this agent. I like the plan of Jennings in Detroit, who uses an irrigation of an aqueous solution of one-eighth each of Hydrogen-dioxide and Listerine. He throws the solution into the pharynx with an all-soft rubber syringe every one, two, or three hours. The plan is an admirable one for treating children, and the combination is pleasant and effective.

Atrophic rhinitis is benefited remarkably by the use of a 40 per cent. spray. It should be used a few minutes before the employment of the usual alkaline, stimulating spray, and the powder insufflations. In this way the scabs are loosened, muco-purulent secretions are dissolved, and a stinking breath is converted into one that is pure and sweet.

In acute cases of eczema of the leg we find this agent of the utmost value. The tissues are inflamed, hot, swollen, and oozing; the itching is almost unendurable, the odor is offensive. To secure the best results the limb is elevated, and a diluted solution of the Peroxide is applied frequently with cheese cloth, gauze, or an atomizer. In two or three days a marked change for the better will be apparent, the pruritus is allayed, the purulent exuda-

PEROXIDE OF HYDROGEN.

tion is checked, and all inflammatory symptoms are subsiding. At this stage we begin the use of a soothing ointment, such as the Boracic-acid or Zinc-oxide, using liniment to wash the parts instead of water. Under this treatment, combined with rest, we will see our patient rapidly cured.

Eczema of the anus will rapidly improve if the fissures are touched twice a day with this solution, then dried gently with cotton and a Glycerite-of-lead application made. In nearly every form of acute eczema in the first and second stages the Peroxide will give us the keenest satisfaction. The regular solution is diluted with two or more parts of water. Hydrogen-peroxide is an excellent anti-pruritic, and for this purpose it is widely used.

The hæmostatic value of this drug, as pointed out by Dr. Emerson Brewer, of New York, I can indorse. In operations on the nose and throat I have, upon two occasions, been enabled to check a persistent hemorrhage, when Monsel's solution and plugging had failed. At present I am in the habit of applying the full strength Hydrogen-peroxide after every operation on these parts. It is of special value after sawing out a deviated septum.

For flushing out a mammary abscess cavity this agent is invaluable.

Applied to the cervix uteri, adherent mucus is removed and our medications can be applied.

When it is inadvisable or impossible to make a complete opening of a fissure or abscess, irrigation with the Peroxide will be found superior to all other antiseptics.

We have in Peroxide of Hydrogen a prompt, safe, and efficient germicide. By its oxidizing power it rapidly decomposes pus, diphtheritic membranes, and other morbid putrifying material. It is a thorough deodorizer, and as a cleansing agent for foul wounds, abscesses, etc., it has no equal.

Of the different preparations of Peroxide, Marchand's has been most uniformly satisfactory.

Since writing the foregoing paper my attention has been called to Hydrozone, a stronger solution of Peroxide of Hydrogen, which for some months I have been using with much satisfaction.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"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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EDITORIAL.

MERCURIUS-VIVUS.—Dr. Guernsey's key-notes of Mercurius are as follow : Much salivation ; a constant driveling from the mouth. Convulsions mostly in the extremities. Much perspiration, affording no relief. Constant short, choking cough. Anguish. Prolapsed vagina. Lancinating, boring, or pressing pains. Moist tongue with intense thirst. Always worse throughout the night.

Leucorrhœa worse at night. Leucorrhœa causing itching, burning, smarting, corroding, or sensation of rawness. Sometimes discharges from the vagina of pus and mucus in flocks as large as hazel nuts.

During menstrual period anxiety, red tongue with dark spots on it and burning, salty taste in the mouth, sickly color of the gums, and teeth set on edge. Cold and clammy sweat on thighs every night. Symptoms worse in cold, damp weather. Moist skin ; soreness of the throat ; soreness of the inguinal glands. Indurated tumor of the vagina with raw, sore feeling. Inflammatory swelling of the internal surface of the vagina. Long-lasting itching of vulva shortly before the menses. The itching is aggravated by even a single drop of urine. It must be immediately washed off. Pimples or tubercles on the labia, more troublesome at night. Symptoms always worse in bed. Sensation of coldness in the ears, continually. Morning diarrhœa

mostly of slime, before and during stool. Diarrhœa preceded by faint "sickish" pain in the abdomen entirely relieved by stool.

Dr. Bell, in his book on Diarrhœa, gives as the great characteristic of Mercurius, tenesmus and urging before, during, and after stool. "A sort of never-get-done feeling."

INTRODUCTORY TO THE BUREAU OF MATERIA MEDICA.

KANSAS STATE MEDICAL SOCIETY, 1896.

W. A. YINGLING, M. D., CHAIRMAN, EMPORIA, KAN.

Possibly no part of the book world has as many obsolete and valueless volumes, save as curios, as the allopathic. On the other hand, no part of this great book public has as many valuable books, usable books, really indispensable books written two or more decades ago, as the homœopathic. This fact alone should plainly indicate which of the two schools is "regular" and based upon unchanging law. The most valuable books of the present day to the homœopathic student, those that form the basis of all others, save only the newer pathopoeses of remedies, are those penned by Hahnemann and his coadjutors. When the author of to-day seeks the fountain of homœopathic authority, either for philosophy or the indications for remedies, he at once turns to the writings of Hahnemann and his recognized colaborers. The reason for this is not sentiment, but necessity. Law is unchanging, stable, and permanent. That which was a fact yesterday is a fact to-day, and will be a fact to-morrow. Time makes no changes in the warp and woof of Truth. In this the homœopathic has the greatest advantage over all other systems of medicine. The homœopathic indications of drugs never change, never become obsolete. There is no unlearning the lessons of yesterday, no need of forgetting the teachings of former years, unless, alas! the knowledge was obtained at certain so-called homœopathic colleges. We may and do learn more of remedies by experience, but the pathopoeses of the remedies never change. The

indications for Belladonna given by Hahnemann are as valuable and reliable to-day as they were when penned by the hand of that true philosopher and teacher. How different in any other department of science or philosophy! New discoveries make inroads into old beliefs, or the change in specific knowledge based upon newer facts changes the status of usable material. The allopath is the snake of medicine; he must change his coat every season. Yet there are some who pick up the cast-off garments in hopes of finding an easy way to cure the sick. The homœopathic materia medica is like the laws of the Medes and Persians, ever being added to, but never changing. The old books are the good books, and no one will willingly part with them, especially no one who has learned to rely on the Law of Similars in the cure of disease.

The Law of Potentiation is next in importance to the Law of the Similars. The exhibition of the miraculous power of many seemingly inert substances proves this postulate to be true. The question is not of high or low potencies, but of potentiation in the development or the liberation of the hidden curative power of substances and drugs. But for the recognition of this law our materia medica would be emasculated of some of the most valuable and indispensable remedies. Like the long-hidden X or Röntgen ray, with its power of penetration and effect upon the sensitive plate, the potentiation of drugs, with its equally penetrating and subtle power in bringing forth the curative properties of drugs, was hidden in the vast arcanum of nature till the mind of him whom we all love to honor was divinely led to its discovery. Like the X ray, potentiation may be incomprehensible, beyond the ken of man's mind, yet the results are as tangible and as wonderful. Were we constrained to reject all we do not comprehend, the bulk of our boasted knowledge and accomplishment would be relegated to the domain of fairyland, where the elfish glee would crimson the cheek of man's science and put to shame his boasted advancement. Man is an *a posteriori* being; he must accept the results of the law he finds strewn along his pathway, and from them go backward to discover the cause. His mind reasons from effect to cause in his

discoveries; he is limited to the tangible effects of law in his acquisition of higher knowledge. Whilst he is groping along in the darkness of his ignorance some happy chance opens the doors and invites him to enter the inviting field of the unknown. The wise and sincere holds in abeyance his judgment till nature plainly speaks the truth, whereas the simple and self-conceited rejects without a hearing and denies that which his simple and uneducated mind cannot comprehend.

There is a "something" in the substance behind the material, or in the material, that potentiation liberates and sets free. It cannot be that the comminution of the particles of the substance gives the added potency, else pulverization would be equal in its power to potentiation. Potentiation contains all that comminution can imply, but it goes beyond the domain of comminution, even where the microscope cannot follow. We are taught that the divisibility of matter is illimitable, and that matter cannot be destroyed; but may it not be possible that there is a point where the breaking-up of the atoms liberates that "something" which distinguishes the one substance in its being and effect from every other substance—its very life? The fact that potentiation is an unknown factor, or is novel, no more proves it untenable than the same fact proves the unknown quantity or X ray a myth. We accept the X ray (so-called because unknown) upon its results. The results of potentiation are just as tangible to those who have sincerely investigated it, and hence must be accepted by all true scientists. It seems strange that so many are willing to accept the assertion of several scientists, without even a passing doubt, as to the wonderful powers of the X ray, yet reject the positive experience and declaration of a very large number of equally veracious men as to the wonderful effect of potentiation.

There is a tendency with a part of the profession to reject the nosodes. They call them "nasty products" of disease, implying that the "nastiness" is administered, and yet forgetting that potentiation removes all the material as they claim. If the material is wholly lost in potentiation, then surely the "nastiness" is fully removed, and the nosode becomes as palatable as

the choicest remedy. Some who lustily reject the homœopathic nosode are eager to accept isopathic products, and insist upon the injection into the system of Pyoid and Pyogenic virus from the lower animals in the form of Vaccine, Antitoxine, Hydrophobine, and so forth. Surely pus or other products from the animal is as "nasty" as the same from man, and it is just as "nasty" to inject the product into the system by the medium of the skin as by the usual channel of the mouth. The snake poison taken by the mouth is innocuous and innocent, but when injected through the skin becomes venomous and a destroying poison. Who can assert positively that the animal product does not act in the same way? Is it not less harmful or injurious to give the nosode as other medicine is given than to inject the serum hypodermically? Then, again, the injection of the serum is palpably isopathic, whereas by potentiation the diseased product is so changed as to remove all "nastiness," and transform it into a harmless remedy with wonderful curative properties.

The scientific world to-day is very blunderingly stumbling along the path trodden by previous homœopaths. Their rejection of potentiation closes to them the only way by which they could derive any benefit from diseased products. Almost every product being investigated to-day by the so-called scientists has been potentiated and more or less proven or verified by the homœopathic school years ago. These scientists have met with failure, whereas the homœopathic procedure has brought success. Koch's lymph has been relegated to the shelf of unpleasant remembrances, notwithstanding it was hailed as the greatest discovery and highest blessing to suffering man within a lifetime, and the various serums will soon lie beside it, whereas Tuberculinum, Diphtherinum, Anthracinum, Scarlatinum, *et cetera*, are being used more successfully and extensively than ever before.

We can give one rule for the administration of unproven nosodes. To be sure, *it is better to properly prove each one according to the direction of Hahnemann.* That is the only proper way, but it would not be wise, in my estimation, to reject those

not thoroughly proven. We should hold on to them as most useful weapons against disease in hope that the time may come when, by verification, clinical experience, or proper proving we may use them not only more intelligently, but more extensively. Nosodes like Tuberculinum, Medorrhinum, Luesinum, Psorinum, Pyrogenum, and a few others, with more or less perfect provings, we can apply to the cure of disease according to the instruction of Hahnemann in *The Organon*, and with marvelous success, by their pathopoieses, pathogenesis, and verifications, but with Scarletinum, Morbilitinum, Erysipelinum, Verrucinum, and some others, not proven, and with but little or no clinical verification, we must seek another way, especially as there is gold in these mines that should be brought to the surface. In carefully considering this subject in the light of pure Homœopathy, and being opposed to the empirical use of any remedy, whether a nosode or a drug, yet desirous of investigating the homœopathic nosode, I came to the conclusion that *those nosodes having known marked and prominent symptoms*, though few, could be used in cases where *these symptoms are prominent*, but those nosodes without known symptoms could only be used homœopathically in the cure of diseases in one class of cases.

The following case will better illustrate the use of unproven nosodes than any attempted explanation. In this illustration I select a case wherein one of the least known and used nosodes was administered.

Miss McC., æt. forty-eight ; rather dark.

Desires to be relieved of her excessive constipation, which, for the last few weeks, is very alarming to her.

Has taken much physic and Quinine. The tongue is very white and clammy all over, thicker behind. A very bitter, nasty taste. Menses are about normal. Some indefinite leucorrhœa. Has had a number of lymphatic tumors removed from above the clavicle and in the axilla during the last eighteen months, and now others are growing to her alarm. Two years ago she had her right breast entirely removed and a tumor from the right axilla. A yellow dry scab on the cicatrix of the breast. Red eruption over chest, worse when warm. Pain on

top of left shoulder, worse on deep breathing. Tremor of hands. Keeps neck warmly wrapped up in flannel; without the wrapping chilliness and pain in the neck. Had nervous prostration years ago. Extremely nervous, much worse since the surgical operation. Chloroform produced palpitation of the heart. When tumors were removed Cocaine was used, which caused dryness of mouth and nervous jactitations. The father had cancer of the lip; about a year after the removal of this supposed cancer, lumps formed on his neck and about it; in a few months the lumps all disappeared under local treatment and "went to his lungs," resulting in his early death.

The patient before us has cold and damp feet up to the ankles. Sweats all over at about four o'clock in the morning when awakening; sweat has been quite warm for several mornings. Thirsty for a quantity of cold water. Dreams usually pleasant, but disagreeable for the past few nights. Feels rested when first arising in the morning, but tired and weary by breakfast time. Face in the morning looks greenish, with purplish spots. Fats disagreeable. Sours aggravate pains in the stomach. Sweets sicken. Painless corns. White spots on nails of hands. Gets out of breath, difficult breathing, on exertion; must move slowly for several years past.

When about twenty her back was very weak, with the sensation as if the vertebra were sliding over each other; applied a strengthening plaster; when she pulled it off by force on account of the itching and burning the skin was broken; following this was great swelling, inflammation, burning, stinging, itching, and redness over the place where the plaster had been. The erysipelatous inflammation extended over back and around the body, involving the eyes, ears, and the face; the eyes were swollen and closed. Various applications were made by the allopathic attendant with no amelioration. A neighbor applied Sulphur, Tar, and Lard with amelioration within an hour, and rapid diminution of the erysipelas. Following this suppression pimples came on the face and elsewhere, and were doctored with sugar of lead; these pimples continued off and on for about three years when they finally disappeared by the con-

tinued use of the lead solution. She has been a chronic sufferer ever since she had the erysipelas. A year ago she took for a full year, three times a day, the one-hundredth of a grain of Arsenic, which caused a whizzing in the head, and pain in the occiput; she felt sick after each dose. Three years ago she took daily the Iodides of Potash and Iron for seven months. She also swallowed seven bottles of Ayer's Sarsaparilla, and yet continued the existence that had no charms for her. Six years ago she had the la grippe, the whole neck and jaws were sore, the jaws locked for a time. Jayne's pills and the inevitable Quinine was the treatment. The allopathic doctor, in sheer desperation, advised "some kind" of liniment to be applied to the sensitive glands, and *she* selected the wonder-working Centaur, since which time has come all the glandular enlargement.

She always coughs when lying on her back. She likes company, and to be moving about slowly. When feeling very sick she wants to be alone. She used to bathe every day, but now only once a week, and feels that she should bathe more frequently, as she "smells her body," which is very disagreeable to herself. Appearance somewhat unclean, yet she does not like to wash.

Ry *Erysipelinum*^{dmm} (Swan), one dose dry on the tongue.

The third day after she reports amelioration in every respect, feeling better than for a very long time. Following the exhibition of the nosode an old headache returned for two nights, and every place where an operation had been performed ached and felt sore for a short time. A severe toothache lasted for nearly forty-eight hours, and then passed off without treatment. Sleeps well and feels more refreshed. Hands and feet feel warm, which is a great change for the better. Stool normal, bowels moving each day. This is wonderfully encouraging to her. Ate an apple with pleasure; before she could not eat them. Now has some itching of the shin-bones, worse at night and worse scratching. Looks and acts better in every respect.

I might add that it was not faith nor the effect of taking something that brought this change about. It required several visits to get the history and totality of the case, and during this time she was taking Placebo. Following the administra-

tion of the nosode the improvement began, and, according to all precedent, the good work must be attributed to the action of *Erysipelinum*.

As no one remedy was clearly indicated, it would have been but guesswork to have given any particular one. A large number of remedies might have been selected according to the view-point of the prescriber. In this case surgery failed to accomplish anything, and it would have been more than useless to have done more cutting in hope of even palliation. That the nosode given was the true remedy is proven by the results. The reasons for the selection of the nosode were three: First, because there was no clearly indicated remedy. Second, to have prescribed on the last sick condition would only have been to palliate without reason to hope for a permanent cure of the chronic condition, which was the cause of the acute. Third, the whole condition was evidently the result of the suppression of the erysipelas years before, and if that poison were antidoted the effects must be removed.

One of two results will always follow the administration of a nosode under the above conditions—the case will either be cured permanently of all trouble, or it will be so developed as to plainly point to the curative remedy.

I do not advocate the promiscuous and indiscriminate use of any nosode or remedy. *The law governing the selection of a remedy must be followed so far as possible.* When a case is so obscure and complicated as to prevent the application of Hahnemann's directions in the selection of the simillimum, or when several remedies seem nearly as well indicated, and the cause of the disease can be traced to some suppression, or the patient has been unwell since the suppression of some disease without clear indications for one remedy, then the administration of the nosode is not only admissible, but demanded by the nature of the case.

In such a case, if the cause cannot be traced to a suppression of some disease, but can be, by present symptoms or the sickness following the large use of some allopathic nostrum, to a *drug disease*, then the antidotal treatment must be utilized. That the

very high potency will antidote the *poisonous effects* of the same crude drug is true, is now beyond question to my mind, for I have antiodoted the results of allopathic drugging with curative effect, and other credible practitioners have had the same experience. Experience speaks louder than opinion every time.

Homœopathy is a science, and the only proper way to become proficient in its application to the cure of the sick is to study and master its philosophy. A man without a streak of philosophy in his make-up has no business in the homœopathic ranks. The true homœopath must be a philosopher, or, at least, be able to view the subject philosophically. The successful homœopath must be able to view and grasp principles, to discriminate, to weigh evidence, to see the relation of things and decide upon cold facts without bias or prejudice. Without this philosophical mind he will either become a bungling pathological prescriber or a mere symptom-coverer, neither of which is a homœopath in the true sense of the term. The true homœopath is not tied down to biased isms or preconceived opinions, but to principle and rational experience. He must have a clear head, an unclouded mind, a discriminating judgment, and a philosophical memory ; that is, a memory that retains principles and conditions, the genius of drugs, rather than isolated symptoms and crude pathopoieses.

The homœopathic materia medica is the great spook to frighten the pathological prescriber, but like Banquo's ghost, it will never down ; it must ever be the first desideratum to the follower of Hahnemann, if he desires success. It is not so formidable when properly considered. To such a mind as we have ventured to suggest as essential to the true homœopath, it becomes the pleasant pastures and sparkling rills beside which he can feast in comfort and ecstasy. Herein he rambles to the satisfaction of his soul and quaffs the cool and limpid waters of a perpetual delight. It is his meat and drink, and will become his success and fortune.

The best prescribers are not those who can quote the most materia medica, but they who can apply the most. We have too many parrots who glibly repeat what they have learned by

dint of hard and persistent application, yet without intelligence and mental grasp. The true homœopath tries rather to comprehend, to mentally grasp the ideas conveyed, than to remember the language, and then when he sees the picture of the disease before him on the bed, or in the office chair, the association of ideas, in accordance with true memory, brings before the mind that other picture contained in the drug. It is the pathogenesis developing the photo of the pathopoiesis. One hour of comprehensive study is equal to a whole day's memorizing. That which is memorized will gradually fade away and become so indistinct as to be practically useless, but the comprehensive assimilation of ideas and facts will become an indelible picture ever responding to the magic touch of the clinical button.

VITAL NOURISHMENT AND SIMILIA.

WILLIAM L. MORGAN, M. D., BALTIMORE, MD.

(Read before the International Hahnemannian Association, June, 1896.)

The earliest history we have of our race is given by Moses, and is supposed to go back to about six thousand years ago. When God created the world and all living things He did not tell how He did it, or what material He used, except that He said He made man out of the dust of the ground. And we would add that at first, after being created, man was still of the ground with an unconscious life as vegetable life, drawing support from the mother earth, incapable of self-support or self-mobility, but with the germ of life, consciousness, and intellectual faculties. When God saw what He intended to be the most perfect of creation lying silent and motionless on the mother ground, He opened the inert nostrils and "breathed into him the breath of life." And then and not till then did "man become a living soul." Then God looked at him and said: "I have created man in my own image."

In the Vedas there are many things corroborative of this statement, excepting the dates, which, in Hindoo chronology, reach many hundred years farther back into pre-historic times,

long before the day of stenography or even written languages. Therefore we have reason to give credit to this account. After the knowledge of the manner in which man was created remained in the safe-keeping of the Creator's memory for nearly three thousand years, while men were multiplying, learning, making languages, and inventing writing material, then God appeared unto Moses and made him His amanuensis to record, as He dictated, how it was done so many years before. When we carefully compare the different stages of conception, birth, growth, and maturity of man individually, the woman's physical body, which is composed of the dust of the ground and prepared by the hand of God to receive the conception in the womb—the matrix—which is supplied with the various organic and inorganic elements in proportions, purity, and fineness necessary to be used in building and forming the body, we can see all these elements coming through the living mother's circulation, preparing the embryo when the work is all complete, and at the time fixed by God to take on animal life. It may be observed that in all the period of gestation this new being has no independent life of its own, but is entirely dependent on the life of the mother, as the young fruit is dependent on the parent stalk for its life and growth. The material necessary for this life and growth comes from the dust of the ground through the mother's nourishment and circulation, as God says in Genesis ii, 7: "And the Lord God formed man of the dust of the ground [he was now formed as an image, but not alive and not yet man]. And He breathed into his nostrils the breath of life. [Then] man became a living soul." Thus it appears plainly that man [Adam] had no life or soul till his nostrils were opened and the breath, the air, was forced in and the lungs inflated with atmospheric air, the foramen ovale closed, the circulation established independently of the mother earth, and he became sensible of and sensitive to external contact and impressions, which could not be until all the physical organism had been ready, everything complete, so far as the material is concerned. Then God breathed into his nostrils the breath of life—life from God—and immediately he ceased to be an inert,

inactive, ponderous mass of flesh and blood, but a living soul. Thus we may clearly understand what God meant when He said to Himself before man was that He intended to create "man in His own image." He meant man was to be a living soul.

The foetus in the womb ready to be born is the living organism, but not sensible of or sensitive to external contact or impressions and surroundings. When it passes that critical ordeal of birth, it is not yet a living soul or man. It still lacks the important element for which all these mechanical preparations have been made. And the nostrils are opened for the influx of pure atmospheric air, which gives combustion to the tinder of this delicate organism, and it becomes a "living soul." An automatic, internal spirit, exercising dominion over and giving power to the otherwise inert structure—active spirit, pure and innocent, the image of God.

The reader will hardly fail, from the above, to clearly understand that consciousness, the senses and sensibilities, mental faculties, the power of locomotion and reasoning, commence with the first inhalation of air into the lungs, and continue to perform their functions, except when part of them may be suspended by disease or accident, so long as the breathing continues. But when the nostrils cease to receive and transmit to the lungs the breath of life prepared and kept in readiness in inexhaustible supply—the atmospheric air—then, consciousness is at an end. The senses are gone. The active limbs and brilliant eyes cease to charm, and the process of decay at once commences, and the body returns to the dust from whence it came.

While breathing continues, the breath of life continues to sustain and nourish the living soul—the inner man—that runs the machine, the material man that works the jaws and lips, rules the tongue in masticating the food, opens the ducts, and supplies the digestive fluids, and the entire process of preparing the material necessary to support the external or visible body, the inert part of the being, the tenement for the dwelling of the living soul—the man.

Thus we see according to Revelation that the body, the material part of man, is composed of substance from the ground and the life (soul) is composed of something from the atmospheric air.

It now becomes interesting to view the composition of man according to our own knowledge of things at the present time, and view man as an animal.

There is scarcely a mineral or salt found in the earth which is not found in the animal composition. In the great variety of vegetable and plant foods the same obtains; all substances in the ground are in solution mixed in the soil. The roots of plants ramify in the soil, draw water from it containing the mineral solution which is taken up the stalk to the branches, leaves, flowers, and fruit. By this route it passes through the mysterious processes of refining and adjusting the proper proportions and quantities to make perfect fruit, and after receiving the breath of life through the leaves (the lungs) of the plant, it is then prepared to take on plant life, and to become a part of the stalk or of the fruit, flower, or germ of fruit according to its kind, each according to its own individual species. When matured, it is in readiness to commence the further process of animal digestion. Prepared in Nature's laboratory in exact proportions and qualities, the plant is endowed with that property unknown to material chemistry, but which is plant-life—that property which gives to each species of plant its distinguishing, characteristic differences from each other in growth, taste, and smell, color and uses as animal food or shelter. In this it may be seen that Nature's laboratory is thoroughly equipped, and utilizes re-agents that the modern scientist has yet to discover.

We find in the animal growth a much more complicated but not more perfect chemical arrangement in the process of mastication and digestion, or the process of taking from the plant and fruits the substances suitable to nourish the animal body, which is controlled and managed by the life which is nourished from the air breathed.

The anatomy and physiology is supposed to be well under-

stood, as well as the process of digestion, but the part performed by that occult force called life is as little understood as that of crystallization or the magnet, or how a cathartic causes an action of the bowels, and even less, of how a high potency, low potency, or crude drug can cure.

One ignorant of Homœopathy objects to it, saying : " I cannot believe in it, for I cannot see how such small doses can cure." Ask him if he can tell how large doses cure. He will answer : " I do not know, but I have always been used to that way." Ask him if large doses cure at all. He is apt to answer : " I do not know." Ask the microscopist how a drop of water turns to ice or freezes. He says : " I watch the process, I see great activity in the water, and all at once a crystal formed and then another, and they join together, and so on, but can never see the operation of formation." In that I see the mysteries of Nature working in secret right before my eyes, and yet cannot see them nor comprehend them.

See how mysterious Nature's processes are to the vision of the materialist ! But let us compare what is readily seen in the various parts and the effects produced, and take deductions by way of reasoning and find a conclusion as to how it is performed and what agent controls the operation.

If an animal fails to eat food according to its nature, and the nature of the substance from the ground prepared by vegetable digestion and life, or fails to digest it after it is eaten, it will surely dwindle away and die in a longer or shorter time. If it ceases to breathe, life ceases in a few minutes. Thus we see that life cannot exist and govern all the functions of the body without the constant supply of air, and we must understand that the purest air is required, and that impure or adulterated air cannot be nourishing food for life, and that life badly nourished must fail to perform its office. As the air is invisible, the only way that impurity of the life-food can be made known is by the debilitated and deranged condition of the material organism, which is known to indicate a departure from health. Such symptoms are grouped under names of different diseases.

As the air we breathe nourishes life, and after it has been in

the lungs and exhaled is then not only unfit to be used again, but really inimical to the natural life, there is therefore a necessity of a continuation of a fresh supply for each succeeding inhalation to insure good health.

Swamps, lowlands, and places shaded from sunlight with vegetable and animal matter in a state of decomposition, produce gases containing many properties that are inimical to life. These gases rise and permeate the air at an altitude regulated to their relative density, and the atmospheric pressure where they perhaps may be and are breathed with, and in place of pure air, producing their debilitating effects called disease upon the system, the miasmatic and malarial diseases of lowlands and marshy places.

This leads us to consider the great variety of lives and life-force, and we see that while these miasms are inimical to human life, they are essential to reptile and many forms of insect and microbe life. The latter cannot live without them. They are like the man in the fable who lived on poisons. They live in and flourish on these emanations that are disease and death to man and many of the higher order of animals. They are their life-nourishment; while they are to man disease-vitality. Hence, we claim among the many vital forces one called (though an apparently contradictory term) disease-vital-force (*Organon*, Section 7), which sustains reptiles and microbes and poisonous plants.

From this it appears plainly that each species of animal has a life-force of its own, which is subject to the encroachment of other forces which carry a blighting and destroying influence (disease) with them. Vegetations of various kinds have such forces, and are nourished by the various miasms that mingle in the air. They grow and flourish, and we call them poisons, and through all history we have used such herbs as medicines. And they are that which we find so valuable in potencies for curing the sick on principles of similia, as the virus, or disease-vital-force of the animal and insect creation. For those morbid, vital principles are by air charged with morbid miasms, which are deadly to man, and other

higher animals, but when potentiated become curative in case of sickness.

Do not accuse me of pretending to offer new ideas, for they are not new. We commenced at the creation in sacred history, and we will now come down to a time in history when Jesus the Christ was walking through the tombs and met a lunatic who was a terror to the people, and the devils recognized Jesus and cried out, when He said: "What is thy name?" And they said "Legions, for we are many." By this we see that there were a great number of devils (diseases) in him. The same devils went into the swine and destroyed the whole herd. Perhaps hundreds, and each hog had his devil. Then think how many devils (diseases) may be in one man! And when they were out of him he went his way clothed in his right mind.

Again in his travels, Jesus found some of His disciples trying to cast out a devil and they could not. They appealed to Him, and He said: "This kind can only be cast out by fasting and prayer." In this it may be seen that a variety of devils (diseases) was recognized by Christ. And whenever He cast out devils (healed the sick) they went away well. Even Mary Magdalene, out of whom he cast seven devils, was healed. I suppose it will not be difficult for the reader to see with me the relation between the devils of that day and many nervous and painful diseases of this day.

In the first instance, the lunacy-disease, or devil, was invisible, but intelligent, able to talk and ask permission to go into the swine and make them mad to their own destruction, yet they obeyed the command of our Lord.

Again, in all cases where Christ healed the sick He forgave their sins, and health was restored. This shows that sin, a violation of the laws of health, debilitated the sinner—that sin entered and took up its abode in him, and posted on the outside the sign of the tenant, disease, or devil, with the marks of violated laws of health.

With this view of the "spirit-like vital-force" (natural life), and the spirit-like vital-force of disease, the next thing to be

considered is the etiology of disease, and simillimum. Living in places and conditions where the air breathed is contaminated and charged with the vital principles suited to nourish poisonous plants until it is deprived of the natural vital nourishment, and consequently starves the life, and leaves it debilitated, the enfeebled life, after eating the usual amount of material food, is unequal to the work of digesting and assimilating so much material necessary for the building of tissues, and as a consequence great debility follows. In this depraved condition the morbid force designed for other purposes enters and commences its work. If it be that intended for Nightshade, nothing is known of it by smell or taste, but we may know what it is by the symptoms it produces, being a true copy of the Belladonna, and we know it is caused by the same spirit-force that gives the character to that plant. Then in the process of potentiating the juice of the plant, this morbid vitality is set free from its material base and incorporated loosely with the menstruum, and administered to the sufferer. It pervades the system like the spirit that it is. Either by affinity it absorbs the disease-vitality, or by magnetic attraction, or repulsion, or some other undiscovered law of Nature, drives the disease away. This may explain the similitude of any other remedy to disease.

When the disease emanations from other sick subjects mingle with those that have already depressed the vital-force, complications come in ; when the symptoms must be taken into totality and compared with the symptoms of whatever drug will produce such a set of symptoms. By that means we find the drug that contains the morbid force capable of producing morbid symptoms similar to the case to be treated, that sustained and nourished the disease vegetations or microbes in the sick subject—the cause curative action as in the above methods.

Leaving the paludal districts and other unsanitary situations with their proportion of sources of life-giving and nourishing as well as disease or life-destroying properties, let us examine the higher altitudes and celestial regions, and reflect awhile on the situation.

The influence of the great electric system in keeping the atmosphere in a constant agitation, as in winds, whirlwinds, and cyclones, mixing the air of the higher altitudes with that of the lower valleys, driving the foul air from paludal districts and the crowded cities and replacing it with the fresher and purer air from the higher regions, with its rich supply of fresh vital nourishment to be breathed, the vital part consumed, and the residue exhaled and carried away to give place to the ready fresh supply, is evidence of the great perfection of Nature's arrangements. And what the citizens of St. Louis now consider their great calamity is only an extreme action of the great source of health, happiness, and comfort of all living things. As in a vacuum life cannot exist, neither can it in a pit or close room filled with devitalized or once breathed air or foul gases, even disinfectants.

The Röntgen discoveries, the production of the deeply-penetrating ray in the vacuum (the ether in Crookes' tubes) and the dissolving or separating of the solar rays by the spectroscope, have opened the field for discoveries of the working of the occult forces.

The solar rays, emanating from the great electric centre, pass through the ninety-five million miles of space (ether), come in contact with the outer surface of atmosphere, which is supposed to be so rare that it makes no refraction, but passing further comes in contact with the higher strata of the high white clouds so familiar to our own view, which are composed of frozen mist, each particle of which, being a refracting body, and the cloud of small refracting bodies is dense enough to throw a shadow on the earth. That shadow has an influence on the lower clouds which are not frozen, but are watery mist, and equally capable of dissolving light and separating the rays, as seen in the rainbow. Some of the properties of the different rays (colors) are known by the effects on animals and vegetable growth, and many more are yet to be found out. When clouds are heavy and remain so for many days, the well-known effects on nervous and rheumatic subjects are acutely visible on the mental and physical functions. Plants grow pale and stalks

slender. In clear sky, when the solar rays come to the earth unobstructed, all Nature rejoices; mental faculties are clear and all is bright and happy, pains and aches subside, plants take richer, deeper colors, and the stalks grow thicker and stronger. The individual character, as taste, smell, and other properties, are more marked; the animals which, under clouds, were dull and inactive are bright, active, and playful in the sunshine and open field. This should not be considered the direct effect of light, but the changed condition of the air, which will be explained further on.

It has been reported that when the head is exposed to X rays for a considerable time there is produced a very depressed and unpleasant sensation supposed to be injurious. Hence is it not reasonable to conclude that the light coming in contact with the clouds, the brighter rays are refracted and the irrefrangible X, or dark rays, penetrate through the clouds, and deteriorate the life-giving properties, and cause the blighting effects, both seen and felt in animals and plants, rendering both so susceptible to disease (morbid conditions generally). Perhaps the X rays thus formed killed microbes, which are so essential to animal health and comfort, as they do in the culture tubes. And the undivided rays warm the vitalizing properties of the air, expel the surplus moisture, and leave a pure air that nourishes animals, vegetables, and even microbes, and sets free the life-force that sustains health, growth, and especially develops the distinct individuality of species.

During cloudy weather, the density of the air is much reduced, and again the great amount of moisture displaces a large percentage of the air, so that in ordinary breathing the lungs get too much water and not enough of the life-nourishing pure air; while in clear weather there is greater density and less water, and from these conditions, a very greatly increased proportion of pure air warmed and made more volatile or subtle by the sun's light, goes into the lungs and carries with it equally larger amount of dynamus—the life-nourishing principle—which, through the sympathetic system, promotes circulation, digestion, assimilation, and gives both to the muscle and intellect greater

activity; in short, health and greater power to resist the encroachments of disease.

Two years ago the irrefragible X ray was unknown. By an accident it was discovered, yet it had existed from the beginning. Two years ago Argon, an element in the atmosphere, was not thought of, but now it is known. At one time the planets appeared to move strangely to the astronomer, by their movements he calculated the locality of another planet. He searched in that region and found it there. From the signs of the weather, the time of the day, the shapes of the hills, valleys, and track in the mud or snow, the experienced huntsman knows just where to find the game.

From all the symptoms of every kind that indicate a departure from health with the character of each symptom, the skilled homœopathician can find the curative remedy for his patient, and by its use can remove the disease-vital-force that produced such symptoms—that is to say, cure the sick.

From all this we conclude that there is an element in the atmosphere separate from or loosely connected with the material elements—Oxygen, Nitrogen, and Argon. This element is much finer, more subtle, and entirely beyond the ken of any known means of analysis, even more subtle than electricity, magnetism, or gravitation. This force is recognized in Hindoo philosophy. It is perhaps the greatest of all the great forces of Nature, and this element is the food derived from atmospheric air that nourishes plant and animal life as well as the mental and intellectual faculties—the power that moves the physical organism, and when the air is so filled with vapor or impurities of any kind as to displace a large percentage of this force, the starving life becomes weakened, and disease enters and makes itself known by morbid symptoms. The simillimum in high dynamitization (only a vital-force, no material) in small doses properly used, soon removes the intruder, and makes its presence known by the removal of symptoms and the speedy return to normal health (antagonizing vital-forces).

From the above illustrations, the reader may see and embrace the idea how the body is formed, and that the waste substance

is replaced by material from the dust of the ground ; that Nature has provided ample and proper processes for the preparation and adaptation of that material to such use through plant growth (plant digestion) ; that chemical or artificial preparations will not answer the purpose ; that without life-force the material body is inert ; that life cannot be retained in the body and sustained in its office without a constant supply of the vital part of the air ; that this vital element being displaced by morbid vital elements in the air breathed renders the system susceptible to disease-action, and disease-action makes itself known by impressions on the organism called signs of disease ; that through the vital-force remedies remove disease-vital-force, and aid the natural life in utilizing material matter in restoring the damage done by disease to the organism ; that a remedy to be curative must be a spirit-like vital-force similar to the disease-life in the sick ; that potentiation of remedies releases the life-force from the material of the drug, and holds it loosely in the menstruum ready for use ; that invalids always suffer from a badly nourished vitality and a poorly sustained body.

Hence, for the care and cure of the sick, secure a proper temperature and surroundings ; and abundance of pure air to breathe. The true simillimum properly used, and the well-nourished life will utilize the food and attend to nourishing the physical system.

HOMCEOPATHY AND SURGERY IN THEIR RELATION TO GYNECOLOGY.

ERIC VONDERGOLTZ, M. D., PROFESSOR OF GYNECOLOGY.

(A lecture before the Summer Class '96, delivered on special request at the Metropolitan Post-Graduate School of Medicine, at New York City, Saturday, July 18th, 1896.)

LADIES AND GENTLEMEN :—By your special request I will here give a picture of the treatment of gynecological cases regarding pure medical dosage and the dividing of clinical material between pure medical therapeutics and surgery.

Let me speak first of the medical treatment ; the selection of

the homœopathic drug in my clinic here, is in conformity with the method of von Bœnninghausen's *Pocket-Book* edited by Dr. T. F. Allen.

As you all are familiar with the demands of the materia medica regarding symptoms, localities, and modalities, you will consent to the fact that the selection of a remedy covering all symptoms, or at least the greater portion, often will prove extremely difficult.

The want of a helping index for such a symptomatological dilemma—already felt in the first decades of Homœopathy—was successfully overcome by von Bœnninghausen, the most brilliant pupil of Hahnemann.

When I began Homœopathy I learned the key-note system, but by no means was I satisfied, as the plurality of failures caused me to wish for a better and more reliable system.

Finally I became acquainted with von Bœnninghausen's system, which means that all localities, all symptoms, and all modalities shall be registered according to the numeral qualities as given by the author of the *Pocket-Book*.

In many cases I met with unforeseen results, but very often this system also failed.

As I saw that no other system besides the two just mentioned existed, and thinking that in von Bœnninghausen's system, now before the homœopathic profession for nearly one hundred years, the tedious working of the cases was not forgotten and pushed to the wall, I began to try to find the reason how these failures of mine could happen.

