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THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

E. J. LEE, M. D., Editor.

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THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. 2.

JANUARY, 1882.

No. 1.

EDITORIAL.

ALTERNATION OF REMEDIES: In discussing the alternation of remedies, we cannot hope, at this late day, to bring forward much that is new—for the practice has, time and again, been shown to be unscientific and unhomœopathic. We feel we cannot open our discussion in a better way than by quoting so distinguished an authority as the late Dr. Dunham. In combatting the views of Dr. J. R. Coxe, Dr. Dunham writes:* "In admitting that the alternation of remedies is incompatible with the theory of a true homœopathic prescription, our colleague has granted all that the opponents of alternation could reasonably ask. * * * But to urge that *because* our practice lags thus behind our theory, we are to rest satisfied with it, nay, to *defend* it and to *conform our theory to it*, is a position that would be fatal to all progress, and which we cannot think of conceding. Nor is the appeal to *experience*, in the sense in which our colleague uses it, valid. He 'has alternated remedies in a practice of twenty-five years, and his practice has been generally successful.' We do not doubt this. But his respected father practiced allopathy for a much longer period, and was a successful practitioner; would *this fact* be a valid argument in favor of *allopathy*?"

We desire to call attention to three points made in this quotation:

1. It is acknowledged that alternation is incompatible with the theory of a true homœopathic prescription. Yet to defend the unsound practice it is alleged that:

* See, "Homœopathy, The Science of Therapeutics," p. 156.

2. Alternation is necessary because our practice lags behind our theory. And,

3. Experience proves its usefulness.

(1.) To show that alternation is indeed incompatible with *true Homœopathy*, we need only make a few quotations from the great discoverer and best expounder of our law. On this subject Hahnemann speaks, in his "Organon," so plainly and so forcibly that one cannot mistake his meaning. (Italics ours.)

§ 257. The physician "should never lose sight of this great truth, that of all known remedies there is but *one* that merits a preference before all others, viz.: that whose symptoms bear closest resemblance to the totality of those which characterize the malady."

"§ 272. In the treatment of disease, only *one simple* medicinal substance should be used at a time."

"§ 273. It is impossible to conceive why there should be the least doubt as to whether it is more natural and rational to prescribe a *single* well-known medicine at a time for a disease, or to give a mixture composed of several different medicines."

"§ 274. Perfectly simple, unmixed, and single remedies afford the physician all the advantages he could possibly desire. He is enabled to cure natural diseases safely and permanently through the homœopathic affinity of these artificial morbid potencies; and in obedience to the wise maxim that 'it is useless to apply a multiplicity of means, where simplicity will accomplish the end,' he will never think of giving more than *one simple* medicine at a time. Even taking it for granted that all simple medicines were completely proved with regard to their pure and peculiar action upon the human body, the physician would abstain from mixing and compounding drugs, aware that it is impossible to foresee the variety of effects, that two or more medicines, contained in a mixture, might have; or how the one might modify and counteract the effect of the other, when introduced into the human body. It is equally certain, on the other hand, that a simple medicine, well selected, will by itself be quite sufficient to give relief in diseases whereof the totality of the symptoms is accurately known."

In a foot-note to paragraph 272, already quoted, Hahnemann adds:

"Some homœopathic physicians have tried the plan of administering two medicines at a time, or nearly so, in cases where one of the remedies, seemed to be homœopathic to one portion of the symptoms of the disease, and where a second remedy appeared adapted to the other portion; but I must seriously warn my readers against such an attempt, which will never be necessary even if it should seem proper."

Such were the distinct and forcible utterances of Hahnemann. No comment upon them can be necessary. Yet some advocates of

alternation have endeavored to prove that Hahnemann taught alternation as a proper and necessary practice; the quotations just given prove the contrary. To these, we add the testimony of two homœopathsists, who have carefully studied Hahnemann's work in the original German.

After a careful study of Hahnemann's words, Dr. Dunham writes: "Indeed, in *theory* and in *practice*, Dr. Bönninghausen is as decidedly opposed to alternation as we have shown Hahnemann was." Dr. Dunham, moreover shows that in all the cases where Hahnemann seems to advise an alternation of remedies, a *change or alternation of symptoms* is understood. Thus it has been claimed that Hahnemann advised the alternation of Aconite and Coffea; whereas he really says they should be given "as the one or the other is indicated?" How indicated,—by the symptoms?

Another gentleman, Dr. A. Korndorfer* who has carefully studied the subject, says he wishes "to offer what appears to be such incontrovertible proof of the fact of Hahnemann's continual and consistent opposition to alternation, taken from his own words as found in his works in the original, as would warrant the hope that those who conscientiously differ from us in regard to the use of the single remedy, will not in the future so falsely link his name to that which he so frequently declared to be unscientific, incorrect and needless."

After an elaborate and forcible exposition of Hahnemann's views on alternation, Dr. Korndorfer concludes as follows:

"Finally, we would remark, that, having carefully reviewed all the quotations which we could obtain from articles written by different alternaters, as published in our journals, the only conclusion to be arrived at seems to be, that either the translations were a perversion of the original, or the quotations have been culled to suit the purpose of the alternater. In fact we feel warranted in asserting that the passages referred to have mostly been garbled so as to suit the purpose to which they have been put, whether by the translator, or by the blind follower of an incompetent interpreter of the works of Hahnemann." In another place, Dr. K. says, "The *best* of books has been wilfully misconstrued; inspired words have been misinterpreted: yea, against their only evident meaning, perverted."

Thus we learn how some disputants argue; how some *homœopaths* prove their practice to be homœopathic.

* See *Hahn. Monthly*, vol. 9, p. 320, et seq.

(2.) It is claimed that alternation is necessary, because our practice lags behind our theory. Which is equivalent to admitting that our law is true and effective, but that our skill in applying it is crude, and our knowledge of therapeutics too limited. This being acknowledged, it becomes self-evident that one's skill in practice can never increase except from the study and exercise of it. Could our practice even equal our theory if we deserted it, and so ceased to develop it? Medicine was practiced in that happy-go-lucky way a thousand years ago, but it never made headway till Hahnemann taught that law, not guess, that should guide the physician. But this plea is a mere excuse for idleness or incompetency. If one alternates Aconite and Belladonna to-day, because he cannot say which is *the simillimum* to the case, he should be ashamed to confess this same ignorance to-morrow. If one profited by this practical exposure of his ignorance, as it occurred day by day, he could not long cry—*alternation is necessary*. No man is excusable for making the same mistake *twice*.

All admit that two or more remedies are given because one cannot be found which covers the case completely. This being admitted, the question then naturally arises, cannot the *one* remedy—*i. e.*, *the simillimum*—be found which covers the case completely? Remembering that the remedy must needs to be *most similar* only to the *characteristic* and *peculiar* symptoms of the case, we affirm that this remedy can be found. Two causes of difficulty in finding this *one* remedy suggest themselves: (a) Careless and imperfect examination of the case to be treated; in this way data, totally insufficient for correct prescribing, are procured. (b) An insufficient knowledge of the *materia medica*, and of Hahnemann's rules for applying it. In giving these two reasons for failure to find the *simillimum*, we but reiterate Hahnemann's words:* “It is equally certain, on the other hand, that a simple medicine, *well selected*, will, by itself, be quite sufficient to give relief in diseases whereof the *totality of the symptoms is accurately known*.” It will be noticed that the two reasons just given prove that if one's practice lags behind the “theory” which our law furnishes, the failure is chargeable to the individual, not to the system. From a careful study of the cases, which are from time to time reported, one must be convinced that the first, of the two reasons here given, is the most com-

* The Organon, 5th edition, sec. 274. Italics ours.

mon cause of failure; much more so than an insufficient knowledge of the materia medica.

(3.) The third argument in favor of alternation was: "Experience proves its usefulness." To deny that cases, even difficult cases, do recover under this treatment, would be unfair. Even Dr. Dunham admits "it is successful, no doubt, at times." But these recoveries are much fewer, slower, and less perfect than under the simillimum remedy. The following case given by Dr. Dunham, illustrates our position clearly and truly:

"A patient, not long ago, while under a friend's treatment, came under my observation. Her symptoms corresponded exceedingly well with those of *Conium maculatum*. It was a chronic disease of long standing. She had a troublesome constipation, which was sometimes so bad, that it seemed to completely neutralize the good effect which *Conium* was evidently producing. A dose or two of *Opium* 30, would relieve the constipation, and the patient would seem for a while to improve again under *Conium*. This might be called an illustration of what Dr. Drysdale refers to, as the necessity for alternated or intermediate remedies in either 'complications of chronic disease,' or 'exhausted susceptibility.' It was not, however, satisfactory to my friend, nor to myself. He could not regard the regularly recurring constipation as a foreign complication. Believing in the unity of disease, he looked upon it as an integral portion of that patient's sickness, and did not rest contented until he had found a *single remedy* which covered both the symptoms to which *Conium* corresponded and the constipation besides. This remedy was *Alumina*, under which the bowels became, and they have remained, perfectly regular. The patient's improvement, in other respects, was all that could be desired. In this case, as in most cases narrated of cures by alternation, the *Opium* and *Conium*, in alternation, seemed to work very well, and promised to effect a cure in the fullness of time. I doubt not, that if, to all the other histories of cures by alternation, a *sequel* could be written, it would be found that each of these cases has in our materia medica (actual or future), its own particular *Alumina*, which would effect a cure in as few *days* as the most sanguine alternater would expect to accomplish it in *months*."

"The great law, SIMILIA SIMILIBUS CURANTUR, teaches us to select a remedy, the characteristic pathogenetic symptoms of which are very similar to those of the patient. This is a grand generalization, supported by a multitude of facts. We accept it. It takes no heed of *names* of diseases, nor of pathological theories of the seat and origin of diseases. * * * It requires that the symptoms shall be collected and compared with the materia medica *every time a prescription is made*, and that the drug that

has produced symptoms most similar to those of the patient shall be chosen and given. This is a true homœopathic prescription." So wrote Carroll Dunham. *We accept this great law, let us then abide by it.*

UNIFICATION: A FATAL ERROR.

AD. LIPPE, M. D., PHILA.

It is a fatal error to suppose that partition walls, separating the medical schools are to come down. Following the inductive method of Hahnemann, we find him from the outset exposing the follies, the the varying hypotheses, and the want of success of the then prevailing school of medicine. This foundation for his subsequent argument was a logical necessity; and the argument following these declarative exposures of the condition of the prevailing school of medicine did build up an insurmountable partition wall, separating forever the Healing-Art, promulgated by Samuel Hahnemann, including his exclusive therapeutics, from the prevailing medical school. The partition walls can surely not come down till some very learned chemist has discovered the method of mixing oil and water. Any person, comprehending the absolute and irreconcilable differences existing between the two schools, can no more dream of the possibility of uniting them, than can the modern chemist see the possibility of uniting oil and water. As these differing schools cannot unite, the taking down of the partition wall implies a "surrender" of one side or the other; this also seems very problematical, as progressive homœopathists, who are a goodly number, get still further away and out of the baneful influence of the prevailing school of medicine. Some members of the ordinary school are already innocently adopting the various doctrines taught by Hahnemann. It is a logical necessity that in the course of time, in the very dim future, these materialists, who shun light and progress, now must leave their dearly-beloved, conservative but untenable ground. Thus, gradually, without any aid from our side, they will remove by their own strong exertions, portion after portion of that partition wall; and as they do so, more light will strike them, and the more they are illumined by the ever-increasing light, the faster will progress the level

ling work until there shall be no partition wall any longer. The signs of the times disclose the fact that an occasional glimpse of light reaches over the partition wall, yet is evident that the conservatism of centuries still pervades the common school of medicine. They are, have been, and will for some time continue to be, conservative in their materialism; the progress they make being very slow, and under pressure of public opinion. To make good our argument we must show the position the common school of medicine holds to-day, and illustrate their persistent conservatism. Prof. Pasteur read before a Medical Congress, assembled at London during last summer, his famous paper on "Preventive Medicine." The famous Pasteur is a "chemist," and as such, deals exclusively with organic matter; his observations are of the greatest interest to every scientific man. Pasteur addresses the allopathic physicians, who are still engaged in searching out the material causes of diseases; they full well understand that the homœopathsists accept with the law of the similars also the law of dynamics, as two inseparable and homogeneous doctrines, promulgated by Hahnemann and accepted by his followers, rejected, of course, by the old school still adhering to materialism. Pasteur claims to have laid the foundation of an entirely new system and method of research into the nature and causes of a large class of diseases in man and the higher animals; he proclaims that a large class of diseases is curable, under the maxim, "*equalia equalibus curantur*," and he, not adhering to a strict inductive method of reasoning, bases his experiment on the discovery of the immortal Jenner; but Jenner vaccinated mankind with a "similar" virus, obtained from a lower animal, and therefore—it being only similar—he prevented men from being afflicted by small-pox. Jenner did not claim that the lymph taken from a small-pox patient would either prevent or cure the disease in other persons. The profession at large could not possibly accept Pasteur's newly-discovered law of cure, because they were observing and practical men. From times immemorial have men of undoubted learning vainly searched for specific remedies for specific diseases. It could not be otherwise as their very first proposition, the existence of specific diseases, is a fatal error, an error first and last. From times immemorial diseases have continually changed their nature and forms. What at present appears to correspond with

* *London Lancet*, June, 1881, page 553.

the *genus epidemicus*, the various phenomena which appear to be strongly expressed in all forms of the now prevailing disease, will no longer be characteristic accompaniments of this same disease, probably three months hence. From times immemorial persons suffering at the same place and at the same time from epidemic diseases were all afflicted similarly, but not alike; while there existed an apparent great similarity between the afflicted, the close observer readily discerned a great difference between the symptoms of the similarly-sick. These close observers were Hahnemann and his disciples, and as illustration we may be allowed to refer to some very frequently indicated remedies in the Asiatic Cholera. While some cases corresponded with the characteristic sick-making properties (ascertained from provings on the healthy) of Camphor, other cases corresponded with *Neratrium* or *Caprum* or *Arsenic*, etc. Each of these remedies had its characteristics; and became thereby and therefore a curative agent under the law of the similars. Pasteur, as well as Koch and others, profess to have found the germs of infectious diseases, and believing that they have found these germs, they come to the conclusion, following their deductive method of reasoning, that they also know how to stamp out these diseases. When, heretofore, an infectious disease broke out in a certain locality, there were necessarily several conditions present, allowing the germs to develop themselves and their infectious character; after a certain time the germs, now having rapidly multiplied, were found to become harmless, as persons long exposed to their influences remained well, having no susceptibility to that specific poison; then, what became of these multiplied germs? Can chemistry or any other exact science explain? No more than they can explain why A, B and C became ill when exposed to these poisonous germs, and why D, E and F were not at all affected by the same influences. If, after a long lapse of time, an epidemic breaks out where it formerly raged, is not that new epidemic invariably very different from the former one? If we are accustomed to individualize, it is hardly to be expected that we should even think of accepting such positive generalizations as are offered us by these scientists, certainly we should not accept them as therapeutic guides. The allopathists have not accepted as a body, nor any considerable number of them, the newly-discovered law of cure promulgated by Pasteur—that the product of a disease would cure the disease itself, or if others were inoculated with this product, would serve as a preventive for that form of

a disease. This formula, *æqualia æqualibus curantur*, was rejected; and how could it be otherwise? Pasteur is a scientist, but not a practical man, nor was he the first man who offered this formula.

More than fifty years ago Mr. M. Lux published a pamphlet, declaring the law, *æqualia æqualibus curantur*, superior to the law of the similars. Mr. Lux was a veterinary surgeon. Men of that profession were not compelled to show themselves to be graduates of a classical college like the matriculants in the universities, who enter upon the study of medicine. It could, therefore, not be supposed that Mr. Lux would take in the inductive method of Hahnemann, and fully understand and appreciate his *Organon*, when so many, nay, the great majority of well-educated medical men rejected it *a priori*, because they were unwilling to try the experiment. Mr. Lux was an enthusiast; a few followed him, and among them, Dr. Gross, a true homœopath. There was a prospective partition wall to be erected between the homœopathists and isopathists, but in his wisdom, Hahnemann made that utterly impossible, when he wrote a long foot-note at the close of his introduction to the 5th edition of his *Organon*. Dr. Gross saw his error and renounced it, and from that time till now, isopathy was remembered only as a medical folly.

It is a historical fact that Hahnemann, the founder of the Homœopathic Healing-Art, rejected isopathy in 1830; it is also a historical fact that isopathy was offered the allopathic school in 1881 by Prof. Pasteur, and that it was not accepted. It is also a historical fact that men who never fully adopted Homœopathy, and only pretended to belong to that school for reasons best known to themselves, but not to be publicly questioned, have declared from time to time a strong wish to have the partition wall, which separates the two great medical schools, thrown down. The supposition that such an event could take place has been discussed above, but a very ingenious medical journal* (ostensibly homœopathic) has, of late, made quite a smart proposition—he lets the wall stand and mounts it, holding in his hand an olive-branch, with the motto: “A scientific basis for Isopathy.” This paper is written in a truly allopathic (materialistic) style. Individualization, the prerogative of true Homœopathy, is set aside entirely. Products of diseases (so-called) may and will become curative agents after they have been proved

* *United States Medical Investigator*, Nov. 1st and 15th, 1881.

on the healthy; may and will be applied for the cure of the sick under the homœopathic fundamental law of the Similars, the single remedy and the minimum dose applied, not singly, but jointly. The same decisive cures as we now get from treating the sick with the greatest known poisons, and with substances formerly considered inert, will follow. Whether the ingeniously offered olive-branch will be accepted by a small minority of dissatisfied allopathists, and if so accepted, whether a new medical school will be the outcome of this novel exhibition, a school advocating the principle, "*æqualia æqualibus curantur*," and named isopathy, time alone will show. But that the partition wall will not be removed by this most novel peace-offering is a certainty.

HOMŒOPATHIC THERAPEUTICS AND PATHOLOGICAL ANATOMY.

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Early in the controversy which arose on the announcement of the homœopathic doctrines, it was objected to them by their opponents, that both they and their author ignored the whole science of pathology, as then taught in the schools. This was cast at him as a reproach, and cited as evidence of his ignorance. It was held as proof that the doctrines he taught, were inadequate to guide the practitioner in his endeavors to apply science to the art of healing. It was thought to be conclusive as against Homœopathy, that it excluded so large a part of the science of the schools. In reply, it was shown that much of what then constituted the received science of pathology, was no better than sheer hypothesis which had but recently taken the place of other equally baseless hypotheses, and that none of these had ever been given to the profession as proved facts; that their only existence, indeed, was in the imaginations of ingenious men. In the place of these hypotheses, Hahnemann demanded a pathology based on facts. He would admit nothing till proved true, and he abstained from inculcating principles till he re-

garded them as abundantly established by careful and adequate observation. To replace these hypothetical doctrines he gave to the profession a philosophy of disease, which he claimed to have verified by the slow and sure process of induction; so that the reproach that he ignored the science of pathology was met by presenting to the world a better system, a true philosophy, which, being founded wholly on observed facts, he claimed should take the place of the old which was based so largely on mere imagination.

Here the two schools stood, each claiming exclusive authority for its teachings, when a new thought struck the leaders of the old. It was to study the results of diseases, as these might be visible in the changes wrought by them in the material tissues of the organism. From this has resulted the modern science of Pathological Anatomy. So the new thought has not been without its fruits. Such as these are, they are of recent growth. In the beginning of the controversy they were the property of neither school, for they had no existence. Now, when it is alleged by the old school against the new, that the latter practically rejects the science of pathology, it is to this new element of that science that reference is chiefly made. It is claimed—and not without show of reason—that this is the child of the old school; that by it this has been begotten, and has reached its present age and proportions by its own almost unaided efforts. And now, while it cherishes with peculiar love, this, its youngest darling, the sole offspring of its ripest age, and the only one which has been born of observed fact, it fails not to throw all its bitterness into the complaint that this is not received by the new school with equal tenderness, and that homœopaths do not share with the authors of this science all their fond expectations of its practical benefits.

It is forgotten apparently by the complainants that, while their care has been concentrated on this object of their love and pride, those whom they thus accuse of want of co-operation in their labors, and of appreciation of the results, have been quite as actively, and more exclusively, employed in developing and perfecting another member of the family of sciences, one of far greater importance to the art of healing than is this science of the results of diseases.

They coolly ignore the sublime labors which have given birth to a new materia medica, and presented it in its present proportions to the world. They know nothing of, and care nothing for, the toils, the watchings and waitings, from which this has grown. Nor are they

more mindful of the fact that, while they of the old school have been thus busy in studying the results of diseases, the new has brought into life the pre-ordained law of healing, founded in the nature of men and things by the Power which created both. Though it had been permitted by that power that, through and by the remissness of the medical profession, it should slumber for ages with the unknown, now, just at this period of the history of science, when it began to demand demonstrated facts as its only foundation, this law was brought to light. It now lives, a power for good in the earth, solely as the fruit of the labors of the founder of the new school.

Thus it will be seen that each of the schools has had its specialties of labor and its fruit: that the old does not appreciate and accept those of the new is a loss to themselves. We do not return the reproach they cast on us, though we might with greater force; for that which they reject is more important to practical success in healing than the science which they accuse us of disregarding. It is not to be forgotten that rejecting a truth does it no harm, though many seem to think it is thereby annihilated. The skeptic is the sufferer.

When it is alleged that Homœopathy disregards the teachings of pathology, the allegation now no longer refers to that general science of disease, as at the first, but to this new creation—pathological anatomy. To this charge we are no more called to answer than members of the other school should be to that of neglecting our materia medica, or our dynamic philosophy of disease. But still we propose to reply, not for their sakes who make the charge, nor for our own, who well know how utterly baseless it is, but for the sake of some few in our own school who may be led, by the iteration of the accusation, to suppose it more plausible than it really is.

The charge is that the homœopathic school neglects and discards the teachings of pathological anatomy in their practical dealings with the sick. We begin by peremptorily denying the truth of this charge, for it is neither through a neglect, nor by a disregard of the teachings of this science, that it is not allowed a place with those elements of knowledge which control some of our practical duties. And it evinces nothing less than sheer ignorance of the proper nature and place of these teachings, as well as of the true nature of disease and its cure, to claim for them a place where, from the very nature of the case, they can never be helps, but only hindrances.

Further, to make pathology a dominant power in the selection of

the curative agency, as the old school affect to do, is to entirely mistake its nature and importance, and to ascribe to it a function wholly foreign to its true relation to the practice of medicine. It is just this refusal to thus misapply the teachings of this science that constitutes the sole ground of the charge against us, which is falsely made, and which is no less than one of criminal ignorance. But it is, on the contrary, just because we are *not* ignorant, but see very clearly the true nature and relations of these teachings, that we deny them a place with those elements of knowledge which control our selection of curatives. It is a clear insight into this nature, and these relations, which manifests in the clearest possible manner that they can, from their very nature, have no place here. It does not follow from this that these teachings are without value in our estimation, or that they have no place in medical science. The exclusion of them from our process of prescription—this is the offence. Let us see how grave it is, or even if it be an offence at all against true science.

In examining this question, the first fact which arrests our attention is, that, in the act of prescribing, the two schools are not on the same ground. The old stands wholly on hypothesis, or on this as modified by a partially enlightened empiricism; while the new stands upon a no less sure foundation than an established law of nature. This difference is so great, that whatever censures the old school, from its standpoint, may cast upon the new, are, of course, of little moment. And with these censures, therefore, we have now nothing to do. We take only the one charge of excluding the science of pathological anatomy from our art of prescribing. In the outset we admit its truth, and we proceed to examine it from our own standpoint of law, that we may learn whether, in the light of this law, it is a fault or a merit.

In our office of prescribers, we are at all times bound by our allegiance to a law which we had no part in enacting, and which we cannot repeal, and dare not neglect. What it requires of us that we must do; and experience has abundantly taught us that in doing this with the utmost exactness, is our greatest practical success. Being now upon our own ground, it is not necessary to stop to prove the reality of the law—for this we assume; as also that the only known law of cure is that of similars. The question, then, before us, is simply, what does this law require of us when we attempt a cure under its guidance? Whatever this may be, when we

have rendered obedience to it, we stand sinless before the world with all the bitterness and pride of its schools.

We have said the law of cure is that of *similars*. The idea of similarity involves that of comparison of two or more objects of which we can have a clear perception. The comparison which the law of cure requires is that of the elements of morbid action upon the organism on the one side, with those of the action of the curative agent on the other. On both sides, the elements to be compared must be of a character to admit of our positive knowledge of their true characteristics. Certainty in our prescriptions depends on this certainty of our knowledge; and of this certainty we are to be assured to the greatest possible degree; we must be satisfied with nothing less. If the law expressed by the formula "Like cures like," requires a comparison of the elements of the pathological anatomy of our case with similar elements (*viz*: the ascertained results of the action of curative agent), we are, no doubt, to yield obedience to the demand. If not, then only to the law are we responsible, and not at all to the cavils or complaints of those who reject the law. But the law does not require this comparison. This is evident from several considerations. The first is, that there is, in most cases of acute disease, an initiatory stage, in which they are curable to a far greater extent, and with greater certainty and ease, than when they have passed beyond it. It is in this stage that there is the greatest amenability to curative agencies. There is, as yet, no change wrought in the material tissues of the organs: consequently there is no pathological anatomy, and none of its elements can therefore be obtained for the comparison required by the law. If these elements are necessary to a sure and successful prescription, then here, at this point in the history of cases, where they are most curable, they should be found in the greatest numbers. And yet it is just here that they are not found at all. This is perfectly conclusive as to any necessity there may be for the consideration of the facts of pathological anatomy in determining the choice of the curative agent. We may go farther, and declare plainly that the law of cure never demands any comparison in which these facts are of necessity to be embraced. If it were otherwise, then the law would require that this large class of curable cases (the more curable, the nearer the prescription approximates to the initiation of the attack), be allowed to pass on without prescription, till diseased action has developed the required pathological changes in the tis-

sues of the organs, before presuming to attempt a choice of a remedy for the case. There can be no greater absurdity than to suppose this to be one of the conditions of a divinely appointed law, the object of which, is to secure certainty and success in the cure of the sick.

There is another objection to our acceptance of the elements of this science into the group of facts, which are the proper objects of comparison, when prescribing according to the law of cure. We have seen that *certain* knowledge, as to the true nature of the facts to be compared, is indispensable to their being admitted to our consideration in the discharge of this duty. The fact that *certainty* as to the pathological conditions is only attained by inspection after death and dissection, is fatal to their claim to be received into the company of those other elements of the case, which may be fully examined and understood during life, and which alone must determine the choice of the curative remedy. It is not to be denied that the pathological anatomy of any case, even after it has so far advanced as to develop changes in the material tissues of organs, is, during life, to a considerable extent, a matter of conjecture. The best that can be said of it is that the conjecture is probable. This is to fall far short of that certainty which the law of cure demands. It is reasonable to insist that knowledge obtained only after death, comes altogether too late to be of use in finding the cure for the living sick.

We have still another objection to the claim set up for this class of facts. It is this: The relation which the divinely appointed law has established between the diseased condition and that external agent which by the law is its natural cure does not exist, in any degree, on the part of the disease, in those elements of its condition which constitute its pathological anatomy, but altogether in other elements of the case, easy of recognition, and admitting of certainty of knowledge of their true character, so far as this relationship of law is concerned. The truth of this assertion is abundantly sustained by the practical successes of those who have made this last class of facts, the basis of their decisions in prescribing for the sick, to the exclusion of the other class urged upon them by those only who were ignorant of the spirit of the law which has ever proved itself a safe and sufficient guide. The successes of Hahnemann, Gross, Stapf and Bœnninghausen, and of others like them in Europe; and of Hering, Haynel and Dunham, with many others in our own country, have been so obtained. Not that these masters

were ignorant of the science they have been accused of neglecting ; but they saw clearly its uses, and restricted themselves to these, instead of attempting to derive from it information which it never did and never can impart.

On the other hand, the truth of this assertion is equally sustained by the failure which has attended the endeavors of those who have sought to incorporate the facts of this science into a practice otherwise founded, in part at least, on the homœopathic law. Only disappointment has followed this course, as, from the nature of the case, it only could. The more and the more frequently they were unsuccessful, the harder have they striven to make a more exact application of what they regarded as the science, *par excellence*, of their calling, viz: that of pathological anatomy—to the demands of their cases, till disappointment, often repeated, has begotten scepticism, and scepticism has ended in apostasy, and apostasy in disgrace.

It was, however, due only to the incompetency of the individuals who were thus trying to improve the law of nature by adding to it that of which it had no need, and which it would not accept. The practitioners who have relied upon this science in their prescriptions have not been the successful men of our school.

There is another objection to the use of the teachings of this science as urged upon us by our opponents. It is this: the only knowledge we can have of these facts, during the life of the patient, is derived from the *symptoms* of the case. These are just as available to the prescriber, without attempts to refer them to *supposed* changes in the tissues of internal organs as with ; indeed, they are much more so. Taken of themselves, they form a part of the living facts with which we have to do. But, taken as exponents of changes which may or may not have been wrought in the tissues by the morbid process with which we are dealing, they are always extremely uncertain, and not unfrequently, wholly deceptive. It is well known, and post-mortem dissections have abundantly established the fact, that symptoms so similar as to admit of no distinction, have been connected with pathological conditions which were even the exact opposites. This has been well shown by that eminent philosopher and physician, Abercrombie, in his treatise on diseases of the brain. The same has been observed by many others, who, like Abercrombie, have been rather puzzled than instructed by it. In such cases, as we *cannot* know to which of the opposite states we

are to refer the symptoms, we have no resource but to guess. If the greatest possible certainty, and not conjecture, is to be sought and secured in our prescriptions, then this attempt to incorporate into the basis for them an element so largely made up of hypothesis, must be abandoned. To this we may the more readily assent, as it has hitherto contributed nothing to practical success, and only needlessly and uselessly complicated the process by which alone it can be attained. The above objections to this use of pathological anatomy are wholly from its failure truly to indicate the disease. It will be readily seen, from what has been said, that there must be a similar failure to indicate the drug. A prescription, according to the law of cure, is the finding of a drug which has the power to produce, and which has been known to have produced, certain effects on the healthy organism, like to the phenomena of the disease to be treated. These are the phenomena by which the disease is related to the drug as its curative. If the facts of the science we are considering belong to that class, then we are to find, in the known effects of the drug changes in the material tissue of organs, the result of its action, similar to those which are developed by the disease, the result, on the other hand, of the morbid action. In order to attain this knowledge of the changes which drugs can and will effect on the tissues of organs, it will be necessary to push the proving on the healthy to an extent of poisoning, and the poisoning to the extent of destructive changes in the organs of the body, and beyond this, even to the destruction of life, before the required knowledge can be obtained. For, as on the side of the disease, the facts of this science have only been gathered by dissection, so, on that of the drug, if the law of cure requires similar facts, the result of drug-action, to be brought into comparison with those which dissection has disclosed as the result of disease, they can only be obtained by the same process. Every prover of the drug must be dissected, and each patient must share the same fate before we can certainly know that the changes wrought by the two agencies are similar. And, as drugs do not affect all persons alike, the sacrifice of one prover for each drug, and one patient for each disease, would be wholly insufficient. This certainly presents the claim and the charge, so often and so ostentatiously paraded by the old school, in a sufficiently absurd light. And it is possible, that the stolidity which has failed or refused to see the superiority of the results of a practice founded on law, over those of a practice founded on hypothesis,

might see that prescriptions in such a case would be of no great value. But the difficulty of introducing the facts of this science into the process of prescribing, under the guidance of the law of similars, is further increased by the fact that the changes of tissue which constitute them, are from day to day themselves changing; so that the exact conditions of the pathological anatomy of a case known yesterday, have ceased to be the exact conditions of the same case when we visit it to-day. And this is repeated from day to day as the case proceeds. This would necessitate daily examinations, such as we have shown to be requisite in the first instance, as long as the duty of prescribing for the case should continue. It may be objected to this view of the case, that it contemplates prescribing under the guidance of one law only—that of similars. This objection can come only from the side of the old school. The scope of this paper attempts no reply to them. Its aim is to show the less instructed and younger members of our own school, the absurdity of the claim set up for this misuse of pathological anatomy. For their sake we reply; and we do so by asking the objector if by this he means to intimate that prescribing with the unlimited license of hypothesis is better than that under the guidance of law? If not, then we would further ask if he knows of any other law than that of similars, available for the guidance of the prescriber? If so, then we ask, first, for the evidence of its existence even; and secondly, for the evidence of its superiority to the law given us by Hahnemann, which we have proved and accepted. And we may here say that we can accept no other evidence of this superiority than well-attested clinical results, superior to those which have followed practice based on the law of similars. To such evidence we are all most assuredly bound to yield, and to give to a law so attested the same hearty allegiance we render to that which we now know and trust. In the absence of all evidence that any such other law exists, and in view of the abounding evidence of the superior results of a practice founded on our law over that based on either hypothesis or empiricism, we claim to be fully justified in making this success a full answer to the claims of pathological anatomy as a guide in prescription.

We appeal to this, the only known law of cure, and, in its light, show the utter absurdity of the claim. This is our defense against the charge of ignorance, because of our refusal to so admit them; and this is the defense of homœopathy when it is charged with inadequacy as

a guiding law in the treatment of the sick, because it excludes, not helps, but hypotheses, which are hindrances.

So far, we have argued this matter as related to our school, and wholly in the defensive, as against those who have sought, by this absurd demand and charge, to discredit an entire school and practice. It would have been well, before they made this futile attempt to disparage, that they had been better acquainted with its principles. It is easy to believe, that, had they known more, they would have spoken less. We now leave the defensive as to this charge, and assert that the attempt to subject their prescriptions to the control of the facts of this new science has been an utter failure on the part of the old school in their treatment of the sick without law. The supposed facts are as utterly useless in a practice which recognizes no law of cure, as in one guided by the law of similars; and, to sustain the truth of this, we appeal to the records of such practice, and particularly to those of the results of the treatment of that disease best studied in its pathological anatomy, Typhoid Fever. It may be unhesitatingly affirmed of this fever, and of its treatment without law, that it is no more successful to-day than when Louis made his first dissection in the series which settled the pathological anatomy of the disease. Louis himself never pretended that his discoveries had modified his own prescriptions. It is interesting to follow him in this series of laborious studies, and see how his prescriptions in succeeding cases are not in the least affected by the knowledge he had gained of the localization of the morbid process and peculiar changes in the tissues invaded. They were the same in the last of the series as in the first. He never pretended it was otherwise. Nor did he pretend that they threw such light on the relationship of the fever to its curative agencies as should induce any other man to modify his prescriptions for typhoid fever. If the facts discovered by M. Louis have so modified the hypothetical or empirical treatment of this fever by any man as that he has thereby obtained a better success than attended the practice of intelligent men before these discoveries, we have failed to learn the fact. The most that has been claimed for them, a modifiers of practice, is rather on the score of their having discarded remedies than of having suggested any; that by them physicians have been induced to give fewer and less irritating drugs—in plain English, that they have been instructed to do less mischief than before, not to do more good. And is this all? And has the cry from those who have

learned so little been so loud, and sometimes even so offensive, because others, who have needed no such restraints, have refused to encumber their better practice by an accessory which has brought to themselves no greater good? We go one step farther; we assert that the claim that the facts of this science have beneficially modified the practice of hypothesis or empiricism in other diseases, to a greater extent than in this fever, is false. They have suggested no useful remedies to the old school itself; but it has been reproaching the new, because it refused to them authority to modify its practice founded on law. It is a sufficient reply to this impudent claim to be our teachers in the matter, as set up by these gentlemen, *first cast the beam out of thine own eye*. We say to the gentlemen of the old school, show a better clinical record than your predecessors, and prove its superiority to be owing to the aids you have derived from pathological anatomy, before you attempt to discredit your compeers for rejecting it from theirs. Go farther, and show a better record, with this new aid than the new school shows, having rejected it, and you have won the victory in the controversy. By any other course, you expose yourselves to the suspicion that you are already conscious of the weakness of the position you occupy, and of the charge you have brought. Show that you have fully and fairly admitted these facts to the control of your own prescriptions, and that the result is a greater success than attends our practice founded on law, and you will merit respectful attention. Unless you do this, your present course suggests a resemblance to the policy of that animal who would have his neighbors mutilated to escape the singularity of his own misfortune. The suspicion will be that you have in your own practice found the resort a failure. With this hint we take leave of these complainants.

The laws of nature are the appointments of that Supreme Being, who, in their ordination, comprehended all their relations and results from the beginning. In their enactment he could by no possibility make a mistake. One of these laws declares the curative relationship between diseases and certain drugs. Like all the rest, this law exists, not in the imagination or edict of any man or school, but in the very constitution of men and things, as ordered in the beginning by this Almighty Power. The intelligent world glories in the fact that all natural laws have been ordained in infinite benevolence, as well as in infinite wisdom and power. Is this natural law of curative relationship an exception, and the only one in all the domain of God's natural government? (Where is the evidence of the

fact, and if so, why?) If this relationship at all embraces the facts of the science we have been discussing, and calls for a consideration of them in the curative prescription, then we submit that we have already sufficiently shown that this law is altogether a mistake. The benevolence so conspicuous in all the rest is wholly wanting in this, because its application is an impossibility. The law in this case, is simply a trifling with human necessities. The Author of all good has never so mocked his dependent creatures. He has not included the facts of this new science in the elements of disease and drug-action, in the similarity of which He has ordained the law of cure. A clear appreciation of these elements will be quite sufficient to show that the exclusion of these facts from the scope of the law is of Divine appointment, and that we, of the new school, have only recognized this arrangement, and are in no way responsible for its existence. It is certainly most clear that, if a God of infinite wisdom and benevolence had determined a law of cure for the relief of the suffering sick among mortals, and had really purposed that these should be healed by virtue of a compliance with its provisions, both these attributes of the Divine Being would have combined to establish the law in ascertainable relations, between diseases and the agents ordained for their cure, such as should be most obvious to the senses, and most readily available for the purpose for which the law was ordained; and more, that these relations would assuredly be such as could be known and understood, and by no means such as must of necessity be attended with more or less doubt and uncertainty during life, and least of all in any which must rest largely on conjecture, or only to be known after death. This is precisely the arrangement which has been made in the enactment of the law of cure by similars, in accordance with these Divine attributes. Its relationships are wholly in those elements of the two classes of objects of comparison, the easiest of perception and comprehension, so far as is necessary to a compliance with the demands of this law. This has been happily secured in the selection of the elements in which these relationships are fixed; for a selection of these there certainly is, and such a selection as would hardly have been made by any other than the Author of this law. At the first glance, it would seem to have been best to select these elements always present in any form of disease, and make these the basis of comparison on the one side, and then there would be only the small difficulty of finding a single drug, which in its action on the living organism presents similar elements; and the whole difficulty of pre-

scribing for this disease, for all time and in all cases, would be at an end. This is precisely what the Founder of this law has not done. He has given to it a much broader scope, and by this has relieved it of an uncertainty which must otherwise have inhered in it forever. If the law had been fixed in those elements which characterize the class, then embarrassment would have arisen from the number of agents capable of presenting, in their action, phenomena similar to this class, as present in the case to be treated; and the only resort would be to give them in succession, till we should hit upon the right one. This would cause great delay and danger. The Maker of the law did not so ordain.

As illustrative of this, suppose the case to be treated one of simple dysentery. It has frequent, small discharges from the rectum, of mucus or blood, or both, accompanied with pain, tenesmus and fever. This group of symptoms is present in all cases of the disease. On turning to the materia medica for a remedy, the prescriber is met by more than a score of drugs which have produced this group of symptoms on the healthy, living subject. What will he do? If he is a beginner, he will do as all of us have done, till we learned better—give one of the number and if it does not succeed, another, and so on. He will only be realizing the disappointments we have all encountered, till we found that the similarity which the law requires is not in these generic elements of either the disease or the drug.

But the chief difficulty, and that which made the selection of generic groups as the domain of the law impossible, is the fact that they do not constitute the whole case; and also, when they are found in any succeeding case, they are by no means a repetition of identities. Though there is a general resemblance of common features in this generic group, it is, in each case, surrounded by, and associated with, concomitants, which declare the specific nature of each case in this group as it occurs. By these the truth is made clear that the resemblance of the generic phenomena of cases is superficial and apparent only, and not real. These concomitants stand in each case as the exponents of its true character, and they alone declare what *kind* of case it is with which we have to do. The generic phenomena proclaim the family to which the case belongs; the concomitants of these, or the specific phenomena, the particular member of the family which we have just met. It is the resemblance to the features of this particular member of the family, which the law has made it incumbent on us, in our office as prescribers, to find in the

effects of some one curative agent on the living organism; because it is just in these specific features of disease that Infinite Wisdom and Benevolence has established the domain of the law of cure, so far as the disease itself is concerned.

On the side of the drug there was, of necessity, a similar selection of elements from the sum of the effects produced on the organism by particular drugs and for a similar reason. The generic, or those common to several drugs, were excluded; and those which belong to the particular drug, and characterize it, were selected. And these on the one side, and those which declare the specific character of the disease on the other, were the precise elements of the two objects of the comparison in which Almighty Power and Wisdom placed the law of cure. Resemblance of these is the *like* which cures. The law of the similars requires and accepts no other similarity. Hence the facts of the science of pathological anatomy have been excluded from the requirements of the law by its Great Author in its original constitution; and he who attempts to thrust them in, where they have been thus excluded, is likely to have no great success. It follows, also, that their rejection from the prescriptions of our school, so far from being any sin against science, is only a compliance with the requirements of the great controlling natural law. But it is often and plausibly asserted that it is certainly our duty to study the nature of disease as disclosed by its results, meaning by this the facts of pathological anatomy. To this there can be no objection, and we do not object when we assert that the light which these facts throw on the nature of disease does not reach at all to its curative relations, as we have shown, but is limited solely to that power to produce in the tissues the changes from which these facts have had their origin. The nature of disease, thus far, is disclosed by these facts, and here the revelation stops. There is a seeming of scientific wisdom in the assertion of this duty, calculated to mislead the beginner as to the extent of the benefits to be derived from the investigation recommended. If, in its results, he expects, as many seem to have done, a disclosure of the whole nature of disease, he is only to be disappointed. He will simply learn that it is the nature of this or that disease to effect this or that change in the anatomical constitution of the tissues of certain of the organs of the body. Beyond this he can learn of its nature absolutely nothing at all. We have denied that we undervalue the knowledge which this science reveals. We add that it is no contradiction of this denial when we

limit its application, as above set forth. We deny that the limitation is ours. It is in the nature of the facts of the science itself, and in that of the general nature of disease, and of the law by which God ordained it should be cured. We simply recognize the fact, and receive it as it has been given into our hands by the Power which has established this limitation, with the other facts of nature. If this power has limited the proper application of the knowledge of this science to that part of our practical duties which deals with the diagnosis and prognosis of diseases, we have no power to change the arrangement, and we do not see how any benefit could be educed from it if we had. It having been so limited and connected, there can be no wisdom in endeavors to force on this branch of knowledge functions which can never belong to it, or in anticipating any light on other elements of the nature of disease which it can never shed. It is the part of true wisdom here, as in other departments of natural science, to discover the divinely appointed arrangement, to receive it, act upon it, and therewith to be content.

CLINICAL BUREAU OF AM. INS. OF HOMŒOPATHY.

The following circular has been sent to each member of the Bureau of Clinical Medicine. It is confidently expected that a prompt response to the same will be forwarded to the chairman that the report may be both full and complete.

The Bureau is constituted as follows, viz :

David Thayer, M. D., Boston ; N. F. Cooke, M. D., Chicago ; J. C. Morgan, M. D., Philadelphia ; P. G. Valentine, M. D., St. Louis ; S. Lilienthal, M. D., New York ; Wm. M. Cote, M. D., Washington ; Edward Rushmore, M. D., Plainfield, N. J. ; John W. Dowling, M. D., New York ; Adolph Lippe, M. D., Philadelphia ; T. S. Mitchell, M. D., Chicago ; N. R. Morse, M. D., Salem, Mass. ; E. A. Farrington, M. D., Philadelphia ; Albert R. Barrett, M. D., Richmond, Va. ; T. F. Pomeroy, M. D., Jersey City, N. J.,
Chairman.

547 *Bramhall Avenue, Jersey City, Nov. 1, 1881.*

MY DEAR DOCTOR :

Section 1 of Art. vii of our By-Laws provides that a Bureau of Clinical Medicine shall be appointed annually whose duty it is

to report on "Diagnosis and General and Special Therapeutics." The papers constituting the report of this Bureau are thus restricted to those subjects, and cannot include others that are assigned to other bureaus of the Institute; and, as under our law of cure and system of practice, diagnosis relates to remedies as well as to pathological states, the symptomatic phenomena both of disease and drugs in their relations to each other constitute our therapeutics. The results therefore of our observation and experience in the adaptation of drug symptoms, objective and subjective, to those of disease, comprehend the legitimate sphere of action of this bureau as its title plainly indicates.

In the selection of its members I have sought to embrace the largest field of observation possible in the use of proved drugs of our materia medica; both in their single and concurrent use, and in all attenuations (with the reasons for the selection both of the drug and of the attenuation), and the results of their action, that our report may be both comprehensive and complete.

You will please, therefore, select the subject of your paper accordingly, and at the earliest possible date report the same to me, to the end that all such adjustments of subjects as may be requisite may be made without unnecessary delay, and in order to prevent confusion and needless repetition.

Fraternally and cordially yours,

T. F. POMEROY, M. D.,

Chn. Bur. Clin. Med. Am. Inst. Hom.

NOTES FROM OUR SCRAP-BOOK.

It may be well to explain how the writer came to compile these notes and their use to him.

Early in my study of the materia medica, a veteran in the service told me the best method for getting a critical knowledge of drugs, was to study the symptoms which many drugs possessed in common, and to note their differences. He said, "Much of this will be forgotten, but what is remembered will be of great value." This plan has been followed and found very useful; instead of merely reading

and comparing these symptoms, they have been written down for future reference. Having been of service to the compiler, and to a few who have seen them, it is hoped others may find them useful.

Some few remedies are here given, which have *bearing down pains, pressure, etc.*, in abdomen, in connection with menstrual disorders, taken chiefly from Hering, Jahr and Lippe.

Actea rac.—Bearing down pain in uterine region and small of back; limbs heavy and torpid.

Agaricus—Bearing down pain is intolerable.

Aloe—Pressing down in rectum.

Ant. crud.—Pressure in uterus as if something would come out.

Apis—Great tenderness over uterine region, with bearing down pain; micturition painful.

Arg. nit.—Pressure in præcordial region, at night during menses.

Asafet.—Bearing down in genitals, worse riding in carriage; labor-like pains during menses.

Bellad.—Pressure downwards as if contents of abdomen would come out from the vulva (*Sepia*); worse in early morning, and when sitting *bent* forward, or walking; better standing or sitting *erect*.

Bovista—Bearing down in vagina and weight in small of back, after midnight.

Calc. phos.—Throbbing, stinging, tickling, sore aching, or pressing, in the genitals, drawing upwards to the symphysis, downwards into the thighs.

Cantharis—Violent pinching pains with bearing down to genitals; great burning pain.

Carbo an.—Labor-like pain in sacrum and pelvis; pressing in small of back, groins and thighs; chilly, yawning and desire to urinate.

Cauloph.—Weight, heaviness in uterine region.

Cham.—Drawing from small of back forwards, griping and pinching in uterus followed by a discharge; labor-like pains during menses.

China—Pressing down, worse when walking.

Cocculus—Painful pressing in uterine region, with cramps in chest, fainting, nausea, and weakness.

Colocynth.—Bearing down like cramps, which cause her to bend double (*Opium*).

Conium—Pressure from above down, drawing in legs during menses.

Cuprum—Before or during menses, or after suppression of menses (from suppressed foot-sweats, also *Silicea*), violent cramps in abdomen and *into chest*.

Digitalis—Labor-like pains in abdomen and back before menses.

Drosera—Labor-like pain in abdomen.

Ferrum—Sharp pains in abdomen; bearing down in uterine region, with aching.

Gelsem.—Bearing down in abdomen, uterus feels as if *squeezed by a hand*; heaviness in uterine region; pain from back into thighs.

Graphites—Bearing down pain in abdomen to back, with weakness, painful pressure to pudenda; labor-like pains.

Helonias—Dragging weakness in sacral region (prolapsus) with melancholy humor; soreness and weight in womb; "consciousness of a womb."

Hepar S. C.—Weight, congestion in womb.

Hyoscyamus—Uterine cramps, pulling in loins and small of back.

Hypericum—Tension as from bandage around abdomen; pressure in small of back and lower bowels.

Iodium—Dull, pressing, wedge-like pains from right ovary to uterus.

Kali bichr.—Dull, pressing, heavy pain in hypogastrium, pain and weakness in small of back.

Kali carb.—Pain like a weight in small of back.

Kreasotum—Bearing down and weight in pelvis; painful urging to the genitals.

Lachesis—Cannot bear even weight of sheet on genitals, so sensitive (*Lilium*, *Mur. ac.*, *Puls.*); bearing down pains; labor-like pains.

Lilium—Bearing down when standing; labor-like pain in left ovarian region and left mammæ; cannot bear any weight on genitals; pain in sacrum.

Lobelia—Sense of weight in genitals; pain in sacrum.

Lycop.—Sense of pressure through vagina when stooping.

Mercurius—Abdomen weak as if it had to be held up; dragging in loins.

Natr. c.—Pressure in hypogastrium as if everything would come out.

Natr. m.—Every morning pressure and pushing towards genitals; must sit down to prevent procidentia (must cross legs, *Sepia*).

Nitr. ac.—Pressing down in hypogastrium and small of back as though everything would protrude.

Nux mos.—Bearing down pain in abdomen, drawing in limbs; pain from small of back downwards; pain in small of back as from a piece of wood pressed out; mouth always dry.

Nux vom.—Pressure to genitals in morning; bearing down to sacrum with urging to stool.

Platina—Much bearing down; painful sensitiveness; continued pressure in uterine region.

Plumbum—Bearing down pains; sensation as of a string pulling abdomen towards back.

Podophyl.—Sensation as if genitals would come out, during stool; menses suppressed with bearing down in hypogastric and sacral regions, worse from motion.

Pulsat.—Pressure in abdomen and small of back as from a stone.

Rheum—Bearing down in uterine region while standing (*Lilium*).

Rhus tox.—Bearing down when standing or walking; backache, better lying on something hard.

Sabina—Labor-like pain from sacrum to pubis, colic.

Sepia—Pressing in uterus, causing oppression of breathing (*Pulsat.*?), from above downward, with colicky pains; feels if everything would come out (*Bellad.*, *Natr. c.*, *Natr. m.*, *Nitr. ac.*)

Silicea—A pressing down feeling in vagina.

Sulphur—Bearing down in pelvis towards genitals.

Ustilago—Pressure as if everything would come out. E. J. L.

CRITICISMS ON THE TREATMENT OF THE LATE PRESIDENT.

Many criticisms are being made on the case of the late President; among the most prominent are four which appeared in the *North American Review*, for December, 1881. In this *Review*, Drs. John Ashurst, Jr., J. Marion Sims, and John T. Hodgen, write as apologists for the attendants of the late President; Dr. W. A. Hammond appears as a *critic*. From these gentlemen we shall now quote:

Dr. Ashurst concludes: 1. The diagnosis was erroneous, "but I confess I do not see how the mistake could have been avoided." 2. There was no evidence to show that he suffered from malaria. 3. No evidence of pyæmia (i. e. "septicæmia"). 4. President did

not receive sufficient nourishment; cause, weak digestion. 5. The wound was not necessarily fatal, but was made so in this case by his age, weak digestion, probably diseased liver and kidneys, the care and anxiety of his official responsibilities. In conclusion: "Looking at the whole case, from the beginning to the end, I do not see that the treatment could have been altered in any way to the advantage of the illustrious patient; nothing was done that should have been omitted, and nothing was left undone that could possibly have been of benefit."

Dr. Sims concludes: 1. "The President died of septic infection of the blood. It was blood-poisoning, whether called pyæmia or septicæmia." 2. "A correct diagnosis is essential to successful treatment. It is the basis of all treatment. But we may diagnose accurately, and yet our patient dies when the wound is mortal. We may fail to diagnose correctly, and our patient dies for the same reason, that the wound is mortal. In a mortal wound the diagnosis true or false, is powerless to save life. So it was with the President; his wound was mortal, whether correctly diagnosed or not. * * * Without the wound of the vertebræ, it would have been impossible for him to die; with it, it was impossible for him to live."

Dr. Hodgen concludes: 1. That it is remarkable how little morphia was used "to relieve pain and secure rest."(!) 2. Quotes approvingly Dr. Bliss's statement "that quinine had been given in tonic doses much of the time, and when periodicity was noticeable, sedative doses were administered." 3. "I can find no reason for adverse criticism of any part of the management of this case. I do not find that anything was done, either at the examination or in the treatment to hasten death."

We leave these *scientists* to reconcile their contradictions.

Dr. Hammond commences his criticisms with quotations showing that the wound was not necessarily mortal (agreeing here with Dr. Ashurst), and cruelly quotes Dr. Hamilton as an authority to prove this point. Dr. Hammond says: "While the President's wound was a serious one, there was not a single feature, or combination of features about it which rendered death inevitable." 2. Quotations are made to prove that surgery demands prompt measures and careful treatment of gunshot wounds, especially in the first cleansing, dressing, etc.; that all foreign bodies be removed, etc. This was neglected. These quotations show conclusively that in the opinion of surgical writers, this wound was neither mortal, nor well treated *in the begin-*

ning at least. 3. The vigorous antiphlogistic treatment reduced his powers. 4. There has been no proof adduced that the splenic artery was ruptured by the ball, nor was hemorrhage the cause of death.

Such are the contradictory conclusions of these *masters in medical science!* We may well ask what did cause President Garfield's death? One says it was not the wound; another denies that malaria or septicæmia were factors.

In the *Annals of Anatomy and Surgery*, for November, 1881, Dr. Lewis S. Pilcher analyzes the case closely and clearly, concluding that the ball did *not deflect*, but

"That the ball from the moment of its entering into the body till it finally rested behind the pancreas, pursued a straight, undeviating course," and hence could have been found and extracted. He says: "There is one lesson which this case teaches which is especially illustrated in the report made by the principal attending surgeon—namely, the danger of making a diagnosis. It is evident that having made a diagnosis of a lesion of minor importance, all its mutations were by him interpreted in the light of that diagnosis and the significance of the profound symptoms which the case presented failed to be appreciated by him. A candid confession that the data were insufficient, and the retaining of the mind in a judicial state throughout, would have saved medical science from the opprobrium which has been cast upon it by the revelations of the autopsy in this case. The possibility of a preconceived opinion—*yclept diagnosis*—to warp the judgment, explains how it was possible for bulletins announcing uninterrupted progress toward recovery to be issued when the condition was really one of uninterrupted emaciation and septic infection; for the physicians to announce that the symptoms showed improvement, while the Secretary of State telegraphs that the symptoms are of the gravest character and the strength failing; and for declarations that the patient is convalescent, when he is at the point of death from intense septicæmia."

Yet another critic appears in the person of a Dr. Turnipseed (*Med. Record*, Dec. 3d, 1881). Says Dr. Turnipseed;

"The whole question is, in a nut-shell: Is this modern surgery? Can all the resources of modern surgery do no more than was done for an unfortunate man shot down as poor President Garfield was? If this be true, we should invoke the manes of the great French surgeon, Velpeau, and cause to be echoed and re-echoed throughout this broad land his dying words to the young physicians who surrounded his bedside: '*Travaillez! Travaillez toujours!*'"

He too thinks it unlikely that the ball could have deflected and believes that Dr. Bliss may have made "one or more false passages" in his careless probing.

"It appears, however, whether the probing did it or not, the pus burrowed just in the direction in which he probed." * * * *

"*Prognosis.*—President Garfield's case was not necessarily fatal. He natu-

rally was a man of large, fine physique; never was dissipated; was in good health at the time of injury, and the promptness with which his system responded to all efforts used by his surgeons to bring about reaction was favorable, in the abstract, to the highest degree." * * *

"The very healthy condition of the patient at the outset, and the great struggle made by his constitution for life, was clearly demonstrated by the bony union of one or more of the fractured ribs, and the effort at reparation revealed by the autopsy.

"Some may ask what would have become of the fractured vertebræ and spiculæ of bone in the vicinity of the track at various points.

"As a full answer would extend this article, already too long, I refer them to the literature of the profession, to be convinced of what nature, diet, medicines, and the knife have accomplished in wounds when the lesions were fully as grave."

As a fit conclusion to this discussion, we quote Dr. Wm. Hunt (formerly of the University of Pennsylvania), who charges that Drs. Hammond and Sims are ignorant of the "anatomical fact, that arteries are found empty of blood after death." These gentlemen having charged that the blood found in the President's abdomen, at the autopsy, was pushed out of the splenic artery by the injection of *Zinc chlor.*

Dr. Hunt says :

"Have these gentlemen forgotten the very elementary principles and facts of their training as to the blood-vessels?" * * *

"Those who have spent years in the sculleries of dissecting rooms and in the rooms themselves know practically that nothing is pushed out from *arteries* by injections, for a very plain reason: that there is nothing to push out."

In accounting for the *Zinc chlor.* found in the abdomen at the autopsy, Dr. Hunt says :

"How did the watery solution go in the President's case? It filled the arterial system, and escaped where? Just where the blood had escaped *before death, it escaped after death.*"

To this attack, Dr. Hammond promptly replies (*Med. Record*, Dec. 10), thus :

"To answer Dr. Hunt's questions categorically, I have only to say :

"1. That I was very early in my student-life taught that the name artery is a misnomer.

"2. That I was taught that the ancients from the time of Galen knew perfectly well that the arteries did not contain air, and that consequently we did not have to wait for Harvey to tell us this.

"And I will add :

"That I was also taught that the idea that all the arteries are found empty after death is erroneous, and that my own observation has convinced me of the fact.

“If I had got my teaching entirely from the dissecting-rooms and their ‘senueries,’ I might have been brought to believe that the whole arterial system became completely empty at the death of the individual; whereas it is a matter of fact that it does nothing of the kind. The arteries contract after death, but the process does not begin immediately. They are therefore of smaller size than during life, and hence they contain less blood; but, as a rule, with the exception of the large vessels near the heart, they are full, and this is especially true of the splenic artery. This artery is, as my friend knows better than I do, remarkably tortuous, its coats are thicker than those of any other artery in the body, and it is the largest branch of the celiac axis. Hence (particularly from the thickness of its coats), its calibre is not materially diminished after death, and it always contains a large proportion of blood. * * *

“But I do not wish to have the questions raised by Dr. Hunt depend upon my own opinion. I have, therefore, to ‘hurl’ at him two or three authorities.

“Muller, speaking of the contractility of the arteries, as exhibited after death, says:

“‘They are, in fact, for the most part not quite empty, but contain as much blood as they are able to admit in their contracted state.’

“And again: ‘It is not rare to find blood in the arteries after death.’

Relative to the peculiarities of the splenic artery, I quote from Kolliker, as follows:

“‘The size of the splenic arteries is very considerable in proportion to that of the organ, and so also the thickness of their coats is worthy of notice. *

* * In the mammalia generally the splenic artery is proportionally smaller than in men. This possibly depends only upon the more considerable contraction of the vessels at their death. Wintringham finds that the thickness of the arterial coats is greater than that of the aorta above the giving off of the renal arteries, to which it bears the ratio of 1 to 0.762. He also states that they will sustain a pressure of forty-one pounds.’

“Dissecting-room subjects are not suitable for studies of the kind in question. Days, even months, sometimes elapse before they are examined. As soon as they are obtained a preservative fluid is injected into the vessels, and then perhaps a further injection for display purposes is introduced. In the case of General Garfield the chloride of zinc solution was injected at so short a period after death that there was not time for the arteries to contract to any considerable extent.

“If my distinguished friend will only call to mind his anatomical knowledge, derived from his extensive hospital experience and the numerous post-mortem examinations he has made, and forget for the moment that which has come to him from the dissecting rooms, I think he will agree with me that there was some warrant for my assertion that the extravasated blood in the President’s case *might* have been poured out from the splenic artery after death. And I think also that, upon mature reflection, he will recall his opinion that the extraordinary and unscientific proceeding of injecting with chloride of zinc a body upon which the most important post-mortem examination of our time was to be performed was a good thing.”

SOME HYGIENIC APHORISMS.

THE first thing a child should learn is to ask for a drink of water. I have seen hand-fed children scream and fidget for hours together, as if troubled by some unsatisfied want, but at the same time rejecting the milk-bottle and pap-dish with growing impatience. In nine such cases out of ten the nurse will either resort to paregoric or try the effect of a lullaby. I need not say that the poison expedient would be wrong under any circumstances, but, before you try anything else, offer the child a cup of cold water. To a young nursling, the mother's breast supplies both food and drink, but farinaceous paps require a better diluent than milk.

If I should name the greatest danger of childhood, I would unhesitatingly say—medicine. A drastic drug as a remedial agent is Beelzebub in the *role* of an exorcist.

Tight-swaddling, strait-jacket gowns and trailing petticoats—restraint, in short, makes our infants peevish. If we would give them a chance to use their limbs they would have no time to scream.

It would prevent innumerable diseases if people would learn to distinguish a morbid appetency from a healthy appetite. One diagnostic rule is this: that the gratification of the latter is not followed by repentance. Another, that the former has to be artificially and painfully acquired; our better nature resists the incipience of a morbid "second nature." After acquitting Nature from all responsibility for such factitious appetites, it may be justly said that a man can find a road to health and happiness by simply following his instincts.

The supposed danger of cold drinks on a hot day is a very expensive superstition. It deprives thousands of the most pleasurable sensation the human palate is capable of. It is worth a two hours' *anabasis* in the dog-days to drink your fill at the coldest rock-spring of the mountains.

Bathing in flannel! I would as soon take ice-cream in capsules. The price of the flannel suit would buy you a season ticket to some lonely beach.

"A catarrh is the beginning of a lung-disease." It would be the end of it, if we did not aggravate it with nostrums and fusty sickrooms.

Somehow or other we must have abused our teeth shamefully be-

fore Nature had to resort to such a veto as a toothache. A tooth pulled in time saves nine.

"If you doubt whether a contemplated act is right or wrong," says Zoroaster, "it is the safest plan to omit it." Let dyspeptics remember that when they hesitate at the brink of another plateful.

The digestion of superfluous food monopolizes the vital energy; hence, the mental and physical indolence of great eaters. Strong-headed business-men manage to conquer that indolence, but only by an effort that would have made the fortune of a temperate eater.

A glutton will find it easier to reduce the number of his meals than the number of his dishes.

Highland children are the healthiest, and, even starving, the happiest: "There is no joy the town can give like those it takes away."

Paracelsus informs us that the composition of his "triple panacea" can be described only in the language of alchemistic adepts. Nature's triple panacea is less indescribable—fasting, fresh air and exercise.

A banquet without fruit is a garden without flowers.

"Do animals ever go to the gymnasium?" asks an opponent of the movement cure. Never; they have no time; they are too busy practicing gymnastics out-doors.

Descent from a long-lived race is not always a guarantee of longevity. A far more important point is the sanitary condition of the parents at the birth of the child. Pluck, however, is hereditary, and has certainly a prophylactic, "health-compelling" influence.

The first gray hairs are generally a sign of *dear-bought* wisdom.

The "breaking up" of a pulmonary disease could often be accomplished by *breaking* the bed-room windows.

Death, formerly the end of health, is nowadays the end of a disease. Dying a natural death is one of the lost arts. [Which pure Homœopathy restores.—Ed.]

There seems to be a strange *fatum* in the association of astronomy with humbug: formerly in horoscopes, and now in patent-medicine almanacs. A patent-medicine man is generally the patentee of a device for selling whiskey under a new name.

A "chronic disease," properly speaking, is nothing but nature's protest against a chronic provocation. To say that chronic complaints end only with death, means, in fact, that there is generally no other cure for our vices.

Every night labors to undo the physiological mischief of the preceding day—at what expense gluttons may compute if they compare

the golden dreams of their childhood with the leaden torper-slumbers of their pork and lager-beer years.

If it were not for calorific food and superfluous garments, mid-summer would be the most pleasant time of the year.—Dr. FELIX L. OSWALD in *Popular Science Monthly*.

CLINICAL BUREAU.

PROGRESSIVE PERNICIOUS ANÆMIA: A CASE, WITH AUTOPSY.

EDWARD CRANCH, M. D., ERIE, PA.

The following is the record of a case of pernicious anæmia, or as I would also call it, a case of "Addison's Disease" without bronzing. Professor Pepper, of Philadelphia, has maintained the essential identity of these two diseases, and Addison himself makes no practical distinction between what he called "idiopathic anæmia," and the same condition accompanied by bronzing of the skin. Ziemssen classes tubercular disease of the supra-renal capsules or Addison's disease under one head, and the name in the title of this paper under another distinct head, but the two descriptions are marvellously alike, except for the mention of bronzing of the skin in one case, and of extravasations of blood in the other. In the latter case, the remarkable statement is made, that, because there is no bronzing of the skin, *therefore*, there is no disease of the supra-renal capsules, and accordingly no mention of those organs is made in describing the pathological condition. Now in the case herewith reported, there was no bronzing, but there were hemorrhages, and there was disease of the supra-renal capsules. The record is one of a partial failure, for the correct diagnosis was not made out during life; it being supposed by some that consumption was her enemy, by others, including herself, the cause of trouble was assigned to the kidneys, while I, myself, expected to find a cancer of the stomach or bowels, but was disappointed. All of these diseases, however, are mentioned as very frequent complications of pernicious anæmia, and of Addison's disease.

The patient, Miss D. P., aged 31, had commenced to complain

six years before I saw her ; at the first, in 1873, she had had a sore on one of her fingers, pronounced a "rose cancer," and excised without returning. Next, she was noticed to have frequent faint spells, suddenly turning pale, "as white as a corpse," afterward vomiting, headache, cough, and great lassitud. From first to last, she often complained of "terrible heat in the back, so that she would not lie up against anything," also of poor appetite, offensive urine, bland leucorrhœa, and dry cough. She was not particularly nervous. When first seen by me, in August, 1879, she had a diarrhœa, offensive, watery, and containing a brownish matter like coffee-grounds, or scrapings of intestines ; vomiting whenever rising up from lying down, ejecting a greenish water, with cramps in the stomach and bowels, great debility, a horribly pale, strange cast of complexion (very striking), but no emaciation, or œdema. Although it was summer, she was wrapped to the eyes in a woollen comforter, and wore woollen leggings. She got *Arsen. CM* (Fincke) six doses, twelve hours apart. This stopped the vomiting, which *never returned*. In October and November, she got *Phos. 200*, four or five times a week, for the cough, debility, heat in back, and diarrhœa, with decided improvement in everything except complexion. During the winter she was quite comfortable, attending several social parties, enjoying fair appetite, and entertaining the strongest hopes of her recovery. In April, 1880, the diarrhœa returned, the urine showed excess of urates and phosphates, but no albumen or casts, the appetite and strength failed entirely, there was some œdema of the feet, some dyspnœa, and two severe attacks of nose-bleed, requiring plugging of the posterior nares, occurred a few days before her death, which happened May 1st, 1880, quietly and without pain. A *post-mortem* examination was held May 2d, with the assistance of Dr. W. C. Evans, of Erie, an old school physician—who had never seen the case during life. On making the preliminary incision we found a quantity of *adipose*, more than we expected from the extreme anæmia of the body ; this at once reminded Dr. E. of a similar case he had examined, with slight bronzing, found only on thigh and scrotum. (In this case there was *none*.) The bowels were free from cancer, or other morbid product, except a slight serous effusion. The kidneys were normal in size and aspect but the supra-renal capsules were soft, yellow, very friable, and showed under the microscope a quantity of fat. They did not seem enlarged. The liver was slightly pigmented, and both liver and

kidney showed an abnormal amount of fat, but nothing near the proportion that was manifest in the capsules. The heart and lungs were not examined, nor was the marrow of the bones.

This class of cases is deemed *entirely incurable*, by the old school, and *Iodine, Iron, Nitrate of Silver, Alcohol*, and transfusion of blood have been recommended. From a general view of the disease, I would study, besides *Arsenic* and *Phosphorus, Picric acid, Causticum, Carbo veg., Antimonium crudum*, and others.

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

On the morning of the 2d of November, I was summoned to see Mrs. C., æt. fifty years. In early life this lady resided on the banks of the Delaware, and with the other residents in that locality, suffered very severely from intermittent fever, and still more from enormous doses of Quinine, administered year after year for the suppression of that disease.

For more than twenty years she has been under homœopathic treatment, and the admonitory symptoms of chills and fever returned gradually with less severity every spring and autumn. For the last ten years they were very light, only occasionally reminding her of her previous sufferings; her brain and spleen which had been injured severely from former overdoses were now in an almost normal condition. Early in October, while on a visit to West Point, on the Hudson river, she was exposed to the then prevailing malarial influences, and began to feel badly. Returning to Philadelphia, she suffered, first, from diminished appetite, followed by frequently returning watery, but painless diarrhœa, for which she took no remedy, hoping that the disease would be carried off in that way. On the night of the 1st of November, she felt very cold on retiring to bed, and was awakened about 2 A. M., by a very heavy chill which made her teeth chatter; she had to rise, feeling nausea and a desire to have a stool, and went to the water-closet back of the back chamber. After a very profuse watery evacuation, she tried to walk to the front chamber, but on reaching the door, was overcome by weakness and fell to the floor. She chattered and shook all over from the chill, became stiff and icy cold to the touch, and, in an unconscious

state, was carried to bed. Heat was applied and when consciousness returned she was totally blind, not being able to see the strongest gaslight. About 4 A. M., fever set in and she fell into a dose, her breathing very much oppressed. When I saw her at 9 A. M., she was suffering from extreme prostration; was not aware of her unconsciousness at night but remembered the blindness. She complained that the external and icy coldness was not to be compared with the icy coldness she had felt about the heart, that even then she felt cold and pain about the heart, that she had slight headache and backache, and no perspiration after the slight fever heat. The pulse was very weak, irregular, small and less than fifty beats in a minute. She had a dry mouth but no thirst, aversion to food, and her position in bed clearly showed her intense debility, of which she complained bitterly. She received one dose of *Natr. mur.* CM (Fk.) dry on the tongue. When I saw her at 7 P. M., November 2d, she had perspired slightly during the day, the tongue and mouth felt less dry, no thirst, pulse over sixty beats in a minute and more regular. November 3d, she was feeling better, and her condition continued to improve without further medication. On the 6th of November, I dined with her at 6 P. M., the lady occupying her usual place at the head of the table. She required no further treatment.

Comments. There were present three characteristic symptoms of *Natr. mur.*: Coldness about the heart, blindness and unconsciousness during the chill; and great prostration. Adding to these characteristic symptoms, the irregularity of the pulse, and her exposure to malaria, the choice was very easy; while *Camphor* and *Gelsemium* had some of her symptoms, the totality of them could be found only under *Natr. mur.* Then came to be considered the possibility of a return of the chill in twelve, twenty-four or forty-eight hours, and the great danger to her life from such a recurrence; for she expressed herself as not able to endure such another chill, which surpassed anything she had ever experienced.

Just in such very grave cases does our true healing-art show itself to the greatest advantage, and it never becomes necessary to fly to other means than those offered us inside of our exclusive school of therapeutics. Shall we listen to the seductive voice of public teachers who in such cases claim that it is not only the duty, but the privilege of the homœopathic physician to administer massive doses of *Quinine* to prevent a possibly fatal return of such a chill? We

positively decline to listen to such weak teachers! If we are true to Homœopathy it will be true to us—that is our experience; no matter how men may bluster who never tried the experiment. Let them say that a case like this was not cured by the homœopathic remedy faithfully administered; let them say that the curative virtue of medicines is limited to a certain fixed potency; let them call us hide-bound transcendentalists; let them babble about the absurdities of an exclusive dogma and the limits to the applicability of homœopathic practice, all of it will not do away with *facts*, stubborn facts. Such talk only proves the utter incompetency of a set of illogical and ignorant fault-finders, whose only desire is to drag the noble healing-art and the healers down into the detestable mire of eclecticism, which suits them well.

CLINICAL CASES.

E. W. BERRIDGE, M. D., LONDON.

Rhus in Erysipelas.—Jan. 14th, 1873, Captain —, six and a half years ago kissed a child suffering from scarlatina, and felt it burn his lips. In a few weeks had boils on back; after this he became costive; once he fainted, fell and bruised his forehead, during the faint had an involuntary stool; soon erysipelas appeared on the bruised part of the forehead, and spread thence all over the face; it also appeared on the scrotum and adjoining surface of the penis, which suppurated. He has had four or five bad attacks of erysipelas since, and three or four slight ones. Since these attacks have come on, his sight for near objects has become impaired; formerly it was excellent, both for near and distant objects. The present attack came on January 12th, possibly excited by being in a new, damp house. About noon, he felt a shoot in left external orbital integuments; red, erysipelatous swelling began there and extended all over face, lids, forehead, chin and neck; also on scrotum. He never had it on neck and chin before. Vesicles form and exude a fluid which leaves yellow stains on the handkerchief. The affected parts burn and itch; *when lying down*, at each pulsation of the heart there is throbbing *centrifugally* in the inflamed integuments of

the face and forehead. Any moisture to the skin brings out the erysipelas there, as it always has in these attacks. He must scratch the parts, which causes an "agonizing pleasure." The scratching of the scrotum causes sexual pleasure, and an escape of semen which wakens him. Photophobia, very restless all last night, no sleep, walking about, stamping, shaking arms, and striking about. To-day (January 14th), swelling increased; large yellow crusts from the discharge on chin; scrotum worse; lids closed from the swelling; the throbbing continues; the itching and burning are worse; the hands and feet are cold; pulse 50, intermitting in volume and rhythm; the burning and itching are worse from warmth. He has had the best allopathic treatment in former attacks, both in England and in India, but the physicians always made him worse by applying moisture and keeping him on low diet. All his allopathic physicians said it was an extraordinary case; one said he had examined all his books in reference to the case, but could do nothing for him. He informed me that once, when in London, he consulted Dr. Joseph Kidd, * the *professed* homœopath, for chronic dysentery. Dr. K. told him that he could cure him in ten days. Captain — remained under his care for ten weeks without benefit, and afterwards cured himself by eating the pods of the Egyptian bean. He had consequently lost faith in *all* doctors, but his wife sent for me (in "an agony of despair," as Dr. Kidd would say).

This case, however puzzling to an allopath, was not so to a follower of Hahnemann. *Rhus* was unmistakably indicated, and I gave him *Rhus tox.* 2,000 (Jenichen) in water, a spoonful every hour in water until better; the first dose at 2.30 P. M. To take nourishing diet and wine and water (I should not *now* give wine, unless there was a great craving for it). At 8 P. M., I saw him again; he had had four doses; *improved after first dose*; itching, burning, and discharge much less; throbbing almost gone; pulse 60, more regular; less swelling; extremities still cold. *To stop medicine.*

*I am aware that it is contrary to etiquette to publicly mention another physician's name in connection with his blunders; but as Dr. Kidd did the same in his *Laws of Therapeutics*, he has no right to complain if his shortcomings are exposed. "With what measure ye mete, it shall be measured to you again."

Jan. 15th, 3 P. M. Slept well last night; much less swelling; only slight itching and burning; scrotum better; can bear the light; extremities still cold; pulse 72, regular; no other symptoms. *He says he has been relieved in one-third of the time usually occupied by such an attack.*

Jan. 22d. Steadily improved, and yesterday went out of doors for the first time, which he enjoyed, but felt very weak. It was a cold day. He felt better on coming into a very warm room. Afterwards went to bed in a very cold room. Soon the face felt hot; then followed itching and burning, and soreness at outer corner of left orbital integuments, which extended all over face, just as before, but less severely. Pulse 72, feeble. Scarcely any sleep last night, but could lie in bed. Scrotum as before, but not so bad. To test the accuracy of Carroll Dunham's statement that the action of *Rhus tox.* and *radicans* were the same, I gave *Rhus rad.* 200 (Leipzig) in water every two hours until better. (This I now see not to have been a true test, as the potencies and the periods of repetition differed in the two trials. *Rhus tox.* and *rad.* are now proved to be identical; and it will be seen that the 2000 acted better than the 200).

Jan. 23d. After 4 doses, decided relief, and stopped the medicine for a time, but took another dose at noon. Had itching on face and head last night, which disturbed sleep. To-day not much burning but some itching. Semen escaped as before. Can bear light. Pulse 72, rather feeble. Itching and burning are worse after food. Itching all over body more or less. In three or four days recovered completely, and had remained so when I saw him on Jan. 16th, 1874. He now has perfect confidence in HAHNEMANNIAN Homœopathy. After this I did not see him, as he went to Suez. I have had several letters from him, the last dated July 28th, 1879. He reports that since the summer of 1876 he has had several slight attacks of erysipelas, but *always* subdued them quickly with *Rhus*. On four or five occasions he applied Holman's liver pad for indigestion, and on each occasion it excited the erysipelas. He probably will require some well-indicated anti-psoric to *eradicate* the disease, but I have not had the opportunity of prescribing it for him. On May 31st, 1879, this gentleman, who had been driven away from homœopathy by Dr. Kidd's want of success, wrote to me as follows: "I wish I could come and have a few weeks' instruction from you. *I believe I have converted nearly half of Suez to Homœopathy.* I have had

any amount of patients, of course, free, gratis, for nothing. My best cases of cure were an Arab from paralysis of face, with partial loss of sight; the other, English, an old-standing spleen case; and each of them with only one medicine."

There ought to be an opening at Suez for a Hahnemannian physician, but no *other* need apply, the patients being too well instructed.

SIMILIA NOT IDEM.

HAHNEMANN'S OPINION.

"The Homœopathic doctrine has never taught to cure a disease by the very same agent which had produced it; this has been repeated over and over again, although to all appearances in vain. Homœopathy professes to cure diseases by means of drugs which produce exactly similar, but not identical, symptoms." (Foot-note to Hahnemann's reply to his critics).

PERISCOPE.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY, AUGUST:—Dr. Straube writes upon "*Malandrium* in Small Pox," giving some partial provings and twenty-six clinical cases treated with it. The following symptoms are reported cured with *Malandrium*: Aching in limbs; headache; pains in left side of head with great debility; pains in back, head and abdomen; pain in head and back, fatigue, chilliness and vomiting; stiff neck; constipation; inability to go up stairs from weakness; lazy, weak feeling; terrible itching after an attack of small pox; foul smelling diarrhœa, chilliness, weak, tired feeling; great pain around the navel, sore aching in bones, sleeplessness during an attack of small pox. Crying and ill temper of children during small pox; pain in back extending to heels, soreness of abdomen, every bone in body aches. There was no smell from the eruption after *Malandrium* was given.

“S. L.” translates from “Hygea” the following: Angina involving pharynx, tonsils, uvula and velum; parts inflamed and red; constant desire to swallow, with great painfulness. *Lachesis* 29 cured in three days. In another case there were copious secretions of mucus and foul breath, *swallowing almost impossible, everything being returned* through the nose. *Lachesis* 30 cured in seven days without suppuration setting in.

A healthy man had *frequent urging to urinate, with severe cutting and burning pains in the urethra; urine scanty; urine highly charged with mucus*. These symptoms were relieved by *Sulphur* in twenty-four hours, and cured in three weeks. *Cannabis, Cantharis* and other remedies had been given without effect.

A woman who had constant urging to urinate, with pain during discharge; and after urinating, drawing pain along ureters, compelling her to bend double, was cured with *Sulphur*.

Three ladies had cutting pain in umbilical region extending to ovaries; urging to urinate, with scanty discharge of turbid mucous urine, having a mucous deposit. Labor-like pain in course of ureters, extending to the thighs, with burning in the urethra. During stool some tenesmus and cutting. *Colocynthis* cured.

A boy suffered from excruciating attacks of headache, during which he swayed the head to and fro, or pressed it strongly against some hard object. After the attack, desire for something to eat. *Arsenicum* 12, one dose cured. A woman who had the same symptoms received the same remedy and was similarly cured.

AMERICAN HOMŒOPATH, AUGUST:—Dr. Danforth reports a case of a woman who had severe pains in left temple, cardiac and left ovarian region. Principal symptoms: *great mental depression, aversion to talking; sensation as if heart and ovary were drawn up together; a sense of contraction or drawing together between the organs*. Cured with *Najar tripujians*.

Dr. Brace was called to a case of angina pectoris. Patient suffering much agony; *greatly prostrated, surface cold*. *Arsenicum* 3, one dose cured.

Dr. Clarke had a case of poisoning from arsenic by working with it in bird stuffing. Also by breathing it from the colored paper on the walls. *Carbo. veg.* 6 cured.

Dr. Burnett had a case of catarrhal stenosis of lachrymal duct in a baby, a few months old. The eye was constantly watering. The

old school doctor called it "a cold." Dr. Burnett being called in gave *Natrum mur.* 6 and cured it. The remedy was observed to cause vomiting.

Dr. Brazie reports a case of helminthiasis, exhibiting chills, convulsions and fever every day for six days; *diarrhœa of white stools, turbid urine, great hunger.* *Cina* 200 cured in three days.

MEDICAL COUNSELOR, AUGUST.—Dr. Brigham reports the following: A child had bilious intermittent fever. Chill at 8 A. M. *More shivering than the degree of cold warrants. During chill, thirst, headache, nausea and vomiting of bilious matter.* *Eupatorium* cured.

A boy had diarrhœa, *stools at 3 o'clock, A. M.* Cured with *Kali carb.* A man had army diarrhœa which seemed incurable. *Diarrhœa always worse in summer and warm weather; worse also from motion. Chills creep over him.* Cured with *Bryonia* 200.

HOMEOPATHIC COURIER, AUGUST.—"K." reports a case of nasal catarrh cured with *Nat. mur.* 12 in two weeks. The only indications obtained were: *thirst and inordinate desire for salt.* A child had an eczema of scalp and face, with dry scales burning after scratching. *Calcarea* 200 cured.

A case of persistent vomiting, even water being thrown up as soon as it reached the stomach, with tenderness of pit of stomach, tongue red at tip, great thirst, fluids gurgling as they are swallowed, was relieved by *Amygdalis Persica.* To a woman suffering with consumption of the lungs, *Calcarea silicata* was given, which produced several mental symptoms, among which may be mentioned: Conviction that she is surrounded with corpses. Imagines that friends who are dead have returned. Carries on imaginary conversations with the dead. The lung symptoms were, however, relieved. As the above mental state continued, *Hyoscyamus* 2C was given, which relieved the mental state. She is now completely cured.

From the *Rundschau* is translated a case of sciatica with intense pains not controlled by the largest doses of morphia and chloral. As the pain had been excited by a fright, and as there were swollen inguinal glands and minute green spots on the linen, sycosis seems to have been suggested to the doctor as the cause. Accordingly *Thuja* was given with curative results that were "striking."

HAHNEMANNIAN MONTHLY, SEPTEMBER.—Dr. Hoopes relates five cases of abnormal labor pains cured by the appropriate remedy

as follows: A woman in labor, tossed about the bed *in great agony, weeping and declaring that she could endure the pains no longer.* One dose of *Coffea*, 2C removed the distress, and the labor became normal.

Another woman in labor was *so cross she would not hardly speak.* *Chamomilla* 2C was given; the distressing character of the pains was relieved, and the ill humor disappeared.

The pains then showed a disposition *to come and go suddenly.* *Beladonna* 2C made them regular. In another case *every labor pain caused urging to stool.* *Nux vom.* 6 relieved at once. Another patient experienced pains which extended from the hypogastrium and he hip to the thighs. *Nervous excitability; felt that she could not bear the pains any longer.* *Coffea* 3C in repeated doses relieved. A fifth case was nervous, and the pains ran from the hypogastrium upward. *Gelsemium* 30 corrected the pains. The doctor says he could cite *many more* such cases.

BIBLIOTHEQUE HOMŒOPATHIQUE, AUGUST.—Dr. Chancere reports a case of scrofula in a young woman. The scalp was affected with an eruption, which was infested with lice. Upon the soles of the feet an eruption of brown pustules interfering with walking. Amenorrhœa and hæmorrhoids. *Sulphur* was administered, and in fourteen days the eruption upon the feet was almost entirely removed. Then, rheumatic symptoms occurring. *Rhus tox.* was prescribed, and in six weeks more the lice had disappeared. Several other remedies were given at intervals during the next eight months for various complications, ending finally with *Pulsatilla*, which cured. The doctor then argues that *Pulsatilla* was indicated at the first, but that he did not know it, and hence the treatment was prolonged.

A man of sixty years of age had acute cystitis from taking cold. He had frequent desire to urinate. Tenesmus of neck of bladder, Dull pain in hypogastrium and loins, and brick-dust sediment in urine. *Lycopodium* 30 cured.

HOMŒOPATHIC JOURNAL OF OBSTETRICS, AUGUST (November number not received):—Dr. Hale reports the cure of several cases of nausea and vomiting in pregnancy with *Jaborandi 2x dilution*; the indication being profuse *salivation with nausea and vomiting.* The same remedy also cured a similar condition where instead of

salivation, there was dryness of mouth ; saliva like cotton ; red tongue and parched lips.

Dr. Farrington reports a case of threatened miscarriage with severe backache ; severe cramping, bearing down pains almost unbearable, causing constant restless moving about in bed. Cannot sit or lie still, so severe are the pains. *Viburnum Op.* 2, in accordance with the above italicized indications, relieved at once. Later, she became frightened, and the pains, returned. *Viburnum* failed to relieve, because the patient became irritable, nervous, and declared in a petulant way that she neither could nor would stand the pains. These symptoms indicated *Chamomilla* 30, which was accordingly given and cured. Dr. F. draws an important lesson from the case.

Dr. P. P. Wells gives an interesting paper upon "The Power of the Specific Remedy," relating cases of displacement of the uterus, cured with medicines alone, no mechanical interference being permitted. It is much to be regretted that the doctor did not state what these medicines were. It would be of much advantage to know.

BOOK NOTICES, REVIEWS, ETC.

SPECIAL PATHOLOGY and DIAGNOSTICS, with THERAPEUTIC HINTS By *C. G. Raue, M. D.* Second edition, rewritten and enlarged, pp. 1072, large 8vo. ; price \$8. Boericke and Tafel: New York and Philadelphia. London: Homœopathic Publishing Co., No. 2 Finsbury Circus. 1882.

This edition of Dr. Raue's book is in every respect an improvement upon the former edition. If the first was good, the second is better, and will be found of great practical value. As to the scope and plan of this edition, we need only say, they are the same as in the former, only enlarged and improved. The "Therapeutic Hints" are more numerous, clearer and fuller. The pathology is brought up to date, with all *modern improvements!*

In his preface, the author says: "The first edition has become old ; it needed renovation. The pathological views had changed so grievously since its appearance that a re-statement of the same throughout the work became a necessity. Not so, however, the therapeutic hints. They are as true to-day as they were when written years ago and, I am happy to say, have been reliable guides at the bedside to many physicians ; also a fruitful source, acknowledged or not, to many writers in journals and of books. What I had to do

with these hints is this: To express their meaning still more accurately, to enlarge their spheres, and to add such new facts as the experience of others and my own would admit. This has augmented to a considerable extent even the therapeutic part of the work, and thus I may state in truth, that this second edition is re-written for the most part, that it is greatly enlarged, and, I hope, greatly improved."

Pathological views are based on speculative theory; hence they changed so grievously that a re-statement of them became necessary. Homœopathic therapeutics is based on *law*; hence we read: "Not so, however, the therapeutic hints. They are as true to-day as when written years ago." Let the advocates of a pathological basis for homœopathic therapeutics ponder well these words of Dr. Rau.

INSANITY AND ITS TREATMENT. Lectures on the Treatment of Insanity and Kindred Nervous Diseases. By *Samuel Worcester, M. D.*, Lecturer on Insanity, Nervous Diseases and Dermatology, at Boston University School of Medicine, etc., etc. Pp. 462, price \$3.50. Boericke & Tafel: New York and Philadelphia. Homœopathic Publishing Co., No. 2 Finsbury Circus: London. 1882.

Dr. Worcester, the author of this new work on insanity, is favorably known to the profession through his "Repertory to the Modalities," a very useful little work. The scope and design of the present work is much more ambitious and difficult. Of all the diseases with which medical men have to deal, those of the mind are the most puzzling, difficult, and, we may add, interesting. It is only recently that any advance has been made in the treatment of the insane. Formerly they were considered to be "possessed" by evil spirits, etc.; the only treatment was to lock them up and place brutal keepers to guard them. In more recent times, it has become well established that the brain has its diseases, as have the nerves and tissues of other parts. Physiology has shown the mind to be most closely connected with the body, to be composed of nerve cells, filaments, etc., to be dependant for its proper action upon the common laws of waste and supply, exhaustion and reparation; beyond this physiology has not yet gone, and pathology is here, at least, a desert waste.

"Its *modus operandi* is, and perhaps always will be, utterly unknown to us. * * * The great pathologist (Virchow), indeed, entertains little hope that any positive knowledge of the *modus operandi* of this apparatus (of cells in the vortex of the cerebrum and cerebellum) will ever be acquired." * Here, then, is an important class of diseases, whose pathology is confessedly crude; for their treatment we must then rely upon the despised symptoms.

This work of Dr. Worcester's comprises a series of lectures delivered at the Boston University School of Medicine, and very good lectures they are. Commencing with a general survey of mental disease—giving definitions,

* Bucknill and Tuke, on Psychological Medicine, 3rd edition, p. 486.

early symptoms, causes and classification—the lecturer then gives clear and brief reviews of the various forms of mental disease, such as Dementia, Melancholia, Mania, Folie Circulaire, etc., etc. Indications for the remedies, most often indicated, are clearly given. Yet this part of the work could have been profitably expanded.

PROCEEDINGS of the HOMŒOPATHIC MEDICAL SOCIETY of OHIO. Seventeenth Annual Session. Pp. 174. Advance Printing Co.: Cincinnati. 1881.

The meeting of this prosperous Society was held at Toledo, in May, 1881. The secretary, Dr. Beebe, has presented his colleagues with a very neat and interesting volume. Reports were presented from the bureaus of materia medica, physiology and pathology, obstetrics, gynæcology, otology, etc., insanity, surgery, clinical medicine, and sanitary science. We wish the Society every success.

In "A Journal of Travels in Europe, during the Summer of 1881," Dr. C. Pearson gives a very readable little narrative, clearly showing that he was neither *halt*, *lame* nor *blind* while away!

NEW BOOKS.

The following works are promised by DUNCAN BROTHERS, Chicago:

TEXT BOOK of MATERIA MEDICA. By *A. C. Couperthwaite, Ph D., M. D.*, Professor of Materia Medica, etc., Iowa University, Homœopathic Department. A second edition of this popular work is being revised and enlarged, and will soon be ready.

THE HEART and ITS DISEASES, and their HOMŒOPATHIC TREATMENT. By *W. P. Armstrong, M. D.*, formerly Lecturer on Diseases of the Heart, etc., etc.

DISEASES of the URINARY ORGANS. By *Chas. Adams, A. M., M. D.*, Professor of Surgery, Chicago Homœopathic College.

THE UNITED STATES HOMŒOPATHIC PHARMACOPŒA. A second edition of this work is fast approaching completion.

ANGELL ON DISEASES of the EYE. Sixth edition is promised by Boericke & Tafel.

THE AMERICAN INSTITUTE.

The next session (June 13th, 1882) of the American Institute, will be held at Indianapolis, Ind. O. S. Runnels, M. D., is Chairman of the Local Committee of Arrangements. Change of place is made by order of the Executive Committee, as it was found to be inexpedient to meet in Richmond, Va.

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

“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 HERRING.

Vol. II.

FEBRUARY, 1882.

No. 2.

EDITORIAL.

WHY WE FAIL. In a recent number of the *New York Medical Times*, we read the following:

“Be it at once admitted that our temptations to laxity in these particular studies [Anatomy, Physiology and Chemistry], are actually inherent in much of Hahnemann’s teaching. He entertained a just contempt for the ‘Science’ of his day, but in ignoring it he kicked aside the very ladder by which he had risen into eminence. He overlooked the prime secret of his own strength—his multifarious knowledge, and in his victories he ignored his adjuvants. He taught that we may know disease only by its symptoms, and his *dictum* spawned ‘symptom-coverers’ who have essayed to take the places of the ‘Old Guard.’ We often hear it said to-day that modern homœopaths do not realize such ‘cure-work’ as did the pioneers. Why is this? We have the same *materia medica* in even more available shape, and, happily, with many a tare which vexed them uprooted for us, and yet we fall behind them in actual puissance! We are as ambitious as they; as industrious; we have even the stimulus of their example, and yet we are obliged to acknowledge—‘there were giants in those days!’

“Is their ability anything other than this—that they crowned the fullness of medical knowledge with the divine secret of the *similars*?”

In pointing out the erroneous impression conveyed in these lines, we have no desire to enter into any controversy with their ingenious (though scarcely always ingenuous) author. His ability to handle any side of any question has often excited our liveliest admiration,

and we have felt *proud* to think our school possessed such a *champion*. Indeed, his advocacy of Homœopathy, to quote his own words, only

“gives me indomitable courage, for if Homœopathy were not a staunch ship freighted with a truth which the Omnipotent will not let perish, she never could have carried the barnacles that fatten on her hull.”

But let us not give vent to our *pride* over this gentleman; excessive pride is sinful! Rather let us turn to other and important matter. In the above quotation we would remark especially upon the following:

“We often hear it said that modern homœopaths do not realize such ‘cure-work’ as did the pioneers. Why is this? * * * Is their ability anything other than this, that they crowned the fullness of medical knowledge with the divine secret of the *similars*?”

In the first place, we are somewhat surprised that great learning should be claimed for Hahnemann and his collaborators. We are rather more accustomed to hear them classed as ignoramuses, and such like. Indeed, we have even heard it said they knew nothing of medical science, and were only fit to compare symptoms, wherefore they were mockingly called “symptom-coverers,” as a term of opprobrium. In view of these facts, it may well be imagined that this new explanation of their successes strikes us as peculiar. The truth is, the successes of these “giants” were so grand, so astonishing, that they could not be hid, still less could they be denied, hence they must be explained away and laid to anything rather than the true source—*symptom-covering*.

The impression desired to be made by the writer of this quotation (at least as we read it), is that modern homœopaths fail to emulate the successes of the “pioneers,” because they are not so skilled in medical lore as were their sires in science. This we believe to be the minor reason for lack of “cure-work.” We acknowledge that they, who “crown the fullness of medical knowledge with the divine secret of the *similars*,” will be the best of healers—*provided* they use such knowledge properly. This proviso is most important; since, however helpful any branch may be in its proper place, it can only do harm if strained to improper functions. So too we all acknowledge that the homœopathic physician should be thoroughly educated in medicine and its allied sciences; he can never be too well educated; but let him beware how he uses this knowledge, if he desire success.

Such knowledge must be used as the law of the similars directs; not as something extraneous and foreign to that law. Moreover, it must be borne in mind that the theories of physiology, pathology, etc., are mere human interpretations of things seen, and have not the certainty and infallibility of Nature's law. Knowledge is only dangerous when it may be classed as "too little." The present state of knowledge of these branches certainly cannot be called other than "too little." Notwithstanding the uncertainty which attends physiological and pathological knowledge, at present, it cannot be fairly claimed that modern homœopaths fail *only* because they are less learned in anatomy, chemistry and physiology than were their predecessors. Says our writer: "He (Hahnemann), entertained a just contempt for the 'Science' of his day, but in ignoring it, he kicked aside the very ladder by which he had risen into eminence." One might well ask, how could a science which was justly deserving of contempt help any one to perform wonderful cure-work? So by his very words, we see it was not science, as *he* terms science, which enabled these men to do such grand cure-work, and to revolutionize a medical world.

The pioneer homœopaths—Hahnemann, Bönninghausen, etc.—were successful because they practiced Homœopathy; we of to-day fail because we do *not* practice Homœopathy. The pioneer homœopaths were successful because they were thorough symptom-coverers; we of to-day fail because we are *not* thorough symptom-coverers. Let any one who will, compare a case reported by a "pioneer" with one reported by a modern homœopath; the cause of the wonderful success of the one, and the reason for the stupid failure of the other will then be apparent to the most obtuse. "Fullness of medical knowledge" coupled with a rare sagacity taught these early pioneers of Homœopathy, to discriminate between law and guess, between fact and theory, between the useful and the useless. Hence these men, who our friend fitly acknowledges "were giants in those days," became *symptom-coverers*. And in later days, a Hering and a Dunham, though crowned with "the fullness of medical knowledge," were proud to be classed among the *symptom-coverers*.

Said Dr. Dunham:

"Those of our School who insist upon pathology as a *basis* of therapeutics, who look upon the single objective symptom and its nearest organic origin as the subject for treatment, and who deride the notion of prescribing upon the totality of the symptoms, and claim to be more than mere symptom-coverers,

in that they discover and aim to remove the *cause* of the disease—these colleagues are as false in their pathology, according to the highest old school authorities, as they are faithless to the doctrines, and impotent as to the successes, of the founder of the homœopathic school.”*

Dr. Dunham here tells us why we fail to “realize such ‘cure work’ as did the pioneers.” Let us repeat his words: “Those * * * who claim to be more than mere symptom-coverers, in that they discover and aim to remove the *cause* of the disease—these colleagues are as false in their pathology, * * * as they are faithless to the doctrines, and impotent as to the successes of the founder of the homœopathic school.” Failure to cure is not charged, by Dr. Dunham, to ignorance of chemistry or anatomy or physiology, but he declares that those “who deride the notion of prescribing upon the totality of the symptoms, and claim to be more than mere symptom-coverers” are “impotent as to the successes of the founder [and of course, also of those of his colleagues of the ‘Old-Guard’] of the homœopathic school.” Did not Dr. Dunham know the proper value of these branches of medicine? Was he a symptom-coverer from ignorance or from conviction? Were the symptom-coverers Hering and Dunham failures as to healing the sick or were they successful? If successful, did they claim their successes were due to their knowledge of chemistry, physiology, pathology, etc., or to their symptom-covering style of prescribing? The answers to these questions are self-evident, to all who knew these gentlemen.

While “fullness of medical knowledge” led such men as Hering and Dunham to acknowledge symptom-covering as the only true method of homœopathic prescribing, a lack of such medical learning does not prevent one from attaining great success in healing. Homœopathy presents a notable instance of this in the person of the late Dr. Von Bœnninghausen, “the peerless prescriber of Munster,” whose practical successes have never been excelled. The secret of Bœnninghausen’s success was his laborious and minute examination of his cases and his thorough knowledge of the *materia medica*. To illustrate this clearly, we quote the following case from the preface to his “Therapeutic Pocket-Book”:

“E. N., of L., a gentleman about 50 years of age, of a healthy, almost too, florid complexion, generally of a cheerful temper, during severer attacks, however, inclined to break out into fits of passion, with a decided nervous ir-

* See *Homœopathy, The Science of Therapeutics*, p. 114.

ritability, having been allopathically cured of a rheumatic pain, as it was called, in the right eyehole by external remedies, which, however, could not be ascertained, suffered for the last months from a peculiar kind of violent pain on the lower part of the right thigh, comprising all the muscles of the back part of it, viz. from the calf down to the heel, with the exception of the joints of the knee and ankle. The pain itself he describes as a very acute, crampy, jerking, tearing one, often interrupted by stitches, proceeding from the inner part: in the morning, however, the pain upon the whole is much less, but rooting, and the patient feels as if beaten all over. It increases towards evening and in a quiet state—particularly after motion, in sitting and standing, and particularly doing so during a walk in the open air. During the walk itself the pain often flies from the right calf to the upper part of the left arm and is again most insupportable, if the patient puts his hand into his pocket or bosom and keeps the arm quiet: by moving the arm the pain is lessened and often quickly returns to the right calf. He finds the greatest relief in moving up and down in the room and rubbing the affected part. The concomitant complaints consist in sleeplessness before midnight, often repeated attacks of a quickly over-running heat with thirst in the evening, without a preceding shivering, a disagreeable, greasy taste in the mouth, with nausea in the throat and an almost continual, pressing pain in the lower part of the chest and the pit of the heart, as if something were forcing its way through.

“No homœopathic physician, who is familiar with the effects of his remedies, having so complete and so accurate a picture of the disease before him, will long be in doubt as to the most suitable remedy in this case, as all those signs together answer only to one of them homœopathically; the beginner on the contrary will be obliged to look for almost every single symptom and will only after a long investigation find the right one amongst the concurring medicines. Between these two extremes of knowing and not knowing there are numerous degrees of half-knowledge, which require a more or less frequent consultation of the Manual.

“One, for instance, knows, that those pains, which fly from one part to another, being worse towards evening and in repose, the greasy taste in the mouth, sleeplessness before midnight and some other of the symptoms, which have been mentioned, are pre-eminently the effect of *Pulsatilla*: he is, however, not sure, whether also the rest of the symptoms belong to it, and wishing to act conscientiously, he will not mind the trouble of comparing the same, when he will soon find that *Pulsatilla* cannot be the right homœopathic remedy, as many of the symptoms, besides those of the mind, are not similar to *Pulsatilla*, nay even are directly opposed to it.

“Another has studied more the peculiarities of pains and clearly recollects that the principal effects of *China* are laming, crampy, tearing pains, as if from being beaten, stitches, coming from interior towards exterior parts, as well as pains, flying from one part to another: he believes, moreover, that other symptoms, as sleeplessness before midnight, aggravation in quiet amelioration through moving and rubbing, flying heat with thirst, are also

caused by *China*: but with regard to the other symptoms he is not sure and he is therefore obliged to consult a repertory, when he will soon, like the first, meet with contradictions, proving to him, that in the present case *China* is not the fit remedy.

“Now, neither of them will think of making a trial and of giving the patient a remedy, the effect of which, as in this case, is so uncertain; but as conscientious homœopathic physicians they will consider and compare (and with the assistance of this Pocket-Book they will soon find), without a great deal of trouble, the only fit and truly homœopathic remedy.

“But suppose, there was a third, who understood enough of Homœopathy, to know at once that *Pulsatilla*, *China* and other concurring remedies are not the right medicines, but who does not sufficiently know *Valeriana*, which corresponds to the principal symptoms, and therefore is doubtful as to the fitness of this less often used remedy: he will only have to look for some dubious symptoms to convince himself that this must be the best amongst all known medicines, which was proved by the result; as after a single, highly diluted, very small dose, dissolved in water, the principal complaint with all the concomitant ones was within three days completely removed.”

To further illustrate the minuteness of Bœnninghausen’s analysis of symptoms, let us note the many divisions he makes of influence of motion upon patients’ symptoms. Under various headings, given in his “Therapeutic Pocket-Book,” there are no less than fifty-five different conditions of motion, etc., from which aggravations ensue. This, it will be remembered, is only one modality; others are analyzed equally as thoroughly. Contrast this careful and thorough manner of analyzing symptoms with the careless and hasty methods in vogue at present, and one will no longer wonder that we “do not realize such ‘cure-work’ as did the pioneers.” Were we of to-day to collect the symptoms of our patients as thoroughly, to analyze them as carefully, to make the materia medica our chief study, as did Bœnninghausen and others of the “pioneers,” we would soon realize their wonderful “cure-work.” Symptom-covering was their simple but laborious method. Being both simple and laborious, it has not been extensively copied.

MISREPRESENTATION.

Editor of THE HOMŒOPATHIC PHYSICIAN:

DEAR SIR: Permit me to draw the attention of the readers of your journal, and also of the profession in general, to a new *modus operandi* of stamping out the Hahnemannian School of the healing

art, called Homœopathy; and to the way the open enemies of that school began this work by the wilful misrepresentation of the utterances of men belonging to it.

I quote from the *British Journal of Homœopathy*, October 1st, 1881, page 348: "*Drs. Chargé and Pompili represent the pure 'Hahnemannian' School, and seem to think that almost any drug may cure intermittents. The former gives indications for seventy medicines. The latter adds Zingiber to the list, but omits Cinchona and its alkaloid altogether! Both, however, beat a most undignified retreat from their position in the face of pernicious intermittents, and admit that Quinine must be given for them if the patients' lives are to be saved. The excuses they make for this inconsistency are utterly illogical; but we are glad that common sense is too much for their consistency.*"

What did Dr. Pompili say?

We find in the Transactions of the "World's Homœopathic Convention" of 1876, page 439, a paper by G. Pompili, M. D., Rome, Italy, on the "Roman Fever." He dwells first on the decided quinine mania of which nearly the whole allopathic body in Italy is suffering; he gives a frightful picture of the sufferings inflicted on credulous patients by their enormous doses of *Sulphate of Quinine*. He further says: "Young beginners in their apprenticeship to Homœopathy, whose words some indolent and doubting homœopaths echo, may ask: 'But in cases of pernicious intermittents, in which one paroxysm not controlled in time may be followed by another which may prove fatal, shall we renounce the *Sulphate of Quinine* and search for a homœopathic remedy whose success, when selected, may be uncertain?' We respond at once that, here in Rome, some pernicious intermittents occur, as already observed, though their number and frequency are greatly exaggerated. This is convenient for the doctors of the Old School, because it relieves them from thought and authorizes them to prescribe strong doses of *Sulphate of Quinine*. Besides, to what other remedy could they betake themselves in their incredulity and blindness? This good fortune of sparing brains and fatigue is naturally envied by the indolent, faithless homœopaths above mentioned. Just as we might agree to a badly selected remedy which does not correspond to the symptoms, so we may agree, in the gravest cases only, to have recourse to a remedy, which, however injurious, may sometimes avert a danger. Let us come to an understanding, then, viz., that the blame of this proceeding is not

to be laid to Homœopathy, but it is to be considered only a '*testimonium paupertatis*,' as Bœnninghausen said."

Comments.—Did Dr. Pompili, as the *British Journal of Homœopathy* charges, beat a most undignified retreat from his position in the face of pernicious intermittents, and admit that *Quinine* must be given for them if the patients' lives are to be saved? Dr. Pompili did not, could not, beat such a retreat. Did he not make such proceedings conditional? Just as he might or would agree to a badly selected remedy which does not correspond to the symptoms, so would he agree to a remedy *Quinine*, in the gravest cases only, a remedy which *may* sometimes avert a danger. Here is the final and real question: would Dr. Pompili agree to a badly selected remedy which does not correspond to the symptoms? Not likely, we are sure he *never* would, because he does *not* belong to that class of indolent, faithless homœopaths he has so well described in his paper. Nor does he say that he, individually, ever was compelled to submit to such a humiliation; but he protests against the charge which has been brought against Homœopathy on account of this very objectionable practice of giving *Quinine* to save brains and labor. He designates it a *testimonium paupertatis*, which testimony should be granted all these indolent and faithless homœopaths who are too ignorant and too indolent to select a remedy which does correspond to the symptoms of the patient, independently of whether he suffers from a grave case of intermittent or from scarlet fever, diphtheria, or small-pox. Brains and fatigue must be spared, that is the whole upshot of the excuses offered by pretending homœopaths who fully deserve a "*testimonium paupertatis*."

The author of the above quoted paper winds up his tirade by saying—"The excuses they make [should be he makes] for this inconsistency are utterly illogical; but we are glad that common sense is too much for their consistency."

Dr. Pompili is credited as representing the pure Hahnemannian school. Hahnemann did found a school of the healing art and named it Homœopathy—now under strict logic that school is either all right or it is all wrong: the experiment was the only possible test, and Drs. Pompili and Chargé have consistently declared their adherence to that school. The learned writer has now informed us that common sense is far superior to consistency! What a new discovery by a set of men who have spoken before of Hahnemann's imbecility: common sense dictates to them the superior logic of be-

coming inconsistent followers of the founder of Homœopathy ; and here they exhibit before the medical profession in particular, and to the world in general, a true picture of their own imbecile inconsistency and obviously show their motives for so cruelly attacking Dr. Pompili ; he is a homœopath by conviction, and that after he had honestly and intelligently made the experiment. Thereby he showed himself possessed of common sense and could not be otherwise than consistent. It is contrary to common sense, and proves inconsistency, to treat intermittents with massive doses of *quinine*. To convict Dr. Pompili of this offense and of having abandoned the principles governing Homœopathy is the great desire of a set of inconsistent men who sail under false colors that they may with impunity administer *Quinine* in massive doses, save brains and fatigue, and charge Dr. Pompili and the other true homœopaths with having endorsed their pernicious practice. Will Dr. Pompili and the large number of consistent homœopaths endorse this decided quinine-mania exhibited of late years unreservedly by professing homœopaths? Not at all. Dr. Pompili and all men belonging to the pure homœopathic school will continue to show by their practice that intermittent fevers as well as all other curable diseases are readily, promptly and mildly cured by Homœopathy under its immutable tenets ; and if the pure Hahnemannians are now as capable of proving the superiority of Homœopathy over all other methods of cure as was the founder of our healing art and the early pioneers, it follows logically that these doubting and indolent men are not deserving the honorable name of homœopaths. If, by their various inconsistencies, by their increasing departures from Hahnemann's methods, they are able to found a superior school of the healing art, let them show us the proofs of their new discoveries by their superior successes. If they can do so let them drop the name of that other school under which such superior successes can not be obtained. Misrepresenting consistent men, which has become, now-a-days, a mania and prevails like an epidemic, is a poor policy ; it exhibits the great weakness of a bad cause ; it will not injure or hurt the consistent men who serve as a target, nor will it serve as an intimidation. Homœopathy will progress surely and will in the future, as it has in the past, not only live, but thrive on the slanders of the old school and of misled, indolent and doubting homœopaths. Yours truly,

AD. LIPPE.

Philadelphia, December 20th, 1881.

SPECIFIC PRESCRIBING AS AGAINST PATHOLOGICAL PRESCRIBING.

P. P. WELLS, M. D., BROOKLYN, N. Y..

Truth, in all its manifestations, is simple. It is without combination or complexity. It needs no accessories or associates to aid in accomplishing the object for which it was ordained. In itself it is equal to the complete performance of all functions which Supreme Wisdom has imposed upon it. The thought that it needs aught of aid from whatever of outside fact or influence for gaining its true end, can only come from the ignorance or impudence inhering in the folly of beings who are only finite. It is the act of such to reject truth, because of its simplicity, or to attempt to add to it something of their own, imagining thereby to secure a greater power, and therefore a greater success in attaining truth's natural objective. So they commit the great mistake of undervaluing the power of natural simplicity, while at the same time they fall into the greater of overestimating their own ability to add to the efficiency of divine enactments by contributions from their own short-sighted vanity, or presumption. They say this is so simple that it must require something more.

This has been well and abundantly illustrated in the rejection the truth of Nature's law of healing has received from those who insist that more than a discovery of a simillimum of the facts of the case, perceptible to patient and physician, is necessary to the best cure. The law requires similarity of symptoms of disease and drug, nothing more. This is not enough for these people and they will have more. For this, they contend, brings the physician down to a mere "symptom coverer," and this term has been by them cast as a reproach on those who healed by a compliance with Nature's law of healing. Why was this? Because those who were thus derided, did not cure, and cure well? Not so, but because in so complying with law, they left out of the account some notions of these objectors.

Homœopathic prescribing is at all times, in all cases, specific prescribing. That is, finding and giving to the case in hand, the one remedy, in the record of the materia medica, which has been found to have produced on the healthy organism symptoms most like those of the case under treatment. This remedy is found, after examining

the case and drawing out all its symptoms, and carefully considering the character and relations of each, by examination and comparison of these with the printed record of the *materia medica* and in *no other way*. This is the one characteristic peculiarity of homœopathic prescribing as taught by Hahnemann, and which has given to his system of practical medicine a success and reputation which have carried it over the civilized world. It is just this, in its simplicity, which has wrought the great cures which have marked the history of Homœopathy from the beginning. Mixing other notions with this, from whatever source or motive, has been only a damage to practical successes.

“But,” says the objector, perhaps a partial homœopathist, “there is in this proceeding no place given to the science of pathology.” This is true, but what then? Its absence has not prevented the cure of the sick in the most speedy and sure manner. This is certainly the one great objective of specific prescribing. This greater certainty and celerity is a proof that this valuable science (and it is valuable—it is no part of our intent to underestimate it), is not needed just here, and to insert it where it is not wanted, and more than this, where it does not belong, may prove disastrous. Specific prescribing is the practical use of the science of therapeutics. In this, the science of pathology makes no essential, integral part. To thrust it in where it does not belong, in prescribing under our law, is, so far as this has the power, to push back our practice on the old allopathic ground, from the darkness and uncertainty of which we had fondly hoped we had happily escaped. We object to being so put back, and the more, as it is a fact that, just in proportion as this putting back is successful, the ratio of successful curing is diminished. There should be no mistake here. We do not object to the science of pathology, but only to the attempt to impose on it functions which do not belong to it, and which it can in no wise beneficially perform. And in this objection we have reference solely to prescribing under the guidance of our law, and because the law does not include this science among the elements necessary to the right discharge of practical duties under its guidance.

General pathology, like its kin science, pathological anatomy, has its true place among the sciences the enlightened prescriber is expected to know—indeed, with which he is or ought to be quite familiar. And like this kin science, it has its place chiefly in practical diagnosis and prognosis. For example, in painful affections of

abdominal organs, by the guidance of the symptoms, and by these alone, the intelligent prescriber decides his case to be inflammatory or neuralgic in its nature, or it may be the result of a strangulated hernia. Thus far pathology may go with the prescriber, and there it stops. It has no word of guidance to the selection of the specific curative for the case. If it be hernia, pathology may suggest the *knife*. A mechanical and dangerous resort. It has no word of any agent which may relieve the sufferer from his pain and danger by a silent force, without bringing into the case any new element of pain or danger. It has no word of suggestion of *Opium* or *Nux vomica*, either of which may and often have superseded the old-time resort of the knife. The same point is illustrated by cases of intestinal intussusception. The pathology of these may be clearly declared by the symptoms of the case, but it has no voice, therefore, to speak of a specific curative for the disease. The most that pathology can ever do for the prescriber, is illustrated by pleurisy. It is a true inflammation, or only a pseudo-imitation of this! This question decided, pathology may suggest two classes of remedies from one of which the specific is to be sought. Thus far it may go and no farther. It has no word of suggestion as to the one remedy.

If this be so, then why the great cry which has recently been revived with so much earnestness, and notably in the late London Convention, of "no pathology"? The reply is found, we believe, in many instances, in the principle with which we opened this paper. The simplicity of the truth, in the matter of prescribing under our law, is so great that some minds are so constituted they will have something more in addition to it. And then this pseudo-pathology (an imaginary internal condition) of the old school was so conveniently at their hand, that their imaginary want was most easily met by seizing on it, and so they rush out and cry aloud their great supposed discovery, and look down on all who are not ready to join their cry, and glorify their pseudo-science by incorporating it into their practical prescribing, though here, indeed, it may well be known it has no place.

Then there is another reason for rejecting our simple truth. It is so grateful to human vanity to find itself looking down on its neighbors, even though it be only from an imaginary height, that the indulgence in the sweetness of it is readily seized on and not easily given up. This addition of an element, so well sounding as this of this pseudo-science, to one's attempts at homœopathic prescribing,

puts one at once, in the minds of those who so indulge themselves, on a higher plane than that occupied by their neighbors, who are content with simple truth, and they claim this to be a "scientific addition," and so, why not look down? It is not to be supposed they can help it. Why should they try, indeed, when they have so full a consciousness of having made so important an addition to the work of the master, who had so stamped the thoughts and impress of his genius on the mind of his generation as to effect great and lasting changes in the philosophy and practice of it and of that of all future ages, and so to fix immortality to his name and memory—to add to the works of such a man aught of value, may well feed the vanity of even a good man. The only difficulty here is, the addition is without value to the practical prescriber, and instead of being an improvement of the master's work, is only a blenish.*

If this addition to the master's work, for the sake of the "scientific," were added truth, the case would be different. But it is so often and so largely a creature of the imagination, that it appears there can be no good reason for continued efforts to incorporate this obscuring factor into those needful for finding the simillimum for the sick. It is not helpful in this duty, beyond suggesting a class of remedies from which this is to be selected. The best minds of our school have not made other use of this so-called science, so large a part of which they have clearly seen to be only pseudo-science. So far as it is a necessary part of the factors with which the physician must deal, its usefulness, as we have said, is almost limited to the duties of diagnosis and prognosis. These duties are certainly not unimportant, and in them pathology, true pathology, has a leading part; and for these duties a knowledge of true pathology is indispensable. To pass it beyond this into therapeutics, with which it has so small concern, is, to say the least, a very first-class blunder.

It is worthy of remark that when Hahnemann made his historical prescription for the European typhus which followed the Russian campaign of the first Napoleon, he had no aid from any supposed internal condition, which passed for pathology, but was guided

* The case of the late President, in the hands of those who were regarded as distinguished pathologists, will illustrate the character of very much of what the advocates of this pseudo-science would impose on our homœopathic prescribing, as an addition, it is claimed, from additional knowledge. In the case of the President, it was always guessing, and always guessing wrong. So it is ever.

solely by a knowledge of the symptoms of the disease. The same was true of the Asiatic cholera, when he so truthfully declared its curatives and prophylactics. It has been said he had "no pathology." If this were true, and it is more than likely he had none of the sort now so vaunted, these astonishing successes show he had no need of it, and if he had had it and had made use of it, it is not quite obvious how it could have made his successes greater. In view of these, it is a little singular that those who decry his intelligence, because of his lack of their kind of pathology, do not from these successes learn the little worth there is in it as a contribution to the science of therapeutics. They, certainly, if they would avoid the contempt of all intelligent minds, are not likely to claim greater triumphs in healing, with the aid, whatever it may be, of their imaginary internal condition, than those of the master, without such aid. What is true of Hahnemann in these cases, was and is equally so of that bright constellation of prescribers who were cotemporary with him, and from him drew the light and inspiration which illuminated and governed their practical lives; of this number were Stapf, Gross, Mühlenbein, Bønninghausen, and others. Do those who claim a superiority of knowledge and practice over these heroes of our school, because of their incorporation of a pseudo pathology into their practice, claim to show, therefore, a better practical record than these? Is it not true of most of those who are loudest in their boasts of their pathology, that these have given us no practical record of their own at all. In the absence of this, and in view of the splendor of that of these heroes of a former time, it may not be untimely to suggest that a becoming modesty on their part will not be regarded as unseemly.

We have given for a title to this paper—"Specific Prescribing as against Pathological Prescribing." One reason for this is that these two methods are in their nature opposed to each other. The first, the specific, deals only with factors which are known and known to be true. It has no concern with the unknown, or with factors which, at best, are only the offspring of conjecture. The facts of the disease, as present to the consciousness of the patient, or the perception of the physician—these are the elements with which it has to do. These are gathered by the prescriber, with all their relations and modalities, and when within his grasp they constitute one side of the equation, which when wrought out gives to him the specific which is the object of his search. It will be seen that these elements are all within the

range of the knowable, while the other side is made up of the records of the *materia medica*, which is a record of facts known. By a comparison of these known quantities, the unknown quantity, *i. e.* the specific, is found. This constitutes specific or homœopathic prescribing. This and nothing else. Its one characteristic is, it deals only with the known.

On the other hand, pathological prescribing deals largely with elements which in whole or in part are objects of conjecture, and therefore are always subject to uncertainty, more or less. The prescriber gathers his facts with more or less completeness, and from these predicates an internal condition, as it may please his fancy to conjecture, and then if he professes any responsibility to the homœopathic law, goes a step further on the same plane of conjecture, to find in the record of the *materia medica* a medicine which he imagines to have produced in the organism a *condition* similar to that imagined in his patient. This when found and given constitutes the pathological prescribing with which we are at present concerned, and which many affect to dignify with the term "*scientific.*" As science is supposed to be made up of that which is *known*, and this method of prescribing so largely of pure *conjecture*, it is not easy to see just where the science of it comes in, or on what it can found any claim to that expressed by this honorable adjective. If either of the two methods we have described can be characterized by it, it is certainly that which deals with the known, and not that which proceeds so largely on conjecture. For it should be borne in mind, that that *supposed* internal condition which is the peculiar foundation of pathological prescribing, is an unknown and an unknowable quantity during the life of the subject of this conjecture. Omniscience only knows or can know this *exactly*, while the patient lives. The doctor knows it only after the death and dissection of the body of his patient, and then only in part. He only then knows the changes of tissue resulting from the diseased action, and nothing at all of that conjectured condition with which his imagination had been so busy. The action of the invisible laws which make up the diseased state are no more visible in death than in life. Even dissection may fail to show this pseudo-pathologist whether he has rightly guessed or blundered. Omniscience only can ever have *exact* knowledge of the internal condition of the living. The prescriber who pretends to this is either self-deceived or an impostor. Let it be remembered that it is *exact* knowledge which should ever

be the objective of the physician's endeavor, and that this is that with which specific prescribing alone concerns itself.

So it will be seen, these two methods of prescribing are the exact opposites of each other. The one dealing exclusively with that which is known, the other so largely with that which is and must be forever unknown to man. It will also be seen how great is the folly of those who would incorporate this pseudo-pathological prescribing into specific prescribing. What can be the benefit of bringing the unknown, or attempting to bring it to the aid of the known. As well attempt to mix ignorance and knowledge, or light and darkness. The two are as alien in spirit as they are different in their methods.*

SCIENTIFIC PRACTICE.

A noted allopathist has said: "Homœopathy has no success in comparison with the *cautious, scientific practice of to-day!*" We quote a sample of this cautious, scientific practice, and italicize some of its especially *scientific* features. One can scarcely believe that the author was not joking, or insane. The disease was "Trichinosis":

"The treatment I adopted was to meet symptoms, for unfortunately this is one of the diseases whose cause we know, but as yet cannot influence without placing the life of the patient in jeopardy.

"Niemeyer says that benzine has not been given a fair trial, and believes it is efficient, but I could not get any here to try. First of all, I gave calomel to expel what parasites might have remained in the intestinal canal. I administered carbolic acid freely, simply for its antiseptic properties, or, *it may be, because I had a large quantity of it.* On the *same principle* I used salicylic acid. Quinine was given as an antipyretic and antiperiodic (the locality being malarious), and preparations of iron for those who were convalescing. I also gave iodide of potassium, *out of mere curiosity,* and used stimulants but very little, only when indicated by feebleness of the first sound of the heart."

* The Chinese have a proverb by which they express their sense of the absurdity of an attempt to mix incompatibles, which seems pertinent to efforts to insert this pseudo pathology into homœopathic therapeutics. They say: "You cannot make a partnership between a tailor and a tinker." These have nothing in common: neither have these two antagonistic methods of practice.

HOW TO USE HIGH POTENCIES.

In order to use these potencies successfully, the following conditions must be fulfilled :

1. Every case of disease must be investigated according to its most particular symptoms, and the greatest precision and circumspection must be used in the selection of the homœopathic agent. This selection must not be determined by a few general, pathological and pharmacodynamic notions, which are often imaginary, and are but too apt to lead astray, but it must be chosen in strict accordance with Hahnemann's rules.

2. Only one, or at the utmost two, globules of the proper remedy ought to be administered.

3. Await the effect patiently; in chronic diseases, seven, nine, twelve days; never interfere with an improvement, even though slight and just commencing, and progressing but slowly. If after the lapse of that period, no change occurs, then consider this as a proof that the remedy has been improperly selected, and that another ought to be selected. *Every hasty change of remedies inflicts incalculable injury.*

Repetitions are scarcely necessary, except in old diseases of the skin characterized by torpor. In acute cases, a new remedy may be given at the end of two or four hours, provided *no change whatever* takes place.—*Stapf.*

RECENT RESOLUTION BY THE ROYAL COLLEGE OF PHYSICIANS.

The Royal College of Physicians of England has recently adopted the following resolution :

“While the College has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless considers it desirable to express its opinion that the assumption or acceptance, by the members of the profession, of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The College therefore expects that all its fellows, members, and licentiates will uphold these principles by discountenancing those who trade upon such designations.”