More than in any other branch of medicine the gynecologist must deal with reflex ailments, for example I had to deal with paralytic face-atrophy, throat troubles, hemiplegias of uterine origin, which quickly vanished and were cured by having struck the right remedy for the sexual zone. This caused me to single out in my gynecological cases the primary pathological seat of the disease, furthermore the principal gynecological symptoms and modalities.

With only these data I began to work out the cases, as I could notice, that if I registered facial troubles, etc., the plural-

ity of secondary symptoms finally overwhelmed the gynecological zone in regard to quantity, and especially quality of remedies, so that, especially in one case where after having worked the gynecological case in my way, and gaining as the highest remedy Platinum, which remedy was given, and which cured the case in short time, although the found remedy after having taken in all and all symptoms and localities differed materially from Platinum, viz., Nux-vom.

The interesting facts of this case with Platinum and Nux-vom. are these—that the clinical features claim both remedies for facial neuralgias, but as we also know that Nux-vom. belongs to the class of so-called idiopathic brain and nerve-drugs, where Platinum in its most absolute prominence belongs to genital idiopathic affections with a certain predilection for the female sex.

I believe that just this observation can be given as a clinical proof for the necessity of specialists in the homœopathic school, as the specialist must select the cases belonging to the domain of his special field by proper physical examination and special diagnosis.

The foregoing case had gone through the treatment of different homœopaths of excellent standing without any beneficial result. Many a time in working after von Bœnninghausen's method, we will see that all symptoms, and especially the most necessary ones are not found in the small *Pocket-Book*, or we will come to the uncertainty of finding not only two, but six remedies of more or less equal value.

In all these cases it has proved rational and successful to add such not-mentioned symptoms from T. F. Allen's general symptom register of pure materia medica, that finally enabled me to get one remedy as the highest in value.

Besides this manner of working out von Bœnninghausen's method, I was lately forced by necessity to dispose of my enormous clinical material, to use a somewhat more simplified way. I call this manner the elective way—that is, that from other prominent secondary symptoms and localities—if sharply defined—I gather very well-known keys. This seeming par-

adox is explained by the fact that certain remedies correspond to certain maladies, and that herein again a certain class of symptoms will be mentioned by the patient with a nearly mathematical exactness; these circumstantial points are now the best affirmatives for the remedy in quest. For example, in one case, sent from the Throat Hospital in Twenty-third Street and Third Avenue, I could effect a cure of very complicated gynecological ailments in considering the throat. I was considering among other remedies—Causticum, and now this Causticum fully cured her parametritic exudation of the right side. This elective method is rather unreliable, and only justifiable by circumstances, as for administering in large clinics, etc., but I must warn you positively not to indulge in this method privately, where time will be at your disposal.

The record of the clinic in May and June states that the time allotted to each patient was six minutes; if now in this short time personalia, symptoms and history, physical examination, diagnosis, and finally treatment with the dictated translation to the existing physician is done, very little time can be allowed for materia medica, especially where students wish to be shown all possible phases of gynecological diagnosis.

Ladies and gentlemen, you have seen my clinics, and you have witnessed my methods; you can judge for yourselves the efficiency of the application of therapeutics in this clinic.

It is now that I must speak about the reciprocal relation between materia medica and surgery—based on Hahnemann's *Organon*.

One of the earliest and most vexing questions I encountered when turning to Homœopathy, was to differentiate between the knife and the remedy.

On one side I could see that the gynecologist, more or less, lost all sympathy with materia medica, and became a pure and simple surgeon; on the other side the homœopath, while putting aside any and every pathological macroscopic fact, lost himself in dreamland—became a faith-curer through lack of diagnosis and physical examination.

It was, therefore, for me as a beginner, not easy to remain indifferent, and to find out the trouble impartially.

And now I will describe how finally I attained a certain mode of discriminating.

Leaving all authors and all books out of this present lecture I will refer you merely to the cases at the clinic of the post-graduate.

When I took charge of one of the three gynecological departments in 1894, I was very anxious to execute my office so as not to offend the homœopathic feeling of any one by my way of treating the individual case.

Not to err in one direction nor in another, I laid down the rule to consult closely Hahnemann's *Organon*, reasoning that in reliance on this corner-stone of Homœopathy I could stand any criticism.

In every case coming under our observation we must make an inquiry in the following manner: Personal complaints, physical symptoms, prominence in either direction. By this analytic way we gain an understanding of the gravity of the disease. This finally gives us a better understanding of the anatomical facts in their influence on the organisms.

The best illustration of this will be found in the twofold treatment of prolapsus of the genitals.

Here we see the homœopaths divided in two sections, one claiming the absolute necessity of surgical interference, the other most emphatically denouncing any and every surgical procedure, recommending only the potentized drug.

Immediately the question arises—What treatment is right?

My observation in this puzzling state on the hand of the foregoing method, led me to the following result, *that both sections of homœopaths were right and both were wrong at the same time!*

The close examination will easily divide prolapsus into certain groups, which again, according to predisposing moments, either going out from the reaction of the organism in toto, or going out from a noxious local cause, which either again is

constituted by a passing weakness (locally or in general) or finally is effected by a material damage.

It will be understood, therefore, that without following any further the many under-divisions of prolapsus, *the treatment can be neither absolutely medical nor absolutely surgical in toto.*

Furthermore it must be added here, that the shorter or longer time in the existence of prolapsus in its consecutive states, namely, hypertrophy, it never can and never will be judged at once as to its importance. If we are now following up prolapsus in all its movements, we will easily find *when to operate and when not*; therefore we see so often cystocele and rectocele reappearing, not as a proof of the so often misjudged efficiency of surgery, but as demonstration of an inaccurate diagnosis, based on a faulty physical examination.

In the same sense we must penetrate into the minutest details of leucorrhœa, laceration of the cervix, fistulæ, perimetritis, etc., etc.

To this point, more or less, I believe that every homœopathically thinking gynecologist will consent to my deductions; but I further believe that the same governing rule—as to this point observed—will hold its position for the question of major operations.

We must ask how far the vitality of a concrete case is endangered by the existing disease, to warrant an immediate interference with the knife; furthermore we must see to the nature and the danger of the disease, as in treating a certain disease—myoma—by drugs, with the reservation of a possible operation later on, I have seen results exactly as you are now witnessing the final steps in such a myoma cure.

Finally, I treat every case, and even those which only can be treated successfully with the knife—intraligamentous tumors—homœopathically, for the repeated experience that in every advance homœopathically treated case shows a vitality to resist shock, sepsis, etc. This point especially, if known to the homœopathic profession, I have never found deservedly mentioned. Again, in all cases where the imminent

danger is proved, no time must be lost, as in large tumors, twisted pedicle, intra-abdominal hemorrhage, etc., etc.

Hahnemann in his *Organon* writes: "*The sensible physician will extract irritant particles causing inflammation of the cornea.*"

Here at this place I must most emphatically protest against certain teachings of the materia medica, that the homœopathic physician reads under *Ignatia* "ovarian hemorrhage, with sighing and sobbing, faintness, despondency."

I must remark to such a passus that it is impossible to diagnose ovarian hemorrhage. An ovarian hematoma—if not ovarian gestation—has *a priori* no symptom, and is therefore clinically in the sense of symptomatology of no consequence—and where symptoms should occur, so these symptoms will be those of a life-endangering hemorrhage; and here again the golden words of our Hahnemann of a century ago tell us what to do: "*The sensible physician will avert the danger of a hemorrhage by exposing and tying the wounded artery.*"

Here in this place I cannot refrain from making some remarks about the disease called appendicitis. I do not doubt that the immediate danger will be greatly checked by the indicated remedy; but how about the complications with salpingitis, etc.? How about the prognosis *quad vitam futuram*? "Crush a calculus, remove Belladonna berries" are again Hahnemann's words.

To sum up, I am following these rules:

1. That chronic cases, without endangered vitality, must be subjected to a fair trial of medicinal treatment.

2. That chronic cases must, by repeated physical examinations, be sharply classified for either medical or surgical treatment.

3. That every chronic disease rationally demanding a surgical interference, must be treated homœopathically, according to existing symptoms, before the operation.

4. That every suddenly-appearing danger to life must be treated according to the anatomical cause and origin.

With full deliberation I left the treatment of the malign growths until the present. My own observations in private

practice and in my clinical work, and moreover the careful observation of the results of other gynecologists, have decided me to formulate the following rule :

Never to operate *a priori* on new growths recognized as malignant ; the wish of the patient should be the only cause of interference. Just now the report of one of the foremost gynecologists of New York city is in my hands, showing his absolute negative results in curing malign growths. I have no doubt that this statement of Dr. Paul F. Mundé, whose books are in everybody's hands, will be fully believed, that all his extirpations for malign growths performed in his twelve years' service at Mt. Sinai Hospital were failures, that these patients suffered later from recidivus.

Ladies and gentlemen, I hope to have been able to show you the two-fold position of the homœopathic gynecologist at the present day, to discriminate between medicine and surgery, to be physician and surgeon in one person !

Let us again remember Hahnemann's words :

"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 healing art."

Ladies and gentlemen, I now close my lecture regarding the rational treatment in gynecology ; but it must be remembered that I owe all my results in the clinical practice, as also the foundation for my standpoint, in the full recognition of medicine besides surgery, to the teachings of Professor T. F. Allen from his *Organon* lectures.

HAHNEMANN'S INFLUENCE UPON SURGERY.

HOWARD CRUTCHER, M. D., CHICAGO.

Samuel Hahnemann said very little about the practice of surgery, but what he did say is of the first importance as indicating the soundness of his reasoning and the value of his teachings.

In an original volume of *The Organon*, published in 1833

(*The Homœopathic Medical Doctrine, or Organon of the Healing Art, A New System of Physic, etc.*, Dublin, W. F. Wakeman, 1833), I find the following in paragraph 183 :

“ * * * The treatment of these maladies belongs to surgery. So far as it is necessary to bring mechanical aid to the suffering parts in order to remove and annihilate mechanical obstacles to the cure, which can only be expected from the powers of the organism itself. Among these may be ranked, for example, the reduction of dislocations, uniting wounds by bandages, extracting foreign substances that have penetrated the lining parts, *opening the cavity of the abdomen either to remove a substance that is burdensome to the system, or to give vent to effusions and collections of liquids*, placing in apposition the extremities of a fractured bone, and consolidation of the fracture by means of an appropriate bandage, etc.”

I do not know in what year these words of Hahnemann were written ; but it should be a matter of profound pride that as early as 1833 he advocated an operation which was then almost unknown, and which was opposed at that day by a great majority of old-school surgeons. The first deliberate abdominal operation in the world was performed by Ephraim McDowell, at Danville, Ky., in December, 1809 ; and it speaks volumes for Hahnemann's far-seeing sagacity that he is found advocating the operation twenty-four years later. It must be remembered that abdominal surgery was in its infancy many years after Hahnemann was in his grave. Instead of opposing the march of surgical practice, Samuel Hahnemann was one of the first to recognize its value and to advocate its adoption. It is a matter of profound regret that many of his professed disciples have not possessed the wisdom to follow in the footsteps of the great teacher.

Reasoning by analogy, it seems perfectly fair to conclude that if it be Hahnemannian practice to drain a peritoneal cavity, it is also legitimate to drain other cavities ; that if it be proper to drain off serum, it is still more proper to evacuate pus. Why should a dropsical effusion be removed from the peritoneum and a collection of foul matter be allowed to remain in the triangles

of the neck? For my part, I evacuate pus wherever it can be located, whether beneath the periosteum, or in the chest, or in the abdomen, or in the axilla. The same rule applies to certain unsightly tumors, which are "burdensome" to the eye, if not to the system. Yet there are honest men and women who stand aghast at the opening of a felon, at the tapping of a hydrocele, and at the shelling out of a fatty tumor. It is to be deeply regretted that Hahnemann is so often quoted as being opposed to these procedures. In this connection I recall the fact that I was once roundly lectured because I wanted to open the bladder for exploratory purposes where remedies had been tried in vain for months.

There is reckless surgery, as all of us know, and against this kind of practice our voices should be raised in season and out of season; but to suppose that Hahnemann, who was one of the greatest thinkers who ever lived, arrayed himself against the legitimate use of the knife, is to defy the teachings of all human experience. The Hahnemannian surgeon, who is able to look beyond tissues to forces, is thereby enabled to steer clear of many of the pitfalls that lie in the path of his less fortunate colleagues. The medical history of many a patient will reveal the fact that he is not an ideal subject for a surgical operation. There is something more in the problem than dividing tissues, ligating vessels, and running the chance of bacterial infection.

Hahnemann taught clearly the necessity of legitimate mechanical work; he also exposed the absurdity of regarding a carcinoma as a local growth, and one day the world will come to view the pathology of morbid growths in the true light of the Hahnemannian philosophy. We have a great educational work to do along these lines. The pathology of malignant tumors is not understood by old school authorities, and with their present light they never can understand it. But the truth will stand revealed at last. And when the truth shall stand forth in its might and power, great will be the glory of Hahnemann—the pathologist, the healer, the surgeon.

THE ORGANON AND MATERIA MEDICA CLUB
OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, in Oakland, Friday evening, April 17th, 1896.

Members present : Drs. J. M. Selfridge, W. E. Ledyard, M. T. Wilson, G. J. Augur, G. W. Swayze, C. M. Selfridge, and George H. Martin.

The meeting was called to order at 8.15 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and, after a correction by Dr. Selfridge, were approved.

Dr. Ledyard read a letter from Dr. T. Franklin Smith, Chairman of the Committee of Organization, Registration, and Statistics, of the American Institute of Homœopathy, requesting him to have an accompanying blank filled out. Dr. Wilson moved that the letter be received and placed on file, and that the Secretary fill out the blank and send it to Dr. Smith. So ordered by the President.

The President then stated that the new publication of the *Chronic Diseases* had arrived, and he wanted to know if the members wished to commence the reading of it, or finish the reading of *The Organon* before taking up the *Chronic Diseases*. Dr. Wilson moved to continue *The Organon*. Seconded by Dr. C. M. Selfridge. Carried.

Dr. Augur then stated that he wished to hear the opinion of some of the members regarding a little matter that often puzzled him. He said : I am often asked by my patients what remedy I have given them. I often refuse to tell them, and they seem very much surprised, because they say other physicians would tell them. I do not think it right to tell patients what remedy you give them.

Dr. Martin—I tell them that I will let them know after a while. I then put it off as long as possible, and when I do tell

them I say that they must be very careful not to take it without the prescription of a physician.

Dr. Wilson—Whenever a physician does tell the patient it always interferes with the treatment of the case. I do not think it a wise thing to do.

Dr. C. M. Selfridge—I had a case this week, and if I told the patient the remedy, her own physician would have given it to her in the mother *tincture* and have spoiled the case for me. The remedy was *Colocynth*.

Dr. J. M. Selfridge then read from *The Organon*, Sections 104–109.

DISCUSSION.

Dr. Martin—This reminds me of an editorial in one of our journals which stated that in the time of Hahnemann there was not known anything like the number of reflex diseases that are now known. We can go a little further and say that Hahnemann did not know about these things. He says here, that while diseases may, in the future, have different names, they will still be the same. In the diseases Hahnemann mentions as being caused by psora, he mentions nearly all the reflex diseases.

Dr. J. M. Selfridge—An editorial of that kind is usually written in the interest of orificial surgery. They want to claim that the little pockets and papillæ cause all the trouble, and that every reflex condition comes from these causes.

Sections 110–118 were read.

DISCUSSION.

Dr. J. M. Selfridge—Speaking of these idiosyncrasies of susceptibility to certain odors. When I was a student I was working at some Dover's Powders (which contain Opium, Ipecac, and Sulphate of Potash), and gave it a blow off my spatula. As I did so my preceptor, Dr. Patterson, walked into the room and was immediately attacked with a bad case of asthma.

Dr. Martin—While triturating some Ipecac, an orderly in the hospital came into the dispensary, and the moment he breathed in the Ipecac, before he could get out of the door, he

had an awful attack of asthma. I gave him *Ipecac*^{6x}, and in twenty minutes he was all right.

Dr. J. M. Selfridge—Dr. Patterson was not in the habit of having asthma, and this was a pure proving of *Ipecac* upon him from a few atoms of it around the room.

Section 119 was read.

DISCUSSION.

Dr. Swayze—Has there been any advancement in allopathic prescribing during the last ten years?

Dr. Martin—The allopaths have made great advancement in the last ten years. They prescribe the single remedy a great deal more now than ever before. Wyeth puts up tablets containing one drop of the single remedy, or a hundredth of a gr. of a remedy.

Dr. Swayze—This is also done in the dosometric system. An allopath gave me *Gelsemium* according to the dosometric system, and it seemed to burn a hole in my throat, the sensation was so queer.

Dr. Augur—The treatment has *not* improved during the past twenty years. The allopaths are trying to do away with the germs more than anything else. This is the only advancement they have made. Their treatment in diphtheria, pneumonia, or membranous croup is no better now than when I graduated.

Dr. J. M. Selfridge—They think they have made advancement, for they think they have discovered it in the "horse juice."

Dr. Augur—The homœopaths who prescribe allopathically, prescribe very poorly.

Dr. J. M. Selfridge—They are hurting the cause to do it. The allopaths say they are not practicing what they preach.

Sections 120, 121 were read.

DISCUSSION.

Dr. Swayze—This is a question to discuss. I cannot accept this off-hand that the drug should be tried upon susceptible

and sensitive persons. How would you know that a person was going to be susceptible to an untried drug?

Dr. J. M. Selfridge—You would pick out persons of nervous temperament.

Dr. Swayze—Suppose the drug would act better upon phlegmatic persons.

Dr. Martin—This is only a general rule to follow.

Sections 122–128 were read.

DISCUSSION.

Dr. J. M. Selfridge—Many have taken issue with Hahnemann on the last point mentioned. Hughes, Hale, and Dake are among the persons who, in going over the materia medica they brought out, would discard all remedies proved in this way.

Dr. Ledyard—The Austrian Provers' Union got no effect from Natrum-mur. in the condensed form until the 15th and 30th decimal potencies were used, and the higher they went the better results they had.

Section 129 was read.

Dr. J. M. Selfridge—This answers Dr. Swayze's question—that you cannot tell about the susceptibility of the patient.

The meeting was then declared adjourned, to meet again the first Friday in May, at the office of Dr. George H. Martin, in San Francisco, when the reading of *The Organon* would be commenced at Section 130.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

BACILLINUM^{50M}—A CORRECTION.

418 PUTNAM AVE., BROOKLYN, June 12th, 1896.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

I will be much obliged if you will insert in your next number of THE HOMŒOPATHIC PHYSICIAN the following correction :

The statement of the report of discussion at the Brooklyn

Hahnemannian Union on Repetition of the Dose, in the June number of THE HOMŒOPATHIC PHYSICIAN, at page 270, that but one dose of Bacillin^{50m} given by me to a case of "cough and night-sweats," "caused" the patient to "gain four pounds weight in one week," is an error as to three points, viz.: First, as to the number of doses of Bacillin, not mentioned in my remarks; second, as to time; third, as to fact, that Basillin^{50m} "caused" the gain in weight. I stated that the patient took Bacillin^{50m}, not that he took but one dose, and that he reported a gain of four pounds, not limiting the time to one week.

In reply to a question, I stated that the patient visited me weekly, hence the possible misapprehension. The failure on my part to correct the minutes allowed the publication of the error.

Very truly yours,

B. L. B. BAYLIES.

SYMPTOM COVERING.

(Proceedings of the Brooklyn Hahnemannian Union.)

Seven members were present at the meeting of the Brooklyn Hahnemannian Union, held March 28th, Dr. John Campbell presiding in the place of Dr. Alice Campbell, who was ill. The minutes of the preceding meeting were read, accepted, and recommended for publication, and the Secretary instructed to write a note of sympathy to the absent chairman. The subject of Dr. John Campbell's paper was "Symptom Covering," which he said was the great difficulty of the homœopathic prescription. It looks simple to correct symptoms. So thinks the family with their little case of thirds, and the so-called homœopath, who gives crude drugs on a few symptoms; but covering present symptoms alone brings no result. He gave an interesting case, where although Cocculus seemed indicated, it produced no effect, and past history elicited a suppression of skin trouble by drugs, which Sulphur brought out in three days, and chills which Ipecac still further developed. By careful treatment a cure was effected in four months. Mere symptom covering is not the beginning and end of Homœopathy.

Dr. Close suggested that *symptom studying* was also a necessity. Hahnemann devoted years to the collection, analysis, and study of symptoms, resolving them into groups; so some of the symptom-covering has been done for us.

Dr. Fincke said, pathological prescribing can be done by those who can read transactions of the societies. These many years we have found Hahnemann's view correct. We are necessitated to make a careful picture of the case, and then we must study *that* case, and decide which are the most important symptoms, giving the picture a certain character. Then to find this picture among the remedies is a serious study. When we do not get a sharply defined symptom we must gather them all and take the remedies nearest.

Dr. Baylies said, every remedy has its color, its sex, to use a figure of speech. If we cover the symptoms full enough, we cover both case and remedy. As we become more familiar with the remedies, experience enables us to see this correspondence quickly, even with a small objective point of view. He had a patient who waked often with a nervous shock beginning in the spine, pupils dilated, digestion weak, skin cool. The dilation proceeded from muscular weakness, not congestion, as it was not Belladonna. Nux was given with only transient benefit. The patient was still disturbed with a shock, but now in the abdomen, and radiating over the body. That symptom was found in Hering under "Tartar-emetic." This remedy in the 25M potency was given.

Dr. Close thought a good deal hinged on our definition of a symptom, and quoted from Dr. Wells, that a symptom is not an isolated fact, but a fact taken in connection with its associated facts and the history and surroundings that complete them. Thus the totality of symptoms means the totality of each symptom.

Dr. Fincke said the significance of a symptom is in its connection with the whole. Homœopathy is a practical art, because when in haste one cannot stop to reason out the pathological relation. His nephew fainted; he gave Aconite. In coming-to a cold sweat broke out, calling plainly for Veratrum.

Dr. Baylies related a case of caries of the tibia, caused by fracture. An ulcer refused to heal, but there were no constitutional symptoms, except that a change of weather sometimes caused a pricking sensation. Carb-veg. was being administered. Dr. Fincke suggested *Symphytum*, if the bones were still ununited.

Dr. Baylies said the man wanted the X ray used, but feared the electricity might not agree with him.

Dr. Fincke spoke of an experiment related in a German paper, over thirty years ago, showing light to emanate from certain crystal bodies. Now they must attenuate the air to show these beautiful colors, and then they laugh at our high potency, whose existence we prove by the effect, while their great argument is only experiment. Everything leads to *Homœopathy*, as that is a part of universal force.

Dr. Lutze referred to the different effects of the same force, as when gravitation causes a stone to fall and a balloon to rise. Dr. John Campbell suggested, so we can trace the divinity of *Homœopathy*. Dr. Close thought the conclusions of science are approaching higher planes, and Dr. Fincke answered that the more they get these manifestations the more they stick to matter. They will not go down upon their knees before the Almighty.

Dr. Campbell said that Hahnemann refers to another force than medicinal, as when cold water warms we recognize the law.

Dr. Close related the case of a man of seventy-five, where a severe cold brought him in a week very low, and one night found him delirious, alternately praying and talking sensually, singing and muttering; high fever and involuntary stools. In the morning he was nearly unconscious, eyes glazed, tongue dry, stiff, and brown, limbs stiff—almost dead. *Stramonium*²⁰⁰ in water, repeated till improvement came. Next morning he was found much better, slept all night, and had called for something to eat, and the second day he was sitting up.

Dr. Fincke told a peculiar experience where a neighbor called him to see his daughter who had been confined and was

very sick, apparently unconscious and dying. Rhus was given, and the next day she said, "Why have you called me back? I'm sorry—I was far away." Then the other doctor came with his drugs and the next day she was dead.

Dr. Baylies gave a most complicated case of a woman who six weeks after confinement had scarlet fever and Bright's disease. When he saw her after three months she was taking seven different medicines, including a powerful preparation of Digitalis, and having her bladder washed out several times a day with Boracic-acid, the urine was twenty-five per cent. pus. She had symptoms of a grade of meningitis. Sulphur millionth gave her a quiet night and she became from day to day more composed. In five days there was but twelve per cent. pus in the urine. After a steady improvement came a telephone message not to call any more as his wife was well.

Dr. Close told of a child of six with diphtheria who was roused every fifteen minutes, either for a drug, milk punch, swab or spray. It died on the eighth day.

Dr. Fincke related the case of one child where the parents feared it would have diphtheria and began injecting Anti-toxine and the child died on the fourth day.

Dr. Campbell gave a case of miscarriage where twenty-five things were tried in a few hours, such as Turpentine on the abdomen and tampons, and said the so-called homœopath who was giving this treatment must have been a real "Symptom-cloverer," giving a remedy for every symptom!

The meeting adjourned after electing Dr. Anna Carman chairman for April.

E. L. CLOSE, *Secretary.*

THE PHILADELPHIA POLYCLINIC.

TO THE EDITOR:—We send herewith a copy of our announcement. You will see that our Faculty has been increased and our facilities enlarged, especially in the matter of laboratory equipment. We have an excellent Röntgen apparatus, which is daily used for diagnosis and study.

Our new department of Neuro-Pathology is unexcelled, and some valuable researches have been published. Our dispensary service has increased until now it is the largest of any teaching institution in Philadelphia, running up to nearly 16,000 new patients annually. Many of these represent rare and obscure diseases, being sent by their physicians from a distance.

The number of major operations performed at the Polyclinic Hospital during the past year was over five hundred, of which a great number were abdominal sections. Our pupils have the opportunity of seeing probably twice as many more in the private hospital practice of the staff.

We trust that the announcement will be found worthy of notice in your pages.

Very respectfully,
THE PHILADELPHIA POLYCLINIC.

The editor has received the announcement above referred to, and most cordially recommends it as a finely-prepared book, containing a well-prepared statement of the advantages of this college. For those who may not be familiar with it, we will state that *The Philadelphia Polyclinic* is a college where are admitted as students only those who have graduated from recognized schools of medicine. Its teaching is of the old or "regular" school of medicine, but its students are graduates of the homœopathic as well as the dominant school. It is admirably appointed for special instruction in diagnosis and surgery, as a perusal of the beautiful photographic views of its interior to be found in the announcement will abundantly testify. Physicians desiring to improve their knowledge of diagnosis should enter this school. Send for a copy of their announcement. Address Max J. Stern, M. D., Secretary Philadelphia Polyclinic, Lombard Street, West of Eighteenth, Philadelphia, Pa.
—ED.

IN MEMORIAM—DR. CHAS. G. RAUE.

Dr. Charles G. Raue, the distinguished physician, student, and life-long friend of Hering; the steadfast and faithful follower of the law of Hahnemann, and a great factor in the work of the Homœopathic School for over fifty years, died at his home, 121 North Tenth Street, Philadelphia, Friday, August 21st, 1896. His death is attributed to senile debility, superinduced by overwork, which resulted in paralysis of his mental and physical vigor.

Dr. Raue returned a few weeks previously to his home in this city from a short visit to a son in New Jersey. His illness took on a serious turn soon afterward, and he continued to grow worse very rapidly. He did not take to his bed until several days afterward. He was attended by Dr. J. C. Guernsey, a son of his old friend and associate.

There were gathered around the physician at the time of his death Mrs. Amelia Raue the wife, and his five children, four sons and one daughter—Dr. C. S. Raue, Dr. J. F. Raue, Carl W. Raue, Adolph Raue, and Miss Johanna Raue.

SKETCH OF A BUSY LIFE.

The death of Dr. Raue, who was a picturesque figure in the world of medicine, an author and writer of wide reputation, removes the last link between the old days of practical Homœopathy, as Hahnemann taught it, and modern Homœopathy as it is expounded at the present day.

He was born in Nieder-Cunnersdorf, a village situated in the vicinity of Loebau, Saxony, on the 11th of May, 1820. He studied in the College of Teachers at Bautzen, from 1837 to 1841, and taught school for several years in Burkau, where he wrote his first work on psychology, *Die Neue Seelen-Lehre Beneckes*, which appeared in 1847, and underwent five editions, the last being printed in 1876. This work was extensively

used as a text-book, and has been translated into the English, French, and Flemish languages.

It was at this stage of his life that Dr. Raue determined to enter the field of medicine, a profession for which he had always felt the greatest love and inclination, having even cherished the fond hope in his early youth of some day becoming a physician. The opportunity being offered him to study Homœopathy under Dr. Constantine Hering, he left his native country in 1848 and made Philadelphia his home. Dr. Raue now availed himself of every opportunity to become a through physician; graduated in the Philadelphia College of Medicine in 1850, and gained much knowledge of practical medicine, and especially of the new therapeutics, from his esteemed preceptor and friend, Constantine Hering.

THE AUTHOR OF MANY BOOKS.

After his graduation Dr. Raue went to Trenton, N. J., where he practiced medicine for several years, but in 1858 he returned to Philadelphia. He at once became actively associated with the new Homœopathic Medical College of Pennsylvania, having been elected to the chair of special pathology and therapeutics as early as 1864. He afterward became a lecturer upon the science of medicine. He was clear, fluent, and instructive. Two years later, owing to a split which took place in the management of the Homœopathic Medical College, the Hahnemann College was founded, Drs. Hering and Raue procuring a charter for this new institution. It became so prosperous that after two years of its existence the old college was merged into it.

Raue's *Special Pathology and Diagnostics With Therapeutic Hints*, made its appearance in 1867, and it is, perhaps, his most widely known work. Besides writing many articles for German and English homœopathic journals and societies, he also edited *The Yearly Record of Homœopathic Literature* from 1870 to 1875, which is a library containing extracts, reviews, and notices of all the important articles which had appeared in the leading homœopathic journals of the world during those years.

In the year 1889, after a life-long study of psychology, in which Dr. Raue has ever sustained that profound interest manifested when he wrote his first work on the subject, *Psychology as a Natural Science*, made its appearance. It was written after much study and personal investigation of the subjects treated of, and has aroused considerable attention and comment in the philosophical world.

Among the medical societies of which Dr. Raue was an active member may be mentioned the American Institute of Homœopathy, of which organization he is a senior member, having been connected with it for over twenty-five years.

He was also an active member of the State and county medical societies, corresponding member to the Homœopathic Institute of Madrid, honorary member of the Alumni Association of the Hahnemann Medical College of Philadelphia, having received the honorary degree from this institution in 1892, and honorary member of the Homœopathic Society of Mexico. He has also been consulting physician to several homœopathic hospitals for many years.—*The Phila. Times*.

IN MEMORIAM—DR. CHARLES G. RAUE.

Resolutions adopted by the Homœopathic Medical Society of the County of Philadelphia.

Inasmuch as Dr. Charles G. Raue, one of the oldest homœopathic physicians of this community, has departed from his labors, and, as a sheaf of ripe wheat, has been gathered by the Eternal Reaper;

The Homœopathic Medical Society of the County of Philadelphia adopts this minute:

We realize that a strong man has left us; that a prince has fallen; that scientific medicine has lost an earnest student, a close observer, a careful experimenter, and an enthusiastic advocate. Homœopathy has lost a faithful adherent and one devoted to its deepest truths. His patients have lost a faithful counselor. We, his brother physicians, have lost a cordial friend, a genial companion, and a father in medicine, who was

ever ready to lend of his immense store of learning and experience to those who called upon him.

He was one of that strong coterie of men, among whom were Hering, Jeanes, Guernsey, Lippe, Neidhard, Williamson, and Kitchen, who made the practice of Homœopathy respected even when it was weak and new. He bore his part in that battle.

We shall ever remember his genial smile and his cordial greeting.

We extend our sympathy to his family and friends.

We call for a memorial meeting of the profession to do honor to his memory.

A suitably prepared copy of this minute shall be presented to the family of Dr. Raue, and also copies be sent to the press and to the medical journals.

THOMAS S. DUNNING, M. D.

JOSEPH C. GUERNSEY, M. D.

CALVIN B. KNERR, M. D.

CARL V. VISCHER, M. D.

WESTON D. BAYLEY, M. D.

BOOK NOTICES.

A TREATISE ON APPENDICITIS. By John B. Deaver, M. D., Surgeon to the German Hospital, Philadelphia. Containing 32 full-page plates and other illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1896. Price, cloth, \$3.50.

At the present day, when so much interest has been aroused alike among the laity and the profession by the frequent occurrence of the comparatively newly-discovered disease, appendicitis, a masterly exposition of this source of human affliction is urgently needed. Such a treatise has now been placed before the profession, and is at present the object of this review.

The obscure character of appendicitis and the rapidity with which the disease runs its course and ends in death, makes it absolutely necessary that every physician should be perfectly familiar with its characteristics, that he may determine it at the earliest possible moment, and so decide upon the course to be pursued. The book now under notice fulfills the conditions for enabling the physician to become perfectly instructed in everything pertaining to the subject.

The author, a Philadelphia physician of high standing, has made it a special study, and has operated in over five hundred cases, and is therefore competent to give the desired information.

The author finds that the cæcum from which the appendix is a process occurs as one or other of four types. These are clearly illustrated by plates. Its exact position in relation to other organs, and especially the peritoneum, is clearly and minutely shown in plates and described in the text.

There are eight positions in which the appendix may be found. These are all carefully described, the positions being indicated by marking the figure of the abdomen with the points of the compass like a map. These positions are illustrated by drawings taken from dissections especially for this work. The reader's attention is next drawn to the question of the cause of appendicitis. He rejects the popular idea that it is always due to the seeds or pits of fruit being ensnared in the folds of this organ, though he admits that rarely such accidents may bring it about, and gives a remarkable plate of a case in his practice where a *pin* may be seen protruding through the walls of the appendix.

He thinks that most of the cases reported as owing to fruit pits are really fecal concretions, "which bear a very striking resemblance to such foreign bodies." These fecal concretions he considers the exciting cause of the disease in many instances, and holds that when first introduced into the lumen of the appendix they are very small, but being retained by the swelling of the lining membrane gradually grow larger by concentric layers of mucous and purulent products deposited upon their surface.

This accounts for the presence of calculi in the appendix which are too large to have entered it through the mouth of the organ.

It further appears that the appendix is furnished with circular muscular fibres by which it is endowed with a peristaltic motion by which it is enabled to empty itself of accumulations.

That the appendix should be so frequently involved in these attacks of inflammation with all their disastrous sequelæ is accounted for by an inquiry into the place it occupies in the history of evolution. "The appendix vermiformis of man is the undeveloped true cæcum of some of the lower animals" (page 23). It is, therefore, undergoing a retrograde metamorphosis in the process of evolution. It is furnished with a very limited blood supply and so is an organ of low vitality (page 31). Consequently its powers of resistance are decreased (page 70).

The predisposing causes in the author's opinion, are the anatomical structure and position of the appendix, catarrhal inflammation of the lining mucous membrane, age, sex, tuberculosis, exposure to cold and wet (such as a cold shower bath following a warm bath), typhoid fever and micro-organisms.

He thinks that the immediate cause is always an "invasion of micro-organisms." He is certain that "acute indigestion plays a very important rôle in the ætiology."

The pathology of appendicitis is given minutely and illustrated by several beautiful plates in colors, and this is followed by the symptomatology.

There are three symptoms so constant and so characteristic of appendicitis, that the author calls them the "The Three Cardinal Symptoms." They are: pain, tenderness upon pressure, and rigidity of the abdominal walls. The other symptoms of less importance are also mentioned.

The prognosis in appendicitis depends mainly upon the interval of time between the access of inflammation and the time of operation. This interval of time should not exceed twenty-four hours. The longer the interval the less are the chances of recovery.

The most minute directions for the operation are given and every step is illustrated by a beautiful colored plate making it absolutely clear how the operation should be performed. Altogether there are thirty-two colored plates, and the elegantly printed pages comprise a masterly and thorough analysis of the whole subject.

Differential diagnosis is given elaborately, and the author maintains that there is only one remedy and that one is immediate and complete excision.

His exposition of the nature of this disease, which he says is strictly surgical, is so clear that he makes a convert to his views of treatment, of every one who reads the book.

THE THERAPEUTICAL APPLICATIONS OF PEROXIDE OF HYDROGEN (MEDICINAL) GLYCOZONE, HYDROZONE, AND EYE BALSAM. By Charles Marchand, Chemist Graduate of the Ecole Central des Arts et Manufactures de Paris (France). Treatment of Diseases Caused by Germs, Bacteria, Microbes. Eleventh edition, 215 pages, 28 Prince Street, New York, 1896.

This book has been noticed in these pages before. As its name indicates it gives the results of treatment with Peroxide of Hydrogen.

It opens with a reference to the origin of bacteriology in the discoveries of Professor Pasteur with regard to the silk-worm disease.

Then follows a list of diseases, due to germs or microbes, arranged under a suitable system of classification. The destructive action of ozone upon these organizations is then dwelt upon in the next two pages. Says the author, in speaking of ozone, "a fact known by bacteriologists and chemists is that all virus is albuminoid, whether propagative or not, it is destroyed, or by coagulation rendered inert by the oxydizing action of ozone."

Then follows a table, highly interesting to chemists of the comparative chemical reactions between hydrozone and ozone, showing conclusively that hydrozone fulfills all the functions of ozone.

A description of hydrozone follows and a detailed description of the action of hydrozone upon open surfaces in a diseased state.

A chapter on glycozone and its nature and effects is given, with a special chapter on its therapeutic uses by Dr. Cyrus Edson of New York.

The use of these various preparations in ozena, hay fever, la grippe, asthma,

bronchitis, laryngitis, pharyngitis, croup, whooping cough, consumption, the various throat diseases, especially diphtheria and scarlatina-anginosa.

A series of diagrams shows the method of using a spray of these preparations in throat troubles and then follows the treatise on the internal use of these several preparations.

The treatment of typhoid fever is by Dr. Elmer Lee, of Chicago, and that of cholera and yellow fever by Dr. Edson.

The use of "eye balsam" on the eyes is adverted to, along with its value for the ear. This "balsam" is described and then comes a chapter upon its use in dental surgery.

The author claims a field of usefulness for it in cancerous sores.

Much more than is here noted is contained in the book, but it is much too voluminous for further comment. The best way is to procure the book and read it. This may be readily done, for the author says he will send a copy free to every reader of *THE HOMŒOPATHIC PHYSICIAN*, who will write for it, and mention this journal.

MINERAL PRODUCTS OF THE UNITED STATES FOR THE CALENDAR YEARS 1886 TO 1895. Department of the Interior, United States Geological Survey, Charles D. Walcott, Director ; David T. Day, Chief of Division of Mineral Resources, Washington, D. C., August 1st, 1896.

This publication is a large chart containing tabular reports of the various minerals produced in the United States.

It is divided into two main parts—Metallic and Non-Metallic products.

It shows the quantity and the value of each mineral produced for each of the years in the decade from 1886 to 1895, inclusive. It would be an impossible task to analyze the results given in this table ; we can only commend it for its elaborate and clearly presented details, any of which can be found at a glance, owing to its systematic arrangement. For those engaged in mining, for the statesman, engaged in formulating just tariff schedules ; for the railroad man, fixing freight rates, and for the political economist, it is an invaluable document.

THE SCIENTIFIC AMERICAN. Anniversary number, July 25th, 1896.