If this resolution means anything, it means that a man may believe in Homœopathy and practise it to his heart's content, but he

may not call himself a homœopath; he may believe that there is nothing like cold water, and he may dose his patients with it internally, externally, and eternally, but he must not call himself a hydropath; he may believe electricity to be the most potent healing agent in existence, and may confine his practice to its administration, but he must not call himself an electropath; he may believe that all diseases are more quickly cured by venesection, but he must not call himself a phlebotomist. In other words, he may think as he pleases, practice as he pleases, but he must not assume a party designation.

What could have induced the Royal College to adopt a resolution so contrary to all its precedents for the past thirty years, it is not easy to say. Is this concession to liberty of opinion and practice due to the influence of Ringer, whose writings contain not a little clandestine Homœopathy. Is it due to the influence of Phillips, who for fifteen or twenty years was a professed homœopath, and whose writings clearly indicate his special training in homœopathic therapeutics? These questions we cannot answer. At a distance of three thousand miles it would be difficult—in fact, impossible—to accurately judge of the influences and motives that induced the Royal College to unanimously adopt the foregoing resolution, which, on debate, was supported by Dr. Priestly, Dr. Wilks, Dr. Beale, Dr. Wilson Fox, Sir W. Gull, Sir W. Jenner, and other noted medical men of the British metropolis. Verily “*tempora mutantur,*” etc.

This resolution, guaranteeing liberty of opinion and practice, may be taken as a direct invitation to homœopaths and other dissenters and sectarians to abandon their special designations, and to place themselves in relationship with the College. It remains to be seen whether these gentlemen will accept this invitation—whether they will dare to accept it; whether they will dare to appear before the public simply as physicians relying for success on their individual merit and practical application of what they claim to be superior methods of treatment. The Royal College of Physicians of England has offered the invitation and the challenge; it is yet to be seen whether the sectarians of Great Britain will accept them.—*Med. Record* (Jan. 21, 1882).

[Allopathic “resolutions” concerning Homœopathy are about as frequent and as impotent as the New Year resolutions of a toper. Yet, we like to see our dear brethren resolve, for it shows that Homœopathy is stirring them up, as pure Homœopathy can always do.]

FATAL ERRORS.

AD. LIPPE, M. D., PHILA.

It is a fatal error to attempt to prove the correctness of erroneous propositions by falsified quotations.

The attention of the profession is called to these auxiliary and supplementary means, false quotations, used to make the erroneous propositions, of some professing homœopathists, appear as if they were sustained by the Master. It is especially wrong to do this when an open question like posology is dragged before the reading public again, and when the point to be proved is not a question of moment at present.

In the *Medical Call*, a homœopathic quarterly, a correspondent, it appears, has insinuated to the editor that he knew a better Homœopathy forty years ago, than is promulgated by that journal at present. The editor calls him a forty-year-fossil (122nd p. 4th No. of the first volume of said journal). "In approval of the practice of those careful, conscientious physicians, who prefer generally the low potencies" (who ever denied any one the right and freedom to use them?), the editor refers to Hahnemann's *Materia Medica Pura*, edited (should read *mal-translated*) by Charles Julius Hempel, M. D., and referring to the preface to *Cannabis*, they make Hahnemann say: "For a long while I have used a small portion of a drop of the *undiluted tincture* at a dose." What did Samuel Hahnemann really and truly say? It is this: "For a long time I used the *smallest* part of a drop of the undiluted alcoholic tincture of the juice of *Cannabis sativus*; but the higher and till now the highest dilution and potency, the thirtieth, develops the medicinal virtues of this plant in a much higher degree." The first part of this sentence would have fully shown that the conscientious gentlemen who prefer the lower potencies are sustained by Hahnemann's own practice, but unfortunately for the editor and fortunately for that fossil, Hahnemann declares that the 30th potency of this plant *develops*, note it well, *develops* the medicinal virtues of this plant in a much higher degree. The *Medical Call*, after committing this fatal error, says, we hereby declare "a firm conviction, that the potency is, and ought to be, a matter of individual, personal judgment." We fully agree with the learned editor, *provided*, the individual, personal judgment

is the result, not of mere theory, hypothesis, or speculation, but of honest, painstaking experiment; such an experiment as induced Hahnemann to give the world the results of his experiments in the last part of the above quoted sentence.

An equally objectionable *fatal error* is an attempt to cover up new departures by the falsification of history. We have had occasion recently to point out the only possible *motive* which could have induced the compiler of the "Historical Volume of the World's Homœopathic Convention," held at Philadelphia in 1876, published in 1881. This was to put on record (see page 801) as a homœopathic institution, the late "Penn Medical University" (an eclectic school). Inexcusable as this bold attempt was to foist eclectic schools on homœopathic institutions, the entirely incompetent compiler seems utterly ignorant of a history already fully dealt with by the late Dr. Carroll Dunham. In the address before the "World's Homœopathic Convention of 1876," Dr. Carroll Dunham said "*We have seven Colleges, exclusively homœopathic, enjoying equal privileges with any other medical colleges in this country; and two State universities*" etc. By what possible legerdemain then can an eighth institution, *not exclusively homœopathic*, be put on record as a homœopathic institution? Does the "Historian" propose to prove that the late Carroll Dunham was in error? or does the "Historian" propose to correct the statement made by Dr. Dunham in his address? Really the times seem to be out of joint.

It is a fatal error to believe that there ever existed, or could exist, or will hereafter exist, specific remedies for specific diseases. There is a hunt for them kept up by all sorts of brainless physicians, by quacks and by professing homœopathists sporting the pathological livery. In the *Medical Advance*, October, 1881, is to be found a very interesting and amusing paper, entitled "How Much of this is Fraud?" by Dr. T. Mills Fowler, Dubuque, Iowa. It appears that an Englishman sold to professing homœopaths a specific for rheumatism with the sole right to use it in the county in which the purchaser resided. The Englishman exhibited a long list of purchasers from among the ranks of homœopathic practitioners and was only found out when he offered his nostrum to two homœopaths in the same town; having sold it to one, he attempted to sell it again and was found out. Precious representatives of the homœopathic school of medicine. Followers of Hahnemann purchasing a specific for rheumatism!!! Comment is unnecessary.

PROVING OF SYPHILINUM.

E. W. BERRIDGE, M. D., LONDON.

In my paper on "The Scientific Use of the Nosodes," I endeavored to demonstrate, both by logical argument and by practical experience, that to give a nosode, indiscriminately in *all* cases of the corresponding disease, was unscientific in theory and unsatisfactory in practice; adducing as a reason the fact that diseases were so frequently complicated, and that the nosode would fail to *cure*, unless it corresponded to the totality of the symptoms, according to the law of *similars*. As a necessary deduction from this argument, it follows that we must obtain an accurate and thoroughly reliable pathogenesis of the nosodes, which may be supplemented and aided by careful clinical experience, before we can prescribe them strictly according to the totality of the symptoms; and without this our success, though at times it may be great, will always be uncertain.

As a preparatory contribution to the particular forms of syphilis, in which *Syphilinum* is indicated, I copy the following proving from Dr. Swan's pathogenesis thereof, a copy of which lies before me :

"A gentleman, about 60 years of age, who had no sexual desire or power for several years, had taken *Syphilinum* 200 without obtaining any symptoms therefrom. He now commenced with the 50 M (Swan), taking a pellet (No. 30) every hour, as near as possible, until he had finished the contents of a No. 1548 vial, such as Dr. Swan uses for his potencies. The proving was commenced about the last of October or first of November. Having finished the contents of the vial, and noting no symptom, he forgot all about it, till about January 2d, when he found an ulcer, the size of a split pea, on the prepuce above the corona glandis; the edges were red and raised, while the bottom was covered with a lardaceous deposit; there was no pain or sensation in it; the glans looked purple, and on the left side it was covered with an exudation. It was examined by a skillful surgeon of New York, who pronounced it to be a chancre, and the exudation on the glans decidedly diphtheritic. The prover, wishing to get rid of such a disagreeable symptom, took a dose of MM, and by January 7th, the whole lesion had nearly disappeared."

The diphtheritic exudation on the glans is remarkable, and shows a relationship with *Lac Caninum*, which has not only cured certain cases of syphilis, when indicated by the symptoms, but also produced and cured diphtheritic membranes on the fauces. If any physician, with a case of diphtheria, with general aggravation in afternoon, evening or night, and *relief at daybreak*, let him not forget *Syphilinum*.

HOMŒOPATHY IN PUBLIC HOSPITALS.

The recent admission of homœopaths to the Chicago City Hospital is a welcome, though tardy acknowledgment of the merits of our system. It is to be hoped that, at no distant day, Homœopathy will gain a position in all our public institutions. But the profession in general, and especially those representing our school in these institutions, must remember that we can only excel our allopathic *brethren* by practicing Homœopathy in its purity. If those who are to represent Homœopathy in the Chicago Hospital fail to practice Homœopathy in its purity they will also fail to excel their rivals in practical results; and will, moreover, furnish their opponents with a grand weapon for use against the school they represent. The allopathic gentlemen do not look with friendly eye upon this admission of the homœopath to their before undisputed domains. They have doubtless read enough of homœopathic literature to know what kind of practice its law demands; and, we may be sure, they will be careful to note any lapse from strict adherence to this law. So that any resort to *morphia*, *quinia*, *cathartics*, etc., etc., will be met with the pertinent inquiry: Why introduce *homœopaths* into our hospitals to practice medicine as we are accustomed to practice it? What answer could homœopathists make to such inquiry? We by no means intend to assert that the gentlemen who have been appointed to the Chicago Hospital are so faithless to their better knowledge as to use these expedients; we merely desire to make plain the responsibility they assume in undertaking to represent Homœopathy in this hospital. The honor of our school and the success of each practitioner alike demand that they practice pure Homœopathy.

PHYSICAL EDUCATION FALLACIES.

1. THE LEADING-STRING FALLACY.—From the moment a child is born, he is treated on the principle that all his instincts are essentially wrong, that Nature must be thwarted and counteracted in every possible way. He is strapped up in a contrivance that he would be glad to exchange for a strait-jacket, kept for hours in a position that prevents him from moving any limb of his body. His first attempts at locomotion are checked; he is put in leading-strings,

he is carefully guarded from the out-door world, from the air that would invigorate his lungs, from the sports that would develop his muscles. Hence, the peevishness, awkwardness, and sickliness of our young aristocrats. Poor people have no time to imitate the absurdities of their wealthy neighbors, and their children profit by what the model nurse would undoubtedly call neglect. Indian babies are still better off. They are fed on bull-beef, and kicked around like young dogs; but they are not swaddled, they are not cradled, and not dosed with paregoric; they crawl around naked, and soon learn to keep out of the way; they are happy, they never cry. If we would treat our youngsters in the same way, only substituting kisses and bread for kicks and beef, they would be as happy as kids in a clover-field, and moreover they would afterward be hardier and stronger. Every week the newspapers tell us about ladies tumbling down-stairs and breaking both arms; boys falling from a fence and fracturing their collar-bones. From what height would a young Comanche have to fall to break such bones—not to mention South-Sea Island children and young monkeys? The bones of an infant are plastic: letting it tumble and roll about would harden the bone tissue; guarding it like a piece of brittle crockery makes its limbs as fragile as glass. Christian mothers reproach themselves with neglecting their duty to their children if they do not constantly interfere with their movements, but they forget that in points of physical education Nature herself is such an excellent teacher that the apparent neglect is really a transfer of the pupil to a more efficient school.

2. THE NOSTRUM FALLACY.—When a child complains of headache, lassitude, or want of appetite, the nurse concludes that he must “take something.” If the complexion of a young lady grows every day paler and pastier, her mother will insist that she must “get something” to purify her blood. If the baby squeals day and night, a doctor is sent for, and is expected to “prescribe something.” What that something should be, the parents would be unable to define, but they have a vague idea that it should come from the drug-store, and that it cannot be good for much unless it is bitter or nauseous. Traced to its principles their theory would be about this: “Sickness and depravity are the normal condition of our nature; salvation can come only through abnormal agencies; and a remedy, in order to be effective, should be as anti-natural as possible.” Perfectly logical from a Scriptural point of view. But Nature persists in following

her own laws. Her physiological laws she announces by means of the instincts which man shares with the humblest of his fellow-creatures, and health is her free gift to all who trust themselves to the guidance of those instincts. Health is not lost by accident, nor can it be repurchased at the drug-store. It is lost by physiological sins, and can be regained only by sinning no more. Disease is Nature's protest against a gross violation of her laws. Suppressing the symptoms of a disease with drugs means to silence that protest instead of removing the cause. We might as well try to extinguish a fire by silencing the fire-bells; the alarm will soon be sounded from another quarter, though the first bells may not ring again till the belfry breaks down in a general conflagration. For the laws of health, though liberal enough to be apparently plastic, are in reality as inexorable as time and gravitation. We can only bully Nature, we can not defy her resentment by a fresh provocation. Drugs may change the form of the disease—i. e., modify the terms of the protest—but the law cannot be baffled by complicating the offense; before the drugged patient can recover, he has to expiate a double sin—the medicine and the original cause of the disease. But shall parents look on and let a sick child ask in vain for help? By no means. Something is certainly wrong, and has to be righted. The disease itself is a cry for help. But not for drugs. Instead of "taking something," something ought to be *done*, and oftener something habitually done ought to be *omitted*. If the baby's stomach has been tormented with ten nursings a day, omit six of them; omit tea and coffee from the young lady's *menu*; stop the dyspeptic's meat-rations, and the youngster's grammar-lessons after dinner. But open the bedroom-windows, open the door and let your children take a romp in the garden, or on the street, even on a snow-covered street. Let them spend their Sundays with an uncle who has a good orchard; or, send for a barrel of apples. Send for a carpenter, and let him turn the nursery or the wood-shed into a gymnasium. In case you have nothing but your bedroom and kitchen, there will still be room for a grapple-swing; the Boston Hygienic Institute has patented a kind that can be fastened without visible damage to the ceiling. If the baby won't stop crying, something ought to be done about it. Yes, and as soon as possible: remove the strait-jacket apparatus, swaddling-clothes, petticoat, and all, spread a couple of rugs in a comfortable corner, and give the poor little martyr a chance to move his cramped limbs; let him roll, tumble, and kick to his

heart's content, and complete his happiness by throwing the paregoric-bottle out of the window.

3. THE STIMULANT FALLACY.—Eight hours of healthy sleep are sufficient to restore the energy expended in an ordinary day's work. Extraordinary efforts, emotional excitement, sensual excesses, or malnutrition (either by insufficient food or dyspeptic habits), induce a general lassitude—a warning that the organism is being overtaken. Repose and a healthier or more liberal diet will soon restore the functional vigor of the system. But during such periods of their diminished activity the vital powers can be rallied by drastic drugs or tonic beverages—in other words, by poisons. The prostrate vitality rises against a deadly foe, as a weary sleeper would start at the touch of a serpent; and, as danger will momentarily overcome the feeling of fatigue, the organism labors with restless energy till the poison is expelled. This feverish reaction, dram-drinkers (patent dram-drinkers especially) mistake for a sign of returning vigor, persistently ignoring the circumstance that the excitement is every time followed by a prostration worse than that preceding it. Feeling the approach of a relapse the stimulator then resorts to his old remedy, thus inducing another sham revival, followed by an increased prostration, and so on; but before long the dose of the stimulant, too, has to be increased, the stimulator becomes a slave to his poison, and passes his life in a round of morbid excitements and morbid exhaustions—the former at last nothing but a feeble flickering-up of the vital flame, the latter soon aggravated by sick headaches, “vapors,” and hypochondria.

The stimulant habit in all its forms—“exhilarating beverages,” “tonic medicines,” “prophylactic bitters,” etc.—is a dire delusion. A healthy man needs no artificial excitants; the vital principle in its normal vigor is an all-sufficient stimulus; the inspiration bought at the rum-shop is but a poor substitute for the spontaneous exaltations of a healthy mind in a healthy body. Playing with poisons is a losing game; the sweetness of the excitement is not worth the bitter reaction. In sickness stimulants can not further the actual recovery by a single hour. There is a strong progressive tendency in our physical constitution; Nature needs no prompter: as soon as the remedial process is finished, the normal functions of the organism will resume their work as spontaneously as the current of a stream resumes its course after the removal of an obstruction. A “prophylactic” brandy is Old Scratch in the *role* of an exorcist.

Fevers can be prevented by other means ; and at any rate the possible danger of a climatic disease is preferable to the sure evils of the poison-drug. But how can noxious stimulants be distinguished from wholesome drinks? Tonic medicines, stimulating beverages, and poisons, are synonymous terms. Every known poison can become a lusted-after stimulant by forcing it repeatedly upon the (at first) reluctant stomach. It is true that the hankering of an old *habitué* after his tipples resembles the craving of a hungry man for food, but that constitutes no reproach against Nature, for the taste of the first drink betrayed the poison. To the palate of a child narcotic stimulants are bitter, alcohol is burning-acrid, tobacco nauseous, mineral poisons either bitter or insipid. By a liberal admixture of sugar and milk the repulsiveness of various narcotic decoctions can be diminished, but in no disguise could they be possibly mistaken for nourishing substances if the natural depravity dogma had not weakened our confidence in the testimony of our instincts.—*Popular Science Monthly*.

NOTES FROM OUR SCRAP-BOOK.

The following notes are confined to symptoms connected with early and profuse menstruation. They are condensed and abbreviated so as only to give the most reliable and characteristic symptoms of a few of our best known drugs. The word *menses* is to be understood as beginning each sentence.

Aconite.—Profuse, long lasting ; most often late and protracted, but scanty. Profuse, with nose bleed. (*Natr. S.* ; Epistaxis before and during menses, *Sulphur*.)

Agaricus.—Profuse, with tearing, pressing pains in back and abdomen.

Aloe.—Early and profuse. Pains worse when standing.

Ambra.—Early and profuse ; easy discharge of blood between periods, may be caused by a too long walk or hard stool. Left leg blue from swollen varices.

Amm. carb.—Premature and profuse, preceded by griping colicky pains ; clotted, black blood ; during menses, sleeplessness. (*Ign.*, *Sepia*, *Natr. m.*) Diarrhœa before and during.

Amm m.—Early, with pain in abdomen and small of back, more profuse at night. Vomiting and diarrhœa. (*Verat. alb.*)

Arsenic.—Early, profuse, exhausting. (*Carbo veg.*, *Ipecac.*, *Sulph.*) Blood dark. (*Ant. c.*, *Cham.*, *Creas.*, *Crocus*, *Lach.*, *Nux v.*, *Puls.*, *Sulph.*)

Asarum erop.—Early, protracted, but not very profuse; with their appearance, has violent pain in small of back, which scarcely allows her to breathe.

Bellad.—Profuse (early and protracted rather than late), discharge of hot, bright-red blood. Color of blood changes, hence may sometimes be dark and clotted; bad smell; aggravation lying on back and from least jar; sacrum feels as if broken. (*Back*, *Camp.*, *Nux.*) Chilliness in back. (*Kali c.*) Coldness of back, evenings.

Borax.—Early and profuse, with colic and nausea.

Bovista.—Rather apt to be early and scanty than late or profuse. Every two weeks. (*Calc. phos.*, *Ipec.*, *Magn. c.*, *Trillium.*) Much dark, clotted blood; only at night, or only in morning. (Worse when first rising, *Magn. c.*) Diarrhœa before (*Amm. c.*, *Silicea*, *Verat.*) and during menses, with bearing down towards genitals.

Bromium.—Early, profuse; bright-red (*Bell.*, *Ipec.*, *Hyos.*, *etc.*) blood. Membranous shreds pass off. (Stringy, *Crocus.*) Passive metrorrhagia (*Helonias*), weakness and want of appetite.

Bryonia.—Early and profuse, blood dark; when suppressed, Epistaxis. (*Bell.*, *Ham.*, *Puls.*, *Silicea*; frequent nose bleed, *Acon.*, *Bry.*, *Puls.*; few drops, *Lach.*; black and stringy, *Crocus.*)

Bufo.—Early; with headache; chilliness; shifting pains; menses clotted, or fluid and pale.

Cactus grand.—Too soon; black, pitch-like; agonizing pains, worse evenings. Constrictive spasm in uterus. Menses when scanty cease on lying down. (Reverse, *Cyclam.*)

Calcarea.—Early, profuse and long; metrorrhagia from mental worry or excitement.

Calc. phos.—Early, blood bright with girls; late, blood dark (or first bright then dark) with women.

Cannabis sat.—Profuse, with dysuria.

Cantharis.—Early, profuse; blood black; breasts painful. (*Calc.*, *Conium*, *Helonias*, *Phytol.*; breasts hard, *Carbo an.*, *Viburnum*; burning, *Indigo*, *Lac. can.*)

Carbo an.—Early and long, but not profuse. (*Aconite*; scanty and long, *Ignatia.*) Delicate women with glandular troubles. Chilly; unsuccessful desire to eructate during menses. Flow weakens her so she can hardly speak. Blood dark.

Carbo veg..—Early and profuse; blood pale or thick (first pale, then dark and clotted, *Staph.*); corrosive, acrid smelling (acrid, *Amm. c.*, *Carbolic acid*, *Creosotum*, *Silicea*).

Causticum.—Early, profuse; after ceasing, passes a little from time to time for days. Only during day. Discharge smells badly, and causes itching of vulva. (Itching, *Ambra*, *Carbo v.*, *Conium*, *Creasote*, *Kali c.*, *Iye.*, *Petrol.*, etc.)

Cham.—Early, profuse, clotted blood, putrid smell; severe labor-like pains in uterus and tearing in legs. Blood dark, comes in sudden attacks, cold feet; worse on back.

Chelidon.—Profuse, protracted but late; pain under right scapula.

China.—Early and profuse; black clots, with spasm in chest and abdomen. Metrorrhagia, blood dark, with fainting and convulsions. Weakness from profuse discharge.

Cocculus.—Profuse and often; on standing it gushes out in a stream. (Worse standing, *Pallad.*, *Sulph.*) Just before menstruation, is so weak she can scarcely stand. (Lassitude before menses, *Bell.*, *Bromium*, *Cimicifuga*, *Nux m.*)

Coffea.—Profuse and long; coldness and stiffness of body; only in evening. Metrorrhagia, black lumps. Worse from motion. (*Bell.*, *Bry.*, *Ledum*, *Nux*, *Silicea*.)

NOTE.—Both *Aconite* and *Coffea* have fear of death, bright red face with fever in child-bed and other troubles. *Aconite* pains are unbearable, making patient furious and causing *foreboding* of death; *predicts* day; faints from pain. Inflammatory troubles with high fever, thirst and restless tossing about. *Coffea* pains are also unbearable but they cause patient to *cry* and *lament*, and *fear* death; very *excitable* and nervous.

Creasote.—Early, profuse, protracted; followed by an acrid smelling, bloody ichor; itching and biting of the parts, during the flow but much aggravated after it. (Ailments worse after menses, *Nux*, *Puls.*) Flow intermits, almost ceases and again commences. (*Nux*, *Sulph.*) Fainting and pulseless with metrorrhagic discharge, blood is dark, offensive and clotty.

Crocus sat.—Profuse and long, but regular as to time; blood is dark, clotty (*Cale. phos.*, *Cham.*, *China*, *Nux*, *Puls.*, *Secale*), and stringy. Worse from slightest motion. (Only flows while moving, *Lilium t.*)

Cyclamen.—Profuse, frequent; flow is less when moving about (*Æsculus*); worse in evening when sitting. Metrorrhagia, with stupefaction of head and obscure vision. Dreads fresh air.

Ferrum.—Profuse, protracted and late (also, early); blood coagulated, light colored or dark, with labor-like pains; intermits two or more days, then returns; languor and weakness though discharge is not great. (*China*, from excessive discharge.) Hysterical symptoms after menses. (*Puls.* has cured hysteria with amenorrhœa.)

Helonias.—Profuse, frequent in women, weak from loss of blood. Flow passive, dark and offensive. Depressed, melancholy. Breasts swollen, nipples tender; cannot bear pressure of clothing. (*Conium*, *Thuja*, *Zinc*.)

Hepar s. e.—Profuse, early; metrorrhagia with chapped skin and rhagades of feet and hands.

*Hyo*s.—Profuse, with convulsive trembling of hands and feet; headache, sweat, lock-jaw (*Nux*). Previous to menses much loud laughing; hysterical symptoms (after menses, *Ferr.*); sweat and nausea.

Ignatia.—Early and protracted, but rather scanty than profuse; black clots, putrid odor.

Iodium.—Early or late; if early are apt to be profuse; if late, short and scanty. Metrorrhagia, copious and violent. Iodium is one of those remedies which have irregular menstruation; at one month it comes too soon, next too late, so on. Other prominent ones are, *Berberis*, *Cocculus*, *Ferrum*, *Graphites*, *Nux m.* and *Sepia*.

Ipecac.—Early, profuse; metrorrhagia, blood bright-red, clotted; with oppressed breathing; nausea.

Kali b.—Early, rather scanty; early with vertigo, nausea and headache. Obstinate suppression of urine.

Kali carb.—Sometimes early, but most often late and scanty, often indicated in the delaying and difficult menses of young girls. (Also, *Aconite*, *Bry.*, *Caust.*, *Ferr.* *Graphites*, *Lye.*, *Natr. m.*, *Petro.*, *Puls.*, *Sepia*, *Sulph.*)

Lachesis.—Generally scanty and short; but at the climaxis it is often indicated when menses are irregular and profuse; blood black, lumpy. Desires open air. (*Puls.*)

Lauro.—Early, long, profuse; discharge thin, with nightly pain in vertex.

Ledum.—Early, profuse; blood bright red; absence of vital heat.

Lobelia.—Early, profuse; violent pain in sacrum. Sense of great weight in genitals.

Lycopod.—Profuse, protracted and late; flow partly clotted, partly bright red or like serum; labor-like pains followed by swoon-

ing, (*Actea rac.*, *Cocc.*, *Glou.*, *Ign.*, *Lach.*, *Mosch.*, *Nux m.*, *Nux v.*, *Plumb.*, *Puls.*, *Sulph.*)

Magn. m.—Early, profuse or late, with pains in back when walking, in thighs when sitting; with hysterical symptoms; blood black, clotted; pale face, nervous excitement and debility.

Merc. v.—Profuse, with anxiety and colic: deep, sore pain in pelvis, dragging sensation in loins; abdomen feels weak as if it had to be held up.

Millefolium.—Profuse hemorrhages from over-exertion. (*Nitr. acid.*)

Moschus.—Early, profuse, with a drawing pain.

Mur. ac.—Early, profuse; dejection of spirits, silent, as if she would die. (Gloomy, etc., with menses, *Actea rac.*, *Ignat.*, *Natr. c.*, *Pulsat.*, *Sepia*, *Zinc.*) Genitals so sensitive cannot bear least pressure, not even a sheet. (*Lach.*, *Lilium*, *Pulsat.*)

Natr. carb.—Early and long; preceded by pain in neck and head, accompanied by tearing headache, bloated abdomen (mornings), relieved by diarrhœa: worse from music and during thunder-storm.

Natr. m.—Late, long but not very profuse; before menses is sad, anxious, with headache, palpitation, eructations; during, sad with headache and colic; after, headache.

Nitr. ac.—Early and profuse; aching from thighs; also early, irregular and scanty. During menses, cramp-like pain in abdomen, as if it would burst; brown offensive discharges; stitches in vagina when walking.

Nux jugl.—Early and profuse; black clots.

Nux m.—Irregular in time and quantity; profuse; dark flow, with aches and pains in back, limbs and abdomen; pain in small of back, as if a piece of wood lay across it. (*Rhus*, sensation as of a board strapped across forehead.)

Nux vom.—Early, protracted and profuse; flow, dark; patient irritable, nervous, faints easily; navel feels drawn in.

Phosph.—Early and profuse, or scanty and pale; weeps before menses. (*Cactus*, *Con.*, *Lyc.*, *Plat.*, *Puls.*) Gums swell before (*Baryta c.*) and during. (Swollen gums during, *Baryta*, *Merc.*, *Nitr. ac.*)

Ph. ac.—Early, long; pain in region of liver.

Phytolac.—Copious and frequent; mammæ painful. (*Calc.*, *Conium.*)

Platina.—Early and profuse but short; flow dark, preceded by

spasms, bearing down, desire for stool (*Nux*); during the flow pains in abdomen and uterus, with melancholy. Metrorrhagia, body feels as if getting larger.

Ratanhia.—Early, profuse and long; pains in abdomen and small of back.

Rhodo.—Early, profuse; fever and headache.

Rhus t.—Early, profuse and long; flow light colored, acrid, with biting pain in vagina. (Aching in vagina, *Calc.*; burning, smarting pain, *Berberis*.)

Sabina.—Early, profuse; partly pale red fluid, partly clotted and offensive; flows in paroxysms; flow increased by motion but often ameliorated by walking.

Sanguin.—Regular; offensive smelling; bright red flow; clots like lumps of flesh; later, dark and less offensive flow; pain in head and eyes, ameliorated by vomiting.

Secale.—Profuse, protracted; tearing, cutting colic, cold extremities and cold sweat, weak; hemorrhage worse from slightest motion. Blood thin and black; black, lumpy, or brown fluid, and of disgusting smell.

Sepia.—Early and profuse; mania from profuse menstruation. Itching pain in vagina. (*Alum, Aurum, Conium, Creas*.) Bearing down pains cause oppression of breathing. (Oppression of breathing during menses, *Cactus, Calc., Cocc., Cupr., Graph., Ipec., Lyc., Puls., Zinc*.)

Silicea.—Late, long, but not very profuse; irregular, every two or three months. If early, scanty; if late, profuse. Flow strong smelling and acrid.

Spongia.—Soon and profuse; preceded by colic, backache, soreness in sacrum, craving in stomach, and palpitation. During menses awakes with suffocating spells.

Stannum.—Early and profuse, preceded by melancholy. (*Am. c., Calc., Caust., Con., Cyclam., Ferr., Lac. can., Lyc., Natr. m., Puls*.) Pain in malar bone.

Staph.—Irregular, late and profuse; first pale then dark and clotted. Sexual organs painful when sitting.

Stram.—Excessive flow, watery; loquacity, singing, praying, etc. Strong smell, as of semen. After menses, sobbing, whining.

Sulphur.—Generally short and late, but may be profuse with acid smell. Before menses, headache, nosebleed; during, nosebleed, rush of blood to head, weak, faint spells (at 11 A.M.). Flow thick, dark.

Sulph. ac.—Early, profuse; nightmare before menses. Climacteric spitting of blood.

Verat. alb.—Early, profuse; suppressed, with despair of salvation and spitting of blood. Dysmenorrhœa, with cold sweat, vomiting and diarrhœa.

Zincum.—Early, profuse; lumps of coagulated blood pass, mostly when walking; flow most profuse at night. Dysmenorrhœa, limbs heavy, violent drawing about knees, as if they would be twisted off. Pain in left ovarian region, better from pressure; entirely relieved during menstrual flow. (*Lachesis.*)

Zingiber.—Early and profuse; flow dark clotted; irritable, with exhausted look before menses come on. E. J. L.

CLINICAL BUREAU.

INTERMITTENT FEVER.

Eupat. perf. Natrum mur.

C. F. MILLSPAUGH, M. D., BINGHAMPTON, N. Y.

WILLIE R., æt. 10, paludal environs; had called several times since 6 A. M. for cold water, of which he drank largely, At 7.30 a severe chill developed, during which he had kept his mother constantly bringing him drink; at 8.30 the chill passed off with vomiting spells, followed by heat, which lasted with thirst until noon. This attack was completed without sweat, and patient felt as well as ever during the rest of the day.

Note:—Although the case looked quite plain, still I had expected to find some bone pains. But there was no pain at all, any time in the paroxysm. I gave *Eupat. perf.*, thinking to fully develop the paroxysm.

2nd day:—Patient sat up all day, with no symptoms at all, except weakness. I had him taken up stairs, to the highest and best ventilated room in the house, and ordered all his drinking water to be thoroughly boiled and cooled for his use.

3rd day:—Same symptoms developed as before, with an additional symptom: I found him crying bitterly with severe pain in the back, legs and arms: he said his bones ached as if he had had them crushed. The chill had commenced in the back. This chill, as before, passed off with vomiting, and the fever came on with trembling in the back and limbs. Thirst continued, with no sweat after the fever.

Now my case was as pretty a one as could be desired: I gave him *Sac. Lac.*, every hour, until I called again.

4th day:—Called at 8 P. M., and prescribed *Eupat. perf.* 200 (D.), one dose, 10 pills, No. 8. and *Sac. Lac.*

5th day:—Chill slighter, nausea, but no vomiting. Paroxysm lasted only until 11 A. M. Prescription, *Sac. Lac.*

7th day:—No nausea nor vomiting, no pain, less thirst. Paroxysm over at 10 A. M. Continue *Sac. Lac.*

9th day:—Better in every way, except pain in the region of the spleen during paroxysm. Repeat *Eupat. perf.* 200 (D.) as before.

11th day:—Better still; gave *Sac. Lac.*

13th day:—No paroxysm. No return of the trouble.

Remarks:—This mode of developing characteristics, I judge, is an innovation: at least I never have heard of it before, and now I am in a quandary as to whether I did right in giving the θ , or not. Still, the only thing I regret is, that I had no higher potency of the drug to exhibit.

GEORGE B., æt. 12, same surroundings, had had four paroxysms of chill, fever and sweat, without further symptoms, except thirst. In twenty hours I could see no indications for any of our remedies, and was quite nonplussed, until the parents let me out of my difficulty by saying that I must either give him quinine, or they would call in a doctor who would. I had not enough patients to afford to lose one, so taking some empty gelatine capsules from my pocket, I filled three of them with *Sacch. Lac.*, and ordered one every fifteen minutes, as the chill was coming on, and left.

2nd day:—A very hard chill came on at 11 A. M., with great thirst, which continued during all stages. During the fever he had a most violent headache, and complained that his eyes felt as if they were filled with "sharp salt." Temperature, 105.6; tongue was white-coated; taste bitter when taking food, salty when not; water, he complained, "tasted bad." No appetite.

Note:—Could you ask a better chance to try moonshine than

this? I gave three capsules of *Sacch. Lac.*, into one of which I placed 10 pellets No. 8 of *Natrum Mur.* 200 (D.), and ordered one every hour, commencing as soon as the paroxysm was over.

3rd day:—Called at 3 p. m. found the patient sitting in the sun on the porch of his home. On inquiry I found that he had been somewhat feverish during the night, but nothing more. Gave him 5 capsules of *Sac. Lac.*, at one hour apart.

4th day:—Called at 11 a. m., but my bird had flown; he was at his studies, he had gone to school. No trouble since.

Comments:—I afterward told the parents that I had given their boy no quinine, and as my reason for deceiving them, I said, that under no circumstances would I treat a patient with any drug that I would not give my own family. If they thought I was right, then they might call me again in sickness; otherwise, I was satisfied. * * * * I have carried their little daughter through an attack of typhoid fever since. O moonshine, thou art a jewel!

CLINICAL CASES.

E. W. BERRIDGE, M.D., LONDON.

Phosphorus in Rheumatism, etc. Mrs. A. æt, 35, Oct. 2nd, 1871. Left arm painful for six weeks. Numbness and feeling of "pins and needles" in left forefinger, extending up radial side of hand and wrist. First phalanx of left thumb feels, at times, as if in a vice; gnawing pain in left fore-finger, extending when severe up radial side of arm to elbow, where the bone feels as if it would come through; sensation of heat in these parts, worse at night. The gnawing seems to be in the bone. The gnawing and burning are relieved by lying on back or leaning back; on letting the left arm hang down, she feels a rush of blood to the left fore-finger, and pain as if the nail were being pulled out. Menses scanty, regular; during menses and for fourteen days before menses, much flatulence, rolling in abdomen, causing great pain, relieved by bending double and by hot drinks; the last menses were last week. These menstrual symptoms she has had for eight or nine years. After drinking, especially warm drink, the face and arms become red; warm drinks make her feel as if she could not get her breath. These dys-

peptic symptoms she has had for eighteen months. The first and second left finger swell for three hours every day. First left finger is contracted, cannot straighten it except by the aid of the other hand; pain in the hand prevents sleep; bruised feeling at root of left thumb. Dislocated pain in left knuckles and wrist, extending as far as the elbow, for the last three weeks. Is obliged to carry left arm in a sling. For the last month has been under allopathic treatment, taking *Nitre*, *Belladonna*, *Opium* and *Chloral*, but without relief.

Diagnosis of the Remedy.—The latest symptoms, and therefore. *ceteris paribus*, the most characteristic of the remedy, were the pains in the left upper extremity. Bœnninghausen's Repertory gave the following:—

Upper extremity worse by letting arm hang down: *Angust. Cina, Ignat., Magnes. aust., Nat. mur., Nux, Paris, Phosph., Phos. ac., Plat., Puls., Ruta, Sabina, Stront., Sulph. ac., Valër.* Gnawing pain in upper extremity (various parts): *Alum, Cantharis, Dros., Dulc., Graph., Laur., Mag. carb., Mangan., Phosph., Ranun. secl., Stront., Sulph.*

This reduces the list to *Phosph.* and *Stront.* Of these *Phosph.* alone has the constriction of fingers, the rush of blood to the hand, the swelling of fingers, the bruised pain in hand, and the dislocated pain in fingers (all these given in Bœnninghausen's Repertory). *Phosph.* has also aggravation from warm food (Bœnninghausen's Pocket-Book). The menstrual symptoms were not apparently covered by the remedy, but as these were of old standing, they were not of so much diagnostic value. Accordingly, I gave her one dose of *Phosph. CM* (Fincke).

Oct. 9th. Numbness, rush of blood to the finger, and bruised pain unchanged; pain in first phalanx of thumb, pain in wrist and knuckles, and pain in nail better; less dyspnœa after warm drinks; slept better; has stiffness of forearms; no burning, but the place which used to be hot feels sore to touch; arms no longer red after drinking, face very slightly so; no return of swelling till three days ago; the gnawing extends up to left shoulder and left neck; it is relieved by placing the arms over head at night.

Oct. 16th. Numbness unchanged; pain in first phalanx of thumb is gone; the gnawing is only in shoulder and elbow: the burning has returned for six days; the rush of blood less for five days; less flatulence before menses, lasting only two days and with less pain;

the symptoms from warm drinks returned last night; bruised pain and dislocated pain better; pain in nail better till yesterday, when it returned; the swelling has occurred only twice; the pain in elbow is like grating the bone; has been generally better till yesterday, has not needed the sling for a week; gnawing still in left neck; yesterday, sneezing and running from nose, worse out of doors, with burning in the eyes (effect of *Phosph.*?).

Oct. 23rd. Numbness, rush of blood and pain in nail gone; gnawing from middle of arm to shoulder, the swelling and the dislocated pain in wrist worse; scraping in elbow bone; forearm and hand feel burnt, as if skin were off; the aggravation from warm drinks only at times, it used to be constant; bruised pain still; straightens fingers more; pain in neck on bending head backward.

Oct. 31st. Pain only in elbow bone, which feels sore and stiff; burnt feeling nearly gone; no dislocation pain for five days; no gnawing for a week; can play the piano; menses returned last week; the aggravation from warm drinks returned for five days; all other pains gone; can straighten finger; felt tired for five days and sleepy in morning, and after sleep does not feel refreshed.

1872, May 14th. Reports that about a month after last visit the dyspnoea on drinking ceased; in two months the redness of face and arms and flatulence ceased. The other symptoms ceased in eight days.

Comments.—The latest symptom—the pains in the upper extremity were the first to be removed, as Hahnemann teaches; and though some of the older symptoms were ameliorated at the same time as the later ones, they returned before they finally ceased. The dyspnoea, which was the next symptom in point of duration, was the next to be removed; and the menstrual flatulence, which was the oldest symptom, was the last to disappear. It is true that the redness after warm drinks, which had not existed so long as the flatulence, disappeared at the same time: but the fact that they were both connected with the digestive system, and so inter-dependent on each other, may account for this apparent irregularity in the order of their departure.

Belladonna in Nervous Affection of the Throat.—Mr. H., an artist, consulted me, Sept. 13th, 1871. Two years previously had irregular meals and smoked much; at that time he had a sensation in throat as if throttled, which recurred on mental worry, as if he could not swallow; fear of being in company in a room; these symptoms

lasted four or five months; then *after perfect rest*, and taking allopathically, bark and valerian, they ceased for five or six months; they then returned, and have now lasted eleven months.

Present symptoms.—Feeling as if he could not swallow, caused by any mental worry, which produces also a feeling as if he could not remain in company; this comes on when fasting, but is removed by food; when he leaves off smoking, he gets irritable with every one; he has been gradually leaving off smoking. At night lies awake thinking of the business of the day. When the throat sensation comes on he feels very angry with himself, and loosens the clothes from the throat; cannot bear noise; the nervous symptoms are always relieved by alcohol; drinking water relieves the throat sensations; he must completely swallow one drink before he takes a second, otherwise it goes up to the posterior nares, and the back of the throat then feels constricted; when the sensation comes on he must stand still; fear of going out of doors; cannot swallow solids without drinking; six months ago difficulty in swallowing liquids, the same again lately; swallowing saliva is difficult; constant desire to swallow, with feeling as if he would suffocate if he did not; the choking is excited by the repetition of scenes which had formerly caused it; pain at occiput as if a string were tied there; throat feels dry; the dysphagia is worse when he thinks about it, better if he thinks of something else; throat feels contracted. For a year has had warts on hands, first on right then on both. Before the throat symptoms first came on, he had itching red pimples in axilla and upper arm, removed by applications of vinegar and other lotions.

Diagnosis of the Remedy.—The most characteristic symptom, because occurring under the fewest remedies, was the sensitiveness of the throat; taking this as the starting point, I found the following in Boëninghausen's Repertory and Pocket-book:—sensitiveness of the throat: *Bell., Laches., (Phosph.) Sulph.*: Relief from alcohol: *Bell., Lach., Phosph.* (and others not possessing the preceding symptom).

Warts: *Bell.*, has the first rank; *Lach.*, and *Phosph.*, being in the fourth. *Bell.* corresponded also fairly with the other symptoms, so I gave him one dose of *Bell.* 60 M (Fincke), and advised him to gradually discontinue smoking.

Sept. 20th. Has been much better; more able to think; only one throat attack, which was on 17th; no more fear of going out; enjoyed a long walk last night, more than he has done for years; the pain in the head has occurred once or twice, but is considerably less;

slept very well last week; can bear noise better: feels decidedly better generally.

Sept. 27th. Feels better; has had several throat attacks, but less often than before; can walk better; sleep good; has had no throat attacks indoors; when he first consulted me, he had them at all times; they are less strong when they do occur; less depressed in spirits; was over-fatigued last week.

Oct. 4th. Much better; only three or four attacks; has been hard at work and can do it well; the last attack was on the 2d; they are shorter and less severe than formerly; can walk well; very much less depressed; painting no longer brings on the attacks as it did when I first saw him.

Oct. 16th. Only three or four attacks, shorter and slighter, more when indoors; has felt "wonderfully well" since last visit; has none of the nervous feeling which used to prevent him from going out of doors; he still smokes, but less.

Oct. 24th. No more attacks, though inclined thereto at times; has been to a theatre without bad effect; has smoked rather more; says he feels quite different since he has consulted me.

Nov. 10th. Has been a long railroad journey, had no attacks in the train, but afterwards had two or three from worry; since last visit has had only three or four attacks altogether; has smoked more; smoking causes more dryness of mouth and bodily depression than it did.

Nov. 27th. Has remained quite well till yesterday, when he had an attack for ten minutes from worry; has not been free for so long a time before.

Dec. 13th. No more attacks, but once or twice a threatening; has not diminished smoking.

1872, Feb. 13th. No more attacks, but a threatening of them at times; has been much worried for some weeks.

April 13th. Has been quite well till two weeks ago; has had much worry and mental work; has had once or twice a slight return of throat symptoms; on swallowing food, it feels as if it would not go down; appetite not good; has not left off smoking, as the action of the dose (which had now lasted for two hundred days) seemed exhausted, and as there were no new symptoms, which generally indicate another remedy, I gave him another dose of *Bell.* 60 M (Fincke).

May 18th. No more attacks; appetite better; warts on hand go-

ing away for a week. (He drank claret last week; could this have affected the warts, or was the action of the first dose expended on the internal symptoms?)

June 30th. Has had but little throat irritability; must swallow his food slowly when he thinks of it; warts almost gone.

1873, May 20th. No return of symptoms to this day. The action of the single dose of the high potency was not checked by smoking, even though it produced symptoms of *Tobacco*.

Cocculus in abscess, etc.—1873, Aug. 14th, Mr. H., a youth about 14 years old, consulted me at 9.30 P. M. Since 2 P. M. has had a superficial abscess just above root of nail of right little toe, with pain as if a hot iron went into it on raising the foot from the ground in the act of walking; it causes very great difficulty in walking. For a week, three or four watery stools a day, though there would be a dozen if he yielded to it; none in night, but it comes on directly after rising from bed, so that he has scarcely time to dress; standing increases the diarrhœa, sitting stops it; with the stool, pain in bowels which causes dyspnœa, sweat, and faintness. Objects seem to move up and down. To-day, when reading writing, could only see the left half of the lines.

Diagnosis of the remedy.—The latest symptom was the abscess, therefore, the most important in the selection of the remedy. Under abscess of the toes, Bœnninghausen gives *Cocculus* only, and though it did not correspond to the other symptoms, it was the most suitable remedy, at least to commence with, on account of the quality of the symptom indicating it; this symptom being not only the most recent, but also the most peculiar, belonging to only one remedy in the whole materia medica. I gave him one dose of *Cocculus Indicus* CM (Fincke), and instructed him to repeat the dose after every diarrhœic stool. Perfect rest, and a poultice (unnecessary) to the toe.

Aug. 15th. Felt slight urging this morning, and took a second dose. In evening toe was nearly well, abscess dried up without discharging. No more diarrhœa, but natural stool. Sight natural. Very little pain or faintness. Soon recovered.

This potency of *Cocculus* was prepared by Dr. Fincke, from a tincture which I sent him, made in India from the fresh berries. The case adds several new clinical symptoms to the materia medica of this remedy; it also shows that pus can be absorbed under the action of the homœopathic remedy, without evacuation.

Borax in vertigo.—For 12 years, Mr. W. has had at times attacks of vertigo, as if pushed from right to left and somewhat forwards; the attacks have been troublesome for a month or so. *Borax* is the only remedy which has produced the italicized symptom; so I gave him one dose of CM (Fincke). The attacks ceased at once, and he had only two or three afterwards, arising from great mental exertion or worry. Cured

Antimonium crudum in urticaria.—1871, Aug. 9th, a boy had been subjected to urticaria all over his body for 15 months, *white lumps with red areolæ* and itching. The longest interval of freedom has been three weeks, often only one. It is worse after meat; makes him irritable, very hot and thirsty. His mother had urticaria when pregnant with him. I do not think I ever saw *Ant. crud.* fail in urticaria when characterized by the italicized symptom. I gave him one dose of 200 (Lehmann).

Oct. 11th. Reports only slight rash last week.

1872, April. No return of the symptoms.

Turpentine in paralysis.—April 27th, 1881, Mr. P., æt. 38. Has suffered for 4 years from general paralysis. He has been during this time under the care of a most skillful Hahnemannian, who from time to time greatly relieved him. But as his condition now required that he should be visited, my friend asked me to see him, as he lived in my neighborhood. He had been getting weaker and confined to his bed for three weeks. I found him with some horrible bed-sores, one on each tuber ischii, one on lower part of sacrum, and one on right hip; they were black, bleeding, discharging offensively, and painful on moving. According to the indication given, page 266 of C. Lippe's invaluable Repertory, I gave *Sulph. acid* CM (Fincke), a dose three times a day in water.

May 5th. In three days the bed-sores became drier, and less offensive. He has slept much better. He now tells me of another symptom which he has had for 14 months,—intense pains in the legs. He was unable to define these pains so as to afford a basis for treatment, so I resorted to the earlier symptoms of the case. I ascertained that the paralysis commenced in the right arm and left leg *at the same time*; a year afterwards it went to the right leg. To my interleaved copy of Lippe's Repertory I had added, page 303, "Paralysis of right arm and left leg. *Terebinth.*" The source of this symptom I cannot now call to mind, but it is probably from a case-of poisoning in some allopathic journal. I gave the patient

Terebinthina 200, three times a day. It speedily and permanently removed the severe pains, and in 11 days he died with complete euthanasia. This case illustrates the importance, in some instances, of the early symptoms of the disease. Diagonal symptoms, such as "upper right and lower left," are always of great value.

Pulsatilla in the pains of real and spurious pregnancy.—Mrs. P., in the ninth month of pregnancy, complained of troublesome pains of a vague character. She had suffered from them in a former pregnancy, but her mongrel physician failed to relieve her. There was absolutely nothing characteristic in the symptoms themselves. I therefore selected the anatomical region as the key-note, and as *Puls.* has an especial action on the uterus, particularly the pregnant uterus, I gave her a very high potency thereof. The pains were promptly removed by it; and comparison of the two modes of treatment were made by the patient, by no means to the credit of her former medical attendant. In case of false pregnancy, *Puls.* in a very high potency promptly removed some vague but troublesome pains (compare case of false pregnancy cured with *Puls.* 30, reported in *The Organon*, vol. 3, p. 270).

These cases illustrate the fact that the *anatomical region chiefly or primarily affected* may at times be the keynote in the selection of the remedy. The symptoms of a patient may be mathematically compared to a cube. A cube has six sides. The six sides of the diseased condition are, (1) the *cause* (e. g. *Acon.*, for symptoms from cold dry air); (2) the *character* of the symptoms (e. g. *Apis* in stinging-burning pains); (3) the *conditions* (e. g. *Lycop.*, in aggravation from 4 to 7 P. M.); (4) the *concomitants* (e. g. *Castoreum* for yawning in connection with abdominal troubles); (5) the *chronological order* of the symptoms (e. g. the latest symptoms are, *ceteris paribus*, of the most importance; also the mental symptoms which are the last to be developed, the organism repelling the disease from the mind as long as possible); and (6) the *anatomical region* (illustrated in these two cases).

Each of these sides of the cube needs to be considered in every case, and either of them may be the keynote or starting-point in the selection of the remedy. But to base a system of therapeutics on one of these sides only, is as absurd as to imagine that one side of the mathematical figure constitutes the cube. Yet this has been done in the so-called system of Organopathy, a rehash which has not even the poor merit of originality, and which is only exceeded in ignorant foolishness and impudent audacity by the still more recent system of Kidd-opathy.

PERISCOPE.

AMERICAN OBSERVER, NOVEMBER, 1881:—Opens with pernicious advice as to the use of *ergot* and the *per-sulphate of iron* in *post-partum* hemorrhage. No mention is made of the many homœopathic remedies which have accomplished such wonders in this dangerous disease, probably because the writer knew not of them! We mention this subject as such advice is just now common among a certain class of homœopaths. In an article on "Diphtheria," the following is given: "Dr. C. Lippe gives the specific indications for *Lac. caninum* as follow: The ulcers go from one side to the other and *back again*; the ulceration has a glistening, shining appearance (*Apis*); the swelling of the gland changes sides and is painful to touch, and the nasal discharge excoriates the nostrils and upper lip (*Arum triph.*)"

The following *clinical observations* in cases cured by *Lac. can.* are by Dr. C. F. Nichols, of Boston:

"Pains in limbs, small of back and head disappear, and the throat becomes more painful but looks better. Often the ulcers increase in size or number, but the neighboring membrane looks clearer; worse by empty deglutition; throat feels stiff; relief after drinking, warm or cold, no thirst but dry mouth; pain pushes toward left ear; right tonsil raw, swollen, gray-white membrane there and on the fauces; epistaxis when speaking or swallowing, in one case; sweat all over; great exhaustion with "poisoned feeling;" frequent micturition, urine dark; restless, legs and whole body; face burns, dry; constant spitting, drooping—in one case, a man, very quickly relieved; imagines he wears somebody else's nose—same case; ulcers small, round or irregular, gray-white; voice hoarse; interrupted by weakness and hoarseness. Several cases cured resembled *Lachesis*."

AMERICAN HOMŒOPATH, NOVEMBER:—A paper read before the Pennsylvania Homœopathic Society by Dr. E. A. Farrington, on "*Bryonia and Rhus tox. Considered in Reference to the Effects of Motion*," is quoted. Dr. F. says: "a general characteristic symptom of *Bryonia* is undoubtedly worse from motion. But such a fact ought not to prevent our employing the drug when an exactly opposite condition obtains, if other symptoms aid our choice." The same may be said of the *Rhus tox.* desire for, and improvement from motion. But this peculiarity (that is a drug being indicated in cases where its prominent characteristic symptom is lacking) pertains to many, if not all drugs. Thus we have known *Pulsatilla* to

cure in cases where heat (of room and clothing) was desired and improved the symptoms. So also has *Calcarea* cured menstrual disorders in cases where scanty menses were observed. In short, we should remember it is the totality of the characteristic symptoms that must guide us in selecting our remedy, not any *one* symptom. These drug peculiarities, if we may so term them, are most clearly indicated in Bœnninghausen's invaluable "Therapeutic Pocket Book."

Dr. Farrington adds: "In view of these facts, it concerns us not to select a drug merely because its prominent modalities are present in the case to be treated. He is a routinist who uses specifics; and he also is a routinist who prescribes for one symptom.

"Our journals teem with reports of so-called cures, in which the only apparent similarity between disease and drug is a single modality; such as, worse left side, *Lachesis*; wants to lie perfectly still, *Bryonia*.

"Rather let us follow the Master, who enjoins us to draw our characteristic picture from the totality of the symptoms." Sound and sensible advice.

Dr. C. H. Brace writes on "Intermittent Fever," from Cumberland, Md., a great "ague" country, yet he finds "that the law of similia similibus curantur applies to the treatment of malaria as well as to all the other ills that flesh is heir to." If patients have been dosed previously with *Quinine*, Dr. Brace finds *Ferrum 6x* an excellent antidote; he gives his indicated remedy *during* the chill and fever, rather than between paroxysms.

The following, taken from the *Hom. World*, and written by its accomplished editor, is interesting:

A CASE OF CATARACT, MUCH IMPROVED BY MEDICINE.—Mrs. —, æt. 81. Thinking her case hopeless, principally on account of her advanced age, I did not enter with my wonted minuteness into her case, but gave *Chilidonium 14*, five drops in water night and morning, on pathological grounds.

Feb. 2d, 1881.—She came and said she felt more comfortable in her mouth, her tongue being less hard and stiff; vision the same (*i. e.*, much impaired, reading impossible; can barely recognize one in the street.) * * * I now went into her case with great care. I found that she had occasional diplopia, and things seemed further off than they really were.

But the thing that had long distressed her was this: *On awaking in the morning her tongue was as hard and stiff as a board.* That this should have any connection with the cataractous lenses was not apparent; still it was the *most constant peculiar, and characteristic symptom*, and moreover a very distressing one. R. *Sulphur iodatum* (see symptom 40, in Allen's Encyclopædia), six grains of the 4th cent. trituration, every night at bed time.

March 21.—Hardness and stiffness of the tongue *gone*; had had it two years. Sees decidedly better at a distance.

July.—Vision much improved; can now read an article in a newspaper. R. *Iodium*.

August.—Sees so well that she does not propose to continue the treatment any longer.

Allen's "Symptom Register" gives under hardness of tongue; *Atro.*, *Hyos.*, *Kali iod.*, *Merc.*, *Sul. iod.* Under Stiffness, of these only *Hyos.* is found. Stiffness in morning, *Amn. br.*, *Dios.*; on waking, *Coc. c.*, (3 A. M.), *Natr. m.*

MEDICAL COUNSELOR, Nov. 16th.—Dec. 21st: Translated from the *Allg. Hom. Zeitg.*, is a case of caries of wrist and elbow cured by *Silicea*.

A girl, aged 18, had the itch soon after her birth which was suppressed by local treatment. When 16 years old, she had caries of left foot, which was amputated. After three months, the caries attacked the elbow-joint. Nine months after she presented the following symptoms: The elbow and wrist of right arm are very much swollen, red and hot. A large number of fistulæ give exit to a fœtid, sanious pus, and run into the joints, where the bones are necrosed, conveying to the probe a decided roughness. She has pain day and night. Pains are stitching, drawing and tearing. She moans and sobs constantly from the severity of the pain, which is increased by any pressure, touch or motion. Great thirst; poor appetite; hectic fever, profuse sweats. Gave one dose *Silicea* 30. The pains disappeared entirely and never returned for three years. She took one dose of *Silicea* every forty days. The destroyed bone was reproduced; the joints, of course, remained immovable, but in course of time she got limited motion. She remained well.

We have cured several cases of inflammation, where beside the usual throbbing pains of *Silicea*, there was the annoying *itching* in the part.

Two letters from Hahnemann to his friend Stapf are translated by the editor. If we are not mistaken, we read these letters in the 3rd volume of the *British Journal of Homœopathy*. They are well worth reproducing.

HAHNEMANNIAN MONTHLY, DECEMBER.—Dr. Farrington, in his *Studies in Materia Medica*, writes on *Spongia tosta*, giving the following: Croup, with harsh, barking cough, worse the first part of night; sawing respiration; child arouses from sleep startled, suffocating, with long-drawn breaths and barking cough; better holding head back. Caused by exposure to dry, cold winds (*Hepar*). Its croup is spasmodic, and is characterized by little fever, here differing from *Aconite*.

Aconite is preferable when, in croup, the child arouses with suffocation, cough is harsh, barking; face expressive of anxious fear; skin hot or bathed in sweat. Caused by exposure to cold wind. If the anxiety or the heat continues or returns the next night, persist with the same remedy (*Aconite*), but if the respiration becomes more sawing or labored, as if forced through a sponge, the anxiety present but less marked, the fever somewhat diminished, sputum still absent or scant, change to *Spongia*.

Hepar often follows *Spongia* when the cough is accompanied with a mucous sound, though it preserves its barking tone. This frequently occurs after midnight, towards morning. Hence *Hepar* is generally required later than *Spongia*. It must be remembered, however, that *Hepar* also develops a tedious, dry, barking cough, coming on as soon as the child lies down at night. This cough, common in croupy children, *Hepar* relieves promptly. *Causticum* is a good substitute in some cases of catarrhal or spasmodic croup. The child, while inspiring, chokes as if clutched by the throat; raw, burning feeling, in a streak, down the course of the trachea. *Kali bromatum* is not to be forgotten in cases of weak, nervous children, who arouse with a dry, spasmodic cough, which greatly frightens them, causing them to cry out in terror. It has several times happened in our experience that *Drosera* was needed for a barking evening cough, simulating that of *Spongia*. The coughs were frequent and persistent, combining the spasmodic with the croupy sound. *Bromine* and *Iodine* may follow. The first suits in membranous croup, whether diphtheritic or not; the larynx seems to be full of loose mucus. The child is aroused suddenly choking; a drink of water relieves temporarily. *Iodine* causes a dry cough, with noisy respiration and fever. Child tears at throat (*Aconite*, grasps throat); raises large flakes of tough, but not stringy exudation.

"*Phosphorus* resembles *Spongia* in tuberculosis. Both are indicated in youth, with weakness and rush of blood to chest; but the cough and laryngeal symptoms differ. More nearly related are *Spongia* and *Hepar*. They suit in cases which cannot tolerate dry, cold air. The former is needed when cough is dry, hard; and worse before 12 P. M.; the latter when cough sounds hard, but there is phlegm in larynx and bronchi; in morning on going into the open air, his throat fills with mucus, making voice husky."

BOOK NOTICES, REVIEWS, ETC.

OPHTHALMIC THERAPEUTICS. By *Geo. S. Norton, M. D.*, Professor of Ophthalmology in the College of the N. Y. Ophthalmic Hospital, etc., etc. With an Introduction by Prof. T. F. Allen, M. D. 2nd edition, re-written and revised, with copious additions, 342 pp., 8vo. Price \$2.50. Boericke & Tafel. 1882.

Another edition of this well-known work being demanded, is sufficient evidence that it is appreciated by the profession, and it may be accepted as being well worthy of appreciation from the signs of painstaking labor, particularly evident throughout part first. The author states in the preface that part first has been wholly re-written and several new remedies added, and that part second has been thoroughly revised and copious additions made. Part first, as in the first edition, contains the symptomatology of the various remedies from *Acetic acid* to *Zincum*, and with but few exceptions should command hearty praise. In viewing part second we find several very un-homœopathic prescriptions advised, and instance this, for the treatment of blepharitis ciliaris, at page 207: *R. Hydrarg. Oxyg. flav.*, gr. ij., *Vaseline*, ʒ ij.; and on the same page: *R. Liq. Hydrarg. Nit.*, gr. iij., *Ol. Morrhuæ*, ʒ ij. On turning to Prof. Allen's introduction, we read: "While there is no doubt that the conditions of the eye, in diseases of that organ, is a most important factor in the selection of the remedy, still we must not forget that eye diseases are often, perhaps generally, the expression of a general cachexia, the remedy for which can only be found by a close examination of the whole individual." Now, we desire to ask: Who, that has had any experience in practising genuine homœopathy, will truthfully admit that idiopathic eye affections are not always "the expression of a general cachexia?" (Even the regulars acknowledge this.) And being such, how unnecessary to resort to local treatment, which may do harm!! While a student at college we frequently witnessed the result of such treatment at the hands of allopaths; the danger and uselessness of such methods, so far as permanent cures were concerned, were indelibly impressed upon us: and now to find such recommendations, especially as they follow such excellent and copious symptomatology as is given in part first of this work, fills us with surprise. At p. 224 we find advised for catarrhal conjunctivitis, because "in conjunctivitis after the acute symptoms have subsided, we sometimes find the inflammation will come to a stand-still, notwithstanding our most careful selection of remedies": *R. Zinci Sulph.*, gr. ij., *Sodium Chlorid.* gr. iv., *Aqua dist.* ʒ iv. Such treatment is likely to start it going again! We are even more surprised as we turn to this, for the best old-school authorities would not resort to such a lawless method. We know that comparisons are said to be "odious," but we cannot refrain from comparing this with one of the best authors of the old-school.