The *Scientific American* has reached the mature age of fifty years. It is therefore with commendable pride that its editor and proprietors have prepared a special Anniversary Number, with four times the usual number of pages, to celebrate the occasion. This number contains reviews of the progress made in the last fifty years in the sciences and the arts, gives historical sketches of some of the most notable inventions made during this period, and is filled with interesting illustrations. Among the subjects treated are: The Transatlantic Steamship, Naval and Coast Defense, Railroads and Bridges,

the Sewing Machine, Photography, the Phonograph, Telegraph, Telephone, Iron and Steel, Physics and Chemistry, Progress of Printing, the Bicycle, Electric Engineering, Telescopes, Ocean Telegraphy, Distinguished Living Inventors (Portraits), Shipyards of the United States, a large group of distinguished inventors, reproduced from an old steel engraving, is presented. The Anniversary Number is provided with a characteristic cover, and is printed in a style fully up to the regular issues of the paper. It will doubtless be generally preserved for future reference. A very large edition of this interesting number is being issued. All articles have been contributed by specialists, and are of great value as a work of reference. In size, this issue is equivalent to an ordinary sized book of 442 pages. Subscription price, \$3 per year, or for the special, 10c. a copy. Munn & Co. Publishers, New York.

NOTES AND NOTICES.

DR. L. D. ROGERS and Dr. Ida Wright Rogers, of Chicago, have returned from a visit to the principal hospitals of England, Ireland, Scotland, France, Switzerland, Southern Germany, Northern Germany, and Belgium.

The former was graduated last year from Rush Medical College, and was the first alumnus of that Institution to have his literary and medical degrees recognized by the Royal College of Physicians of London, and the Royal College of Surgeons of England.

A RARE EFFECT OF TOBACCO.—J. W. Scott, M. D., reports a case of convulsions, epileptiform in character, due to the use of tobacco. For two months he had one or two convulsions a week, and they were growing progressively worse in spite of treatment. With the discontinuance of tobacco the convulsions ceased, and have not returned.—*Southwestern Medical Record*.

NO MARRIAGE WITHOUT VACCINATION.—The stringency of the vaccination laws is in England the subject of noisy agitation on the part of ignorant demagogues; but what would some persons say to the interference with the rights of the individual which is maintained by the laws of Norway and Sweden? In these countries, so impressed is the legislature not only with the advantages, but with the public duty of vaccination that before a couple is legally married certificates must be produced showing that both the bride and bridegroom have been satisfactorily vaccinated.—*British Medical Journal in the Texas Medical News*.

THE PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION, session of 1896, are in print, and will be delivered on October 1st to all members whose dues are paid for the current year. Erastus E. Case, Secretary.

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
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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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EDITORIAL.

NITRIC-ACID.—This remedy is the great antidote to Mercury in large doses. It has many resemblances to Mercury, and therefore should naturally follow Mercury in a consideration of symptomatology.

Taking the symptoms individually, the Nitric-acid patient has fear of death, yet he is tired of life. He is disinclined to talk, thus resembling Phosphoric-acid. He has weakness of memory, with no inclination to mental exertion. Calcarea-carbonica has utter impossibility of mental exertion.

This symptom of mental effort suggests a number of comparisons.

Mental exertion, accompanied by torn feeling in the throat. Causticum.

Mental exertion causes sense of helplessness from brain weakness. Can't attend to anything requiring thought. Gelsemium.

Can't fix his mind on his studies. Iris-v.

Mental exertion causes pain in occipital region. Picric-acid.

Mental exertion aggravates headache and produces sleep. Spigelia.

Mental exertion aggravates headache. Colchicum, Glonoinum, Natrum-muriaticum, and Nux-vomica.

Mental exertion aggravates pressing, boring headache. Nux-vomica.

Mental exertion to excess produces irritable stomach. *Nux-moschata*.

Mental exertion aggravates mental symptoms. *Nux-vomica*.

Mental exertion aggravates all ailments. *Nux-vomica*.

Mental exertion in excess causes bad effects, as in bookkeepers, etc. *Anacardium* and *Sepia*.

Mental exertion causes fullness in head, intense headache, throbbing in the brain and pain in left temple. *Psorinum*.

Aggravation from mental exertion. *Aurum-metallicum*, *Carbo-vegetabilis*, *Colchicum*, *Magnesia-carbonica*, *Nux-vomica*.

Mental exertion aggravates hemorrhoids. *Causticum*.

Mental exertion causes bruised soreness all over the head. *China*.

Mental exertion causes pressing, boring headache. *Colchicum*.

The least mental exertion causes headache. *Aurum-metallicum*.

Mental exertion aggravates the headache that follows a suppressed coryza. *China*.

Mental exertion causes pressing pains in the head. *Argentum-nitricum*.

Mental exertion causes him to become stupid with headache in forehead. *Petroleum*.

Mental exertion causes pressure in occiput and deep in cerebellum. *Colchicum*.

Mental exertion moderates or improves many ailments. *Ferum*.

Mental exertion causes aggravation of pressing pain on top of head and in left frontal bone, with running together of letters when reading. *Argentum-nitricum*.

Mental exertion or fixing thoughts even for a moment on anything is impossible, causing headache and darkness before the eyes. *Argentum-nitricum*.

Nitric-acid has vertigo on rising from the bed. This is similar to *Phosphorus*.

Nitric-acid has sensitiveness of the head to the slightest pressure, even the pressure of the hat.

Carbo-vegetabilis also has sensitiveness of the head to the

pressure of the hat. Carbo-animalis has the same symptom. Glonoine has the same symptom. The patient can't bear the hat on the head at all.

Calcarea-phosphorica has aggravation of fullness and sense of pressure in the head from the pressure of the hat.

Nitric-acid has sensation in the bones of the skull as if constricted with a tape. Mercurius has the same sensation in the bones of the forehead. Indigo has a similar symptom.

The editor has collected the following additional comparisons :

Sensation of a band in frontal region. Merc-jodat-ruber.

Sensation of a band around the head above the ears. Scalp sore. Gelsemium.

Sensation of a band around the head, with inflammation of the brain ; burning and pulsation in the forehead ; worse at night and better after riding. Mercurius.

Constriction as of a band around the head, from overheated rooms ; congestion to the head ; coryza and nausea. Carbo-veg.

Sensation of a band around the head with headache ; worse from stooping. Spigelia.

Sensation of a tense band around the back of the head, reaching from the nape of the neck to the ears. Anacardium.

Headache with a sensation of a band of hot iron bound around the head. Aconite.

Headache better from tying a band around the head. Hepar.

Sensation of a band around the forehead. Baptisia.

Desire for a band around the head. Apis.

Other parts of the body have this sensation of being encircled with a band.

Sensation as if the legs were bandaged. Benzoic-acid.

Sensation of a band around the chest, with an irresistible desire to cough. Lobelia.

Sensation of band around different parts. Sabadilla and Sulphur.

Sensation of a band around the arms, and the blood rushing into the hands in the evening. Nux-moschata.

Constriction as if from a tight band around the abdomen. Argentum-nitricum.

Sensation of a tight band around lower abdomen, or as if laced tightly. Ignatia.

Sensation as if knees were firmly bandaged when sitting. Aurum-metallicum.

Sensation as if the thighs were bandaged. Aconite.

Sensation as if the legs were tightly bandaged. Benzoic-acid.

PRESIDENT'S ADDRESS.

B. FINCKÉ, M. D., BROOKLYN, N. Y.

MEMBERS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION:—All the homœopathic world celebrates this year as the centennial of the discovery of Homœopathy through Samuel Hahnemann, when for the first time he stated the principle of healing under the formula, *Similia Similibus*.* Though from the oldest historical time up to his age it had been touched upon repeatedly, no physician had declared it with the lucidity which his inductive reasoning enabled him to enunciate it as a scientific principle of the first rank. He did not reason it out at his desk on theoretical grounds, but at once went to work practically to make the first experiment in 1790, by testing the medicine upon his own sound body. Only after six years of further research and practical experiments he arrived at the irrefutable principle that similars are cured by similars. *Similia Similibus Curantur*. This homœopathic mode of healing was *taught* by nobody before Hahnemann, and this is the main object of our celebration of the present centennial. There was, however, one point underlying his discovery without which he could not have succeeded. This was the necessity of using one remedy at a time in proving and healing. All his experiments would have amounted to nothing if he had employed mixtures for his investigations, as were commonly used by the physicians of his time. This, therefore, the *simplex*, was the *conditio sine*

* Versuch über ein neues Princip zur Auffindung der Heilkräfte der Arzneisubstanzen. *Hufeland's Journal*, II, 3d piece, 1796.

qua non by which he rose beyond the mass of his contemporaries, the recipes of which have, in consequence of his teachings, dwindled more and more, that even the old school at last has learned to some extent the precious lesson of administering only one remedy at a time. Hahnemann, of course, commenced the administration of his medicines in the form then in universal use. The dosology took the limit to be as much as the organism could stand. But it is known that Hahnemann always, even before his enunciation of the new principle, was moderate in his doses, and allowed them to act without repeating or interfering by other medicines as long as they acted well. Already a year after the publication of the new principle he declared "simplicity is the supreme law of the physician," and lauded Hippocrates in the words: "Only by this simplicity of his treatment in diseases he could see all that which he saw and at which we are astonished." We might therefore say that this law of simplicity, revived from Hippocrates, was the precursor of the law of healing which to-day we celebrate and without which the latter could not have been established. In the years following, Hahnemann continued his investigations at the hand of the law, and already in 1805 he pronounced the sentence that "In order to produce the most beneficial actions a single, simple remedy without any addition is always appropriate, if it is only the best selected, the most fitting in the right dose. It is *never* necessary to combine two of them." Here we have already the faint traces of his progress to the determination of the right dose and the invisible step to his momentous discovery — *Potentiation*. When the limits of posology hitherto had been the maximum which an organism in sickness was able to bear, his searching mind led him gradually to lessening his dose to a hitherto unheard-of degree, which startled the Nestor of the medical school of that age to the exclamation: "How can a 1-100,000 grain of Belladonna have any effect at all?" But Hahnemann had already given a millionth grain in disease, and he exclaims on this occasion, in 1801: "Will they understand at last how small, how infinitely small, the doses of the medicine must be in the sick state in order to affect the organism powerfully?" Such enormous progress had Hahnemann made in the

few years following his discovery of the law of healing. Ameke remarks, justly: "No history reports, no writing shows us that ever a physician has searched with such ardor for the determination of dosology as we see in this, as the sharp-sighted, indefatigable, meditating Hahnemann." He used milk, sugar, alcohol, and water, as means of diminishing the hitherto accepted dose-quantities to render the medicine more appropriate to the susceptibility of the sick organism. This, also, is an invention of his own, for whoever before him used these inert substances as means of subdividing the crude materials into minute quantities according to his method? If, therefore, the half-homœopaths fall back upon the earlier period of Hahnemann's posology, they have to go back as far as 1797, when he cured a case of colicodynia with the powdered root of *Veratrum album* in 4-grain doses, but only afterward his endeavor is known to diminish the doses, that already, in 1801, he speaks of infinitesimals, or infinitely small doses, and in 1805, when he announced the right dose as the fittest he could mean nothing else than its infinitesimality. So even before the appearance of *The Organon* for the first time in 1810, the foundation of potentiation was laid in this sentence, a fact which nobody can gainsay and which should be minded by the majority of our profession, which continues to adopt the practice of low potencies and low triturations exclusively, and have only a sneer at the high potencies which are now used more extensively than we know. They were the product of an evolution of posology which is the great and indisputable discovery of Hahnemann, one of the most important inventions which ever human genius has brought to light—potentiation (Ameke). We would therefore be amiss in our duty of celebrating the centennial of the Law of Similars if we should neglect the law next to the important law of remedy-selection, the law of Posology, viz., *Potentiation*. Well has Ameke said: "He found that by this mode of preparation (through diminution of substance) the adaptedness of many medicines, instead of decreasing, was directly unfolded, that in such a manner prepared remedial agents exerted an action which could not be obtained by crude substances. Furthermore, the surprising fact was revealed that

medicinal substances could pass through so many degrees of preparation that neither physics nor chemics were able to detect in them any amount of matter and yet preserved a great power of healing: the most poisonous substances could in this manner be transformed into beneficial, never injurious, remedies, and easily decomposed substances, becoming inactive thereby, could be brought into a form in which they were no more exposed to decomposition, and remained or became more powerful instruments of healing in the hands of an educated physician."

When, sixteen years ago, the International Hahnemannian Association was founded, it was a matter of necessity, because Homœopathy was in danger of being destroyed at the hands of the large homœopathic body in our country for two reasons. One, the adherence to the low potencies and crude substances to the exclusion of the high potencies distinctly advocated and prescribed by Hahnemann, as witness in *The Organon* and *Chronic Diseases*, not to mention the writings in this respect besides. The other, pathological prescribing, because it was maintained that *Similia Similibus* did not cover the whole art and science of healing. To this came the preponderance of the surgical branch, which had very little use for potencies of any kind, and followed the lead of the enormous progress of modern surgery with its anæsthetics and disinfectants to the detriment of internal medicine, for they had little more need of internal medicine and used our vulnerary remedies in simple dilution of the tinctures for external application. There was, indeed, no hope for development of the Hahnemannian ideas with regard to potentiation. Therefore, the men who founded the International Hahnemannian Association did well to form a body of their own, which, in the course of time, adopted the motto: *Simplex simile minimum*. Not that the *Similia Similibus* was not sufficient to cover all these necessary elements of homœopathics, but to give an unequivocal expression of the aim of the Association that Homœopathy is not simply the application of a single simple remedy, whatever that may be, nor merely the similar one without regard to the dose in its simplicity, nor the infinitely small

dose without regard to either, but that they all in close union form the complete formula of *Similia Similibus Curantur*. The remedy to be administered must be selected according to symptom-similarity in a dose and preparation adapted to the susceptibility of the organism and similar to the life force. Whoever does not acknowledge these three necessary elements of the Hahnemannian principle, expressed by *Similia Similibus*, may be a very able physician or surgeon or gynæcologist, but he is not a Hahnemannian homœopathician (homœopathiker). We know very well that medicine moves in various directions, and nowhere the old adage is more true than here: *Practica est multiplex*. And there is freedom of opinion and action, and license enough for any mode of practicing according to or without principles which it is not necessary to further dilate upon. But this Association of ours, as it was founded and has worked with remarkable benefit for the cause of true Homœopathy and actual healing of the sick, does not rest upon the quicksand of fleeting opinion, but upon the inexorable, immutable law of healing expressed in our motto. Its outspoken purpose is to perfect the *Materia Medica Pura* by provings, repertories, and commentaries, to develop and bring to higher efficacy the posology of Hahnemann, which advocates high potencies from first to last, and to give physicians raised in the current routine posology of low potencies and crude substances the opportunity to study this subject by theory and practice. Any physician with reputable diploma is accepted through our institution of junior membership if he do not prefer to seek for immediate active membership. In this manner the Association offers to all the physicians who do not find in the existing bodies of learning the requisite instruction and information in regard to Hahnemannian posology an opportunity to become acquainted with it, and such searchers for truth are always welcome as co-operators in our good cause.

We know very well that low potencies also cure, and that we obtain valuable provings from them as far as it goes; but experience has taught us that high potencies will do the same, and, as a general rule, accomplish more. Our antagonists cannot be brought by any means to test the matter to the bottom, as the

members of this Association have done. They are satisfied with the results of their therapeutic measures, and find no need of seeking for something better, especially at the expense of so much time, labor, and money as the preparation of high potencies requires. They consider Hahnemann to have been in his dotage when he taught potentiation as the fundamental principle of posology, but ignore his declaration that as early as 1801 he blamed the short-sightedness of his cotemporaries, who could not understand "how small, how infinitely small, the dose of the remedies in the sick state have to be in order to strongly affect the body." To urge the necessity of using low potencies because Hahnemann, in his earlier homœopathic years, had applied them, is therefore unfair, and not to be countenanced; hence the potencies up to the twelfth centesimal, which is set up by them as a limit to potentiation, are not infinitely small, but only comparatively small—*i. e.*, when compared with the doses used by the allopathic school. In talking about this matter we do by no means wish to dictate, but at the same time we wish to oppose dictation on the other side, which has no foundation at all in the pretended teaching and practice of Hahnemann. We know very well that it is human nature if something unusual is proposed which at first seems incompatible with the understanding, that the opposition is roused with reference to the merits of the subject. It is the immediate resistance to the shock received which, however, furnishes only the proof that it is received. It depends upon the calibre of the recipient whether the resistance is continued merely to ward off the shock which continues with it, or whether the resistance dies out with the reception. But if the shock continues it enters into the understanding, producing a new motion in a direction different from the one hitherto followed. This is natural and cannot be helped. May they who cannot receive the excellent and beneficent ideas regarding potentiation first promulgated by Hahnemann, resist persistently to their entrance into their understanding and follow their own chosen direction, but they must not wonder at the repeated shocks which they will have to bear upon their ignoring indifference and their opposition to the

further development of Hahnemann's teaching. Those opponents have to rue it sooner or later, because the march of science is ever forward, not backward. It may for a while be diverted into a blind alley, but invariably it will turn back into the main road of increasing knowledge. Such a blind alley is the limit set to potentiation upon grounds which are taken from a deduction of investigations in departments not immediately concerning Homœopathy, avoiding the induction from experiments made in order to prove the action of highly potentiated medicine. If the great mathematicians calculate the limit of substances and determine the size of their atoms, it is nothing but a repetition of the inductive Hahnemannian method which demands the experience, experiment, and correct observation of a trained philosopher. It is not philosophical, however, to apply the undoubtedly correct computations of those mathematicians without further thought to the high potencies of Homœopathy because the application is faulty in its premise, that the high potencies owe their action to the matter from which they are derived. It is plainly a begging the question and an evasion, because the point to be proved by experiment is asserted by reference to mathematical computation of matter. The proof of a thing cannot be furnished by a mere psychical process in our mind which has no reality outside of it. The thing can only be proved by the observation of its action upon other things. Matter is a thing. Force is a thing. Force acts through matter and matter through force as far as it goes. For it does not go into infinity, as those mathematicians themselves prove who arrive by their calculations at the ultimate atom of matter. We can and will not contest their results, they spring from their eminent ability to follow their legitimate search into the last recesses of matter, and find it in a conceived computed minuteness of the atom. But we claim that high potencies have nothing in common with matter. The substances from which they are derived hold the specific force which we need for action upon the living body in suspense; they hold the forces as a vessel holds water, and by proper manipulation invented and first taught and introduced by Hahnemann, they are liberated

from their prison and spread all over the inert materials used for this liberation and expansion, which surpasses all conception of minuteness of quantity and reaches far over the calculated atoms of the physical and mathematical genius. The postulate, that we have to prove the laws of physics to be incorrect in order to prove our potentiation to be correct, does not meet the question and evades the point at issue. For we do not pretend to handle medicinal forces without matter, since we can carry them up by unmedicinal inert solids and fluids. Nothing is truer in the world, at least accessible to us, than that no force can exist without matter. But the *rôle* assigned to matter by the materialistic philosophers is a false one, viz., that force emanates from or is created by matter and dispenses with the highest conception which man is able to conceive that there is an Almighty Creator of the world and of all its things which He preserves according to certain laws, the most important of which have been found and proclaimed by illustrious men from age to age. We must never forget that science always lags behind the creation, and serves merely as the receptacle or vehicle for the human race to carry on the conceptions gleaned more and more from the acquired knowledge of the universe. The milliards of years calculated and required to account for the evolution of the present state of things may satisfy the pride of certain minds for their ability to penetrate time and space into the farthest distances. But after all, it is but calculation based upon premises which can by no means be as certain as they pretend them to be. They are idle speculations hiding behind computations and conclusions diverting the mind from the more serious problems which are yet to be solved by scientific labor. Certain it is that the world *was* before any science in our sense was thought of. The laws have been active in their supervising work before any man eliminated them from a multitude of facts. The creation goes on all the same as ever, and its mystery is as great as ever to the searching mind. The multitude of systems of suns increases with the greater perfection of our instruments, and there is no end to our inquiries, which, satisfied in one point, raise numerous others demanding investigation; and so it goes on year for

year, and the wisest men, having given their best services for their fellow-men, disappear after a while and give place to a succession of others, who, in the favorable case, will take up their labors where they left them, if they are finding it worth while, in order to go the way of all flesh again when their work is done. Thus the heritage left to us by our great and beloved master is a sacred obligation come down to us for a period of a hundred years. What a variety of phenomena does not the history of medicine present during that time! Hahnemann commenced his clearing in the primeval forest of medicine with such means as he had, and his time furnished him in the steady continuation of his work whilst he was cutting down the giants of the thousand-year old trees of prejudice, burning up the brush of opposition to his teachings, ploughing the ground of investigation and sowing the seeds of his experience in it; whilst he destroyed the wild beasts of envy and slander with the weapons of his intellect; whilst he drained the swamps of routine and irrigated the barren soil of disease with the nourishing water of appropriate remedies, whilst he built his home of a logical system of homœopathies for the ready acceptance of his benevolent hospitality by those needing protection from the attacks of inimical influences abroad. Whilst he was busy doing all this the wilderness around him continued in its aboriginal force as the abode of the children of the soil which, before Hahnemann, they occupied as their hunting-ground, and now they considered him as an intruder, who interfered with their time-honored customs and traditions. These wild Indians of science went for his scalp many a time, but in vain, for the Great Spirit protected him and his work. Instead of going to work themselves to clear the forest and place the soil under cultivation for nourishing them decently and habituating their race to peace and leading them on to civilization, they carried the warfare repeatedly into the precincts of a man whom they hated with the hatred of a fiend. But they could not succeed, because the work of this man and of his successors was under the protection of the Most High. The clearing increased in extent and usefulness. The home built in the beginning has

been multiplied, and many and larger buildings have been erected in the course of time for the instruction of pupils and for the healing of the sick ; and apostles go out to teach and do as Hahnemann did, and break the ground for the new gospel of medicine first revealed by him everywhere on the globe.

[TO BE CONTINUED.]

A PROVING OF OLEUM-ANIMALE.

C. L. OLDS, M. D., PHILADELPHIA, PA.

On November 10th, 1894, at 11 A. M., took Oleum-animale^{50m} (Swan), one dose dry on the tongue.

November 14th, 9 A. M.—Sensation as if sore throat would come on—for a short time only.

November 15th, 11 A. M.—Throat sore on left side ; aggravated by empty swallowing ; ameliorated while eating or drinking ; causes much hawking and swallowing ; has not had a sore throat or cold for several years ; much mucus in throat ; eyes ache.

November 16th.—Throat very sore and raw in centre ; aggravated by empty swallowing ; ameliorated by food and liquids ; much white, frothy mucus in ; constant desire for food.

November 16th, 5 P. M.—Thirsty ; throbbing headache, aggravated by motion.

November 17th, forenoon.—Sore throat disappeared in the night ; headache, dull, aggravated by shaking head ; drawing, pressive pain at root of nose ; increased sexual desire (mental) ; lascivious thoughts. Afternoon—Headache, throbbing, involving only right side of head and right eye, aggravated by lying down and stooping ; slight cough ; dripping of watery, excoriating mucus from left nostril when in a warm room, ameliorated in open air ; much sneezing.

November 18th.—Large quantities of thick, yellow mucus detached from low in throat with difficulty ; head stopped up in house, clear in open air ; chilly in house, but cold symptoms, ameliorated in open air ; lips feel very dry, sensation of white of egg dried on them.

November 19th, 7 A. M.—Large quantities of yellowish mucus detached from throat. 8.30 P. M.—Headache, right side only, involving right eye; pains dull, pressive from occiput to right eye; symptoms of the cold about gone.

November 20th.—Small boil, not very sore, but itchy, on inner aspect of left thigh.

November 23d, 8 P. M.—Mucous membrane of buccal cavity seems much relaxed; can hardly keep from biting it when eating; aching in legs, as though cold was coming on.

November 25th, 8.30 A. M.—Throbbing, lancinating pain in internal right ear for a few minutes.

December 1st.—Soreness and burning in spots of roof of mouth; easily irritated for several days; appetite normal during forenoon, but in afternoon, no matter how large a dinner he ate, has almost constant craving for food—no kind in particular; eats an enormous dinner, and then eats something about every fifteen or thirty minutes during afternoon.

December 2d, 3 P. M.—Sharp, knife-like pain, starting in left side of occiput and going through into left eye—for a short time only. 8 P. M.—Under part of tongue, left side, sore as after taking too hot drink.

December 4th, 10.30 A. M.—Sharp, itching pains in lower hypochondrium and left lumbar region at every deep breath—for a few minutes only. 8.10 P. M.—Sore, drawing pain extending from right external abdominal ring down spermatic cord to right testicle on walking; testicle felt as if pain would cease if it was suspended.

December 5th.—Dull aching in small of back in morning before rising, and at 10 A. M. while sitting, passing away on walking.

December 8th, 11 A. M.—Took Oleum-animale ^{cm} (F.), one dose dry.

December 10th.—Little appetite for breakfast; during entire afternoon burning sensation in stomach; burning eructations; load in stomach as if food did not digest. 9 P. M.—Sharp, knife-like pains in right side of occiput.

December 12th.—Restless at night.

December 13th.—Restless at night; irritable; sharp, piercing pain over left eye, off and on; dripping of a yellowish water from the nose, especially on stooping.

December 17th.—Restless at night; dreamed that he saw a man drown but was not at all concerned, but watched him go down with scientific interest only; irritable, slightest thing makes angry; dull, aching pain in back; aching-drawing in both groins.

December 21st.—Restless nights; dull aching in thighs and legs, better by motion; restless, feels as if he must move or keep working rapidly; easily irritated; ejaculation too soon during coition.

December 30th.—Dreamed that he was being tried for murder, and later that the executioners were preparing to hang him, but a great army of mighty snakes so terrified them that they ran away; woke with aching in small of back; aching continued nearly all day; dull and stupid in morning; worse in morning; better afternoon and evening.

SYSTEMATIC ARRANGEMENT OF SYMPTOMS.

MIND.—Lascivious thoughts; irritable; slightest thing makes him angry.

HEAD.—Throbbing headache, aggravated by motion; dull headache, aggravated by shaking head; throbbing headache, involving only right side of head and right eye, aggravated by stooping or lying down; dull, pressive pains going from right occiput to right eye; sharp, knife-like pains starting in left occiput and going to left eye; sharp, knife-like pains in right side of occiput; sharp, piercing pain over right eye.

EYES.—Aching in eyes.

EARS.—Throbbing, lancinating pain in internal right ear.

NOSE.—Drawing, pressive pain at root of nose; much sneezing; dripping of a yellowish water from the nose, especially on stooping; dripping of watery, excoriating mucus from left nostril when in warm room, ameliorated in open air; catarrhal symptoms, ameliorated in open air.

MOUTH.—Lips feel very dry; sensation of white of egg

dried on them ; mucous membrane of buccal cavity seems much relaxed, can hardly keep from biting it when eating ; soreness and burning in spots of roof of mouth ; under part of tongue, left side, sore, as after taking too hot drink.

THROAT.—Sore throat, left side ; causes much hawking and swallowing ; aggravated by empty swallowing ; ameliorated while eating or drinking, with much thirst and desire to eat constantly ; much white, frothy mucus in throat ; profuse, thick yellow mucus, detached with difficulty.

APPETITE, THIRST.—Thirsty for cold drinks ; almost constant craving for food in afternoon, although he ate heartily at dinner ; eating or drinking relieves the sore throat ; poor appetite for breakfast.

STOMACH.—Burning sensation in stomach ; burning eructations ; feeling of load in stomach as if food did not digest.

ABDOMEN.—Sharp, stitching pains in left hypochondrium and left lumbar region at every deep breath ; aching-drawing in both groins.

SEXUAL ORGANS.—Increased sexual desire, with lascivious thoughts ; ejaculation too soon during coition ; sore, drawing pain extending from right external abdominal ring down spermatic cord to right testicle on walking ; testicle felt as if pain would cease if it was suspended.

COUGH.—Cough better in open air.

BACK.—Dull aching in small of back in morning before rising, and at 10 A. M. while sitting, passing away on walking.

LIMBS.—Aching in lower extremities, as if cold was coming on ; dull aching in thighs and legs, better by motion ; small, itching boil on inner aspect of left thigh.

REST, MOTION.—Restless at night ; restless, must move or keep working rapidly.

SLEEP, DREAMS.—Restless sleep ; dreams of seeing man drown, but was not concerned, watched him with scientific interest only ; of being tried for murder ; of being executed ; of snakes.

GENERALITIES.—Worse in the morning ; better afternoon and evening ; in open air ; after eating.

“THE OUTLOOK.”

(Toast at Kansas State Homœopathic Society Banquet, 1896.)

BY W. A. YINGLING, M. D., EMPORIA, KANSAS.

Possibly the perspectograph of Homœopathy has not been made, yet the mirror of our hindsight reflects the perspectives of the distant future. Our beloved Homœopathy has surely gained momentum during the advance of this closing century, and the velocity acquired by its own inherent force has enabled it to overcome the obstacles of ridicule and poetic puns cast in its way by allopathic jugglers. To-day the homœopathist has the respect due a professional man, if a gentleman, and stands shoulder to shoulder with his co-laborers, the allopathists, in the march toward the goal of successful practice. If with the whole world against him he has accomplished so much, and has taken possession of such vantage ground in one short century, what can he not accomplish during the opening century under such favorable auspices! To fail now would be criminal.

“ Watchman, tell us of the night;
Higher yet that star ascends.
Trav'ler, blessedness and light,
Peace and truth, its course portends.
Watchman, will its beams, alone,
Gild the spot that gave them birth?
Trav'ler, ages are its own;
See, it bursts o'er all the earth.”

When we adjust the microscopic lens of foreknowledge to the view of Homœopathy, the past history must largely be the gauge of reckoning. We are very apt to allow the wish to become the father of the opinion, whether it be favorable or unfavorable. The enemies of Homœopathy have long since had it dead and buried, yet to-day it occupies a broader field and a more commanding position than ever before. As friends we are apt to overlook the obstacles that will necessarily be met, especially as Homœopathy revolutionizes the opinions and practices of the past. Error and false opinions die hard from the

fact that false science, or possibly it would be better to say false scientists, harbor the errors from the want of ability to calmly and disinterestedly investigate, and to accurately perceive the laws governing the intangible and higher spheres. Old notions have become fitted to the skeleton mind like old clothes to the pauper frame, and long association and familiarity cause them to be clung to with the grip of the puppy at his first root. Though we live in the boasted nineteenth century, the mental dimensions and intellectual gauge are not so greatly advanced after all. The most of that of which we boast to-day has been once before boasted of and then lost to the world by degeneration, and the balance is largely the result of chance, the happening to stumble on something waiting to be discovered. The greatest scientific knowledge seems to be the ability to know when some happy chance throws in its way a new or valuable something. That which promises much, yet antagonizes nothing, will have many advocates. That which promises more, yet is contrary to past experience and notions, and is iconoclastic of highly-esteemed opinions, will have many enemies.

Homœopathy is naturally placed in the last category. It promises more to the amelioration of man's condition and sufferings than any discovery of the past ten centuries. It is truly a revelation from Heaven through the beneficence and goodness of the Creator, yet, like all His greatest revelations, because it is antagonistic to the opinions and cultured notions of boasted higher knowledge, it is reviled, rejected, and bitterly antagonized. Although our path is yet hedged by opposition, the experience of the past warrants us in believing in the ultimate and universal triumph of the tenets promulgated by the truly scientific and philosophical mind of Samuel Hahnemann. God works in a mysterious way His wonders to perform. If God be for us—and what sane man who is able to read the lessons of history can doubt it—what matters it if the whole world—in reality only the self-assuming scientific world as contained in the interested ranks of allopathy—be against us! Truth is mighty, and will prevail by the preponderance of its own weight and merit. *Homœopathy is truth.*

Then what is the outlook? How will Homœopathy stand during the coming century? What shall the celebration of the second centenary of Homœopathy be?

I answer without reservation or doubt that the outlook for Homœopathy to-day is brighter and fairer than that of Allopathy. Allopathy is on the decline, obsolescent. The ranks are still full and the patrons are plenty, yet the mutations of the cardinal principles of the system plainly indicate the decay. The allopath of to-day is not the allopath of yesterday. The continual change in treatment points to the instability of the system. The ecstatic hailing of every new remedy as a miraculous discovery shows the felt want of something better than they now possess. The early abandonment of these will-o'-the-wisp cure-alls and sure-cures unerringly speak louder than words the utter hopelessness of allopathy. It is not yet dead, but the gangrene of a slow but sure decay is eating at its vitals, and by the next centenary of Hahnemann's art the remaining life in the body of the now prevailing system of medicine will be so low that the Thompsonian undertaker will be preparing for a job.

The outlook is bright and fair for Homœopathy. Never in its history has there been so much activity and life; never has there been such a demand for, and searching of, the writings and teachings of Hahnemann; never has there been more respect and demand for the homœopathic prescriber; never has there been more courage and assertive force on the part of the followers of Hahnemann. With the impetus now acquired, and the better facilities of both the matter and manner of applying Homœopathy, there will be a changing of places during the incoming century—the homœopathic will be acknowledged the "regular" school of medicine, the criterion of the best, the ideal; the allopathic will be remembered as the relic of the Dark Ages, while their descendants will hide their faces in shame at the mention of the teaching of the authors of to-day.

REPETITION OF THE DOSE.

(Read before the International Hahnemannian Association, June 1st, 1896.)

B. L. B. BAYLIES, M. D., BROOKLYN, N. Y.

The object of homœopathic prescription is to cure—*certo* “*cito tuto et jucunde.*” And this is possible within the limitations of our broad yet extending domain of symptom-similar drugs. That something more than symptom-similarity is necessary the true votary of Hahnemann’s exposition of healing wisdom discovers. He conceives that to prove remedial in many cases the agent must have attained a greater vibratile tension, and strike a more subtle chord of sympathy with the perturbed vital dynamis than can be reached by ordinarily high potencies. He finds when this dynamic symphony is attained the greatest care must be taken in playing upon the human harp, lest the strings be broken or “the sweet bells jangled” and disturbed.

The necessity of repetition and the period of intermission of doses depends upon the activity of the individual medicine and the duration of its action. Jahr states the duration of effect of many medicines administered in the 12th to the 30th potency; of Aconite as eight, sixteen, twenty-four, and forty-eight hours; Belladonna and Bryonia, four to five days; Arsenic-a., thirty-six to forty days; Calcarea and Graphites, fifty days, etc.; the longest action ascribed in general to the minerals.

Second, repetition must be governed by the susceptibility of the patient, which, at present, can only be determined by experiment. The 200ths centesimal have, in my experience in sthenic forms of inflammation or fever, been efficient and well borne in doses repeated every two or three hours. But when the system is poisoned by a chronic dyscrasia manifested in chronic eruptions from the skin or mucous membranes, chronic catarrh, or in malignant forms of disease, phthisis, tabes mesenterica, foul ulcers, acute inflammations, complicated with psora in old persons; carbuncles, nervous disorders, malarial fevers, the higher potencies, generally under the hundred thousandth, acted so

rapidly and so promptly induced the restorative process that with close observation I have always realized the wisdom of Hahnemann's precept not to repeat the remedy during progress in improvement. In some acute cases of apparent psoric taint I have only been obliged to repeat the forty-five thousandth for a few doses at intervals of three or four hours, and later have given a single dose of the hundred thousandth potency, generally the only one needed. In diphtheria I now give one dose, and if required by interruption of improvement to repeat, give a still higher dose. Aggravation or suspension of reaction does and would, in my opinion, often follow the repetition of the higher potencies; but their curative action is so promptly observed that to the attentive mind there is no temptation to repeat them.

In feeble circulation and in nervous disease with hyperæsthesia of the heart, it seems prudent not to give the highest immediately, but to feel the way through somewhat lower potencies; and in grave forms of disease like diphtheria it appears important to economize the medicinal force, for by so doing we at the same time economize the vital force, and generally not at first to stake a higher potency than the forty-five thousandth, since it is easier in this case to advance than to retreat. There are exceptions to all rules, though according to the late and honored Dr. P. P. Wells a lower potency cannot advantageously follow a higher.

We have to feel our way toward that essential harmony of the medicinal with the physical dynamis, and we need all our finest senses, corporeal and physical, for this tentative progress.

In malarial fever a single high-potential dose will usually efface all the phenomena of the disease; an improvement follows and the paroxysms abate in different cases with varying celerity, like the undulative recession of the sea. The great care necessary not to repeat the dose and retard the cure is in this disease distinctly evident. In disorders caused or complicated by one of the "three miasms" of Hahnemann (*Chronic Diseases*) the action of the single dose and the injury of repetition are manifest. In cases of diffused chronic eczema of sev-

eral years' duration I found in one patient cured with Causiticum, in another with Petroleum, much increased excitation and congestion of the skin when a second dose was given after the lapse of several weeks. The patient recovered, but the cure was retarded by the repetition. In a case of bronchial diphtheria the patient's life was threatened by the repetition of the dose (forty-five thousandth) at three hours' interval for thirty-six hours, though decided improvement had followed the earlier doses, and was saved by one dose of the millionth.

I must ask pardon for the brevity of my paper on this subject. It only seemed necessary to state facts, with some illustration.

*THE ORGANON AND MATERIA MEDICA CLUB OF
THE BAY CITIES OF CALIFORNIA.*

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, May 1st, 1896.

Members present: Drs. J. M. Selfridge, W. E. Ledyard, A. McNeil, George H. Martin, and M. T. Wilson.

The meeting was called to order at 8.30 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary and, after corrections by Drs. Selfridge and Ledyard, were approved.

Dr. Wilson presented a case of a boy three years of age in whom there was a peculiar condition of the sternum and ribs. Dr. Wilson considered it a case of imperfect ossification, and wished the opinions of the other physicians present. After examination of the boy all seemed to agree that it was a case of rickets.

The President appointed Dr. McNeil reader of the evening, who commenced *The Organon* at Section 130, 131.

DISCUSSION.

Dr. Selfridge—This certainly proves what Hahnemann claims, that a drug will produce symptoms in a well person that can be cured in a sick person by the same drug.

Dr. McNeil—There is one point on the question of proving, which is that we do not always know beforehand whether the person will be sensitive to the effect of the drug or not. If the person is not sensitive to the drug we would have to repeat the dose.

Dr. Ledyard—This may throw some light upon the question of one dose proving fatal in some cases. One dose of *Phosphorus* in tuberculosis may cause an aggravation, and then another dose is given to overcome this aggravation. I have noticed this aggravation, but do not repeat the dose.

Dr. McNeil—H. C. Allen and others say that *Sulphur*, *Phosphorus*, *Arsenicum*, and *Silicea* should not be given, even when indicated, in the last stages of consumption. I have seen several cases diagnosed as tuberculosis by other physicians, and I have given these antipsorics and had benefit. One case I remember I kept the patient in fair health for ten years, and one of the Presidents of the American Institute of Homœopathy said that he could not live four months.

Dr. Selfridge—I cannot agree with Allen and others, though I do not like to question the opinions of such men.

Dr. McNeil—They may be mistaken with regard to the condition of the patient. The disease is liable to terminate suddenly. What evidence have we that after giving the indicated remedy the patient died from the effect of that remedy?

Dr. Martin—There is apt to be too much stress laid upon the effect of the remedy, either for good or evil. You have a fatal disease, liable to end at any time, and it is merely a coincidence if the end comes after giving the remedy.

Dr. Ledyard—Have you not seen a dangerous aggravation from *Phosphorus*?

Dr. McNeil—No. It may only be a coincidence. This happens usually with men who use the very high potencies. If this is so, it tells us that we should avoid the highest potencies rather than the drug.

Dr. Ledyard—I had a case in which I gave *Phosphorus*, and the patient died shortly afterward. Death followed so closely after giving the remedy that I thought it was the cause.