On turning to Dr. Seelberg Wells' "Treatise on Diseases of the Eye," we find: "The prognosis of catarrhal ophthalmia is favorable, for the affection is very amenable to treatment. The milder forms generally run their course in

a few days, the more severe in two or three weeks. * * * The treatment must vary according to the stage and the severity of the disease. If the eye is very irritable and there is much photophobia, lachrymation and ciliary neuralgia, accompanied by conjunctival and marked sub-conjunctival injection, astringent lotions should be carefully avoided, as they would increase the irritability, or might even set up inflammation of the cornea or iris." Notwithstanding in a later stage of the disease the old-school author advises the use of mild astringents, one can readily see that for a professed homœopath to make such recommendations, for any stage of a malady that is so "amenable to treatment," by a poorly armed allopath, is a manifestation of lack of adherence to principle, and those who have had but little experience in treating affections of the eyes should be warned of the danger that is possible in resorting to such treatment. In justice, we should find quotation marks in many passages of this part of the work, but they are missing. If any one wishes to know more and better treatment of the kind, we advise him to turn at once to Dr. Wells' work. With equal force the same remarks apply to the un-homœopathic treatment of purulent ophthalmia. On turning to *Arg. nit.* in part first, the author says: "I do believe there is no need of cauterization with it, *except in the gonorrhœal form of purulent conjunctivitis*" (the italics are the author's). Now we do know from experience that even in the worst forms of gonorrhœal ophthalmia it is superfluous to use *Arg. nit.*, or any other substance for cauterizing purposes. With perfect cleanliness, best obtained by using hot water and the indicated homœopathic remedy, one need have no fear of the result; and this we venture after treating several cases with success, even in our early days of practice. Here again, it may readily be seen that recourse to un-homœopathic treatment is needless. Are cold applications, as the author advises, to inflamed parts, homœopathic and best? We answer, decidedly, no. Did we not know that this comes from one who is a professor in the N. Y. Homœopathic Oph. Hosp., we could readily believe, when we see him advising cold compresses to the inflamed eye, that he belonged to the "regulars," except that the "regulars" *now* use warm, not cold, applications. We can here again speak from experience, and say that heat is always the best to apply to any acute inflammation—sometimes moist, at others, dry. The later works of the allopaths acknowledge also this. What we have said of the treatment of these affections is applicable to all other diseases of the eye: in no case is it necessary to step aside from a guide, our law, and flounder in darkness by resorting to expedients. Let us adhere to "that which makes law necessary." We regret that part first, so admirable, with but few exceptions, should be so marred by being tacked to part second, so anything but admirable in the parts in which superannuated treatment is advised.

G. H. C.

THE OPHTHALMOSCOPE; ITS THEORY AND PRACTICAL USES. By C. H. Vilas, M. A., M. D., Prof. of Diseases of the Eye and Ear, in the Hahnemann Medical College, etc., etc. Pp. 150, 12mo. Chicago: Duncan Brothers, 1882.

Those who wish to learn what can be known through the use of the Ophthalmoscope, may, by possessing this little work, and following the well known rules it contains, become familiar therewith. We can cordially commend Dr. Vilas' work, particularly to those who do not make frequent use of the Ophthalmoscope.

G. H. C.

THE CHILD OF PROMISE, OR THE ISAAC OF MEDICINE AND ISHMAEL, THE HALF-BROTHER, etc. By *W. M. Cate, M. D.*, etc. H. B. Burnham, Washington, D. C.

In this little book, Dr. Cate gives a brief and interesting sketch of medicine up to Hahnemann's time. He then speaks of Hahnemann's investigations, discoveries and tells of the disgraceful manner in which allopathy—aptly called Ishmael—persecuted Homœopathy.

The book is novel in the way it treats the subject, and the story is interestingly told. We hope it may have wide circulation among the laity, who have too long heard only one side of medical history.

PHYSICIAN'S VISITING LIST AND PRESCRIPTION RECORD. PERPETUAL. Otis Clapp & Son, Boston and Providence. 1882.

A very neat book; useful to those who keep no other record of their cases than the name of the medicine given. It will be of service, however, to those who keep a full record of their case, for noting charges, visits, etc. It differs from others in being "perpetual."

CURRENT LITERATURE.

Sir James Paget writes, in *Nineteenth Century*, on "Vivisection, its Pains and its Uses."

Dr. W. B. Carpenter gives, in *Nineteenth Century*, a good résumé of the present status of "Disease Germs," which has been copied into *Popular Science Monthly* and Littel's *Living Age*. Dr. C. tries to show that cow-pox and variola are one disease, differing only in intensity.

Mr. Henry Bergh writes, in *North American Review*, against vaccination. Some of his points are good; others, weak. He fears syphilis and scrofulous complaints; the one from the humanized virus; the other, from the animal virus.

Wm. Wood & Co. have added a *Monthly Supplement* to their *American Journal of Obstetrics*. The Supplement gives society reports, etc.; the Journal (a quarterly), long exhaustive articles.

H. C. Lea's Sons & Co. now publish their *Medical News* as a weekly.

THE HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"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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No. 3.

LATENT MEDICATION.*

P. P. WELLS, M. D., BROOKLYN, N. Y.

"The original sin is not being able to wait for a thing."—*W. Gross.*

Whether, indeed, impatience be really the parent of *all* practical sins in homœopathic prescribing, may, perhaps, be questioned. But it may not be questioned that it is one of the most frequent causes of mistake and disappointment. It is so natural to be in haste to realize the fruits of our expectations, that waiting for these is often more than a weariness, and if these be long delayed, the disposition to do something more or different, hoping for a better or more speedy result, is often quite irresistible. If we have made our selection of the remedy already given, with due reference to the requirements of the law of cure, this temptation to a too early change of the remedy, or to add others to it, in the hope of a better result, should be resisted with the utmost firmness from the beginning. To be *sure* of the right selection of the remedy first given is the one great and first duty of the prescriber; the second is, when he has given this, to let it alone, that it may accomplish its work without interference from whatever of anxiety on the part of the prescriber, or the presence of other drugs or appliances which may modify or destroy its legitimate action. To fortify this firmness in the beginning, let him remember this, which his seniors ought to have learned long ago, that for the

* Read before American Institute, at Milwaukee, 1880.

development of visible curative action of drugs given to the sick, *time* is required; and this, further, that different drugs vary greatly in the length of the period necessary for this; with some it is minutes, with others, hours, days, or weeks even. And this, further, that till the lapse of this required period, nothing of good can come to the patient by the substitution or addition of other drugs to that already given, this being the specific for the case in hand. That it is so, we here take for granted. For failing to be this, rules for its administration are useless; indeed, they are impossible. And then, for the further strengthening of the timid, let it be borne in mind, that as with drugs, so with diseases. These often demand patience before they yield to the curative impression of the drug; they will have time before they respond in ease or convalescence. That different forms of disease, and often different examples of the same disease, require different periods: some only a brief, others a longer time. And these periods of time during which we are looking anxiously for visible improvement, often long delayed, are the necessary part of the experience of a cure. And this further, and chiefly, that during this period, the drug given, being the specific, is not necessarily inactive because results of its action are not yet externally visible. This is the period of *latent medication*. It is a necessary part of every true homœopathic cure. It is often limited to a few moments, while at other times it is extended to days. The duration of this period is determined by the nature of the morbid cause and the profoundness of the impression it has made on the organism, on the one hand, and on the other by the susceptibility of the organism to medicinal impression.

In cases of croup, for example, relief is often found at the expiration of a few minutes after the dose has been given; in typhoid fever, on the other hand, not until after days. During these days of anxious watching, the action of the drug, though invisible as to any external signs of recovery, is nevertheless potent in affecting the process of cure. The susceptibilities of the organism are so far depressed by the impact of the morbid cause that they only respond in visible improvement after repeated impress of the curative. These repeated impressions are not fruitless in the process of cure, because traces of their activity are invisible. They are expended, for the time, in recovering the depressed forces from the power of the morbid cause, till by and by they may be able to effect the desired visible manifestations of returning health.

The remedy, being the true specific, is from the beginning actively operative in bringing about the result it is its nature to accomplish, and, therefore, the necessity of obedience to the rule which nature and law have established—that it be let alone to accomplish the necessary part of the process of cure. It is for no conceivable reason or pretence to be interfered with by the interposition of other drugs, or resort to whatever of suggestion from our own anxieties or those of others. It being the specific, it is, therefore, the best possible remedy for the case; and hence, to substitute another for it, is to give one which is something less than best. To interpose another with this is to endanger the legitimate action of the specific, subjecting it, it may be, either to total destruction, or to such a modification of its true effects as may seriously embarrass the future treatment of the case, and perhaps even to convert a case which is curable, it being left to the undisturbed action of its specific, to one, after this pernicious interference, wholly beyond the control of remedies, selected by whatever of skill. If the specific be the best remedy and it fails, then that which is no specific, and, therefore, not so good, cannot bring us success. It and all others will necessarily fail.

If these views are correct, then it follows that mere delay in the appearance of visible curative effects is not a valid reason for changing the selected remedy in a case under treatment. It may be the best of reasons for revising the choice of our remedy, but never for its change, unless another which is *more like* is found.

This fact of latent medication was well seen in a case of typhoid fever, which was treated by the writer many years ago. The patient was a young man, 20 years of age, a clerk, of country birth, having been a resident of Brooklyn but a few months. He was first seen and prescribed for by the writer of this, the third day after the attack had confined him to his boarding-house. Previous to his illness he had always been robust, enjoying perfect health. He was found perfectly deaf and in a muttering delirium, talking constantly to himself, not at all noticing his surroundings, or giving the slightest heed to endeavors to arouse him to answer questions. He was in his imaginary world, quietly interested in it, busy with its images, while he was wholly separated from and lost to all that was real about him. He was sleepless, but quiet except he made constant efforts to reach and grasp imaginary objects in the air. There was a constant jerking of the tendons of both upper and lower extremities; his evacuations were passed into his bed involuntarily

and unnoticed. He had frequent brown, liquid, offensive discharges from the bowels. The tongue was dry, hard and brown. The lips dry and with the gums covered with dark sordes. Skin hot and dry, or at times there was a slight hot perspiration.

This was the condition of the patient as early as the third day of the attack. I had never before seen so formidable an array of symptoms, developed so early in any case of this fever. The prognosis was, of course, unfavorable. It was the practice of the writer, at this early period of his homœopathic experience, to carry his materia medica with him in his daily rounds to the sick; and at the bedside of the patient, after getting his symptoms as clearly and completely as possible, there to study it, that he might find, if possible, the "*most like*" which cures. He thus visited and studied this case of fever and the materia medica, twice each day for fourteen days. His first study was a careful and protracted one, and the remedy was selected only after each drug which in its record carried symptoms similar to those of the case, had been examined. That one was chosen which had most of the symptoms and there, in its record, the most strongly expressed, that is, which was the "*most like.*" This was given with the clear conviction that the *best* chance for the life of the patient was in this one drug, and that this was but a poor one. In the evening, after the first visit, he was "*no better.*" The study was repeated, and the result was the choice of the same drug as in the morning. It was still the "*most like.*" So it was the next morning, and the next evening, and so each day for fourteen days, the same sad disappointing "*no better.*" The same earnest study resulting in the same choice of remedy. It was in the earlier days of the treatment of this case, after repeated sadness because there was no amendment, and therefore repeated temptations to try some other drug, that this temptation was overcome by the thought that if this remedy which is the "*most like,*" and therefore the best, fails, what reason is there to hope for better results from that which is less "*like,*" and therefore not so good? It was this that, through that succession of heart-aching studies, held the prescriber to the one chosen remedy, though it brought no visible improvement for so many days. The result justified both the choice of the remedy and the adherence to it, through this protracted period of what perhaps cannot be better named than "*Latent Medication.*" That there was such a fact was not then recognized. That there *is*, all enlightened practical experience will now testify. On the fourteenth day the

whole train of symptoms cleared away, and in so remarkable a manner as to suggest the passing of a cloud before the sun. The convalescence was brief and perfect. The whole case has been a useful lesson to its attending physician; illustrating and enforcing the value of our fundamental rule for the right administration of our law—the right selection of the remedy, and then adherence to it through whatever of time or discouragement, till it ceases to be the one “*most like*” to the symptoms we are treating.

The disastrous effects of a violation of this rule by a change of remedy for any other reason than greater similarity, is illustrated by the following case, also of typhoid fever: The patient was a man 50 years of age, of robust frame, who had before his present attack enjoyed general good health. Two or three weeks before he sickened he buried his wife, to whom he was strongly attached. At the beginning of his illness he told his family he was going to die, and persisted in this so long as he retained consciousness. He came under my care from that of a friend, whose duties at the time called him from home. It was the tenth day of his illness. He was now in unconscious delirium, talking incessantly of dead bodies or dead persons, coffins, funerals, funeral processions, and matters related to these. He could be roused to answer questions, but immediately returned to his sad talk and fancies. He passed his evacuations involuntarily and unnoticed. He had brown, watery diarrhœa, the discharges being but slightly offensive. The tympanitis was great, the abdomen being sensitive to pressure over the whole surface. The tongue dry, brown and hard. The mouth dry, and the lips and teeth covered with dark sordes. The case was carefully studied and the remedy chosen. Prognosis unfavorable, and chiefly because of the delirium, dwelling on death, dead bodies, funerals, etc. Cases of this kind had all died in the previous experience of the prescriber. Notwithstanding this unpromising state of things, the first prescription was followed by improvement in the first twenty-four hours, which continued to progress, till the delirium, involuntary discharges, tympanitis, dry tongue and sordes had disappeared, and the case was promising recovery from all these untoward symptoms, and a break in my uniform experience of fatal termination of such cases. There was one fact only which seemed to call for special attention or anxiety—he *would not take food*. His refusal was constant and pointed. The fear of exhaustion from this cause led to a change of medicine with the hope that this might remove the one and only

seeming impediment to recovery. The expedient failed. He refused food till death relieved him of its necessity. After death it was a matter of regret that the remedy first given, which had already done so much for the patient, had not been trusted for the removal of this one remaining symptom, which was ultimately fatal, notwithstanding the change. It could not be, and cannot be, otherwise than that the question should arise—was not his death due to the unsuccessful change?*

MISREPRESENTATION.

A. D. LIPPE, M. D., PHILA.

“We know of no practice more contemptible than that of deliberate misrepresentation, and unfortunately there are those who seem to have little ability beyond It is such as these that have done and are doing our school so much harm, and its survival, regardless of these “*friends*,” is an indication of strength which will withstand anything! Fortunately, these men are so largely in the minority that their influence is but trifling, and the bragging assumption with which they arrogate to themselves all the knowledge there is of Homœopathy, disgusts the majority and they discard them altogether!”

The above are the introductory sentences of a paper on “*Misrepresentation*,” published in the *N. Y. Medical Times* (an avowedly eclectic journal), Jan. 1, 1882. When the learned editor speaks of “Our School,” he can but have reference to the school which his journal fully and ably represents—the eclectic. This journal was formerly known as the *Homœopathic Times*, but as it gradually drifted away into eclecticism the editors, with a praiseworthy honesty, dropped what they considered a “nickname,” and became the outspoken antagonists of Hahnemann’s healing art. It becomes our unpleasant duty to prove our proposition, viz.: that the *Medical*

* As to the repetition of dose. I am not yet so perfectly clear, under the law, as to be to my mind certain that there are not two sides to the question, and something to be said on each. This only is clear. While improvement is progressing there should be no repetition. But in these cases of latent medication the difficulty is, that while this improvement is progressing, it is not visible. In such cases I would repeat—not too often—till improvement is visible, and then stop.

Times represents the eclectic school, notwithstanding their absurd claim of representing the homœopathic school, and their lecturing and abusing the followers of Hahnemann, as is evident by the sentences following the one above quoted. Honest is the *Medical Times*, and for their honesty we bestow on the journal and its learned editors all the praise honesty deserves. Honestly and without reserve the journal utters its "Declaration of Principles" on page 313. They give us their "three foundation axioms," viz.:

1. The careful taking of the case both for diagnosis pathologically and for the purpose of the choice of treatment.
2. The strict individualization of the case as to means to be employed.
3. The selection of the means, in accordance with the exigencies, whether remedial or otherwise, conforming these agents to the most approved modes of experience, avoiding undue importance to any, and always holding uppermost the greatest good to our patient."

The three foundation axioms of Homœopathy have been, are, and will forever be:

1. The Law of the Similar.
2. The single remedy.
3. The minimum dose of a proved remedy.

The homœopathist is taught that his highest and only calling is to cure the sick by strictly applying these three fundamental principles to each individual case.

By what compass is this new medical school, which the *Medical Times* represents, guided? There is surely no falsification in the statement here made; that the true foundation axiom of the new school can not be foisted on Homœopathy.

If they stand for axioms, the learned editors might have been kind enough to add some explanatory notes to them, for the benefit of men who have accustomed themselves to follow the inductive method of the founder of the homœopathic healing art. After such explanatory notes making it clear to the dullest intellect what these philosophers really are driving at, criticism might be in place, but at present it is hard to tell the true inwardness of their axioms; as far as a common intellect can comprehend axiom 1, we must say that Homœopathy *never* taught that the sick should be examined for a diagnosis pathologically; as if we ever could apply the law of the Similar to a pathological condition—that is allopathy to a fault. Where, pray, did Hahnemann teach us to treat pathological conditions or sick

physiology? And what, pray, does the learned editor imply when he suggests that after duly diagnosticating the case pathologically, we should then and on that account, after our finding, choose the treatment? We then have a choice of treatment? Have the homœopathists? NO? Have the eclectics? *Yes!* The homœopathist, if he is an honest man, if he adheres to the fundamental principles of the school he belongs to, after collecting all the objective and subjective symptoms of the sick, seeks the similar remedy among the proved drugs. The eclectic, as the *Medical Times* has it, diagnosticates disease, and then he resorts to a remedy, which to his knowledge has at times and under certain, to him unknown, circumstances cured that form of disease; or he palliates, not hesitating to use his favored pain-killer, the hypodermic injection of *Morphia*; or he diagnosticates Malaria and administers massive doses of *Quinine*; or he flies to isopathic remedies—just as his fancy dictates, all for the greatest good of the sick!

How often, with what unsurpassed patience, with what great politeness have we not humbly prayed for “clinical reports” by the philosophers and healers who brag and boast of superior results outside of strict Homœopathy. We pray again:—Let us hear from you, who are wiser than was our Master; let us hear from you before you, imagining yourself in a “large majority,” refuse a place in the profession to men who, you say, have little practical experience; let us compare “*Results!*” We again join hands with you when you say, “Science knows no other bondage than a submission of its votaries to *truth.*” You have very often doubted the correctness of Hahnemann’s teachings, doubted the general applicability of the Law of Similars and its corollaries. The burden of the proof lies with you; others, not a small number, have testified in the affirmative thousands of times, that the best success possible in healing the sick is obtained by practicing Homœopathy as taught by its founders. Now, if you seek the *truth* and care to be considered *honest*, please let us know one single case treated unsuccessfully under the strict homœopathic law and rules, and afterward cured by eclectics; you will thereby establish the gauge by which your ability to sit in judgment over Homœopathy may be shown.

A LAW OF NATURE.

WM. JEFFERSON GUERNSEY, M. D., PHILA.

If additional proof be needed to confirm the truth of our belief, that the maxim "similia similibus curantur" is based upon a law of nature, we find yet another illustration of the point in an able article on Hystero-Epilepsy by Chas. K. Mills, M. D., in the October number of the *American Journal of Medical Sciences*. One section thereof reads as follows: "Brown-Séquard has shown that some lesions of the spinal cord, of the medulla oblongata and of the nerves, especially the sciatic, will determine, in lower animals, the production of an affection in which manifestations, which approach closely those of epilepsy, show themselves a certain number of days after experimental traumatism. These animals, thus rendered epileptic, are sometimes attacked with convulsions spontaneously; but it is possible also to provoke these attacks by exciting a certain region of the skin which Brown-Séquard designates as the epileptogenic zone. This zone, situated on the same side of the body as the nervous lesion, has its seat about the angle of the lower jaw, and extends toward the eye and the lateral region of the neck. The skin of this region is a little less sensitive than that of the opposite side, but touching it most lightly provokes epileptic convulsions. The simple act of breathing or blowing on it brings about the same result. Something analogous to this epileptogenic zone has been noticed among hystero-epileptics. Simply touching the region is sufficient to provoke an attack, and this is more easily done if near the time of spontaneous seizure. After the grave attacks, the excitability seems to be exhausted, and pressure in the zone indicated does not cause any convulsive phenomena. In some cases these zones are double—it is necessary to touch two symmetrical points in order to bring on the convulsion. Touching but one has no effect in these cases. These zones occupy diverse points of the skin and of the deeper-seated parts, and, if they vary in different patients, they always occupy the same place in the same case. They are found on the trunk exclusively, more frequently in front than behind; in front they occupy lateral positions and are double and symmetrical; behind they are more often single and median. They exist more frequently to the left than the right, and the unilateral zones have always been met with on the left side. Ovarian pressure gives rise

to spasmodic attacks; *the same pressure arrests them.* What is true of ovarian compression is equally true of all hysterogenic zones. A slight touch brings on the convulsions, which have scarcely commenced when they *can be stopped by a new excitation of the same point.* When a patient possesses several hysterogenic zones, the attack occasioned by an exciting of one *can be arrested by acting upon another."*

The treatment of frost-bite with snow, of burns by heat, and inflammation by hot fomentations, are daily practices in the allopathic school, and although crude in their way, are, nevertheless, more successful than any other means known to them, and certainly homœopathic in principle, as also is the temporary relief of hysteroleptic convulsions in the manner above cited. Why will not allopaths accept the suggestions of Dame Nature, and investigate a system of medicine based thereon?

THE REPETITION OF THE DOSE.*

E. B. NASH, M. D. CORTLAND, N. Y.

One would naturally suppose that but little that is new can now be said on this subject. The three cardinal principles, viz:—the similars; the single remedy, and the minimum dose, are generally accepted by homœopathists; and this subject of the repetition of the dose is embraced in the latter. If it be true that the minimum in one case is not the minimum in another, or in other words, it is necessary to use the tincture in one case (as did Hahnemann), and the CM in another; then why is it not likely to be true, that undue or too frequent repetition would be as much out of place as prescribing the 3rd when the 200th was the minimum, and *vice versa*?

It is well understood that the primary effect of a drug prescribed homœopathically, acting in the direction of the disease as it does, must be to cause (even though it be so slight as to be imperceptible) a temporary aggravation. Hahnemann teaches that the dose must be large enough to produce this aggravation in order to be curative (§279 and 280).

* Read before the Central N. Y. Homœopathic Medical Society, at Syracuse, December 15th, 1880.

Again, it is well understood, that it is the secondary effect or reaction that *cures*. This being true, the violence and duration of the primary effect, of course, must pass away before the cure begins. What, then, would be the result if the dose were too large, or too frequently repeated? Evidently, in the first case, unnecessary suffering from too intense aggravation; in the second, hindered reaction or *cure*. These truths seem self-evident.

Then it seems to me that there can be but one correct rule, and that is, *to repeat the dose when reaction* (curative action) *ceases*. How frequently the dose must be repeated on account of expended reaction, must depend upon both the individual and the disease with which we have to do.

As some individuals are more susceptible to drug action than others, and require the small or smallest dose to affect them, so some are possessed of stronger reactive power, and the response to the proper remedy will be more lasting. Violent, acute diseases, attacking persons in full vigor and progressing rapidly, call for more frequent repetition of the remedy than chronic diseases. Hahnemann speaks in the paragraph above referred to of the proper dose being able to cure a *portion* of the disease. Every dose just sufficient is followed by reaction if it is administered after reaction ceases, or where *disease action* is in the ascendancy. If administered in sufficient doses to *impress* either in health or during reaction, its effect is *primary*, in the first condition (health) causing disease action, in the latter (reaction) hindering the cure.

It may take more than one dose, especially if the first dose is not large enough, to get the impression that always resides in the homœopathic remedy; but just as soon as that impression is obtained, the remedy should be discontinued so long as improvement continues.

A remedy may, and often has been repeated, after sufficient has been administered to set up curative action, and the result is, the case is either made worse, held *in statu quo*, or recovers more slowly than it would have done if the remedy were properly given. The habit of *doing something*, so long as the patient is not quite well, even though he may be convalescent, is often productive of harm.

Sac. Lac. is the remedy when reaction is fully established, and every physician should have plenty of it and *use it*.

It requires as much skill to know when *not* to give medicine, as when to give.

In very acute diseases it may be necessary to repeat very often

until an effect is evident. In chronic diseases, improvement once begun, may continue from a single dose even for months, or until cure. We should always remember that *reaction* cures our patient; not the primary action; primary action is always in the direction of the disease; while *reaction* only is in the direction of health.

The allopath gives large doses of *Mandrake* or *Rhubarb* or *Jalap* in constipation for its primary action, and reaction is always defeating him, and reaction in his case is still in the direction of disease as before. And this reaction of which we talk, is nature's effort in the direction of *health*, whether opposed to drug or natural disease, if there is such a thing as natural disease.

Drugs are poisons, and just as sure as you introduce one into the organism, unless the dose is so large as to completely overpower nature, she immediately brings all her forces into action to repel the intruder, and she will continue to strive until entirely overpowered by the drug or until health is established.

Now, a much smaller dose will excite this reaction in disease, when administered homœopathically, than in health, simply because the *disease* renders the part acted upon more susceptible to the drug.

In regard to the *modus operandi* of the homœopathic remedy in curing disease, I can do no better than refer you to § 282 of the *Organon* (Wesselhæft's translation).

You remember the case of colicodynia reported by Hahnemann. It was cured by *Verat. alb.* in 4 gr. doses. The aggravation was so intense that, to use the patient's own expression, he "wrestled with death," covered with cold sweat, and almost suffocated. The remedy was homœopathic and a cure resulted; but it might just as surely and more promptly have followed the minimum dose, and saved the terrible suffering. Hahnemann learned a lesson from the case, and was forced, as we are, to accept the fact that, to perform the safest, quickest, and pleasantest cure, we must seek to administer a dose just sufficient, "simply this and nothing more;" and repetition has as much to do with it as the *size* of the single dose or the potency.

THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The society met at Syracuse, Dec. 15th, 1881, the President in the chair. A discussion on paragraph 185 of the *Organon* was opened by Dr. Boyce, who said that no remedy was given internally

without some effect; the system responds immediately, and even dynamic medicines affect many in health; some persons being very susceptible to their influence. We do not yet know whether or not dilutions, in a single dose, will produce pathogenetic effects on the healthy.

Dr. Nash: Effects may be present without being perceptible.

Dr. Seward: Some are only affected by repetition.

Dr. Boyce: It may require idiosyncrasy to secure an effect in a well man; but there are persons who are affected. The term energetic is applicable to any medicine. Some persons are affected by only certain medicines, while others again are not in the least influenced by them; but other medicines will be found to have an effect on these.

Dr. Nash then wished to know if alternation could be recommended.

Dr. Seward: Suggested that it was only necessary to wait till the remedy given had exhausted its power, and that if another remedy was necessary it should succeed the first, in succession, and not alternation.

Dr. Boyce: A single dose must expend itself, and the case be again studied to see what is necessary. This is Homœopathy. If satisfied you have made a mistake, change. You can easily derange a case by repeating the appropriate remedy.

Dr. Nash related a case of pneumonia in which a dry dose had no apparent effect, he then repeated the dose in twenty-four hours, and still no effect; after dissolving the same remedy in water, and giving a dose every two hours, there was a good response. He then asked, how was it cured followed repetition of the dose, notwithstanding one dose produced effect? Some are in the habit of giving medicine in solution till they have a result, and then discontinue. What danger is there in repeating a remedy before the first dose is exhausted.

Dr. Boyce: Take *Aconite* for example: A dose produces an effect; you give another dose just when, perhaps, reaction is setting in, and you keep on giving until the case is so confused you can make nothing of it. Dr. Dunham instructed me to wait on the one dose, yet I read of him giving *Lachesis* in carbuncle repeated every day. What ground can I stand upon? I had a severe case of diphtheria which agitated me for fear of a fatal result; single doses brought the patient through safely. *Belladonna* being indicated the single

dose produced a good result. When the deposit showed itself one dose of the appropriate remedy was given and not repeated for forty-eight hours; generally the case was thus mitigated. Giving one dose and waiting has been more successful than frequent repetition.

Dr. Nash: The primary effect of a drug is always manifest before the secondary; if we push the medicine, so as to overcome reaction, we do mischief; we may repeat without overcoming reaction, if it is too strong to be overcome.

Dr. Boyce: When will you repeat the dose? How are you going to tell when the medicine shall be repeated?

Dr. Nash: Each case must be prescribed for by itself, according to its own indications. There cannot be any rule for repeating after a certain number of hours.

Dr. Seward asked if he would depend on one dose in cholera.

Dr. Nash replied, yes, if the one dose started a decided improvement.

Dr. Seward: When there is little power to react, and the disease severe, then would not frequent repetition be needed to get up reaction?

Dr. Boyce: Just what we want is this,—we are satisfied with the law of similars and the potencies—but how are we to know when to repeat our doses? Hahnemann says (p. 152, *Chronic Dis.*, Vol. I.), there are three mistakes to be specially guarded against: 1. Fearing lest the doses I have indicated are too small; 2. The improper use of a remedy; 3. Not leaving the dose to exhaust its effects before giving another dose, or changing to another remedy.

Dr. Brewster: The symptoms are a reliable guide to the remedy, but we have as yet no rules as to repetition.

Dr. Nash: When the effect is exhausted?

Dr. Boyce: How are we to know when the effect is exhausted? that is the point.

Dr. Hawley: I have repeated *Lach.* 200, every few hours, then stopped and waited twelve hours, and the case grew worse. The CM repeated every two hours resulted in success. There seems to be no law about repeating; that is, we have not yet discovered one; we are still at sea so far as that is concerned.

Dr. Nash: Dr. Guernsey says we need not fear to repeat until we get some action, then wait until it exhausts itself.

Dr. Hawley: I succeed better in chronic cases by giving but one

dose, or three in succession, and then waiting. In acute cases it seems necessary to repeat.

Dr. Seward: There is such variety in constitutions, how are we going to decide? When allopathic medicines are acting perceptibly, give *Nux vom.* If not acting, give what may be indicated by the symptoms present.

Dr. Seward: Symptoms disappear inversely to their appearance. Hence, if a local sore disappear, the internal disease is not therefore shown to be cured. The internal growth of the disease may thereby be increased. We all accept this.

Dr. Boyce: Allopaths act upon this doctrine, and do not treat the external (secondary) sores of syphilis locally.

Dr. Hawley: A young man had a chancre treated topically, and now has soreness in groins, which is painful from exercise and walking; he is otherwise well.

Dr. Boyce: Is it true that numerous chronic diseases are due to the suppression of syphilis, or sycosis, or psora, in their external manifestations?

Dr. Seward: Psora should be thought of in prescribing for chronic diseases; but the remedy is to be selected on the one principle. We cannot treat psora by name.

Dr. Boyce: Hahnemann claimed that remedies not anti-psoric would only palliate, not cure.

Dr. Nash: Hahnemann called a remedy that was successful in curing a chronic malady that was not syphilitic or sycotic, anti-psoric. We may not be able to dispute this, but it seems to be true Homœopathy to give according to the law of similars, covering the totality of the symptoms, without reference to psora.

Dr. Dewel: Are not some of Hahnemann's positions untrue? Can he not be improved on?

Dr. J.: Not in the fundamentals: the law of the similars, the single remedy, and the minimum dose; meaning by minimum dose, that which cures, and does not produce an aggravation. In some other propositions doubtless he erred, and many who are good homœopaths dissent from him in minor matters. Old school physicians succeed, and eclectics also; and mongrels may have even better success than allopaths; but the highest percentage of success is had by pure Hahnemannians.

Dr. Boyce: The appropriate remedy may take effect even if given in alternation; but then, no one can tell which remedy cures. Such

a practice cannot progress and will be more or less confused. The inquiry for me now is, what medicine to give. When Hahnemann, failing often to cure with a carefully selected remedy, sought for a long time to find the reason, he found certain remedies more successful in curing chronic diseases, and he came to regard them as especially anti-psoric. At this subject he worked for eleven years.

Dr. Nash: What puzzles me is to know whether he found the anti-psoric to be more homœopathic to the case than the medicine he failed with.

Dr. Nash then read a paper or "Repetition of the Dose," which was accepted and ordered to be published.

Dr. Hawley: Pathology and physiology cannot tell us the processes of disease and life; they are dead.

Dr. Dewel: Pathology and physiology are great helps. Drs. Dunham, Allen and others skilled in Homœopathy used them. We can profit by post-mortem examinations, and in our next case have a better idea of the disease, and of what to do.

Dr. Hawley: The pathological conditions of one case will not enable us to know the exact processes the disease will take in another case. You study pathology on a dead man; whereas in prescribing you have to deal with a live man, not with a dead carcass. There are facts everywhere, but no one can tell the reasons why the facts exist. He must abide by facts, not run after theories. When you know a drug will uniformly produce certain symptoms, and will cure similar symptoms, you have facts. Pathology and physiology are helpful in their facts as to diagnosis and prognosis, but they cannot help in the choice of a remedy.

Dr. Nash: Dr. Lippe once said: "You can't squeeze Homœopathy into that pathological livery; it is too big a thing." Some time ago I had a case of apoplexy; the patient was 80 years of age; one side was completely paralyzed; with the symptom, "sweat as soon as he falls asleep, and even with the closing of the eyes," for an indication, I gave *Conium*, which cured after he had been given up to die. Pathology cannot select the remedy; we must individualize, not generalize.

Dr. Hawley: An allopathic authority says that the chief attention of physicians has been given to diagnosis. It is an important admission for him to make. Another class of men, not noticed by him, have been devoting their time to therapeutics, and I prefer to follow them.

Dr. Nash: There are men who have so much to say concerning pathology, and so plausibly, that many young men are led astray. Because *Bryonia* will remove effusions, therefore, they say, give *Bryonia* in every case of rheumatism where there is effusion. This will not answer.

Dr. Hawley: We must show that true Homœopathy cures more cases than pathological prescribing.

PASTEUR'S EXPERIMENTS.

BACTERIA IN VARIOUS DISEASES.

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The following paper was suggested by reading, in a recent number of a medical journal, a synopsis of Prof. Pasteur's paper upon "Vaccination in relation to Chicken Cholera and Splenic Fever," as delivered by him before the late International Medical Congress in London.

But before the reader can see and appreciate the full force and bearing of what is to follow, he must first know something of the essential facts in the Professor's experiments (if not already familiar with them), and his deductions therefrom, which are given in a condensed form below:

Prof. Pasteur first inoculates healthy chickens, each with the tiniest drop of the blood of another chicken, about to die of chicken cholera, to show the great virulence of that poison. The result is, of course, that the disease is communicated to the healthy fowl, and speedy death follows to every chicken so inoculated.

Next he prepares some broth from a healthy chicken, and fills a great number of small vases, or vials, with this broth, and numbers them, say from one to a hundred, or even to a thousand; then he dips the end of a very delicate glass rod into the blood of a chicken suffering from chicken cholera, and charges the broth in No. 1 vial with the minute drop of blood on the point of the glass rod. "In a short time," he says, "you will see the liquid," in that vial, "become turbid and full of tiny *microbes*." Now, "take from this vase," or from No. 1 vial, "a drop as small as you please, no more

than can be carried on the point of a glass rod as sharp as a needle, and touch with this point a fresh quantity" of broth; that is, the broth in No. 2 vial, and precisely the same result follows to it as did to that in No. 1 vial, to which the drop of diseased blood was added—it also becoming "turbid and full of tiny *microbes*." Then take as minute a drop from this second vial, and transfer it to a third vial of broth, and the same from the third to charge the fourth, from the fourth to the fifth, and so on, as high as you may go, the result is the same. Or, in the words of Prof. Pasteur: "You deal in the same way with a third culture-vase, with a fourth, and so on to a hundred or even to a thousand, and invariably, within a few hours, the culture-liquid becomes turbid and filled with the same minute organism."

And now we come to the most astounding part of all the results of his work, namely: That a healthy chicken inoculated with broth from the hundredth or thousandth vial so treated, will die as quickly and with the same symptoms as one inoculated with the fresh blood of the disease. Or, to give his exact language again, that there may be no question as to his assertions: "Let us take one of our series of preparations—the hundredth or the thousandth for instance—and compare it, in respect to its virulence, with the blood of a fowl which has died of cholera; in other words, let us inoculate under the skin of ten fowls, for instance, each with a tiny drop of infectious blood, and ten others with a similar quantity of the liquid in which the deposit has first been shaken up; strange to say, the last ten fowls will die as quickly, and with the same symptoms as the former ten; the blood of all will be found to contain, after death, the same minute infectious organisms." Upon the question as to what these alleged "minute infectious organisms" are, rests much of the real science of this whole subject, as we shall see further on, but it will be better, or more instructive, to clear up one or two other points before proceeding to that.

What has been quoted and said above relates wholly, as will be seen, to the inoculation and death to all fowls so dealt with, whether with the fresh and undiluted blood, or with the hundredth or thousandth successive dilution, or attenuation of that. Now comes up the question of vaccination and *prevention* of the disease, with broth treated, or charged in a similar manner with the same virus, with this difference and this only in manipulating it; namely, that he allows a fortnight or more to elapse between the charging of one vial

and that of the next from that, and so on. By taking this course, or allowing such an interval of time between the charging of each of several successive vials, he modifies the deadly poison of this virus, and finally converts it into a great prophylactic, the vaccination of healthy fowls with which, will prevent them from taking the disease, in every case, as effectually as ordinary vaccine prevents small-pox.

He pursues a similar course with the virus of splenic fever, in successive vials of broth, which destroys every animal inoculated with it, in however high a dilution, the same as the blood of the disease itself, and as is the case in chicken cholera; unless he allows quite an interval of time to elapse between several successive dilutions, in which case it also is converted into a prophylactic against that fever, and so prevents the disease in every animal, whether horses, sheep, or cattle, vaccinated with it. And, in France alone, he claims that twenty million francs will be saved annually in the value of live stock by it.

Now, one point more and we are then ready for the summing up of the whole subject. Whether inoculating with the fresh diseased blood, or the deadly diluted virus prepared from it; or whether vaccinating with that which has been manipulated into a prophylactic, from the latter, by the process described, one specific result follows in all cases, whatever else may come; and that is, the development of "microbes," in great numbers, in the part inoculated, or vaccinated, and in the animal's blood throughout the whole system, as well—though probably in much greater numbers, in case of inoculation with the deadly virus, than in vaccinating with the prophylactic, but this point is not clearly stated.

This brings us then to one of the most important of all questions, for a better and more scientific understanding of this subject, and that is: What are these microbes? Prof. Pasteur says they are living organisms, bacteria, or vegetable parasites, and all investigators and writers, not only upon these diseases, but on diphtheria as well, assert the same. But have not all such observers overlooked one *ever-present* and very important fact in all these and similar cases, and that the fact, that in every instance where blood congeals, as the result of their inoculation, the *fibrin* in the blood of the *animal inoculated* commences at once, or soon, to coagulate, locally at first, and then more or less throughout the whole system, into minute granules as the result of the poison introduced; and that these minute granules of fibrin have been mistaken by them for

living organisms, or vegetable parasites? Let us consider the following facts and see :

Everything in nature begets its kind. This is an axiom that none will deny. So constant and universal indeed is it, that many things which cannot beget their kind, properly speaking, nevertheless *induce* their kind. The least particle of the coagulum of sour milk, for instance, added to fresh, sweet milk, begins at once the work that soon leads to the coagulation of that. The particle of the coagulum introduced does not in and of itself grow, or multiply indefinitely, but simply induces the change in the corresponding element, caseine, of the fresh milk, that originally led to its own coagulation. Consider, also, in this connection, a few facts about pus-poisoning or pyæmia. A small quantity of pus, or of pus-corpuscles, taken up by or introduced into the blood and general circulation leads to the formation and deposit of pus in many parts of the system, that is, causes pyæmia ; but the pus-corpuscles taken up do not beget the other corpuscles that follow, but they induce them ; that is, set up a morbid action that leads to the decolorization of red blood-corpuscles, and their change into pus-corpuscles in a similar way to that by which other red corpuscles had been decolorized to make the pus-corpuscles first introduced. This general fact of things inducing their kind, might be enlarged upon almost *ad infinitum* in every department of nature, but let us here confine it to one specific result in disease.

The particles, molecular granules and fibrils, of coagulating fibrin (which have been mistakenly called bacteria), when added to a fluid like the broth, or the blood, that holds other fibrin in solution in it, induces a coagulation of the fibrin in that broth, or blood. The added particles of fibrin do not grow or multiply of themselves, in such enormous numbers as claimed for bacteria, nor at all. They simply induce the like change (coagulation) they had themselves previously undergone, in their like substance, the fibrin of the blood, or broth, to which they are added. This fact is here applied, it should be understood, either to the inoculation into the blood of healthy animals, some of the blood from diseased animals (or some vitiated broth), that contains coagulating particles of fibrin ; or to the treating of the juices or broths from the flesh of healthy animals, by the diseased blood, or vitiated broth, after those juices have been manipulated by heat so as to prevent the fibrin in them from coagulating naturally.

That such are the *facts* in regard to coagulated particles of fibrin, inducing other fibrin, held in solution in any fluid, to also coagulate, is shown by the following from Carpenter's Physiology, page 60, where, in speaking upon the fibrillation of fibrin, he says :

"This *fibrillation* seems to bear a certain analogy to crystallization, being the result of forces which tend to withdraw the solid particles from their state of solution in the liquid, and to bring them together in a certain definite mode of aggregation ; and there are certain peculiarities in the process which to some extent bear out this analogy. Thus, just as crystals will form around a nucleus of the same kind, from a solution which *would not otherwise have deposited them*, so will a fibrinous coagulum often separate from a serous fluid, and form around a piece of washed clot of blood, or of the buffy coat, or of muscle or some other animal tissue placed in it, although the fluid (such as that of hydrocele) *would not have otherwise shown any disposition to coagulate.*" (The italics are our own to show more distinctly the facts in this respect as they stand.)

The remarkable persistency in the coagulating power of fibrin, whenever, and so long as any of it remains in solution in any fluid, may be seen from the following from Virchow's Cellular Pathology, page 192 :

"In many forms of pleurisy the exudation long remains fluid, and a number of years ago a peculiar case came under my notice, in which, on puncturing the thorax a liquid was evacuated which was perfectly clear and fluid, but in a short time after its evacuation had its whole mass pervaded by a coagulum, as is often the case with fluids from the abdominal cavity. After I had removed this coagulum from the liquid by stirring it, in order to convince myself of its identity with ordinary fibrin, the next day a fresh coagulum displayed itself, and this took place also on the following days. This coagulative power lasted fourteen days, although the operation had been performed in the midst of the heat of summer."

This shows what a remarkable thing coagulating fibrin is, and especially in connection with disease or diseased fluids.

Again, it should be borne in mind, that the molecular granules, the fibrils and spirals of coagulating fibrin, are, in their very appearance, and under all circumstances, precisely like the three classified forms* of bacteria, spherical, rod-like and spiral (the microscope

* From carefully reading numerous authors upon bacteria, I am confident that many, if not all of them, have also included in their lists of bacteria (but outside of the three "classified forms," named above, which are the three stages of coagulating fibrin) colored blood-corpuscles that have been *decolorized* by disease, but more especially the numerous granules that such decolorized corpuscles are constantly breaking up into, or bursting and thereby releasing, in connection with every disease where "bacteria" are found.

has never pointed out the slightest distinction between them), and that they occupy the same positions and demean themselves in precisely the same manner wherever found.

Therefore, if Prof. Pasteur will repeat his highly important experiments, recently reported in London, and while doing so, keep well in view the foregoing facts, he will no doubt be led to revise his conclusions, from seeing that his microbes, or bacteria, of chicken cholera, and of splenic fever, are simply coagulated particles of fibrin in the blood of the diseased animals, and that those caused in healthy animals by their inoculation with such blood, are also nothing but coagulating particles of the fibrin of their blood—the coagulation thereof being simply induced in the healthy animal by like matter, coagulated fibrin, in the diseased animal's blood, introduced by the inoculation.

The power of diseased or dead animal matter, to compel the coagulation of fibrin, even in the living body, may be seen by the following from Carpenter, page 197 :

“Again, the contact of dead animal matter with the blood, appears to promote the coagulation of its fibrin in a very remarkable degree; occasioning *coagula to form whilst it is yet actively moving in the vessels of the living body.* Thus, M. Dupuy found that the injection of cerebral* substance into the veins of an animal occasioned its death almost as instantaneously as if prussic acid had been administered; the circulation being rapidly brought to a stand by the formation of voluminous clots in the heart and large vessels. These experiments were repeated and confirmed by M. de Blainville. The same effect is produced with *still more potency* when the substance injected is rather *undergoing degradation* than actually dead.” (The italics here also our own.)

If, then, a little healthy brain substance injected into the veins, will kill as quickly as a dose of prussic acid, by forming “voluminous clots” of fibrin in the blood; and if any animal matter, “undergoing degradation,” though not yet dead, is still more powerful in this respect, we can better see and understand the power which the blood of a diseased animal (that already contains coagulating fibrin), must have in coagulating the fibrin in the blood of a healthy animal, inoculated with it.

In speaking of inflammation, the exudation and organization of fibrin in connection therewith, Wood, vol. I, page 28, says :

* “There is no reason to suppose that cerebral substance possesses a more special influence than would be exerted by any other tissue which could be as easily mixed up with the circulating current.”—NOTE, BY CARPENTER.

"As it first escapes it is a homogeneous, formless, transparent fluid ; but very soon afterwards, if examined by the microscope, it is found to contain *multitudes of fibrils,*" and "*great numbers of minute granules* of different sizes." (Italics ours.)

Lehman, vol. I, page 312, speaking of the coagulation of fibrin under various circumstances, says :

"The same process goes on *within the vessels of the living organism, as soon as the blood ceases to circulate.*" (Italics ours.)

And under *all* circumstances, when fibrin coagulates, it organizes first into "*great numbers of granules,*" and these join together to form "*multitudes of fibrils.*"

Therefore, of one thing all may be assured, and that is, in the inflammation excited in any part by inoculation with any, or especially with poisonous or diseased matter, there are always found in that part great, if not almost innumerable, numbers of very minute coagulated or molecular granules of fibrin ; and it therefore becomes the duty of Prof. Pasteur to point out the clearest and most unmistakable distinction between these and his so-called bacteria, which are claimed to occupy the same parts, and something of the proportions of each, in the part, or we are fully warranted in assuming that all the latter are simply nothing more than particles of organized fibrin, coagulated there by the poison, or by the inflammation, as the case may be. He assumes and asserts the presence of an *unnatural* and *foreign* element, *vegetable* organism, in the blood, etc., without clear proof that they are such, while we can positively assert and *prove* the actual presence of a *normal* element, fibrin, there, but morbidly changed, that is, coagulated into minute particles, by the inoculating poison, or by the inflammation which that excites. Therefore, I repeat, the burden of proof lies wholly with him to make good his unnatural claim, or the natural *fact* must and should take its place.

Fibrin is in excess in the blood in cholera and in splenic fever, as it is in diphtheria, and as soon as that excess becomes at all pronounced, it commences to coagulate into molecular granules and fibrils in the blood of those diseases, just as it does in diphtheria ; hence, when ever so little of that blood is introduced into healthy blood, it induces more or less of the like change in that, as already sufficiently shown ; and *not* the growth of vegetable parasites, as claimed, in realms where vegetable life does not exist and could not live.

And all this enforces another important lesson upon the fact already claimed, namely, that everything must produce its kind. Inoculation with the blood, or the microbes, or the bacteria, that is, with the coagulating particles of fibrin of chicken cholera, will *not* produce splenic fever or diphtheria, nor will the inoculation with the alleged bacteria of splenic fever produce either diphtheria or chicken cholera, nor those of diphtheria either of the other diseases, but each its exact kind and that only.

And, per force, vaccination with the microbic grafts, that is, with the manipulated, or many-times-re-induced particles of coagulated fibrin, from either of these diseases, cannot prevent one of the others, any more than can the manipulated virus of small-pox prevent measles, or *vice versa*; which throws us back on the same fact, still again, that each virus produces, or is a prophylactic against, as the case may be, its own exact kind, and nothing else; and leads to the only other rational conclusion, namely, that these particles of fibrin carry with them the contagious principle of the disease into the blood of the healthy animal, as a separate and immaterial, or dynamic force, or poison, clinging to, or in some other way associated with them, and which is the cause of all the other results.

On the contrary, if all these germs, microbes, or bacteria, so-called, were vegetable parasites as claimed, and so exactly alike* as asserted, they should all produce the same or very similar results, or diseases—those of chicken cholera causing indiscriminately that, or diphtheria, or splenic fever, or either of these latter chicken cholera, which is *never* in the slightest degree the case. Or, rather, were they all vegetable and exactly alike, or belonging to the same closely related family, as they must, if they were that, it is impossible to see how there could be any difference that would be discernible in their effects. But being coagulated particles of fibrin and herein exactly alike, they may and do induce their exact kind in causing other fibrin to coagulate, but there the similarity stops, and still leaves the specific dynamic force, or poison of each disease, to be accounted for, which, as already said, they in some way carry along with them,

*“I will not trouble you with any attempt to describe the differences which these organisms present, for subsequent experience has shown that the *most deadly* may be *undistinguishable* from the *most harmless*, by any *detectable physical peculiarity*.” (Italics ours).—Extract from address by Charles Cameron, M. D., LL. D., M. P., President of the Section, delivered in the Health Department of the Social Science Congress.

and which every time produces its own specific results and those only, whether of diphtheria, cholera, splenic fever or other contagious disease.

Organized fibrin, too, is one of the most indestructible of all the soft tissues, nothing but bone exceeding its qualities in this respect. Thus, "Mr. Hatchett macerated three pounds of muscle, cut into thin pieces, for fifteen days in cold water, changed every day, pressure being also applied; he afterwards *boiled* it for *five hours every day* for *three weeks*, changing the water as before; and finally it was pressed and dried by the heat of a water bath;" and all this in order to get a pure specimen of fibrin. Hence, is it surprising that Prof. Pasteur found, as he says, his deadly "microbes," (coagulated particles of fibrin), in pits where animals dead from splenic fever had been buried several years? And is there anything *vegetable*, in so minute a form, that would last so long buried in the ground, and under the heat, moisture and frosts of the changing seasons?

The presentation of this subject here, or in this manner, must not be understood as being done to obtrude mere individual opinions, or as captious criticism, as it is neither. It is simply presenting a connected series of *scientific* facts, of which there are many more, which should and *must* have a hearing before we can settle upon the true nature of diphtheria, or of the other diseases named.

Is it not a little suggestive that Prof. Pasteur's microbes require, the same action of oxygen, or exposure to the air, to develop them, that is required by fibrin to coagulate it, as seen in drawn blood and in dropsical fluids, containing fibrin?

"Without oxygen bacteria cannot live," says Prof. Bollinger, another high authority. Without oxygen fibrin cannot coagulate.* I respond, as we see in dropsical effusions into the chest, abdomen, etc., where neither air nor even the oxygen of the blood can reach them, and they do not coagulate until exposed to the air, then they do.

"The whole development of these organisms, and especially the

* Even in those cases, cited by Carpenter, where other materials than oxygen were used to coagulate the fibrin, there was exposure to the air also as a part of the process, excepting when it was coagulated in the vessels of the living body, and here certainly there was the oxygen in the blood to aid in the work, as there is in all cases of inoculation; so it may be that oxygen is always one of the requisites to such coagulation, though whether this be true or not, it does not destroy, or even disturb any of the other facts."

formation of spores, is completed on the surface of the fluids, and under the influence of an abundant supply of oxygen," says Prof. Klebs, of speaking of bacilla, or rod-like bacteria. Fibrin commences its coagulation on the surface of fluids that contain it, I answer; and so look where we may the comparisons and similarities are complete.

CUTANEOUS ERUPTIONS CAUSED BY THE USE OF CERTAIN MEDICINES (*Giorn. It. dei Malatt. Vener. e del Pelle*, June 1881). Anspitz, in his valuable "System der Hautkrankheiten," gives the following list of eruptions liable to follow the use of certain remedies. It will be a useful table for reference:

Quinine.—(a) Scarlatinous erythema, (b) morbillous papular erythema, (c) hæmorrhagia and purpura, (d) wheals, œdema, pruritus.

Cinchona, *Belladonna*, *Strychnine*, and *Stramonium*.—Manifestations like papulæ sudorales.

Digitalis.—Erythema after a few days' use.

Aconite.—Vesicular exanthema.

Santonine.—Vesicles, wheals.

Rhus Venenata and *Toxicodendron*.—Vesicular eruption.

Opium and *Morphine*.—Erythema, papular eruption, with much desquamation and pruritus.

Pilocarpin (?)—Augmentation of the perspiration.

Phosphorus.—Purpura.

Phosphoric Acid.—Bullous eruption.

Mercury (internally).—Erythema, eczema.

Arsenic.—Erythema and papules, eczema.

Carbolic Acid.—Erythema, vesicles, or wheals.

Salicylic Acid.—Purpura, vesicles with laryngeal catarrh, wheals.

Chloral Hydrate.—Erythema (well colored), pruritus, desquamation, purpura and petechiæ, eczema with crust and scab.

Balsam Copaiba, *Cubebs*, *Turpentine*.—Vesicles, erythema, eczema.

Cod-Liver Oil.—Acne.

Iodide of Potash.—Papules, vesicles and bullæ, pustules and ecchyma, eczema, ecchymosis and purpura.

Bromide of Potassium.—Papules and pustules, deep tubercles and ecchymosis, vesicles, ulcers.—*Virginia Medical Monthly*.

VACCINATION.

Prejudice, which sees what it pleases,
Cannot see what is plain.—*Aubrey de Vere.*

To most persons the question of vaccination doubtless appears to be a settled one. Yet it is not. For while grand results are claimed for the practice, and these supported by unlimited statistical evidence and personal authority, there is a very respectable minority, who condemn the practice as wholly pernicious and thoroughly useless. Therefore, a brief *resumé* of the main points advanced in the discussion of vaccination will not be inappropriate at this time. Very briefly put, the chief results alleged to be obtained, are:

1. Vaccination, *well performed*, protects the subject from variolous infection. (Great stress is laid on its being thoroughly well performed with the Jennerian vaccine lymph).

2. Should variola, be taken, vaccination renders its course less virulent, and almost precludes a fatal issue.

3. Vaccination has materially diminished the frequency of epidemics of variola.*

4. Vaccination has raised the standard of health, i. e., lowered the general rate of mortality. This last plea rose from the idea that small-pox so lowered the vitality of the patient that he was apt after suffering from it to go into "decline," or fall an easy prey to other diseases. (The death rate in England before the discovery of vaccination was 21.80 per 1000; after vaccination came into vogue it was 22!) All the so-called advantages depend on the question does vaccination protect from variola? If this be decided in the affirmative then these results must be acknowledged.

We have no desire to argue this question; much has been said to prove it; statistics innumerable have been compiled to show it. These arguments and statistics are so familiar to all that we shall pass them over, quoting none. We merely say that if figures ever proved any fact, they prove the unquestionable value of vaccination.

* "Small-pox attained its maximum mortality after inoculation was introduced. The annual deaths from small-pox were 2,323, 1760-79; in the next twenty years they declined to 1,740; this disease therefore began to grow less fatal before vaccination was discovered; indicating together with the diminution of fever, the general improvement in health then taking place."—DR. FARR on Epidemics in M'Culloch's *Descriptive and Statistical Account* of the British Empire, 4th ed. Vol. II.

If personal authority, long lists of brilliant names, unanimously advocating a measure, prove anything, then the great value of vaccination is shown incontestably. But these are not infallible proofs, for those same figures, those same illustrious men, once proved as positively and swore as sincerely in favor of *inoculation*, as they now do in favor of vaccination! Yet, at a later period the British Parliament was persuaded to interdict inoculation as an injurious practice.

Again, these same illustrious men—such as Henry Lee, Acton, and Langston Parker, renowned syphilographers, united with professional vaccinators, of England, such as Marston, Leese, and Tomkins—men who vaccinated hundreds of thousands—these all declared that no syphilis or other dangerous disorder had ever been inoculated through vaccination. Yet, in spite of this unanimous declaration against syphilization, etc., we find “arm to arm” vaccination almost abandoned in favor of vaccination from animal lymph.

And the cases related by Mr. Jonathan Hutchinson compelled Sir Thomas Watson to say (in *Nineteenth Century*, June, 1878), “It is certain that one objection, really formidable, does exist: that the operation (arm to arm vaccination) may impart a hateful and destructive disease (syphilis).” Thus we see the authority of these figures and great men has been impeached and overthrown on two vital questions: (1) inoculation, and (2) syphilization from vaccination. To how much credit then are they entitled when they defend and urge vaccination? Again, we as homœopathists know how these same facts and figures err when they attempt to prove the falsity and weakness of our practice.

We do not deery vaccination from any antipathy to it, but simply desire to point out some of its weak points, and to note some of its positively injurious features. We do this because we feel convinced that the vaccinating lancet is carelessly and dangerously used. We would therefore call attention to some of the injuries it has been charged with. These apply chiefly to the use of human virus in what are known as “arm to arm” vaccinations.

1. It is alleged that vaccination has produced new diseases, such as mental and nervous diseases, erysipelas, etc., and that glandular and cutaneous diseases have been invaccinated.

2. That vaccination has led to an increase in mortality from other diseases, such as fevers and scrofulous diseases.

3. It is denied that vaccination protects one from variola. It is also denied that variola is as infectious as commonly believed; *per contra*, it is affirmed that fresh air, cleanliness, etc., are its best preventives. In this connection, we cannot refrain from quoting the following catechism from a Dr. Wilkinson:

Q. When whooping cough is not rife, to what is it due?

A. Nature.

Q. When scarlatina is not rife, to what is it due?

A. Nature.

Q. When cholera is not rife, to what is it due?

A. Nature.

Q. When variola is not rife, to what is it due?

A. Vaccination.

Q. When other diseases in course of time become mild or die out, to what is it due?

A. Nature.

Q. When variola becomes mild or dies out, to what is it due?

A. Vaccination.

As to hygiene and small-pox, we quote the words of Florence Nightingale: "I have seen with my eyes, and smelt with my nose, small-pox growing up in first specimens; either in close rooms or in over-crowded wards, where it could not, by any possibility, have been caught, but must have begun."

Having very briefly pointed out the alleged virtues and defects of vaccination, let us close with a few words as to how and when this operation should be performed, that those who perform it may do so intelligently. For this purpose, we quote from Dr. Seaton's *Hand-book of Vaccination*. Two varieties of vaccine lymph are used, the animal and the human. Animal lymph comes from natural or artificial cow-pox. Cows and horses are liable to a contagious disease, known in the one as cow-pox and in the other as horse-pox.* This disease is now seldom noticed; Jenner and others thought cow-pox was only produced by inoculation from a horse suffering with the "Grease," but this has since been proved erroneous. The animal lymph now used is from the cow-pox produced by artificial inoculation. This may be done:

* Sheep have a disease called sheep-pox; it is more virulent in its course, and its vesicles are flat and not umbilicated as the vesicles of cow-pox. Inoculation prevents this sheep-pox and lessens its severity.

1. By lymph taken from cows suffering from the natural or inoculated cow-pox.
2. By the lymph from the horse-pox—*equination*.*
3. By lymph, derived originally from a cow or horse, but passed through the human system by vaccination—*retro-vaccination*.
4. By the matter of human variola—*variolation*.

The first method is chiefly used; that is, the heifers are inoculated with the lymph of cow-pox and the lymph, taken from vesicles so produced, is used for vaccinating subjects. The human lymph has been to a great degree discarded, for fear of inoculation of syphilis, scrofula, etc. The liability to this danger was at first denied, but is now very generally admitted by the profession and greatly feared by the laity. It is said that cow-lymph does not "take" so certainly as does the human-lymph.

So much for the lymph to be used. As to time and manner of its use, Dr. Seaton says: In vaccinating special attention must be given (*a*) to the state of the person to be vaccinated, (*b*) to the proper selection of the lymph to be used, and (*c*) to the proper and thorough insertion of the lymph.

The person to be vaccinated should be in good health, free from acute or chronic disease, as it may interfere with or aggravate the operation. Healthy children may be operated on when four or six weeks old. If variola be very prevalent in a neighborhood, or in the house, then it is advisable to vaccinate immediately, regardless of present state of health. The lymph used should be taken about the eighth day, *before the appearance of the "areola,"* from thoroughly characteristic vesicles. If it be human lymph, it should be taken from persons known to be *healthy*. Children are best; those "of dark complexion, not too florid, with thick, smooth, clear skin, are the best lymph producers." If animal, the healthiest are of course selected. As to the insertion of the lymph, two or three punctures may be made, or two or three small abraded surfaces made, and the lymph well rubbed in; little blood should be drawn, only a mere reddening of the skin is needed. These spots should be an half inch or so apart, so that each puncture forms a separate sore, and

* Concerning this Jenner said: "Although the absorption of matter from sores on the heels of horses, secures, or nearly secures, the system from variolous infection, yet it is possible that this cannot be entirely relied upon, until a disease has been generated by morbid matter from the horse or the nipple of the cow, and passed through that medium to the human subject."

leaves a *distinct*, well-developed mark. Some advise that two or three punctures be made, some on one arm and some on the other. If the dried lymph be used, it is softened by moistening it with a little *cold* water. After the operation, the arm should be protected from rubbing, etc., lest undue inflammation be started. The sore should be examined on the eighth day to see that a perfectly characteristic vesicle has been produced. At this date the vesicle should appear round, plump and decidedly pearl-colored, distended with clear lymph; the elevation of its margin and the depression of its centre are very marked. A ring of inflammation, termed areola, begins to form about the base of this vesicle, at this date, or sometimes a few hours earlier. The vesicle and the areola together continue to spread for the next two (9th and 10th) days. The areola is circular and may reach a diameter of two inches. With this we may have swelling of arm, of glands, fever, restlessness and diarrhœa. After the tenth day the areola begins to fade, the vesicle to dry, and by the sixteenth day a hard brown scab is formed, which soon falls off and leaves the characteristic mark.