Dr. McNeil—Had you given the patient *Phosphorus* before?

Dr. Ledyard—Yes, and *it did good*. When I gave it toward the last it was plain to be seen that the patient was very much worse. The vital force was not sufficiently strong to bring about a healthy reaction, and in the effort to restore the equilibrium, the patient succumbed.

Dr. Selfridge—I had one case of consumption in which the patient had become cold and cyanosed. I was sure she would not live the night out. She and her husband commenced to talk over the children, etc., and the wife became *angry* and lived four days.

Dr. Martin—It is a mistake to make a prognosis as to time.

Sections 132, 133 were read.

DISCUSSION.

Dr. McNeil—This last paragraph is one that excites the non-Hahnemannian to a high degree. He says it is nonsense. We all know that it is not nonsense. I recall one case that died, and I know if the patient had received *Phosphorus* at the right time she would have lived.

Dr. Selfridge—I have often noticed that the modalities are often the keynote of the remedy.

Dr. McNeil—If you strip a case of its modalities you rob it of its originality.

Sections 134–136 were read.

DISCUSSION.

Dr. McNeil—Painless morning diarrhoea of *Sulphur* occurred only in one prover, Franz Hahnemann. Hempel left out this symptom, and it is a valuable one. Allen's *Encyclopædia* shows that some of our most valuable symptoms occurred but once.

Dr. Ledyard—That is *very peculiar* for a symptom to occur only in one person, and *it is the peculiar symptoms which are characteristic*.

Dr. McNeil—The individuality then comes out.

Dr. Selfridge—What an acute observer Hahnemann was to notice all these things. He was a wonderful man.

Dr. Martin—He was truly a wonderful man to think these things out himself for the first time.

Section 137 was read.

DISCUSSION.

Dr. McNeil—Here is a point : *the necessity of going to the higher potencies in order to get the finer shades of symptoms.* I do not believe that a chemist or toxicologist could tell whether a case of poisoning was due to Belladonna or Stramonium, the symptoms are so much alike. Proving by potencies bring out the difference.

Dr. Ledyard—Both have desire for and dread of light. *Stramonium* has a much greater desire for light than *Belladonna*, while *Belladonna*, on the other hand, has a much greater dread of light than *Stramonium*.

Sections 138-141 were read.

The meeting was then declared adjourned, to meet again the first Friday in June instead of the third Friday in May, as the State Society meeting would take place at that time. At the next meeting the reading of *The Organon* would be commenced at Section 142.

W. E. LEDYARD, *Secretary.*

Reported by Eleanor F. Martin, M. D.

A COMPARISON BETWEEN THE TWO SCHOOLS.

(Proceedings of the Brooklyn Hahnemannian Union.)

Before the formal opening of the meeting of the Brooklyn Hahnemannian Society, held April 25th, 1896, Dr. Baylies spoke of using *Calcarea-bromata* in a case of croup which indicated the same symptoms as Bromine and *Calcarea*, and *Mercurius-bromata* (30th) cured membranous croup in a Bromine constitution with mercurial symptoms.

Dr. Close felt a hesitancy about trying remedies not well proved, but Dr. Baylies said the elements were proved, and he

saw the similarity of each. Dr. Close preferred looking for the single remedy, and thought the alternates might assail us, but Dr. Baylies said it was not a compound in the potency, but a unit.

The minutes of the last meeting were then read and approved, after which Dr. Anna Carman presented her paper on "A Comparison Between the Two Schools of Medicine," for, she said, although there are three schools, the eclectics have been included with the allopaths. There is a great distance between the homœopaths and the allopaths, which can only be lessened by drawing them to us. Patients yield to a treatment they abhor. Do the allopaths really believe what they practice? The greatest of them, after fifty years of such practice, acknowledge that they are working in the dark. In their eager seeking for new remedies, are they not seeking new light? How shall they find it? If *The Organon* held a higher place the average homœopath would be a centre of right influence. Argument does not win, but speedy restoration will.

Dr. Lutze feared the medical millennium would never come, but Dr. Baylies thought the majority would in time accept the truth.

Dr. Lutze referred to the reunion of his class every five years; that it was amusing to hear the various opinions from one *Alma Mater*—some high, some low, some alternates, and others openly using drugs to suppress pain.

Dr. Carman expressed surprise to find the strange way in which some so-called homœopaths treated their patients.

Dr. Close thought true practice depended upon something else than intellect, for that may turn to pathological problems; that it required a conscientious following of open vision of the truth.

Dr. Baylies added, above all, it requires conscientious study and interest in the good of the sick.

Dr. Close suggested cultivation of the gentler side of human nature, as Dr. Carman had referred in her paper to the cruelty of the old-school practice, which tends to make men hard.

Dr. Baylies said there was needed also industry and a devoted application in order to learn to analyze and compare the

medicines in their healing relation. One must do it perseveringly and for a long time, with considerable dissatisfaction, before he reaps a reward of sufficient knowledge.

Dr. Close, referring again to cruelty, said: "And yet the old-school physician is very conscious of the pain, quick to alleviate by narcotics, which the homœopath refuses to do, because, seeing beyond, he waits. The difference is in the bent of the mind. One man is superficial, not philosophical; the other delves, and knows that the highest end is gained by putting aside palliatives."

Dr. Baylies thought the allopath who does not know any other way is more conscientious than the homœopath who knows better and does it not. At which Dr. Lutze and Dr. Close both said that they didn't know it, they are not taught it in the schools, and Dr. Lutze quoted one of the professors, who said: "In malaria you must overcome the tendency with Quinine, then cure the patient afterward;" and the same in the use of Morphine—help the pain first and then cure. But Dr. Lutze added that he never could cure until the drugs were eliminated from the system.

Dr. Carman related the case of a young lady who came to her with real physical pain. Not knowing just what to give her at that time, she put up for her Sac-lac., and told her to call the next week, which she did, much better, and continued improving.

Dr. Carman asked: "Shall I continue her coming and giving Sac-lac., or shall I prescribe on past symptoms?"

Dr. Lutze said to keep her under observation, and Dr. Baylies thought best not to prescribe a remedy till the symptoms returned.

Dr. Close said: "Dr. Carman has given real curative influence to that patient and earned every dollar. She has followed psychological laws and obtained a real result, derived from a real influence just as powerful as the remedies, the power of suggestion; which is another method of calling into operation the healing power of life. This may be brought about by suggestion, by remedy, or by sheer effort of one's own will. It is not the medicine that cures, it is the life-force."

Dr. Baylies asked : " Medicine does not cure? You believe in the benefit of homœopathic selection and application? Now, if the homœopathically selected remedy induces the curative life-force, does not the homœopathic medicine cure? If it excites the restorative action, does it not cure? We admit that mental agency inducing confidence, the healing process becomes active. But do we not often find that in spite of the confidence patients have in us this restorative action is not set up? Why?"

Dr. Close said : " Investigation has shown that the reason for such failure, as well as for the occasions where we have a well-selected remedy and fail, is found in the surroundings. Once admit the influence of the mind and we can't confine it. Remedy or suggestion may be used on a patient, and why does he not recover? Because of counter suggestions from friends."

Dr. Baylies said : " Yes, and you find yourself robbed of your most devoted patients in that way, even when you know your skill affords a most reasonable success. We become sensitive to it. That is a rock of adversity."

Dr. Lutze told of just such a case, a young woman on a farm, who looked healthy, but was nervous and easily annoyed. Obtaining no relief from well-selected remedies, he found all the trouble was caused by a brother who tormented her. She afterward went to a woman's hospital and recovered, he thinks not because of the treatment and operation, but because relieved from the evil influence. Referring to Dr. Carman's question, he added that Prof. Lilienthal said Sac-lac. never did any harm.

Dr. Baylies said that some give tablets, thinking people will respect them more, but that he continued powders.

Dr. Close told of a patient whose face clouded over the little powders. So, one day, he gave him a small vial of sugar tablets, and he brightened up, feeling that *now* he had something; and he really improved.

After some conversation on mental healing between Dr. Baylies and Dr. Close, the meeting adjourned, Dr. Fincke being nominated chairman for May.

E. L. CLOSE, *Secretary.*

THE GREAT DESIDERATUM.

We need a complete Repertory of Characteristics. Many years ago Dr. E. J. Lee commenced one, and the chapters published—Mind, Head, and Vertigo—have never been surpassed. It is said that Dr. Lee's health prevents him from completing his work. If so, will he not hand the MSS. over to some other physicians for immediate publication? The glory will still be his, and his alone. But if this cannot be done, let other homœopaths take up the work, and produce a new Repertory arranged on the same plan. Whenever a second edition of the Mind and Head chapters is called for, I can supply a goodly number of additions.

E. W. BERRIDGE, M. D.

PERSPIRATION AFTER SLEEP.

SEPTEMBER 3d, 1896.

DEAR EDITOR:—On page 359, August number of THE HOMŒOPATHIC PHYSICIAN, Dr. Selfridge makes a very grave error in saying "there was only one remedy in the materia medica that had that symptom," viz.: "*After sleeping very profuse perspiration, which came on immediately on awakening.*"

Of course, you but publish the society proceedings; but it seems strange that among so many experts present at the time there was not one to challenge such a statement.

The following authorities will show that it was quite a serious error: See *Sambucus-niger*, *Guiding Symptoms*, Vol. IX, page 195; Allen's *Intermittent Fever*, second edition, page 219; Hering's *Condensed Materia Medica*, second edition, page 758; *Symptomen Codex*, Jahr, Vol. II, page 728.

Allen's *Encyclopedia of Pure Materia Medica*, Vol. VIII, page 480, says: "Profuse sweat without thirst *while awake from 7 P. M. to 1 A. M.*; drops stood on the face, and there was also perspiration all over; but after sleep he was more hot than sweaty, but without thirst." Again: "He was sweaty all over

on awakening from sleep. Two nights." Both symptoms are numbered from Hahnemann.

See C. Lippe's *Repertory*, page 259, first column: Perspiration less in sleep. Nux-v., Rumex., Sambucus.

See Bœnninghausen on *Intermittent Fever* (Kornderfer's translation), page 200: Sweat on awakening.

FIFTY-TWO REMEDIES.

In first degree.—Ant-c., Paris-q., Sambuc., Sepia, Sulphur.

In second degree.—Ars., Calc., Chel., Cinch., Clemat., Merc-v., Nux-v., Phos., Ran-bulb., Tarax.

The others, third degree.

This last, that of Bœnninghausen's, shows what an imperfect thing is C. Lippe's *Repertory*.

There are two headings in Bœnninghausen on *Intermittent Fever*:

First.—Sweat when awakening, of which I have given you remedies in first and second degree

Then there is "sweat after awakening."

Third degree.—Bell., Carb-an., Cinchon., Hep., Nux-v., Phos-ac., Sepia.

Second degree.—Bry., Phos.

First degree.—Sambucus.

I think that ought to settle it.

Now, I have myself *many times cured* intermittent fever on that symptom—"dry heat in sleep; profuse sweat on awakening"—with Sambucus. Where that symptom was present I have less frequently cured cases of the same disease with *Paris-quad.*, and once with Ant-crud. I, however, distinctly remember *one* epidemic of grippe where Samb. was very frequently necessary on account of the perspiration and other symptoms after sleep. I have this evening added Lac-can. to this symptom in all my repertories; but I know it would be quite wrong to omit all the others on anybody's dictum, though I have no doubt Dr. Selfridge knows much more materia medica than I do. I have sweated here in this vile sweat-box of a town over so many vile and varied cases of intermittent

fever that a slip like that strikes me rather forcibly. Again, I long ago renamed *grippe* to suit myself. I call it "winter chills and fever," and as I have once been the victim for seven sempiternal weeks of the genuine summer article and four times of its winter "sosie" (double), I think I know at least how it feels, even if I don't know what it is.

Speaking of sweats, I have a four-page article by S. F. Shannon, M. D., of Denver, Col., pasted in my Bönninghausen on *Intermittent Fever* entitled "Some Peculiar Sweats," and added to that is a note of my administration of "Gastein" (spring water, 6th dilution) to "a consumptive" in 1894 for "red sweat in axilla." When I say "red sweat" I mean that it looked red, and stained everything red that it touched (except the air). The sweat disappeared after the remedy was taken, and the "consumptive" is still above ground, coughing away.

Lest you might think me restrained by a certain false modesty, I make bold to state that I admire your contributor's article on "*warts*."* It is a good article, and though parts of it remind me in a vague way of the "*Contes Grassomillets*" of Monsieur Armand Sylvestre, I cannot think less of it for *that*. I fear that our theological wing will scarcely approve, however; but if it does not, why the little difference such disapproval could make would hardly rob us of the "sweet reasonableness" of its humor.

The more I look at my old copy of Hering's *Typhoid Fever* the more I think it is high time some one stepped into the breach and republished it.

Good-night. May angels of all denominations—Protestant, Catholic, Swedenborgian, Baptist, etc.—hover round your pillow, chasing the mosquitoes with their downy wings.

Yours,

FREDERIC PRESTON.

* See THE HOMEOPATHIC PHYSICIAN for August, 1896, page 347.

BOOK NOTICES.

NYNAISM. Nyna Publishing Company, Philadelphia. Price, \$1.00.

This singular book is a small pamphlet of perhaps one hundred and twenty-five pages, having for its object the teaching of hygienic principles and the practice of them. According to this book the hygienic principles that should be practiced every day of one's life may be comprised under nine heads, the names of which all begin with the letter A—Administrativeness, Activeness, Agreeableness, Alimentation, Aeration, Appeasement, Accoutrement, Ablution, and Actinism.

Although these names seem "far-fetched" and mysterious they are not so really, when properly understood, but are very comprehensive terms for certain perfectly obvious principles for keeping up the highest efficiency of the human mind and body.

Most people will read such a book as this, admire its assertions, tacitly agree with them, make empty resolutions to live up to the principles, lay the book aside, and then forget all about it. To prevent this, the reader is desired to enroll himself as a disciple of Nynaism—which is declared to be the name of a principle which comprises the foregoing nine subdivisions.

At the end of each chapter of the nine divisions of Nynaism is a blank page for the reader to record how much or how little he has followed out the teachings of the chapter. He also virtually agrees to spread these principles among his friends by giving circulars exhorting them also—not to *join*, for there is nothing to join—to become Nynaists by actually practicing these simple habits of regularity of life, cleanliness, and carefulness of person which mean so much for health.

Thus the subject is held ever before his mind, and his resolution stimulated to keep ever in the practice of health-giving modes of life. The whole plan is exceedingly ingenious, is a novel missionary method of inducing people who are habitually careless, and, it may be, ignorant of the laws of health to pay attention to these laws, and thus of widely benefiting humanity.

THE OBSERVER. An illustrated monthly magazine of the Outdoor World and Microscopy. E. P. Bigelow, publisher, Portland, Conn. Subscription price, \$1.00 a year. 10 cents a number.

The August and September numbers of this elegant magazine are before us. The journal has been noticed in these pages before.

Among the articles we notice the following: "A Day's Outing at Santa Monica," by F. E. Gray. "A What Is It?" by G. E. Davis. This is an interesting article on the ant-lion. "Ferns and Fern Lore," by W. N. Cate, is

another fine article. This article is beautifully illustrated. "Three Hours in the Caverns of Luray," by Amadeus W. Grabau, is an interesting statement concerning one of the most wonderful as well as magnificent caves in the world. "Some River Phenomena," by F. P. Gorham, gives a description of remarkable effects in the Blackstone River. "Critical Periods in the History of the Earth," by Arthur M. Edwards, M. D., is another good article. Mr. J. E. Huber writes about bullfrogs. A number of articles in the department of Ornithology, and several in the department of Astronomy, are of exceptional interest. The Microscopical department is beautifully illustrated. New England Orchids will interest those who make a specialty of botany. "First Steps in the Study of Fishes," by Dr. R. W. Shufeldt, will help all who wish to get an orderly knowledge of fishes, in other words, a classified knowledge of fishes. Observations upon "The Trap-door Spider" is another contribution.

The above list of articles shows the scope of the journal, and all are of reasonable length and not of such technical style as to render them difficult to read.

ANNALES D'OCULISTIQUE. Edited in Paris, by Dr. D. E. Sulzer and Dr. Valude for the French edition, and in New York by Dr. George T. Stevens for the English edition. The Transatlantic Publishing Company, 63 Fifth Avenue, New York. Subscription price of English edition is \$5.00 a year.

This journal has been reviewed before in these pages. The April number, being No. 4 of Volume CXV, has been received. Among its most valuable articles is one entitled "Nasal Affections and Reflex Ocular Disturbances," by Laurens; "The Formation of Images in Regular Astigmatic Systems," by G. Weiss. This is, perhaps, the most important article in the book, and is finely illustrated. Another article is entitled "Large Subconjunctival Injections of Cyanide of Mercury in Infectious Keratitis," by Dr. Camille Fromaget. There are several shorter articles and some reports of societies, reviews of journals, and miscellaneous notes. Every well-educated physician should read this journal, containing, as it does, so much that is new and scientific upon the subject of that delicate and precious organ, the eye.

THE VOTER'S GUIDE. A digest of the election laws of Pennsylvania, compiled by Hon. Jesse M. Baker, author of the Baker Ballot Law. Published by Wm. G. Johnston & Co., Penn Avenue and Eighth Street, Pittsburg, Pa. 1896. Price, in paper cover, 25 cents.

This book is interesting only to Pennsylvanians and those outside of Pennsylvania who contemplate a reform in the election laws of their own States.

Pennsylvania has made a complete revolution in her method of voting by

adopting the famous "Australian System." This book gives a minute explanation of that system, aided by diagrams, wood-cuts, and *fac similes* of the ticket. Every voter should have a copy of this book, and thus make himself familiar with all the machinery of the precious American right of suffrage.

OUR ANIMAL FRIENDS. A monthly magazine, published by The American Society for the Prevention of Cruelty to Animals. John P. Haines, President, 10 East Twenty-second Street, New York, N. Y. Subscription price, \$1.00 per year. 10 cents a number.

The October number of this excellent journal contains several interesting articles. Among them we find "Facts and Fictions of Zoölogy," by the editor, a particularly valuable article; "The Bird Market of Paris," by Grace Gallatin; "Pets of Past and Present Times," by Esther Singleton; "Harmless Snakes," "A House of Bubbles" (illustrated), by Meredith Nugent; "The Little Lame Mouse," by Alice Howard Hilton, and others of less note. The prime object of this journal is to inculcate a love of and interest in animals and their habits, and so to suppress the disposition toward cruelty and ill-treatment of them.

NOTES AND NOTICES.

THE STANDARD DICTIONARY.—Horatio Alger, Jr., New York City: "There can be but one opinion of the conduct of the competitor of the Standard Dictionary among fair-minded men. Had the editor omitted in the vocabulary the words objected to, it might and would have been declared incomplete. I attach great importance to the judgment of Chas. A. Dana in this matter. I make considerable use of the Standard Dictionary, and my estimate of its completeness and value grows from day to day." NOTE.—See **THE HOMŒOPATHIC PHYSICIAN** for January, 1896, page 53.—ED.

THE MAYWOOD BICYCLE.—Chicago, Ill., February 11th, 1896. I cheerfully recommend the "Maywood" Bicycle, as I consider it the best wheel on the market. I rode all last season, covering 7,000 miles of both boulevard and rough country riding, and the wheel is in as good condition as it was the day I bought it of you. You are at liberty to refer any one to me. W. E. HOPP, 358-366 Dearborn Street.

HERING ON TYPHOID was crowded out of our pages last month. We make up the omission this month with an increased number of pages.

(I.) duce him to do so, appears to hear without understanding what is said, or without allowing it to make any impression on him : *Nitr. sp. d.* ; permits no one to speak to him : *Veratr.*

II. **Refuses** things offered : *Bellad.*, and remains lying indolent, without sleeping or speaking : *Nitr. sp. d.*

III. **Indolence** ; sits in silence : *Coccul.* ; — of mind and body ; through the day averse to employment or movement ; in the evening averse to work, pleasure, speech or movement ; extremely uncomfortable ; knows not what the matter is with him : *Sulphur.*

Quiet and then suddenly restless : *Chlorum.* ; avoids moving about, is dull in his senses, stupid and embarrassed : *Sulphur.* ; aversions to all efforts of mind and body : *Cinchon.*

COGNITIONS. REPRODUCTION.

IV. **Unconsciousness** : *Arnica. Arsenic. Bellad. Colchic. Hyosc. Laches. Lycop. Mur. ac. Opium. Phosphor. Rhus tox. Stramon. Zinc.* ; — and insensibility, muscles relaxed : *Opium* ; — with loss of the function of senses : *Hyosc.* ; —, like a deep sleep : *Mercur.* ; — with imbecility : *Stramon.* ; he knows neither where he is nor what he does : *Pulsat.* ; lies with both arms stretched along the sides of body ; — ; sudden starts : *Canthar.* ; perceptions entirely lost, picking at the bed-clothes : *Colchic.*

V. **Insensibility** : *Arsen. Cinchon.* ; — with indifference : *Veratr.* ; — with stupor, feels neither pain nor pleasure : *Opium* ; — and loss of consciousness : *Helleb. Rhus tox.* ; — with loss of speech, pulseless-

(I.) ness and cadaverous aspect, while the natural heat of the body is retained, and he is in a sleep-like state, from which he emerges with consciousness and speech: *Mercur.*; stupidity and embarrassment, avoids moving about: *Sulphur.*

II. **Stupor:** *Apis. Laches. Phosph. ac. Rhus tox.*; — with murmuring delirium: *Apis.*; — with profuse sweat: *Kali carb.*; sinks into a state of apathy or stupefaction, remains perfectly unconscious when spoken to or called, cannot be shaken or roused from his lethargy: *Hyosc.*; apathy, unconsciousness and stupor, with murmuring delirium: *Apis.*; takes no notice of what occurs, neither sees, hears nor recognizes his relatives, insensible to external impressions: *Stramon.* (Compare Senses.) — with brown parched tongue as hard as a board, teeth and gums covered with a brown mucus, and the usual mucus dried up to hard crusts: *Rhus tox.*; feeling of drunkenness, with desire to lie down, or with rush of blood to the head: *Bryon.*; is conscious of no want except thirst: *Hyosc.*; silly stupidity, sadness and weakened memory: *Opium*; loss of thought for the moment; insensibility, so that he knows not where he is: *Mercur.*; sensibility entirely benumbed: *Opium*; insensibility; is compelled to rub the forehead: *Veratr.*; giddiness, vanishing of thoughts: *Nux mosch.*; loss of speech: *Hyosc.*; utter insensibility: *Psorin. Sulphur*; cannot be brought to himself: *Nitr. sp. d.*; when spoken to, (III.) answers properly, but unconsciousness and delirium immediately return: *Arnica. Bellad. Hyosc.*; stupor soon returns: *Hyosc.*

Loss of memory: || *Anacard. Hyosc.*; memory

(I.) weakened: *Opium*; forgets the word while speaking: *Arnic.*; forgets time and place: *Mercur.*; and what he has said: *Mur. ac.*; cannot remember the most recent occurrences: *Rhus tox.*; remembers events only as dreams; almost entire loss of mind: *Veratr.*; dullness, like a want of memory: *Pulsat.*

Recollection; mind occupied with things past and present: *Mur. ac.*; does not know those about him, relatives or friends: *Hyosc.*; does not comprehend what occurs, knows neither relatives nor the most familiar objects: *Opium*; now he knows his friends, and again he does not: *Bellad.*

II. Slowness of comprehension when asked a question: *Sulphur*; cannot find the right expression for his ideas, does not remember what has passed: *Coccul.*; thinks rightly but uses wrong words for the correct ideas he intends to express: *Arnic. Graph. Lycop.*; great difficulty in speaking to use the right expressions: *Pulsat.*; talks slowly, answers do not correspond: *Carb. veg.*; either does not understand the questions, or does understand and cannot speak: *Hyosc.*; makes irrelevant answers: *Hyosc. Phosph. ac.*; does not understand questions, does not answer: *Secal.*; when spoken to, is as if awakened from a dream, appears silly, and can only comprehend and answer after a great effort: *Sulphur.*; recognizes what is said to him, but as is after a dream: *Opium*; sits absorbed in silence: *Opium*; sits as if in thought, yet thinks of nothing; like a waking dream: *Arnic.*

III. **Absent-mindedness**; with staggering: *Arsen.*; cannot fix his attention on present objects, or manage his affairs: *Sulph.*; as if absorbed in

(I.) thoughts, and yet a want of ideas : *Rhus tox.* ; with insensibility as if intoxicated : *Nux mosch.* ; absence of ideas : *Sulphur* ; entire self-forgetfulness : *Hyosc.*

PRODUCTION.

II. **Intellect** ; difficult thinking and speech : *Secal.* ; — clouded, though he gives correct answers ; unless questioned, he says nothing of his condition, it does not seem dangerous to him : *Colchic.* ; internal dullness as if sleepy or drunk : *Opium* ; obtuse mental operations, with great inclination to sleep : *Mercur.* ; mind sluggish, with inability to think : *Carb. veg.*

Slow movement of ideas : *Phosphor. Rhus tox.*, and also of the power of comprehension : *Cinchon.* ; answers correctly but slowly : *Nux mosch. Rhus tox.*, and (III.) reluctantly : *Phosph. ac.* ; mental operations slow and difficult : *Rhus tox.* ; ideas move slowly and constantly around one subject : *Petrol.* ; with confusion of head as if bound : *Carb. veg.* ; dwells long on his answer before giving it, often does not answer at all : *Nux mosch.* ; averse to thinking, debility of mind, vanishing of thought like fainting : *Byron.* ; difficulty of thinking, great forgetfulness and dullness in head : *Byron.* ; cannot bring two ideas into connection, weak in his intellect : *Sulphur* ; inability to think ; thoughts (IV.) cannot be directed or controlled : *Hyosc.* ; slow comprehension of ideas : *Opium* ; confusion of ideas : *Baptis.* ; stupefied condition ; sits as if in thought, like a waking dream : *Arnic.* ; dullness, stupidity : *Opium. Rhus tox.*, and sopor : *Carb. veg.* ; lethargy and stupidity : *Nitrum* ; lethargy of the sensorium, a kind of half paralysis of the mental organ : *Nitr. sp. d.* ;

(I.) imbecility: *Opium. Stramon.*; idiotic state: *Helleb.*; stupid and disconcerted for many days: *Phosphor.*; with dullness of intellect and all the senses: *Opium*; does not think, with confused heaviness in forehead: *Arnic.*; stupidity with dilated pupils: *Secal.*; cannot comprehend an idea, with headache, painful on waking in the morning: *Phosphor.*

II. **Fixed ideas**; when he has once grasped a thought it cleaves to him, and will not vanish: *Pulsat. Petrol.*; some one idea haunting him, monomania: *Stramon.*; the same disagreeable idea arouses him as soon as he falls into a light slumber: *Calc. ostr.*; great crowd of changing ideas: *Laches. Pulsat.*

III. **Illusions**; as if his body were cut in two, in the middle, as if all surrounding objects were very small, while he himself is very large: *Platin.*; very long and tall: *Pallad.*; believes he sees a large company of people about him, and grasps at them: *Stramon.*; delirious phantasies, in slumber and waking, as if she was on a distant island, had great occupation, was a lady of rank, etc.: *Phosphor.*; speaks to the absent as if they were present, and calls inanimate objects by the names of persons, while he takes no notice of his attendants: *Stramon.*; does not believe to be in his own house: *Opium*; thinks he is in the wrong place: *Hyosc.*; wants to go home: *Byron.*; (IV.) believes he is always alone: *Stramon.*; thinks he is dead; muttering stupor: *Apis. Laches.*; says there is nothing the matter with him: *Arnic.*; thinks he is well: *Arsen.*; illusions of the senses, and imagination: *Hyosc.*; has visions of beauty or terror: *Bellad.*; sees people standing at the foot of the bed: *Bryon.*

I. **Terrible visions** ; sees animals which he fears : *Bellad.* ; — with fear and desire to hide or run away ; *Pulsat.* ; hides under bed-covers : *Stramon* ; frightful visions : *Carb. veg.* ; the 14th day : *Calc. ostr. Stramon* ; frightful phantasies, in the evening in bed, with frightened starts on closing the eyes to sleep : *Cinchon.* ; sees things all the time : *Bellad. Calc. ostr.* ; vivid hallucinations : *Mur. ac.*, of sight, hearing and smell : *Stramon* ; with frequent changes of vision, (in T. versat.) : *Hyosc.* ; absent persons talk to him : *Stramon.*

When closing the eyes, sees persons and events before him that are neither fearful nor anxious, mostly strange faces : *Arsen. Calc. ostr. Carb. veg. Sambuc.*

DELIRIUM.

II. **Mild** : *Arsen. Opium. Phosphor.* ; changing with loud talking : *Bellad. Hyosc. Stramon.* ; talks about business matters : *Byron.*, with coldness : *Veratr.*, with attempts to run away : *Byron.* ; —, in the beginning ; only in sleep or on awaking : *Bryon.* ; — in early stages : *Bellad.* ; second stage : *Hyosc.* ; after two weeks : *Calc. ostr.*, —, and makes no complaint, in second stage, with general heat : *Hyosc.* ; continued when awake ; sees persons who are not, and have not been present : *Hyosc.*

III. **Constant** : *Baptis.*, with congestion to head and face : *Opium* ; allowing no rest or sleep : *Mur. ac.*

Low : *Rhus tox.* ; murmuring : *Arnic. Hyosc. Lycop. Rhus tox. Stramon.* ; slow murmuring : *Phosph. ac.* ; muttering : *Bellad. Opium. Veratr.*

After *Calc. ostr.*, if the patient is harassed by mut-

(I.) tering delirium, a tearing and stinging headache, lies in a state of quiet sopor, sometimes interrupted by screaming and scolding; with distended abdomen: *Lycop.* JAHR.

II. **Soliloquizes** much: *Rhus tox.*; constant talking, thinks he is roaming over fields, swimming, lying in the water for hours: *Rhus tox.*; — of old occurrences, with open eyes, and recognizes what is said to him, only as if after a dream: *Opium*; —, with talking of religious things, of fulfilling vows, prayers: *Veratr.*; indistinct loquacity: *Apis.* *Hyosc.*; loquacity, mild or terrified: *Stramon.*; — about his avocations: *Bryon.*; — very loquaciously, with brilliant eyes and circumscribed redness of the cheeks, afterwards stupid and irritable: *Lachnanth.*; — loquaciously or violently and loudly: **!** *Bellad.*; with singing, laughing and whistling: constant involuntary odd motions; objects appear oblique: *Stramon.*; talks of (III.) ghosts, devils and spirits, which he says surround his bed and afflict him: *Opium.* (Compare Actions.)

IV. **Imagines** to be under control of strangers, and desires to go home: *Bryon.*; goes out of bed, does not feel as if he were at home: *Opium*; impression that he is elsewhere than at home: *Veratr.*; talks of going home: *Bellad.* *Bryon.*; talks of starting on a journey, wants to be dressed, is ready to go: *Opium*; attempts to get out of bed: *Bellad.* *Hyosc.* *Opium.* *Stramon.* *Zincum*; attempts to escape: *Bellad.* *Hyosc.* *Opium*; inclination to run away, compare Desires.

V. **With visions**: *Stramon.*; changing images from the past or present, keep him active and irritated:

(I.) *Mur. ac.*; frightful objects: *Stramon.* (Compare Frightful visions, under Painful Feelings.)

II. **Furious**: *Bellad. Calchic. Pulsat. Zincum*; at the height of the disease: *Stramon.*; —, amounting to roaring madness: *Zincum*; furibund, with loud talking, laughing and attempts to escape: *Opium*; —, raving, restless, obstinate, objects to sleep, redness and prominence of eyes with intolerance of light: *Bellad.*; — violent, with staring eyes; strikes, bites or spits at his attendants: *Bellad.*; —, cries, strikes at all around: *Cunthar.*; cries even to hoarseness and complete loss of voice: *Stramon.*; — with desire to escape from bed: *Bellad. Hyosc. Stramon.*; maniacal, gets up, tries to run away, screams, roars with sunken features, cold feet, quick pulse: *Zincum*; — violent, followed by vomiting and deep sleep: *Secal.*; violent, constant talkativeness, with subsultus tendinum and other movements: *Valeria*; — during the hot stage: I *Arsen.* II *Bellad. Hyosc. Opium. Rhus tox.*; with pain in limbs: *Rhus tox.*

III. **Delirium** with stupidity: *Nux mosch.*; with stupor: *Baptis.*; — with loss of consciousness: *Pulsat.*, after still greater vertigo, like intoxication, with sense of lassitude and weakness: *Secal.*; quiet, with great stupefaction and dullness of head: *Phosph. ac.*; anxiety, headache, noise before the ears, great restlessness, loss of speech, trembling, and anxious sweating: *Arsen.*; violent pain in forehead: *Bellad.*; heat of head: *Camphor*, with open eyes: *Bellad. Hyosc. Stramon.*; on closing eyes, all sorts of frightful phantoms: *Calc. ostr.*; — with sunken features: *Zincum*; — with vomiting, and after it, deep sleep: *Secal.*; — wild,

(I.) alternating with stupor and stertorous breathing, with open mouth and depression of the lower jaw: *Laches. Opium.*; — with hoarseness: *Stramon.*; — with floccilegium: *Phosphor.*; — with subsultus: *Valer.* (See Actions.) — on going to sleep: *Cinchon. Ginseng*; — as soon as he falls to sleep: *Gelsem. Spong.*; with sleeplessness: || *Bellad.*; — with deep sleep afterwards: *Secal.*; — with sopor: *Lycop.*; — with cold feet: *Zincum*; — with cold, clammy skin: *Camphor.*

II. **Times of the day**; in the evening, with hasty speech: *Bryon.*; especially at night, about business or previous affairs: *Bryon.*; after midnight: *Kali carb.*; in the morning upon business, with disposition to run away: *Bryon.*

III. **Agitation**, restlessness, jumping out of bed, attempts to run away: *Hyosc.*; drunkenness with staggering or indolence; frantic drunkenness: *Nux mosch.*

IV. **Prostration**; with depression of spirits; weakness, with inability to do work; marked sinking of strength, with inability to move; want of tone in the solids of the body: || *Opium*; — of the mind, he cannot bring two thoughts together, as if quite stupid: | *Rhus tox.*, and depression of spirits: *Mercur.* | *Nuphar.*; with torpor: *Arnica.*; mentally restless, but too lifeless to move: | *Baptis.*

V. **Fright**; is frightened easily: *Ignat.*, with nervousness: *Kali carb.*; terrified; *Stramon.*

MENTAL STATES AS CONDITIONS.

Mental exertions cause bodily symptoms; on endeavoring to fix the attention on an object, throbbing in the vortex: *Nux vom.*; great anxiety and worriment of mind: *Calc. ostr.* | *Cupr.*; long grief: *Ignat.* | *Opium*; violent passions: *Chamon.*

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THE
HOMŒOPATHIC PHYSICIAN,

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HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"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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EDITORIAL.

NITRIC-ACID.—The lustreless sunken eyes of Nitric-acid suggest also Sulphur. The spots on the cornea are similar to Calcarea-carbonica. The paralysis of the upper eyelids remind us of Phosphorus and Causticum. Drooping of the upper eyelid is Dr. Guernsey's key-note of Causticum. His expression is: "Her eyelids are so heavy she cannot keep them up; they seem paralyzed, Causticum."

The discharge of pus from the ears suggests Pulsatilla and Calcarea-carbonica as well as Nitric-acid. The echo in the ears of one's own speech suggests Causticum. The redness of the tip of the nose suggests Aloes, Carbo-vegetabilis, and Sulphur.

The following additional comparisons are offered by the Editor:

Nose red in young women. Borax.

Nose of copper-red color. Cannabis-indica.

Tip of the nose red and knobby. Aurum-metallicum.

Itching of the tip of the nose. Silicea.

Eruption of pimples upon the tip of the nose. Causticum.

Crawling sensation in the tip of the nose. Moschus.

The child rubs the nose with the fist or on the shoulder of the nurse. Cina.

The child wakens at night and rubs the nose so much and so

long that the parents are frightened. It won't stop rubbing its nose. *Lycopodium*. (*Guiding Symptoms*.)

Nitric-acid has sneezing during sleep.

Nitric-acid has coryza, hoarseness, and sore throat. The nose is stopped up, and yet it runs water. Head feels like a board, and the patient feels beaten and bruised all over.

In conversation with Dr. Lippe in September, 1881, he spoke of the peculiar coryza of Nitric-acid, which had been illustrated by a case he had just cured. He said that Nitric-acid is almost certainly the remedy where we had the three symptoms together, coryza, hoarseness, and sore throat. That the running of water from the nose, which is at the same time stopped up, is characteristic of Nitric-acid.

Scurf in the nose is under *Calcarea-carbonica* as well as Nitric-acid. *Sticta-pulmonaria* has the characteristic, the secretions from the nose dry up so rapidly that they form crusts upon the entrances to the nostrils. Complete obstruction of the nose is characteristic of Nitric-acid, but also occurs under *Lycopodium* and *Silicea*.

Nitric-acid has mucus dropping through the posterior nares. This is the great characteristic of *Kali-bichromicum*.

The soreness of the throat in coryza, under Nitric-acid, is a stitching soreness.

Petroleum has fluent coryza and hoarseness.

Nitric-acid has bloated condition around the eyes on waking early. This is similar to *Apis*.

Nitric-acid has swelling of the lips. *Calcarea-carbonica* has swelling of the upper lip. *Apis* has the same symptom.

Nitric-acid is useful in painful swelling of the submaxillary glands. This is similar to *Calcarea-carbonica*.

Pain in hollow teeth, especially after the abuse of Mercury, indicates Nitric-acid.

Under Nitric-acid the gums are white, swollen, and bleeding. This is similar to *Mercurius*. Dryness of the mouth with thirst indicates Nitric-acid and *Natrum-muriaticum*.

Nitric-acid has ptyalism, like Mercury. *Phosphorus* has bloody ptyalism.

Sensitive tongue, with smarting sensation, even from mild food, indicates Nitric-acid and Natrum-muriaticum. A white, dry tongue indicates Nitric-acid and Apis.

Violent thirst in the morning in those suffering from sup-puration of the lungs, indicates Nitric-acid. This, according to Dr. Lippe, is a clinical observation of Hahnemann.

Perspiration during and after eating indicates Nitric-acid and Natrum-carbonicum.

The Nitric-acid patient gets water-brash from drinking fast.

Pain in the cardiac orifice of stomach on swallowing food indicates Nitric-acid. It also indicates Phosphorus, Alumina, and Bryonia.

When the Nitric-acid takes cold it generally settles in the abdomen and causes colic. This is characteristic of Nitric-acid.

Incarcerated flatulence in the upper abdomen indicates Nitric-acid. Aloes and Lycopodium also have it, but under Lycopodium it is worse at night.

Nitric-acid has stitches and pricking in the rectum, with tenesmus after stool.

Nitric-acid is indicated in children who are troubled with in-continence of urine, and so is Causticum.

Nitric-acid is particularly useful in inflammation of the prepuce with swelling and phymosis. Mercury and Sulphur are also indicated. In the Nitric-acid patient the testicles hang down too low.

Under Nitric-acid the menses are too early, like Calcarea. During menses there is colic, and this also indicates Natrum-carbonicum.

Nitric-acid has dry tickling cough on lying down, so also has Calcarea-carbonica.

Cramp-like pain in the chest under Nitric-acid also suggests Cocculus.