We have endeavored very briefly to point out the danger of vaccination in order to show that it is by no means a simple, harmless operation. Physicians should perform it with a care and watchfulness, which we fear they do not always render.

A GENTLE HINT.

TO ALL WHOM IT MAY CONCERN.

PUT YOURSELF IN OUR PLACE.—If our subscribers who are in arrears in their dues, will imagine themselves in our place for a moment, they will appreciate the position exactly, and will at once send their postal orders. What would be the estimation in which a physician would hold a patient who utterly disregarded for months the frequent reminder in the shape of a quarterly statement? Think on these things and govern yourself accordingly, for it is just as necessary for our printer to be paid as for your butcher!

We shall certainly stop sending the journal to such as are largely behind in payment, and place their account in a process of collection which will add costs!—N. Y. *Med. Times*.

THE AMERICAN JOKER.

The Laugh Cure.

A Merry Heart Doeth Good Like a Medicine.—*Solomon.*

From the February number of the *American Joker*—"a medical monthly!"—we quote: "It will astonish him [an inquirer] to learn that those who use the high potencies exclusively can be numbered upon the fingers of one hand. While those who make habitual use of the 30th do not number half a hundred. These, too, are men who run high-potency pharmacies, and write sensational books purporting to be medical *works*. Some of them are alleged teachers in homœopathic colleges. Few or more of them are active practitioners in actual competitive work against practitioners of other schools; and especially against those who rely upon the low potencies."

This is good, but better is to come: "The trash that has been dumped into homœopathic materia medica by Internationals, and their prototypes, the Korsakoffs, Bœnninghausens, Jahrs, Lutzes, *et. al.*, was spilt there against the will and without the consent of the discoverer of Homœopathy. The right-sided, the left-sided and slab-sided symptoms, along with the quieting of the child while being carried about under cham. [is "cham." a new name for *parasol*, that child should be quiet while carried about *under* it?] and the content and cheerfulness of the Belladonna prover after stool, are samples of such rubbish. No homœopathic *practitioner* relies upon such so-called symptoms. * * * Finally, as to the declaration of Dr. Geary, that 'Hull's Jahr, Hering's inflated gas-bags, etc., have made a race of symptom doctors ignorant of every branch of medical and general knowledge,' I must again pronounce a most emphatic denial. The Herings, Lippes, Wilsons, Allens, taught and are still teaching false doctrines in the name of Homœopathy. These false doctrines cost the young practitioner some months of fruitless trial, discouragement and loss of practice and confidence." This writer asserts that ninety of every hundred homœopathic physicians agree with him. Then Homœopathy has indeed "gone to the dogs."

TABLE OF DIARRHŒA SYMPTOMS, WITH REMEDIES.

We reprint a table of diarrhœa symptoms, with remedies, prepared and published many years ago, by C. Hering. We have a number of them on various subjects, dyspepsia, headache, toothache, etc., which we will publish later. In this table the characteristic symptoms of a few remedies are presented; for hasty reference nothing can be better.

CLINICAL BUREAU.

THE VALUE OF CLINICAL REPORTS.

As there are those in our school who deprecate the publishing of clinical cases, believing such reports lead to routine practice, etc., it may be well for us to state briefly their value, as the question appears to us.

First, we would say it is not fair to urge as an argument against a practice its abuse. If injury follows a practice, to make such injury an argument against that practice, it must be shown to follow from its legitimate use, not from its improper use or abuse.

There can, of course, be no value in improperly reported cases, or in fictitious cases. The case must be fully and clearly reported; so clearly that the proper remedy appears to come forward of itself, without any seeking. We have all seen such reports—reports in which the remedy, most similar to the case, seemed as apparent as the noon-day sun. And we have, it may be, wondered why we never got such *easy* cases. Not reflecting that the case appeared easy and simple to prescribe for because a master hand had drawn the picture. In the “taking” of a case lies the secret of success. If the patient be improperly examined, no amount of materia medica “thumbings” will supply the deficiency.

We believe that properly reported cases:

1. Teach how to “take” a case. Illustrating more clearly than mere instruction how our best practitioners accomplish this difficult work.
2. Illustrate the manner of prescribing; showing how minutely remedies must be individualized.
3. Indicate how to administer the *simillimum*; illustrating the various dilutions used, and teaching the comparative value of the single dose or repetition of dose.
4. Show how remedies act; some quickly, others slowly. Demonstrating the experience of our best practitioners in the important question of changing remedies or repeating doses.
5. Teach the materia medica; show the relative value of symptoms; confirm provings and bring forward new clinical hints.

EUTHANASIA IN PHTHISIS.

E. W. BERRIDGE, M. D., LONDON.

In the 1881 session of the International Hahnemannian Association, the following resolution was presented by myself, and adopted by the Association :

“*Resolved*, that in incurable cases, we believe that the utmost possible relief from suffering is obtained from the *Simillimum*, and that antipathic or allopathic palliatives are not only unnecessary but injurious.”

It is a common plea of the mongrels, to justify their departures from our law, that the *simillimum* only avails when a cure is possible, and that when the patient is necessarily incurable, nothing but allopathic palliatives can be relied on. This is strange logic, most worthy of the advocates of the new system of “Through the Looking-Glass Pathology” (see *The Organon*, vol. 1, pp. 321-2). Rational physicians would be likely to conclude that to *cure* was a greater work than to *relieve*, and that if Homœopathy could effect the greater, it could surely also effect the less. But as these pseudo-pathologists, who are ignorant of the natural course of an abscess (see *The Organon*, vol. 1, pp. 321-2), may be reasonably supposed to be ignorant of other important matters also, it may be well to call their attention to the following rule of practice :

In cases where the vital powers are sufficiently vigorous to render a recovery possible under homœopathic treatment, the curative action of the remedy, once fairly established, continues for some time; but where they have sunk so low that death is inevitable, the action of the best-selected remedies, though the relief given by them is truly wonderful, is speedily exhausted, so that new remedies have to be continually selected, according to the continually changing symptoms.

If, therefore, those who are ignorant equally of the nature of disease and of the action of medicines, neglect this rule, and in incurable cases give a course of medicines to be continued for several days, they will be sure to meet with failure; whereas, a careful examination of the patient's symptoms, at short intervals, combined with a careful selection of the remedy strictly according to the law of *similia similibus curantur*, will achieve the greatest possible amount of success. Let those who doubt the greater efficacy of Homœopathy in such cases, listen to the recital of the sufferings of those who are

dying a daily death under the combined influences of the disease and narcotics; no relief, even for a time, being possible, but from drugs, whose reaction finally leaves the patient in a worse state than before. And let any who are tempted to use the nosodes *unscientifically*, i.e. on any principle but that of our infallible law, notice that I commenced the treatment with *syphilinum*, though there were no indications of syphilis, because the symptoms of that particular patient at that particular time indicated it; and though the disease was tuberculosis, I did not use *tuberculinum*, because it was not indicated by the symptoms of the patient at any time, while the other medicines were clearly indicated.

Miss D., æt. 30. Had been suffering from phthisis for six years. She was at first under allopathic, and then under pseudo-homœopathic treatment. I first saw her Oct. 19th, 1881. She was then taking two medicines in alternation, both having a strong odor, and one a bitter taste. They had only made her feel worse. I found her in the last stage of phthisis. In the right chest there was sibilus on inspiration, and bronchial breathing on expiration; on the left chest there were the same sounds, with the addition of great dullness or percussion in the upper part. Cough and dyspnoea come on after her midday dinner, has to fight for her breath; feels as if she would be suffocated. These symptoms last all night, and *at day-break they get better* and she falls asleep. Sputa, yellow, thick, seem to come from left upper chest; must keep her hand pressed there when she coughs, as it enables to raise the phlegm more readily. Has not left her bed for two days.

The italicized symptom being the great keynote for *syphilinum*, I gave the DM (F. C.) every four hours.

Oct. 21st. Marked improvement after first dose; had a better night; less cough; suffocation nearly gone; yesterday could sit up and felt stronger, to-day feels weaker and faint; last night's sleep not quite so good; cough and breathing a little more troublesome than yesterday. As the speedy improvement had been followed by a partial relapse, and yet no symptom indicating a new medicine had arisen, I gave no medicine.

Oct. 22d. Cough did not trouble her till 4 A. M. Suffocative attacks returned yesterday afternoon. She still gets better at day-break, but the relief is not so marked as before. Sinking at stomach, causing faintness. Tongue dry; during faintness, mouth and throat feel parched. Since yesterday, loss of breath *on going to*

sleep, "as if the breath was taken all out of her." Suffocative feeling if the room is hot; wants to be fanned. Flushes of heat from head to chest. Thick yellow sputa. On coughing, pain like a knife in left upper chest, relieved by pressure of hand there. The former keynote had now nearly disappeared, and new symptoms of importance had arisen. Dyspnoea on falling asleep is given by Bœnninghausen under (*Bry.*) *Nux mosch.* and *Ran. bulb.*

Hering's *Guiding Symptoms* gives it under *Amm. carb.* (section 37), *Badiaga* (section 26), and *Carb. veg.* (section 26); this last being erroneously given in Jahr's *German Repertory*, vol. 1, p. 152, as *Carb. an.* It is also found in the proving of *Grindelia Robusta*. Hale states that it has been relieved by *Arsen.*, *Ignat.*, *Laches.*, *Nux Strychnia*, *Eucalyptus*, and *Ant. tart.*, but gives no authorities for his statement. I have verified it in my own practice under *Amm. carb.*, and *Bryon.*, and Dr. David Wilson has verified it under the latter remedy also. Of these remedies, only *Amm. carb.*, *Arsen.*, and *Bryon.*, have aggravation of breathing from heat; and of these only *Bryon.* has relief to the pain of the cough and pressure. I gave *Bryon.* 103 M (F. C.) every four hours.

Oct. 23d., 7.15 P. M. Says that the first two or three doses did her much good, and she slept in afternoon and in night. The dyspnoea on falling asleep has ceased; but she has suffocative feeling now, even when awake. Cough was troublesome last night, it is now *relieved by lying on left side*. The sinking in stomach and faintness were better, but returned to-day at noon. Tongue dry. The flushes of heat have been better, but returned to-day at noon, worse than ever, from head to chest. She feels generally worse about noon. Breathing worse from lying on the back. The cutting in left chest has been much better, and *has ceased* since 5 P. M., *when she began to lie on left side*. Craving for sweet ale all day. Took last dose of *Bryon.* at 3.30 P. M. In Lippe's excellent *Repertory*, I found "cough worse lying on right side" (which is equivalent to "amelioration when lying on left side"), under *Amm. mur.*, *Carb. an.*, *Cina.*, *Stannum*; also "pain in chest worse when lying on sound side" (equivalent to "relief by lying on painful side"), under *Stannum*. The craving for ale I regarded as a demand of nature which should be gratified rather than a morbid symptom to be combated; so I allowed her to take it, and gave her *Stannum* 3 M (Jenichen) every four hours.

Oct. 25th. The medicine relieved at first; she had a better night;

the suffocation was less, but returned to-day at 11 A. M. The cough was relieved, but increased yesterday, though it is better again to-day. Did not sleep well last night. The flushes of heat were better, but returned since last night. Less sinking and faintness. A little dyspnœa on falling asleep to-day, but much less than formerly. Yesterday afternoon the cutting in the left chest returned, but is now *relieved by lying on the opposite (painless) side*. With the attacks of loss of breath she has flushes of heat from head to chest, and must draw a long breath. In Lippe's *Repertory* I found "pain in chest worse when lying on affected side" (equivalent to relief when lying on painless side), under *Borax, Cact., Calc., Lycop., Sabad., and Sulph.* Of these I selected *Sulph.*, because it (as well as *Laches.*) has a special action on the left upper lung, and gave the DM (F. C.) every four hours.

Oct. 27th. She only took two doses of *Sulphur*, both of which increased the flushes of heat more than ever. After leaving it off she improved, and was better all yesterday. Sleep not good for last two nights. Less cough. No more cutting pain. Dyspnœa unchanged. Just as she is going off to sleep, heat seems to rise up from chest and cause gasping and suffocating feeling. No stool for 11 days, with ineffectual desire. Stronger to-day. Temperature 100.8. Gave no medicine, as she seemed better, and there were no new symptoms of importance.

Oct. 31st. Continued better till last night. The flushes of heat ceased till last night, and then returned only slightly. Very slight cough since last visit. Breathing on the whole better, it still comes on with the heat, as before, on going to sleep. Cutting pain not returned. Bowels acted on 28th, without very much difficulty, and every day since, but only slightly each time. Less dryness of mouth. Did not sleep last night, was light-headed. As the improvement was still continuing, I gave no medicine.

Nov. 2d, 4 P. M. Says the improvement has been ceasing since last night. Hardly any cough, but mucus rattles in chest as she breathes. Bowels relaxed, acting very often, but only a little at each time. No more cutting pain. Not much heat. Dyspnœa a little better; it comes on at any time, not only on falling asleep. Nervous feeling, "as if she could not lie, but could almost fly out of the window," but does not toss about. Mouth dry. Sinking faint feeling in stomach, "as if she were dying right away," since 1 P. M. yesterday, not relieved by food, and preventing sleep. In Lippe's *Repertory*, I found "sinking in stomach after food," and "sleep pre-

vented by emptiness in stomach," under *Dig.* only, so I gave CM (Fincke) every four hours.

Nov. 4th. Took four or five doses at intervals of four hours, and another yesterday afternoon; each dose seemed to increase the sinking feeling. Little cough, but mucus rattles on chest. The night before last was very bad from the sinking. No more cutting pain. Breathing better. Mouth still dry. Costive, stools difficult, scanty. Flushes of heat better. Sinking is better again since leaving off the medicine. As the repetition of the dose had proved too powerful for her, I stopped all medicine.

Nov. 5th, 8 P. M. Sinking feeling is better. No sleep last night from *burning like fire in stomach-pit*. Flushes of heat from head to waist returned. *Thirsty for little and often, craves sour drinks*. Expectoration easier last night. Cutting pains returned once to-day on coughing; cough is only slight. Dyspnœa better last night, but worse this afternoon, so that she had to sit up and breathe short. *The burning makes her feel restless*. Bowels natural to-day. If she lies on either side, she feels a dragging in stomach-pit towards that side, and if she sits leaning back, the stomach-pit feels stretched; she is easiest sitting bent forwards. The italicized symptoms plainly pointed to *Arsenicum*, and I gave her CM (F. C.) every three hours till the burning was better, then less often.

Nov. 6th, 9.30 P. M. The *Arsenicum* relieved her in from half to three-quarters of an hour, and she fell asleep. Had a good night. Burning nearly gone. Flushes of heat less to-day. Thirst unchanged. Much mucus in chest, but little cough. Cutting pain returned twice to-day. Dragging in stomach is better; is now lying on left side. She takes five doses, the last at 2 P. M. She now has intense restlessness, feels as if she must jump up, but cannot rest any way. Breathing is short, quick and panting, *with much action of abdominal muscles*; the expiration is accompanied by a kind of grunt; the dyspnœa prevents her from speaking continuously. Pulse 160. Respiration 70. The breathing has been thus nearly all day. She says she breathes "from the very bottom of the belly." The symptom "abdominal breathing" is unrecorded in any of the published repertories, but in my MS I have recorded it under *Bry.*, *Spong.*, *Tart.*, and *Thuya*. The *Thuya* symptom is found in Wolf's proving; that of *Bry.* and *Tart.* in the *Guiding Symptoms*; the source of the *Spong.* symptom I cannot now discover. As *Spong.* alone of these remedies, had "panting breathing" according to

Lippe's *Repertory*, I gave CM (Fincke). Subsequently on reading *Ant. tart.* in the *Guiding Symptoms*, I concluded that this would have been a more closely indicated remedy; at the time I had prescribed *Spong.* I had not recorded *Ant. tart.* under the heading "abdominal breathing." The *Spongia* seemed to do no good.

Nov. 7th, 10 A. M. No sleep all night from dyspnœa; which has made the muscles of lower abdomen sore and hot. Respiration 72. Pulse 160. Nostrils working somewhat. Intense thirst for little and often, and *it runs audibly down the œsophagus and stomach.* Was nearly choked with the mucus last night. Restlessness worse after 3 A. M. Has had five doses of *Spongia*, the last at 5 A. M. The thirst was worse during last night. The italicized symptom indicated *Cina*, *Cupr.*, *Laur.*, *Thuya* (Lippe's *Repertory*); and as *Thuya* alone corresponded to the nocturnal thirst (Lippe's *Repertory*), and to the abdominal breathing, I gave 15 M (Fincke) every three hours.

Nov. 8th, 1.30 P. M. The medicine quieted the breathing a little; had a quieter night, sleeping better. Is sore from abdomen to throat from the dyspnœa. Thirsty still, and drinks rolls down audibly. Respiration 74. Pulse 168. *Nostrils working more*, and *larynx moving up and down* with the respiration. Abdominal breathing unchanged. The italicized symptoms pointed to *Lycopodium*, of which I gave CM (F. C.) every three hours.

Nov. 10th. Breathing relieved for about half an hour after the first and second doses; then took no more medicine. Very little sleep the last two nights. Respiration 70. Pulse 180. Only a little pain in left upper chest on coughing. Has brought up much thick, white, sticky mucus. Less movement of nostrils. Abdominal breathing a little better. *Pleuritic friction sound in right lower lung, with pain there, which catches her breath.* Flushes of heat gone. Has taken nothing but a little cold tea for three days; it still rolls audibly down throat. *Pressure on left chest still relieves the pain there on coughing.* Face and forehead get cold at intervals. Larynx still works. Feels much weaker. The pleuritic pain, the relief from pressure to the pain of coughing, and the abdominal breathing, indicated *Bryon.*, of which I gave 103 M (F. C.) every six hours.

Nov. 11th. Has had three doses, each of which relieved the pain and dyspnœa temporarily. Now, pulse 150, respiration 60. Abdominal breathing less marked. Slept a little better last night, but with wandering. Coldness of face and forehead still. Repeated *Bryon.* every three hours. She took three more doses, which relieved the pain and dyspnœa, and she died at 11 P. M.

CLINICAL REPORTS, WITH CASES.

EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

Certain well-known physicians of experience having lately publicly expressed a disapproval of, or want of interest in the publication of clinical cases, it has occurred to me to state what seems to be sufficient grounds for their publication. The study of the *materia medica* being at best a notably laborious work, whatever facilitates it should be cherished as a means to the end for which only the profession of medicine can logically and rightly exist, viz.: the healing of the sick. Probably all physicians will admit that their most ready and available knowledge of our remedies is that which has been impressed upon them in the successful application of those remedies; but the necessary limitations to individual experience prevents one from acquiring in this way all the knowledge he may need; and it is superfluous to remark upon the readiness of interchange by clinical reports. Said the venerable Hering: "Let every practitioner report his cases or at least his cured symptoms, and at the great harvest time they will help to separate the true from the false, and a new, much abridged *materia medica* may be issued, not based upon the arbitrary notions of one, but on the united experience of all." If reports are perverted from their purpose of showing the probably verified symptoms, and lead to the use of a remedy for the *name* of a disease, the fault lies wholly with the perverter and is assuredly no new fault with him. I would therefore ask our master prescribers to remember how much the less experienced stand in need of the knowledge which forms their daily thought. It may be said that all knowledge is in our books, but meeting the same knowledge again in connection with cures gives it more than the excellent force of a common repetition; and it seems further probable that the number of reliable, but as yet purely clinical indications would by the faithful report of cases be increased.

To say that the value of clinical reports depends largely on the fullness with which the concomitants and conditions of the morbid phenomena are stated, is but to repeat a truism in Homœopathy, for there are often the distinctive, and hence decisive elements of a case.

A lack of this fulness in some recent reports makes it impossible to say why some other remedy was not equally well indicated.

We derive additional assurance, if any were needed, of the supe-

riority of prescribing upon the facts of diseases, rather than upon conjectures as to morbid anatomy, founded thereon, in the want of agreement between the pathological writers and in the unceasing succession of their hypotheses.

A report of a few cases is herewith subjoined :

Drosera 900 (F.) one dose quickly cured in a fleshy lady, pain in ankle on bending foot, especially in going up and down stairs.

Aphis chenopodii glauci CM (F.) cured at once a scraping, tickling and fullness in the throat, causing hawking, in a fleshy lady, soon followed by a heavy, dull griping in abdomen, going to sides, with drawing in occiput—antidoted by *Nux vomica*.

Capsicum 900 (F.) cured quickly a case described by letter, as bad catarrh; worse at time of grass-cutting; tickling in nose; eyes swelled with inflammation; weakness.

Nux vomica 200 (Dunham) given for four days, cured an ulcer of five or six weeks' standing, on the left lower gum, in an elderly, spare lady; the ulcer sensitive and worse when dyspeptic or fatigued. The patient had dull headache and vertigo early in the morning, going off after breakfast; tasteless, empty eructations after eating, and a feeling of a load at the pit of the stomach.

Chelidonium 900 (F.), one dose cured the following: Letters run together while reading; left eyelids agglutinated in morning; lachrymation in wind. Allen gives lachrymation in open air. The concomitants were: Pain, from reading, in the eyes; worse from candle-light; also lachrymation from reading. These also were removed, though not in the *materia medica*.

Ammon. carb. CM (F.), seven powders, one every morning, cured a long-standing pain in the abdomen below navel, every morning before breakfast; ameliorated by the pressure of the hand, and still more by lying down; accompanied with left inguinal hernia, which also protruded less, and was less sore after taking the medicine.

Nat. mur. 900 (F.), followed with *Lycopod.* CM. Swan, cured a long-standing affection in a middle-aged man, as follows: Pain in stomach and abdomen on rising in the morning, dull and heavy or sharp, relieved by empty eructations. Bad-tasting, dark-yellowish, thick mucus in the mouth in the morning. Pain in right shoulder-blade, worse from motion, better from lying on the affected side. Headache occasionally in the morning on rising, lasting all day. Pain in the lower back; worse from walking and stooping. All these symptoms were removed by the remedies mentioned.

Silicea, in different high potencies given on two occasions to a lady for dental fistula, relieved the same very much, but was followed both times by a feeling of cold in the head, so that she came to ask me if I had given her anything to give her a cold.

Pulsatilla CM (F.), one dose cured immediately and permanently, sleeplessness till after midnight, in a little girl of eight years, who had always slept well till two weeks before she got the medicine. The sleeplessness was attended with weeping, because she could not sleep.

PERISCOPE.

HOMŒOPATHIC WORLD: November, 1881. Cases are quoted from the *Clinique* showing "the efficacy of a new method for *restoring life to still-born children through the umbilical cord by its mother's breathing*. For this purpose the babe was held by the nurse near to its mother, who was told to take a long breath, and to keep doing so. This being done, the child responded to it, giving, after some seconds, evident signs of returning life, and in less than three minutes it was resuscitated, and cried lustily." The babe's face was also sprinkled with cold water. The above "method" was originally copied from an old *Indian squaw*. Of its practical value, we can say nothing; but its *rationale* is opposed to the teaching of the best obstetricians. After the birth of the child the placenta *should* lay in the cavity of the *uterus detached*, practically a foreign body; hence there is no foetal circulation, and the mother's heavy breathing could be of no use.

Dr. Burnett quotes from a German work this history of a shoemaker, who had been poisoned with *Cicuta virosa*: "On my arrival, he was in a terrible state of excitement, singing and yelling, his face very flushed, his eyes glaring and staring about, pupils very much dilated, pulse very rapid." Large doses of *Tart. Stib.* were required to produce emesis. Patient was weak next day and had irritation in throat, ringing in ears. * * * About five weeks after the poisoning he noticed the greater part of the skin of his chest had become *darker* than the rest of his body—became a dark brown color and remained so.

Dr. Berridge relates a case where unvaccinated children after taking *Ahuja C.M.* remained in a badly ventilated house with a small-

pox patient, during an epidemic, without suffering from the disease. Taken from the *Lancet* is a report of a Dr. Gowers, giving several cases of psoriasis caused by long internal exhibition of *Borax*. *Arsenic* cured it. We quote the following in full (it is too suggestive to lose a word of it), showing as it does the wonderful power of the *simillimum* remedy. *Sanguinaria* can scarcely be considered a tissue remedy.

CASE OF FEARED HARE-LIP: TREATED BY J. C. BURNETT, M. D.

February 18, 1881.—Mrs. ———, æt. twenty-nine, residing in London, has been married four years and a half, and has three children.

FIRST CHILD.—This is a girl, normal in build, but came at the end of the eighth month.

SECOND CHILD.—This is a boy that came at full term, but with single hare-lip of the left side and cleft-jaw.

THIRD CHILD.—Boy at full term, with very slight hare-lip of left side.

Status præsens: She believes herself to be in the family way at about the tenth week.

General health of Mrs. ——— and of her husband pretty good. She, herself, tells me that she is subject to headaches in the right temple, and that she has had measles three times. Has a constant feeling of nausea while carrying all her children, and it is *very bad* with this one; it usually lasts about three months. The veins of her hypogastrium were very much dilated with the second child, and slightly so with the first and third. The irritation there from was so great that she was obliged to rise in the night for relief. The veins of her thighs show a good deal. Is subject to piles, and occasionally has prolapse of the rectum. The piles were worse with the second child. She is clearly of a venous diathesis. Her bowels are rather constipated. Her hair is brown.

Her husband has very black hair, and says he at times gets a relaxed throat, and suffers from a torpid liver, for which Dr. Noble occasionally treats him.

These are all the relevant particulars which I was able to obtain from the parents; both very intelligent people.

The father is the product of uncle and niece, but that offered no therapeutic basis. Neither psora, syphilis, nor sycosis seemed present in either of the conjugal pair.

It did not seem to me to be a case of want of the nutritional element, either quantitatively or potentially. The cause seemed to me to lie in the *blood life* of the mother. But where, and in what consisting? That lay beyond my ken; it was, in fact, unknowable.

The essentiality of a state may be unknown and unknowable, but THERE WERE SYMPTOMS IN THE MOTHER, and therefore the scientific application of the law of similars was available. These symptoms were (1) nausea, worse in the evening; (2) sinking at the pit of the stomach before a meal; (3) much

salivation; (4) anorexia; (5) aversion to butter. These five symptoms had clearly *some* relationship to the mother's digestive tract, and it is not difficult to suppose that a mother's digestion must necessarily influence the body-fruit within her, both for good and ill. The next question was to determine what proved drug has similar symptoms to those of the mother. I will not make any needless *détour*, but give the drug I diagnosed. It was *Sanguinaria Canadensis*. Take "Allen" and read symptoms: (246) "NAUSEA in the evening;" (294) "*SENSATION OF EMPTINESS in the stomach;" (244) "Deathly nausea, with much SALIVATION;" (230) "Almost a total LOSS OF APPETITE;" and (235) "AVERSION TO BUTTER." Thus *Sanguinaria* covered the totality of the symptoms, and it was therefore prescribed. I gave five drops of the third decimal three times a day in a little water.

March 7.—The sinking at the stomach a little better; salivation no better; there is less aversion to butter; appetite much better; nausea about the same taste bitter; food acid. *Sanguinaria Can.* 6, twenty-four one-drop powders, one night and morning in water.

March 21.—Nausea better; sinking at the stomach better; salivation better; still dislikes butter. The taste is much better, and the food is no longer acid. Has a left-sided headache; is rather constipated; the rectum protrudes a little. *Sanguinaria* 12, given in the same way as last time.

April 4.—Nausea much better, but not quite gone; sinking very much better; still dislikes butter; The headache is gone. "On the whole I am very different from last visit," she said. She thinks the last prescription did her most good. R *Sanguinaria* 30.

April 25.—Nausea still continues a little; the sinking is gone, but it recurs now and again; still does not like butter; salivation nearly gone. R. *Sanguinaria* 1, one pilule three times a day.

June 2.—Nausea gone; she now likes butter; very slight salivation at times, R. *Sanguinaria* 1, to continue taking one pilule at bedtime until the end of the eighth month of utero-gestation.

October 14.—The following letter finishes my story :

"October 10, 1881.

"I have pleasure in giving the particulars you ask for as under :

"1. Born 28th September. 2. Boy (quite perfect). 3. Weight at time of birth, 8 lbs. 4. We expected the arrival about the 15th, so reckon the little one took a fortnight's grace before making his *début*."

I have nothing to add beyond begging my colleagues to publish their practical experience on this very important and hitherto sadly neglected branch of practical medicine.

LONDON, October 15, 1881.

Dr. F. Ross gives a case illustrating the value of *Urtica Urens* in scalds and burns. He dissolves the ϕ in water, and covers the burn with moistened rags, and *keeps them wet*.

December number opens with an editorial on "Crypto-Homœopaths, etc.," which end thus :

“Next comes the twaddling excuse, Oh! I make use of other things besides Homœopathy. The disingenuousness of this is obvious. They know well enough that *every* homœopath makes use of “other things;” he chooses his drugs homœopathically wherever he can, and does everything else which he deems for the advantage of his patients. The real reading of the excuse that they cannot openly own themselves homœopaths because they are not exclusively homœopathic in their views and practice is just this: they only know a *little* Homœopathy, and they prefer every routine palliation to laborious scientific Homœopathy. The genuine homœopath *must* work at his cases and at his *Materia Medica* daily and hourly, and never gets to the end of his studies. There is a quality in Homœopathy like one possessed by the English tongue. Any nigger can speak English in a broken fashion, and so any old woman can do a *little* homœopathic practice; but *all* the English language and *all* Homœopathy is beyond the capacity of the cleverest and most capable living man. No one knows more than a certain portion at any given time—its *extent* is immensity. The individual who tells us Homœopathy is inadequate for his clinical wants, is like the man who found chess insufficient mental work; is, in fact, simply confessing that he has never really grasped the law and its corollaries, or he is uttering the truism that some forms of disease are altogether incurable, and therefore Homœopathy does not cure them. God in His wisdom created the shallow waters as well as the deep rivers, and it were vain to expect such a leviathan as is Homœopathy to find anchorage in shallow places. It is not every medico that *can* understand Homœopathy. Our cook declares that chess is ‘a hawful stupid game!’ ”

A Dr. Ussher writes:

“I don’t often use high potencies, for the reason that I get on very well with lower, but as some of our friends at the Convention (London, July, 1881), have labored hard to convince us that these potencies, according to figures, *cannot be* anything, and the use of them has left us more persuaded than ever that we find them useful, will they explain the following case? A patient had five powders of *Sulph.* 200, five globules or more in each, to be taken at intervals of some days. When next she came her story was this: “I have only taken one of the five powders; it vomited me and purged me, leaving my abdomen so sore that I cannot bear to have it touched.” “Perhaps,” I suggested, “you overtaxed your stomach;” or still willing to accuse the last medicine (as Dr. Dake does), which in this case was *Iodide of Sulph* 6, a nullity in their eyes; but the answer of the woman was a settler; the vomiting and purging came on immediately after taking the powder. On many occasions this same *Sulph.* 200 has so acquitted itself, and it is so like *Sulphur* that I think there must be *Sulphur* in it, though not exactly enough to make fireworks in one’s inside.

January, 1882. Dr. David Wilson writes on “Infinitesimals and the Minimum Dose,” quoting Drs. Quain and Russell to prove that Hahnemann’s reputation was made by the use of the higher poten-

cies. Dr. Russell, referring to the charge made that "Hahnemann's greatest success was in the first nine years of his practice—i. e. from 1795 to 1804—exclaimed: 'I confess I heard that statement with perfect astonishment.' To me it is perfectly new. I have read all Hahnemann ever published, and I have read and translated about sixty letters written to his most intimate friends. I have read almost all that his early followers have written, and I cannot recall a single expression that warrants such a statement. * * * During the years which he (and Dr. Kidd) fixes as being the most successful of Hahnemann's useful career, he had not proved above *some eight or ten remedies!*"

Dr. Burnett says Cundurango causes "indolent pustules;" "an acne-like eruption;" "colleagues would do well," he says, "to add this little pathogenetic fact to their *Materia Medica Pura*. A characteristic indication (repeatedly verified), for Cundurango is 'cracks in the corners of the mouth,' especially when occurring with dyspeptic symptoms.

BRITISH JOURNAL OF HOMŒOPATHY, OCTOBER, 1881:—In this number appears an extended notice of the 'Transactions of the "World's Homœopathic Convention, of 1876." The writer, in commenting on an essay by Dr. P. P. Wells on "Eruptive Fevers," says: "When, however, he (Dr. Wells) talks of preventing variola from going on to the suppurative stage by a single dose of *Sulphur*, he seems to forget that such is the usual course of the disease in vaccinated subjects." This sentence is somewhat ambiguous. However, if the writer intended to say, such (*i.e.* suppuration) is *not* the usual course of the disease in vaccinated subjects, we beg leave to differ with him. *Sulphur* may do good in these cases, and also in the unvaccinated subjects.

The writer of this review seems to be a mad critic. For on the same (349) page, he thus pays his respects to Dr. Ad. Lippe. "Dr. Lippe follows with a paper on 'Diphtheria.' He espouses Cœrtel's *micrococcus* theory of its propagation, but uses strangely incorrect language in speaking of bacteria as '*vegetable* organisms.'"

We all know Dr. Lippe does not attach much weight to the pathological theories of the day; theories which come and go almost as do the seasons. But when he does mention these theories he generally quotes correctly. We would therefore ask, what is "strangely incorrect" in his speaking of the so-called bacteria as "*vegetable*

organisms." Certel, himself, says:* "The most important question in this whole chapter of etiology is that concerning *the relation of certain vegetable organisms to diphtheria.*" Certel even speaks of the subject as a "botanical question."

Bacteria were considered by some as synonymous with vibriones, and both were classed as animalcules; now we believe both are known to be vegetable organisms. We would not mention these pathological inaccuracies, for we attach little importance to the subject, were they not made by one who pretends to consider *pathology* the *alpha* and *omega* of medical learning.

Had these errors been made by an ignorant *Hahnemannian* we would not have been surprised.

The sentiment "ignorance is bliss where it is folly to be wise," fitly applies to pathology.

January number reiterates the old charge that Hahnemann taught that *Belladonna* was *the* remedy for scarlatina; *Merc. corr.*, for dysentery; *Cinchona*, for intermittents. If the writer really believes these assertions, he had better study Hahnemann more thoroughly.

"Thou may'st of double ignorance boast,
Who know'st not that thou nothing know'st."

We have several times reported the very *flattering* notices conferred on THE HOMŒOPATHIC PHYSICIAN by its journalistic brethren. Had we secured anything but their disapproval, we should have considered it as a sign that we had failed in our work of teaching pure Homœopathy. We take pleasure in quoting (*British Journal of Homœopathy*, Jan., 1882, p. 86), as follows:

"Our readers know the kind of thing [*'thing'* is good!] to be expected in such a journal. Four-fifths of each number are occupied with attacks upon the more liberal homœopathists, who are really now doing all the work and all the fighting for the common cause, while the Hahnemannians content themselves with abusing them. We had marked several passages for comment, but think that we can better occupy our space."

Discretion *may* be the better part of valor even to a *Cœur de Lion*. We are glad to hear the "liberal homœopathists are really now doing all the work." We knew they were publishing journals and writing books, but did not know they were doing any *work*.

A verification of the following symptom of *Badiaga* by Dr. C. M.

* Ziemssen, Vol. I, p. 587.

Conant is quoted. "He raises a little, thick, yellowish mucus after a coughing spell, but he seems to have no control over it, for it sometimes flies out of his mouth, half-way across the room." *Badiaga* 30 relieved. *Cannabis Ind.* relieved the following: "Distances seem so long; if I want to go into the next room it seems so far that I feel discouraged before I start."

Dr. J. B. Bell is quoted as aptly saying: "I am reminded of a quotation from a favorite German poet, who in describing a spring, after giving a glowing description of it, says: 'The old man who has viewed its splendors eighty times, stands astonished.' So the man who has a thousand or ten thousand times stood in the presence of a homœopathic cure, stands again astonished."

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

By request, we republish the complete list of officers, bureaus, etc., of the Association. The next meeting will be held at Indianapolis, June, 1882. President, C. Pearson, M. D., Washington; Vice-President, T. F. Pomeroy M. D., New York City; Secretary, Walter M. James, M. D., Philadelphia; Cor. Secretary, E. W. Berridge, M. D., London; Treasurer, Ad. Lippe, M. D., Philadelphia.

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BUREAUS.

CLINICAL MEDICINE:—O. P. Baer, M. D., Richmond, Ind.; E. A. Ballard, M. D., Chicago; E. W. Berridge, M. D., London; R. R. Gregg, M. D., Buffalo, N. Y.; Wm. Jefferson Guernsey, M. D., Philadelphia; L. B. Wells, M. D., Utica, N. Y.; Geo. F. Foote, *Chairman*, Stamford, Conn.

SURGICAL THERAPEUTICS:—J. A. Biegler, M. D., Rochester, N. Y.; E. Carleton, M. D., N. Y.; Adolph Fellger, M. D., Philadelphia; J. F. Griffin, M. D., Williamsport, Pa.; John Hall, M. D., Toronto; J. R. Haynes, M. D., Indianapolis; H. I. Ostrom, M. D., N. Y.; J. B. Bell, M. D., *Chairman*, Boston.

OBSTETRICS, GYNECOLOGY, ETC.:—J. B. Gregg Custis, M. D., Washington; W. H. Kern, M. D., M'Keesport, Pa.; Laura Morgan, M. D., San Francisco; E. B. Nash, M. D., Cortland, N. Y.; Edward Rushmore, M. D., Plainfield, N. J.; C. Carleton Smith, M. D., Philadelphia; Julius Schmitt, M. D., Rochester, N. Y.; Titus L. Brown, M. D., *Chairman*, Binghamton, N. Y.

MATERIA MEDICA:—H. C. Allen, M. D., Ann Arbor; E. Bayard, M. D., N. Y.; G. Pompili, M. D., Rome, Italy; C. F. Nichols, M. D., Boston; John C. Roberte, M. D., New Utrecht, N. Y.; W. P. Wessellhœft, M. D., Boston; P. P. Wells, M. D., Brooklyn; Adolph Lippe, M. D., *Chairman*, Philadelphia.

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"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. II.

APRIL, 1882.

No. 4.

EDITORIAL.

THE I. H. ASSOCIATION: It is gratifying to note the increasing interest manifested by homœopaths in the I. H. Association. This interest is shown by frequent letters of inquiry, seeking information concerning its objects, work, etc. As an answer to all such inquiries, we give a brief and simple statement of *our* view of the object and work of the Association.

Dr. Smythe, an allopath, tells us that: "Carroll Dunham's address was only the exciting cause of the schism which took place in the ranks of Homœopathy. It has been gathering form for a long time, and must have come sooner or later; in fact, it could not have been delayed much longer. There are now two wings to the school, the liberals and the straight-jackets. A house cannot stand which is divided against itself. The liberals will necessarily become eclectics, and the straight-jackets will return to Hahnemannism, pure and unadulterated. Preliminary steps to accomplish this end have already been taken. During the meeting of the American Institute, at Milwaukee, June, 1880, the International Hahnemannian Association was formed. * * * The formation of this Association, and the adoption of its platform is a return to the pure inflexible, dogmatic Homœopathy of Hahnemann."

The above quoted paragraph, though from the pen of an allopath, tells fairly well the reasons which led to the formation of the I. H. Association. To preserve and develop "the pure inflexible, dogmatic Homœopathy of Hahnemann." What the association considers to be "the Homœopathy of Hahnemann," we may learn from the following:

“ESSENTIAL TENETS OF THE HOMŒOPATHIC HEALING-ART.—The cure of the sick is most easily, mildly and permanently effected by medicines that are themselves capable of producing in a healthy person morbid symptoms similar to those of the sick.

“The only proper way to ascertain the sick-making properties of medicines is to prove them on the healthy.

“The changed and morbid conditions of tissues and organs are *results* of a dynamic disturbance, and not the *cause* of the disease.

“The totality of the symptoms, subjective and objective, is the sole indication for the choice of the remedy.

“In order to secure the best possible practical results, medicines must be administered singly, and in a dose just sufficient to cure.

“And *local treatment* by medicated topical applications, in *non-surgical* cases, is not only unnecessary, but is apt to change the location of the disease, and induce dangerous complications, and never *permanently* cures.’

“These principles guided Hahnemann, Hering, Dunham, and the early pioneers, and are still the best guiding principles and safest rules in practice.”

However much we may regret that all cannot, or will not, see the truth as we see it, we must acknowledge the truth of Dr. Smythe’s* assertion that there are two parties, with very different aims and purposes, each claiming the honorable title of homœopathists. Indeed, no one at all conversant with the current literature of the school, can doubt the existence of these factions. The one party tending to eclectic methods and practices; the other adhering to the principles and practice of Hahnemann. Then it is evident that the question which divides these parties is not one of “high” or “low” potency practice, as some would have it. It is deeper than that; it is more potent than that. It is a question of law versus empiricism.

The question at issue then being so plain, the decision as to the side one should assist ought also to be easy and plain. Let each

* We would only dissent from Dr. Smythe’s description of the Homœopathy, we advocate, so far as to say that it is neither dogmatic nor inflexible. Homœopathy is based on a law of nature, therefore, it is not dogmatic and cannot be inflexible in its practical adaptation. Yet, had we to choose between a dogmatic assertion of Samuel Hahnemann, and that of any allopath or “liberal homœopath,” we would most decidedly pin our faith to the *ipse dixit* of Hahnemann.

practitioner judge for himself, whether or not he is eclectic in principle, and desires to see eclecticism again rule in therapeutics; or, let him consider whether or not he believes in the law of the similars, and desires to see its use developed and perpetuated. As he conscientiously answers these questions, he decides whether or not he should be one of "the liberals," who, Dr. Smythe declares, "will necessarily become eclectics," or one of the "straight-jackets," who adhere to "Hahnemannism, pure and unadulterated." And let him also remember, that in a contest between truth and error, he who labors not for the truth, practically aids and abets the false. Says a writer: "Among our gravest sins of omission, we may count that of failing to fight for the truth when it is assailed." No true friend to Homœopathy can fail to see which party and practice he should join.

The International Hahnemannian Association was formed for the purpose of studying and developing pure Homœopathy in contradistinction to that which is mixed, partial or eclectic. Though there are many local societies, there is no *general* society in existence organized for this purpose. As many are seeking to engraft pathological and other hypotheses upon Homœopathy, it is evident that there should be a general organization designed to thwart any such mutilations, and to perfect Homœopathy after the pattern given us by Hahnemann. In forming this association for the defence and study of true Homœopathy, no assumption of superior wisdom, no arrogant challenge of defiance nor vain boast of censorship is made. While allowing to others the right to think and act as they please, we claim equal privileges for ourselves. We would not if we could, and certainly could not if we would, compel all to think and practice as we do. Yet, we do claim—and challenge others to refute the claim—that our system of practicing medicine is the most scientific in its principles, the quickest in its results, and the easiest in its methods, of any system that exists, or has ever been known. We go farther, and claim that our principles—the law of the similars, the single remedy and the minimum dose—*alone* represent Homœopathy. Yet, we by no means assert that this association numbers among its members all the true homœopathists; that none others are true homœopaths. There are many good and true men outside of its membership; but we do assert that these principles entirely and fully represent Homœopathy, as do no other.

We have said that we make no vain boast of censorship. For

this reason: Those who practice according to the law and its corollaries, as just given, are true homœopathists, and with these we certainly can have no quarrel. Those who do not so practice *are not homœopathists*, no matter what may be their party name; with eclectics or allopathists, homœopathists can have nothing in common either in agreement or for dispute. A man's practice, not his party designation, makes him a homœopath, an allopath or eclectic.

There must ever be strife between truth and error, between law and empiricism; but this need not be personal. As a celebrated physician has said in another connection: "I trust I have made the issue perfectly distinct and intelligible. And let it be remembered that this is no subject to be smoothed over by nicely adjusted phrases of half-assent and half-censure, divided between the parties. The balance must be struck boldly and the result declared plainly. * * * Let it be remembered that *persons* are nothing in this matter; there is no quarrel here between *men*, but there is a deadly incompatibility and exterminating warfare between doctrines."

MISREPRESENTATION.

AD. LIPPE, M. D., PHILADELPHIA.

The order of the day is misrepresentation. The eclectics of these latter days have no arguments to offer when they proclaim their liberty-professing excrescence of a revived school of medicine, not only not in harmony with, but superior to, the healing art taught by Hahnemann; and this deplorable want of argument, with a deplorable want of facts on which to base any argument, has forcibly compelled them to resort to that detestable mode of defending a forlorn cause—misrepresentation.

It is not a pleasant duty to refer to this subject, but the times demand that perpetrators of this contemptible practice of misrepresentation should be exposed. In the March No. of this Journal we exposed the *New York Medical Times*. We have on several occasions alluded to the neglect of the American Institute of Homœopathy to contradict the misrepresentations to be found on page 801 of the second volume (Historical) of the Transactions of the "World's Homœopathic Convention," Philadelphia, 1876. The misrepresentation consisting in adding to the homœopathic

colleges then existing, as enumerated by the President of said Convention in his address, another homœopathic college which was from its inception, until its final characteristic metamorphosis into an undertaker's establishment and a coffin factory, an out-and-out disreputable eclectic school, under the deceptive name of the Penn Medical University,

And now comes Dr. Richard Hughes, who presided over the "World's Homœopathic Convention," 1881; he there delivered an address full of misrepresentations, and now flushed by the apparent victory he gained in behalf of the eclectics over the true healers who honestly adhere to the teachings of the founder of a healing-art so ably misrepresented by Dr. Hughes, not knowing that another such apparent victory will prove itself to be his and the eclectics' Waterloo. In the January (1882) number of the *British Journal of* (what its editors, under a misrepresentation term) *Homœopathy*, and as part of the second Hahnemannian lecture, delivered at the London School of Homœopathy, by Dr. Hughes, on page 2, "The theory of the dynamization of medicines—*i. e.* the actual increase of power obtained by attenuation when accompanied by trituration and succession—is hardly propounded until the fifth edition (of the *Organon*). * * * On the other hand, there is the doctrine of a 'vital force,' as the source of all the phenomena of life, as the sphere in which disease begins and medicines act * * *

* * But the earliest mention of this conception occurs in the fourth edition; and the full statement of it, with which we are familiar, in the fifth. Paragraphs 9—16 appear there for the first time."

In March, 1813, Hahnemann wrote the greatest of all his papers, "The Genius of the Homœopathic Healing Art," and republished it in 1833. In it we find the following passage: "The noxious influences which, as a general rule, create in us from without the various sicknesses, are generally so invisible and immaterial* that it is impossible for them to change or disturb the form and structure of the components of the body mechanically, nor can they bring into the circulation pernicious or acrid fluids whereby all our blood would be chemically changed or vitiated; an inadmissible, crude speculation of material brains which can in no way be proved."†

* Rare exceptions are some surgical conditions and complaints arising from indigestible foreign substances occasionally coming into the alimentary canal.

† Vide, *The Organon*, Vol. I, 248.

Hahnemann clearly defines in this sentence his definition of what he terms, in the sentence above, "a dynamical changed state of man"—a changed existence—called sickness. The influences causing disease are *immaterial*, that is his first proposition. Further on he says: "Therefore it becomes obvious that only the smallest doses become useful and necessary for a cure."* Hahnemann declares himself convinced both by his inductive method and by his experiments that the *smallest doses* only become useful and necessary, and he makes this declaration in 1813. Such is history; and the student who faithfully follows the great philosopher, to whom mankind forever will be indebted for his teachings, will be gratified to discover how this great man strove on, developing gradually the new healing art, never venturing to put on record his new progressive steps till he himself and the few of his followers who were led by him to make experiments, by the verification of his advancing discoveries had fully satisfied themselves of the correctness of his next forward step.

Why Dr. R. Hughes is so unwilling to follow the master, and why he continues to flood the journals and exhaust his eloquence by "*misrepresentations*" is a question open for debate; why he thereby leads others astray, and gives his endorsement to the growing tendency of our day to fill our journals, and even our Transactions with misrepresentations and falsifications of history we know not, but we do know that the motive must by necessity be a very bad one.

ADDRESS OF DR. HUGHES, PRESIDENT OF THE LONDON HOMŒOPATHIC CONVENTION.

P. P. WELLS, M. D., BROOKLYN, N. Y.

In the October number of THE HOMŒOPATHIC PHYSICIAN, we gave our views of some of the utterances of writers of papers read at this Convention, and of what seemed, from fragments of its reported doings, to be its probable outcome. For this we had but fragments, and on these we commented. How far a complete report would have modified our comments, if we had had one, we do not know, but, by the kindness of the President of that Convention,

* Vide, Ibid 260.

we now have before us his address, complete, and we return to it, not for the purpose of giving a complete review of this paper, but to comment on some portions of it, and to give some thoughts suggested by reading it, in the manner and spirit in which we would have discussed these had we been beside the author when this address was written.

Before taking up the first point with which we propose to deal, we would remark of the address, that in spirit and scholarly grace, it is just such as his friends and admirers in this country and elsewhere (and of these there are many), would have expected from his well known urbanity of character, and his uniform courtesy in his intercourse with friends and strangers. For these qualities the address is worthy of all praise. But excellent as these are, ever and in all places, there are interests of greater value, for which, if neglected or misrepresented, neither courtesy nor grace can be accepted as compensation or excuse.

The address, we may add further, is characterized by a liberality of spirit which will not fail to make it attractive to many readers. And just here we wish to say a word on this matter of "*liberality*." It is a word often used, and often by those who use it with an air or expression of self-approbation, or even of self-congratulation, as if their conscious possession of this grace had raised them in their own estimation above all censure for whatever of shortcoming or transgression they may have committed. Now, *true* liberality of spirit is one of the loveliest of the characteristics of men, while that which is false is one of the ugliest. There is a true and a false in this matter, to which he who would build character wisely will do well to take heed. True liberality concedes to others the same right of judgment as to principles and practice which it claims for itself. The false would have it to be understood that differences in these are of no great consequence, that one is just about as good as the other, and that as between truth and falsehood it is not well to be too precise in our ideas and discriminations.

There has been more than enough of this. It has been put forth on the platform and in print, with an unblushing complacency which would seem to indicate that, to speaker and writer, truth and lies were just about equally worthy of our respect and confidence. Unlike this, true liberality contends earnestly and always for the *truth*, no matter who opposes, and insists that "no lie is of the truth." "*He is liberal*" has come to mean (and it would seem that

it is expected this shall be accepted as certifying that he of whom it is said is a man to be approved of), that the man cares little for the difference between truth and falsehood. Is such a man to be approved of? If such a declaration be not too often a certificate of perfect worthlessness, we are greatly mistaken.

We have been moved to these remarks on *false* liberality, mainly, after a consciousness of their truth, by a memory of the frequent use made of a certain Chicago utterance of that noblest of noble-hearted men, our late honored friend, Carroll Dunham, as an apology for this, and nearly every other imaginable offense. That utterance has many times been made to do a work from which the spirit of its author would have shrunk with horror. With him there was no indifference as to the nature or results of truth and error. His whole life was an earnest, consistent advocacy of *truth*. He never appeared as the apologist of error. It was the good fortune of the writer to know Carroll Dunham intimately, from the time he entered upon his professional studies to his death. There were between us many, very many, confidential discussions, and among these, this matter of "*liberality*" was often the theme. I believe I know his views of the matter perfectly, as much so, probably, as any one now living, and I have no hesitation in saying he had no respect for that liberality which inculcates indifference in matters of faith and practice. At the same time, he was not accustomed to arraign his neighbor before the bar of his own judgment to answer in the matters of difference there might be between the two. He did not regard his neighbor as responsible *to him* for whatever of error he might have adopted or practiced. At the same time there was with him no indifference to or tolerance of error. He was ever an earnest advocate of the truth, as he was ever an example of one of its most successful practitioners.

In Dr. Hughes' address, p. 4, we read: "The thing we desire to propagate and develop, is the *method* of Hahnemann. It is a method—a mode of treating disease—this, and nothing more. It is not a doctrine or a system," etc. While we take issue with this wholly inadequate statement of what Homœopathy really is, we cannot refrain from the remark that he whose view of it is thus limited has no right to stand as its teacher either on the rostrum or in print. Homœopathy is much "*more*" than "*a method.*" It is a philosophy of the relationship between diseases and their curatives. This makes up the *science of therapeutics*, and besides this we know no other. The

“*method*,” which seems to be all the president sees of its beauty, extent and perfection, is only the *art* of the practical use of this philosophy. Here it seems to have been his misfortune that his view of his subject stopped, just when and where it should have gone on. And more than this, this philosophy is the unfolding and exemplification of a natural law. Hahnemann is sometimes spoken of as the founder of Homœopathy. This he was not. The founder of Homœopathy was the Creator of man. And the time when, was when the other natural laws were ordained. Hahnemann was only in a certain sense the discoverer of this natural law. It had been promulgated centuries before his day, had been opposed by those who seemed to think they knew all there was to be known, just like its opponents of to-day, and then it was forgotten. It was brought to Hahnemann’s perception by the results of his own experiments and observation, and not by any record of an antique practice; so that, in a certain sense, he became its discoverer.

We maintain that this “*method*,” this art of the president, is nothing less than one of the divinely enacted natural laws. We are not surprised, after reading this myopic vision of the law, limiting it to a mere “*method*,” to hear him say, “We in no way determine how far its practical consequences shall reach.”* Being, as it assuredly is, a natural law, these must “*reach*” just as far as the objects and relations with reference to which it was enacted extend, *i.e.* it must embrace *all* diseases and their curatives.

If this be a correct view, then *obedience* to this law becomes a *duty*, and cannot in any wise or in any degree become a mere matter of *choice*. The liberality which would thus dispose of it then is very like that which makes free with one’s neighbor’s goods, *i.e.* it becomes, as we have elsewhere said, a *crime*. The law is God’s law, and not ours to dispose of as we may choose, to obey or repudiate at our pleasure. Not only does allegiance to its Author require this of us, but the best interests of the suffering sick as well. We believe no man as intelligent as to the records of practical Homœopathy as the author of this address undoubtedly is, will deny that the brightest and best of these are the outcome of strict obedience to the law and its logical corollaries. It is only needful to mention Hahnemann, Bœninghausen, Haynel and Hering, to make our meaning in this matter clear. In considering another portion of this address we may have occasion to refer again to these worthies and their record.

* Address, p. 6.

This being so, and the duty of the prescriber being to see to it that his patient receives from him nothing inferior to the *best*, whence comes the liberty claimed for him by the president, on page 6, to resort to "stimulants, sedatives, purgatives, caustics and counter-irritants," as do the Old School, regardless of law? If he knows no better, his duty is to learn the better way, to study that he may know more, rather than to turn to these resorts of a school which has in the use of them brooded in darkness these many centuries, and still refuses to come to the light. The liberty claimed on this page is a liberty to prefer darkness to light, and this certainly is not a privilege to be very highly esteemed. It dooms the practitioner to a perpetual ignorance of the better way, and his patients to a loss of the benefits the better way (the way of law) has in store for their relief. The only semblance of good to any man or interest that can come from this liberty is, it seems, for the time, to save the practitioner the labor involved in a compliance with the requirements of law. This liberty of choice, while it saved him from a labor which he lacked the force of will to undertake, dooms him to the imbecility which is the inevitable result of a refusal to use the powers and opportunities God gives to us.

We can hardly think well of the claim here set up for a liberty to do thus badly, when results so disastrous to all concerned are so certain to follow its acceptance and practical use. We have known practitioners, who called themselves homœopathists, who were accustomed to these resorts "when they thought fit," but, whatever they may have been as members of society, as men—as homœopathists they were only as the least of all flesh. The president seems to have had more than an inkling of this result even while making this claim, and this is even more clearly expressed on page 7.

On page 10, the president says: "The fact is that there are (as I endeavored to show in 1877) two homœopathies, * * * but they belong to different stages of his (Hahnemann's) career. The first dates from 1796—1812. It is that of the Hahnemann of the *Medicine of Experience* and the *Fragmenta de Viribus*, of the first edition of the *Organon*, and the first edition of the *Materia Medica Pura*. * * *. When I first spoke of two homœopathies it was mainly to urge upon my colleagues that the later thoughts of Hahnemann—the Hahnemann at any rate of 1812 to 1828—were worthy of attention," etc. We are not surprised that so intelligent a man as our president should so have regarded these thoughts, nor to hear

him say he "would do so again on fit occasion." Could any "occasion" have been more "fit" for this than that of this convention over which he was the head?

But how "two homœopathies"? We do not regard the expression as felicitous, though we think we get the president's meaning from it. There were matters in Hahnemann's later teachings not found in his earlier. But this certainly can hardly be equal to transforming the teachings of the master, at the different periods of his life, into two entities, differing from each other essentially. The difference was of *growth*, not of essential distinction of entity. To say, because of this growth, there were two distinct individualities, would be like saying Richard Hughes at 5 and Richard Hughes at 50 years of age were two distinct individuals. Growth does not destroy identity. As the man with the increase of stature gains new knowledges and develops new faculties, so the science of therapeutics as developed by the master, added new elements after its birth, till it had reached the more perfect stature of its present existence, the added principles and corollaries not changing its identity, but only bringing, so to say, new faculties for its practical life and successes.

The president gives some of these products of the master's more mature thoughts and labors, which he says are "conspicuous by their absence" in the earlier announcement of the homœopathic doctrine, viz.: "the vital force" (which, by the way, we did not know till now told in the address, p. 10, is only a product of Hahnemann's speculation), "the psoric origin of chronic diseases, the dynamization of medicines"—these are some of the later thoughts which the president would again commend to his colleagues as worthy of their attention, on a fit occasion. It is well he should do so, as it is a lamentable fact that very many of these, in their acceptance of Homœopathy, seem never to get beyond that first stage in which its development was obviously so incomplete. Their wisdom in stopping thus far back and rejecting subsequent developments, is as though our worthy and esteemed friend at fifty should utterly refuse to employ the faculties and powers he has acquired, with so much honor to himself, since his age of five. And more than this, it will be well for these colleagues if he succeeds in thus calling their attention to these later discovered elements of the homœopathic philosophy, for it has been by the knowledge of these, and by a practice in which these were made controlling factors, that the brightest records of practical healing have been achieved. Small wits have sneered at

the three chronic miasms; Bœninghausen believed in them, and by the light of this faith he gained a success in the treatment of chronic diseases, which gave him a position as a successful prescriber, which it is believed no other man, of whatever faith or practice, has ever attained. His faith in these miasms led to the study of them with earnest carefulness, and this, to a knowledge of them which contributed so largely to make him the master in healing he was. Meaner men may ridicule this faith; indeed, very mean men have done this often; but they, nor those who have been content to stop at the *non credo* of the skeptic, have ever had the courage to compare records of success with this peerless prescriber. All those elements of the homœopathic philosophy which are habitually spoken of as Hahnemann's "theories," his "errors," or even as his "fanaticisms"—this master had proved them all, as he thought, to be irrefragable truths, and these truths it was which gave him his power as a prescriber, which certainly was something quite unique. The same is true of the other heroes, his cotemporaries in practice, who contributed so largely to give this philosophy and practice its present world-wide reputation and acceptance.

When we say it was the acceptance and practical use of these often ridiculed, and oftener rejected, elements of the homœopathic philosophy, which constituted the one great characteristic of Bœninghausen's practice, we speak from personal knowledge. His faithful adherence to them, to the utmost detail, even after nearly half a century of practical prescribing, was something little less than wonderful. No repetition of a duty, however often, begat with him the least carelessness, nor brought any temptation to seek, from this familiarity, any shorter or easier way than that through the "totality of the symptoms," and their most careful comparison with the record of the materia medica. At 76 he was equally careful and laborious as at the beginning; and this care and labor we have seen followed by results the most surprising and gratifying.

Is there not in such an example of faith and faithfulness a lesson for those who are now professed believers in the philosophy which dominated his practical career? Is there not a duty for them to emulate his successes? They may assuredly know that these can only be realized by implicitly following his example of faith and practice. This can come from no partial acceptance of homœopathic philosophy, which so many now seem tempted and encouraged to adopt. Partial acceptance or partial faithfulness can only

result in partial success at the best, and will, but too often, and too likely, end in complete failure, and resort to old school abominations. For it should be remembered, that in our school these are never met, except in the practice of partialists, and that Bönninghausen and those of like practice have never felt the slightest need of them.

The president gives warning, that "when the volume we shall issue comes to be read, it will be found to be wholly and powerfully representative" of this partially developed Homœopathy of the early period. Perhaps it was this partial character of the Homœopathy represented in the convention which made the fragments of the reported doings so unsatisfactory to those who looked for something better as its outcome. Was it the imbecility of infancy?

On page 7, our president gives utterance to a most important idea: "We ought by this time to be able to define *what are the exceptions* [*italics ours*] we recognize to the rule 'let likes be treated by likes;'* for, like every other rule, it has its exceptions," etc. We repeat, with hearty concurrence, that it is full time that those who know of such exceptions, inside of the circle of curable diseases, should make known to the world what they are. For ourself we freely and earnestly say, that within this circle we know of no such exceptions. As to incurable diseases, and alas there are such and but too many of them, it is of little use to talk of "rules" or "exceptions." And, further, we most heartily join our president in his declaration that "outside these limits [*i.e.* of these exceptions] to obey it [the rule] implicitly." This is sound doctrine, and as we understand the matter, calls for implicit obedience to the "rule" in all cases of curable sickness till these "exceptions" are clearly stated and fairly proved to be "exceptions."

And further, on page 5, the address says, "we do not listen to those who would have us cut ourselves adrift from him [Hahnemann] so as to profess a Homœopathy freed from the errors and fancies with which he has weighted it." It would seem to have been easy, for a long time, for men to talk of the "errors and fancies" of the great master. This has been and is quite a cheap kind of talk. It would have been better if these men had, while so talking, plainly

* That the president has not been "able" to do this, nor any one of the many who have practiced as though such "exceptions" really existed, not one of them, after so long a time, does it not go far as proof that no such exceptions have place except in the imagination of these partialists? These should be either brought to light and demonstrated, or the talk of them as recognized realities should stop.

stated these "errors and fancies," that the rest of the world might know just what the points are to which they applied these words, that there might be a fair opportunity for judgment as to whether these so-called "errors" may not be important *truths*, rather. This is certainly possible, and there are not a few who heartily believe that with this opportunity many, if not all, will be found of this better character. We are sure that till this judgment is so had, our friend does well to decline this "*cutting adrift*."

And further, still, on page 9, there is given us another opportunity to agree with our friend, which is always pleasant. It is in these words: "I am not prepared to throw overboard, merely to lighten the ship, the wealth of experience gained and recorded in the past as the result of infinitesimal medication." To do this would be only paralleled by the folly of "throwing overboard" the steamer's engine for a like purpose. It would be dispensing with a chief good for the purpose of "lightening a ship" which really needs no relief of the kind. It is well, therefore, that he so decidedly declines to part with this "wealth," and the more so, as it is just this experience which has given to Homœopathy its fame, and in which is found its chief triumphs. It is neither the office nor the result of a partial Homœopathy, this of successful aggression against the practice and prejudices of three thousand years. The feebleness of undeveloped life is not the instrument with which to engage in so important a work. And it is just this feebleness which partialists accept when they refuse to go beyond its early announcements in their faith and practice. It is not wonderful that feeble ones should sometimes fear for the safety of the ship so freighted. Not so our president, and he is right. That which the feeble ones fear is just the power which will carry the good craft onward to a triumphant termination of its voyage. It is not to be "thrown overboard."

There are in this address many noble utterances of which it is more than pleasant to approve, and much of expression of generous spirit with which all good men will sympathize. Many of these have been marked for comment, but the length to which this paper has come, reminds us that it is nearing the limits which can be given to it in the quarter to which it is destined. We shall refer to but one more, and then be done.

On page 14, the president says: "I love and sigh for unity—[i.e., for homœopathists with allopathists], but there is something I prize even dearer still, and that is truth." There are many, there can be

no doubt, who will sympathize with this desire. We are not of the number, we can see no gain in a unity of error with truth. There can be no gain to error—there can be only damage to truth, in such a union, if indeed this were possible, which it is believed it is not. Our president believes it possible, and of certain attainment in some far-off future. We do not share in this faith. Some years since we heard a valued friend express the hope that he should live to see the two schools “united on a scientific basis.” This, of course, meant a unity as to the science of therapeutics. The hope was certainly a very sanguine one, or he was looking for an uncommon longevity. If he expected old school men to come over in a body on to our ground, (we have no objection to this), he was a very sanguine man, and it might not have been impertinent to inquire on what his hope was based. Certainly union in this case would imply compromise, a giving up on the one side and the other of something each held to be more or less important. Now, as we hold Homœopathy to be the science of therapeutics, and as we know of no other, that it is a truth in whole and in part, what is there of this the believer in it can give up? If the prophecy should be realized in our day, it is to be feared it would turn out but badly for the writer of this and our president, for assuredly, in these and all other circumstances, we mean to cleave to the truth in its integrity.

Those who are hopeful as to the near approach of this professional millennium may have taken some courage to their hope from the recent action of the New York State Medical Society.

That honorable body, in fashion quite magnanimous, at their recent session in Albany, removed the ban which forbade its members to consult with homœopathists. Why they should have done this just now, after all these years of attempted ostracism, is not very apparent. Did anybody request this at their hands? Homœopathy is now the very thing it has been through all these years when it has been the thing they have hated most, and its practitioners are neither better nor worse than they have been through all these years, when they have omitted no opportunity to treat them with the utmost contempt, and when a consultation with them was expulsion from fellowship. Why then this recent action of this respectable body? We confess we can see but one reason for this removal of this very harmless ban. We suggest it only as a possible reason. We can imagine that the long-time refused consultation, which nobody desired or asked for, was at last discovered to have put the members of this

society into rather an awkward position before the public. To escape from this may have been a motive. But then what of the liberality which some think they seem to see in this wholly uncalled for act, which nobody needed or desired, at least outside their own ranks?

While some think they see a liberality in the spirit of this body disclosed by this act, others think they see only a new form of attempt to give Homœopathy its death blow. They think the members of this society reasoned somewhat in this way: We have tried to kill it by active opposition and abuse these many years, and yet it has grown and flourished. This method has proved a failure. Now let us try the other tack. Let us show favor and patronize it, and it will die the speediest. Did they mistake Homœopathy for a new form of patient? It certainly proposes a new form of allopathic practice.

We have said nobody asked for professional consultations with the members of this society. We add, we believe no one has felt the least need of them. Their advice as to the administration of our law of therapeutics could only be perfectly useless, if not positively harmful, and this for the reason that they know absolutely nothing at all about it. Our advice to them could only be to use the like which cures, and point it out to them, and see how quickly they would accept it. The writer has been something more than forty years endeavoring his best to obey the law of cure he has accepted and trusts, and in all this time he has no recollection of once feeling that any adherent of the school in which he was educated could help him the least in any difficulty he has encountered. We repeat then, why this repeal? We might be impelled by prudence into a memory of the Trojan utterance—*Timeo Danaos, et dona ferentes*, if we did not at once remember these old school gentlemen *bring us no gifts*. They never loved Homœopathy or its advocates less than now. If this repeal has any influence to lessen professional rancor, we can all rejoice in the result.

THE next Annual Convention of the Western Academy of Homœopathy will be held at Kansas City, June 20—22. Arrangements are being completed for a grand excursion to Denver and return at greatly reduced rates; other attractions will be offered to make the occasion a memorable one.

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NEURAL ANALYSIS.

BY THE ELECTRO-MAGNETIC METHOD.

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The announcement of this new method in the *Hahnemannian Monthly*, June, 1881, has been noticed in *THE HOMŒOPATHIC PHYSICIAN*, September, 1881, in a manner which is apt to mislead the reader to the conclusion that the instrument used labors under some errors which "should be corrected." There is nothing to be corrected. As it is, the errors are found to be on the critic's side, who wonders at the apparent impossible capability of the instrument to furnish a deflection of 245° from the point where the needle starts, viz.: 45° N. E. Now, anybody can see how the needle is deflected, after the introduction of the described galvanic current, beyond 90 degrees, and that ocular inspection, to which the critic and everybody is invited, settles the question.

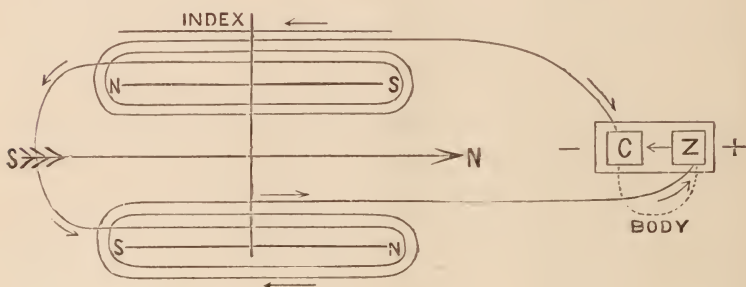
Since then, the method has been improved, inasmuch as the operator himself is made the means of generating the electricity needed, besides conducting it through his body. For this purpose the galvanic battery is dispensed with altogether. Upon a small board, one-quarter inch thick, two inches by six, are fastened two squares of copper and zinc, of one-quarter inch size, about four inches apart, and they are connected with the wires of the galvanometer. As soon as the operator covers these two little plates with his thumbs, well wet with water, the needle is deflected to a greater or less degree, according to the potentiality of the nervous system. If two such plates are placed upon each other with a wet rag intervening, the needle, standing now at 60° Northeast, goes as far as 265° West, as the maximum deflection the instrument is capable of. The advantage in a comparison with the older method is in that the source of electricity will be constant, because at every operation the conditions are the same, viz.: the same surface of the heterogeneous metals, and the same amount of water applied by the covering skin of the thumbs, while, in the previous arrangement of a galvanic element, the current must, necessarily, gradually lose in force.

The double needle has been changed to a heavier one—No. 6, Milliner Milward—one and one-half inches long, which naturally takes the position of 60° Northeast, the point which has been

found to yield the maximum of action. An extra circular measure has been put upon the dial, counting the regular stand of the needle at 60° Northeast as 1° , and extending from that point 270° West. The combination of two coils instead of using one is indeed, as the critic justly remarks, on account of the greater sensitiveness to electrical influence.

The following will convey the correct idea of how the instrument is built and operated (See diagram) :

The two coils have their convolutions in the direction from left to right. They are placed one upon the other: the one, with 6,000 windings above; the other, with 5,700 below. The ends of wire



coming from the innermost convolutions nearest to the needles are connected; those coming from the surface of the coils go to the poles of the galvanic element. In this way the outer end of the lower coil is connected with the positive, or zinc-pole, the outer end of the upper coil with the negative or copper-pole. As soon as the circuit is closed, the electric current runs from the positive pole, at the right hand, through the body to the negative pole, at the left hand; thence into the upper coil from outside till it reaches the windings around the upper needle; and then, in the opposite direction, it runs around the lower needle through the convolutions of the lower coil, returning through its outer end to the positive pole, at the right hand. Whilst this is going on, the needle is deflected to a certain degree, and, on opening the circuit, it returns in oscillations to its legitimate stand at 60° Northeast, in two to three minutes. The deflection of the needle is governed by Ampère's rule, which, in a popular way, he expressed thus: "The south pole of the needle is deflected towards that side from which the positive current appears to circulate, in the direction in which the index of

the watch moves, *i.e.*, from left to right." Now, here, the positive current enters the upper coil first, and circulates around the needle in the direction from left to right, and the upper south pole, therefore, must be deflected towards you, if you stand on the west side. The next moment, the current enters the lower coil in the opposite direction, and therefore the lower south pole must be deflected in the opposite direction. But since, in the present arrangement, the needles within the coils cannot be observed, an index of indifferent nature is attached to the astatic system, above the coils, moving over a dial which indicates the deflection of the needle. And so it is that, when you cover the two plates with your wet thumbs, the zinc-plate with the right and the copper-plate with the left, the index parallel with the upper south pole pointing 60° Northeast, moves West. If the poles are reversed, it moves East.

The Galvanometer stands in the meridian upon a bracket near a window-casing, the wires run into two copper staples, a few inches apart, attached to the window-sill. The board with the pole-plates is furnished with connecting wires which are hooked into the staples and always ready for use. The observer wets his thumbs, takes the board in hand, and covers the plates, and thus the circuit is closed.

Now, the interesting question presents itself: What is going on when the connecting link of the poles is the human body, which must be traversed at a length of 67 to 70 inches, from one thumb to another before any electricity can be developed at all? I had no occasion yet to experiment upon the dead body, but, judging from the fact that an exhausted, sleepy body gives very slight deflections, while a strong and vigorous one, especially under muscular and mental excitement, gives deflections which even can reach the maximum of action the instrument is capable of, it must be surmised that the current will not be generated and conducted by a dead body; a consideration which led my friend, Dr. John C. Robert, to the judicious remark that this method might be a safe means of deciding the certainty of death in dubious cases. Then the circumstance that the deflections vary in various observers, and in one observer at various times, and very distinctly immediately after taking medicine, points to the supposition that the current does not run indiscriminately the nearest way through the body, seeking its way through the multitude of moist tissues, or along the surface of the skin, as frictional electricity does, but that the medium is the nervous system.

From Volta's fundamental experiment we know that the origin of galvanism is not the chemical action, but the contact of heterogeneous metals. In our case, however, there is no such contact, because the metals are about 70 inches apart. Considering the galvanic element as used at first in this method, the water in which the metal-plates were immersed served as the medium for the exertion of their heterogeneous natures. There is no doubt that, if we put the plates, either of them alone, into the saucer with water, immediately an action takes place which tries to communicate the nature of the plate to the water. This looks more like a physical than a chemical action, and we might say that this action causes the electricity which appears when another plate of heterogeneous nature is put into the same vessel, and an arc applied, completing the circuit. For each of the plates may be considered as the cause and centre of an undulatory system, in which the circular waves of each are thrown around at first, until they intersect and interfere, reaching each other through these interferences, till the communication is established. These interferences, then, establish and equalize the electricity from the opposite poles. As soon as a conducting wire is applied to the negative pole and carried to the positive pole, the current of electricity forms out of the preliminary action, and the electricity is eliminated from the element, and in that manner, by giving way to new development, favors it, and furnishes power for work.

Now, here, in applying the thumbs to the plates, there is just as little reason to assign the origin of the electricity to chemical action because of a sheet of water mediating the contact between the plates and the skin. It leads back at once to Volta's fundamental experiment where the mere dry contact of zinc and copper makes the electrometer dilate. Here the wet contact of the plates with the skin produces the electricity which is taken up by the cutaneous nerves and carried up by undulatory motion to the centre to which they belong, analogous to the undulatory system in the simple element in water. This susception occurs on both sides, both of the systems on opposite sides meet and interfere in the centre, and there and then the positive pole preponderating gives the direction to the only then commencing current of electricity. It goes out of the body through the left thumb, circulates around and deflects the needle in the galvanometer, and returns to the positive pole. The body, therefore, plays a two-fold part: first, of generating the electricity in its contact with the metals, and, second, of conducting the thus generated electricity through the nervous system.

The difference between the generation of electricity by a special element for that purpose, and the interposition of the body in the negative pole as in the former method, and between that generation by means of direct contact of the body with the poles as in the present method, now acquires a significance of its own. For the latter will not only show the amount of conductivity of the nervous system, but also the capability of development, and will, therefore, prove a powerful instrument for physiological investigations in a new aspect.

But aside of the consideration of the developmental capacity and conductivity of the human system, important lessons may be drawn from the combination of this electro-magnetic method of Neural Analysis—the immortal discovery of Jaeger—with the chronoscopic which measures the time in which the deflections are reached, and it will be curious to see how the velocity of this electrical action in the nervous system will compare with the ingenious calculations of the velocity of nervous force of others.

In order to show what fine reaction the nervous system of man, and especially of woman, is capable of, the following observation upon Mrs. Dr. H. is given: She gave 127° , a second time 122° , then took one dose of *Calcareo carbonica* CM (Fincke); three minutes later the deflection was 27° , consequently 100° less than the first time; then, after about a quarter of an hour, 95° , and after an hour from the first observation, 170° .

Twenty years ago I had, as Dr. Adolph Lippe will remember, a small galvanometer of 100 yards wire, which he and afterwards Dr. Hering tried. The application was by copper- and zinc-handle, which were grasped by either hand. The effect was evident, but not satisfactory on account of its uncertainty of application to the body. After Jaeger came out with his wonderful discovery which forms an epoch in the history of medicine, I recommenced to work in the galvanic line, and now succeeded in finding the better application, by covering small plates with wet fingers. This seems to be the simplest and easiest way to experiment, and cuts off many sources of error which attach to the older methods.

In regard to the chronoscopic method of Neural Analysis, it may be permissible to add, that Prof. Dr. G. Jaeger, in Stuttgart, has already proved the power of the 4000th centesimal fluxion-potency of my preparation of *Natrum muriaticum* which “gave an increase of excitation of 55.4 per cent with very violent subjective sensa-

tions, which, after the inhalation, returned during $1\frac{1}{2}$ minutes in attacks." See *Allgemeine Hom. Zeitung, Leipzig*. Vol. 103, p. 134. I have not the least doubt but that also by this method, with more sensitive observers, the highest potencies will be shown to act.

February 21st, 1882.

FLUXION DILUTIONS.

ELDRIDGE C. PRICE, M. D., BALTIMORE, MD.

Had I introduced the subject of fluxion dilutions into this journal, I should certainly feel a delicacy about continuing the argument further, but since I was herein attacked by Dr. Guernsey, I feel that I have a right to ask a final hearing.

The apparent delay in concluding the subject has been caused by various obstacles of too great importance not to be surmounted before writing this finale.

That the so-called school of Homœopathy is shattered by the schisms of theorists, is a fact to be deplored, but nevertheless it is a fact. As my views upon this subject have been expressed elsewhere, I will not afflict my readers with a repetition of them in this connection.

That my friend Dr. Guernsey saw fit to criticise so severely my opinions and statements of fact, published in the *Hahnemannian* for March, 1881, I sincerely regret, for facts remain unchanged even amidst the most wordy warfare.

I have simply acted upon the defensive, and am still so acting; if, therefore, my *parries* should bear the semblance of *home-thrusts*, for the sake of my friend in arms, I hope he may not be unprepared to keep his guard.

As an initiatory feint, I will thank my friend for the historical information given me concerning Dr. Swan's mode of preparing his dilutions from high *potencies*. Not being a subscriber to the defunct *Organon*—which Dr. G. gives as his authority—I must ask forgiveness for the grave (?) ignorance of which I have been guilty. Nevertheless, I will make bold to suggest that my original argument was based upon the preparations and comparisons of Dr. S. A. Jones, and not upon those of Swan, Fincke, or Skinner. From his premises, therefore, Dr. Jones is correct; *ergo*, so must be the writer.

Dr. Guernsey remarks that it is "a strange coincidence, that of all my high dilutions, a little drug substance should have remained in each." Truly—if such be the case—it is; I can but assent.

My friend says: "Hahnemann's principle was to give to each patient *just enough* medicine to effect a cure."

I presume there is no man, of whatever pathy, who will deny this truism; but when we attempt to dictate the precise *quantum sufficit*, when we attempt to circumscribe the logic of hundreds of individuals by our own, then we had better lower the point of our foil and call a truce, for where one foe stood there we will find a legion. The repetition of dose is another vexed question, even among our altissimo-dilutionists. How strange it is that two minds of analogous construction, or that possess a similar appreciation of certain combinations of circumstances, should differ so radically upon some allied subject. Dr. Guernsey repeats his doses but seldom, and strongly disapproves of frequent repetition, while Dr. Swan will repeat a CMM as often as every half-hour. Psychology is yet in its infancy.

There are some physicians who are willing to let each man use the preparation he prefers. These men call white, white, and only protest when shades of color are substituted for this fundamental combination.

Here is something that may be of interest to Dr. Guernsey, which I have taken pains to transcribe from the *N. Y. Med. Times* for January, 1882 (a most excellent journal, by the way), viz.:

"Dr. Arndt, in a recent issue of *The Medical Counsellor*, makes a careful analysis of a large number of well-authenticated clinical reports, representing the various epochs in the history of Homœopathy. After going minutely over the cases claimed to have been cured by the crude drug and the various alterations, the following conclusions are reached:

"1. The *great* bulk of homœopathic practice, from the time of Hahnemann to the present day, has been done with low attenuations.

"2. The prescriptions of low-dilutionists show *at least* as much skill in prescribing correctly and in individualizing closely as do the prescriptions of high-dilutionists.

"3. It is a fallacy to presume that the present position of Homœopathy is due to the labors of men who advocate the exclusive use of high potencies in the treatment of the sick. History proves the contrary.

"4. High-dilutionism, as such, is not gaining in the number of its converts in the ratio with which the membership of the homœopathic school is increasing. An examination of the cases reported as cured by high-dilutions show that a comparatively small number of men furnish an unusually large number of clinical verifications and reports, and that high-dilutionism is kept promi-

ment before the profession by the organized and persistent labors of a small but determined minority.

"5. It is good practice, established by the example of our best men, to repeat the dose at regular and appropriate intervals.

"6. Crude drugs may, and do, act homœopathically, curing promptly cases to which they stand in homœopathic rapport. The use of crude *Quinine* or of any other drug in a crude form, in a case the symptoms of which bear the appropriate degree of similarity to the pathogenetic symptoms of the drug, whether the case be one of intermittent fever or belong to any other disease-group, may possibly not be followed by as prompt curative action as if the drug were given in a diluted or potentized form, but the practice is undoubtedly legitimate, and it may be unavoidable and imperative. Under no circumstances does the administration of quinine, or any other drug, in a crude form, constitute a violation of strict homœopathic principles, so long as the conditions above stated are met. The practice of our strongest men, living or dead, and the accumulated clinical evidence of more than fifty years of practice prove the correctness of this position."

Relative to the essentials in the process of potentization, I will say nothing further than to allude to Dr. Guernsey's reference to Hahnemann's "Chronic Diseases." His quotations do not in the slightest militate against what I have written. I did not deny the necessity of dilution any more than I did the necessity of friction. I will repeat a statement made in my last article in this journal: "To make a *potency*, friction is a necessary factor; to make a *dilution* it is not. The preparations of Fincke and Swan are therefore dilutions, because they lack the friction element."*

In conclusion I will propound a question for Dr. Guernsey, Swan, Fincke, or any one else who can answer satisfactorily:

What means are used to prevent the minerals found in Croton or other undistilled waters—used as a menstrum for dilution—from modifying the action of fluxion dilutions?

OPEN LETTER TO PROF. GUSTAV JAEGER, FROM PROF. A. BUTLEROW, MEMBER OF THE IMPERIAL ACADEMY OF SCIENCES, AT ST. PETERSBURG, ETC., ETC.

[In THE HOMŒOPATHIC PHYSICIAN, Vol. I, Nos. 1 and 7, we made the following remarks:

"Judging from the proofs which science is rapidly accumulating for us, we may say positively, that in the course of time, allopathy

* While we are always glad to publish papers discussing posology, we cannot see that Dr. Price advances any arguments against high potencies. *Assertions prove nothing.*—Editor H. P.

will be forced to admit the correctness of the principles of Homœopathy.

“It will be impossible, hereafter, to find a scientific man, bold enough to deny the efficacy of these highly potentized drugs, without running the risk of being accused of ignorance.

“Since Hahnemann's promulgation of Homœopathy, new discoveries in material science have overthrown many theories and hypotheses of the old school; while on the other hand, these progressive discoveries have in every instance been in harmony with Homœopathy, and have explained clearly the correctness and truth of its principles and teachings.”

As these remarks are verified by one of the greatest professors in Russia, a man of European reputation, Prof. Dr. Butlerow, of St. Petersburg, we give below a translation of a letter from him to Prof. Dr. G. Jaeger, of Stuttgart, which we find in January No. (1882), of “*Psychische Studien*,” published in Leipzig.

AD. FELLGER.

PROF. BUTLEROW'S LETTER.

HIGHLY HONORED COLLEAGUE:

A few days ago, I had the pleasure of referring, in one of our most widely circulating journals, to the most essential part of the instructive contents of your highly interesting pamphlet, “*Neural Analysis*.” Some remarks preceding this are, in my opinion, calculated to show that the effect of infinitely small doses, and even the increase of this effect corresponding with the dilution, are in not so absolute a contrast to our present knowledge, as is generally taken for granted; according to analogy these effects would rather appear more probable. May I be first permitted to reproduce some of these remarks of mine in a condensed form?

After touching upon the manifestations of hypnotism, metalloscopy, etc., I went on to say: “There are simpler manifestations, which are capable of shaking the high throne upon which matter has been placed. Appertaining to this are, for instance, the well-known observations of Hittorf and Crookes, about the considerable effects of warmth which electricity can call forth when, emanating from the pole, it radiates in a highly attenuated gas. Employing a concave disc as pole, Crookes succeeded in concentrating these electrical rays in such a manner that platinum could be melted. The energy

of electricity is in this case conveyed to the platinum through the midst of an almost empty space, and calls forth an extraordinary increase of temperature. What then is here made the vehicle of this energy? This case illustrates clearly how little material substance is required to transmit an excess of power. Nay, even this transmission is only then possible when the quantity of substance has become extremely minimal. We know that when the mass of substance becomes less, the velocity must proportionately become much greater, if the effect is to remain the same. From this point of view, we must in the just mentioned case, assume a velocity exceeding all the limits of our conception, with the most extreme smallness of the quantity of gas, in order to account for the effect. Within our small apparatus we encounter the same infinity which confronts us in the unlimited space of the universe. Here, the infinity of velocity—there, the infinity of space!"

"Hence, we here perceive the same fact, maintained by homœopathsists long since: the possibility of producing considerable effects by means of extremely small quantities of substance. The homœopathsists even insist upon the effect becoming greater when the amount of substance becomes smaller." * * * "Is that really possible? Asking the analogists, we shall find them inclined to return us an affirmative rather than a negative answer. Indeed, in most cases, we observe that the transition of a substance into an attenuated, finer, simpler condition, is connected with an accumulation of energy in the same; *i.e.*, in just this simpler condition, the substance becomes more effective, more powerful. Thus we notice that the transition from ice to water, from water to aqueous vapor, is accompanied by an absorption of warmth (energy). Steam represents in a certain measure a reservoir of energy, and by separating this energy during the transition of steam into water, a considerable effect, for instance some mechanical labor, can be obtained. We chemists know quite well that in most cases a certain exertion of energy becomes necessary, even in order to decompose a chemically composed substance: the energy, so to speak, disappears in the substance, in order to give it a new, simpler shape, and to remain provisionally latent (potential), in form of chemical energy. Thus, steam can be changed into its components, hydrogen and oxygen, only by a very considerable exertion of energy, and both these elements represent still greater amounts of energy than steam.

"Taking *chemical elements* generally into consideration, we find

that in most cases, a more energetic chemical effect belongs to those elements of which we need the least to produce a definite chemical effect (which possess a smaller atomic weight). Since, therefore, in a number of cases, an increase of potential effect is seen to follow attenuation of the condition of substance, why should the possibility of an analogous appearance be denied in cases where the quantities of substance are so small as to be beyond reach of our immediate observation and measurement? Would this not be synonymous with losing sight of the essential circumstance, that the *great* and the *small* are but relative conceptions, as long as infinity in the microcosm as in the macrocosm remains equally inconceivable to us?

“It would even seem to me that, leaving aside these and similar considerations, the simple observations, obtainable by nearly everybody and made already by many, ought to suffice to restrain people from disputing the effect of homœopathic doses. It might almost be asserted that these observations are so little noticed just because they are so ordinary, and of almost daily occurrence. Everybody knows how little of an odorous substance need be present in the space of a room, in order to make a decided, definite impression upon our organs of smell. In the atmosphere of the room, there are in this case everywhere material particles of the smelling substance, and it may frequently happen that no diminution of the quantity of the substance is noticed; this diminution is so small, that we are unable to fix the degree of it by any means at our command. At the same time, it is known how strong the influence of a perceived smell may be when the smelling organism is very sensitive: vomiting, convulsions, fainting, may, for instance, be brought on by a nauseating smell. But, if the influence of infinitely small doses upon the olfactory nerves is subject to no doubt, what cause can we assign to deny the possibility of a similar effect upon our nerves generally? In one case, we become conscious of a perception of smell; in another, although we may remain unconscious of the impression, the latter may exist with as good reason and call forth certain symptoms in the organism. Every one is conscious of the beating of his heart; the peristaltic movements of the bowels, however, are not directly felt, and their existence remains even unknown to many; these movements exist, nevertheless, and perform an important part in the vital process of the organism.”

So much of my extracts. I would further ask leave to communicate a few instances, which might not, perhaps, appear uninteresting

in view of what you, my highly esteemed colleague, communicate concerning the smell and the taste of homœopathic dilutions. The observations in question were made by one of our well-known homœopaths, Dr. Bojanus,* during his long practice, and published by him. The truthfulness of these observations admits of no doubt:

A woman, healthy, but of delicate constitution, found *Iodine* in higher as well as in lower dilutions not to agree with her. Several times *Iodine* in the potencies 3d to 30th, was experimentally given to her, and each time the woman recognized it by the taste. Yet all this did not appear to Dr. Bojanus to afford sufficiently strong proof, and when the woman happened to be sick of typhus, and was lying senseless in her bed, as a test she was offered *Iodine* in the 30th potency on a lump of sugar. The woman, however, recognized the substance, so disagreeable to her, at once, and spit it out, exclaiming: "Why do you give me such stuff? You ought to know that it does not agree with me!" Upon the woman's recovery she was informed of this case, but could not recollect anything about it.

The second observation of Dr. Bojanus is all the more interesting, since it refers to a plain Russian peasant, who of course could have no idea whatever of medicaments, their doses and virtues. The peasant suffered from a catarrh of the stomach, and was given *Nux vomica*, 12th potency, in the form of powders, each of which contained five to six globules of milk sugar. These powders had to be taken twice a day in the course of the week; seven days after, the patient called to see the physician again, and declared on this occasion that he felt greatly improved. In order not to interfere with the effect of the medicine, and at the same time not to refuse the patient's request, he was given powders again, but this time only such containing pure sugar of milk. Seven days later, the peasant reappeared and declared that the new powders were less effective than the former; "those first ones," he thought, "were bitter, but these other are sweet; give me again of the bitter ones." As a test case, Dr. Bojanus prepared two powders, looking exactly alike; the one contained pure sugar of milk, the other five crushed globules of the 12th potency of *Nux vomica*; when thereupon the pure sugar of

* Dr. C. Bojanus, one of the most eminent homœopathic physicians in Russia, and author of: 1. The History of Homœopathy in Russia; 2. Of Homœopathic Therapeutics; 3. Atlas for Homœopathic Therapeutics; 4. Epilepsy; all of which are very valuable works.

milk was put on the peasant's tongue, he declared at once that this was a sweet powder, at the same time desiring bitter ones. Then he was given the prepared *Nux vomica*, and the peasant at once expressed his joy about having now obtained the desired medicine.

Crookes, according to his own statement, with his extraordinarily attenuated gases and their striking manifestations of power, has nearly reached that remarkable boundary where matter, so to speak, dissolves itself into power. This takes place in a still greater degree in the results of your remarkable observations about the maximum effect of a 2,000th homœopathic potency. Hence the question arises whether we are still justified in attributing a reality to *matter* in itself, if we would abstract the conception of it from that of *power*? Now since we perceive only the effects of power, and only according to these judge about the presence and the qualities of that which we call matter, matter really disappears, and there remains but power or energy. Such a conception of real nature appertains to the philosophers Schopenhauer and Hartmann, and is accepted likewise by many scientists, particularly by A. R. Wallace. We are here confronted with *monism*, as well as with the purely materialistic conception of nature, only energy has assumed the place of matter.

For Schopenhauer and Hartmann, *Will* is the genuine source of power, and Wallace, too, is inclined to share this opinion. Will is, however, for Hartmann, unconscious and void of reason; for Wallace, on the other hand, conscious and endowed with reason. Face to face with the immeasurable amount of misery permeating our terrestrial world, pessimist philosophy, knowing no other world, nor wishing to know such, had needs arrive at the *Unconscious*. But if we ourselves are not limited with our existence to this terrestrial world, the necessity of the unconscious is hereby obviated, and the conscious, reasonable Will assumes its rightful position.

Whether there are forms of existence besides these coarse, material ones, can, for us scientists, be decided in the last resort only by facts. And I now maintain that such *facts* exist; they give forth no uncertain sounds for those willing to listen to them. I would here declare distinctly, that I did not arrive at the acknowledgment of these facts guided, may be, by certain philosophic conceptions, but that, on the contrary, I was compelled to reconcile myself gradually and necessarily with the existence of such facts, and must, accordingly, admit the justification of the above-mentioned conception of nature by Wallace.

Having shown before, that in regard to homœopathic potencies their effect stands in no contradiction to known facts, I will now in a similar way try to answer the question whether the existence of such forms of energy, baffling our direct observation, is probable according to analogy. The answer to this must in my opinion be affirmative. We know that there may exist vibrations of air imperceptible to our organ of hearing, either because they are too slow or too swift for it; we also know that there are waves of light, making no direct impression upon our eye, and become perceptible only by means of some surface fluorescent or sensitive to light. Have we, after this, any right to deny that there are forms of energy which like the aforementioned, are just as real, and yet, under ordinary circumstances, affect none of our feelings? Such forms of energy may remain unknown to us just as well as if they did not exist at all, and this may last until the circumstances appear under which they are perceptible.

Moreover, we know that one form of energy can be transmuted into another (with the maintenance of equivalence according to the law of the preservation of power). This other form may be a just perceptible one for us, whilst the former was not so, and *apparently* matters will look as if a power had originated from nothing. If now, matter be nothing else but a manifestation of power, the same thing may take place with matter; matter would *apparently* arise from nothing and *apparently* be able to be dissolved in nothing, but actually in some form of energy not directly traceable by us. If *Will* is the source of every power, we must from this point of view assume that it can produce what we call matter. If *Will* is conscious and reasonable, it can do so intentionally. The existence of matter created by the *Will* might be lasting, but might again be merely temporary.

Now we will ask ourselves whether in this way we have not reached a logical nonsense; is not this the same as maintaining that from nothing something may be made, and *vice versa*? No, by no means! Have we then to abandon the current idea of the eternity of matter? Yes, certainly; but not that of the eternity of energy, or rather of the *Will*—of the conscious, reasonable *Will*, the primitive fountain of all power. Shall then, further, the quantity of energy be unchangeable, as this has been asserted till now concerning the quantity of matter (an assumption which under ordinary circumstances is perfectly correct, too), or not? To be sure we cannot conceive that something,

therefore energy too, should become nothing; but it is quite as superfluous to speak of the quantity of energy dispersed throughout the universe, as it is superfluous to assume the idea, so familiar to the materialists, of the total quantity of matter in nature. In the one as well as in the other case, the answer is: *Infinity*, therefore, something that entirely excludes the idea of quantity, diminution or increase of it.

We cannot, of course, imagine that, when a labor has been accomplished, a corresponding amount of some form of energy has not been used up for this purpose. But does this likewise hold good even when the labor performed is what we call mental labor? An affirmative answer to this, Dr. Ed. Wegener believes, ought to be given, and likewise Prof. J. Schlesinger. I would not undertake to discuss how far and if at all the assertion appears to be well founded, that the energy used up at some mental labor is not to be found again in any directly perceptible form. As a physiologist, you, my highly honored colleague, will be far more able than I to judge about it; at all events, the circumstance that two scientific thinkers, evidently independent of each other, have arrived at the same result, remains worthy of notice.

If we consider the analogies and conclusions which I have just now mentioned, as established, it is no longer difficult to assume that there exists a supersensual world, which can affect our sensual world. Those manifestations, which my highly esteemed colleague, Prof. Zöllner, considers connected with the existence of his so-called "intelligent beings of four dimensions," no longer offer any fundamental difficulties.

I am, as is known, one of those *many* fortunate, or unfortunate ones (the latter not as to my own personal feelings), who had the opportunity to become firmly convinced of the reality of these so-called "mediumistic" manifestations, as well as of their high importance as to a momentous enlargement of the human view of nature. We who acknowledge these fare precisely as you, highly esteemed colleague, with your discovery: "humbug" and "non-sense"—these are the usual epithets, and that, too, at the hands of those who have not examined at all, or did not wish to examine conscientiously; we have repeatedly noticed that your beautiful rule: "He who condemns without having examined, not only does not deserve the name of an expert, but not even that of an honorable man!" is entirely overlooked. We also "do by no means

claim that our assertions should be blindly credited," and believe like you, that "the re-examinations cannot, and may not, be suspended, considering the importance of the matter, lest the men of science should be guilty of a neglect of duty." "Competent specialists try to kill you as well as us by silence. Professor Wundt, of Leipzig, believes himself to be able to ignore your discoveries, and to be obliged to enter the lists against Fichte, Ulrici, Zöllner, etc. All of us have to encounter "*scientific fanaticism*." Although these two words form a marked contrast, they must nevertheless be often coupled together, because it is not such a rare thing to meet with people who really are less *true* men of science, than priests of a scientific religion invented by themselves, in the dogmas of which, *i. e.* really in the infallibility of their own dear selves, they believe.

In conclusion, allow me, highly esteemed colleague, to express the hope that, in case an opportunity should offer itself to you, to examine mediumistic manifestations, you may not turn from it, and accept the expression of my sincere esteem.*

A. BUTLEROW.

St. Petersburg, 9th, 21st, 1881.

FLUXION POTENCIES.

Editor of THE HOMŒOPATHIC PHYSICIAN:

SIR: If it is not too late, I should like to be allowed to make a correction in Dr. W. J. Guernsey's paper in the number of your journal for October, 1881 (Vol. I). I was travelling at the time, and I only saw the number for the first time lately. Dr. Guernsey quotes from *The Organon*, Vol. III, p. 327, that I have stated that "Hahnemann's MM can be made by his (Dr. Skinner's?) fluxion attenuator, in 3d., 2h. and 4½m."

As many of your readers might easily get confused between Dr. Fincke's original process of attenuation by means of fluxion, that is *continuous* fluxion, and my own by *interrupted* fluxion, permit me to say that the time above given refers to Dr. Fincke's continuous-process. After the words "fluxion attenuator," Dr. Guernsey will find

*Though we cannot indorse all that Prof. Butlerow advances in his letter, we publish it in full at the request of Dr. Fellger.—Editor H. P.

the words "on the principle of Dr. Fincke;" and at the end of the paragraph he will find it distinctly stated, "interrupted fluxion requires 14 days!"

In conclusion, I am still perfectly satisfied that Dr. Fincke's process is the best, and certainly the quickest and most economical. It simply requires a changed notation, such as I have given in *The Organon*, Vol. III.

THOS. SKINNER, M. D.,

25 Somerset Street, Portman Square, London, W.

March 1, 1882.

APIS MILLIFICA: ITS POISON.

JAMES HEDDON, DOWAGIAC, MICH.

At the request of Dr. Ballard, of Chicago, I herewith give a brief account of my peculiar experience with the poison from the honey bee.

I have been a specialist in apiculture, for the past fourteen years, and have learned something considerable about the business; have consequently neglected learning other things, among which anatomy and materia medica are conspicuous. You will, consequently, please accept my plain statements given in the parlance of an unprofessional.

I am 37 years years old, nervous, sanguine temperament (in the extreme), weigh 135 lbs., and have good health, but excessive general nervous irritation, mostly in the form of mild chronic neuralgia. My voice has *always* indicated rather weak bronchial organs. Never had a cough, however, before I experienced bee-poisoning. I began bee-keeping on a somewhat extensive scale, in the year 1878. As stated before, it has been my sole occupation ever since. I have had as many as 550 colonies in three apiaries at one time.

Seven years ago, I began to notice an itching sensation in the ears. This would come on at times, and after about two years, it extended to the glands inside the mouth, and near the root of the tongue. After about one more year, the sensation began to be very severe

in the roof of the mouth, just around and in front of the palate. It was at this time that I first discovered that the affection had a connection with the bees. To sweep the floor of one of my rooms, where bees had fallen and been trodden upon, was sure to bring on this sensation *at once*. Next, I found, that to open a hive and breath the odor of the bees (especially if not thoroughly subdued) would also cause the trouble. But, business must be attended to, and I persisted in working among the bees and bee-hives, till the itching and tingling sensation crept down the bronchial tubes all around about the lungs. One night after a day's work among the bees, I woke up about midnight with the asthma.

A celebrated travelling doctor, examined me "free," and gave me some medicine for \$10.00, and told me I had a case of "bronchial" asthma, that looked wicked. He looked at my throat (shortly after a bee had) and "must have something done for it at once." I was not sure *then* that bee-poison was the cause.

Finally, I began making tests; leaving the whole business for two weeks, I was almost entirely clear of all, except the first symptoms in the ears, which only troubled me occasionally.

The first breath of bee-poison I inhaled, on my return, was followed by all the former symptoms, seemingly in an increased degree, and in ten minutes my throat turned red, and clearly showed severe irritation. I resolved to hire more help, add to the business of honey production that of manufacturing and selling bee-keepers' supplies, and in that way absent myself from contact with the virus to a greater extent, and yet keep busy.

I have done so, and am in consequence quite free from the trouble most of the time. But if I at any time come in contact with the poison, my symptoms seem to be as radical as ever, yes, even *more* so. I will cite one instance. All apiarists know that often when a maddened threatening bee flits around one's head she generally discharges into the air her poison. It is recognized by the nasal organs only. Now, I have found that this occurs when none of the five senses of the healthy bee-master recognizes it.

One day last autumn, after I had kept from all contact with the poison for some weeks, and had no troublesome symptoms, I stepped into my yard, when an ugly bee passed within about eight inches of my face, discharging poison as he passed. About one half-hour after I was seized with perhaps the most severe paroxysm of my experience. First, symptoms were an almost unbearable itching, tingling sensa-

tion of the roof of the mouth, and so on down the breathing tubes as far as they extend; then an asthmatic filling-up sensation.

For more than eight hours I could not speak aloud. For two or three days I could not raise my voice above common conversation. All passed off, leaving me as well as ever, by keeping away from the poison.

In correspondence with one Italian and one German, of large apicultural experience in the old countries, I learn that such cases are known there.

When we bear in mind the fact that the older system of honey production, as practiced in the old world, and in this country till recently, did not bring the operator into any such near or constant contact with the bees, and that cases where individuals in this country, working upon the improved system, for any such length of time as fourteen years as a specialty, are very rare, we have reason to look for the development of many more such cases as my own.

Dr. Ballard expresses the desire to doctor my case upon the homœopathic system; to which I assent, knowing, as I think I do, that the homœopathic treatment possesses that splendid feature over all other schools, that if it *don't* cure it *don't* kill. I will here say publicly, what I said by letter to him, that "faith" will play no part in any possible cure of my case.

I know that the laws of hygiene point strongly to the claimed base principle of Homœopathy, but I have *always* failed to get *any* effect from homœopathic remedies, given by professed thoroughbreds. I can at most consider the science as one only vaguely understood at *best*. Still its successful operations force all the other schools to step down on a level with it, to say the least, in all observing and thinking minds.

Any questions bearing upon the case, will be answered promptly and with pleasure, for I think I may safely say in the name of our fraternity, that a specific remedy for these symptoms, coming from any school, will put us under many obligations to that school.

CLINICAL BUREAU.

TILIA EUROPEA.

AD. LIPPE, M. D., PHILADELPHIA.

THE seeds, the inner bark and the flowers of the Linden tree were used by the ancient physicians, and after the common school had forgotten all about it, our inquiring brethren in Vienna constituted a very exhaustive proving with the flowers of this tree. We find careful reports published in the fourth volume of the *Oesterreichische Zeitschrift*, in 1848, embracing all the day-books of all the provers. Very few reports of cures with this well-proved remedy have been published, and we now lay before our colleagues a few symptoms characteristic of this remedy, and sometimes forming a very troublesome accompaniment to a very painful form of disease. When, in rare cases of rheumatic fever, a profuse perspiration breaks out, hope is held out that this perspiration is a beneficial crisis; but, instead of this hope being fulfilled, the sufferer complains of an increasing pain just in proportion as the perspiration increases; motion becomes more painful, so does the swelling of the extremities and joints, and the sore feeling of the whole body increases, there is more thirst and a decided decrease of the urinary secretion. After sleep, especially in the morning, the warm perspiration becomes very profuse. In a recent protracted case of rheumatic fever in an old gentleman, one dose of Tilia CM (Fincke) removed the perspiration and pains at once, and had only to be repeated once in five days. The improvement continued till full health was restored. It will be observed that the Tilia perspiration is "warm," differing from the Mercury, which is either cold (forehead) or clammy, oily perspiration, which fails to relieve pain.

A CASE FROM PRACTICE.

C. F. MILLSPAUGH, M. D., BINGHAMTON, N. Y.

MRS. C——, aged thirty-seven, blonde, primipara. I was called to attend in confinement, at 5 A. M., September 5th, and found her in

the first stage; the pains having commenced the evening before, at 9 o'clock. She had suffered a great deal of abdominal, hip, thigh and lumbar pain for the last six weeks. I called again at 10.30 A. M., and found the pains very severe, and the expansion of the parts slow, being rigid, the results very inefficient, the pains not accomplishing their object, and the patient very nervous. I gave one dose *Gels.* 30th; from that moment everything progressed nicely until the head reached the perineum; here, the vaginal opening being very tense and constricted, the pain was severe; still, by careful management, and three very strong travails, the child was born into the world, and, much to my relief, without any lacerations of the parts.

It was fifteen minutes after expulsion before the uterus contracted sufficiently to stop the pulsation of the cord. Then, after giving the little 8½ boy to be washed, I found the placenta already nearly free from the vaginal fissure, and exceedingly large. Judge of my astonishment, when, on attempting to carefully remove this mass, I found that part was still retained; I tried gentle and continuous traction for fifteen minutes at a time, three separate times, for an hour; then, as there was no important hemorrhage and the uterus was well contracted, I gave the patient two hours' rest; during which she slept a few short naps. Upon inserting my hand I found an attachment which was very firm, requiring a half-hour of excruciating pain before it was detached; after detachment I gave one dose *Arn.* 30th, and left.

It is the following prescription that calls forth this article, as I am a true follower of the strict principles which guide the *homœopathic physician*:

I found at 8 o'clock, the next morning, that the soreness and pain which this quite hard birth had caused, and for which I gave the *Arn.*, had very materially diminished, and the following condition present: The urine had not yet passed, nor was there any desire nor sensation; the patient was greatly exhausted and very thirsty, complaining of pain and oppression in the chest, with a dry cough, that of course caused severe pain throughout the abdominal viscera. The whole body was hot, and every time the hand touched the skin she complained that it felt as though the part was being pierced with countless red-hot needles. This would at times prevail over the whole body without any touching of the skin. Here was a situation for a homœopath who had sworn never to use the catheter, nor any accessory means until he had given remedies a good chance. I

opened my case of little pills and found *Ars.* 1 x, 3d, 30th, and 200th D. My fingers itched to pick out the pretty little phial of the 3d, but my vow came before me like Hamlet's ghost; it was too good a chance to lose. I gave one dose of five pellets No. 8 *Ars.*, 200th D., and waited. In just ten minutes she asked for the bed-pan, and passed about ten ounces urine. Rapidly after this the pains, cough, oppression of the chest and the skin irritation passed away, and she dropped into a peaceful sleep, from which she awoke feeling, as she expressed it: "Better than before confinement." Now, reader, if you are narrow-minded enough to say there was no curative power in that dose of *Ars.* 200th, and that all the good results would have happened without it, you should stop the practice of Homœopathy and carry hod for the masons that are building the tomb of allopathy.

CLINICAL CASES.*

C. LIPPE, M. D., NEW YORK.

CASE I.—A lady had for several days frequent diarrhœic stools, commencing in the morning on rising, sudden urging, gushing, accompanied with flatulence, *the stool spattering all over the vessel*; the frequent movements had produced considerable prostration. A single dose of *Natrum sulphuricum* was given in the CM potency of Fincke. The frequent movements gradually ceased during the day, and no more medicine was given. The following morning the loose evacuations did not return, and the patient, with the exception of a little feeling of weakness, was well. *Sulphur* and *Aloes* have the morning diarrhœa, but the patient is compelled to arise from the desire to evacuate. The *Sulphur* patient has colic before a loose evacuation; *Aloes*, rumbling of flatulence before stool.

CASE II.—The patient complains of sore throat; on examination, find ulcer on both tonsils more on the right side, with external swelling of that side of the throat; painful to touch; of course there is considerable inflammation and difficulty of swallowing. The history of the case informed me that the pain commenced on the left side and progressed to the other side. On experiment, found that cold liquids were easier swallowed than warm fluids. *Lachesis* CM (Fincke), was given one dose; the following day the patient reports *no better*, but is *no worse*; no medicine; the following day much

* Read before Central N. Y. Hom. Society, at Syracuse, March, 1882.

better ; in a day was well. This was a clear case for the remedy, and the indications have been verified many times during the winter, especially the easier swallowing of cold fluids. *Lycopodium* has the swelling, pain and ulceration commencing on the right side, extending to the left, and the greater facility of swallowing warm liquids.

In these acute cases, when the proper remedy has been selected, and just enough, sufficient for that patient has been administered, it is often found that in the first twenty-four hours there is no improvement. If an improper (non-homœopathic) remedy had been administered, the case would progress from bad to worse ; if too much medicine, or in too often-repeated doses, there would likely be an aggravation ; but finding the case apparently in *statu quo*, my judgment was that the proper remedy had been given, and just enough, and the next day proved this view correct. In giving one dose and watching the case, experience has taught me that my cases convalesce more rapidly. In case of a progress of the disease after being twenty-four hours stationary, the symptoms being similar to the previous condition, then a powder of a different (generally higher) potency might be dissolved in water, a tea-spoonful given every one or two hours, for four or five hours, and the result waited for ; if an improvement follows, no matter how slight, let the remedy act until its action has been exhausted.

GNAPHALIUM IN SCIATICA.*

S. SWAN, M. D. NEW YORK.

Mr. K——, suffering from caries of the right femur, the result of an accident many years since, was attacked with a severe sciatic pain, commencing inside of the pelvis, and following the course of the sciatic nerve to the knee. The pain was intense and unbearable, and he begged for a hypodermic injection. On a careful study of the case and remedies, Gnaphalium showed this symptom in Allen, italicised, "*intense pain along the sciatic nerve.*" Here was a case calling for prompt action, and as my experience had shown me that the highest potencies acted quickest, a dose of the CMM was put in half-tumbler of water, and a tea-spoonful given every fifteen minutes ; before the third dose, the pain had gone, and the patient was sleeping quietly ; there was no return of the sciatica.

*Read before the Central N. Y. Hom. Society, at Syracuse, March, 1882.

PERISCOPE.

N. A. JOURNAL OF HOMŒOPATHY: February. Dr. Skinner gives, as symptoms of *Natrum bicarbonicum*: "Slight giddiness, accompanied with a dirling-tingling in my *right* thumb, fore and middle fingers, whilst holding the pen; the whole *right* arm felt at the same time as if it were about to become paralyzed." These symptoms lasted a few minutes; returned again when empty-handed. Some interesting "cases from practice" are translated, with excellent comments, by "S. L." Thus a case of metrorrhagia after abortion is narrated, in which *Crocus* and *Sabina*, carelessly prescribed, failed to relieve the hemorrhage. *Ipecac.* was then given and relieved. The physician prescribing, Dr. Kaeseman, remarks: "After a few doses the pain (abdominal pain with cutting) and vomiting ceased; the hemorrhage became trifling. * * * *Aude sapere*, dare to heal such fearful cases according to the strict selection of the simillimum, and you may throw to the dogs all adjuvants and palliatives." We may here remark that the *Ipecac.* hemorrhage is a *steady* flow of *bright* red blood; the patient complains of continued nausea, which vomiting does *not* relieve (*Sanguin.*). Sometimes cannot vomit, though desire to do so is great. A case of Diabetes Mellitus is narrated by Dr. Skinner, in which the following mental symptom was present: *Patient often felt as if he could kill without hesitation any one who offended him; only he knew better than to do it.*" For this *Hepar s.c.* was advised by Dr. Berridge. Seven days after commencing the *Hepar*, all "trace of sugar, for the first time in one year," disappeared, and urea again appeared in the urine. A hard, dry "winter cough," for which *Sulph.*, *Bryonia* and *Nux* were tried in vain, at last yielded to *Lycopodium*; which drug was chosen, because the patient was known to be of a "*miserly disposition.*"

Dr. T. F. Allen continues his excellent "critical examination of our materia medica:" considering *Aloes*. This series of articles are of great value, and do even greater credit to their author than the original work. Many can build, but very few can see flaws in their own work.

HOM. JOURNAL OF OBSTETRICS. February. The editor, Doctor Minton, gives the following repertory of head symptoms:

BEFORE MENSTRUATION.

- HEADACHE.—Pain in the head: *Acon.*, *Act. rac.*, *Alum.*, *Bell.*, *Bor.*, *Brom.*, *Bry.*, *Cal. c.*, *Calc. phos.*, *Carbo a.*, *Carbo v.*, *Cinnab.*, *Cup.*, *Gels.*, *Glon.*, *Hepar s.*, *Hyper.*, *Iod.*, *Kreos.*, *Lach.*, *Nat. c.*, *Nat. m.*, *Nit. ac.*, *Nux v.*, *Plat.*, *Puls.*, *Sulph.*, *Verat. a.*, *Zinc.*
- , anxiety, with: *Carbo a.*
- , ceases temporarily when the flow commences: *Alum.*, *Lach.*, *Verat. a.*
- , contractive: *Hepar s.*
- , dull: *Hyper.*
- , evening, in the: *Zinc.*
- , eyes, just above: *Bell.*, *Hyper.*, *Silic.*, *Xan.*
- , forehead, in the: *Acon.*, *Brom.*, *Silic.*
- , heavy: *Act. rac.*
- , periodical: *Ars.*
- , pressive: *Act. rac.*
- , semilateral: *Calc. p.*, *Cinnab.*, *Puls.*
- , sick: *Gels.*
- , sleep, on awakening from: *Alum.*, *Lach.*
- , stinging: *Ferr.*
- , stitching—left side: *Calc. p.*
- , throbbing: *Bell.*, *Bor.*, *Glon.*, *Lach.*, *Petrol.*
- , relieved by external pressure: *Bell.*
- , top of head would come off, as if: *Xan.*
- , beating in: *Bor.*
- , buzzing in: *Kreos.*
- , cannot raise it from the pillow on account of the pain: *Cinnab.*
- , congestion of blood to the: *Acon.*, *Apis*, *Bell.*, *Bry.*, *Cup.*, *Gels.*, *Glon.*, *Hepar s.*, *Hyper.*, *Merc.*, *Trill.*
- , heat in: *Apis*, *Bell.*, *Calc. c.*, *Con.*, *Ignat.*, *Iod.*, *Ipec.*, *Petrol.*, *Thuja.*
- , — — and heaviness: *Ignat.*
- , — —, running to top of: *Iod.*
- , — —, to back part: *Bell.*, *Sepia.*
- , heaviness in: *Ignat.*
- , humming in: *Kreos.*
- , pain in, with sensation as if the eyes would fall out: *Brom.*
- , pressing in: *Petrol.*
- , sides of, pain in: *Calc. p.*, *Cinnab.*, *Puls.*
- , — — —, left: *Calc. p.*
- , stinging in: *Ferr.*
- , stitches in: *Calc. p.*
- , throbbing in: *Bell.*, *Bor.*, *Glon.*, *Lach.*, *Petrol.*, *Gels.*, *Sulph.*
- , — — relieved by external pressure: *Bell.*
- VERTIGO: *Acon.*, *Bor.*, *Bry.*, *Calc. c.*, *Con.*, *Lach.*, *Nux m.*, *Phos.*, *Puls.*, *Verat. a.*
- , on rising up: *Acon.*, *Bry.*
- , — turning over in bed: *Con.*
- , when going down stairs: *Bor.*

VERTIGO: when going up stairs: *Calc. c.*

—, — lying down: *Con.*

—, with drowsiness: *Ant. t.*

—, — eructations: *Puls.*

—, — headache: *Lach.*

—, — palpitation: *Alum.*

DURING MENSTRUATION.

HEADACHE:—Pain in the head: *Acon., Agar., Aloe, Alum., Amm. c., Amm. m., Ant. c., Apis, Argt., Ars., Bell., Berb., Borax, Bovis, Brom., Bry., Bufo, Calc. c., Carb. v., Castor, Cham., Chin., Cicut., Cocc., Con., Cub., Cura., Cycl., Euph., Ferr., Gels., Glon., Graph., Hyos., Iguat., Kali b., Kali c., Kreos., Lach., Laur., Lyco., Mag. c., Mag. m., Mag. s., Nat. c., Nat. m., Nux v., Phos., Plat., Puls., Rhod., Sang., Sepia, Silic., Stan., Sulph., Verat. a., Xan., Zinc.*

—, after breakfast: *Lyc.*

—, — noon, *Nux v.*

—, aggravated by coughing: *Nat. m.*

—, — —, mental excitement: *Nux v.*

—, — —, motion: *Bry., Glon., Nux v.*

—, — —, noise: *Bell., Nux v.*

—, — —, sneezing: *Nat. m.*

—, —, while in the open air: *Nux v.*

—, — —, lying down: *Nux v., Puls.*

—, alternating with pain in the back: *Aloc.*

—, ameliorated at night: *Mag. c.*

—, — by bathing in cold water: *Aloe, Ars.*

—, — — pressure: *Bell., Puls.*

—, as if the brain were torn in pieces: *Coff.*

—, — — — eyes would fall out: *Brom.*

—, — — — head would split: *Bry., Nat. m., Sepia.*

—, awakens with: *Agar., Lach., Nat. m.*

—, — — — at night: *Agar.*

—, beginning in the occiput and spreading to the top of the head: *Calc. c.*

—, — — — — spreads upwards and settles over the right eye:

Sang.

—, boring: *Calc. c., Sepia.*

—, bruised pains back of the orbits: *Gels.*

—, bursting: *Bry., Calc. c., Glon., Lyco., Nat. m., Sepia, Sang.*

—, comes on gradually and as gradually subsides: *Arnica, Plat., Stann.*

—, — — suddenly and suddenly subsides: *Bell.*

—, congestive. See Head, congestion of.

—, continuous: *Carb. v., Gels., Hepar s., Rhod.*

—, contractive: *Carb. v., Lyco.*

—, distressing: *Xan.*

—, drawing in lines from the neck up over head: *Sang.*

—, dull: *Act. rac., Gels., Hyper., Lyco., Ust.*

HEADACHE, dull, with stupor: *Lyc.*

—, —, — vertigo: *Lyc.*

—, extending to face and teeth: *Puls.*

—, — — the occiput: *Bell., Calc. c., Sepia.*

—, — from occiput to right orbital region: *Sang.*

—, extended from the occiput to the top of the head: *Calc. c.*

—, flow becomes checked, when the: *Acon., Alum.*

—, followed by heat and dryness of the lips: *Nux v.*

—, frontal. *Aes. hip., Amm. c., Bell., Brom., Bry., Castor, Kali b., Nux v., Sang., Sepia, Sulphur.*

—, — as if everything would fall out at the forehead, when stooping: *Bry.*

—, —, — the eyes would fall out: *Brom.*

—, —, — — — be pushed out: *Nux v., Sang.*

—, —, — it would burst: *Bry., Nux v.*

—, —, constrictive, as from a band about the forehead: *Gels., Helon., Iod., Merc., Plat.*

—, —, lacerating: *Castor, Phos., Rat.*

—, —, over the eyes: *Act. rac., Graph., Sang.*

—, —, — right eye: *Sang.*

—, —, pain begins in the occiput, spreads upwards, and settles over the right eye: *Sang.*

—, — pressing: *Bell., Bry., Cact., Cycl., Mag. c., Nat. m., Sepia, Silic., Sulph.*

—, —, pulling: *Mag. c.*

—, —, shooting: *Rat.*

—, —, splitting: *Nat. m.*

—, —, transient: *Rat.*

—, girls', school: *Nat. m.*

—, gradually increasing to its highest point, then as gradually declining: *Arnica, Plat., Stan.*

—, morning: *Bry., Graph., Kali c., Lach., Nat. m., Nux v., Verat.*

—, —, on awaking: *Lach., Nat. m.*

—, —, till evening: *Kali c.*

—, nervous: *Act. rac., Bry., Calc. c., Coloc., Gels., Puls., Verat.*

—, —, especially over the right eye: *Sang.*

—, neuralgic: *Gels., Kalm., Sang.*

—, night, at: *Laur., Mag. c.*

—, —, toward: *Graph.*

—, over the eyes: *Lach., Sang.*

—, — — nose, root of: *Arnica, Hepar, Ignat., Lach.*

—, pain gradually increases and as gradually decreases: *Arnica, Plat., Stan.*

—, pressive: *Acon., Act. rac., Nat. m., Nux v.*

—, —, from within outward: *Kreos.*

—, —, — — — in both temples: *Bry.*

—, semilateral: *Ars., Calc. c., Chin., Cicuta., Colch., Nux v., Puls., Sepia, Verat. a.*

HEADACHE, sick: *Gels.*, *Phos.*, *Puls.*, *Nux v.*, *Sang.*

—; —, right side, with a sensation as if the eyes were being pushed out: *Sang.*

—, splitting: *Bry.*, *Glon.*

—, stinging: *Acon.*, *Mang.*

—, stupefying: *Calc. c.*, *Cina*, *Lyc.*

—, tearing: *Calc. c.*, *Nat. c.*

—, temples, pain in, as if they were squeezed together: *Lyc.*

—, —, — — — — a nail were driven out through the sides of the head: *Ignatia.*

—, —, — bursting: *Glon.* *Lach.*

—, —, pains in contractive: *Lyc.*,

—, —, neuralgic: *Lob.*

—, —, — — — stitching, left side: *Calc. p.*

—, throbbing: *Acon.*, *Bell.*, *Borax*, *Bry.*, *Cact.*, *Calc., c.*, *Chin.*, *Glon.*, *Ignat.*, *Lach.*, *Mag. c.*, *Nat. c.*, *Puls.*, *Sang.*

—, — rushing in the ears, with: *Bor.*

—, —, toothache, with: *Lach.*

—, when the flow is checked: *Acon.*, *Alum.*

—, with buzzing and humming: *Bor.*, *Kreos.*

—, — chilliness: *Eupion.*

—, — chattering of the teeth: *Nux v.*

—, — colicky pains: *Carb. v.*

—, — debility, excessive: *Nux v.*

—, — eructations: *Graph.*

—, — fainting: *Graph.*, *Nat. m.*

—, — — in the morning: *Graph.*

—, — heat of the head: *Ignat.*, *Mag. c.*, *Nat. m.*

—, — heaviness of the head: *Ignat.*, *Kali c.*, *Mag. c.*, *Mag. s.*, *Nat. m.*

—, — internal heat: *Nat. m.*

—, — nausea: *Graph.*, *Ipec.*, *Nat. m.*, *Phos.*, *Puls.*, *Sang.*, *Verat. a.*

—, — pain extending to the ears: *Puls.*

—, — — in the back: *Aloe.*

—, — — — — face: *Puls.*

—, — — — — teeth: *Calc. c.*, *Graph.*, *Lach.*, *Merc.*, *Puls.*

—, — stupor: *Ham.*

HEAD—band, or tape about, sensation of: *Gels.*, *Helon.*, *Iod.*, *Merc.*, *Plat.*

—, beating in. See Headache, throbbing.

—, buzzing in: *Brom.*, *Kreos.*

—, coldness in and about: *Calc. c.*

—, — on the vertex: *Sepia*, *Sulph.*, *Verat. a.*

—, — — — — as from ice: *Verat. a.*

—, confused, or crowded feeling in the: *Coc.*

—, congestion of the: *Acon.*, *Apis*, *Bell.*, *Bry.*, *Cact.*, *Calc. c.*, *Caust.*, *Chin.*, *Con.*, *Elaps*, *Gels.*, *Glon.*, *Merc.*, *Mosc.*, *Nat. m.*, *Nux v.*, *Phos.*, *Sang.*, *Sulph.*, *Verat.*

—, dizziness of. See Vertigo.