Nitric-acid has soreness of chest from deep breathing and coughing. Calcarea-carbonica has soreness of the chest when touching it. This is an excellent indication for Calcarea.

PRESIDENT'S ADDRESS.

B. FINCKÉ, M. D., BROOKLYN, N. Y.

(Concluded from page 433.)

The physico-chemical character of the reigning (not regular) old medical school has not changed at all. Diphtheria is caused by a poison produced by a parasite called the Diphtheria-bacillus. The more poisonous the bacillus, the more poisonous must be the antidote which they conceive to be the remedy. The stronger poison must subdue the weaker, and so the anti-toxine taken to be the stronger poison must be increased to double and more of its strength and inoculated in greater quantity. Whether the human living organism can stand it does not seem to bother them in the least. If it cannot stand it it is the fault of the organism, not of the intelligent, rational therapist, who stands excused from any intentional or unintentional murder before the law of the land. This is the unfortunate domination which chemistry of late has gained upon the department of internal medicine as art and science of healing. Without taking heed of organic life in the body from disease, they treat man like a retort, in which they mix their poisonous substances taken from disease and death. They assume duties for which their physico-chemical education does not fit them. What are we coming to? Must the homœopathic physicians submit to the ignominious position assigned to them in these modern times by the allopathic authorities to apply remedies manufactured by them which are mere caricatures of medicine as bad as the mediæval products of the then recommended dirt-pharmacies (Dreckapotheken) in the diseases pronounced infectious and contagious, and depending upon pathological speculations which do not bear close investigation? Must the physicians carry out what chemists, going out of their sphere from unproven premises and false principles, prescribe in diseases, because by the microscope they have found a miniature world of scavengers and parasites in sick bodies which, if not counter-

acted by proper neutralization, is said to involve it in unavoidable destruction? There are more things to be considered than to place the morbid product under the microscope and make it the basis of a prescription. This seems to be curing made easy; but it will be turning out no curing at all, but spreading and aggravating disease, and killing.

What perversion of the mind has taken possession of the medical men of the old school at the end of this glorious century? What warping of judgment constantly is going on as if lunatics were at the head of the faculty, and not learned men having passed through long years of study and examinations and re-examinations. If a person in private life would go to work and inject into the body of a healthy child a substance recommended by high authority to prevent a certain disease, and two minutes afterward that child dies, should not the law step in and accuse the person of the crime of poisoning that child and causing its death? Should it not be declared manslaughter? Does it change the matter any if that person is a physician entitled by the high authority of a sanitary body to do such a thing? Nay, he should be held doubly responsible, because the State has given him license to cure the people or mitigate their sufferings, but not to kill them. What a monstrous perversion of intellect! Must this maiming and killing of the innocents continue in the coming centuries? It is a well-known fact that the fanatics of vaccination never admit that from its operation spring copious diseases, and many cases of death caused by it are stated upon the best evidence, but they will never deviate an iota from the advice of Jenner, to conceal the ill-effects of vaccination from the public. What a fiendish advice! What a state of morals among the fraternity of learned men whom the public revere as their saviors on this earth, placing their life and health confidently in their hands! It is incredible but true; the crude empirical procedure of the allopathic school has given rise to a degree of mendacity which makes all their statistics doubtful, and statements in medical matters must be received with utter scepticism till proved to be true. What a contrast, on the other hand, is pre-

sented in looking at their treatment of Homœopathy ! Whilst they are not afraid of administering to the sick poisonous doses of crude medicines and morbid substances, inoculating them into the body, they grudge to the homœopaths the use of their potencies, which derisively they call nothings, and in Germany force them to prescribe their potencies in the licensed shops, compelling them to undergo an examination by which only they can acquire the right of self-dispensation, and to submit to the arrogance of a high official, who makes it a favor to be bestowed. Nay, it is forbidden in some countries to give simple powders of sugar of milk and globules on the part of the physician. May the good God protect us from such unmitigated despotism on the part of a profession which calls itself the regular school of medicine, and is so irregular in its practices ! We have seen compulsory vaccination taking hold of late years in our blessed country where it never was before, and all efforts have been in vain so far to defeat this indignity and outrage upon a great nation, because the people are kept in ignorance and fear of that dreadful disease, which on the whole does not undermine the public health as much as vaccination does. May the physicians of our country look out that the precious right acquired by competent study, and the privilege given by the Commonwealth to practice according to our best ability, be not curtailed and gradually altogether abolished.

There is no scientific foundation to the old school, as has been laid down for Homœopathy a hundred years ago by Hahnemann. It only proceeds upon empirical data and traditions and methods purloined from the chemical laboratories which give them not a particle of right to domineer over our new school. If the surgical branch has made enormous progress in the way of operating, it cannot change the homœopathic conception of medicine. Rather surgery can learn from it how many operations can be prevented or assisted favorably by homœopathic treatment. If surgery has been progressive, Homœopathy has not been stationary either ; though its law is eternal, it certainly goes forward in perfecting the *materia medica pura* and *posol-*

ogy. Through the introduction of the high potencies for the last fifty years, the range of healing has been remarkably widened, and promises still further favorable results in curing diseases even thus far deemed incurable, and in mitigating the amenable ones. We have often heard that the elder homœopaths have been more successful than those of our time in this respect. With all due honor to the pioneers living in a time when the enmity of allopathy was fiercer than now; when the medicines of homœopathic physicians were confiscated and buried in a churchyard; when homœopathic physicians were prosecuted in court by great professors to cover their own misdeeds; when they accused Hahnemann of murder because he would not bleed in inflammation of the lungs—and, what might we say now, looking upon a case of injection of anti-toxine killing a healthy child in two minutes—we do not think so. Witness the cases reported in our journals for the last thirty years, and in the many volumes of the International Hahnemannian Association, and you will admit that we do yet march abreast with our predecessors in the direction of equal if not greater efficiency in healing. It is pitiable that we have no more cases reported by our greatest men, because the recorded facts of clinical experience are the very rock upon which the science of homœopathics is being built up. We do not think that cases recorded lead off from earnest study of the *materia medica*; quite the contrary, they give it more interest and stimulate the healer to do likewise. Clinical cases are, therefore, mostly to be desired as stepping-stones to greater perfection. But of course, reports of cases treated in the crude allopathic manner, and of cases which present no interest but the skill in operating in surgery and gynecology without any ostensible relation to homœopathic treatment, would be here in the wrong place. They can be vented in the circles which will receive them with applause, but are foreign to us, to say the least.

There is, however, a point to be considered which is apt to throw a false light upon our work, and that is what generally is admired as a broad, liberal view, embracing everything with-

out a principle, but is only a reprehensible latitudinarianism, as Goethe says :

Getretner Quark wird breit, nicht stark.

The International Hahnemannian Association wisely carries in its motto the "*minimum*," mindful of Hahnemann's inculcation of the least possible dose, which we encounter in his earliest writings, as above mentioned, as far back as in 1801, where he says: "Will they at last understand how small, how infinitely small, the doses of the remedies need be in the sick state in order to affect the body powerfully?" and in 1805: "This dynamical action of the medicines is as the vitality itself by which it is reflected upon the organism, almost purely spiritual, most strikingly that of the positively (curatively) employed remedies, with the peculiarity that the too strong dose can indeed do harm and produce considerable disorder in the body; but a small dose, a most possibly smallest one, cannot be unhelpful if the remedy is otherwise well indicated."

But if the doses at that time were already comparatively small in relation to those of the old school, Hahnemann did not continue to rest on this standpoint, as the friends of low potencies contend, but went steadily up higher in the scale of potentiation till, at the time of the first appearance of higher potencies than he had ever used, he hailed the new discovery with the ardor of a young man even in his old age (seventy-seven) as the fulfillment of his earlier predictions. Now, the great majority of the homœopathic profession confessedly adheres to the false representations that Hahnemann had always advocated and used the so-called low potencies and dilutions, or triturations, which they use even now in the decimal scale. There are some among them who let well enough alone, and use the lowest and the higher potencies as they see fit, and thus a rule has originated: the whole scale of potencies from the lowest to the highest must be at the disposition of the homœopathician. This, indeed, sounds quite liberal and broad, but it is not Hahnemannian; for Hahnemann nowhere said such a thing. Bœnninghausen stigmatized it "as an empty phrase designed

to deceive the ignorant, as long as sure rules, resting upon irrefutable experience, are wanting, according to which this or that potency deserves to be preferred and is to be selected. Of such guiding rules we hitherto have not been able to find anything but the above-mentioned one, the falseness of which is evident and, at the same time, moves within very limited spaces." Quite in opposition to those false assertions, after the experience of a long life—and what an experience his was—Hahnemann laid down the rule that provided the correct selection of the remedy according to symptoms-similarity, the dose can never be small enough still to overcome the disease. This is what our "*minimum*" means, and if we will follow the master of our art in other things, we must follow him also in posology.

In thus following our own course we do by no means reject those who still dwell upon the lower rungs of the ladder, and invite them to come up to a higher perception of homœopathies, such as is the true spirit of Hahnemannian Homœopathy, by our institution of junior membership. By it the applicant is not required to indorse the Declaration of Principles at once, but has the privilege of the floor for the discussion of medical topics and of presenting such papers as are indorsed by the Board of Censors, and is entitled to a copy of the transactions. If, then, after three years of attendance he wants to stay with the International Hahnemannian Association, he is welcome to active membership, subject to the necessary conditions. If he doesn't want to go on, why there is no necessity for it, and he simply drops off, a thing, however, which thus far has never happened. It is certainly true that the low potentialists are much more liable to fall back upon the doubtful resources of allopathy in critical cases, and use means condemned in no unmistakable language by Hahnemann.

They are also more inclined, as a general rule, to make pathological reasoning their guide, which, as pathology always tends to generalizing and adapting cases to the patterns of diseases arrived at by it, is apt to lead the homœopathic physician to neglect the necessary individualization of each case according to its symptoms. This necessity of healing, the proper taking of

the case in all its details, and consideration of the value of the different symptoms in regard to similar symptoms of the pathoëtic medicine, will always be the essential duty of the homœopathician. The difficulty of coming up to this requirement deters him who looks at disease as an entity for which he must find a counter-picture in the pathology gotten up by the old school containing patterns of every disease, which he has only to adapt to his case in order to work the miracle of a cure in which he is sure to fail. The salient point in the pathological description is not always the salient point in a pathogenetic picture for which we are bound to find the appropriate remedies. The pathological patterns are generalizations drawn from a multitude of cases during life under allopathic treatment with crude substances, large doses and injection of morbid substances, and derived from post-mortem examinations of the diseased parts of the body, and consequently they cannot govern our treatment of the individual case before us. Pathology takes very little heed of the subjective symptoms which play the most conspicuous part in our purpose of healing, for they are the signs of life, the manifestation of the life-force which through them calls to us for help. On the other hand, our remedies have been proved upon the live, healthy body, and the subjective symptoms, as a general rule, are of greater importance than the objective ones which the physician can, and of course must also observe; nay, the subjective symptoms frequently acquire an objectivity which leaves the observation of objective symptoms far behind.

One of our best men contends that Homœopathy is a pathological science because it deals with the cure of diseases. Hahnemann has long ago refuted such a narrow view when he wrote in the first paragraph of his *Organon*, even in the first edition in 1810: "The physician has no higher aim than to make sick men well." The difference, little as it appears at the first glance, is a great one between treating a disease in an individual and treating the sick individual himself. The disease is treated as an individual according to pathological knowledge, and the living individual is eclipsed. If Hahnemann taught to heal by

a *δμοιον πασθολ* *homoion pathos* (similar suffering), he did not mean by the pathological codex laid down by the old school, but by the knowledge of healthy individuals made sick by medicines in order to learn its pathopoëtic symptoms. All the knowledge conveyed by our *materia medica pura* is composed of the collection of these pathopoëtic symptoms observed in many individuals, which, when arranged in a convenient order, reveal the peculiar character of making people sick in the direction of the force which the medicine is able to exert. To this collection is added what medical writers on the positive actions of the medicaments have recorded.

This is a pathology quite different from what is called pathology in the old school, and is a branch of medical science worth studying more than the accumulated theories of allopathic pathology, since it tends to better knowledge in healing the sick who apply to us for help but not for pathological speculation. Thereby is not meant that the pathological study is not necessary and pathological knowledge need not be cultivated and increased. Certainly not. The study of pathology is as necessary as the study of physiology to a certain extent; but it should not take the lead in our endeavor to heal the sick. The efforts to find the pathopoëtic actions of medicines by poisoning animals and cutting them up alive belongs to the savage science, which, unfortunately, too many embrace under the apprehension of increasing the realm of true science. It leads to a degeneration of the medical profession which delights in cutting and slashing and numerous operations, but in the ordinary mind gradually deadens that sensation of human fellowship which should never be forgotten, even when treading the highest pinnacle of science. How many sick people are sacrificed to this moloch of a savage science which loves to maim and kill nobody knows better than the homœopaths, to whom they afterward come for help when they escape, or from whom they depart under the erroneous impression that the homœopathic treatment is insufficient, in order to be taught a dreadful lesson on the operating table of the surgeon and gynæcologist. You are well aware that there are certain limits

where, without doubt, surgical treatment is required; but the knife should always be the *ultima ratio* of the physician as the sword is that of the kings. These limits should never be overstepped. It has been the aim of Homœopathy from its beginning to remove those limits as far as possible, and we are happy to say that there are many surgeons and gynæcologists in our ranks who, though up to date in the proficiency of their specialty, are in full accord with this effort. There must always be a critical line which requires a keen judgment to demarcate. We have been told that—*e. g.*, in appendicitis—the surgical treatment should step in when there is yet hope for a successful termination. The same is said of croup, incarcerated hernia, as also in poisoning, in bites of venomous animals. This sounds quite reasonable. But where is that debatable line? Every medical man must decide for himself about it and act accordingly. But it should not be left out of sight that Homœopathy, if properly understood, with assistance of its rich *materia medica pura* and in the possession of the best homœopathic potencies of all grades, has an enormous advantage over the operator who has only a limited or no homœopathic knowledge, though his surgical acquirements be without limitation. We need the surgeons, we need their exact anatomical knowledge, their keen judgment, their skillful hands, their steady purpose, their kind management of serious cases requiring their aid; we want to attach them more and more to the art and science of homœopathics, in order to reach that high goal expressed in the old adage: *Salus asgroti suprema lex*. (The well-being of the sick is the highest law.)

Every one has his own gift; one is a good prescriber, another a good prover, another a keen searcher in philosophy, another excels in surgery, another in gynæcology, another cares for hygiene, another is proficient in preparing medicines, and so on. If every one does his best in following out his predilections and natural gifts always within the principles of homœopathics, which we one and all profess as the principles of healing, our noble cause must progress victoriously and gradually spread its insensible action like a high potency working throughout

the human world, and finally also bring those to their senses who now, with the aid of public ignorance, political influence and power exerted in the wrong direction, try to extinguish the light which our own Hahnemann has kindled just one hundred years ago. They will never, *never* succeed!

Looking at the enormous progress in the departments of physics, chemics, and surgery, a striking contrast is presented when observing the shortcomings of internal medicine in the physico-chemical school which are deplored by the physicians belonging to it themselves. The shocking mortality in diphtheria, in contrast with the small percentage of death under homœopathic treatment, have forced the allopaths to adopt a mode of treatment neither isopathic nor homœopathic, as shown above, but true to its old standard, simply allopathic. If thereby the rate of mortality is lowered it must, in the interest of those who are to be saved by it, which is still doubtful, be hailed as a progress, though very insignificant in proportion to homœopathic success.

The late discovery of Röntgen of the penetration of the negative electric rays through solid bodies in the dark tube exhausted of air, connected with pathopoëtic effects upon the operator, shows how the attenuation of air under the air-pump gives the electricity conveyed to it an opportunity to exert an energy which escaped the observation in broad daylight and in the open air. Yet these cathodic rays no doubt act even under ordinary conditions upon sensitive organisms exposed to them more or less all the time; for electricity is omnipresent around us and must have an effect upon sensitive natures, though it is generally not observed. This reminds us of the thorough investigations of Reichenbach, some forty years ago, which he preserved in his large work, *Der sensitive Mensch*, and in some more writings before and after its publication. (*Der sensitive Mensch und sein Verhalten zum Ode. Stuttgart. Cotta-scher Verlag, 1854. 2 vols.*)

Already in 1862 Reichenbach showed this emanation of light in complete darkness from a large quartz crystal, directed with its negative end to a photographic plate for fifteen minutes, producing the picture of a cross cut out of a piece of paste-

board which was placed upon the plate. Still more interesting was his experiment to show the light emanating from the fingers of the right hands of five men, placed upon a glass bar about one and one-half inch long, and directed with one end upon a similar cross over a photographic plate for seven and one-half minutes in the dark chamber, by a picture of a brown color of the cross upon the plate. At this time (1862) he offered to the Berlin professors sixteen experiments in all of which he could show light to emanate from the walls and ceilings of the rooms, the points of crystals, the poles of magnets, the organism of man, especially the finger-tips, from chemical action, friction, amorphous masses of metals, triturated kitchen salt, the focus of a lens; but these noble professors disarranged his arrangements and frustrated his design in the old allœopathic crooked way. (*Odische Begebenheiten zu Berlin in 1861 und 1862*. Schroeder. Berlin, 1862.)

Now these emanations of light from these various sources, which can be seen by sensitives in the dark as luminous phenomena, can equally act upon the sensitive photographic plate in the dark and produce pictures upon it as the common daylight does.

It has already been surmised that Rœntgen's discovery will have an important influence upon diagnostics in medicine as the value of it is already acknowledged in surgery. But also here Reichenbach is more than forty years in advance (*Der sens. Mensch*, § 2252): "Mrs. K. found it amusing to bring the back of her fingers so near to the conductor that her tips absorbed the electricity. Thus the fingers became luminous and transparent, as if before a candle-flame, only much purer, so that she could distinguish in them veins, nerves, tendons, fibres of the ligaments, as beyond conception beautiful and fine, that she thought never to have seen anything more beautiful." The remark of Reichenbach on this occasion was prophetic, and has materialized already at the present day: "This can become an object of incalculable importance for the healing art, especially for diagnostics. It will succeed in making the whole sick organism transparent for high sensitives, and it will be possible to

see which internal organs are diseased, and which progress the disease may make, forward or backward. But also the processes in the healthy body will be examined in this manner." The great work of Reichenbach, containing thousands of carefully made experiments, arranged and commented on in the true scientific spirit, and serving as a model of scientific research, was denounced by Dubois Reymond, a late rector magnificus of the great Berlin University, as "one of the most deplorable aberrations to which for a long time a human brain has fallen a victim; fables which deserve to be thrown into the fire." Well, in the whirligig of time the magnificent professor's condemnation came to be executed, but in another sense than he dreamed of in his philosophy. Reichenbach's fables are fired into the Röntgen rays, and teach the wise men that not all wisdom emanates from the big schools of learning. Nay, since that very discovery of the X-rays, a magnetician, Tormin, has obtained photographic pictures from emanation of light from his finger-tips of the right hand pressed upon the cover of a closed wooden case, in which was contained a photographic plate, within forty-five minutes. (Ludwig Tormin, *Magische Strahlen*. Düsseldorf, 1896.)

You ask, what have these interesting discoveries to do with Homœopathy? Where is here the principle of *Similia Similibus*, the first enunciation of which by Hahnemann a hundred years ago we to-day celebrate? The reason of presenting these few experiments is to show how the elimination of matter enables the forces carried by it as their vehicle to exert their specific energies. As in the light first discovered by Reichenbach, emanating from all matter in light and darkness, which he called Od, and now in the light emanating from the electric cathode in the vacuum and darkness, breaks loose from the crude mass and assumes new properties in the transference from crudity of air to fineness, so also the medicinal forces are liberated from the crude vehicle confining them, and by distributing through and transference upon inert vehicular masses, unfold their specific power when brought in contact with the organism of man in the necessary proportion indicated by the state of the

life-force in its pathogenesis through the Hahnemannian law of Similia. Nay, more; the potentiation of the crude medicinal substance is necessary for rendering it homœopathic to the system to which they are to be administered. And here is in point Hahnemann's early observation (*Organon*, first ed., § 7): "There must be a healing principle in the medicines; the understanding forebodes it. But its essence is not perceptible in any wise—only its utterances and actions may be deduced by experience." And *Ib.*, § 254: "The action of the healing anti-disease-potencies which are called medicines upon the living human body happens in such a penetrating manner, it spreads from the point of the fibre endowed with nerves upon which the medicine is first applied with such an incomprehensible rapidity and universality through all the parts of the living individual, that their action might be called almost spiritual as vitality itself, from which its action is reflected upon the organism; the body, animated by irritability and sensation, receiving its specific impression, lends to this action a kind of life."

This spirit-like, dynamic, life-like action of the medicine potentiated on the Hahnemannian plan is certainly as similar to the vitality reflected upon the organism, which he later termed the life-force, as the symptoms of disease to be cured by remedies capable of producing similar symptoms on the healthy. Such fine preparations of medicines as Hahnemann had in his mind's eye were not to be compared to any preparations emanating from the pharmacology of the physico-chemical school. They have nothing in common with them, because no methods known to physical and chemical science are able to detect the least particle of matter in them, not even a molecule, nor less an atom, nor even one calculated by the greatest mathematicians of the age, because they all are left behind in the mode of potentiation, which leads to the conclusion that the crude substance containing the medicinal, "almost spiritual" force, as a mere vehicle, allows it by the method of transference to mediate an enormous amount of inert material, which now, as another vehicle of matter, keeps the imparted medicinal force in a high potency for the use in disease for the sake of healing,

and in health for the sake of proving. This is, therefore, the *Similia Similibus*, which, by the new principle enunciated one hundred years ago, was the necessary consequence of its application in practice, and cannot be omitted when celebrating the *Similia Similibus* in regard to the similar symptoms. This unity of *Similia*, carried into practice, and forming the nucleus for further scientific investigation, forms the eminent problem which the International Hahnemannian Association has to solve. May all the members conceive it deeply in their minds, because it grows out of the true Hahnemannian conception of HOMŒOPATHICS!

Ceterum censeo, macrodosiam esse delendam.

CURED SYMPTOMS.

C. M. BOGER, M. D., PARKERSBURG, W. VA.

1. Balanorrhœa, profuse discharge of pus, with smarting and burning. \mathcal{R} Jacaranda^{3x}. Cured.

2. Sensation as if the sternum were swelled, with painful soreness. \mathcal{R} Osmium^{9m}. Cured.

3. Cutting in the spleen (Bell., Crotal., Dulc., Verb.), from having stood in a draft, phlegmatic temperament, abuse of alcohol. \mathcal{R} Bell.^{3x}. Cured.

4. Sensation of drawing together of ears internally; better from boring finger into ears (Bov., Colo., Lachn., Mez.). \mathcal{R} Mez.^{50m}. Cured.

5. Sensation as if struck in the eyes with the hairs of a brush, with a boring below left scapula, during Bright's disease. \mathcal{R} Agar-an.^{2m}. Removed symptoms.

6. Sensation of burning heat and scratching in the eyes, *only when lying down* (Carb-v., Znc.); prevents rest at night, conjunctiva very dry, almost no secretion; this remedy restored secretion, which became at first purulent, then normal. \mathcal{R} Carb-v.^{50m}. Cured.

7. Leadен heaviness in stomach, worse after eating, especially sour things; *quivering* in the *left hypochondrium* and *left ovary*; vertigo; frightful dreams. \mathcal{R} Arg-nit.^{40m}. Cured.

THE FRIENDSHIP OF DR. RAUE AND DR. HERING.

(An address delivered at the Raue Memorial Meeting at Hahnemann College, Philadelphia, October 17th, 1896, by Calvin B. Knerr, M. D.)

“A new and superb friendship.”—WHITMAN.

“Happy is the house that shelters a friend.”—EMERSON.

Shortly after Dr. Raue's death I received a letter from a friend and colleague which ended with the words: “I am sorry about Dr. Raue. I feel as though I had lost another part of Dr. Hering.”

These words found a ready response within myself, for I had been long and intimately associated with both. What I personally owe to the influence of these two men I will not undertake to express. To have enjoyed the daily companionship of men like Hering and Raue; to have been admitted to their confidence and inmost thoughts; to have been allowed to work for them and with them most of us would consider a rare privilege, a liberal education in itself. I have always looked upon it as the luckiest thing of my life, a boon bestowed by Providence upon an unworthy recipient.

What, in my humble way, I can contribute to the history of the friendship of these truly great men, beacon-lights in the history of our cause, I look upon as a labor of love, a duty as pleasant as the placing of flowers upon the graves of loved ones.

Dr. Raue was twenty-eight years old when he met Dr. Hering, who was born twenty years before him. This disparity in their ages formed no obstacle to their friendship. Raue came as a pupil, full of desire to be filled with knowledge at a fountain ever flowing. Nature and environment had prepared the way for this meeting; “immense must have been the preparations for men like these, faithful and friendly the arms that helped them.”

The little land of Saxony, so important on the map of Germany, had cradled both, had educated them to a period when their independent spirits longed for more freedom and a wider sphere of usefulness. Monarchical institutions were distasteful to them. They were alike strong in their love of freedom and their hatred of privileged classes. They felt themselves "cribbed, cabined, and confined," and longed for expression.

Hering sailed for South America at the age of twenty-six, Raue for the United States when twenty-eight. They were destined to meet here, in the City of Brotherly Love, where Hering had established Homœopathy after his pioneer work at Allentown, in this State.

Homœopathy had a good foothold, but needed energetic spirits to keep it alive. Good instructors were needed. The news of the good reception accorded Homœopathy in America had reached Germany. Raue heard of it and wanted to try his luck.

A letter of introduction from Dr. Hering's brother Carl, in Saxony, who knew young Raue well, was full of promise. To quote Hering's own words, taken verbatim from my notes: "Raue was assistant teacher to one by the name of Dressel, who was at the head of a higher institution of learning. Raue so highly distinguished himself in this capacity that Dressel wished to appoint him his successor, but Raue said: 'I want to go to America, and I want to study medicine.' There was a lack of funds. In order to obtain these he was advised to prepare a work for students on the *Psychology of Beneke*. He did so successfully, and made a sensation. He arrived in America and came to me. At first I advised him to study for the ministry. He got furious. 'I want to be a doctor, nothing else, and I want to be your student!' I thought to myself, this fellow will be either very much, or else he will amount to nothing at all, and adopted him."

A close relationship thus began, in 1848, between Hering and Raue, which ripened into a friendship to endure thirty-two years, until the time of Hering's death.

What the foundations for this more than ordinary friendship

were I will endeavor to make plain by drawing parallel lines in the characters and characteristics of the two men.

In personal appearance they resembled each other. They were not men of ordinary mould. They were grand, sturdy men, of medium height and rugged athletic build. They gave the impression of being very much taller than they were in reality by reason of their commanding presence, their towering foreheads, leonine heads, and fine, expressive eyes.

Raue's head was round, had very expressive prominent frontal bones, the orbital region very well formed (fit receptacle for the philosopher's brain), the eyes deep-set, gray, fiery, sunny, sparkling; the hair blonde, later in life tinged with gray, and worn long like that of his friend and as was the custom with their race in the olden time. No doubt some thought that Dr. Raue imitated Dr. Hering. In fact, on one occasion, some one impertinently said to Dr. Raue: "You are the little Hering. You imitate him!" Dr. Hering, who was present, said: "No, you are mistaken; Raue does not imitate me. We are both THICK HEADS, that is all!"

It is a fact, however, the older Dr. Raue became the more he grew to resemble his friend in appearance; and this is not at all strange when we reflect how likeness in thought and soul-life shapes to similarity the features of those who live together long in close companionship and follow similar pursuits.

The grand head of Raue, set upon broad shoulders, assumed more and more the resolute and commanding look which people admired in Hering.

A workingman, in whose family Dr. Hering attended years ago, when engraving the block for Dr. Raue's portrait, to appear in one of the daily papers over an obituary notice, was struck with the resemblance and made the remark to his wife, "I made a picture of Dr. Hering to-day."

Small wonder that Raue should take on more and more the likeness of his friend when we come to realize that his whole world was bound up in him.

Daily, faithfully, and unflinchingly, through all weather, Dr.

Raue paid his morning call to Dr. Hering, and Dr. Hering looked forward to it as to the rising of the sun. He would as soon have expected to have the one to fail him as the other, and surely Raue would have thought the planetary system out of joint if something had turned up to interfere with his visit to Dr. Hering.

In their dress both men were simple and unostentatious. Looks had to give way to comfort, fashion to common sense.

Their garments were worn loosely upon the body, their neck-wear was not in the fashion, nor were their hats, of soft felt with wide brims, and their shoes were broad-soled and a world too wide to be in style, but easy and comfortable to the feet. In externals, as well as internals, their natures would not bear restraint; as Carlyle puts it, their "contempt for earthly shadows was always extreme."

Men like these "were never measured, and never will be measured." They were not "contained between their boots and hats."

In speech they were quite similar. Their language simple, natural, bold, and strong, free from sentimental rhetoric. Ordinarily they were placid and self-contained, but as is the case with men of great force, profound convictions, and energetic wills, they had a certain fierceness about opinions, in their minds indisputable, which they guarded jealously. When points like these were attacked, they became as explosive as dynamite, and their language was not always picked. They loved the truth and called things by their own names. Little cared they for consequences.

Relating to their utterance and tone of voice will apply the lines of Shakespeare :

"His voice was propertied
As all the tuned spheres, and that to friends;
But when he meant to quail and shake the orb,
He was as rattling thunder."

—*Antony and Cleopatra.*

Both Raue and Hering could put up with personal affront. The moment the cause was attacked they were up in arms;

like their countrymen, the fighting spirit was strong in them. The expressions called in German "Burschikos," the vigorous, one might say good, slangy expressions of the student-days, clung to them all their lives, and very refreshing they were to hear.

The spirit of satire, coupled with delicious wit, though drastic at times and biting when turned against an enemy to the cause, belonged as much to Raue as to Hering, although it is fair to say of Raue he never permitted much of it to get into his writings. He was no friend to polemics in literature.

Many a hard knock was dealt in this way by Hering, but only when deserved and in defense of the cause. It has been said, "All faults may be forgiven of him who has perfect candor," and no one will accuse either of our friends of ever being lacking in that.

Both were patient in listening. If you had an anecdote or story to tell, an observation to relate, or an experience to contribute, you were their man; neither one of them was ever in a hurry to see you go.

The moral and emotional side of the two men was phenomenal; they possessed courage, firmness, resolution; the will to dare and do in the highest degree, but controlled and seasoned and kept in bounds by the supremest *loyalty*—loyalty to friends, loyalty to family, loyalty to the cause. The tough fibre of the human heart was in their friendships.

Neither one cared for temporal prosperity as much as for things immortal. Not money-getters. No money consideration was ever an inducement, cold calculation an impossibility.

On one occasion Dr. Raue was seen coming from Hering's study in a state of great perturbation of mind, one might say high dudgeon. The cause of his disturbance was Dr. Hering himself, who, in an unguarded moment, had offered Raue a share in some money the latter had earned from Dr. Hering's patients while he was sick and unable to attend to practice.

When Raue had gone, Hering said: "Er ist ein göttlicher Grobian," which must have meant something very tender and complimentary, for Hering's eyes were moist when he said it!

Their integrity was beyond all doubt or scruple. They might have been, and sometimes, were deceived; but they never deceived others, for they had an inborn hatred of all that is mean, and never could tolerate shams or smart ways.

Dunham's words, spoken of Hering, apply to Raue as well: "The study of their lives was not fabrics, nor wares, nor stocks, but the noblest of God's creation, that which He made in His own image—the body and mind of man."

The words spoken of Hering by Henry N. Guernsey, are as true of Raue: "He never plotted evil, and never sought revenge, but was innocent-minded as a child." It must have been because in themselves dwelt this simplicity of heart, that their love and reverence for little children formed so marked a feature in their lives, stronger perhaps than any. If a child failed to smile for Dr. Hering, he pronounced it sick and in need of treatment! Dr. Raue was never happier than when he had little children, of his own or others, about him; his genial manner was then most genial, and when they were sick his kind heart overflowed with love and sympathy for them. In the sick-room he was then a welcome sight. The door would open. The house was brighter for his coming. He shed light like the sun. His hearty handshake, his merry laugh, his cheerful, healthy manner effused an atmosphere at once strengthening and saving. Hering had the same gift. Both men were strong believers in the saving power of optimism.

They took but little time for recreation and amusement, these two workers, not enough, and none for physical exercise as such. As some one expressed it, "their hygiene was very good, but it was for other people." Their industry, never flagging, was equalled only by their enthusiasm and power to endure.

That they both loved music goes without saying. They were Germans whose ears had become attuned from childhood to the best in music. To them were familiar and dear the chorales of Martin Luther, that sing of faith and hope, security and deliverance, eternal love and peace, and mighty praise such as armies offer up when the victory is won.

They loved well the music of Beethoven, never tired of hear-

ing the septette, the sonatas, or the grander symphonies. Dr. Raue possessed a good tenor voice, with which he joined in singing the quartettes of Mendelssohn and other German four-part songs that were sung on birthdays and other festal occasions at either house.

They valued the excellency and nobleness of religion, these brave hearts, although they were not church-goers or worshippers in the accepted sense. They worked in the vineyard of the Lord with tenfold more earnestness than many who are. The mightiest are those in whom faith is mightiest. It was their custom to rail against dogma and empty form. If any one should happen to call Raue "a good Christian" in a sense a little distasteful to him, flaring up, he would say, "I am no Christian, and will not be called so in my own house!" On the other hand, if unobserved, he would be apt to go to the bedside of his little ones, tuck them in for the night, and tell them "to say their prayers to the dear God."

As to Homœopathy. As to the results of the concerted labor, the working methods, the teachings of these two friends, the sum total and outcome is incalculable. If Hering was a father to Homœopathy in this country, Raue was an elder brother to it. If Hering was an able general, Raue was a noble captain in the ranks. For thirty-two years the two worked together side by side, having the one thought uppermost in their minds, *to represent the master, and to represent him correctly*. They were Hahnemannians—they believed in the principles, and lived up to them.

Their working maxims were something like this: "There is an individuality in everything the Lord has made. You cannot substitute one medicine for another. To mix medicines is a crime. Alternating is the half-way house to mixing. To make a poor prescription, when much hurried, is excusable; the questions which always must be kept freshly in mind are: What is your aim? What are you striving for?" They were wont to say, "If a homœopathic physician once adopts the 'too-much-trouble creed' he is lost."

Their rules of practice—*golden* rules, they called them—

were: "Learn to observe. Learn to prove. Learn to examine the sick. Learn to select a remedy. Learn how to repeat and how to change remedies. Learn how to wait. Learn how to profit by experience."

They consulted their *materia medicas* diligently, they ransacked their repertories, unhandy and incomplete as they were. They added daily confirmations and new experiences to them. They possessed the ability to detect the individual characteristics of a remedy, and had an eye as well for the finer points of difference. They were artists in making prescriptions, Raue perhaps the greater therapist of the two.

Hering was a great promulgator of ideas, his fertile imagination constantly leading him on to new discoveries. When work was pressing Raue sometimes had all he could do to keep Hering from flying the track. He would say, "Hering is chasing a bee; I must bring him back!" If one was versatile the other was concentrated. They fitted together like two cog-wheels, and kept the machinery in motion.

As teachers they were admirably fitted. Both had made teaching their occupation when young. Both loved to talk to students. They were ever ready to help young men. It made little difference to them who it was that came. If he had capacity to absorb he went away rich; but they never troubled themselves with the poor fact that the receiver was not capacious. Emerson says: "It never troubles the sun that some of his rays fall wide and vain into ungrateful space, and only a small part on the reflecting planet; let your greatness educate the crude and cold companion. If he is unequal he will presently pass away, but thou art enlarged by thine own shining."

Raue himself had been absorbing wisdom for nearly twenty years when, in 1867, his first homœopathic work, *Special Pathology and Therapeutic Hints*, appeared. It was dedicated to Hering in the following words:

"HONORED FRIEND:—As a token of most grateful acknowledgment [of your uniform friendship so long enjoyed by me, and of my appreciation of your high attainments in science and vast experience in practice, I would dedicate to you this fruit of my humble labor.

"Your ever grateful

"PHILADELPHIA, December 3d, 1867."

RAUE.

This book, marvelous in its completeness and practical scope, into the last edition of which (1896) the author put what was new in the progress of medical science, as well as the remainder of vitality left him, the writing of the preface being his last stroke of work upon earth, is a monument to his industry—surely a book no homœopath can afford to be without. It represents the making practical of what was theoretic, the showing of *how* the thing should be done. Hering inscribed his *Condensed Materia Medica*, likewise a text-book for students, to his friend Raue.

Raue's help in editing Hering's masterwork, *The Guiding Symptoms*, before and after Hering's death, was considerable. He not only contributed valuable material and advice, but he performed the arduous task of arranging and classifying the mental symptoms according to the system of psychology in which he was so well at home.

Let me say here that in respect to his later work, *Psychology Applied to the Solution of Occult Phenomena*, issued in 1889, Raue stands before the learned world an acknowledged master of his subject. To a homœopath it means that medicine has a spiritual side; that we cannot be successful physicians to the body without at the same time being physicians to the soul. It means that we shall make use of our ability, as Dr. Heerman, of Paris, expresses it, "to modify psychical tendencies in infancy and improve the race." Or what was foreshadowed in one of the theses of Hering's inaugural address, in 1826: "Not to deliver men from particular diseases, but to deliver the whole human race from the cause of disease is the ultimate goal of medical science."

As it was Hering's aim to elevate Homœopathy to a position among the sciences, as it was Beneke's effort to put mental philosophy on a firm ground, so it was Raue's purpose to continue that effort to a point where the human soul, "that being of which most men have but a shadowy idea, because they have never been accustomed to self-observation," may be estimated and measured according to the same law that develops the body, the law of affinity—*like attracts like*.

Men like Hering and Raue realized that the mind of our medical world, gross of perception and materialistic as it now is, is to be remedied by a gradual transformation. That Homœopathy should not be kept materialistic to adapt itself to the masses, but the masses must be educated to adapt themselves to it. It was their nature to proceed carefully; reasoning along the lines of inductive philosophy, setting firm ground for their ideas, waiting patiently for acknowledgment; realizing that—

“All truths wait in all things,
They neither hasten their own delivery nor resist it,
They do not need the obstetric forceps of the surgeon.”

—WHITMAN.

Nevertheless, men like these wear themselves out in the service of humanity.

One evening Raue was called to minister to his friend, who was experiencing then “that bitter hug of mortality” to which he was prepared to say, “it is idle to try to alarm me.” Even the trusty *Eachesis*, which had saved a thousand lives, could not save this one. His friend was no more.

The time had arrived when “a friendly, beckoning hand withdrew him from things without, his senses closed to page and speech, unfolded to sources of joy and hope, and he departed at peace with himself, with God, and the mantled world.”*

Raue came next morning with bowed head, looked about the circle in which lay the dead friend, turned and went without a word, a broken-hearted man. He was unable to appear at the funeral.

No one understood Hering like Raue; and, I may say, no one Raue, like Hering.

Long after Hering had gone it was Raue’s great delight to sit of an evening with a friend to whom the subject nearest his heart was congenial and talk about Dr. Hering and old times. Then he would become gloriously reminiscent, laugh, and be at his best; epithets rained, no end of adjectives.

*A correct estimate of Hahnemann.—C. HERING, 1847.

Hering was to Raue "philosopher, guide, and friend." Raue to Hering what he named him, "faithful Eckhardt;" more than this, a complement to the incomplete circle, a man with whom to live on brotherly terms.

As said Dunham, Raue could truthfully say, "In Constantine Hering I gained the most helpful, generous, and genial friend I have ever made." Dr. Hering could say, "In Raue I have never been disappointed."

Sixteen years after Dr. Hering had passed away death came as a loving friend to Dr. Raue. He was content to go, for his weak body had ceased to be an instrument to his capable will.

Some time back, when still in the possession of his faculties, upon one occasion when found upon his couch fatigued and in a fit of depression, such as is common to humanity, he is known to have said to his friend Hermann Faber, the artist, who, I think, stood next, after Hering, in his affections among his friends, "Dying is unpleasant, a miserable arrangement. If we but knew what is to come next!"

Referring to the *Psychology*, Faber answered him, "Open your book, Dr. Raue, and read what you have written!"

"Oh, that is all very well, as far as it goes, but we *know* nothing. Anyhow, you are a humbug!" With that he arose from his couch and passed into a pleasant humor.

At the last, when his spirit was clouded and he recognized no one about him, not even his dear "Mudding,"* he was heard to remark feebly, in German, "Es scheint mir es sind gerade 100 Jahre seit der gute Dr. Hering —" "It seems to me it is quite a hundred years ago since the good Dr. Hering —" The sentence remained unfinished. Apparently in his confused mind the centenary of Homœopathy, celebrated this year, commingled with memories of his beloved friend.

These were Raue's last words. A few days later his earthly body was consigned to flames, to be resolved into its elements and primitive forces.

* Pet name for his wife, taken from *Fritz Reuter's Stories*.

The flames his spirit have kindled will continue to burn brightly for the illumination of men's minds long after lesser lights have gone out.

These are the words of Emerson :—

“Let the soul be assured that somewhere in the universe it should rejoin its friend, and it would be content and cheerful alone for a thousand years.”

They were brave, large, rough-hewn, of strong wide sympathies, these friends; believed in brotherhood, freedom, love, and hope. Are such as these destined to end in smoke, and ashes?

What next? Will there not be another sunrise, more glorious than any?

These are the words of the Good Gray Poet :—

“This day before dawn I ascended a hill and looked at the crowded heaven,
And I said to my spirit, When we become the enfolder of those orbs, and
the pleasure and knowledge of everything in them, shall we be filled
and satisfied then?

And my spirit said, No, we but level that lift to pass and continue beyond.”

—WHITMAN.

The intuitive and prophetic in us tell us that these comrades will continue their journey together: “They shall always persevere in the road which leads upwards.”—*Plato*.

These are the words of the English poet, Symonds :—

“Morn now began to whiten in the wake
Of Phosphor: far athwart dim olive bowers
Freshened the breeze of dawning; so they rose.
As one with toil forespent, with waning powers,
Forth from the stifling city tumult goes,
In summer to fresh fields and hills serene,
For sure rejuvenescence and repose;
So toward the Alps and upland breezes keen,
The snows untroubled and the silver rills,
That death doth hide from life in his demesne,
Those comrades o'er the dew regenerate hills
Went smiling. Arm in stalwart arm enlaced,
Alike resplendent, and with wedded wills,
They seemed twin gods, fraternal stars embraced.”

IDIOSYNCRASY AND IPECAC.

E. V. ROSS, M. D., ROCHESTER, N. Y.

In the September number of THE HOMEOPATHIC PHYSICIAN Drs. Selfridge and Martin cite cases of idiosyncrasy in which there was a peculiar susceptibility to the odor of Ipecac. Though quite remarkable, they are put in the shade when compared to a case cited by Gross in his *System of Surgery*, article Idiosyncrasy, Vol. I, p. 44. So remarkable is the case, and coming, as it does, from the pen of a devout allopath of high standing, a believer in all that is material, I may be pardoned if I burden your pages with the following quotation :

“ In several persons of my acquaintance, among others a physician, the inhalation or odor of Ipecacuanha invariably excites a violent attack of asthma, generally lasting for two or three days. In the case of the medical practitioner, the perception of this presence of this substance is so keen that if he be in the *third story* of a house on the first floor of which an ordinary dose of the article is compounded, he is instantly seized with spasmodic coughing and wheezing.”

It would appear that the susceptibility to the odor of Ipecac is quite marked with some people ; it evidently produces quite a perfect picture of asthma. In my hands it has given me and my patients the greatest satisfaction of any remedy I have prescribed. Asthma in itself is not a disease *per se*, but only a symptom and in some cases the main sign of some deep-seated, incurable malady. Hence, Ipec. often acts only in a palliative way. It acts best when administered in a high potency. I prefer the CM.

ECZEMA OF TEN YEARS' DURATION CURED WITH MERCURIUS-SOL-H^{5m}.

E. V. ROSS, M. D., ROCHESTER, N. Y.

In October, 1892, I was consulted by Mrs. A. K., æt. thirty-five ; dark complexioned, short and thick set ; had always been

well except for a red, dry scaly eruption on the posterior surface of right thigh, which extended from the gluteal fold down to popliteal space and half way round on sides. She was much annoyed by the intense itching, which was worse at night when in bed. This eruption had existed for the past ten years, and during this period she had consulted a number of doctors, the last one was a very learned man connected with the Montreal General Hospital. He gave her ointment to apply that would "reduce the redness and allay the itching," but did not cure. In fact he said her disease was incurable and my patient had become quite reconciled to this belief. Her main object in consulting me was that she had "got out of ointment and thought that perhaps I could give some that would answer as well." I thereupon gave her Ointment? No! but a five minutes' discourse on palliation and cure, and incidentally touched upon Allopathy and ointments, at the conclusion of which I asked her if she was willing I should attempt to cure her. Said she; "If you think it possible." With this I took down a volume of Gentry's *Concordance Repertory*, and turned to the section on lower extremities, and then looked for eruption, and this is what I found: "Hepetic eruption on posterior surface of thigh. Merc." This with the nightly aggravation when in bed led me to administer Merc-sol-h.^{5m} (fluxion), which I prepared on the Santee Gravity potentizer. I selected Merc-solubilis on account of its affinity for the skin. My patient was evidently much surprised when I dropped a few sugar pellets on her tongue and gave her some blank discs in a two-drachm phial, for she remarked: "Is that all?" "Yes, except my fee," which, strange to say, she paid, and with half doubting smile departed.

October 14th.—One week later she called and gave the following report: there was not any apparent change in the eruption, but the itching was decidedly less. R̄ Merc-sol-h.^{5m} and placebo to follow.

October 22d.—Decided change. Upon inspection I found there was less redness and the skin presented a smoother appearance. R̄ Sac-lac.

October 30th.—Rash gone ; there is but a slight redness remaining. Sac-lac.

November 9th.—Skin presents a natural appearance, except a spot of redness just above popliteal space. R̄ Sac-lac. This was her last prescription. She has remained free from any eruption to date, October 15th, 1896, and I think we can safely say cured. It may seem needless to add that this lady is now a firm believer in the virtues of a little sweet medicine and Homœopathy.

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, Friday evening, June 5th, 1896.

Members present: Drs. J. M. Selfridge, W. E. Ledyard, A. McNeil, George H. Martin, M. F. Underwood, C. M. Selfridge, and G. J. Augur.

The meeting was called to order at 8.30 o'clock by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and after corrections by Dr. McNeil, were approved. The Secretary then stated that he had received a letter from Dr. Yingling, saying that a society of "Purists" was about to be formed, and he wished the constitution and by-laws of *The Organon Club*, which had been forwarded to him.

Dr. McNeil then read a paper entitled "The Homœopathic Library," which was well appreciated by the members.

Dr. J. M. Selfridge read from *The Organon*, Section 142.

DISCUSSION.

Dr. McNeil—There is another form that has been used. Some symptoms cured have been given as clinical.

Dr. Underwood—I would like to know of a drug with the symptom, *constant wiggling of the toes during sleep*. I have a patient who has had it for twenty-five years.

Sections 143-148 were read.

DISCUSSION.

Dr. J. M. Selfridge—This is Hahnemann's explanation of how remedies cure.

Dr. Martin—It is the key-note of Homœopathy.

Dr. McNeil—There have been a great many explanations.

Dr. J. M. Selfridge—My explanation is, that the remedy being similar, it restores the disturbed molecular action.

Dr. Underwood—Disease is called a *distunement of the vital force*, which would be the effect of the extraneous cause.

Dr. McNeil—Chemistry may explain some things, but it cannot explain vital processes.

Dr. J. M. Selfridge—The atoms or molecules of the body are put into action by the life or "vital force." Any external cause, as severe cold, heat, etc., disturbs the molecular motion; then comes in the similar remedy and restores the normal molecular action. Life is a spiritual essence, and it is difficult to understand how a spiritual thing can be disturbed.

Dr. Underwood—Suppose a man gets sick from fright? You cannot disturb the molecules by fright.

Dr. J. M. Selfridge—The fright causes a contraction of the blood-vessels through the nerve centres.

Dr. Martin—The vital force is the same as the steam in an engine. Fright disturbs the molecular action, and not the vital force at all.

Dr. McNeil—Morbific potencies, as cold, heat, etc., distune the vital force. The similar remedy comes in and restores it.

Dr. J. M. Selfridge—Take as an illustration tuning-forks of different pitch, differently constructed, etc. There will be different sounds. Vibrations are sound waves. If you strike one of them the vibrations will seek out the particular tuning-fork that is molecularly like itself. Heat, cold, etc., do not disturb anything but the molecules of the particular part affected.

Dr. Martin—The body of ours is a machine, and the vital force sets it in motion. It is no more a part of the body than the steam which sets an engine in motion.

Dr. Underwood—Steam is material, as the engine, cogs, etc., are. The mind, or vital force, is the first thing that is disturbed.

Dr. McNeil—In disease, the vital force is distuned and the molecules set in action.

The meeting was then declared adjourned, to meet again the third Friday in June, at the office of Dr. J. M. Selfridge, in Oakland, when the reading of *The Organon* would be commenced at Section 149.

W. E. LEDYARD, *Secretary*.

Reported by Eleanor F. Martin, M. D.

BOOK NOTICES.

HAHNEMANN'S DEFENCE OF THE ORGANON OF RATIONAL MEDICINE AND OF HIS PREVIOUS HOMŒOPATHIC WORKS AGAINST THE ATTACKS OF PROF. HECKER. An Explanatory Commentary Upon the Homœopathic System. Translated by R. E. Dudgeon, M. D. Philadelphia: Bœricke & Tafel, 1896. Price, \$1.10 net.

In this little volume Hahnemann takes up systematically the attacks made upon Homœopathy by Professor Hecker, of Dresden, "one of the most renowned authorities in medicine then existing, repeated from time to time during nearly fifteen years, and becoming ever more rancorous and calumnious as Hahnemann's system was slowly evolved and disclosed in his published works."

The work was "professedly written by Hahnemann's son Friederich," but it was undoubtedly the creation of the master himself. This is conclusively proved by Hahnemann's letter to the publisher, which Dr. Dudgeon has translated and incorporated in an "Introduction by the Translator," which explains the object of the book.

This book should be in the hands of every homœopathic physician in the land, not alone for the reason that it is a production of Hahnemann, but because, in defending his system, the master gives a great many new points of view, which enable the reader, especially if he be a student new to the subject, to get a clearer comprehension of the principle, and to remove many misapprehensions resulting from the talk of prejudiced persons.

Those who are older in the study of Homœopathy must also get valuable side-lights, so to speak, upon the principle, which must be a welcome addition

to their stock of information and a desirable dissipator of many doubts as to the reasonableness of Hahnemann's claims.

The book was issued early in the present year, and should have been noticed in these pages long ago. The number of books that lie upon the editorial table, however, and the time required to read these books intelligently that a just criticism may be given, compel the delay.

REPERTORY OF TONGUE SYMPTOMS. Arranged by M. E. Douglass, M. D., Baltimore, Md. Philadelphia: Bœricke & Tafel, 1896. Price, in cloth, \$1.00; by mail, \$1.09.

This valuable little monograph of 190 pages is a welcome addition to the library of repertories that every homœopathic physician must have who undertakes to prescribe strictly according to Hahnemann's system. This little repertory is arranged strictly on the alphabetical plan. The principal words are printed in heavy black type the better to catch the eye, and the sentences which depend upon that principal word are in ordinary small primer together with the names of the medicines.

In some of the indications it is a trifle deficient. Thus in the rubric "Imprint of the teeth on the tongue," the author has failed to include the following remedies: Arsenicum-metallicum, Antimonium-tartaricum, Ignatia, Iodine, Glonoine, Tellurium, and Kali-bichromicum. This last remedy is, however, given under the rubric "Scalloped."

Under the rubric "Scalded," however, the various indications are very satisfactory and the list of remedies given is quite full. All who buy the book should from time to time add notes where there are omissions discovered, and these should be forwarded to the author so that he may get out an improved second edition, for we have no doubt that a second edition will be needed. No repertory of the tongue has, as far as we know, ever been issued in a separate volume, and we have no doubt the profession will welcome this little book.

A COMPEND OF THE PRINCIPLES OF HOMŒOPATHY. By Wm. Boericke, M. D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco. 160 pages. Price, bound in cloth, \$1.50; by mail, \$1.60. Published by Boericke & Runyon, 234 Sutter Street, San Francisco. New York: Boericke, Runyon & Ernesty, No. 497 Fifth Avenue.

The book is not only an introduction to the study of Homœopathy for every student, but will be found of helpful service to the generation of young practitioners who have not had the advantage of a systematic training in the principles of Homœopathy. It covers concisely the whole field of Homœopathy, with many references to its literature for the further systematic study of Homœopathy, both as a science and as a practical art.

A PRACTICAL WORKING HANDBOOK IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE GENITO-URINARY SYSTEM AND SYPHILIS. Based upon Clinical Lectures by Professor F. E. Doughty, of the New York Homœopathic Medical College, and edited by George Parker Holden, M. D. In press. Out soon.

NOTES AND NOTICES.

THE STANDARD DICTIONARY.—Funk & Wagnalls Company, New York, have just received a single order from one firm for 100,000 copies of their celebrated *Standard Dictionary of the English Language*, amounting at retail to nearly one and a quarter millions of dollars. This is the largest single sale of so large a work ever made in America. Previous to this one large transaction, over 100,000 copies had been issued, and the company is still receiving many large orders from its subscription agents throughout the world.

THE FIFTIETH ANNIVERSARY NUMBER of the *Scientific American*, New York, is a really handsome and valuable publication of 72 pages. It reviews the progress of the past fifty years in the various sciences and industrial arts; and the various articles by the best scientific writers of the day are racyly written and richly illustrated. The editors have accomplished the difficult task of presenting a compendium of information that shall be at once historical, technical, and popular. The interest never flags for a moment, and the story of the half century's growth is in itself a veritable compendium of valuable scientific information for future reference. Price, 10 cents per copy.

COMMERCIAL TRAVELERS' FAIR.—No fair ever held in America's famous mammoth amusement palace, the Madison Square Garden, New York, has been founded upon the broad and thorough organization work planned by its Director General, Col. A. B. de Frece, for the coming Commercial Travelers' Fair, which opens for a two weeks' run December 15th in the Garden.

The fair's aim is to raise \$150,000 with which to complete the National Commercial Travelers' Home at Binghamton, N. Y.

Special Commissioners are being appointed for every State in the Union, and for England, France, Belgium, Germany, Austria, and Mexico, and are working for what will really be a Commercial Travelers' International Exposition. For Philadelphia and the manufacturing and commercial territory tributary to it, Mr. J. Harrington, lately of the Republican National Committee, and Mr. G. E. Martyn, of the Republican County Committee of New York, have been appointed Special Commissioners. The Commissioners will endeavor to interest all of Philadelphia's business men in supporting the fair

through subscriptions, donations, advertising, and the purchase of season tickets, the holders of which will be awarded the valuable goods donated to the fair.

They will also represent Chairman Allen S. Williams, of the Commercial Travelers' Day Committee, in securing from everybody pledges of cash donations to mark December 1st, Commercial Travelers' Day.

DR. C. E. FISHER, of the *Medical Century*, will return to this city and resume charge of the *Medical Century*, December 10th, 1896, having had a very beneficial outing on the Pacific Coast.

"ANNALES D'OCCULISTIQUE."

33 WEST THIRTY-THIRD STREET, NEW YORK,
November 6th, 1896.

DEAR DOCTOR:—In January, 1895, in the belief that the *Annales d'Occulistique*, through a provisional agreement prepared by the editors of that journal, was to be edited as a periodical in two editions, editions in which there was to be a unity of interest, I undertook, at an expense of much labor and means, the direction of the edition in English.

Interpretations were soon placed upon the agreement which I could not possibly accept nor even consider. These interpretations were such as to be absolutely incompatible with any unity of action or interest and fatal to the hope of any fulfillment of the promise to make the journal international.

After much delay, and with earnest efforts in the hope of a better outcome, I am compelled, with sincere regret, to announce that, in justice to the subscribers to the edition in English, to its contributors, and to myself, I have declined to continue to conduct it under existing conditions.

Seven numbers of the current year have been issued, including one full volume. Inclosed you will find a check for the amount of your subscription less the proportion for the completed volume.

I am very truly yours,

GEO. T. STEVENS, M. D.

DETECTION OF SUGAR IN THE URINE.—Dr. A. R. Elliott gives the following formula devised by himself for the testing of sugar in the urine:

Cupric Sulphate, gr. xxvij.
Glycerine (pure), ℥ iij.
Distilled water, ℥ iiss.
Liq. Potassæ, ad. oz. iv.

Dissolve the Cupric Sulphate in the Glycerine and water, and gently heat. When cold add the Liquor Potassæ.

THE "STANDARD DICTIONARY" of Funk & Wagnall's, so frequently and uniformly recommended by this journal, has among other excellent things a special form of grouping that seems to be original with the *Standard*—the gathering up under a particular subject of the principal technical words em-

ployed in it, so that if the reader requires a word and cannot recall it, he has but to turn to the branch to which it belongs, and the chances are that he will find a list of the principal terms used in the trade or business. Under *explosive, brewing, brick-making, printing, agriculture*, the various games, etc., are examples of this kind.

Still other forms of grouping are those by which the derivations of a word are run in under the main word (as *adventurish, adventurism, adventuresome, adventuresomeness* under *adventure*), and compounds and terms belonging to a particular subject are run in under it, sometimes without definition when self-explaining, with a word or two of parenthetical explanation when necessary. It is by such means as this that the editors of the *Standard* have not only been able to crowd so many words into such a small space, but at the same time to give information in bulk at the point naturally first consulted.

FOUGHT FOR TRIPLETS.—The wife of Joseph Silverstein gave birth to triplets on October 8th, and in the excitement two doctors were summoned. They both fought in the hall, and finally the police surgeon was called in. He chased the wrangling physicians away and rendered medical attendance. The mother is doing well.

SELF-PROTECTION IN BOSTON.—A man of genteel breeding and intellectual force told us the other day that he wears sewed to his undershirt a card with this inscription: "My appendix has been cut out." And he gave this reason for his action: "You see, these are the palmy knifing days of the surgeon. If a man falls in a fit or faints, or is disguised mentally by a drug, and is carried consequently to a hospital, the surgeon operates on him for appendicitis without delay."—*Boston Journal*.

THE "SCIENTIFIC AMERICAN."—This unrivaled periodical, now in its fifty-first year, continues to maintain its high reputation for excellence, and enjoys the largest circulation ever attained by any scientific publication. Every number contains sixteen large pages, beautifully printed, elegantly illustrated; it presents in popular style a descriptive record of the most novel, interesting, and important advances in all the principal departments of science, and the useful arts, embracing Biology, Geology, Mineralogy, Natural History, Geography, Archæology, Astronomy, Chemistry, Electricity, Light, Heat, Mechanical Engineering, Steam and Railway Engineering, Mining, Ship Building, Marine Engineering, Photography, Technology, Manufacturing Industries, Sanitary Engineering, Agriculture, Horticulture, Domestic Economy, Biography, Medicine, etc. A vast amount of fresh and valuable information pertaining to these and allied subjects is given, the whole profusely illustrated with engravings.

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SENSES.

Increased sensibility; of all the senses: *Bellad.* *Mur. ac.*; especially of hearing and smell: *Phosphor.*; especially to noises: *Cinchon.*; sounds, talking, odors and light are insupportable: *Nux vom.*; increased perception of the usual pains: *Bryon.*; — followed by dullness: *Rhus tox.*; perception slow, or not comprehended: *Helleb.*; dullness of all the senses: *Stramon.* *Sulphur*; with apathy: *Nitr. sp. d.*; as if the senses had ceased to act: *Helleb.*; with heavy eyes, and extreme weakness: *Opium*; sensorial action sunken: | *Carb. veg.*; is completely insensible as if in a dream, he neither sees nor hears: *Bellad.*; perception entirely lost: *Colchic.*; loss of senses: *Apis*, *Veratr.*; no complaints, has no pains when pinched:

Phosphor.; stupefaction: *Stramon.*, with watery eyes: *Opium*; hallucinations of sight, smell and hearing: *Stramon.*

SENSORIUM.

Stupefaction; of the head with dullness of vision: *Stramon.*; —, drunkenness, and beclouding of the head: *Nux vom.*; — and dullness: *Rhus tox.*

Confusion; of the head: *Arnica. Rhus tox.*, cannot read nor perform the least labor: *Mercur*; — as if bound, with slow ideas: *Carb. veg.*; — and stupefaction of mind: *Secal.*; — with vertigo: *Pulsat.*

Dullness; difficult to think: *Stramon.*; and heavy feeling: *Gelsem. Pulsat.*; — and vacuity: **!** *Sulphur.*; — like a want of memory: *Pulsat.*; — and heat of head: *Camphor*; — with bruised pain in the forehead: *Pulsat.*; — with cold sweat on the forehead and hands: *Coccul.*; — and giddiness; when getting awake and sitting up, has to lie down: *Opium.*

Weakness in the head; if he turns it, he loses his consciousness for a moment, and after stooping, he cannot rise: *Rhus tox.*; — and stupidity: *Rhus tox.*; and lightness: *Stramon.*

Vertigo; like drunkenness: *Hyosc. Pulsat.*; — increasing after delirium: *Secal.*; — as if he would fall, after rising from the bed: *Rhus tox.*; — with dullness in the forehead, as if a board were before it: *Coccul.*; — with staggering and inability to stand erect: *Secal.*; — the whole day; whirling, while moving, especially the head: *Carb. veg.*; — increased by raising the head: *Arnica. Cinchon.*; — when rising up in bed: *Bryon.*; with nausea, compelling to lie down

again: *Coccul.*; — as though he were swung to and fro in a cradle, or in a swing: *Ignat.*; — while lying on the back, like whirling, with qualmishness; better when lying on the side: *Mercur.*; — when standing: *Laches. Secal.*; when sitting up: *Byron. Phosph. ac. Tarax.*; falls when trying to sit up: *Phosph. ac.*; — while raising or moving the head: *Arnica.*; — on rising from lying on the back, with obscure vision: *Nux vom.*; — when moving, especially the head: *Arnica. Carb. veg. Pulsat.*; — after motions: *Bellad.*; — on rising: | *Coccul. Nux vom. Rhus tox.*; — compelling to lie down: *Bryon. Coccul.*; — in the morning on awaking, with weakness of the limbs: *Cinchon.*; —, so that he cannot rightly comprehend an idea: *Pulsat.*; — with confusion and stupidity of the head as if he would lose his senses: *Phosphor.*; — with anxiety, and glimmering before the eyes: *Bellad.*; — and headache: *Bryon.*, with heaviness: *Cinchon.*; — with obscured vision and ringing in the ears, as if there was a whirling in a circle in the brain with momentary loss of consciousness: *Nux vom.*; — with nausea and subsequent heat: *Cinchon.*; — with muscular restlessness: *Nux mosch.*; — and fainting while leaving the bed: *Opium*; — and sleepiness, as if drunk; he does not know where he is, and walks with eyes shut: *Nux mosch.*

INTERNAL HEAD.

Heaviness of the head: | *Nux mosch. Opium*; —, and all things seem to whirl in a circle: *Veratr.*; — with sense of empty confusion, and severe pain:

Hyosc.; — and dullness: *Gelsemin. Pulsat.*; — and muddleness: *Mercur.*; — like lead in the forehead, with dull pain: *Carb. veg.*; — with pressure in the brain, and desire to lie down: *Bryon.*; —, has difficulty in raising it: *Pulsat.*; — of occiput, like lead, so that the head constantly falls backwards: *Opium*; —, with intolerance of light: *Pulsat.*; — in the morning, with drunken vertigo: *Nux vom.*; — in the vertex: *Sulphur.*; — with sensation of fullness: *Sulphur.*

Humming and buzzing in the head almost the whole day: *Phosphor.*; she cannot go to sleep, because she cannot get herself together; her head feels as though scattered about, and she tosses about the bed to get the pieces together: *Baptis.*

Headache; dull, stupefying, with confusion of ideas: *Baptis.*; heaviness and confusion in the head: *Bellad.*; — at the base of the brain, in the forehead, and especially in the membranes of the brain: *Hyosc.*; the brain seems to be the only organ affected: *Helleb.*

Congestion; to the head: *Bellad. Opium. Stramon.*; during the early stage, especially in tumultuous cases, with great drowsiness, but inability to go to sleep, and frequent starting during sleep: *Bellad.*; — to the head with moderate delirium: *Apis.*; venous — with dark, red face: *Opium.*

Throbbing; of the carotid and temporal arteries, and also in the forehead: *Bellad.*; — in the top of head, left side; in the back of the head, or in the temples, frequently for half an hour: *Phosphor.*; — in the forehead and occiput, worse when moving: *Bryon.*; — from every movement, with heat in the

head: *Laches.*; — sensation as if the head were bound with a band, with pressure: *Mercur.*

Stupefying pain: *Baptis.*; pressing in the forehead, and grave heaviness, with rushing sounds in the ears: *Arsen.*; heavy, stupid headache in the frontal region: *Bryon.*; — pressure in the forehead, which changes into shootings or tearings (on the left side): *Hyosc.*; pressing, contracting, stinging headache: *Bellad.*

Pressing outwards in the temples: *Mercur. Rhus tox.*; — the sides together; *Rhus tox.*; — in the occiput; outward — in the forehead, with pain in the supra orbital bone, mostly when touched: *Mercur.*; dull or stitching pains, worse from motion, and opening the eyes: *Bryon.*; pain in forehead and temples: *Apis. Bellad. Glonoin. Hyosc. Stramon.*

Tearing pain in the occiput: **I** *Tarax.*; on left side: *Hyosc.*; as if the brain were torn: *Rhus tox.*; in the morning on awakening, and after: *Pulsat.*

Bruised pain, as if compressed: *Nux vom.*; in the forehead: *Pulsat.*; in the occiput as if the cerebellum were bruised: *Rhus tox.*; pain first in the forehead, then in the occiput: *Nux mosch.*

Headache with the delirium: *Arsen. Colchic.*; violent pain in the forehead: *Bellad.*; — increased by moving the eyes; eyes red, prominent, staring, sparkling, brilliant, distorted or affected by spasmodic motions: *Bellad.*; — worse from opening and moving the eyes: *Bryon. Rhus tox.*; — in the forehead and eyes: *Baptis.*; does not allow opening of the eyes, followed by attacks of yawning and

stretching : *Ignat.*; when waking from sleep : *Rhus tox.*; in the evening : *Bryon.*; — with lassitude : *Bryon.*

Heat, and burning in brain : *Calc. ostr. Phosphor*; — in head : *Camphor*, and fullness : *Sulphur*; sensation of — mostly in head : *Bryon. Rhus tox.*; — and chilliness in body : *Coccul.*; cerebral irritation predominant : *Apis. Bellad. Bryon. Cuprum. Hyosc. Laches. Opium. Stramon. Zincum*; again the 14th day : *Calc. ostr.*; inflammatory cerebral irritation; power of the senses and mental faculties impaired, speech heavy and embarrassed, they no longer recognize their own relatives, or are carried away by a furious delirium, and make attempts to escape out of their beds : *Bellad.*

EXTERNAL HEAD.

Throbbing of arteries : *Bellad. Opium*; turns the head from side to side : *Arsen.*; frequently raises or jerks the head from the pillow : *Stramon.*; movement of occiput, grasping it with hands : *Carb. veg. Opium*; raises up the head, but it constantly falls backwards, and the mouth opens to the widest extent : *Colchic.*; inability to hold up the head; congestion (see Eyes) : *Opium*; he can hardly hold the head erect, and falls asleep : *Cinchon.*

Forehead covered with cold sweat : *Colchic. Mercur. Veratr.*; head and extremities cold, body hot : *Phosphor*; great sensibility of scalp to the touch, like a boil : *Rhus tox.*; impelled to rub the forehead, with a kind of insensibility : *Veratr.*

SIGHT AND EYES.

Sight; intolerance of light: *Bellad.* *Pulsat.*; sensibility to it: *Laches.*; shuns the light: *Mur. ac.*; hallucination of sight; all objects appear oblique or double, or smaller and further off: *Stramon.*; obscured vision with vertigo: *Nux vom.*; diminished sight and hearing, or entire loss of these senses: *Secal.*; apparent loss of sight: *Psorin.* *Sulphur*; blindness: | *Gelsem.* | *Stramon.* *Zincum*; loss of sight, hearing and speech: *Stramon.*

Pupils, much dilated, little sensitive to the light: *Carb. veg.*, and immovable: *Colchic.*;— dilated and immovable: *Stramon.*;— oftener large than small; no reaction to light; either contracted, or greatly dilated and immovable: *Bellad.*;— immovable, but sees and talks: *Stramon.*;— immovable and but slightly dilated: *Colchic.*;— dilated: *Mercur.* *Helleb.*, with restlessness: *Nux vom.*;— contracted, dilated or immovable, insensible to light: *Opium*;— much contracted or dilated, and insensible to light: *Cinchon.*;— first contracted and then dilated: *Pulsat.*; the left pupil contracted while the right is dilated: *Colchic.*;— contracted, or dilated, with slow respiration: *Coccul.* *Hyosc.* *Nux vom.* *Secal.* *Veratr.*;— contracted: *Arsen.* *Mur. ac.* *Stramon.* *Sulphur*, with cloudiness of the head: *Arnica.*

Eyes; bright and injected: *Glonoin.* *Helleb.* *Hyosc.* *Stramon.*;— glistening: *Arsen.* *Stramon.*, with contracted pupils: *Mur. ac.*;— brilliant, with delirium: *Lachnanth.*;— unusually bright: *Opium*;— red and sparkling, staring: *Bellad.*;— rolling about in their

orbits: *Hyosc.*; — glassy: *Bellad. Opium*, and tearful: *Bryon.*; — dull: *Gelsem.*, and weak: *Mercur. Laches. Stramon.*; — without lustre: *Arsen. Hyosc. Mercur.*, and pupils without reaction to light: *Carb. veg.*; — without expression: *Bellad.*; vacant look with dilated pupils: *Helleb.*; expressionless like the — of a dying man: *Opium*; — watery: *Bryon.*, and stupid senses: *Opium*, and sunken: *Arsen.*; — heavy: *Baptis. Opium*; — dim and sleepy: *Phosph. ac.*; — prominent and turned upwards: *Arsen. Opium*; — turned awry: *Nitr. sp. d.*; — have a wild expression: *Arsen.*; hollow sunken —: *Colchic.*; — dull and sleepy: *Phosph. ac. Stramon.*; — dull and heavy: *Rhus tox.*; — turned up and lying on back: *Psorin. Sulphur*; — wild and wandering: *Secal.*; — convulsed: *Bellad.*, and prominent: *Hyosc.*, and immovable: *Opium*; — turned upwards and looking over the forehead: *Opium*; rolling of the eyes: *Bellad. Hyosc. Secal.*; austere look: *Bellad.*; — distorted: *Laches.*, and staring: *Hyosc.*; squinting: *Bellad. Hyosc. Lycop. Stramon.*

Staring: *Hyosc. Opium. Phosph. ac. Secal. Zincum*; —, with open eyes, at one point: *Bellad.*; — at surrounding objects: *Hyosc.*; — with watery eyes, without comprehending what occurs, or recognizing his relatives: *Opium*; — with slow comprehension, and slow answers: *Helleb.*

Eyelids; trembling and jerking: *Coccul.*; — open: *Bellad. Hyosc. Lycop. Opium. Stramon*, with sopor: *Lycop.*; — open, and lies speechless: *Opium*; — open, in delirium: *Arsen. Opium. Stramon. Veratr.*; — half open: *Colchic.*; — half covering the dull eyes: *Phos-*

phor.; — paralyzed, sunken down, either cannot, or will not open them: *Coccul. Laches. Zincum*; — heavy and full, closed as if paralyzed, drowsiness increases to coma: *Coccul.*; — drop: *Arsen. Gelsem.*; — contracted: *Bellad.*; difficult raising of the —: *Opium*; on closing the — frightened starts: *Cinchon.*, frightful phantasies: *Stramon.*, visions: *Bryon.* || *Calc. ostr.*; — injected: *Baptis. Opium*; red: *Hyosc.*; chronic soreness and inflammation of —: *Sulphur*; catarrhal ophthalmia: *Euphrasia*; — covered with pus, suppurating: *Hyosc. Zincum*; — closed with sticky matter: *Arsen.*; pale watery, swelling like a little bag over the eyes: *Kali carb.*

Eyes sunken: *Arsen. Colchic. Lycop. Phosphor.*, and heavy with blue circles: *Phosphor.*, and hollow: *Colchic. Phosphor.*; — hollow with dark circles: *Cinchon.*

HEARING AND EARS.

Hearing; over sensitiveness: *Bellad. Bryon. Lycop. Mur. ac. Phosphor.*, to music: *Bryon*; every sound annoys him: *Sulphur*; noise is intolerable: *Cinchon. Coccul.*

Ringings: *Arsen. Coccul.*; in the head: *Arsen.*, and rushing sounds in the ear: *Opium*; buzzing, singing, rushing sounds: *Hyosc.*

Rushing sounds: *Hyosc. Mercur.*, like noise: *Arsen.*; like wind: *Pulsat.*, and humming: *Secale*, and thundering: *Laches.*

Illusions, hallucinations: *Stramon.*; like rain or music: *Mur. ac.*; with vertigo: *Nux vom.*

Hardness of hearing: *Apis. Arsen. Bryon. Phos-*

phor.; —, commencing with buzzing: *Hyosc.*; — in fever: *Bellad. Chlorum. Carb. veg. Hyosc. Nitr. sp. d. Phosph. ac.*

Deafness: *Bellad. Carb. veg. Chlorum. Hyosc. Lachnanth. Laches. Mercur. Nitr. sp. d. Phosph. ac. Psorin. Stramon. Sulphur*; — as if the ears were stopped; one or both: *Veratr.*, — with a rushing sound: *Mercur.*, like the wind: *Pulsat.*; — with humming and rushing sounds in the ears: *Secal.*; — with ringing in ears and head: *Arsen.*

Great dryness in the ears, disappears rapidly after a dose of *Sulphur*. Parotid glands swollen: *Mercur.*

SMELL AND NOSE.

Nose. Can endure no odors: *Sulphur*; smell and taste very acute: *Mur. ac.*; frequent bad smell: *Arsen.*: hallucinations of smell: *Stramon.*

Dryness; in the nose: *Bryon. Nux vom. Phosphor*; in the nostrils: *Pulsat.*; of the nose, lips and tongue: *Mur. ac.*; coming from the mouth: *Bellad.*; from the mouth and throat: *Bellad.*

Nasal mucus dried to hard crusts: *Rhus tox.*; acrid ichorous discharge excoriating the *alæ nasi* and upper lips, rendering them raw and sore: *Arum triph.*

Bleeding: *Arnic. Hyosc. Laches. Phosph. ac. Secal. Sulph. ac.*; only from right side, at night in sleep: *Veratr.*; — from the mouth and gums: *Carb. veg.*; — from the teeth and gums: *Sulphur*; — for seven days: *Sulphur*; continued —: *Nux vom.*; — frequent and copious, mostly in the evening: *Phosphor.*; **hem-**

orrhage: *Carb. veg.*; — at night: *Rhus tox.*; — in sleep: *Bryon. Mercur.*; — mostly after midnight, or in the morning: *Rhus tox.*; — mostly at three o'clock A. M., or after rising; — daily, for many days: *Bryon.*; — at the commencement on the disease: *Rhus tox.*; — with salivation: *Hyosc.* (do not give *Mercur.*); — relieves: *Rhus tox.*, does not relieve: *Phosph. ac.*

Nostrils; distended: *Opium*; fan-like motion of —: *Lycop.*; — dry: *Pulsat.*, and black: *Colchic.*; — sooty, smoked: *Arsen. Chlorum. Helleb. Hyosc.*; — look smoked with dry tongue and mouth: *Chlorum.*

Nose pointed: *Veratr.*, and cold: *Camphor.*, and cold mouth: *Veratr. (Cina.)*

FACE.

Face; cold sweat on the forehead; cool, pale, moist, thin, death-like features; at the height of disease: *Veratr.*; — cold, covered with cold sweat: *Carb. veg.*; — hot, mostly in the evening: *Bryon.*; — sweats on the right side: *Pulsat.*; — covered with sweat: *Colchic.*; — wears a happy and strange expression: *Apis*; stupid expression: *Colchic. Stramon.*; listless expression: *Rhus tox.*; besotted expression, apathic and indifferent mind: *Phosph. ac.*; stupid expression without collapse: *Helleb.*; stupid aspect, with relaxed and hanging facial muscles and lower lip: *Opium*; relaxation of the facial muscles: *Opium. Zincum*; trembling and jerking: *Coccul.*; convulsive trembling of lips and tongue: *Opium*; spasmodic distention: *Stramon*; distorted: *Hyosc.*; spasmodic

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

“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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EDITORIAL.

NITRIC-ACID.—The stitching pains in and between the shoulder-blades, the pain in the small of the back from taking cold and the swelling of the glands of the neck and axilla, are indications for both Calcarea and Nitric-acid.

Nitric-acid has falling to sleep of the hands, especially in the morning in bed. Pain as from tension in right hip-joint. According to Dr. Malcolm Macfarlan, one of the great characteristics of Nitric-acid is soreness. There is soreness of the corners of the mouth; soreness of the inside of the nostrils; soreness of the shins. The shins are so sore the patient wishes to cover them with wet cloths.

Nitric-acid has a great characteristic of sticking pains or stitches, as if from needles or splinters. In this it is similar to Hepar. There are stitches in the heels when stepping; the patient feels as if stepping on needles.

Nitric-acid has offensive foot-sweat, and so also has Silicea. The Nitric-acid foot-sweat causes soreness between the toes. Those who wish to get a comprehensive set of indications for foot-sweat should consult *THE HOMŒOPATHIC PHYSICIAN* for June, 1894, where will be found an elaborate repertory of foot-sweat prepared by Dr. Olin M. Drake. A few reprints of this repertory are still to be had in this office.

The editor has been repeatedly appealed to by his patients to

stop the intolerable odor of the feet in valued servants, who, in consequence of this objection, were felt by the family to be unendurable. A careful study of the symptoms has resulted in the selection of a remedy that has entirely cured the trouble. Most of the cases seemed to respond best to *Silicea*, and rarely has there been a failure to relieve.

Nitric-acid is the remedy for bunions with swelling and with stinging pains. Nitric-acid, said Dr. Lippe, is almost a specific for bunions.