HEAD, enlarged, feels: *Argt., Glon.*

—, forehead, perspiration on: *Phos., Verat. a.*

—, — pains in. See Headache.

—, full of absurd ideas: *Stram., Verat. a.*

—, — feels too: *Argt., Bell., Calc. c., Eupion, Glon.*

—, heat in, *Apis, Arnic., Bell., Calc. c., Carb. a., Caust., Ignat., Ipec., Kali b., Lycop., Mag. c., Mag. s.*

—, — — with cool extremities: *Arnic.*

—, heaviness of: *Calc. c. Ignat., Kali c., Mag. c., Mag. s.*

—, — and vertigo: *Calc. c.*

—, humming in: *Brom., Kreos.*

—, — — increased by motion: *Kreos.*

—, large, feels too: *Argt., Glon.*

—, movements of, twitching, jerking, etc.: *Cicut.*

—, numbness in the brain, sensation of:

—, pains in, as if pierced by a nail: *Arnic., Ignat., Nux v.*

—, — — coming on gradually and as gradually declining: *Arnic., Plat., Stan.*

—, — —, — —, suddenly and suddenly subsiding: *Bell.*

—, perspiration on: *Cham., Merc., Phos., Verat.*

—, pressure in: *Cycl., Sepia.*

—, — —, fore part of: *Bell., Bry., Eupion, Sepia, Stan., Sulph.*

—, — —, from within outward: *Kreos.*

—, pulsating in, painless: *Eupion.*

—, rush of blood to. See Head, Congestion of.

—, stupefaction of: *Cycl., Ham.*

—, swaying in: *Cub.*

—, top of—vertex—burning in: *Lach., Phos., Sulph.*

—, — —, coldness on: *Verat. a.*

—, — —, heat in: *Sulph.*

—, — —, pain in, as if a nail were driven into: *Nux v.*

—, — —, tearing in, at night: *Laur.*

—, — —, pressure on: *Calc. c., Castor., Nux v.*

—, tightness in: *Lyc., Nat. m., Phos.*

—, trembling of: *Ant. c., Cicut., Cannab., Cub.*

VERTIGO: *Acon., Amm. c., Ant. t., Argt., Bor., Brom., Cact., Calc. c., Carb. v., Caul., Caust., Con., Cub., Cycl., Elaps, Ferr., Gel., Graph., Iod., Kali b., Lach., Lyco., Mosc., Nux v., Phos., Plat., Puls., Sulph., Thuj., Trill., Ust.*

—, frequent attacks of: *Plat.*

—, in the morning when rising: *Acon., Caul., Cocc., Con., Graph., Lach., Mag. c., Nat. m., Nux v., Rhus, Sepia, Sulph.*

—, on ascending a height, or going upstairs: *Bor., Calc. c., Con., Phos., Sulph.*

—, — descending or going downstairs: *Bor., Ferr., Stan.*

—, — rising from a recumbent position: *Acon.*

—, — — — — sitting position: *Calc. c., Sulph.*

—, when looking at running water: *Brom.*

—, — — — lying down: *Apis, Cham., Con., Nux v., Rhus, Thuj.*

- VERTIGO: when lying down, an attempt is made to turn over: *Con.*
 —, ——— moving the head: *Cocc., Con., Ipec., Glon., Mosc.*
 —, ——— rising from a stooping position: *Bell., Calc. c., Nat. m.*
 —, ——— turning the head in bed: *Con.*
 —, ——— walking: *Apis, Ars., Bell., Calc. c., Con., Ipec., Kali c., Lyc., Nux
 v., Pet., Phos., Puls., Sepia, Zinc.*
 —, with headache: *Caustr., Cub., Cycl., Kali b., Phos., Sulph.*

AFTER MENSTRUATION.

- HEADACHE.—*Agar., Carb. ac., Kali b., Lach., Lyco., Nat. m., Puls.*
 —, and dizziness: *Agar.*
 —, nervous: *Carb. ac.*
 —, recurring at short intervals: *Lyco.*
 —, stinging: *Berb.*
 —, stitching: *Lyco., Nat. m.*
 —, — in the forehead, with stupor: *Lyco.*
 —, throbbing: *Calc. p., Carb. a., Glon.*
 HEAD, congestion of: *Chin., Nat. m., Sulph., Thuj.*
 —, dullness in: *Nat. m.*
 —, heaviness in: *Nat. m.*
 —, pains in as if the top of the head were being lifted off: *Ust.*
 —, — — — pressive: *Ust.*
 —, — — — stinging: *Berb., Nat. m., Plat.*
 —, — — — stitching, returning at short intervals: *Plat.*
 —, soreness of: *Plat.*
 VERTIGO.—*Agar., Ant. t., Con., Puls., Ust.*

BOOK REVIEWS, NOTICES, ETC.

A TEXT-BOOK OF MATERIA MEDICA: Characteristic, Analytical and Comparative. 2d edition. By A. C. Cowperthwaite, M. D., Ph. D., etc., etc. Pp. 576. Chicago: Duncan Brothers. 1882.

In less than six hundred pages Prof. Cowperthwaite gives a clear, but necessarily brief, synopsis of the characteristic symptoms of nearly three hundred drugs. Some remedies, not in the first edition, have been added; others, thoroughly revised, and many new "comparisons" added. These comparisons are a new and special feature of Prof. Cowperthwaite's book. We think the space occupied in giving the "therapeutic range" of each drug could have been put to better use. For in spite of the author's warning, given in his preface, this part is apt to be abused. The printer's work has not been done as well as could be desired; the paper is too thin and type too small.

THE HUMAN EAR AND ITS DISEASES: A Practical Treatise upon the Examination, Recognition and Treatment of Affections of the Ear and Associate Parts, etc. By *W. H. Winslow, M. D., Ph. D.* Pp. 526. New York and Phila.: Boericke & Tafel. 1882.

Dr. Winslow gives, in this work, a treatise on Anatomy, Physiology and Diseases of the Ear, which differs slightly, if at all, from such works published by allopathic authors.

REPORT OF BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE. To the American Institute, session 1881. Reprinted from "Transactions," By *B. W. James, M. D.*, Chairman. Jos. Eichbaum & Co., 48 Fifth Ave., Pittsburgh. 1881.

The report includes articles on the hygiene as applied to Medication, Dwellings, Occupation, Habits Formed, Fluids Drunk, Clothing Worn, Sewerage, with discussion. Thus it will be seen the report is both full and interesting, marred only by incompetent editing.

"SCRATCHES" OF A SURGEON. By *Wm. Tod Helmuth, M. D.* Pp. 120. Chicago: Wm. A. Chatterton & Co. 1879.

Prof. Helmuth is almost as well known for his skill in making pen-scratches as he is for his knife-scratches. Those who have not yet seen these bright "Scratches," we advise to lose no time in doing so.

ELECTRICITY; ITS NATURE AND FORMS, with a Study on Electro-Physiology. By *C. W. Boyce, M. D.* Pp. 85. Chicago: W. A. Chatterton. 1880.

In these few pages, Dr. Boyce gives us a clear and interesting sketch of the different forms of electricity. Electricity plays a great part in disease and health. In its proper place it is an agent capable of doing good service in healing the sick. This little work tells its story in such clear and plain language, that none can misunderstand it.

PAMPHLETS RECEIVED:

The Vienna Obstetrical School, and 300 consecutive Obstetric Cases. By *M. M. Walker, M. D.*

Epilepsy; its Relations to Crime. By *J. Martine Kershaw, M.D.*

A Directory of Homœopathic Physicians in Pennsylvania. By *L. J. Knerr, M. D.*

Head Symptoms, Before, During and after Menstruation. By *Henry Minton, M. D.* (See Periscope.)

OBITUARY.

DEATH OF DR. THOMAS MOORE.

On Saturday morning, March 25th, Dr. Thomas Moore, one of the most distinguished homœopathic practitioners of Pennsylvania, died suddenly while on a visit to a patient who resided near his own home, in Germantown. As he was about leaving, he remarked that he had still nineteen visits to make, and that he felt ill. He sat down, leaned his head upon his hand, and a moment after exclaimed, "Oh, my heart!" The patient called for her husband, and he came in, only to find the physician unconscious. Medical aid was speedily summoned, but Dr. Moore expired very shortly after his exclamation of distress.

Dr. Moore was about fifty-five years of age, and graduated from the University of Pennsylvania in 1848. He practiced the "old school" system of treatment for about nine years, and then turned his attention to Homœopathy. He was a professor in the Homœopathic Medical College of Pennsylvania for three years, occupying the Chair of Anatomy, and for one year that of Obstetrics. He was at one time one of the city physicians for the Northern Liberties. In 1860 he removed to Germantown, where he built up an extensive practice. The deceased was the author of several important medical papers, among the most notable being one on the diet of infants.

It is with profound sorrow that we announce the death of Dr. Moore; his place, both as man and physician, will be difficult to fill. Such homœopathic practitioners as he are now but seldom found. He was a true Hahnemannian, a ripe scholar, and thorough Christian gentleman.

A special meeting of the Homœopathic Medical Society of the County of Philadelphia, was held March 28th, to take appropriate action.

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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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THE OBLIGATIONS OF THE WORLD TO HAHNEMANN.

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Among human minds two classes are pre-eminent. First, those which most consider effects, phenomena. Second, those which most consider the underlying principles by whose action effects and phenomena are developed. Both these classes are useful, and help one another. But the great minds which stand out as beacon lights along the pathway of human progress, belong either to the second class, which gives most attention to the eternal principles of things, or else to a third and still higher class, to wit: those which combine the best elements of the other two, and excel both in scientific observation of facts, and the philosophical generalization upon facts which have been established.

We speak of underlying principles—of eternal principles. What do we mean by these terms? What is the thing we call a principle?

A principle of nature is simply a mode of divine action—or the way in which God does something. For example, what is an astronomical principle? It is simply the way in which God maintains the harmonious movement of the celestial bodies. You may call it centripetal force, if you please—you may call it centrifugal force—you may call it the law of gravitation—you may call it anything—but it is simply a mode of divine action, a way in which the power of God is exerted to produce results. It is the same in every field of science—in chemistry, in medicine and biology. Analysis always carries us back to a mode in which God operates, and when we strike that we call it a principle—an underlying principle, an eternal principle.

The great benefactors of the human race have been those who have discovered these principles, and so set them forth, that others could go on with the work of discovery and application until the most beneficial results were obtained.

We should not lose sight, however, of the scientific observers of facts, whose dry labors and inconspicuous drudging often furnish the material with which great philosophical minds elaborate principles. Tycho Brahe patiently recorded his astronomical observations for years without perceiving their significance. Kepler did perceive their significance, and from them his vast genius and patient research evolved his three great laws of planetary motion.

Our Hahnemann was a Tycho Brahe and a Kepler in one. He made his own observations, tabulated his own facts, and then evolved from them the laws or principles which originated and governed the facts. His everlasting credit is that he did this so well, and made it so plain, that his disciple can go on forever, extending the principles revealed by their master. He opened a fountain of healing that shall never be closed.

On this, the 10th day of April, more than a century ago, was born SAMUEL HAHNEMANN. He was created for the great work he was destined to fulfill. His mind was organized for it. No man since the days of Aristotle united in one person such power of both observation and generalization. His mind was so logical that it never permitted him to wander into hypothesis. His observation was peculiarly exact. He had a conscience alive to every sense of duty in the fulfillment of his mission. His heart was in sympathy with the suffering of humanity in its struggle with the visitation of disease, and held him to his work through ridicule, misrepresentation and obloquy. As the moon passing through clouds which threaten to obscure her brightness, at last breaks into acknowledged light, seen of all men, so SAMUEL HAHNEMANN, with patient virtue, passing through evil and good report, held his way.

What are the obligations of the world to SAMUEL HAHNEMANN?

He brought to light the law that drugs produce in their action a specific moral state, altering the natural state of feeling and thought. This knowledge is of the utmost interest to humanity. For if man has an individualism intended by his Maker to work out his usefulness and his destiny, a work reaching to ages to come—and if a drug may break up that *proprium*—that individuality—it is something of the utmost consequence for man to know, let alone its value in the

selection of remedies. Permit me to illustrate from experience. I was called to see a lady, supposed by her friends to be insane on account of the wonderful change in her character. Genial in her nature, social and sympathetic in her disposition, she gathered many friends around her. A change took place in her disposition; she became hypochondriacal in humor, taciturn, repugnant to conversation, abstracted. Her friends supposed, not without reason, that she was becoming deranged. In this state I found her. I saw upon a table some dark-colored liquid in a bottle. I asked what it was. She said that it was a tonic that had been recommended. It was *Chamomilla*, and she was under its moral action. I refer you to the moral states produced by *Chamomilla vulgaris* in the provings of HAHNEMANN. This so-called tonic had changed her nature so that all thought she was mentally deranged. The antidotes to *Chamomilla* gradually restored her to her natural state.

What a serious influence drugs must exert upon the expanding and sensitive brain of a young child, when, perhaps, a lasting impression is made upon the nervous centre, and the future character and disposition of a man or woman are shaped and directed by a drug! Surely the world is under obligation to SAMUEL HAHNEMANN. For the cure of the insane, what an essential knowledge has he given to the homœopathic physician! Without it he could not succeed in the cure of mental disease. And I have no doubt that the use and abuse of drugs have been the direct producing cause of many cases of insanity, heretofore supposed to arise from an unaccountable obliquity of mind and feeling. Surely the world is under obligation to SAMUEL HAHNEMANN for the discovery of this law.

He discovered, too, the nature and effect of chronic disease, arising from hereditary taint or direct inception, to hold back and delay the curative action of remedies which would otherwise have ended quickly in perfect equalization of the vital forces. This chronic disease, having no locality, may, by the irritation of the new disturbant, act with it, giving an intensified constitutional state. This is seen strikingly in intermittent fever, which, by the chronic disease mingling with the impression of malaria, is made obstinate. The perturbation excited by malaria rouses the chronic miasm, and gives it a constitutional character and delays the reactive process. Our homœopathic brethren who are ignorant of this law, or overlook it, give for intermittent fever massive doses of *Quinine*, declaring, to the great discredit of the Hahnemannian system, that

intermittent fever cannot be cured without doses of *Quinine*, and by their revulsive treatment, breaking up and shattering the constitution—the *constitution* which is the power of reaction impressed upon the vital force by an all-wise God. Surely the world is under obligation to SAMUEL HAHNEMANN for the knowledge of this law.

The greatest of the obligations of the world to HAHNEMANN is for the true law of cure. He not only discovered the facts in which the law rested, but was the sole discoverer of the principle which governed them all. That great law was, that “like cures like”—not the same. If any cures are wrought in this mortal frame of ours, it is the work of nature. Whenever the vital forces are disturbed by a morbid cause, there is inherent in nature an established law of the vital force, which is a tendency to react against the disturbing cause until an equilibrium of that force is established. That equilibrium is health. And if that tendency to reaction is overwhelmed or delayed, a similar irritant like unto the diseased movement being given, arouses that tendency of nature with increasing power to overcome the disease—which is what nature is striving to do, and what she, in the end, will accomplish if she is not enfeebled by the disturbing cause. This is the homœopathic law and its operation. He that would succeed in our profession must apply a remedy closely, and within conservative limits, and *look to the reaction alone*. We ignore the allopathic art with its narcotics and palliatives, and disregard of the law of nature, and those who attempt to generalize hypothetically on pathological states, and on that hypothesis prescribe massive doses that produce alterative effects, and in their alteration break down the resisting power of the system.

I once knew a physician of high standing in the allopathic school, who after he had made himself master of the *materia medica* of HAHNEMANN and the law of its application, said: “I have killed many a man and never knew how till now.” He innocently gave, not knowing the specific action of the drug, massive doses, which, falling with crushing power along the line of the weakness of his patient, prevented nature’s reaction. I knew a young man, brought up in the country, with a strong constitution, suffering under mumps, to die from one dose administered by an allopathic physician, of six grains of *Mercury*. He died in three days from the intense action produced by a similar irritant, which, if it had been administered in smaller doses of the same medicine, would have restored him to

health. Nature was outraged—overwhelmed. The constitution was broken down. Is not the world under obligations to SAMUEL HAHNEMANN?

May it not be truly said of HAHNEMANN; no more worshipful figure ever stood in the forefront of a nation's life than that of this physician who broke free from the bondage of the whole world's professional traditions and beliefs, and patiently gave his life to the discovery of the true law of cure and the first proving of remedies to cure every disease that can afflict the human body?

MISREPRESENTATIONS.

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Another Dead Sea fruit has ripened, and has fallen from that famous tree of freedom planted under the auspices and acclamations of the pseudo-homœopaths—alias eclectics, alias Thomsonians, on the 8th day of June, 1870, at Chicago. The fruit, fully ripened, and fully dressed, sugared and spiced, has been served up to the homœopathic profession ostensibly, but in reality to all sorts of medical men, in the March number of the New York *Medical Times*, page 362.

MISREPRESENTATION No. 1. That the homœopathic profession is actually divided between high and low-potency men. It is no doubt the design of the author of this paper to create such a division. He declares that the theory of dynamization is rickety, mischievous and erroneous; worthless chaff; a medical illusion which will be remembered only with jesting and mockery. That the work of elimination must go forward, and that the reports of nondescript dynamic cases must be stamped as "*lies.*" To accomplish this end it is proposed to *remove* all public teachers in our colleges who represent these obnoxious doctrines. Our state and local societies are urged to declare that all practice with potencies higher than the twelfth be classed as dynamic. This is the Dead Sea fruit presented to a profession by a set of men who style themselves "liberals." The real difference between the allopathic and homœopathic school of medicine is, and consists of, the declaration of the allopathists that diseases have a material origin, and that organic bodies are governed by the

same laws governing inorganic bodies, that therefore, material and chemical means are necessary to remove disease. While the homœopaths, declared from the beginning of the promulgation of their school that diseases have not a material origin, but an immaterial (dynamic) origin, that organic bodies were not governed by the same laws governing inorganic bodies, that therefore, under pressure of ordinary logic, diseases must not be treated by material and chemical means, but that disease having an immaterial (dynamic) origin could only be treated by immaterial (dynamic) means.

The paper under consideration declares that there exists a low-potency party "*who acknowledge, to the fullest extent, that they are ardent and thorough disbelievers in the ridiculous theory of dynamization.*" Here is clearly expressed the point of dissension between the true and the fictitious Homœopathy. Homœopathy without the theory of immaterial (dynamic) causes of diseases, and the logical necessity to combat such disease by immaterial (dynamic) remedies would be just like the play of Hamlet with Hamlet left out. A person who considers the theory of dynamization a fanciful creation of Hahnemann testifies against himself, if he proclaims such absurdities. He shows his utter ignorance of all of Hahnemann's teachings; he shows that he has not followed the great philosopher in his strict inductive method; he proclaims himself to be a thorough disbeliever in Homœopathy, and his unbelief becomes more apparent when he denies the immutableness of the Law of the Similars, on which the whole structure of Hahnemann's inductive method rests. He proclaims himself to be an eclectic to all intents and purposes, and the division between high and low-potency men appears to be a miserable subterfuge, a false issue. It is more than absurd to limit the homœopathic school to the 12th potency; if there is any medicinal virtue in the 12th potency, why not in the 12 millionth potency? These liberal eclectics attempt just this absurdity, and the only excuse that can be offered in their behalf is that they are deplorably ignorant of the principles of Homœopathy.

MISREPRESENTATION No. 2.—In conclusion, the paper states: "The high-potency party have held sway too long. * * * This hypothetical method of practice has had its ephemeral existence as chiefest of medical illusions!" * * *

In the first place, there does not and never did exist a high-potency party as such, or under any such name. There did, does and will forever, exist an honest, conscientious set of men who prac-

tice the healing-art as promulgated by its founder; many of them have had recourse to high potencies; but when and where, by word of mouth as public teachers or as writers, did any one of the many high-potency men denounce or condemn those who consistently cured the sick as best they could with low potencies? When and where have any of these men been guilty of declaring cures with low potencies no cures at all, or demanded them to be considered as lies—when and where, you men so ingenious in your misrepresentations, did any one of them so far forget himself? The ephemeral existence of these men is at an end. You forget your own dignity if you insist on giving these men the lie direct—you *misrepresent*, and why? You have no other argument left you. The tub on which you tried to stand lost its bottom when you so cringingly expressed your longing for recognition by a school which you deceived by your misrepresentations, and who inflicted upon you the well-deserved punishment of recognition which, did you know history, is equivalent to “*annihilation!*”

The homœopathic school *is* divided, and you, speaking professedly for a majority, have thrown down the gauntlet! Your assertions being misrepresentations, it is to be hoped that nobody will pick up your gauntlet. How much better will it be if you are left to your chosen misrepresentations and with your joys over the cunningly-assumed liberality of the common school of medicine. With your exultations over their “recognition” you are punished sufficiently already.

The homœopathic school is divided; we have a steadily-increasing number of consistent homœopaths who follow the teachings of the founder of our healing-art; we have men who, sailing under false colors, profess to be homœopaths, but in reality practice eclecticism. Let us now indulge in a short retrospect that we may fully appreciate the situation. In 1844 the first session of the American Institute was held; there were present sixteen members, and the posological question did not divide them; they were all and every one of them homœopaths in the fullest sense of the word; their great aim was to develop the healing-art by following the great master in augmenting our materia medica, and thereby add to our means of applying our law of cure. These few earnest men were the early pioneers of our school, strictly adhering to the teachings of the master, and having no other aim before them than the vindication of our healing-art. Showing by their successes the great superiority

of the new over the old school, they did fearlessly combat error and prejudice. The number of these self-sacrificing pioneers gradually increased, and they did conquer all the various obstacles they encountered, through their fidelity to principles. It was owing to the great sacrifices of these men that Homœopathy was firmly established in this country. The least possible deviation from the strictest methods of our school was out of the question; it was not thought of; one and all of these pioneers fully testified to the correctness of the teachings of the master, and the evidence brought to their mind was their success. Had these pioneers not shown these great and convincing successes, our healing-art would have been extinguished then. These pioneers inspired others with the same spirit of persistently following the master's teaching, and the same men have by the same means, and by the same successes, established our healing-art firmly, and it is now, in these days, utterly impossible to persuade the men who were true to their principles that a new, more liberal practice, denying some of the master's teachings and again resorting to long-abandoned palliative means, could ever take the place of, or be amalgamated with, the faithful practice of the true followers of the master. These consistent men know that truth and error cannot possibly exist together; they demand (not cringingly beg for) recognition by the allopathic school, the recognition of the law of cure, of the single remedy and also of the minimum dose;* not singly but collectively, and they are strengthened in their faith by the discoveries in sciences and arts confirming all the teachings of its master, as well as by the gradual but certain recognition by the degenerating old school of one after the other of the principles governing our healing-art. The old school, they contend, must come to us and must surrender unconditionally; they ask no favors.

At about the same time, when the homœopathists united themselves, and formed an organized society, the American Institute of Homœopathy, the Thomsonians, alias herb doctors, had made great inroads on the medical practice in the State of New York especially; they had been bitterly persecuted by the allopathists, and gained adherents under this mode of opposition. Gaining very considerable influence, they abandoned their original declarations of only using

*The minimum dose is the dose just sufficient to cure, and has so been demonstrated always. The ignorance of the writer of the paper we alluded to construes it as meaning "the *highest* potency," a willful, ingenious and malicious misrepresentation.

vegetable medicines, and resorted clandestinely to the prevailing abuse of mercurial preparations, when in their individual judgment it appeared best. Persecution had helped them very much, and some astute members of the New York State Society proposed, and finally carried out their design, of annihilating their rivals by suddenly assuming great liberality. All oppressive measures were at once removed, recognition was granted them, and the remedy was successful. Thomsonianism became extinct, and while recognition had worked annihilation, these ex-Thomsonians formed a new sect under the title of eclectics. They were allowed to establish their own colleges and societies without hindrance; the allopathists allowed them full freedom of medical opinion and action. Guided by no principles, they very soon fell into discredit and without any persecution by the allopathists, the people discovered their shortcomings, they violated their chartered rights, flooded the country with illegal diplomas; the press exposed them, and they were finally and disgracefully annihilated. In the meantime, some of them, fully aware of the impending catastrophe, were seeking shelter, and became professing homœopaths, to reap the fruits of the labors of the pioneers in our school. They joined our societies, and it was claimed by some good and honest men that we should accept them in full membership, and give them freedom of medical opinion and action, by which means, it was argued, they would come to accept and return to that purity of practice we all so much desired to be established. They came in large numbers, and under the pretext of augmenting our materia medica, we find them the publishers of New Remedies, mostly taken from the former text-books of the Thomsonians. Growing bolder as their numbers steadily increased, they abandoned gradually the practice of the pioneers, who, by their faithful adherence to the teachings of the master, had fully established confidence in Homœopathy. We find them first alternaters, then resorting to crude drugs, later returning to palliative treatment, and lastly they claimed the right to use any means they chose to find best, according to their own individual judgment; resorting to misrepresentations and ridicule of the only friends they had found when they stood alone and under fears of the just law, which was called to aid the profession to rid itself of a set of men who had been guilty of the violation of the laws of the land. Under such misrepresentations as we have exposed in this paper, the allopathic school of medicine was deceived, and believing that these men represented the

school of medicine called Homœopathy, the old and so successful remedy, was once more applied; the allopathists suddenly became generously "*liberal*," and the allopathic Medical Society of the State of New York passed a resolution of "*recognition!*" The only comment we make at present is that history repeats itself.

MISREPRESENTATION No. 3.—In the March number (1882) of the *American Observer*, we find on pp. 145 and 146 another gross and malicious *misrepresentation!* "The standard of homœopathic preparations was erected by Hahnemann. The utmost limit of drug attenuation he placed at the decillionth potency or tenth centesimal dilution. Beyond this he expressly forbade the attenuation of drugs."

Will the author of this bold assertion let the profession at large know *where* in Hahnemann's writings he finds this positive prohibition against attenuating medicines beyond the 30th potency? Does this misrepresenter follow all the injunctions Hahnemann gave us, faithfully? Does he know anything about them? Will he please take up the 5th volume of the *Chronic Diseases*, by Samuel Hahnemann, published in 1839, and will he read the preface to "Arsenic," the very last paper he ever published? He will find on page 496 just the reverse of what he claims Hahnemann said. Here it is, "The true healer must be at liberty to apply the many remedies which nature presents for the cure of the sick just in such quantities, may this quantity *be ever so small* or large, and his experience and experiments must guide him in the use of them for the purpose of curing, in such a form as investigation and experience have taught him to be most useful." As an historical fact we state that Hahnemann, himself, after writing this above sentence, very generally administered much higher potencies than the 30th. How can any one suppose that this great philosopher should ever have thought of limiting the dose? We have exposed two gentlemen guilty of misrepresentations; the one desires the limit to be the 12th, the other the 30th potency; both arbitrarily demand that our societies fix the limits of the dose. There is a more rational way to proceed, and that is this, let these dose fixers relate cases—how they made the experiment, and how the one found by the only possible test, the experiment, that beyond the 12th potency there is no curative powers; while the other proves to the contrary that up to the 30th the curative powers continue, but cease right then and there. *Vide* also Hahnemann's *Organon*, paragraph 247. (The smallest doses).

Again the writer, on p. 145, desires to misrepresent the "Internationals" as wearing the follies of the "crank of the nosode," like a glove in their helmet. Where did this learned writer find the Internationals indorse any crank of the nosode? Where is his logic? If there are six or more cranks among the homœopathic physicians who habitually indulge in misrepresentations, does it thereby follow that all homœopaths are given to this odious habit? Or does it follow that while one compiler or author of the "Transactions of the World's Homœopathic Convention" does in vol. I, p. 801, and in other places, falsify facts, is guilty of flagrant misrepresentations, that therefore all the compilers of the transactions of the American Institute are guilty of misrepresentations? Certainly *not*.

If H. W. T. does not misrepresent himself we hope he will boldly offer resolutions at the next meeting of the American Institute *to officially discountenance the nosode crank and the dynamizationist*. We can spare the nosode crank, but we can't well spare Hahnemann and *his* dynamization; not *we* as homœopaths, but the nosode crank and the eclectics can well do without him hereafter as they have done heretofore.

CIMICIFUGA IN ITS RELATION TO ACUTE CATARRHAL SYMPTOMS.

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1. Sneezing: which in half an hour becomes quite frequent.

Obstruction of *left* nostril in the evening.

Pain in head for *ten days*, followed by coryza with sore throat, and gradual extension to the bronchial mucous membrane; and this followed by short, dry, hacking cough, night and day, for *two weeks*.

Constant coryza all day, causing *smarting* and *burning*, and *aching* in the nose.

Watery coryza, which becomes very abundant, which finally becomes *greenish*, and slightly sanguineous.

Other provers observed first, a *dry, stuffed* condition of the nostrils, followed by profuse watery discharge, with extreme sensitiveness to cool air, as if the base of the brain were laid *bare*, and every inhalation brought the cold air in contact with it.

FACE.

1. *Flushed and red face with pain in under-jaw, lower teeth, and right superior maxillary bone.*
2. *Lips dry and feverish, even sore.*

EYES.

1. *Inflammation of the eyelids, with pain and great soreness; every motion of the eyeballs painful, especially on looking upward.*
2. *The eyeballs ache severely, especially the right one. Pain runs from eyes up to top of head; the pain in head produces soreness throughout the brain, aggravated by every motion.*

THROAT.

1. *Great dryness of throat, with a constant sensation of fullness in pharynx. (This fullness is a constant symptom.)*
2. *Increase of thick viscid mucus in the fauces. (Merc. Iod.) with inclination to swallow. (Merc. Iod. has inclination to hawk this mucus up.)*

RESPIRATORY ORGANS.

1. *Constant inclination to cough, from tickling in larynx, aggravated by speaking. This constant inclination to cough, almost prevents speaking.*
2. *Hoarseness with roughness and scraping of the throat: dry, hacking cough night and day, for two weeks in succession.*
3. *Breath very offensive.*
4. *Difficult respiration after walking, or the least exertion.*

NECK AND BACK.

1. *Stiffness of neck, with rheumatic pains in the muscles of the neck; a feeling of contraction.*
 2. *Terrible pain and aching in lumbar region, which is better from pressure.*
- Tired feeling in back, extending from region of kidneys to sacrum.*

EXTREMITIES.

1. *An uneasy feeling amounting to an ache, through all the extremities, every time the dose was taken. A feeling in limbs and joints, as if he had labored hard all day.*

GENERAL SYMPTOMS.

1. *Restlessness very great, desires to move about continually; does not know what to do, or where to go. Cannot fix his mind on anything.*

This latter is a symptom similiar to *Ars.*, and taking this as a key-note, we might be led to give that drug, and thereby fail to cure our patient. Under *Cim.* the patient is very restless *at night*, but *not particularly* after *midnight*, as under *Ars.*

General feeling of exhaustion and a disposition to diarrhœa after getting up in the morning.

REMARKS.

Sleeplessness of *Cimicifuga* closely resembles *Aconitum*, but *Acon.* sleeplessness, like *Ars.*, is worse after *midnight*, while the *Cim.* sleeplessness runs through the whole night. The patient also complains of *numbness* under *Cimicifuga*, which prevents his sleeping.

Cimicifuga resembles both *Bry.* and *Puls.* in rheumatism.

Also resembles *Caulophyl.* in rheumatic uterine affection.

THE CENTESIMALITY OF THE FINCKE HIGH POTENCIES.

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As the contest about high potencies, generally, is going on in increasing dimensions, it would be a pity to put an end to it, one way or another, since it must, if continuing untrammelled by the powers that be, tend to elucidate the subject more and more, and put it on a secure footing forever more.

If a new idea makes itself felt as being worthy to be introduced into reality, the first resistance it finds is the effort of the opponents to silence it down. If this can no more be done, those opponents themselves keep it before the people by attacking it in every possible manner, fair and foul, and by denouncing and slandering the representants of that idea. If the individuals suffer, they are comforted by the old adage, that "truth will prevail," and why should not the individual be trodden down, if only the truth for which he had been working in his life-time, is raised upon his grave?

Such an idea is the Hahnemannian discovery of potentiation, now about three-quarters of a century old (in 1809 already he speaks of a sixtillionth of a grain), and upheld by a large number of homœopathic physicians who found it to be true in the administration of

medicines to the sick. This idea grew out of the fact, that by acting upon a medicine in its crude state in a certain manner, so that to what there is medicinal and curative in it, is given a chance to be distributed throughout a mass of inert vehicle, new medicinal forces are developed according to the degrees of potentiation. This idea then, has been opposed, rejected and neglected by the majority of the homœopathic profession ever since Hahnemann's time when Trinks created the new schism. He (Trinks) and all his followers based their objection upon the "*argumentum ab impossibili*," and fortified by physical and chemical truth and corresponding mathematical calculations, the schismatics apparently gained ground against the followers of Hahnemann, who base their acceptance of the doctrine of potentiation not upon the dicta of their teacher, but upon facts the most certain, growing out, not of physical and chemical data, and mathematical calculations of various kinds, but out of their own homœopathic science, which teaches them, that the mode of healing, based upon physical and chemical ground, exclusively, is not the true mode of healing, and which furnishes the homœopathic argument. For it is matter of fact, that medicines prepared according to the idea of potentiation, for which enormous quantities of vehicle have been used, and in which the disproportion between the medicine acted on and the vehicle is beyond all human comprehension; it is a fact, I say, that those remedies exert a powerful influence upon both the sick and well human and animal organism. The capable and well-taught homœopathician knows the characteristics of a medicine by its provings upon the healthy, laid down in the *Materia Medica Pura*, and he therefore knows, when a case comes before him, which remedy he is to apply in order to work a cure. If, now, he applies this remedy in a high potency, and the cure results, it follows, of necessity, that the cause of the cure has been the high potency, for without it, a cure would not have been effected. The observation that this happens in a multitude of cases, and in such cases as the careful physician knows do not get well of themselves, only corroborates the statement and fortifies its correctness.

And *e contrario*: this same high potency applied with all necessary precautions to a healthy human subject of proper sensibility, produces symptoms similar to what it cured in the similarly sick. This is the "*argumentum homœopathicum*," or "*like cures like*." Upon this ground, then, the strict followers of Hahnemann have based their mode of treatment, and with perfect right and justice,

because they proceed upon scientific principles and rules deducted from actual experiment, pure experience and correct observations withal, called *induction*. About this there is no longer any doubt among the many who daily use high potencies in their practice.

Leaving aside, then, what on the part of the natural sciences has been claimed as justifiable opposition to high potencies, as not properly belonging to medical science, *per se*, the efforts to draw the subject in question out of its legitimate sphere into that of general natural science, which just now is domineered over by the materialistic school, must be respectfully declined. If the natural sciences have not so far advanced as to recognize the reality of homœopathic high potencies, it is no fault of the science of homœopathics. If *they* cannot assign the quantities developed from well-known substances, because they are infinitesimal, and defy the finest chemical and physical tests, though being capable of mathematical demonstration, it is no fault of ours. For *we* homœopaths can assign them, we know that this is such and such a potency which we apply and we know beforehand what it will do, and we assign their distinct action by means of our art of healing. And there comes a powerful ally in one of the most eminent German scholars, Prof. Dr. G. Jæger, who shows the action of high potencies by his *Neural Analysis* already as high as 4,000 centesimal, and by my electro-magnetic method, the action of any high potency upon a sensitive person can be seen in a few minutes.

Therefore, the attempts to ridicule and despise the high potencies for their want of sufficient magnitude, appears to be idle when contrasted with the practical working of this matter in our homœopathic profession, not to speak of the nature of motion which, though of metaphysical origin, governs, nevertheless, all the palpable chemical and physical processes, large and small, and that according to homœopathic laws. And ridicule comes home to roost sooner or later.

All that, for practical purposes, is desired with regard to high potencies, is the confidence we must have in them that they are so prepared, that the medicine needed will be pure and uncontaminated, from the lowest to the highest potencies, and that it is the potency indicated on the label. In this respect the scale plays an important part as is self-evident.

I, for my part, have adopted the Hahnemannian scale for my high potencies which is the centesimal. And so I have declared in

all my writings and sayings in and out of the American Institute of Homœopathy. Now, of late, several mathematicians, of more or less note, have doubted the correctness of my statement to which, surely, they have a perfect right. But I am sorry to say, that their views do not stand the test of rigorous examination. I do not say that their calculations are incorrect, but I do say, that their premises are so, and that they worked upon misconceived data. Moreover, they present the incomparable feat of making a second step before the first has been made, and time does not trouble them at all. I, for one, nevertheless, hailed the time when such calculations began to appear as a sign of progress of the cause of high potencies, and with it of homœopathics, because, at any rate, it shows the interest taken in these matters. But as discredit has been thrown upon the centesimality of my preparations, it has placed me in a false position which, I hope, the profession will allow me to rectify.

Homœopathic physicians in active practice cannot be expected to be highly educated mathematicians. I hope, therefore, to be excused, if I do not enter the arena where these gifted few break their lances. But the following few remarks will be sufficient, I think, to prove to any one, that my high potencies are really centesimal, and therefore in accordance with Hahnemann's scale, though prepared by a different process.

If you take a vial capable of holding one fluidrachm, including the end of the syphon, and place into it the one hundredth part of one fluidrachm of medicine and add in proper time and manner, by syphon, ninety-nine hundredths of a fluidrachm of the vehicle, there can be no doubt but that, provided the one hundredth fluidrachm is so prepared as to be in proper time distributable throughout the ninety-nine hundredths of a fluidrachm of vehicle, this one hundredth fluidrachm is distributed throughout that quantity of vehicle and that every part of the one hundredth fluidrachm of the mass now contains the one hundredth part of the original one hundredth fluidrachm applied. This, therefore, is the first potency, and it is just as centesimal as Hahnemann's own, obtained by dropping one drop of the medicine into ninety-nine drops of alcohol, and shaken twice or oftener.

In order to prepare the second potency, the fluxion proceeds until the vial is filled a second time with a fluidrachm of vehicle, and after that only a repetition of the occurrence with the first filling of the vial will have taken place. Now, if in the first instance in the flui-

drachm of the first potency were contained the one hundredth part of one hundredth fluidrachm of medicine in every one hundredth fluidrachm of vehicle, we have now one hundredth part of one hundredth fluidrachm or $\frac{1}{100}$ of the first potency in every hundredth drachm of vehicle which, of course, amounts to one ten thousandth part in every one hundredth fluidrachm of vehicle, or to the second potency, and this is just as surely the second centesimal potency, as Hahnemann's own, obtained by dropping one drop of the first potency into ninety-nine drops of alcohol, and shaking it twice or more. And so indefinitely.

The following is an expression of the fluxion process in numbers, conceived in 100 parts of .01 fl. ℥ each, for every fluidrachm.

Let the starting-point of potentiation be .01 fl. ℥ of the sixth centesimal potency, made by hand, called the mother potency, resting upon the bottom of the potentiating vial, holding, with the syphon, one fluidrachm. The vehicle enters by a fine opening controlling the thoroughness of the process at the bottom of the vial in the ratio of 500 fl. ℥ per hour, and mingles with the .01 fl. ℥ of the sixth potency in the following manner:

- 1) .01⁶ fl. ℥ pot. + .01 fl. ℥ veh. = .02^{6.01} fl. ℥ pot.; ratio 1 : 2.
- 2) .02^{6.01} fl. ℥ " + .01 " " = .03^{6.02} fl. ℥ " " 1 : 3.
- 3) .03^{6.02} fl. ℥ " + .01 " " = .04^{6.03} fl. ℥ " " 1 : 4.

and so on till .99 fl. ℥ of vehicle are added in continuous flux to the original .01 fl. ℥ of the sixth potency; we then have the sixth and ninety-nine hundredth potency. The last .01 fl. ℥ vehicle flowing in makes the seventh potency full, for we have

$$100.) .99^{6.99} \text{ fl. } \zeta \text{ pot.} + .01 \text{ fl. } \zeta \text{ veh.} = 1^7 \text{ fl. } \zeta \text{ pot.}; \text{ ratio } 1 : 100.$$

The next .01 fl. ℥ vehicle entering below leaves no room for the topmost .01⁷ fl. ℥ potency in the vial, consequently, according to Bacmeister's remark, it must flow over whilst the .01 fl. ℥ vehicle succeeding the .01 fl. ℥ which finished the seventh potency below continues the potentiation. At the moment when this happens, when the last .01 fl. ℥ vehicle has entered below, and the first .01⁷ fl. ℥ potency is going over, the whole vial contains one fluidrachm of the seventh centesimal potency, and the ratio is 1 : 100 as in Hahnemann's process.

If, now, the fluxion continues, the next .01 fl. ℥ of vehicle entering the vial, mingles with the .01⁷ fl. ℥ potency contiguous to it, and

Boericke, Swan, Skinner, Deschere and others I am not aware of besides myself, and scientific accuracy and common justice and courtesy demand that the high potencies they have made should be marked as they mark them. Or else the object of the publication to serve as testimony for the efficacy of Homœopathy and her high potencies is lost. It also creates the false impression, that the potencies were of the writer's own manufacture.

The question, however, how it is that the medicine be distributable in a quantity of inert vehicle to an incredible extent cannot now here be discussed, and requires long-continued investigations to which the researches in natural science of later times form no inconsiderable contributions. But in as much as they do not acknowledge any reality of our high potencies beyond the 11th centesimal potency, very little can be expected from that quarter for the solution of the problem of potentiation.

November, 14th, 1880.

A FEW THOUGHTS ON THE STUDY AND PRACTICE OF HOMŒOPATHY.

*(From the Transactions of the World's Homœopathic Convention,
held in Philadelphia, 1876.)*

DAVID WILSON, M. D., LONDON, ENGLAND.

Deeply sensible of the honor conferred upon me by the courteous invitation of the Chairman of the Committee of Arrangements, to contribute a paper for the "World's Homœopathic Convention," I must frankly confess that it roused in my mind a question which has forced itself upon me daily since, viz. : What can be said or done to advance the cause of Homœopathy better than the luminous instruction contained in the writings of Hahnemann and the untiring exertions of his early disciples, some of whom are still working amongst us? This reflection naturally suggests the pertinent inquiry: Have Hahnemann's works been studied as they require to be? and what evidence have we, affirmatory or otherwise, that enables us to answer the question? It would be false to the principles which I profess were I not, *in limine*, openly to state my opinions fully and candidly upon a subject of such vital importance.

To sustain my proposition, it will be necessary to quote from our great master's writings, for which no apology will be necessary, see-

ing that when our object is solely the elucidation of truth it is far better to go to the fountain-head at once, than to assume an originality not our own.

Hahnemann tells us, as we all ought to remember, that his doctrine of Homœopathy rests exclusively upon the result of experience. He tells us in his *Organon* how we are to apply his doctrine in practice so as to gain pure experience. He tells us in the same invaluable *Organon* how we are to proceed in acquiring a knowledge of medicinal agents, so that they may be used as remedies in healing the sick; in other words, he instructs us how we are to proceed in proving remedies upon ourselves and others, when in ordinary health. He points out clearly in the same work, how we are to examine the sick. He enters into many other important matters in that essential work which must be studied attentively from board to board, again and again, until every precept has been thoroughly understood and impressed upon the mind for our guidance when entering upon the responsible and solemn duty of ministering to the sick. I repeat, there can be no flinching from this absolute moral duty; and if we cannot conscientiously comply with Hahnemann's injunctions, then let us not falsely call ourselves *his* disciples.

The learned chairman, Dr. Carroll Dunham, has most forcibly remarked, in an article published in the *Philadelphia Journal of Homœopathy*, vol. iv, 1855, No. 8, which I should recommend every one to read even a second and third time if they have not already done so: "When a scientific man undertakes to imitate the experiment of another for the purpose of testing the results of the latter, he is inexcusable if he deviates in the least particular from the course pursued by his predecessor. He has no right to assume that in this or that point lies the essential principle, and that the other matters are superfluous. What would be thought of a chemist who, wishing to repeat the experiments of another, and obtain a certain precipitate, should take it for granted that it matters not how much ammonia, for example, he may add to a given solution, whereas, a certain quantity will give the precipitate, but an excess will re-dissolve it and spoil the experiment." Nothing could be said more conclusively in support of our argument than this.

Now, let us hear what Hahnemann says: "Imitate my mode of practice accurately and carefully, as pointed out in the *Organon* and *Chronic Diseases*, and you will find it confirmed at every step." He says further: "Take one case of disease after another, note down all

of its perceptible symptoms in the special manner pointed out in the *Organon*, and with such accuracy as will defy the founder of Homœopathy to take any exception to it; then, guided by the *characteristic* and *striking* symptoms, select the appropriate remedy and administer it in the smallest dose, according to the strict rules and observances pointed out in the *Organon*, and if it does not afford speedy, gentle, lasting help, publish the failure to the world, and the doctrine of Homœopathy shall stand abashed." He urges upon us, who are his disciples, to go on proving remedies, so that the range of our curative means shall be equal to every emergency, because it is needful, as a matter of course, before we can prescribe for every particular ailment, that we shall be acquainted with a corresponding remedy, the symptoms of which are harmonic or homœopathic to those of the patient.

Then, with regard to the infinitesimal character of the dose and its repetition, his injunctions are equally imperative, while he wisely makes a provision for every emergency, so that the dose may be repeated in the highest dilutions every five minutes if needful. His rules, as laid down in the *Organon*, for the discovery of commencing improvement and how *then* to proceed, are pointed out with unerring certainty, and must be very carefully studied. As we ponder over Hahnemann's writings, not forgetting his instructive introductions to his remedies, we soon discover *why* he gradually reduced his doses, chiefly because they acted too energetically, and inflicted unnecessary suffering and exhaustion.

While imbibing all these facts and practical details, let the student keep constantly in remembrance that he has to separate Hahnemann's facts from his theories, a caution which the founder himself thought it needful to give, but which his ungenerous and carping critics have pounced upon as capital for their unbecoming ridicule, being unable to overthrow his facts, which stand as firm as the ocean rock, though lashed on all sides by the waves of ignorance and superstition! He says in vol. iv of *Chronic Diseases*: "In bringing forward my doctrine of the homœopathic system of healing, it was very natural for me not to venture an explanation *how* it happens that cures are effected in the sick through the action of certain substances that have the power of producing very similar morbid phenomena in healthy people. It was with a feeling of doubt that I gave my conjecture, without attempting anything like an explanation or asserting anything positive, for it is only incum-

bent upon us to heal according to certain recognized laws of nature (as expounded in the *Organon* and *Chronic Diseases*), which are being continually confirmed by our experience, and not to make a boast of abstract explanations and leave the patient uncured all the while, a mode of proceeding hitherto adopted by physicians of the old school." It will not, I trust, be considered presumptuous on my part if I give my most cordial assent to the close of Hahnemann's sentence, seeing that I was an active member amongst the old fraternity for many years, sufficient to enable me to superintend not less than two thousand births in general practice; and the last four years of my allopathic practice afforded me the opportunity to test Homœopathy, to which I have devoted the last thirty years of my life in hard study of its materia medica and active practice.

Now it may be asked what evidence have we that the majority, if not all, calling themselves homœopaths have failed to comply with Hahnemann's injunctions? The answer is to be found in the character of homœopathic literature, and in the majority of the editorial staff, who do not fail to chide the pure Hahnemannians as being, on this side of the Atlantic at least, a very infinitesimal sect of Hahnemannians. What proof could we have more conclusive than this? They seemingly forget, however, that "minorities are often in the right." Then with regard to modern, so-called provings, have the injunctions so specially laid down in the *Organon* been complied with? I answer most emphatically no, they have not; and if we examine carefully the records of the Vienna and other provers, we shall find Hahnemann's predictions verified when he says, § 128, and following: "The most recent observations have shown that medicinal substances, when taken in their crude state for the purpose of testing their peculiar effects, do not exhibit nearly the full amount of their hidden powers as they do when potentized by proper trituration and succussion. We now find it best to prove medicines by giving 4 to 6 globules of the 30th dilution every morning on an empty stomach. * * * If the effects are but slight, we may add a few more globules every morning, until the symptoms become more distinct and stronger. If the first dose administered has been sufficiently strong to arouse symptoms, then the experimenter learns the order of their succession and can accurately note the period when each occurs, which is very useful in leading to a knowledge of the genius of the medicine, and the order of the primary and alternating actions is acquired in the most unambiguous manner. * * *

On the other hand, if increasing doses of a strong preparation are repeated (as was the case in most of the Vienna provers), we may learn, no doubt, the various morbid states such strong doses are capable of producing, but we do not ascertain their order of succession, and the *subsequent dose often removes, curatively*, some one or other of the symptoms aroused by the previous dose, or develops in its place an opposite state." What has been here quoted in a condensed, but nevertheless strictly accurate manner, plainly shows the chaos into which some of our would-be heroic provers have plunged the materia medica since Hahnemann's time. Without mentioning the names of *such* provers, which might seem discourteous, and would render very little service, every industrious and careful student can discover for himself these blemishes to which I have alluded. Also the fact mentioned by Hahnemann has been verified, for when the same prover substituted for his massive and poisonous doses dilutions of the same remedy, then he obtained finer shades of minute symptoms, such as are to be observed in disease. It becomes a question, however, whether the symptoms furnished by provers through taking attenuated doses almost immediately after they had endeavored to poison themselves without success by massive and crude doses, are to be entirely relied upon. For example, one would scarcely consider a man who had taken in sixty-eight days the enormous quantity of *five thousand* drops of a poisonous tincture, in a perfectly healthy condition, so as to resume, after a few days' cessation, the proving of the same remedy in diluted doses. We are cautioned by Hahnemann to examine into the perfect purity of substances before we undertake their proving as remedies, and, while we are under medical influences, to abstain from other experiments and repetitions that may annul the integrity of our observations. As to the time needful for the organism to regenerate itself, I must leave others more capable to determine, without entering into the biological and mathematical speculation myself, of that process being accomplished in 35 days, the time required, according to Grauvogl, for a proving to have its effects observed, under the most varied circumstances possible, upon persons of various ages, constitutions, etc. He adds that it is "only after the fulfillment of all these demands that we can say we have undertaken a drug proving and gained available results." We have it in evidence too clearly, however, that whatever may be the length of time for the organism to reconstruct itself, the interchanges do not, unfortunately, expel for a

very long time many substances that have entered it by design or otherwise. Grauvogl himself, indeed, tells us that "there are substances which, when introduced into the organism in immoderate quantities, are suddenly rendered innocuous by their entering into insoluble compounds, which remain deposited in some part or other, and thus become inaccessible to the motions of the organism, and continue to be so, till some other substance, introduced accidentally or intentionally into the organism, enters into combination with the very same organic parts in which those substances are deposited, and thus, made accessible again to the organic motion, they may forthwith be expelled from the system." Such substances may be of a character to be detected by the acute analyst in company with the various excretions. Quicksilver, for example, may be detected, chemico-physically, in the urine after many years, during which period it may now and again have given rise to a series of suffering phenomena. Such cases falling into the hands of the over-enthusiastic tyros of our system, may easily lead them to undertake cures no longer possible, and therefore calculated to inflict cruel disappointment upon those most deeply concerned. Such cases require antidotal and eliminative treatment to begin with, as ably pointed out by Dr. Lippe in an admirable article entitled "Homœopathy Misapplied," in the *North American Journal of Homœopathy*, 1872. If we wish to test Hahnemann let us abide strictly by his rules in every essential particular, and afterwards we may indulge in our own theories.

[CONCLUDED IN NEXT ISSUE.]

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

SIDNEY, OHIO, April 1st, 1882.

DEAR DOCTOR: The Eighteenth Annual Session of the Homœopathic Medical Society of Ohio, will be held in the city of Springfield, May 9th and 10th. The interest manifested in this meeting is more than ordinary; a large attendance is anticipated. These flattering prospects should induce each homœopathic physician in the State to strain every point to be present. We owe it to our patrons, to the cause and to ourselves.

Fraternally,

H. E. BEEBE, *Secretary*.

HAHNEMANN'S BIRTHDAY.

THE BANQUET OF THE LIPPE SOCIETY.

Monday, April 10th, was the 127th anniversary of the birth of Samuel Christian Friedrich Hahnemann, which took place April 10th, 1755, in Meissen, Saxony. The day was appropriately celebrated by the Lippe Society of this city, an organization composed of those new school physicians who adhere strictly to Homœopathy, by a meeting last evening and a banquet, at the residence of Dr. Adolph Lippe, whose name was given to the society in recognition of his staunch defense of the doctrines as handed down by the master. Among those who sat down to the banquet were: Dr. Adolph Lippe; Dr. Edward Bayard, of New York; Dr. M. Preston, of Norristown; Dr. C. Lippe, of New York; Prof. T. F. Allen, of New York; Dr. C. Carleton Smith; Dr. E. J. Lee; Dr. W. Jefferson Guernsey; Dr. M. MacFarlan; Dr. E. Payson Small; Dr. George H. Clark, of Philadelphia.

After partaking of the bountiful repast, an hour was very pleasantly spent in the presentation of appropriate toasts and in informal addresses. After the memory of Samuel Hahnemann had been proposed, Dr. Bayard responded to "The day we celebrate."

[Dr. Bayard's address is given in full at page 201.]

Dr. Clark, as Secretary of the Lippe Society, read a number of letters from distinguished homœopathists in different parts of the country, regretting their inability to be present, but assuring the society of their interest and sympathy. Dr. Wm. P. Wesselhœft, of Boston, wrote: "I regret exceedingly not to be able to attend the Hahnemann birthday celebration of the Lippe Society. I shall be with you in spirit and give you this sentiment:

"*Samuel Hahnemann*, the discoverer of the infinitesimal dose in disease, still derided by adversaries and ridiculed by so-called followers, must become the acknowledged pioneer of a new era in solving the problems of the physical laws of matter. *Adolph Lippe*, the worthy disciple, the most intrepid defender of the truths of his master's discoveries."

Dr. C. Pearson, of Washington, expressed the following sentiments in his letter: "While the hollow friends of Hahnemann are disposed to cast reproach on his fair fame and useful labors, it is refreshing to know that somewhere in the wide world there can be found at least twelve of his disciples meeting together

without a Judas. Though the outlook may be dark and threatening, and the enemies of pure Homœopathy, with their pathological leaders at their head, swarm like Egyptian locusts, each armed with a microscope, however powerful, vastly incapable of discovering their own souls,—the inductive philosophy of Hahnemann will only shine the brighter when the mists of doubt and disparagement have passed away. It is only when the sea is rough that the beacon light is needed; let those who heed it not perish by their own folly if they will, but let it still burn for others. Stand by your guns, and by the flag of Hahnemann, and if we go down let it be with his banner still floating in the sunshine of truth.”

In response to the toast, “The Pioneers of Homœopathy in America, dead and living; they who fought the good fight and have kept the faith,” Dr. C. Carleton Smith said: “Though we come together to-night more especially to do homage to the name and genius of Hahnemann, yet we must not forget on this momentous occasion the pioneers of our school, who so faithfully prepared the way for the struggling disciples who followed closely in their footsteps. As we sit here with the spirit of Hahnemann hovering over us, our minds go back to the time when such valiant defenders of the faith as Hering, Gardiner and Esrey, of Philadelphia; Wesselhœft, of Boston; Joslin, Reissig, Hunt, Dunham, Gray and Kirby, of New York; Freitag, of Bethlehem; Bauer and Pulte, of Cincinnati; Temple, of St. Louis; Groseweitch, of Wilmington; Campos, of Norfolk, and Lingen, of Savannah, stood in the very heat of the battle, fighting nobly for the truth. Of the old pioneers still struggling and contending for the right, we have Drs. Lippe, Wells, Bayard, Pomeroy, Fellger, Guernsey, Kitchen, Raue, Detwiler and McManus. We would, brethren, be recreant to our duty to-night if we failed to ascribe glory and honor to these staunch defenders of the truth as it was handed down to us by the master.

“These men, both the dead and living, have stood as giant sentinels at the door of the temple, guarding well its sacred portals amid the gibes and sneers of the mongrels who despise the truth, and in their bitterness daily slander the good name of Samuel Christian Hahnemann, the lachets of whose shoes they are not worthy to unloose—and who would, if they had the power, bury out of sight beyond all hope of resurrection the Homœopathic bible, the *Organon*. What, I ask, would have been the condition of our school to-day, if these noble, self-sacrificing men, the advance guard of our

army of healers, had not been staunch and true in every emergency, through good report and through evil report? Oh, let us write their names high upon the scroll of fame, and keep their memories green in our hearts. And though bigotry and superstition, ignorance and uncharitableness have uttered their words of detraction and have pointed their poisoned arrows at the very hearts of these heroes, and have sought to drive them from the right of conscience, yet the dead among them died unmoved and the living stand unmoved to-day—strong in the faith that the *right* must triumph, and that *similia* will ere long be acknowledged as *the only law of cure by all* the fraternity of medicine.”

Dr. Fellger offered the following sentiment: “The Internationals: the guardians of the truth, who stand up fearlessly against the worst enemy of mankind—IGNORANCE.”

Dr. Guernsey made a brief impromptu address in answer to the toast: “The International Hahnemann Association; the guardians of the truth,” and Dr. Lee acknowledged “THE HOMOEOPATHIC PHYSICIAN: the promoter of the truth; may it long continue its good course.”

The next toast was: “The Hahnemannian Tri-color; the Law of the Similars, the Single Remedy and the Minimum Dose.” To this Dr. Lippe responded. He said:

“Hahnemann unfurled the tri-colored banner at the beginning of this century; on it were written ‘the Law of the Similars, the Single Remedy and the Minimum Dose,’ that he might conquer and annihilate the ever-changing opinions held out by the common school of medicine, all based on mere hypothesis, and replace all hypotheses, antiquated and modern, by such fundamental principles and by such laws of cure as were derived from the laws of nature, and proved to be correct by the experiment. He unfolded this banner for full recognition by the medical world, and his faithful followers will fight it out on that line, even if it takes another century.”

Prof. Allen was called upon to respond to the toast: “The *Materia Medica Pura*: the Hahnemannian’s armament, potent only for good.” Dr. Allen said, that while others had spoken of curing disease by the principle of *similia*, Hahnemann was the first to elaborate a system of medicine on that principle, and to give the world a pure *materia medica*. The speaker then went on to mention how many elements of empiricism had entered the *materia medica*, and to enforce the necessity of thorough drug-proving as our only sure guide to the

use of a drug as a curative. He said that while a clinical symptom needed frequent corroboration to make us sure of its worth, a pathogenetic symptom needed none; that we *knew* if a drug produced a symptom it would cure it. Hence the pathogenetic symptom has the advantage in being more reliable and more scientific. The professor then referred to the care and labor bestowed on his encyclopædia, and regretted that unavoidable errors should have crept in; yet he thought the vast majority of the symptoms there recorded were reliable. He also referred to the great care and labor bestowed by Hahnemann on his provings; how few errors had crept in, and said that nearly all of Hahnemann's clinical symptoms had been corroborated in more recent provings. Instancing the symptom—burning pain, etc., in the back, of Phosphorus, which had never been produced, though often cured, by Phosphorus, until Anstie, of England, gave the drug in large doses.

Dr. Allen referred to the practical work true homœopaths were doing, but cautioned his brethren against the many fragmentary and imperfect provings which are constantly being published.

The success of the Lippe Society was proposed by Prof. Allen, and responded to by Dr. Clark, and after several informal addresses the guests dispersed, very much pleased with the evening's entertainment and more determined than ever to hold fast to pure Homœopathy.—*Philadelphia Bulletin*.

NOTES ON GENITO-URINARY THERAPEUTICS.

ACONITE. RENAL.—Sensitiveness of renal region, with shooting pains. Kidneys act slightly; urine has fragmentary casts and albumen stitches in kidneys and pressure in bladder, with retention or suppression of urine.

VESICAL.—Inflammation of bladder, with constant urging; urine scanty, or passes in drops, burning and mixed with blood; tension, heat and tenderness over pubes; pinching around umbilicus; bladder feels painful when he walks.

Enuresis (*Bry.*, *Nit. ac.*, *Puls.*, *Rhus*), with thirst and diarrhœa (feces white). Must rise at night (12–3 A. M.) to urinate (pregnancy).

Diuresis, with headache or profuse sweat.

Retention from cold, especially in children, with much crying and restlessness.

Hæmaturia (*Canth.*, *Clem.*, *Lyc.*, *Merc. corr.*, *Ph. ac.*, *Puls. Sepia*, chiefly), with hæmorrhoids of bladder or anus, and burning distress in urethra.

URINARY PAINS.—(Painful emission of bloody urine, by drops, *Canth.*, *Merc. corr.*)

Burning in urethra while urinating; at neck of bladder when not urinating.

Painful, anxious urging to urinate; frequent desire.

Violent burning in bladder.

Micturition difficult, painful and by drops (*Cann. ind.*, *Dig. Clem.*, *Mer. corr.*); faint feeling while urinating.

The desire to urinate is accompanied by great distress, anxiety and restlessness.

CHARACTER OF URINE.—*Urine, scanty, red, hot, without sediment; brown, burning, with brick-colored sediment.*

Before urination, painful and anxious urging. Desire to urinate on touching the abdomen.

During urination, colicky pain (also, *Verat.*) Pain in glans penis; sensation of splashing of fluid in region of bladder; pinching about navel.

SEXUAL.—Desire increased; lasciviousness; amorous dreams; desire increased in the evening, with heat and sweat. Desire lessened; parts relaxed and tingling.

Involuntary emissions, even after coitus. Testicles feel hard and swollen, as if too full; bruised pain in scrotum (*Kalmia*); violent orchitis.

Crawling and tingling in scrotum (*Selen.*)

(Crawling and tingling in testicles, *Euphr.* and *Merc.*)

Children finger genitals (*Merc.*, *Zinc.*), with crying.

Scrotum drawn up; drawing pain in right testicle; left side of scrotum covered with vesicles, having a humid discharge.

Gonorrhœa with inflammation, burning and sudden, flying stitches, through glans penis.

CONCOMITANTS.—Fever (general dry heat, pulse *full and hard*), with great thirst and agonized tossing about; anxiety; fear of death; worse from exposure to dry, cold air.