Nitric-acid has sore pains of internal organs. Emaciation of the upper extremities is an indication for Nitric-acid. Nitric-acid is a great remedy for syphilis after the abuse of Mercury. It also follows Mercury, homœopathically given, in syphilitic cases.

It is like Thuja, a great remedy for syctic condylomata.

During sleep there is bleeding of the nose, and this is similar to Mercury. Coughing and sneezing during sleep is another indication for Nitric-acid.

Continuous chilliness is a symptom of Nitric-acid, and also reminds us of Pulsatilla.

Nitric-acid has perspiration at night on the side on which he lies, whilst *Silicea* has perspiration on the side on which he does not lie. Symptoms like this are liable to be overlooked, yet if kept well in mind are invaluable in selecting the remedy. Chill, heat, and sweat following one another suggest China and Pulsatilla as well as Nitric-acid.

Nitric-acid and Apis have nettle rash, with burning, stinging pains.

Nitric-acid has large blood boils like *Arnica*. The great characteristic of Nitric-acid in boils is the pain like *splinters*.

Painless swelling of the glands is the indication for *Silicea*. Nitric-acid has swelling of the glands with pain as if from splinters.

Hahnemann's key-note for Nitric-acid is that the drug is suitable after alkalies for lean persons with dark complexion, black hair and eyes.

Nitric-acid has aggravation after breakfast, in warm air, after

lying down, after perspiration, and in the erect posture. Sulphur also has aggravation in the erect position. In fact, in some conditions the Sulphur patient is totally unable to stand erect, but must bend over.

Nitric-acid has amelioration from drawing clothing tight around the waist. This is the reverse of a number of remedies.

Dr. Guernsey's key-notes for Nitric-acid are as follow :

Leucorrhœa of mucus, which can be drawn out. It may be flesh-colored, greenish, cherry red, and fetid. Violent pressing downward, as if everything were coming out of the vulva, with pain in the small of the back, through the hips and down the thighs. Very painful stools with profuse discharge of blood, the pain lasting a long time and exhausting her. The urine is very strong, like horse urine. Sleeps badly the latter part of the night. Suitable for cases that are suffering from mercurial poisoning. Stitches in the vagina from without inwards when walking in the open air. Tumors, with much itching and stitching pains. Itching of the parts when walking, or otherwise irritating them, when they feel very sore. Pricking pains prevail. Violent itching of the vulva, always toward evening.

Swelling and burning itching of one side of the vulva and vagina. Dry-burning heat of the vulva. The urine is very offensive. Patient always worse after twelve o'clock at night. Violent cramp-like pains, as if the abdomen would burst with constant eructations. Hard knots in the mammary glands of mercurialized women. Constant eructations during the menses. Menses too early and too profuse. Metrorrhagia after confinement or miscarriage. Much nausea and gastric trouble, relieved by moving about or riding in a carriage. Constant nausea, with heat in the stomach extending to the throat. Fat food causes nausea and acidity. Hard, difficult, scanty stool. On going to stool pain in rectum, as if something were being torn away, or else twitchings in the rectum and spasmodic contractions of anus for many hours afterward. Smarting more in the rectum than in the anus immediately after stool and continuing many hours afterward. Sometimes prolapse of rectum

and discharge of blood. Pain before and after stool as from a fissure of anus.

Much swelling of the internal ear. It is nearly closed. There is much pain in it. Much restlessness after midnight.

VACCINATION IN THE LIGHT OF THE ROYAL BRITISH COMMISSION.

M. R. LEVERSON, M. D., FORT HAMILTON, LONG ISLAND.

“Nothing is settled until it is rightly settled.” Until a few years ago there was so large a consensus of medical opinion on the question of vaccination that its value as a prophylactic against small-pox was generally regarded as settled. It is true that old and experienced physicians were generally less positive upon the subject than young men fresh from college, and some men of unquestionable scientific eminence denied the alleged prophylaxis in fact, and also denied that there was any scientific basis for either the theory or practice of vaccination.

Undeniable and cumulative evidence of grave disasters following the practice added to the opposition, until at last it attained a strength such that in 1889 a Commission was appointed by the British Government, “To inquire into the effect of vaccination in reducing the prevalence of and mortality from small-pox.”

The appointment of this Commission was agreed to, in the confident belief that it would put an end to the complaints and opposition of the “anti-vaccination cranks,” by exposing the groundlessness of their objections.

It is proposed in this article to lay before the readers of *THE HOMŒOPATHIC PHYSICIAN* the substance of the evidence on both sides; then, by way of aiding the reader to a conclusion, I will give a short account of Jenner, of his reputed discovery, and of the adoption of vaccination, and the conclusions to which the evidence seems to point.

The substance of the evidence shall be set forth, but I cannot pretend to be now without an opinion; that opinion shall be

clearly stated as the result of that evidence upon a mind anxious for the truth, but entering upon the investigation *biased in favor of vaccination*, as are the minds of nearly all physicians as the result of what they are taught in their medical schools.

It is a significant fact that nearly the whole of the evidence given in support of vaccination was official evidence. Such testimony, when the official recording or delivering it has no interest in the result, deserves and always receives a large amount of credence; unhappily, where the official is interested in the result, it is of the weakest.

The marvelous genius of Bentham exactly delineated the strength and weakness of such testimony in his incomparable treatise upon evidence. (Vol. VI, Tit., Office Evidence.)

His analysis of official testimony, written at the beginning of this century and applicable to *all* such testimony, might have been a generalization from the official testimony given to the British Commission on Vaccination of 1889. Falsification of records, suppression of documents, allegation of non-existent facts, juggling with statistics, assumption of knowledge by ignorance in official position—such are the defects to which Bentham showed official evidence to be always liable, and such are the features presented by nearly all the official witnesses before the Commission.

One particular exception should be mentioned. Dr. Robert Cory gave his evidence in good faith. He was and is one of the most trusted medical officers of the local government board, the English analogue of our health boards, and is a chief instructor in vaccination. So thoroughly satisfied was he that syphilis could not be invaccinated that he made himself the subject of experiments, with the result that he invaccinated syphilis in himself!

One of the best instructed of the government officials, in the course of his testimony he makes numerous statements with regard to the nature, character, mode of operation, and results of vaccination. He makes these statements in perfect good faith as an expert, more than ordinarily competent as such by knowledge and experience to form and express an opinion, upon

these subjects special within that department of medical learning to which his whole attention has been devoted.

As if to accentuate the absolute ignorance of the best instructed experts as to what they are doing in vaccination, this zealous, able, and upright gentleman—Dr. Cory—continually contradicts at one session of the Commission what he had said at a previous one; and at last, confronted with his contradictory opinions upon the subject of the relative results and dangers of the (so-called) calf lymph, or humanized lymph, he breaks down, and says (Q. 4805, p. 152b, of the second report of the Royal Commission of 1889, published in 1890):

“I am afraid that I have contradicted myself there, as in many other places.”

Dr. Cory, though a prejudiced, was an honestly minded witness, but what shall be said of Sir John Simon, K. C. B., F. R. S., whose mildest terms for the opponents of vaccination have been *ignorant, idiotic, dishonest, quacks*, etc. Presenting to the Commission what he pretended was a copy of the Report of the Royal College of Physicians of England of 1807, presenting with it four of the five reports of the colleges which were embodied in that report as appendices to it, he deliberately suppressed the report of the College of Surgeons of England, which was the only one of the five reports embodied in the report of the College of Physicians which made any pretense to be based upon investigation.

The investigation, which formed the basis of the report of the College of Surgeons, thus suppressed, *was fatal to the claims of the vaccinationists!*

A pledge was given, on behalf of Sir John Simon, that he would attend the Commission and give an explanation of this suppression, but he failed to do so.

Sir John Simon had recommended Jenner's "Inquiry" to be studied by all medical men, "as a model of medical induction." At the time he made this recommendation the "Inquiry" was inaccessible to ninety-nine-hundredths of medical men; but, since 1888, it is no longer so. In his classical *History and Pathology of Small-pox*, Dr. Crookshank reproduced the "In-

quiry" in full, and thus rendered it accessible to every student.

When questioned upon the contents of the work on which the whole theory of vaccination is founded, Sir John Simon professed himself unable to say whether or not Jenner considered horse-grease an essential element of true cow-pox!

Sir John Simon is equally unreliable as a statistician. Greedily swallowing the absurdities put forward as to the prevalence of small-pox in the past, he states (Q. 134, first report of the Commission, 1889, p. 6a) that in the last century almost every one had small-pox sooner or later, and that one-sixth of all who had it died, so that one-sixth of the population was continually carried off by it (Q. 137, p. 6b, *ubi sup.*).

Now, not to speak of the plague, which has not reappeared since 1680, the London bills of mortality show an annual death-rate, from fevers alone, of much more than double that of small-pox, the smallest knowledge of statistics would have shown him the impossibility of such a statement being true without a complete depopulation, not merely of the British metropolis, but of the whole of England and Wales, in a very short period!

It was admitted by all the witnesses who upheld vaccination that the mortality from fevers and zymotic diseases had largely diminished, and that while a small part of this diminution was to be ascribed to improved treatment, the decline was chiefly owing to improved sanitation; yet Sir John Simon (Q. 220-1 *ubi sup.*, p. 8a) puts the whole decline of small-pox down to vaccination!

In answer to question 237, p. 10a, Sir John Simon equivocates in a manner to excite disgust, being referred to a table of Dr. Farr, put in by himself (*Appendix*, No. 1, p. 88, *ubi sup.*), in support of a statement of that eminent statistician with regard to the decline of small-pox prior to the introduction of vaccination, and from which Sir John Simon had dissented, instead of answering with regard to the lines relating to fevers and small-pox, he runs off to the third line relating to scarlet fever only, and says: "I observe a note of interrogation in several of the columns." This very table had been referred to by him as

exhibiting a decline in small-pox, and he shuffles and shuffles under the examination of Dr. Collins, reminding one forcibly of the aphorism of William Cobbett, the personification of plain common sense, when speaking of Edward Jenner himself: "Quackery has always one shuffle left."

Sir John Simon adopted a table, prepared by Dr. Ogle (Table B, p. 114, first report as above), for the purpose of showing a regular decline in the mortality from small-pox following, and *ergo*, consequent upon vaccination, in England and Wales.

He started with a septennial period, 1847-53, with a mortality per million living of 304, and then divided the following 34 years into two *unequal* periods of 18 and 16 years respectively. Thus juggled with, they produce the following table:

Mean annual deaths from small-pox *per million* living in England and Wales: 1847-53, 305; 1854-71, 223; 1872-87, 114. But now, starting with the septennial period chosen by Sir John, let us divide the remaining period also into septennials and we get the following: 1847-53, 305; 1854-60, 194 6-7; 1861-67, 181 6-7; 1868-74, 330!; 1875-81, 82 4-7; 1882-87 (five years), 53.5. (Calculated from Table A, p. 114, *ubi sup.*)

But even taking the irregular periods selected by Dr. Ogle, the fall in mortality from fevers is at least as striking in those same periods. (See Table C, p. 114, first report, *ubi sup.*)

Mean annual deaths from fever per million living in England and Wales: 1847-53, 1,139; 1854-71, 870; 1872-87, 367. This fall is unquestionably due to improved sanitary conditions, and is so admitted by Sir John Simon, vaccinationists and anti-vaccinationists; but the fall in the death-rate from small-pox is incontinently ascribed to vaccination. "Speaking broadly," says Sir John Simon, "I look to it entirely as a matter of vaccination." (Q. 221, p. 9, *ubi sup.*)

Most of the government or pro-vaccination witnesses profess to accept the opinion of Dr. Ballard, "That vaccination is not a thing to be trifled with or to be made light of; it is not to be undertaken thoughtlessly or without due consideration of the condition of the patient, his mode of life, and the circumstances

of season and of place. Surgeon and patient should both carry in their minds the regulating thought that the one is engaged in communicating, the other in receiving into his system, a REAL disease—as truly a disease as small-pox or measles; a disease which, mild and gentle as its progress may be, yet, nevertheless, now and then, like every other exanthematous malady, asserts its character by an unusual exhibition of virulence.”

The question must at once arise in every mind able to reason, Then why vaccinate at all? Why give a *certain* disease which “now and then asserts its character by an unusual exhibition of virulence” in the hope of charming away a disease which leaves the large majority of people unattacked, and which the “great physician,” as Sydenham was rightly called, described as the mildest of diseases?

[TO BE CONTINUED.]

AILANTHUS GLANDULOSA.

C. L. OLDS, M. D., H. M., PHILADELPHIA, PA.

The common name of *Ailanthus* is the “tree of heaven.” It has the aspect of a great sumach. At the time of flowering it gives off a very disagreeable stench, and seems to poison the air about it. Where it has been placed in parks it makes June the most unhealthy month of the year. Canaries hung out near it die. It was originally brought from China, on account of its rapid growth and beautiful appearance. Insects are poisoned by it; but in France it is cultivated for the sake of a species of silk-worm.

It has been used by the old school for tape-worm. The Chinese use it for dysentery. The provings have not yet substantiated this use.

It was first proved by P. P. Wells, of Brooklyn. His notice was first called to it by a case of poisoning in his own family. One morning his daughter got up sick. She went to the breakfast table and could not eat, then went to her room and had a violent fit of vomiting. Soon there came on headache,

heat and redness of the face, dilated pupils, great intolerance of light, vertigo on rising—as soon as she tried to rise from a reclining position she would fall back. The pulse was small and rapid. She was drowsy and yet restless and anxious. In about two hours from the time she was taken sick she was insensible, with a muttering delirium. She had an eruption in patches, especially on the face and head. The eruption was miliary in character, dark, purple, in dingy patches, and the skin between the patches was livid. The pulse became smaller and more rapid, the skin became cold and dry, and when it was pressed by the finger the color slowly returned. Wells thought it was a bad case of malignant scarlet fever, and had little hope of saving his child; but in three or four hours the symptoms began to disappear, and gradually the attack wore off. Wells was puzzled at first, but found that it was not scarlet fever, but a case of poisoning by Ailanthus. His daughter had stripped off the bark from the tree and written letters on it with a pin, moistening the pin repeatedly in her mouth. In this child, and other provers, there has been an eruption on the body like the eruption of Ailanthus every year at the time of blossoming of the tree in June.

In this case of poisoning you see what a violent action this remedy has, what a deep action it has, producing a state like that of zymosis.

Running through the remedy will be found manifestations like those of scarlet fever, diphtheria, typhoid fever. *Putridity* runs through the remedy. The discharges are putrid, offensive; there are putrid ulcers, offensive breath. The eruption comes out in patches, miliary, dark, purple. The skin between the patches of eruption is of a brownish or livid hue or mahogany color. On the surface, in different parts, petechiae are thrown out, large blebs form, containing a claret-colored serum—bloody serum; also fine blisters in different places. The imprint of the finger remains long on the skin. We find sordes on the teeth. Ulcers come in the throat—putrid, smelling like bad meat—with offensive oozing from the mucous membranes. The tongue is black and oozes blood.

From the beginning of these cases there is delirium, with great anxiety and restlessness, thirst for cold water, dilated pupils. Later on there will be stupor, but still the restlessness may continue. Prostration comes early and suddenly. The mind seems to be in a dreamy state—as if the patient were walking in a dream. She sees rats running about the floor, imagines that rats or snakes are running about the legs, or that a snake is about the throat. There may be a desire to cry all the time, or total indifference. There is loss of memory—she cannot think what she should reply. The moment she tries to rise up she falls back again—there is always vertigo on rising. There is headache with great fullness, burning in the head, aggravated by sitting up, aggravated by light, aggravated in one prover from 3 to 4 A. M. Add to these symptoms the eruption, the offensive discharges from the nose and throat—copious, thin, bloody, excoriating—the livid, swollen throat, the tonsils covered with foetid ulcers, the tongue purple, swollen, perhaps with edges cracked, the urine suppressed—and you have a case of scarlet fever such as *Ailanthus* corresponds to—an exceedingly malignant case.

There are some symptoms of this remedy like *Bell.*, yet *Bell.* is an entirely different remedy—you might say they were opposites. Some prescribers give *Bell.* for every case of scarlet fever in which they find delirium, restlessness, flushing of the face, dilated pupils, fullness in the head. This looks like *Bell.*, but *Ailanthus* has all this and something deeper. The state of *Bell.* is one of active congestion, while that of *Ailanthus* is one of torpor, prostration, zymosis. *Bell.* has a bright red rash; in *Ailanthus* the rash is in dark patches, and the skin livid.

Ailanthus may be indicated in scarlet fever where the rash has been suppressed and symptoms like those enumerated come out. The mental symptoms will be present. If there is a rash, it is in purple patches; if not, the skin is blue and cold.

When this remedy is indicated in diphtheria the membrane seems to ulcerate at once. Large ulcers form, very offensive. The whole throat is purple, sensitive, swollen, oozing a dark, bloody, acrid discharge. Blood oozes from other parts. From

the nose oozes a bloody, acrid discharge. Great crusts form about the nose, ulcers about the nose and lips; great scabs form on the upper lip. Perhaps great blebs form, containing claret-colored serum. The patient is stupid, the urine suppressed. This is something like Arum-tri., especially in the excoriating discharge from the nose; yet in Arum-tri. there is not as much stupor, but more restlessness. There is not the rapid ulceration of the membrane that there is in Ailanthus.

In cerebro-spinal meningitis this remedy will sometimes come into play. A chill is followed in a few hours by an eruption. The body is cold, the skin livid, mahogany-colored, purple, mottled, with dark purple spots.

In typhoid fever and in other typhoid states, we might expect this remedy to be useful. The patient is prostrated, comes down suddenly, is unable to meditate, does not comprehend what is said. We find a dreamy state of the mind, muttering, delirium, stupor, a drowsy yet restless state. He sees rats running across the floor or up his leg, feels a snake crawling up his leg or about his throat, has a startled look, with dilated pupils, and vertigo on rising. The chest has a dusky, bluish, livid appearance; ulcers form in the mouth—deep, corroding, bleeding; the tongue is dry, brownish, black, swollen, cracked; the teeth are covered with sordes. The abdomen is tympanitic, the urine very scanty or suppressed. The stool is frequent, small, thin, watery, offensive—perhaps of bloody mucus, and is passed involuntarily with the urine.

With the above symptoms this remedy may be indicated in erysipelas, very malignant form; also in blood-poisoning and dissecting wounds; and perhaps in child-bed fever.

The remedy has prolapsus of the anus. Hemorrhoids look like bullets; worse at stool, worse while kneeling, with a sensation of fullness. This sensation of fullness runs throughout the remedy. Diarrhœa alternates with constipation. There is a sensation at the anus as of a worm crawling about, with tingling, creeping numbness in different parts; also burning of the palms and soles.

Ailanthus has been used in asthmatic affections when the

chest feels as if strapped tight, hooped up, as if the air cells were stuck together. The lungs feel tired, constricted, full, sore; there is burning in the chest, and difficulty in getting a breath. There is deep cough, with aphonia preceding it—exhausting cough, with copious expectoration of deep-yellow pus like mucus.

Throughout the remedy we see the anxiety and restlessness, the offensiveness, the prostration, the fullness everywhere—in the head, chest, abdomen; the burning in mucous membrane, burning discharges, burning headache, burning in the chest, in the throat, in the bowels.

In the zymotic diseases to which Ailanthus is particularly applicable, it will rarely be indicated unless the characteristic skin symptoms above enumerated be present; they are peculiar, and together with the prostration, restlessness, stupor, putridity, make the remedy stand out by itself in these much dreaded diseases. Its use has thus far been most frequent in isolated cases—not having been frequent in epidemics.

APPENDICITIS—ITS SURGICAL TREATMENT.

[A paper read by Howard Crutcher, M. D., before the Homœopathic Medical Society of Chicago, March 12th, 1896.]

MR. PRESIDENT AND FELLOW-MEMBERS: When invited by our President to prepare a paper for this evening upon the surgical treatment of appendicitis, I assured him, and now repeat that no attempt will be made to deal with so vast a subject in an exhaustive manner. That appendicitis is a surgical condition, there is no longer any respectable doubt. By this I do not mean that every case demands an operation, for it is true beyond dispute that an overwhelming majority of cases recover from the primary attack without surgical treatment, and would probably recover without any treatment whatever. But this is not the question at issue; the real question is “Would early surgery in all cases give better results than we now have?” According to the *American Text-book of Surgery* (Philadelphia: W. B. Saunders, 1895), primary appendicitis is fatal only once in eight

times. In other words, in a thousand cases there will be only one hundred and twenty-five deaths. But most people will be inclined to agree with the surgeon that this is a tremendous death-rate. And what is the condition of the patient who has recovered from a primary attack of this malady? In order to decide this question I appealed to those who certainly ought to know—namely, the medical directors of ten leading American life insurance companies. The question was put to each, “Where an applicant for insurance presents a clear history of an attack of appendicitis, and has not submitted to operative relief, do you consider the risk as acceptable?” The replies were embodied in a paper which I presented to the Illinois Homœopathic Medical Association in May, 1895. There was no difference of opinion. Not one of the companies interviewed would accept a risk of the kind without a lapse of considerable time—an average of two years, if I am not mistaken. Life insurance companies are not in the business of rejecting acceptable risks; why do they unanimously avoid the man who some of the doctors think has “recovered” from appendicitis? Because they know from a costly experience that a reformed appendix, like a reformed gambler and a regenerated drunkard, cannot be depended upon. The tendency is toward relapse, and subsequent attacks are increasingly dangerous. So it is hardly fair to say that the mortality of appendicitis is only one in eight; the relapsing cases would swell the death-rate to far above the primary mortality of twelve per cent. The only genuine recovery is the case where the appendix has either been removed or has undergone obliterative changes. The latter cannot, of course, be determined with any degree of certainty by ordinary methods of examination.

Many medical men seem to think it an evidence of superior wisdom to appear indifferent in the presence of appendicitis; to doubt the diagnosis of the disease, to make light of its dangers, and to dwell upon their own astonishing success in dealing with it by internal medication. Six or eight successful cases, with no death, is a reassuring record, and most men are sufficiently human to be guided very largely by such excellent results.

But the next case may spoil the record, and the following one may intensify the lesson and leave a death-rate that no skillful surgeon in the land cannot heavily discount. Medical men are coming to see the logic of the situation, and I do not doubt that another decade will see the acute inflammatory lesions of the right iliac region recognized universally as coming within the domain of surgery. In support of this view I have been able to see in my own circle of professional associates a very gradual but decided change in favor of early surgical interference in all cases of appendicitis. I say "early" interference, for no one, I presume, has any shadow of doubt as to the need of interference when, unfortunately, interference is often too late.

I have within three days been called in consultation with a skillful medical man, who said that he desired my advice as to whether the moment had come for operation in a case of appendicitis. He was asked what symptoms he regarded as justifying an operation. His reply was that he should operate at the first signs of pus. How often does it happen that the signs of pus are the signs of death.

Touching the question of early laparotomy, the testimony of eminent specialists in general medicine has been sought. To each of these gentlemen the question was asked: "In a case where there is strong presumptive evidence of appendicitis do you consider an exploratory laparotomy by a skillful operator preferable to delay?"

Dr. Charles Gatchell, of Chicago, says: "Even with strong presumptive symptoms, I should delay rather than make an exploratory laparotomy."

Prof. William Pepper, of Philadelphia, does not consider it possible "to reply intelligently to a general question of that kind," and says "that every case must be decided upon its own merits."

Prof. James T. Whittaker, of Cincinnati, "cannot answer the question categorically," but says that "an exploratory laparotomy by a skillful surgeon is usually a safe procedure." Can it be said of appendicitis in any stage that it is "usually safe"?

Prof. George Royal, of the University of Iowa, says: "No; I should not advise it unless I felt sure that pus was present or forming."

Dr. L. C. McElwee, Professor of Materia Medica in the Homœopathic Medical College of Missouri, says: "I should answer 'Yes,' for I have just lost a case that might have recovered had that very thing" (which Prof. Whittaker says is usually a safe procedure) "been done. The symptoms present did not seem to justify an operation any sooner than was done, yet we found that it had better have been done before. Three of us were in consultation. Nobody attaches any blame to us, nor do we think that we are in any sense blameworthy, even in the light of the proceeding; but from a nicely practical standpoint, I think yes."

Dr. Frank Kraft, the distinguished editor of the *American Homœopathist*, says, with characteristic vigor and clearness: "By all means, operate."

Dr. T. Griswold Comstock, of St. Louis, a gentleman whose name is synonymous with honest and enlightened conservatism, says that he "should decide that an exploratory laparotomy was not only preferable to delay, but proper and certainly indicated," and that he believes his opinion to be in accord with that of advanced surgeons everywhere.

Dr. A. Leight Monroe, Dean of the Southwestern Homœopathic Medical College, of Louisville, asserts that as far as he is personally concerned, he should have an exploratory incision, and should certainly urge the same course upon his patients.

Dr. E. E. Case, of Hartford, Conn., whom I regard as one of the first prescribers of this country, and for whose opinion I entertain the highest respect, says that he believes the law of similars sufficient for these cases; that he has practiced medicine for over twenty years, during which time he has had his share of appendicitis to deal with, that he has never lost a case and never had one operated upon.

Dr. Eugene H. Porter, of New York, editor of *The North American Journal of Homœopathy*, grasps the situation with singular clearness, and expresses his belief with peculiar force.

I quote in full : “ In a case where the presumptive evidence of appendicitis was very strong—where there could be but little doubt of the diagnosis—I should certainly consider an exploratory laparotomy by a skillful operator preferably to delay. If the surgeon, by boldness, at times endangers the life of the patient, the physician, on his side, by a timid conservatism, does at times equal harm.”

Dr. H. P. Loomis, of New York, would delay advising an operation, especially in the first attack, until very sure of the diagnosis.

From these expressions, emanating from gentlemen of deservedly high reputation as practitioners, it will be seen how widely personal experience and individual surroundings will influence the views of medical men. It will be observed, however, that a majority of those whose views are given are in favor of what appears to me to be the only conservative course, namely, a timely exploration. By “timely” exploration I mean an immediate operation—the next hour, the next minute, if possible—not the next day. Hours count in these cases. Many a case which might have been saved at seven o’clock in the evening has been lost at nine the next morning.

I should like to ask medical men why it is, when it is admitted by the ablest experts that no rule is known whereby the so-called harmless catarrhal appendix can be distinguished from a tube gangrenous from end to end, that a course is advised which consigns one in eight to the grave, when the immediate operation has a death-rate of less than one per cent.? That a case of appendicitis has recovered is nothing; the chances are that it will return. The man who carries an infected appendix in his abdomen has a graveyard sentence hanging over him. Surely this is no triumph for science. Medical men, too, are very anxious that the diagnosis shall be *certain* before any operation is advised; they demand more than the most skillful surgeon is able to give. Surgeons weigh the facts, balance the risks involved and choose the least dangerous path. That they sometimes have to go through blood in a righteous cause is no argument against either the blood or the surgery. The results

obtained by surgery are such as ought to command the highest confidence of medical men. Mr. Frederick Treves says in his work (*Manual of Operative Surgery*, Philadelphia, Lea Bros. & Co., 1892) that he has had no death from appendectomy. I have not his record for the time intervening, but I notice a recent report (*Lancet*, January 4th, 1896) of ten consecutive cases without a death.

Prof. A. C. Bernays, the celebrated St. Louis surgeon, has done 166 appendectomies, in cases ranging from one day to six and one-half days in duration, with eleven deaths, a mortality of 6.6 per cent. It is entirely unnecessary to say anything as to the character of the cases which died. Notwithstanding the fact that many of his cases were perforating cases, his results are just twice as good as those obtained by medical means. As to what statistics a medical man could have shown with many of the cases saved by Bernays, may be left to the imagination. He has done a large number of operations for relapsing appendicitis, in the period between attacks, without a single death.

Prof. John B. Murphy has operated in appendicitis 293 times. In his first 207 cases he had a death-rate of nearly ten per cent. His later cases show a steady decline in deaths, solely because of earlier operation. It must be remembered that Murphy was a pioneer in appendectomy, and did many of his operations in days when a medical man had no use for a surgeon, as long as the patient was warm above the knees.

One of the most conspicuous records to be found anywhere is that of Prof. John B. Deaver, of Philadelphia, whose 200 cases, with only two deaths, and whose 140 cases without a death, are an effectual reply to the sneering imputation that surgeons are too radical, and that there is greater safety in medicine. The thing that kills is infection, and the infection develops while the attendant is waiting for—what?

I am in receipt of a recent letter from Dr. Robert T. Morris, of world-wide fame in appendectomy, which is so clear-cut and convincing that I give it in full :

“ 49 W. 39TH STREET, NEW YORK, March 4th, 1896.

“ DEAR DR. CRUTCHER :—I have never known a death from surgery in appendicitis. Whatever deaths I have seen have occurred from septic infection, which had been allowed to get beyond the resources of the surgeon before operation was performed. In New York, to-day, the only patients who die from appendicitis can be classified as follows :

“ 1st. Those who neglect to call a physician.

“ 2d. Those who call a physician who has been too busy to inform himself upon the subject of appendicitis.

“ 3d. Those who call a physician who has some theory of his own on the subject of appendicitis, and who is not guided by the accurate, classified knowledge of the subject, which is to be obtained in the text-books and monographs afforded by any important medical library. Whenever a person dies of appendicitis in any of our larger cities to-day, it means that some one was to blame, and it is a case for ‘ asking questions.’ We know that the patient would not have died if he had been given the advantages which he deserved as a citizen of a civilized community.

“ Yours very truly,

“ ROBERT T. MORRIS.”

Prof. P. S. Connor, of Cincinnati, has had no deaths in non-infected cases.

Prof. Bayard Holmes, of Chicago, has no deaths to record from the early operation.

There is a wide difference in the classification of the various operators, but I classify my cases as extreme cases, doubtful cases, and early cases. My death-rate in the extreme cases has been 75 per cent., in the doubtful cases 25 per cent., and in the early cases no death at all has occurred. Perhaps the best exponent of modern medical opinion is the *American Year Book of Medicine and Surgery* (Philadelphia, W. B. Saunders, 1896), from which it will be seen that the drift of medical belief is toward the early operation in appendicitis. In the light of the facts it could not be otherwise. A patient divided against himself in

the right iliac region—cannot stand. Appendicitis does not kill, nor the surgery, nor the shock, nor the anæsthetic; but pus, adhesions, and sepsis do. Medical experience has proven that these cases often spend weeks in bed, exposed to great danger, with chances of one death in eight. Murphy, McBurney, Morris, Shrady, Senn, Deaver, Lamphere, Bernays, Treves, Fowler, Wyeth, and a score of operators not so famous, have demonstrated by a vast experience that the surgery of appendicitis is, comparatively, not dangerous. It is our plain duty to accept the situation as backed by overwhelming facts, and remove the appendix before it removes the patient.

DISCUSSION.

Dr. Chas. Adams—I think that but slight exception can be taken with the ground stated by Dr. Crutcher. In all cases where, while the patient seems to be doing well there suddenly come the chill and other signs of perforation, the abdomen should be opened at once. I even think it would be better to operate with what may be at hand, rather than waiting to send for an elaborate outfit. Then we have cases of acute appendicitis, where the pulse is persistently high for more than thirty-six hours; these should be operated upon at once. I mean a pulse which runs above 120. In these cases you may wait an hour or two, but operate quickly. Then we have other cases—mild cases, cases which have a tendency to get well, sub-acute cases—and here we may delay the operation until the acute attack is over. The tendency of the day is to operate in every case; I except the mild cases. There are many people in this city who have had no interference with health, no lesion discoverable, after a mild attack of appendicitis; these cases I let alone. But when an attack is severe, when it leaves disturbed digestion or occasional spells of tenderness in the right iliac region—whether it lays them up or not—I should operate, because the next attack may be perforative or infectious. We sometimes unwisely postpone an operation because there is no tumor presenting, or because the patient seems too weak to stand the operation; and this plan frequently costs a

life. When we have a case going on for some time, with trouble in the right iliac region, pulse and temperature not much out of the way, suddenly showing a chill, followed by rise of pulse and temperature, it means perforation; there may be no tumor presenting, but if we wait for the tumor we lose the patient. If the appendix be free it means general septic peritonitis, from which they sometimes, but rarely, recover. If on the other hand, the appendix be walled off by adhesions, it is still wise to operate, because you thus get rid of pus. Why not operate in every case? Because it is wiser to operate in the interval between attacks, if you can wait for it, and work in tissue which is not inflamed. I look upon the operation between attacks as a perfectly safe procedure, and have never had such a case give me the slightest uneasiness following the operation. I have lost no cases where I operated for a local abscess. I have operated upon and lost "late" cases where there was septic infection from the beginning. The operation during a slight attack is safe if done according to modern surgical principles. The practitioner is safe who removes every appendix which is damaged by inflammation.

Dr. G. F. Shears—This is a question which seems to offer the chance for a wide difference of opinions, judging from what I read and hear at different medical meetings. The therapist states his case very strongly; many have said that they have treated appendicitis for twenty years without a death, and cannot understand why the surgeon should advise such an early operation. I have tried to consider the matter from both standpoints, and have come to the conclusion that if I am called to see a case of appendicitis on the first day, and the symptoms are severe, I advise operation; and where such advice has been accepted and followed, the results have been very satisfactory. Where called on the third or fourth day, unless there were symptoms of perforation, I have not advised operation. The experience is that operations at such period are more dangerous. Not because of the danger of the operation in itself, but because the tissues are inflamed, the shock greater, and the general condition more unfavorable. If the patient recovers from a

severe attack, I advise operation for the removal of the appendix as soon as the inflammation disappears, for I have never lost a patient from an operation during the interval, and consider it perfectly safe. There is a constant tendency to recurrence following a severe attack. If the attack is light I do not advise operation, as many of such cases get perfectly well and show no recurrence. The cases must be individualized. I have little or no confidence in the physician who says that he never saw a fatal case of appendicitis in twenty years of practice. It is like the man who has never seen a lacerated cervix or perinæum in twenty years of practice—apt to give rise to the suspicion that either he would not recognize the condition when he met it, or else has had a very limited practice. Even in such books as Arndt's *System of Medicine* (in which Dr. Cowperthwaite wrote the article on Peritonitis) it is stated that many of those cases came from appendicitis. Before the present knowledge of the organ, appendicitis was regarded as a dangerous and fatal disease; but lately some practitioners seem inclined to hedge on this statement. The disease from the start is surgical; I mean it should be considered by the surgeon. If obliged to operate on every case, I should prefer to have the chance of operating on the first day. After the third or fourth day without perforation, the patient stands a better chance without operation.

Dr. H. R. Chislett—I do not know that I can add very much to what has been said. I think it cannot be too strongly emphasized that when you see the first sign of pus there is necessity for immediate operation whether a tumor presents or not. But if you are called to a case where perforation had already taken place, and you have a tumor presenting, and if you open that pus cavity before it has had time to wall itself off by firm adhesions, you have to deal with free pus in the cavity, and no amount of bloody sponging or washing will suffice to make the intestines clean. In such cases I stand with Dr. Shears, and wait until firm adhesion have formed. After a few days the operation may be done the same as in a case of ordinary abscess, and with as little danger. There is no

doubt of the advisability of the early operation in severe cases. But in mild cases, while Dr. Crutcher says than an operation done on the first day is practically free from danger, having a mortality of only one per cent., I doubt if any of the others present has had such good results from operations done during an acute attack. As Dr. Adams had said, it is not the operation which kills, but septic peritonitis or embolic infection of the liver. If the medical men can tide the patient over the acute attack the patient has a better chance from an operation during the interval. I believe no surgeon can operate during acute attacks, even of the catarrhal form, and have as low a mortality rate as one per cent.

Dr. A. G. Beebo—I do not know that I can add anything to what has been said. In fact, after Dr. Shears' remark I feel almost afraid to say anything, for I am bound to confess that in my own practice I have not seen a case of appendicitis which required operation since I operated on one back in the 70's, when we called it by other names. Ever since I have been waiting in vain for another operative case in my own practice. I have had cases where I thought there was inflammation there, but not sufficient to require operation, and none of these cases have relapsed and afterward demanded operation. I have been called in consultation to see many cases of supposed appendicitis; sometimes it was appendicitis and sometimes it was not. Sometimes I advised operation and sometimes not. I do not see how I could establish a rule for date of operation by the pulse, temperature, or duration of the disease. I should have to be guided by the symptoms in each individual case. If I was satisfied that there was pus forming, or inflammation which would result in it, I should advise operation. I have had some of the common experience in operating on the late cases. I remember losing one case where there was general septic infection, and, though the chance is small, I don't know that I should not operate under similar conditions if called to-morrow. I cannot escape the suspicion that there have been a great many bellies cut open for removal of the appendix where there was no appendicitis, or no con-

dition demanding operative interference. If such is not the case, it seems that even with the moderate opportunities at my command, I should have seen more of the other sort. My sympathies are somewhat with the medical men. Maybe I have the reputation of being old-fogyish, but I want to see good and sufficient cause for going into an abdomen before I open it. I know it is easy to tell the friends of the patient that the operation was absolutely necessary after getting into the abdomen and finding it was not, but that is a sort of surgery for which I do not hanker. I should rather have a clear conscience.

Dr. J. J. Thompson—I do not like to have to disagree with the opinions of so many eminent surgeons, but this is a question which has two sides. Some of us are a little too free with the knife in these cases. Even granting that Dr. Crutcher is entirely right, and that Dr. Adams and the rest of these careful and experienced surgeons are correct, and lose only such a small proportion of their cases, I still believe that there are more people killed by the operation of appendectomy than are cured by it. I know that it is held to be a very easy and safe operation, by the essayist and by many of the books; so, every time a patient has a bellyache, some recent graduate or unskilled surgeon like myself, is tempted to open the abdomen. A diseased appendix is found and removed, and death results. Now if those cases would go to Adams or Crutcher, it would be all right, but the fact is that the average surgeon does not get any such results. Some months ago a patient was sent to me from a suburban town, to have his appendix removed; I performed the operation, finding the intestine gangrenous and the patient died. I blamed his physician for not having had the operation done sooner. He said, "What are we country doctors to do? Just recently a young Chicago physician was taken with supposed appendicitis, operated upon by one of our surgeons, and died almost immediately." A few weeks ago I was invited to witness an appendectomy; I went; for, like Dr. Beebe, I am watching these cases with both eyes, and operate in every case where my conscience will allow. This surgeon cut into the right iliac region and hunted for an appendix for

thirty minutes, but could not find any sign of it. I understand that the essayist on one occasion failed to find the organ. (Dr. Crutcher, "That's so"). Now here are two cases where no appendix could be found. About two weeks ago, I received a telegram from a Wisconsin town, saying "Acute appendicitis; come at once." In this case we had every evidence of appendicitis, and the case seemed hopeless. I cut down on a mass of pus, evacuated about a pint, douched carefully with Peroxide, and then found a perfectly normal appendix and cæcum. The patient, a young man, while coming home from school, fell so the corner of his dinner bucket struck him in the side, causing a traumatic abscess. In many cases we have no appendicitis, or if we do, the operation could have been avoided by treatment. The oil treatment, with Belladonna and Bryonia will give better results in many cases. The surgeons say, that if taken in time, 99 per cent. can be cured by operation. I would almost say that, if taken in time, 101 per cent. can be cured by the indicated remedy. Few of them are taken in time, so surgery is sometimes imperatively necessary. I saw an operation by one of our north side surgeons, a bright, careful, conscientious man, but when the appendix was removed, and subjected to examination, I could see nothing wrong with it. There was abdominal pain and tympanitis, but I could detect no pathology in the appendix. To-night we passed resolutions condemning the action of the City Board of Health in pursuing an arbitrary course in regard to the treatment of certain diseases. It seems to me, that, as homœopaths, we cannot afford to indorse a paper which advises cutting down upon a pain in the region of the vermiform appendix.

J. D. Craig, M. D.—I have never operated for appendicitis. When I had my first case it was so long ago that no one thought of opening the abdominal cavity. I have had perhaps a half-dozen cases which I diagnosed as appendicitis, and have lost one. If, as is alleged, many cases, diagnosed as colic, peritonitis, etc., are really appendicitis, the success of the medical treatment is greater than claimed. I should not hesitate to operate if I deemed it necessary. My last case was in the person of my

son-in-law, who had three or four acute attacks, but the temperature did not run very high. It has been over a year since the last attack, and I think he will probably have no more. Taking it altogether, those who pay careful attention to the indicated remedy have as good results as those who resort to surgery.

Dr. H. P. Skiles—I should like to ask the essayist if at the time of draining an appendicular abscess he also removes the appendix, or whether he makes a second operation for the removal of the appendix, and if so, how long does he wait? In these cases the hardest point for me is the diagnosis. Three or four years ago I had a case, apparently of appendicitis, and it ran along for some five days, hoping to get along without an operation. I called as counsel another, and, I supposed, a better man, who said it was not appendicitis at all. The result was that I was discharged inside of twenty-four hours. My successor operated and evacuated a lot of pus. Three or four weeks ago this patient had a recurrence, was operated upon a second time by the same surgeon, and died.

Dr. W. W. Stafford—I have had no bitter experience with appendicitis, excepting that connected with the late operation. The early operation has yielded the most satisfactory results, even when performed at the height of the inflammation. I call any operation "early" if performed before perforation, and the results in such cases have left nothing to be desired. I have heard of, but have never seen nor had in my practice, a death from the early operation. The death-rate from such operation is stated as one out of one hundred. You may almost reverse the figures where you have to deal with free pus and a weak or general septic infection, leading to secondary abscesses, fœcal fistulæ, rotten intestine, and death. Dr. Thompson has said that the recent graduate or the unskilled surgeon is apt to take the word of some one that appendectomy is an easy and safe operation, and to do more harm than good. Allow me to suggest that the unskilled practitioner, with his expectant treatment and crude prescription, is apt to do more harm than he would with a knife. I remember one case in particular—re-

current appendicitis. The first attack I did not see. About a year later I treated her at the hospital during the second attack, from which she recovered nicely, without evidence of abscess. About one year after this the third attack came suddenly, and was in full bloom when I was called. The house was remote from my office, and I hesitated between operating at that time, with the impossibility of closely watching the case afterward, and the medical treatment with its chance of a forced operation, possibly at night, with insufficient help, light, and unfavorable surroundings. However, I risked the case on medicine, and at the end of a slow convalescence she went to the hospital, and I removed the offender. I found that, with the exception of a quarter of an inch at the distal extremity and a narrow ring of tissue at the appendo-cæcal junction, the mucous lining, the submucosa, and almost all of the muscularis were ulcerated away, leaving only a few strands of muscular tissue and the peritoneum between the lumen of the appendix and the peritoneal cavity. I had won, but by an uncomfortably small margin. This question came up at the last summer's meeting of the International Hahnemannian Society on a discussion of a paper on "Appendicitis" by that able homœopathic surgeon, Dr. J. B. Bell, of Boston. In that discussion Dr. Bell, than whom there are few homœopaths in this country better qualified to pick the *indicated* remedy, said that if his remedy did not produce decided improvement within twenty-four or forty-eight hours he operated. I think this a safe rule to follow in all early cases where the symptoms are not very bad. Personally, I should prefer to err on the side of safety, the early operation, with its insignificant death-rate, than on the safe side of the expectant treatment, an indifferent prescription, and a mortality of twelve out of one hundred.

Dr. A. G. Beebe—As to statistics—nothing on earth is more misleading. There is no reliable way of making statistics in appendicitis. Some one with a large hospital practice gives us the results of his work, and they are published, and we accept them as of universal application. There is nothing which goes wider of the mark. We may see in some news-

paper that there are 748,641 eggs eaten in Chicago in forty-eight hours; they may all be hatched out of the fertile imagination of some newspaper reporter.

Dr. Charles Adams—Many cases are reported as cured which are not cured; they are liable to repeated attacks. I know one patient who had thirteen attacks without an abscess; the fourteenth time there was an abscess, and I operated. I advised an operation on a friend of his who had an abscess with the first attack, but he objected on the ground that his friend had ten attacks. I operated, notwithstanding, and showed the pus to the friend. The latter had three more attacks, but the fourth, making his fourteenth, brought an abscess, so I operated. The patient who recovers should be watched, and if there is an upset digestion or impaired health following the recovery, he is liable to recurrence at any time, and you can never tell which attack will bring pus and perforation. I have never operated where there was nothing the matter with the appendix. In opening one of these abscesses it is not worth while hunting around for the appendix unless it presents; the danger lies in breaking up the adhesions, and the operation is usually not an appendectomy at this time. The favorable results quoted refer more particularly to the early operation, and not to those which dealt with perforation and pus.

G. F. Shears, M. D.—I want to say that as a result of my own experience I do not hunt for the appendix in a pus cavity, nor do I hunt for anything else; sometimes I do not even flush out the pus cavity, for fear of breaking down adhesions. I have worried over some of the cases I have had, and the matter of conscience has made me less conservative in these cases than I was when I started out. I have lost a few cases after advising against an operation, and the post-mortem made me feel that I had been to blame in failing to operate. It is sometimes a matter of conscience to those who operate, as well as with those who make it a rule not to operate.

Dr. Howard Crutcher, essayist—I would say for the benefit of Dr. Thompson, that I purposely avoided the mention of anything relating to the technique. When pus is found it is a

mighty good rule to drain it and not risk breaking adhesions by hunting for the appendix; that may be left for a secondary operation. As for waiting three or four days, I was recently called in consultation by Dr. Tracy, whose patient had been in bed for ten days. After an examination I diagnosed appendicitis with possibly kidney complication. Dr. Tracy thought an operation advisable and I was in doubt, so we decided to take a look at it, and found the appendix carcinomatous. I do not know whether this operation would be deemed too early. The condition had extended to cæcum and colon. Patient made a good recovery, but has a hereafter. As to patients being killed by the operation, that is nonsense. I have operated in two cases where I could not account for the death of the patient, but an examination revealed infection. I have a collection of appendices, each with a history, which I should like to show to any one who thinks he can tell all about the condition of the appendix from the outside. I was called to see a man who had been initiated into a lodge. He felt a little indisposition, but not sufficient to call a doctor; when he did finally call a physician he was not deemed sick enough to require medicine. He grew worse in the night, I was called, operated, and removed an appendix seven inches long and packed with faecal concretions; he very promptly died. A man came into the office one afternoon to pay his bill, and merely mentioned some symptoms which seemed to me suspicious; I examined him and diagnosed appendicitis. I was going to Kansas City, so operated upon him the next morning, and removed a short, thick, stubby, gangrenous appendix, filled with pus and certainly within forty-eight hours of perforation. I had a case a month ago in a man of fifty, and was afraid to operate because of bad kidneys; the symptoms subsided and I backed out. A couple of weeks later he had another spell, so we removed the appendix, which was not as bad as some I have seen, but I have yet to see an appendix removed too early. I think Dr. Shears' advice as to waiting three or four days is faulty, as it is as hard to tell any more about it on the fourth day than on the first or sixth day. I do not know of any rule to tell on which day to operate; the

further off from the initial attack the more deaths you have, for perforation may come while you are waiting. I was called to see a case on the east side; I examined the patient, who had a history of violent colic for several days. Pulse, 80; patient resting easier and had gone peacefully to sleep. The patient was removed to the Chicago Homœopathic Hospital; an incision revealed the fact that the belly was brimful of pus. The patient died, yet at the start he did not look like a very sick man. A young man came to my office one afternoon to be examined for a supposed rupture; I called it appendicitis. He vomited two or three times while at the office, and I think that perforation had already taken place. He died before the next morning without an operation. I had two cases charged against me where I operated without finding a bad appendix. A woman fell off a street car and some queer abdominal symptoms resulted. I did not diagnose appendicitis, but thought I would find out; it was better than putting the case off with the possibility of having a funeral. I have known of these cases being diagnosed as lung fever, gall-stones, impaction of the colon, stone in the bladder—everything except appendicitis. The most picturesque diagnosis I ever heard of is on record in one of our suburbs, and was stated as “abdominal dyspepsia.” Inasmuch as dyspepsia rarely occurs in the pelvic cavity, and very seldom manifests itself upon the skin, I think it was a case of cranial dyspepsia on the part of the doctor. Yet the man who made that diagnosis has criticised some of my operations. I had examined this case twice, and there is no doubt that it is appendicitis. These dyspepsia cases are dangerous and sometimes perforate when you least expect it. So, that while I think the rule has its exceptions, yet, as far as a rule goes, it is well to remove the appendix before the appendix removes the patient.

SEA SICKNESS.

CHESHIRE, N. Y., November 2d, 1896.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN :

In the May number of your journal, p. 243, I noticed Dr. H. N. Guernsey's “Therapeutic Indications for Sea Sickness.”

I send you enclosed an article to supplement that of Dr. Guerne for publication. I had opportunities on a trip across the Atlantic to test the value of *Ars.*, *Borax*, *Calc-c.*, *Nux-v.*, *Sepia*, and can vouch for their prompt and efficient action.

Fraternally,

F. H. LUTZE.

SEA SICKNESS.

F. H. LUTZE, M. D., CHESHIRE, N. Y.

Arsenic.—Thirst for *cold water*, but vomits immediately after drinking. The smell and sight of food cause or increase the nausea. Desire for warmth, warm open air on deck; restlessness, etc.

Borax.—*Aggravation of downward motion.* Every time the vessel goes downward, everything within me wants to come up. (Two powders of the Borax²⁰⁰ cured, after patient had been sick two-thirds of the voyage, and the rough weather still continuing.)

Calcarea-ost.—*Aggravation from upward motion*; sour water flows from the mouth, with nausea, or collects in the mouth; great thirst for cold drinks, especially water. No appetite; milk or meat do not taste good. Nausea in the pit of the stomach from a sensation of emptiness. Vertigo.

Cocculus.—The nausea is felt mostly in the head, and the stomach seems to heave up and down; nausea from looking at the pitching of the vessel and a tendency to faint; (nausea from riding in a car or carriage, especially when riding backward).

Colchicum.—Nausea and vomiting from the smell of the cooking, feels much better from lying perfectly quiet.

Nux-vom.—Death-like pallor of the face, ineffectual urging to vomit or to stool; thinks he would feel so much better if he could only vomit. Worse mornings.

Sepia.—Much nausea and vomiting, especially mornings before breakfast and forenoon; aversion to the smell of cooking and even the sight of food; (nausea from riding in a carriage). Sensation as if the contents of the abdomen were turning over and over. Desire for sour, refreshing things; nausea from

rinsing out the mouth ; water collects in the mouth ; sour, bitter taste, better from breakfast. Food tastes natural ; costive.

Petroleum.—Great sensation of emptiness in the stomach ; nausea early in the morning, with collection of water in the mouth ; vertigo, with heat in the face ; nausea and vertigo all day ; desire for beer.

Pulsatilla.—Chilly, dizzy, and sleepy ; no thirst ; vertigo on rising from a seat ; all better by remaining up on deck in the open air.

Opium.—Great sleepiness and constipation ; absence of any desire, or ineffectual desire, for stool.

SYMPTOMS FROM MORPHINE SULPHATE.

E. V. ROSS, M. D., ROCHESTER, N. Y.

A lady, æt. thirty, dark complexioned, took one-eighth grain of Morphine Sulphate for a very painful dysmenorrhœa. The following symptoms were produced :

Great anxiety, thought she was going to die.

Vertigo, objects seemed to be turning in a circle.

Head felt as heavy as lead, could scarcely hold it up.

Pupils contracted.

Delusion of vision on closing eyes, sees a man standing at foot of bed. The room seems full of white and colored babies.

Nose.—*Intense itching, tingling, numb feeling on end of nose, rubs it constantly.*

Nausea with repeated attacks of vomiting.

Violent palpitation with throbbing of carotid.

Heaviness and weight of lower extremities.

Weakness and trembling of lower extremities. Felt very weak.

Numb feeling all over.

Spells of feeling faint, come on suddenly, with great anxiety ; thought she was going to die.

Intolerable itching of skin.

These symptoms lasted twenty-four hours and gradually subsided.

[See "Symptoms from Morphine," by Dr. R. L. Thurston, in the December, 1895, number, page 563; also, "Confirmation of Morphine Symptoms," by Dr. Thomas Skinner, March number, page 123; also, "Vertigo Worse from Motion," by Dr. C. M. Boger, June number, page 295.—EDITOR.]

PROVINGS.*

P. DIETRICK, M. D., KANSAS CITY, KANSAS.

What are homœopathic provings? According to the law of simillimum the real effect of drugs upon the human system can be ascertained only by administering the drugs to healthy persons and observing the result. All drugs produce symptoms, and the totality of these symptoms constitutes the effect of the remedy.

Is it an easy matter to make homœopathic provings? Not at all. The work of proving is a difficult task, and the large majority of mankind is unfit to engage in this work.

Why? Because, in the first place, only healthy persons are available as provers, and this excludes more than seventy-five per cent. of our people. We speak of perfect health as if it were nothing unusual and could be found everywhere; but alas! this is not so, and a state of perfect health is an ideal existence, which is rarely found among civilized people.

A second difficulty is the fact that not all provers are able to give an accurate account and description of all the symptoms which may be produced upon them by the drug. The aid of chemistry and microscopy may be necessary to determine correctly whether the bodily secretions and excretions remain normal or whether they are abnormal, and in regard to the effects upon the eye, ear, nose, throat, and genital organs, a specialist only could describe accurately the changes which may take place in those parts. An inborn, natural faculty enables many persons to do certain kinds of work in a superior manner, and so I believe it was with Dr. Hahnemann. His

* Kansas State Homœopathic Society, 1896.

mind was of a peculiar, penetrating character, and his observations in provings and verifications are accurate and reliable records. Any one who doubts the facts of his records may demonstrate their truth by following his advice: "Macht's nach, aber macht's genau nach." His clear, penetrating mind was of the character of the Röntgen X rays, for he saw and understood clearly the different phenomena of life, health, and disease, when all others around him groped in darkness, superstition, and error.

Many times we hear him praised as a great medical reformer, but I think the name reformer fails to do justice to him. He was more than a reformer, he was an originator, a founder, a corner-stone. Up to his time, and outside of his system, there never was any science in therapeutics, and surely he did more than reform that miserable theoretical guessing and empirical nonsense in medicine existing at his time. He was the founder of scientific medicine, and upon the principles of Homœopathy rests the whole progress in modern therapeutics. Never mind what new and formidable diseases may turn up to destroy our race, the homœopathic materia medica will point out clearly and unmistakably remedies that heal and cure the afflicted. Let us rejoice that we belong to those who know that Homœopathy is a true natural law, and that we remain to be at the top of scientific therapeutics, as long as we closely adhere to the principles which Hahnemann laid down in his *Organon*.

Verifications. What does that signify? It means, that in clinical medicine, at the bedside of patients, in hospitals and in office practice we must verify the truth of the maxim that remedies are curative according to the law of therapeutics. That is an easy matter, is it not? The large majority of homœopathic physicians have never made a proving, but verifications they make daily. However, some difficulties present themselves also here. Namely, how do you know that the patient got well from our prescription? Are not many diseases self-limited, and the patient gets well without any medicine at all, if we only take proper care of him? And does a change of habits, diet, climate, and environments not produce a cure

without any medicine in many instances? And do not some patients get well in cases when, according to our knowledge, a wrong treatment has been adhered to all through the sickness, so that we could truthfully say, the patient got well in spite of the treatment?

All this is true, and, therefore, it is not an easy matter to verify clinically the effect of medicines. But here, as in provings, Hahnemann was a master, and his verifications of provings were, indeed, not cures. The effect of remedies according to his *Organon*, should be prompt, pleasant, and permanent. No dangerous aggravations, and no trouble—some sequelæ should occur in homœopathic practice. In acute cases the stages of the disease should be shortened, and relief of the violent and dangerous symptoms should soon set in. And in chronic cases not only a palliation takes place, but complete cures are the rule, if we only mind Hahnemann's advice: "Macht's nach, aber macht's genau nach."

THE ORGANON AND MATERIA MEDICA CLUB OF THE BAY CITIES OF CALIFORNIA.

The regular semi-monthly meeting was held at the office of Dr. J. M. Selfridge, in Oakland, Friday evening, June 19th, 1896.

Members present: Drs. J. M. Selfridge, A. McNeil, W. E. Ledyard, M. T. Wilson, C. M. Selfridge, and G. J. Augur.

The meeting was called to order at 8.10 by the President, Dr. J. M. Selfridge. The minutes of the previous meeting were read by the Secretary, and, after correction by Dr. Selfridge, were approved.

Dr. McNeil brought up the question of admitting new members, stating that he thought it best to form a junior membership, keeping new members on probation for a year, before allowing them to become regular members of the Club, in order to be certain that only good homœopaths would be granted the privileges of regular membership.

Dr. Wilson moved that the President bring the matter up at

the next meeting, when more of the members would be present, and it could be presented as an amendment to the Constitution. Seconded by Dr. Ledyard. Carried.

Dr. J. M. Selfridge then read, from *The Organon*, Sections 149 and 150.

DISCUSSION.

Dr. J. M. Selfridge—Hahnemann evidently discovered here that many patients get well without any medicine.

Dr. McNeil—I have not had a case for years that I could positively diagnose as pneumonia. We are often called to see patients with severe colds, we give the indicated remedy and avert the pneumonia.

Dr. J. M. Selfridge—We are usually not called in such cases until there are fever and other serious symptoms, and we then do have a case of pneumonia.

Dr. McNeil—Acute diseases run a certain course, and the patient either gets well or dies. Chronic diseases are different. When a patient, suffering from a chronic disease, gets well, especially a miasmatic disease, I know that the remedy does the work, as these cases are not self-limiting.

Dr. Ledyard—I have a patient in the southern part of the State. I have treated her for a year without seeing her. The quantity of drugs she had taken before that time was appalling. One physician introduced a stick of Nitrate of Silver into the urethra twice a week for six weeks. Now every time she urinates it smarts, burns, etc. Would not a high potency of *Nitrate of Silver* be a good remedy for her?

Dr. C. M. Selfridge—*Natrum-mur.* might act as an antidote to it.

Dr. Ledyard—I give her remedies as they are indicated. She has improved wonderfully since I have been treating her. She has falling of the womb, and, as she says, "a falling of the left ovary." Severe pain, which seems to drag clear down to left ovary and womb from the back of the head, even from the vertex. There are great soreness and throbbing all over the body. There is stomach trouble, too.

Dr. McNeil—A magnificent, voluptuous looking woman came

to me about three months ago. The cervical glands were swollen almost level. In relating her history, she said that she began to think she had too much adipose tissue, and having read of Phytoline, she took twelve ounces of the fluid extract. She lost flesh a little, but became very depressed mentally. I thought this a good time to use *Phytolacca*, but it had no effect. *Mercurius* covered the case, and I gave her in three months three doses. I saw her several weeks ago, and she was almost well. This shows that *it is not always the high potency of the same drug that will do good*, but the indicated remedy will be the best.

Dr. Ledyard—How long and how high did you give the *Phytolacca*?

Dr. McNeil—I gave it for more than three months in the 200th potency.

Dr. Augur—The potency was not high enough.

Dr. Ledyard—I have a case now of a woman with great weakness in the chest, with severe burning pain extending from the pit of the stomach to the throat. She took some of "Ayer's Cherry Pectoral." After each dose she became dizzy and had to lie down. She attributed many of her symptoms to the use of the Cherry Pectoral; accordingly I potentized it and gave it to her, and she is very much relieved. "Ayer's Cherry Pectoral" is alleged to be composed of Wine of Antimony, Acetate of Morphia, Bloodroot, Ipecac., and Hydrocyanic-acid, the latter being the active principle of Wild Cherry.

Sections 151-153 were read.

DISCUSSION.

Dr. J. M. Selfridge—Section 153 is a very important part of *The Organon*. We are all very apt to pay too much attention to loss of appetite, restlessness, etc., and lose sight of the more important symptoms. We should, of course, pay attention to the general symptoms as well as the peculiar ones, as they mean a great deal, but we should not prescribe for these to the exclusion of other more important ones. In mentioning restlessness as a general symptom, I do not mean that it should be

looked at slightly, for we should know how to distinguish the restlessness of the different drugs.

Dr. McNeil—In studying out a case it is better to leave out the general symptoms.

Dr. Ledyard—I had a bad case. Intense headache, bursting as if top of head would come off when coughing. The next day it changed to the right side of the head, and there was a sensation as if this side of the head would come off when coughing. It was relieved by holding the head firmly between the hands. The patient had right-ear symptoms as well. The head ached all the time, but was made worse by the cough. He had taken Quinine for some time. I gave *Belladonna*, which was the remedy. *China* is also a remedy for headache relieved by hard pressure.

Dr. Augur—*Bryonia* would have been a good remedy. It has *worse from cough*. Sensation as if the patient would cough the head off.

Sections 154-158 were read.

DISCUSSION.

Section 155 gives us a very strong reason why we should not use massive doses. *Belladonna* affects the head and also many other organs, as for instance, the uterus. If there be only a headache, the proper dose will cure it; but if we give too large a dose, there will be enough energy in it to bring up symptoms in some of the other organs.

Dr. Augur—In the *Chronic Diseases* Hahnemann says that when you get immediate relief from a remedy the relief is usually of short duration, and you will have to use another remedy to complete the cure, but this last section seems to read differently.

Dr. McNeil—He means in the *Chronic Diseases* that even the allopathic remedy may relieve but does not cure.

Dr. Augur read from the *Chronic Diseases* to explain his statement.

Dr. McNeil—In other words, he looks with suspicion on a cure that is made too quickly. He thinks that if there is a

little aggravation, it proves that the right remedy has been given.

Dr. Ledyard—This has been my experience. I have had some chronic cases in which the relief was speedy, but the symptoms came back again.

Dr. Augur.—I have had almost immediate relief without an aggravation, and the symptoms did not come back again.

Dr. McNeil—I had a case in Indiana of an old lady with eczema rubra. It looked like erysipelas of the face. She had been subject to it for some time. There were great *burning and itching, with aggravation from heat*. I gave her *Psorinum*⁵⁰⁰. In a few days she came into my office and I hardly knew her. The entire redness had disappeared. In four weeks a slight redness came back. I gave her one dose of *Psorinum* and she was cured.

Dr. Ledyard—Is not that the opposite of what we know of *Psorinum* regarding heat? The *Psorinum* patient usually wraps up in the hottest kind of weather.

Dr. McNeil—It was the itching that was aggravated by the weather.

Section 159 was read.

DISCUSSION.

Dr. J. M. Selfridge—In cases of pleuro-pneumonia I have had relief in fifteen minutes without an aggravation. Also in la grippe when I have given *Rhus* for the aching in the back, limbs, etc.

Dr. McNeil—Perceptible aggravations are the exception with the potencies I use.

Dr. Selfridge—If you repeat the dose too often you will get a decided aggravation.

Dr. Augur—A family used to employ me when I was an allopath, but changed their physician when I began to practice Homœopathy. They had a child eight years old with a strong tendency to take cold, and cough which seemed to hang on for a long time. There was a history of consumption in the family. An allopathic physician had treated for some time. At last a

friend of mine treated the child but did no good. They then brought the child to me. *Tuberculinum* has *great tendency to take cold*. I gave one dose of Swan's DMM in the afternoon. At nine o'clock the mother called me up saying that the child had been coughing for one whole hour. I ordered a teaspoonful of hot water, as a placebo. The child soon commenced to improve. Two weeks after, from indiscretion in diet, baths, etc., I had to change the treatment, but the child is now getting along splendidly.

Dr. Ledyard—If I repeat *Belladonna* frequently it is apt to give an aggravation. *Belladonna* acts very quickly, and often *symptoms which arise suddenly* are speedily relieved by it.

Dr. McNeil—I rarely use *Belladonna*. I think Americans do not need it. It is more suitable for Englishmen.

The meeting was then declared adjourned until the first Friday in July, when the meeting would be held at the office of Dr. George H. Martin, 606 Sutter Street, San Francisco, commencing *The Organon* at Section 160.

W. E. LEDYARD, B. A., M. B., M. R. C. S., Eng.,

Secretary.

Reported by Eleanor F. Martin, M. D.

CURANTUR vs. CURENTUR.

(Proceedings of the Brooklyn Hahnemannian Union.)

At the regular meeting of the Union, held May 30th, 1896, Dr. Fincke presented a paper on "Curantur vs. Curentur," upholding the use of the former term. Hahnemann's first use of a formula expressing the homœopathic law was in his "Essay on a New Principle," published in *Hufeland's Journal*, in 1796. It was there written simply *similia similibus*, as it was also in an article in the same journal in 1805. The copula does not appear until 1819, in the introduction to *The Organon*, second edition, page 29, where it is printed *curentur*. The same spelling is repeated in the third, fourth, and fifth editions, but the formula appears only in the introduction. Nowhere in the text of his *Organon*, in all its five edi-

tions, can be found the Latin sentence with the "*curentur*" when he speaks of the homœopathic law. Hence the writing of "*curentur*" is not binding. Hahnemann was at first satisfied with the simple motto *similia similibus*, and this might even now be desirable, as intimating the wider range of the Hahnemannian principle, since nothing in the world ever moves or has its being except on this universal principle of assimilation, underlying the universal principle of gravitation. Hahnemann preferred *curentur*, because it included with the acknowledgment of the philosophical principle the rule which enjoined the physician to attend to the sick according to his newly proclaimed principle. But as a broad declaration of principle, as against an imperative admonition to apply the principle, *curantur* is preferable, and that expression has come generally into use.

Dr. Baylies suggested that both expressions were valuable. "Let similars be cured by similars" is the result of experience.

Dr. Fincke said that the subject was brought up in the discussion in regard to the inscription on the monument to be erected to Hahnemann in Washington. If we enunciate a law it must be positive. Newton did not say, "Let action and reaction be equal." The law is declared with no doubt, and it is safer to say "*curantur*."

Dr. Baylies thought "*curentur*" might be distinguished as precept, and "*curantur*" as law.

Dr. Close asked for a literal translation of "*similia similibus*," and Dr. Fincke answered, simply, "Likes by likes," or, Dr. Baylies added, "Likes with likes."

Dr. Fincke said it was the talk about the relation of *simile* with *equal* that gave great trouble in Germany, some wishing to use the expression "equal with equal;" but Hahnemann protested that they were only similiar, and so it remained. *Idem* was not used because two things cannot be the same.

Dr. Close noted the fact that the matter is now receiving attention because of ideas Dr. Fincke has brought forward, the idea of a series of similes being a revelation, throwing light on the different degrees of success with the remedies. If our cures depended upon our always finding the equal, we should be in a

box, but while the similiar helps and ameliorates, we can keep on striving for the highest similiar until we are expert enough to find the simillimum, which is the equal.

Dr. Fincke said, Hahnemann never talks about what is similiar. There ought to be a definition. If this is adopted, that *the simillimum is the equal*, it is put upon a firm basis. If you can find in a patient a single complete symptom, fully and accurately expressed, and can then find that symptom in the *Materia Medica*, you have found the curative remedy. If in a group of twenty or thirty symptoms we try to find the equal of the most prominent symptom, we will get near the simillimum, and always do something for the best. Nature will do for us what we cannot do for ourselves.

Bœnninghausen tells of a cattle disease in his neighborhood, where the animal got stiff, refused to eat, and died in a few days. He had two valuable cows, and put up two powders, one of Puls. and one of Nux. For one of them, that was taken ill, the Puls. was given, and in the morning the cow was well, which made a great sensation. To the other cow, which was now ill, the Nux was given, and that cow also promptly recovered. Which was similiar? As in a picture, what different ideas people have of the similarity; one finds an exact likeness where the other cannot see it at all.

Dr. Alice Campbell objected that we are not allowed to use our own judgment where law is concerned.

Dr. Fincke said it depends upon the analysis of the picture.

Dr. Close thought there was room for judgment in the method of applying the law, but no room for judgment in the necessity to apply the law.

Dr. Fincke gave as an illustration of this the case of a gushing hemorrhage in confinement, where Ipecac. helped, but when the patient complained of heaviness of the eyes, and a yellow saddle was noticed across the nose, Sepia was given, which cured. So unusual symptoms, apparently trifling, are sometimes the most important, and there individual judgment is needed.

Dr. Baylies told of a case of erysipelas of the face, beginning on the nose. The patient had formerly had liver spots on both

cheeks. There was itching and burning, with a desire to apply something soothing. Sulphur was given erroneously, which increased the itching, but Sepia^{45m} helped the itching in a few minutes, and daily improvement followed.

Dr. Alice Campbell thought that, according to these statements, the selection of the simillimum was not based upon vital symptoms, adding that Dr. Wells, after repeated failures in one case, made a prescription on a wart up under the hair with success. This wart, like the saddle across the nose, was the most important symptom.

Dr. Fincke suggested that it was like a large house with a little door and a tiny key which opens to the whole house.

Dr. Close said that a case of hemorrhage, for which the allopath uses local measures, needs thoroughness of examination. The homœopath looks further to the predisposing causes. The saddle on the nose in this case was the last link in a chain of conditions running back many years. He forms a deeper philosophy of that case, because he goes into the history of the case, and includes pre-existing as well as present symptoms.

Dr. Campbell said that we naturally suppose such a condition to be an advanced one, and wish to attend to the latest symptoms.

Dr. Close referred again to the series of similars. Possibly some other remedy would have helped, as did the Ipecac., but Sepia proved to be the simillimum.

Dr. Campbell gave the saying of Dunham: "In chronic conditions get the symptoms of an acute attack, which will give the simillimum."

Dr. Close expressed gratitude for the host of workers before us who have found the key-notes of the remedies, thus facilitating our work.

Dr. Fincke said the pathological explanation of the saddle on the nose has never been given. We do not need to know, only to take the fact. Thus we are always in advance of science. They may not find the cause in a thousand years.

Dr. Baylies spoke of spots in other parts of the body, the back and abdomen, as also indicating Sepia.

Dr. Close mentioned other spots which are an absence of pigment, such as white spots left in tan, for which no cause is known.

Dr. John Campbell said that dermatologists refer them to an absence of pigment in one place and excess in others.

Dr. Baylies related the case of a lady, who is sometimes attacked in the night with a hacking cough, lachrymation, coryza; cough worse on lying down; wants to cover head. Nat-carb. generally stopped it immediately. But a few nights ago it did not help, and the next evening she had a sudden attack of earache; throbbing in the right ear, soreness of the external ear. Pulsatilla^{40m} helped for a few minutes only. Then the pain increased, and extended to the left ear. Puls. millionth relieved for half an hour. The soreness was better, but the throbbing was worse, like an internal pumping, with constriction in the throat. Glonoine^{45m} soon relieved. Before taking it there was a discharge from both ears; increased in the right. She was very deaf, and in a few days went to see Dr. Schenck, who found interstitial hemorrhage in the tympani of both ears.

Dr. Close said Rumex and Psorinum both want the head covered, but Dr. Baylies said Psorinum wants to lie down.

Dr. Campbell remarked that Puls. couldn't work beyond its own sphere, relieving the external ear. She also referred to her recent illness, which was an exemplification of Puls. with the nervous symptoms and pain in the bones of the face.

Dr. John Campbell brought up the statement made by a Swedenborgian minister that remedies acted on the mind through the physical being only, and Dr. Baylies asked, How can we bring the medicinal force to bear upon the mind except through a physical medium?

Dr. Campbell said that Hahnemann's statement was that spirit-force acts upon spirit, which Dr. Baylies corrected as "spirit-like force."

Dr. Fincke said force must act upon force. We cannot have force without it is attached to matter, the vehicle.

Dr. Baylies said spirit can act upon spirit.

Dr. Fincke asked: "Tell me what spirit is. *Matter is a vehicle for force*, but what is spirit? I have no idea."

Dr. Baylies asked: "Do you believe your spirit can live apart from your body?" to which Dr. Fincke answered: "I am sure it will live after I die."

Dr. Baylies said: "Then the spirit can live apart from the body."

Dr. Fincke thought that was beyond human ken, unless we speculate and fancy, which is no use. What matter is I won't break my head about. It is nothing by itself. Force doesn't come from matter, because it is inert.

Dr. Baylies said the form of the matter changes the form of the force. Different kinds of force comes from different forms of matter. There must be something peculiar in the different forms.

Dr. Fincke answered: The forces are given. Who put the Silicea force in the grain of sand? It was given by the great Almighty Force, and they always stay their own; that's the wonder. There is no change when the potency is run up.

Dr. Campbell asked if force shapes matter or matter shapes force?

Dr. Fincke answered: Matter is inert, and cannot shape or produce or change force.

Dr. Baylies said: What shapes matter? Each specific force gives shape to the matter which contains it.

The meeting then adjourned.

Respectfully submitted,

E. L. CLOSE, *Secretary.*

AMERICAN INSTITUTE OF HOMŒOPATHY.

BUFFALO, N. Y., November 14th, 1896.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:

The decision of The American Institute of Homœopathy to hold its next meeting in Buffalo, N. Y., was received with much pleasure by the profession in this city.

Active steps were at once taken by Dr. A. R. Wright, who had been appointed Chairman of the Local Committee of Arrangements, toward choosing his assistants, and forming the

eleven sub-committees to have charge of the several branches of the work to be accomplished.

The sub-committees, composed of about six persons in each, were completed in August last, and have already made material advancement in their respective departments.

Buffalo has gained much celebrity of late as a convention city: no less than twenty National Associations having met there this season. Many more are looked for next year, including the Encampment of the G. A. R., which will bring to the city no less than 300,000 persons, including delegates and their friends.

For the American Institute, which will meet in Buffalo in June of next year, the Local Committee have already engaged the Iroquois Hotel as headquarters, and also have arranged, at the same hotel, for several committee rooms.

It has been suggested that the alumni associations of the various medical colleges may desire to engage headquarters for their societies during this meeting, and it would be well for such to report to the Local Committee in good season, in order to obtain desirable locations.

A special feature of the work of the Local Committee will be that done by the Sub-committee on New Members; working in connection with the regular Committee of the Institute. A particular effort will be made to increase the membership. It is proposed to send an urgent invitation to every homœopathic physician in the United States, who is not now a member, asking him to join this year.

Further details of the efforts of the Local Committee will be announced as the work progresses.

Fraternally yours,

JOSEPH T. COOK,
Per CHAS. L. MOSHER,
Secretary Local Committee,
636 Delaware Ave., Buffalo, N. Y.

By order of Dr. A. R. Wright, Chairman Local Committee
414 Elmwood Avenue, Buffalo, N. Y.

BOOK NOTICE.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM, ANUS, AND CONTIGUOUS TEXTURES. Designed for Practitioners and Students. By S. G. Gant, M. D., Professor of Diseases of the Rectum and Anus, University and Woman's Medical Colleges; Lecturer on Intestinal Diseases in the Scarritt Training-School for Nurses; with two chapters on "Cancer" and "Colotomy" by Herbert William Allingham, F. R. C. S. Eng., Surgeon to the Great Northern Hospital. One volume, royal octavo, 400 pages. Illustrated with 16 full-page chromo-lithographic plates and 115 wood engravings in the text. Extra cloth, \$3.50 net; Half-Russia, gilt top, \$4.50 net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York; 9 Lakeside Building, Chicago.

This remarkable and most useful book is one of the most elegantly illustrated pieces of book-making it has been our lot to meet with in a long time.

It contains sixteen full-page chromo-lithographs, the colors being true to life, and its wood engravings are highly illustrative of the text.

It is divided into thirty-two chapters and each chapter is complete in itself. The style is vividly clear and completely explanatory, so that there need be no excuse for not getting a perfect understanding of the subjects treated. Yet we cannot say that any superfluous language is used. Certain it is that a perusal of any chapter will be found to leave upon the mind a most vivid and positive impression.

The subjects are all classified so well that the reader may obtain what he wants without reading a lot of matter not immediately bearing on the point which he wishes made clear to him. The better to obtain this result the chapters are divided into paragraphs, each of which is so labeled as to show its contents. Still better to reduce the difficulty of finding the subject wanted there is an index by chapters, an index of illustrations, and an alphabetical index. Moreover, the tops of all the right-hand pages are labeled with the contents of the pages.

The illustrations are beautiful in drawing and in color; they are all new, prepared expressly for this work, so that, taking it as a whole, we may say of it that it is a beautiful book.

Those who wish to do rectal work, to make of it a specialty, cannot go on in their career with a knowledge of the latest procedures without a copy of this work.

The first ten pages contain a complete statement of the anatomy of the

rectum and anus, with colored plates representing dissections. The author claims, in speaking of the rectum, that the rectum is always empty until just before defecation. He also thinks that the sensation which immediately precedes defecation, is not due either to contact of stool nor to irritants contained in the feces, but that "it is of an organic nature, as a result of some intestinal change which takes place before the mass reaches the rectum." Prolapse of the rectum is well treated and a startling illustration of complete proclentia in colors is given at page 44.

In all medical works that are up to date a great deal of attention is paid to the comparatively new factor in pathology—auto-intoxication. The reader may remember a work on auto-intoxication, published by the F. A. Davis Co., which was reviewed in this journal October, 1894, page 333.

The book now under review shows its advanced stand by devoting an exceedingly interesting chapter to auto-intoxication from the contents of the intestinal canal. It is not possible within the limits of this review to discuss the salient points of this chapter and must refer the reader to the book itself.

In the chapter upon the performing of operations for artificial anus, too much praise cannot be given the author for the minuteness and clearness of his description of the various steps in this important procedure.

A short chapter is given to the subject of foreign bodies in the rectum. An astonishing case is recorded of a man who had accidentally forced into his rectum a knotted stick one inch in diameter and ten inches long. It was removed with the greatest difficulty owing to a natural hook upon the inserted end, produced by cutting off a branch that originally grew there.

A remarkable and novel chapter is that entitled "Railroading as an etiological factor in rectal diseases." This subject has not to the knowledge of the reviewer ever been brought to the attention of the profession before.

According to the author seventy-five per cent. of the men engaged in railroad work have diseases of the rectum directly induced by their occupation. He mentions three different modes in which this effect is brought about: first, irregularity in living; secondly, erect position for long periods of time, and third, the jolting motion of cars and engines. These causes produce a variety of troubles all of which are analyzed and explained in the most satisfactory way.

NOTES AND NOTICES.

DR. J. H. ALLEN, formerly of Logansport, Indiana, has removed to 186 Thirty-seventh Street, Chicago, where he will continue the practice of Hahnemannian Homœopathy. Dr. Allen has been appointed Professor of Skin and Venereal Diseases in Hering Medical College.

NOTICE.—Owing to the crowded condition of our pages this month, and the addition of the year's index, it is necessary to omit the usual complement of pages of Hering on Typhoid Fever. The late appearance of the journal each month is unavoidable, as the editor has no assistants, and must, in addition, attend to a large practice.