AGARICUS. RENAL.—Pressing pain in region of kidneys, which disturbs sleep.

Stitches in right kidney.

Lameness in left kidney, sore to touch, with cramping pain extending into thighs. (*Kali c.?*)

VESICAL.—Paralytic weakness of sphincter vesical, can hardly retain urine.

Urine passes at intervals (flows and stops), dribbles away (*Bell., Canth., Caut., Merc.*), penis being cold and shrunken.

Urine passes slowly in a small stream, or in drops; has to strain to increase the flow.

Urination with coldness down the legs, numbness and twitches.

Frequent desire to urinate; the quantity is very much increased even with diarrhœa.

Urination lessened, or profuse and colorless.

URINARY PAINS.—Cramp-like pain in groin during micturition.

Painful urging along the urethra; burning at orifice of urethra at night.

Sensation in urethra as though a drop of cold urine (*Nitric Acid*) was passing.

Sensation as if some urine remained in the urethra. (*Asper., Ced., Ery. a.*)

Stitches like a red-hot iron in the urethra.

Crawling, itching, tickling in orifice, ameliorated by cold water.

Crawling in forepart of penis, so bad he wants to squeeze the organ.

CHARACTER OF URINE.—Urine has a shining (iridizing Hg.) pellicle on surface. (*Natr. m., Ph. ac.*)

Urine clear and watery; lemon-colored or bright yellow.

Urine dark yellow and hot.

Urine watery in forenoon; afternoon milky.

Sediment, red flocculent or powder-like; white sediment.

SEXUAL.—Great desire for embrace, penis relaxed; excited sexual desire, worse in mornings.

Sexual desire much diminished; nothing excites it.

Pollutions several nights during siesta (*Aloe*). After emissions, pains and weakness in thighs. Complaints from sexual excesses.

During coition, burning in urethra, most felt during ejaculation; emission of semen slight or late; voluptuous feeling deficient.

After coition, weakness, lassitude, loss of appetite, night-sweats ; itching of skin at night.

Penis cold (*Agar.*, *Cann.*, *Caps.*) and shrunken. (Glans penis cold, *Berberis*).

Drawing in testicles, with heaviness and discomfort.

Spasmodic drawing in left testicle and spermatic cord.

Excessive and painful retraction of testes toward inguinal rings ; wants to press them off with his hands.

Left side of scrotum red and swollen ; tickles and itches.

Excessive and unbearable itching of genitals.

CLINICAL.—Spermatorrhœa, with pains and weakness in thighs. Useful in long-running gleet, with above symptoms. For a yellow purulent gonorrhœal discharge ; for a discharge of viscid, glutinous mucus from urethra.

COUGH WITH VOMITING.

E. B. NASH, M. D., CORTLAND, N. Y.

Anacardium.—Cough after eating, with vomiting of food.

Bryon.—Cough after eating or drinking with vomiting of ingesta, worse on coming into a warm room.

Carbo veg.—Cough and vomiting after other symptoms of whooping-cough are gone, especially after full meal.

Daph. ind.—Cough with vomiting and yellowish frothy expectoration, mixed sometimes with streaks of blood ; the cough fatigues and hinders sleep.

Digital.—Cough after a meal, with vomiting of food, especially after cold fluids ; pains in the arms and shoulders.

Drosera.—Cough with vomiting of food first, and later, at the end of the attack, of mucus.

Ferrum.—Spasmodic cough, ceasing immediately after a meal, or else commencing after a meal, with vomiting of food.

Ipecac.—Continuous cough, with sweat on the forehead, shocks in head, retching and vomiting (*Pertussis*).

Kali carb.—Spasmodic cough, with gagging and vomiting of ingesta and sour phlegm (3 A. M.)

Mezereum.—Cough when drinking or eating anything hot ; must cough until food is vomited.

Phos. ac.—Cough, with vomiting of food, and headache, or involuntary urination.

Rhus tox.—Cough with vomiting of the ingesta, especially in the evening, and when lying on the back.

Sabadilla.—Cough dry, with perspiration and water in the eyes; stitches in vertex, vomiting and pain in the stomach.

Sepia.—Paroxysms of spasmodic cough (resembling whooping-cough), ending in gagging or vomiting.

Tart. em.—Cough if children get angry; also after eating, vomits food and mucus; perspiration on hands and forehead.

FATAL ERRORS.

A. D. LIPPE, M. D.

It is a fatal error for a homœopathist to teach that syphilis is a surgical disease. It is also a fatal error to teach that the single remedy and the minimum dose are unsettled questions. It is worse than a fatal error to teach that the local application of acid nitrate of Mercury will arrest and cure a case of neglected chancre eating the penis off. And it may please the reader to learn that all these huge fatal errors, and some minor ones, were committed by our friend, the learned editor of the *United States Medical Investigator*, Feb. 15th, 1882, page 206, in just sixteen lines of a *classical* paragraph.

What constitutes a surgical disease? The consequences of mechanical injuries are surgical diseases, and must receive the needful mechanical treatment. After mature experience the famous Dr. Ricord discards as injurious all local treatment of venereal diseases, and advises constitutional treatment. Is the very learned editor of the *United States Medical Investigator* playing hide and seek with the allopathic fraternity, who sneak around the partition wall into our position to find the editor of one journal with his following just sneaking around the other side of the partition wall to advocate then and there the abandoned teachings of the fossils, the regulars, in their abandoned camp. This seems to be the order of the day. We see the nursery play "puss in the corner" performed by a liberal but playful set of men. Just as fast as the allopathists abandon their old errors and accept Hahnemann's teachings, do the eclectics, sailing under the homœopathic colors, pick up the ancient errors and insist upon grafting them on Homœopathy. The single remedy and the minimum dose these philosophers erro-

neously say are unsettled questions. Are they? And if you disbelieved their correctness, why did you join our ranks? The allopathists are advocating just now exactly what these eclectics doubt! Will the learned editor read a February number of the *New York Medical Record*, professedly an allopathic journal? It proclaims the law of the Similars the *only* law of cure. The eclectics in that respect contradict liberally both the homœopaths and allopaths. Where are they, and where are they going to? Organize themselves under the freedom-tree we sincerely hope.

AN INDEX OF COUGH SYMPTOMS.

For some time past, Dr. G. H. Clark and the editor have been preparing an index of *all* symptoms of cough and expectoration which they could gather from reliable sources. The symptoms will be arranged alphabetically under the anatomical part in which they occur. The editors desire to make this index thoroughly reliable, and as complete as possible, they therefore solicit contributions from any physician who has reliable characteristic symptoms, hitherto unpublished. The index will be published in *THE HOMŒOPATHIC PHYSICIAN*—about eight pages per month, until completed—commencing in June or July. Each symptom is credited to the authority from whom it was obtained.

LETTER FROM DR. FELLGER.

Editor HOMŒOPATHIC PHYSICIAN:

DEAR DOCTOR: As you cannot indorse all that Prof. Butlerow advances in his letter [See p. 184—ED. H. P.], I assure you decidedly that I can do so, every word of it; and as you see that our opinions so widely differ, I would advise you to leave my name off as contributor to *THE HOMŒOPATHIC PHYSICIAN*, as I fear under such circumstances, a conflict between us two, sooner or later, could not be avoided. Truly yours,

Philad'a, April 17th.

AD. FELLGER.

CLINICAL BUREAU.

A PLEA FOR HIGH POTENCIES.

BY THE LATE CHARLES JULIUS HEMPEL, M. D.

In the "Advertisement of the Editors" of the *Homœopathic Examiner*, 1845, Dr. Hempel writes as follows: "As regards the different potencies, I strictly follow the example of our master. Hahnemann recommends the high potencies as those that *will act most promptly and safely*; my own experience has never, *not in one instance*, contradicted that statement. Even from the 30th potency of *Coffea* I have seen beneficial effects in an affection similar to *Purpura hæmorrhagica*, although Hahnemann here recommends the lower preparations of that drug. I shall not hesitate to use the 200th and even the 2000th potency of some drugs, as soon as they shall be in my possession. Every homœopathic physician has had cases in his practice where a certain drug was indicated, and yet where it did not act. In all such cases I recommend the use of the highest potencies. In the next number of our journal I shall report a few cases of cure by the highest potencies, where no other potency of the same drug would act."

The following case was reported by Dr. Hempel (page 289 of *Homœopathic Examiner*):

A CASE OF CHRONIC OVARITIS AND LEUCORRŒEA, SUCCESSFULLY TREATED BY ONE DOSE OF PLATINA 200.

A most beautiful instance of the action of the highest potencies has lately occurred in our practice. We deem it absolutely necessary to record all those cases, which furnish a striking illustration of the truth of our law, and of the efficacy of our remedies. Successful cures are the only argument which we now possess in favor of our potentized remedies. There is nothing in known science by means of which we can account for their efficacy, especially for the efficacy of the highest potencies. We will now record a case of cure by the 200th potency of *Platina*, which will be found to be beyond all cavil. As regard the correctness of our statement we are willing to give

every guarantee, and we pledge our word that not a single line has been added to the original record.

Platina is the remedy by means of which this almost miraculous cure has been effected. Of the great use of *Platina* in affections of the uterine system we have long become convinced by most striking cures. Not long ago, we were called to a lady, who had been under allopathic treatment for six successive months for the following symptoms: Last year she was suddenly attacked with metrorrhagia and rigor of the right arm, globus hystericus, violent pressure upon the chest and a compressive pain in both temples, which was so violent that her family assured us she would attempt her life if she were not prevented by force. The metrorrhagia occurred at every monthly period, all the other symptoms, especially the headache and the globus hystericus, remained permanent complaints, and, if possible, were worse at the time of the menses. A few doses of *Platina* removed the symptoms entirely. In the case of another lady, who was affected with spinal irritation, *Platina* relieved, as by a charm, a dreadful itching in the uterus. This itching had lasted for several days and nights without interruption, and became so excessive at one time that the lady sent for us in the middle of the night, requesting to be relieved. One pellet of *Platina* 1000 quieted her, as by a charm, and the itching never returned.*

The subject of the present case is a young lady of twenty years. At the age of twelve she was attacked with leucorrhœa, which continued ever since, up to the time we were requested to attend her. This discharge was uninterrupted day and night; in taking down a record of her symptoms we took especial pains to inquire into that point with great minuteness; this leucorrhœa was like the white of an egg, and otherwise inoffensive, but debilitating. At the age of fourteen the patient began to menstruate, the first catamenial discharges being without any pain. At the age of fifteen the patient was seized with violent dragging, tearing pain and soreness in the region of the left ovary, the dragging extending through to the small of the back. This pain was especially violent at the time of

* In another case of furious itching in the region of the mons veneris, of six years' standing, and which sometimes was so excessive that the lady when walking in the street, had to enter an alley or some place where no one noticed her, and where she might relieve herself by violent scratching, one dose of *Kal. carb.* 30 effected a perfect and permanent cure. The itching was very deep-seated.

her menses and otherwise as permanent as the leucorrhœal discharge.

Simultaneously with the occurrence of that pain the catamenia assumed a morbid character; the blood had a blackish appearance, it came in clots, and the flow lasted from eight to ten days. At the same time the patient was seized with a violent compressive pain in the temples, and a sense of weight upon the chest, as if it would be crushed by a mass of lead; these symptoms remained likewise permanent complaints. The soreness in the region of the ovary gradually extended over the whole left side, and was especially violent in the small of the back, where it extended across either side of the spine. Two or three times every day the patient experienced violent shootings from the side along the lower portion of the left mamma. These shootings were excessively painful, and accompanied with nausea and giddiness; the patient thought that the nausea and giddiness were caused by the pain. For the last three years the patient had not been able to rest on the left side, partly on account of the soreness, and partly on account of those shootings, which came on as soon as she attempted to lie on that side. For the last three years the pain in the region of the left ovary had changed to a dull, heavy, gnawing pain, and the soreness in the side had greatly augmented. The patient's strength had been failing for some years past; she felt languid in the morning, when rising from her bed she felt weary and broken down, her eyes had retreated into their sockets and were surrounded with blue circles; her spirits were drooping; she avoided society, or rather had an aversion to it; she was extremely melancholy, and, as she had never improved a hair's breadth under the treatment of the best allopathic physicians, her parents began to feel concerned about her.

The symptoms pointed so evidently to *Platina*, that we prescribed it off-hand, dissolving two pellets of the 200th potency in half a tumblerful of water, and requesting the patient to take a teaspoonful night and morning. Eight days after the first visit we saw the patient again, and received from her the following statement: For the first three days that she took the medicine every symptom was worse, and she expressed her firm belief that this aggravation of her sufferings must have been owing to the medicine, for she had never felt such a remarkable exacerbation of pain at any time previous; and during the period of this exacerbation she had been surrounded with remarkably pleasant and cheering influences, which

she thought would have relieved her sufferings, if the medicine had not prevented it. She took in all six doses of the medicine. On the morning of the fourth day she felt better than she had ever done before; and on the eighth day, when we saw her again, every one of her symptoms had entirely disappeared, with the exception of an occasional discharge from the vagina, which however was very slight, and nothing but a little watery mucus. She took *Platina* 30 in water, and after the first dose the leucorrhœa stopped entirely, and, up to this moment, during a space of three weeks the patient's health has remained perfect. She says that she feels as if a new life had come into her. We ought to state, upon positive information, that the young lady has not in the least been exposed to influences which might have been instrumental in removing her trouble. Besides she has declared emphatically that she knows she has been cured by the medicine. By turning to the *materia medica*, we shall find the whole group of symptoms of our case confirmed as a *Platina* disease. Let us examine:

Moral symptoms: Scarcely any remedy could be more suitable to the moral symptoms of our patient than *Platina*, as may be seen from the first 27 symptoms.

Head: The patient complained of compressive cramp-pain in the temples; see symptoms 53 to 62.

Chest: Weight on the chest; see symptom 308.

Mamma: Shooting along the mamma; see symptoms 319 and 321.

Ovary: Dragging pain; see symptom 286, the correspondence is very remarkable.

Left side of the back: Soreness; see symptom 331.

Leucorrhœa: Albuminous; see symptom 299.

Menstrual discharge: Profuse; see symptoms 292 to 297.

As we said above the cure in this case is complete, so far at least, and by the 200th potency of *Platina*. Even if any of the symptoms should reappear hereafter, we feel confident that *Platina* will control them at once. The cure, so far, cannot be denied, no matter how you twist it and turn it. That the administration of two pellets of the 200th potency of *Platina* should be followed by such results as we have witnessed in the present case, is a mystery to us, and truly marvelous; but it is a fact, a stubborn, incontrovertible fact, and facts like these should induce the systematic disbelievers in the power of the high potencies to forsake all unfounded

opposition, and to examine into the facts and principles of our arts with minds that are open to truth and testimony, no matter in what shape and from what side it comes.

PERISCOPE.

U. S. Medical Investigator, January 15th.—Dr. Cranch writes: “In the retention and suppression of urine that often occur in fevers, Sepia, in the 30th or 200th dilution has done most excellent service, in restoring the secretion to its normal character. It is indicated by delay in voiding urine, after the desire is felt, along with scanty, muddy discharge, the sediment of which *sticks to the vessel*, and the *odor* of which is abominable. If these symptoms are *not* present, some other drug than Sepia must be exhibited; notably, Lycopodium, Apis, Belladonna or Opium, in high dilutions.”

March 1st.—Dr. Jones is quoted as giving the following: “The vomiting of Stramonium is grass green, aggravated by raising the head [nausea, Bry.] and at times by light.”

A few somewhat similar symptoms suggest themselves. Jahr gives the following remedies with vomiting aggravated by motion:

COLCH. Vomiting renewed by every movement.

IPEC. Vomiting on stooping.

TABAC. Vomiting commences as soon as he begins to stir about.

OPIUM. Disposition to vomit when moving and after eating.

KALI B. Vomiting on moving about.

STRAM. Jahr gives: vomiting of bile after least motion, such as sitting up in bed.

SILICEA, has nausea after any exertion which raises the temperature of the body.

THERIDION, nausea on rising in morning; on motion.

VERAT. Vomiting whenever he moves or drinks.

ZINC. Nausea, with vomiting and retching, renewed by least motion.

Hahnemannian Monthly, January. — Dr. Laird reports a case of diarrhoea cured by Berberis; patient had diarrhoea for a year and a half. Had been under homœopathic and allopathic treatment. At time of prescribing Berberis, patient had from two to six painless, watery clay-colored, offensive stools a day. Stools preceded by pain about navel and accompanied by emission of fetid flatus, occasionally having involuntary stools during sleep, but

as a rule, the diarrhoea begins in the morning after rising and ceases by night. Exercise of any kind—standing, riding, walking or even long-continued conversation—causes a decided aggravation. Complexion sallow; especially marked when stools are few, and partially disappears as they increase in number. Felt a weak, gone feeling in stomach and abdomen; worse from exercise or talking. *Soreness and tenderness of the renal region, aggravated by the least jar or pressure; tearing pains in back, extending down the ureters and shooting into hips.* Sleep, restless, disturbed by dreams. Feeling of weakness and general *malaise*. Berberis ^{2c}, night and morning, cured in a week. The medicine was prescribed chiefly upon its characteristic renal symptoms, as above italicized.

Dr. Farrington writes on Moschus. He says, "the most important hysterical symptoms of musk are: attacks even to fainting or unconsciousness; coldness of the surface; pale face; suffocative spasms; scolding, until she falls unconscious.

Compare Castoreum, Nux mosch., Asafetida, Ammoniac, Valerian, Ignatia, Magnesia muriatica.

Camphor antidotes many of its symptoms, especially if unconscious and coldness are present.

Castoreum is derived from the preputial sacs of the beaver. Like musk, it causes nervousness, twitching and deranged menses. But it is more adapted to the nervous symptoms which precede fully-developed hysteria. It suits women who suffer from irritable weakness, abdominal symptoms predominating. * * *

Castoreum, exhausted, pains better from pressure; menstrual colic with pallor and cold sweat.

Nux moschata, errors of perception, drowsy; faints; enormous tympany; oppression of heart to throat; skin dry, cool.

Valeriana, nerves irritated, cannot keep still; tearings, cramps, better when moving; taste of tallow or slimy.

Asafetida, reverse peristalsis, rancid eructations, offensive flatus; tightness of the chest; checked discharges.

Magnesia muriatica, faints at dinner, relief from eructations; head better from pressure and wrapping up; palpitation better on moving about; stools crumble.

Moschus has been employed by allopathic physicians, when, in the course of pneumonia, a purely nervous delirium obtains. The brain is violently excited, patient talks nonsense with furious vivacity. (Trousseau.)

NOTES AND NOTICES.

REMOVED.—De Forest Hunt, M. D., has removed to Brooklyn, N. Y., from Grand Rapids, Michigan. Address: 106 St. Mark's Street.

DIPHThERIA.—Dr. R. R. Gregg, of Buffalo, has a very able paper on "False Membranes of Diphtheria," in the *New York Medical Record* of April 15th. This is the second article the doctor has published on that subject in the same journal.

THE L. H. DEGREE.—After elevating Homœopathy to the dignified position of a "therapeutic method," based on the "*rule similia similibus curantur*," the wiseacres, of the London School of Homœopathy, now propose to establish the degree of L. H. (Licentiate in Homœopathy), to advertise the practitioner of the "*method*." Although this degree, it is said, will stamp "the bearer as a man who has *studied* Homœopathy," it appears to us only to mark him as one who knows little or nothing of true Homœopathy. For, we are told, the degree "does not even *bind* him to practice it, *unless he pleases*; and only as far as he *believes* and no further."

DR. W. M. JAMES, who is in New Mexico for a brief visit, writes us of his success in curing malarial troubles with the single remedy and the minimum dose. The doctor always succeeds by rigidly adhering to Hahnemann's true principles.

GOOD PAY FOR POOR WORK.—The late President's physicians are to divide among them \$85,000 as a slight testimonial from a grateful country for their medical and surgical *skill*! Dr. Bliss gets \$25,000 for his successful exhibition of Morphina and Quinia, and his free lectures on "malaria;" Drs. Agnew and Hamilton pocket \$15,000 each for stultifying themselves in signing Bliss' bulletins; Mrs. Dr. Edson appropriates \$10,000, which is a good fee for a nurse; Dr. Boynton escapes with another \$10,000 for his skillful, and often too true, expositions of how Garfield was maltreated.

THE DIFFERENCE.—Allopathy. Visiting physician to interne: "How many deaths since my last visit?" Interne: "Nine, sir." Physician: "Why, I prescribed for ten!" Interne: "Yes, sir; but one would not take the medicine!"

Homœopathy. Visiting physician to interne: "How many recoveries since my last visit?" Interne: "Nine, sir." Physician: "Why, I prescribed for ten!" Interne: "Yes, sir; but one would not take the medicine!"

"JUMBO" IN HOMŒOPATHY.—The newspapers tell us of the wonderful feats of the Elephant "Jumbo," Barnum's recent English acquisition, in disposing of large doses of *Sp. frumenti*. This elephantine feat has only been excelled by a homœopathic physician who announced that he would give his patients (*not himself*) any amount of Quinine, even to a "continent" of it. He exclaims:

"Let no pent up Utica contract our powers,
The whole boundless continent [of Pern?] is ours."

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"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. II.

JUNE, 1882.

No. 6.

EDITORIAL.

WHICH?—We clip the following denunciation of Homœopathy from an exchange. The writer, we may as well explain, pretends to be a follower of Hahnemann!

This homœopath has discovered what no man before him ever knew:—that there can be *two* laws of *nature*, which oppose and contradict one another! Thus does he announce his grand discovery:

"There are two main principles in therapeutic science, *contraria* and *similia*. Both are natural. The principle of contraries has been applied in practice more than three thousand years; it is as just as *natural* as the other, the principle of similars, of more recent history."

Newton or Hahnemann is far behind this great discoverer, for they each discovered only one law of nature! Yet this genius, not satisfied with his two laws, proceeds thus to demolish Hahnemann's one: *

"It appears to be evident that the high-potency party have held sway too long. They represent a form of medical spiritualism which is unsound in theory and very prejudicial to the interests of true Homœopathy. Notwithstanding this, they are holding prominent positions in all our medical colleges and societies, and at the same time are indorsing and advocating extravagant theories which are evidently subversive of the fundamental principles of Homœopathy. They have held these positions so long that they have evidently come to the belief that they alone represent Homœopathy; hence, by right, are privileged to dictate to the low-potency party regarding all matters involving homœopathic interests. They appear to be oblivious of, or at least ignore the fact, that this nondescript method of practice is repudiated by many of the best and wisest men in our school. They do not yet appear to

* We here class the "high-potency party" as representatives of Hahnemann's law, because they chiefly represent that law.

comprehend the fact that the recognition and advocacy of the false theory of dynamization *must cease*; not because the low-potency party desire its dissolution—but because it is the embodiment of error and, from the homœopathic point of view, of error *only*.

“This hypothetical method of practice has had its ephemeral existence, as chiefest of ‘medical illusions,’ and has been discarded by a large proportion of the membership of the homœopathic school. Every day that we allow this empirical method to be taught at our medical colleges, we are *acting a lie!* Every day that we listen to reports of these nondescript dynamic cases, at the meetings of our societies, and publish them as homœopathic, without protest, we are *acting a lie!* In the interests of *truth*, therefore, the work of elimination will go forward.

“It is well that the attention of our school is being called to this important subject, and it is desirable that measures be inaugurated for the removal of all professors in our colleges who represent these obnoxious doctrines, and the appointment in their places of others who will teach sounder and more rational principles.

“Dr. H. W. Taylor says: ‘This small moiety infest our colleges. They do not teach homœopathic therapeutics. Hence, there is a growing demand that they be retired, and Low Dilution homœopaths be put in their places.’* ”

“It will be useless to attempt the changes in the faculties of our medical colleges until after this singular form of medical error has been openly repudiated by the homœopathic school. As the sentiments that are approved at meetings of our large associations reflect, with a good degree of accuracy, the views of a majority of the profession, the wisest course that I can suggest is, the adoption, by our State and local societies, of a declaration to the effect that all practice with potencies higher than the 12th be classed as dynamic. To this no one can reasonably object. It does not in the least interfere with the rights or privileges of the members.† It merely places, for future observation and analysis, the results of this evidently non-homœopathic method of practice in a department by itself.

“This once accomplished, thereafter true Homœopathy will not be cumbered by the humiliating association with that which is purely fictitious, visionary

* *New York Medical Times*, Dec., 1881, page 287.

† The *naïveté* of this gentleman is truly refreshing. See his reasoning. He says: Let us declare that all practice with potencies above the 12th is dynamic. Reporting “nondescript dynamic cases” is “*acting a lie.*” To this declaration (*i. e.*, classing potencies above the 12th dynamic) “no one can reasonably object!!”

So according to this innocent-low-potency-true-homœopath no man should “reasonably object” to being classed as a “*liar.*” Others are probably more sensitive for their fair name than the Albany statesman-physician.

By what scientific reasoning does this *savant* declare that the limit of potentiation is reached at the 12th? Does he arrogate unto himself the power of God, and say: Thus far and no farther shalt thou go? Or does he say: Let my laziness and incompetency be the limit beyond which science cannot go?

and hypothetical. The question of the *small dose* (not the minimum dose, which has been the principal disturbing element in our school), will then assume much more manageable proportions."

We quote these passages, not from any great importance the writer possesses, for he is merely a straw, floating on the stream of mongrel eclecticism; but since straws show the direction of the current, it behooves true homœopathists to take note of them. When such twaddle can be openly published and circulated as genuine Homœopathy is it not time for the Hahnemannians to be *actively* working for their science? Is it not their *duty*, and should it not be their pleasure to do so? Passive adherence—*i. e.*, work in the office and sick-room—to Hahnemannism is very good; but something more is needed at this time. Each Hahnemannian practitioner should join the I. H. Association and work for his science.

The writer of the above-quoted passages endeavors to make believe that the issue between homœopathists and eclectics is simply one of dose; that high potency and low potency are synonyms for homœopathists and eclectics. This he knows to be false. Many low-potency men are as good homœopathists as the advocate of the M or CM. For it is the manner in which one prescribes, not the dose used, which makes him an homœopathist or an eclectic.

From what we have said in our April issue and in the above, we have endeavored to set plainly before the profession the fact that there are two distinct parties in the so-called homœopathic school. The one representing eclectic methods and practice; the other, the principles and practice of Hahnemann. The time has now come when all practitioners must choose which party they will aid and assist. Will you retrograde or advance; be an eclectic or an homœopathist?

MISREPRESENTATIONS.

AD. LIPPE, M. D., PHILADELPHIA.

There was a period when "*Fatal Errors*" were freely advocated by professing homœopathists, but the most prominent of them being exposed in some of the homœopathic journals, an apparent cessation of their promulgation was the result. Of late, a much more dangerous and much more detestable mode of attempted perversion of Homœopathy into eclecticism has been resorted to by professing homœopaths. This new mode of proceeding consists in "*Mis-*

representations." To point them *all* out and expose them as they are presented to the profession in the pretended homœopathic journals, would be an herculean task, and we shall, therefore, only notice the most outrageous.

At the December, 1881, meeting of the Philadelphia County Homœopathic Medical Society, a cleverly-written paper on the treatment of intermittent fever came up for discussion; the discussion was published in the April (1882) number of the *Hahnemannian Monthly* and was opened by the President of the *Hahnemann Club*, a member also of the Faculty of the *Hahnemann Medical College*. The misrepresentations in which this gentleman indulged are (as the only member of the Society who ventured to expose them, calls them) so *outrageous* that it becomes our very unpleasant duty to say a few words about them. In fact, the whole opening speech of the debate is one huge misrepresentation. From first to last the speaker misrepresents not only history, Hahnemann and his work and Homœopathy, but he misrepresents himself as a true homœopath when he claims superior success in treating intermittent fever with *Chininum sulph.* from the first trituration to massive doses. He says, he follows the precepts of Hahnemann, and prescribes for a totality of symptoms. He individualizes each case and gets all the symptoms, those that are most prominent and those that are least so, the modalities, etc., and having done this, he chooses that which is *the homœopathic* remedy for the case, and finds that this is in most cases, or, at least, in a very large percentage of them, Quinine. He believes that all his success in treating such cases is due to his close adherence to Homœopathy.

Comments.—Others, Hahnemann, Bœnninghausen, H. C. Allen and a host of old practitioners have declared time and again, that under the precepts of Hahnemann, professedly adhered to by the learned speaker, they have found China and Quinine to be the truly homœopathic remedy in but a *very small percentage* of cases of intermittent fever. There can be but one logical deduction drawn from the presentation of final results when the same laws were applied for the finding of the homœopathic remedy: when one or more persons find that "in our days," Quinine is the truly homœopathic remedy in almost all cases of intermittent fever, while the founder of the school and a host of his faithful disciples declare it to be but very seldom the curative homœopathic remedy; and that one logical deduction is—that one of two parties "*misrepresents*"

either his conception of, and the mode of practicing, Homœopathy, or his final results.

The learned speaker continues *his* misrepresentations; he says: "Is not Quinine the *Simillimum* to intermittent fever, *par excellence*? By Quinine, here, I mean Sulphate of Quinia, Peruvian Bark, China. Cinchonidia and others of that ilk. These are nearly identical, so far as their pathogenetic or curative effects are concerned."

Comments.—The men who have followed the precepts of Hahnemann say that Quinine and China are not identical; that they have common paroxysmal attacks of chill and fever, and both have violent, profuse perspiration, with thirst; that China has no thirst during the chill or during the hot stage, but thirst before the chill and before the hot stage, while Quinine has that *not unimportant* symptom, thirst, during the chill and during the hot stage. The learned speaker will find his misrepresentation of the identity of the Chinailks corrected if he will condescend to take up that most excellent little work on "Homœopathic Therapeutics of Intermittent Fever," by Dr. H. C. Allen, who has clearly differentiated between China and Quinine, on page 81.

The speaker goes on augmenting his misrepresentations when he says: "I have heard quite a good many lectures on Homœopathy, and one of the most frequently repeated statements made on such occasions, was to the effect that Hahnemann, while engaged in translating Cullen's *Materia Medica* into German, was dissatisfied with the explanation given by Mr. Cullen as to the action of Peruvian Bark in the cure of ague, and that he set himself to experiment with that drug, and found that when taken by a person in good health it produced symptoms very similar to those produced in an attack of ague. This, together with other experiments, led to Hahnemann finding that drugs would cure symptoms similar to those that they were capable of producing, or *similia similibus curantur*. Then Homœopathy may be said to have had its foundation laid on bark. Now, was Hahnemann mistaken in all this? And if he was, is it not possible that he was mistaken in other things just as well, and might not Homœopathy be an error altogether? But my experience proves to me that it is not, for just as Hahnemann found that bark would produce symptoms analogous to those of intermittent fever, I have found that bark, or its alkaloid or alkaloids, will cure genuine malarial intermittent fevers."

Comments.—The true history differs essentially from the above

clumsy misrepresentation, and we may as well remind the very eloquent misrepresenter that assertions and hearsay testimony are not "evidence." We now give *documentary* evidence to destroy the above misrepresentation. Taking up the second volume of Cullen's *Materia Medica*, we there find under *Cinchona* the following sentence written by a truthful and brainy man: "*And whilst it (Cinchona) is allowed to be a very safe and very powerful remedy, the only question which remains respecting it is, under what circumstances it may be most properly employed.*" The question was asked in good faith and it implies that in some cases of its employment (and it was then, as now, the boasted specific remedy for intermittent fever), it was a curative remedy, that in other cases it failed just as Quinine fails in a large majority of cases, and if it does fail to cure, it never fails to frequently bring life-lasting misery and harm. Hahnemann, the great philosopher, did answer that question promptly after he had proved Peruvian bark on himself and others; and after he found that the peculiar symptoms, resembling those of intermittent fever, were just such symptoms as had been cured by *Cinchona*, the deduction forced itself on this "thinker" that these cures were brought about under the law of the similars. Hahnemann continued his labors, and now he is cruelly misrepresented by one of his *pretended* followers as having found out merely that bark would produce symptoms analogous to those of intermittent fever. He found out much more; he solved a question asked by Cullen, and he pointed out to us, who do read his writings, just what the circumstances are under which *Cinchona* must cure intermittent fever. Every true healer has been made familiar with the characteristic *Cinchona* and Quinine sick-making, and therefore health-restoring, effects on the human organism. Cullen and his contemporaries found that *Cinchona* would cure genuine and true malarial intermittent fever; Hahnemann found in what circumstances it may be most properly employed, and if the speaker indulges in a coarse misrepresentation of Hahnemann and of homeopathic history, he may as well indulge in his modest claim to have himself found that Quinine and the other China-ilks will cure genuine malarial intermittent fever. Ignoring wilfully the great discoveries of the founder of our school, who so honestly and diligently worked for the benefit of suffering humanity; ignoring all the characteristic symptoms of *Cinchona*, which Hahnemann gave the profession; ignoring the very preface to *Cinchona* written by Hahnemann; ignoring all character-

istic symptoms of other well-proved and well-known remedies applicable for the cure of "Intermittent Fever." We are really astonished to see how this *learned* man cunningly misrepresents other remedies. He lays down as one of the characteristic symptoms of *Natr. mur.*: "Chills commence at 11 o'clock, A. M.," while any tyro in *materia medica* knows that *Natr. mur.* shakes at 10 A. M. sharp, and that *Baptisia* shakes at 11 A. M.

When the gentleman, who shows himself so ignorant of Homœopathy, its literature and its *materia medica*, was asked in what dose he gave Quinine, his characteristic reply was: "In whatever dose I please or think will be best in the given case. 'Let no pent-up Utica contract our powers. The whole boundless Continent is ours.'" Might he not as well have said (*Hahnemannian Monthly*, p. 215, vol. 4): "I take no stock in medical Popes and Bosses; I do not care a continental for Hahnemann, his observations, his teachings—not I. I believe in eclecticism, and desire to accomplish the perversion of Homœopathy into it. I believe in misrepresentations and in any auxiliary and supplementary means to accomplish this end. *My opinion* is supreme—let us be governed, as heretofore, by opinions, but avoid strict principles which establish 'laws.' No law for us. 'Let no pent-up Utica contract our powers.'" Our limited space does not permit us to dwell on the misrepresentations, bad logic and hard assertions developed in that "discussion;" in fact, we have served up enough of this unsavory dish to make the patient reader of these lines heart-sick and disgusted. Patience! Just let these men keep on uttering absurdities and Misrepresentations! Somebody will, in the near future, say—enough!

HERING'S ANALYTICAL THERAPEUTICS: MIND AND DISPOSITION.*

Charles Lamb began an essay by saying, "of books that are *not* books, the first I shall mention is Josephus' History of the Jews." We reverse this and say, of books which *are* books we would first mention that the title of which is at the head of this review.

In these days, when the utterances of the kingly maker of proverbs is being so fearfully verified: "That of making many books there is no end," it is a rare experience when we can take in our

*American Homœopathic Publishing Company. 2d ed.

hand a new one, made with a worthy and valuable purpose, in which this purpose is fully attained.

The motives impelling bookmakers are various; some more and some less worthy. Some apparently write for reputation; that the world may know they are in it. Some for money; that they may be the better able to live in it. Some—and they are comparatively few—write to give utterance and form to knowledge they possess, that the world may be made the better and happier by its diffusion. These write because they cannot help it. Our late loved and honored colleague, the author of the *Analytical Therapeutics*, was of this small number. He wrote because he was overflowing with the gathered fruits of a long life of incessant labor, and he could not choose but give it to the world that they might also know. In the volume before us he has given this in a fullness and strength altogether admirable. The author had given the best part of his life to the study and enlargement of our materia medica. While he possessed of other knowledge more than most men, of materia medica he was pre-eminently *the* master. Of this, scientifically and practically he was full. Full even to overflowing—the outcome of which, in part, was the volume before us.

The objective of the author in his preparation of this volume is found in this sentence, from his introduction: “If the arduous labor bestowed for years upon this work should render efficient aid to all who are earnestly trying to heal the sick; if it should enable them to select, in most cases intrusted to their care, the proper drug, the author will be richly repaid for all his exertions.” To help others in difficult and responsible duties, this was the objective of the author. And who, of all who ever knew him while living, will not say how just like him this object is: always helping others, and apparently most happy when helping most.

Let it be remembered always that this objective was *a help* to the labors of others, and never and in no sense was it intended to be *a substitute* for such labor. To make the work of finding the specific easier, not in any way is it a pretence of superseding the necessity of that work. To lighten the burdens, not to dispense with them. To enable the practitioner to find his specific for himself, not to find it for him.

The importance of “the symptoms of the mind” as indicators of the specific curative, in *all* cases of sickness was clearly understood by our author, and their authority recognized by him in his

long and busy practical life. He was at the same time fully aware of the very general neglect of these in the general practice of the many in our school, who, imperceptibly to themselves, fall into habits of routine in daily duties, having found the difficulty of seeking curatives through the guidance of *all* the symptoms, too great for their patience or strength. It was in part the objective of our author to strengthen these feeble knees, or what would be an equivalent of this, to lighten the burdens of such as far as these were found in the needful search for the simillimum of this most important class of symptoms, this he has attempted by bringing into a beautiful order of arrangement, these symptoms as they have been developed in provings and by clinical experience in connection with disturbances in the functions of the organs of the body, simultaneously with those of the mind; so presenting in the clearest manner and light the pathogenetic relations of mental and bodily symptoms, and through this relationship to point more clearly the way of search for the curative and to enable the prescriber the more certainly to recognize this when found. The motive of the author will be appreciated by many who, without this help, have struggled with the task this was intended to lighten. It is enough to characterize the work after stating its objective, to name its author—HERING. Hering the teacher, the observer, the philosopher, the laborious, careful and truthful recorder of facts; the never-tiring worker, the model physician, the true and noble-hearted man.

It is not too much to say of him that for this work he possessed qualifications belonging to no other man. The breadth and vigor of grasp of his mental powers, of his unequaled knowledge of materia medica, the gathered fruit of his life-work, his wonderful powers of ready analysis and comparison, of his habits of incessant toil, his thorough conviction of the truth of the homœopathic law and of the immense interest humanity has in its truth, and that this interest hangs wholly on a thorough and truthful understanding of the materia medica, and his clear perception of the difficulties in the way of him who will strive for this. These and the many more qualities of heart and mind, and the varied knowledge which made up the working man whom we knew, fitted him more than any other man was ever fitted, to give to the world this most valuable and important volume. When we say of this, that in its execution the work is worthy of its author we speak but the truth. When this is said no higher praise can be given it. We congratulate the practi-

tioners of our school that they so readily appreciated the value of this work, as to render so soon the publication of a second edition a necessity.

P. P. W.

A FEW THOUGHTS ON THE STUDY AND PRACTICE OF HOMŒOPATHY.

(Continued from page 224.)

DAVID WILSON, M. D., LONDON, ENGLAND.

We shall now inquire how the examination of the sick requires to be conducted, which, in my opinion, strikes at the root of the whole matter under discussion. Here we have full scope for our anatomical, physiological, histological, pathological, chemical and scientific knowledge generally. Bœnninghausen informs us that before he devoted himself to the study of "that great science," Homœopathy, he had previously prepared himself "by studying with great care the natural sciences and even the old system of medicine." Does not this give us some clue to his great success? Yet even that great man and scholar, thus trained, and who possessed the requisite talent and perseverance for his praiseworthy task, tells us he found it a very difficult business to study some valuable drugs that had not been thoroughly proved in reference to peculiar conditions, and he had to supply the deficiency by contrasting the totality of the symptoms of various drugs, and by studying the genius of a drug from its symptoms. Dr. Carroll Dunham, in the article to which I have referred in the *Philadelphia Journal of Homœopathy*, says of this great man: "Certainly, whether he studied in youth, or in middle age, when his faculties were more mature, I have never conversed with a medical man more learned."

I must be excused for thus dwelling upon the merits of Bœnninghausen, because he also had to fight for the truth amongst the minorities; moreover, in my opinion, his works are the very best that can be put into the hands of the student who desires to study Homœopathy thoroughly, and to practice it in accordance with the strict rules of Hahnemann. By drug provings we have learned the general forms and variety of the individual constitution. For this, adds Grauvogl, "Hahnemann again laid the foundation by his doctrine of *concomitant circumstances*, and no one has understood how to carry out more strictly the consideration of the indication from

these circumstances than Dr. von Bœnninghausen. His *Therapeutic Pocket-book* (Münster, Coppeurath, 1846), is an imperishable work of the greatest importance for practice, and could be prepared only by an eminent intellect, and by unwearied theoretical and practical studies." On this I will venture to add a slight correction, as the same *Therapeutic Pocket-book* (Taschenbuch) has been referred to in the introduction to Dr. C. Hering's *Analytical Therapeutics* as Bœnninghausen's *Repertory*. This is an error, and seems strangely inexplicable how it should have escaped Dr. Hering's notice. No doubt the *Taschenbuch*, as its title-page implies, is intended for the sick-room as well as the study of materia medica; but Bœnninghausen told me, most impressively, when I conversed with him in Münster in 1850 that he had compiled it chiefly for the latter purpose; whereas his *Repertory*, to which he was then adding copiously from his extensive practice, was really the proper work to be used when prescribing for the sick. He said he should leave his sons to publish a new edition of that work, and it is greatly to be deplored that they have not done so since their father's death. We know that Hahenmann used Bœnninghausen's *Repertory* entirely, and that he considered it indispensable.

The *Taschenbuch* is unquestionably of great value in the sick-room, when used by one who has a fair knowledge of materia medica and who is blessed with a retentive memory. For the examination of the patient, however, I most unhesitatingly declare a good repertory to be indispensable and I do not believe the physician exists who can honestly examine a patient properly without such help. This can be readily illustrated from any rubric we may select. Let us take, for instance, the stomach and other viscera organs of digestion and assimilation and glance over the symptoms as registered in the *British Repertory* under appetite, taste and digestion, or under acidity, eructations, hiccough, nausea and vomiting, each symptom in connection with either of these being composed of sundry elements under diversified rubrics or headings, demanding patient investigation before we can prescribe successfully. We will take, for example, the rubric *Aufstossen*, eructations, with all their concomitants, and let us see whether there be a single practitioner who can retain mentally all these details, and unless he can command them when examining an ordinary case, even of stomach derangement, in which almost all our troubles originate, I defy him to do his duty so as to make an appropriate and strictly homœopathic selection, simple as

the epithet *dyspepsia* may seem. Under the rubric *Aufstossen*, then, we have in one of our repertories upwards of 250 subdivisions and these are not all, as Dr. Allen's *Materia Medica* will prove when complete, including time of occurrence, conditions, circumstances and concomitants, etc. And many of these subdivisions include different remedies which must be examined in the materia medica itself, when we have, through these general indications, noted the remedies that correspond in the greatest compass to the individualities of the case before us.

Now let us see what Hahnemann says: "While inquiring into the state of chronic diseases the particular circumstances of the patient with regard to his ordinary occupation, his usual mode of living and diet, his domestic situation and so forth, must be well considered and scrutinized to ascertain what there is in them that may tend to produce or to maintain disease in order that by their removal the recovery may be promoted." (Dr. Dudgeon's translation of *Organon*.) Again, in the *Chronic Diseases*, Hahnemann says, regarding the *proper selection of the remedy*: "The first duty of the homœopathic physician who appreciates the dignity of his character and the value of human life is, to inquire into the whole condition of the patient, the cause of the disease as far as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution and especially the symptoms of the disease. This inquiry is made according to the rules laid down in the *Organon*. This being done, the physician then tries to discover the true homœopathic remedy. He may (I say *must*, D. W.) avail himself of the existing repertories with a view of becoming approximately acquainted with the true remedy. But, inasmuch as these repertories only contain general indications, it is necessary that the remedies which the physician finds indicated in those works should be afterwards studied out in the materia medica. A physician who is not willing to take this trouble, but who contents himself with the *general* indications furnished by the repertories and who, by means of these general indications, dispatches one patient after the other, deserves not the name of a true homœopathist."

I repeat that without a repertory we cannot properly interrogate our patients, many of whom are burdened with symptoms of which they only become aware when elicited by the capable examiner. This is often a very difficult undertaking, requiring great tact. The investigation of cases of long standing must be undertaken with great

care and conducted as circumstantially as possible, the most *minute* peculiarities must be attended to in chronic diseases, because the most characteristic and cannot be to accurately noted, "partly because the patients become so used to their long sufferings that they give no heed to the lesser accessory symptoms, which are frequently very pregnant of meaning (characteristic), often very useful in determining the choice of the remedy and regard them almost as a necessary part of their condition, almost as health, the real feeling of which they have well nigh forgotten in their sometimes 15 or 20 years of suffering and they can scarcely bring themselves to believe that these accessory symptoms, these greater or lesser deviations from the healthy state, can have any connection with their principal malady." Who has not met with patients who have told us at first that their appetites were excellent, but after a few doses discovered that they were eating much better than formerly? I could give numerous cases of proof of what Hahnemann has so profoundly said, but all medical men must have had ample experience of these facts. Finally, it may be asked whether I really mean to contend that these rules of Hahnemann, on which so much stress is laid, have not been observed by the bulk of homœopathic practitioners? Yes, I do most emphatically declare this to be my honest conviction—a very painful one—and those who question the fact have only to converse with the public, the profession and homœopathic journals, where they will learn more than I have set forth.

In conclusion, I would earnestly recommend that practitioners make themselves thoroughly well acquainted with Bœnninghausen's *Concordances*. I have derived the greatest help from them in practice. While the laborious volumes of Dr. Allen are issuing from the press, I would also recommend each one to construct a repertory for himself on the plan so well executed by Dr. Esrey to the first volume of *Transactions* of the American Institute of Homœopathy. This will prove an invaluable line of study, by which great command will be acquired in the knowledge and use of materia medica. Similar groups of different drugs can be classified under the same rubric, their similarities and differences noted with conditions and concomitant circumstances belonging to each. This is also the line of study I would impress upon the student, very different to that which is now being promulgated in order to enlist converts. Considerable experience in giving chemical instruction to gentlemen who attended my practice at the late Hahnemann Hospital as well as at

my own free dispensary during the last 25 years, has satisfied me that very few will devote themselves to hard study, such as the materia medica requires. This is more especially the case if they are already in possession of an allopathic legal qualification. They are contented with a superficial smattering in too many instances. D. C. Hering has pertinently remarked: "Young homœopaths get their stereotyped notions from their earliest acquaintance with the subject and at last cannot conceive of any other way of thinking." This is perfectly true and so many beginners fall into routine habits, when no longer under our observation, that *teachers* cannot be too careful how they initiate students and inquiries in the proper course of study. I have made it a rule for some time to admit no one to clinical study in dispensary practice until he has read the *Organon* of Hahnemann and so far prepared himself to understand the principles of homœopathic action. The late Dr. von Bœnninghausen told me in 1850 that he had read the *Organon* 15 times, and that on each occasion he always acquired something new and valuable. Almost every page is rich in precept and the student is constantly reminded that the only thing is the *totality* of the symptoms; the *sole* thing, in fact, which the physician has to take note of in every case of disease. The whole of the *perceptible* signs and symptoms which we can observe, expressing themselves through *sensations* and *functions*, must be the *sole indication* to guide us in the choice of a curative remedy.

To multiply quotations to the same invariable effect would be useless waste of time, if not an insult to our understanding. Nevertheless, with these plain facts before our eyes all through the *Organon*, the students or audience, at an introductory lecture delivered at the London homœopathic hospital and published in the *British Journal of Homœopathy*, January, 1876, were deliberately told that "a treatment founded on a 'totality of the symptoms' alone, must fail to give us the true indications for treatment. Simple symptom-treatment will fail to enable us to judge between pleurisy and rheumatism of the intercostal muscles, or between pneumonia and bronchitis. It will not give us any indication for treatment in Bright's disease. At the same time ordinary diagnosis alone will not suffice to enable us to treat a case successfully by homœopathic therapeutics, unless we also consider the symptoms presented by each individual case, *i. e.*, we cannot treat disease by specific remedies, according to its name; but, having defined the disease by an accurate

diagnosis, we then turn to our repertory, and find the varied morbid states which are likely to be presented to our notice in individual cases, each set forth under the head of the medicine which has power to induce these states, and we select the remedy from one or other of these medicinal drugs, taking that which most closely corresponds to the morbid state of the patient we are about to treat; not according to the name of the disease alone. Our diagnosis reveals the morbid species, but our collection and arrangement of the symptoms enables us to individualize the exact tract, part or organ most needing strength and support, to enable it to recover its last tone, and to rally it from its state of disease." The last sentence clearly informs us that the lecturer considers it necessary to theorize upon the nature of the malady before we have recourse to our repertories, forgetting that Homœopathy is a theory of *cure* (*similia similibus curantur*), and not a theory of *disease*. Besides, the latter proceeding immediately admits into a pure practice an intermediate theory, involving us in the most unsatisfactory speculations, against which Hahnemann very properly and wisely turned his back. The lecturer says: "Perhaps the most complete introductory to the study of Homœopathy is to be found in *Sharp's Essays*; but every one wishing *seriously* to study the system should read Hahnemann's *Organon*, his *Chronic Diseases*, and *Lesser Writings*; he should, however, read them (as he would Hippocrates, Celsus, or Sydenham), as the classics of the system he is about to investigate, and should remember that these works were written before pathology had a right to be called a science." The latter part of this sentence also demands a little serious attention. Surely no one who possessed a proper self-respect and a conscientious sense of his responsibilities when human life might be in his hand would undertake important studies in any other light than *seriously*. Why any apology should have been deemed necessary for Hahnemann's standard works on the pretext that at the period they were written pathology was at a low ebb, does not appear quite satisfactory. It is surely not meant to be implied that, as an advance has been assumed to have taken place in allopathic practice since the days of Hippocrates, Celsus and Sydenham, which many very able allopathic physicians and surgeons of the present day question, therefore the doctrines and practices of Hahnemann have been improved upon by the modern *pseudo-homœopaths*. We have in this paper very cursorily glanced at his *Organon*, by which Homœopathy must stand or fall. His

Lesser Writings preceded the *Organon*, and form much of its basis. The first volume of *Chronic Diseases* is a continuation of the principles enunciated in the *Organon*, and the other four volumes contain the symptoms of 49 remedies of priceless value. Although many of these symptoms have been acquired through clinical experience, capable practitioners have confirmed their reliability and worth. Dr. Drysdale's apposite remark recurs to me here very forcibly, for though many other matters may undergo change, "the effects of drugs on the body (as he says) are immutable and unchangeable, and a plain and faithful description of them can never become antiquated or other than correct." It gives me great pleasure to quote Dr. Drysdale when he is dealing with matters of fact; and this seems an opportune moment.

Regarding the provings made and collected by Hahnemann in his *Materia Medica*, now undergoing revision and additions by Dr. T. F. Allen, Dr. Drysdale very significantly writes in the introduction to the Hahnemann *Materia Medica*, Part I, 1852: "How is it that we have got on so well with Hahnemann's earlier provings? To this I reply: 1st, They are good provings, and the symptoms were really produced by the medicines. 2d, A great many of his numbered paragraphs consist of single symptoms and small groups of symptoms, which really occurred in an independent and isolated form from the action of moderately small doses. They are, therefore, short cases of disease reduced to its most essential elementary symptoms, and divested of all merely sympathetic symptoms or after-effects. (See *Organon*, § 137). 3d, Where he (Hahnemann) has split up larger groups, he has for the most part given us the key in the introductory remarks, or the same has been done by the thousand-fold repeated experience of homœopathic practitioners of the *usus in morbus*." The beginner would, indeed, have a feeble mind, not all fitted up for homœopathic study, who might be apt to have it confused by such plain, valuable reading as Hahnemann's *Materia Medica*, which, with the larger editions of the *Symptomatology*, the lecturer informs us, "are all useful as works of reference," but "are apt to confuse the beginner." In their stead *Hull* or *Snelling's Jahr* is recommended, in two volumes, "the one containing the symptomatology, *i. e.*, a record of the symptom induced by each medicine, the medicinal drugs being catalogued in their alphabetical order; the other volume being the repertory, in which the diseases are named, and each drug which is likely to be useful in a

disease is pointed out. Few symptoms of disease ever come before us which are not to be found in these volumes, and, what is more, few combinations come before us which are not here set forth." I only wish for the well being of humanity that homœopathic study could be reduced to such a nutshell compass. But my own experience has led me to the opposite conclusion. It is by such works as these being placed in the hands of educated gentlemen that so much ridicule is cast upon Homœopathy; whereas if they were to read Hahnemann's own *Materia Medica* and compare "the short cases of disease reduced to its most elementary symptoms" in the numbered paragraphs, and compare them with similar groups in other drugs all through the *Materia Medica*, they would then take a physiological and pathological interest in such reading, and be enabled to make their own comparisons amongst similarities and differences. They would soon learn to discover the value of conditions and circumstances. They would even begin to see the need of a complete repertory to help them in the examination of the sick, so as to elicit what the patient himself has failed to reveal. The student will learn from the *Organon* the detailed minutiae that requires to be gone into. (See notes to §§ 87 to 94 of *Organon*.) Those notes also inform the provers how accurately they must observe all their symptoms whilst making trials with various drugs. In § 133 we read, "On experiencing any particular sensation from the medicine, it is indeed necessary, in order to determine the exact character of the symptom, to assume various positions while it lasts, and to observe whether, by moving the part affected, by walking in the room or the open air, by standing, sitting or lying, the symptom is increased, diminished or removed, and whether it returns on again assuming the position in which it was first observed; whether it is altered by eating or drinking, or by any other condition, or by speaking, coughing, sneezing, or any other action of the body; and at the same time to note at what time of the day or night it usually occurs in the most marked manner, whereby what is peculiar to and characteristic of each symptom will become apparent."

To do full justice to this matter I should require to cite the entire *Organon* of Hahnemann. Let an intelligent student read any of Hahnemann's polychrest remedies already published in Dr. Allen's *Materia Medica*, and compare the same with the symptomatology recorded in Hull or Snelling's *Jahr*, and he will soon discover how the remedies have been pruned in the latter works of most important

characteristics, and each drug "presented to us a short, compact, stemless stick, all ready to be tied in a faggot." In this cursory view of matters I must not omit to take notice of Pathology—a very big word amongst us—but I should like to know what service has been rendered to Homœopathy by all the progress it may have made since the time of Hahnemann? None, whatever, in my opinion. Moreover, it would be well that those who make frequent use of the word should state what they mean, seeing that it has a double signification. A very learned allopathic writer says: "When I speak of the pathology of a disease I do not mean those obvious alterations in the structure of an organ which we meet with in the *post-mortem* examinations, but the so-called functional changes which precede and are the cause of both them and the symptoms." Will any one who has read the *Organon* attentively, make so bold as to deny that Hahnemann did not attend to these "functional changes" which reveal themselves by signs and symptoms indicating the remedy needed, if we know *how* and *where* to search for it? It was in this latter sense, I presume, that Dr. C. Hering wrote: "Not only is a study of pathology indispensable, but its employment also, in the investigation of every actual case of disease, both for diagnosis, prognosis and prophylaxis. We differ essentially, however, if, on the one hand, we conduct the examination of the patient on the true Hahnemannian plan, and choose the best remedy according to the law of the similarity of the symptoms; or if, on the other, we make only a pathological examination, determine the nature of the disease and then administer the remedy that is set opposite that name in the repertoires." He further adds: "It will be found that all those who use high potencies examine the patient in the Hahnemannian fashion and choose the remedy from the symptomatic indication; while those, on the other hand, who are entirely or mainly led by the pathological indications, rely wholly or principally upon the lower attenuation." If the lecturer had in his mind the pathology implying "alterations in the structure," such as have too often taken place in diabetes and Bright's disease before the sufferers seek homœopathic treatment, then we would beg to remind him that Homœopathy does not profess any more than Allopathy to cure organs that have already passed into states of disorganization, although, in this respect even, I have found remedies selected according to the symptoms afford the greatest relief. When not guided by the symptomatic indications all becomes guess-work and chaos.

I have made my strictures with less reserve than I might otherwise have done had I not been aware, through the *British Journal of Homœopathy*, that amongst the approved papers contributed to the World's Homœopathic Convention by five members of the British Homœopathic Society, *two* of them prepared by lecturers at the hospital, have reference, respectively, to "Homœopathic Education," and "Homœopathic Literature," subjects of vital importance to Homœopathy, demanding not only earnest thought but energetic action. The hospital and society are united as one body, under a rule which I have formerly discussed in my *History of the London Homœopathic Hospital*. I trust it will be found that my opinions are based on facts, without any wavering or dubious uncertainty, differing entirely, in my judgment, from *opinions* which have gained the assent of the understanding by the evidence of *probability* alone. Finally, as a British homœopathic physician, I make this public protest against the unjustifiable falsification of Hahnemann's doctrine and principles of practice, whether adopted in Great Britain, America or elsewhere, until he, our great master, shall have been tested, according to his own rules, and found wanting!

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

MEETING HELD AT SYRACUSE, N. Y., MARCH, 1882.

The stated quarterly meeting of the society was held at the office of Dr. W. A. Hawley; Dr. S. Seward, President, occupied the chair. Present: Drs. Seward, Boyce, Brewster, Jennings, Bigelow, Gwynn, Ewens, L. B. Wells, Nash, Young and Besemer.

After the minutes of the last meeting were read and approved, Drs. Brewster and Boyce were appointed as committee on credentials, and they then recommended for membership Drs. Charles L. Swift and Daniel W. Clausen, who were elected. A paper by Dr. E. P. Hussey was then read, and the thanks of the society were voted him for the model character of his report, and the Secretary was directed to publish the paper, with the approval of the society. Dr. Brewster then read a clinical paper, which was accepted, with the thanks of the society and ordered to be published.* Dr. Seward

* The papers of Drs. Hussey and Brewster are published in this issue under CLINICAL BUREAU.—Editor H. P.

expressed himself as grateful for having reports of cases treated with high potencies made so clear.

Dr. Boyce was glad to hear such papers read, regardless of the potency used. They go to show the effectiveness of genuine Homœopathy. Dr. Boyce then read a letter from Dr. P. P. Wells, in which he stated that he had been informed that this society had dropped the name of homœopathic. The Secretary was instructed to inform Dr. Wells that the society still retains the name and maintains the principles of genuine Homœopathy and that the thanks of the society are tendered him for his kind offer of a paper for the June meeting. Paragraph 206 of the *Organon* was then taken up for discussion.

Dr. Boyce said that Hahnemann maintained that the most difficult cases were those which had been complicated by previous medication.

Dr. Seward thought that few took the pains that Hahnemann took.

Dr. Nash wished to know what rule decides the anti-psoric character of a remedy. Would Hahnemann consider only anti-psoric remedies if he saw a case was psoric; should not the remedy correspond with the peculiar symptoms of the case?

Dr. Seward: Hahnemann says there must be correspondence of symptoms.

Dr. Boyce: My supposition is that Hahnemann found certain remedies produced alleviation only, while cures came from what he called anti-psoric.

Dr. Nash: He speaks somewhere of cases where the seemingly indicated remedy did not cure and he found cure follow the administration of anti-psorics.

Dr. Gwynn thought the anti-psoric may bring the system into a better condition for the action of the remedy. For example, Sulphur.

Dr. Boyce: Hahnemann speaks of other remedies than Sulphur. There must be some reason for giving Sulphur. No remedy is to be given without proper indications.

Dr. Gwynn: Sulphur is apt to cover most cases of a psoric taint and will prepare the system for some other remedy.

Dr. Boyce: Of paragraph 212, I wish to say we are given the modalities. There is a character to every remedy. Mental characteristics are distinct and marked. Belladonna is often written on

the face of a patient ; so is Aconite or Pulsatilla. When the mental condition is prominent we hardly need go a step farther, no matter what the pathological condition. The mental condition is a wonderfully accurate guide to the remedy.

Dr. Nash : Some diseases do not produce prominent mental symptoms and there are remedies of the same character. I was called to a man having great pain in the ileo-cæcal region, with retching when getting up ; could not lie still ; face red while lying, very pale on rising. Aconite, in water, repeated every fifteen minutes, relieved him in two hours.

Dr. Boyce : Why repeat ?

Dr. Seward : Give to get a quick effect.

Dr. Gwynn : Hahnemann, in his *Chronic Diseases*, advises repetition. As to mental conditions, they are important. As to our dates, here is a difficulty, where there is anything in nature that leads to attenuation. I do not deny the efficacy ; but what is the reason for potentiation ?

Dr. Bigelow : Miasms are attenuated.

Dr. Boyce : Experience only has led to dynamization. Hahnemann found inert substances developed energy by attenuation. Some say that attenuations produce no effect on the healthy ; but the Austrian proving of Nat. mur. 30, produced more symptoms on the healthy than lower preparations.

Clinical papers from Drs. S. Swan and C. Lippe were then read and the thanks of the society tendered those gentlemen.*

Dr. L. B. Wells : Some of our best physicians are in the habit of repeating the dose. I knew a patient of the late Dr. Dunham, who was directed to take a dose of the remedy given twice a day. He gave to me in a chronic trouble a dose thrice daily for three or four weeks.

Dr. Boyce : I noticed in a medical journal, a short time ago, that almost all the cases were treated by the repetition of the dose. The question is, when to repeat ?

Dr. Wells : The first dose sets up curative action and demolishes the disease. The doses afterward given are of no consequence ; they do no damage to healthy organs, unless there be peculiar susceptibility.

* The papers of Drs. Lippe and Swan were published in April number of this journal.—Editor H. P.

Dr. Seward: There must be foundation in fact for that, or we would lose many patients.

Dr. Boyce: I gave *Sepia*²⁰, three doses in an afternoon, to a patient; to another a fourth dose. Pathogenetic effects showed themselves unmistakably.

Dr. Nash then read the symptoms of *Aconite* from Hoyne's cards. "Fear of death" has led Dr. Besemer to prescribe *Aconite*, and with success. Dr. Nash had often removed excessive fear of death with *Aconite*; also fear of going into a crowd; anxiety in the region of the heart is another marked symptom of *Aconite*.

Dr. Boyce: The difference between *Aconite* and *Lachesis* is that the *Lachesis* patient dies when he says he will.

Dr. Nash: I have cured that symptom in typhoid fever with *Lachesis*. *Aconite* cures when a child is angry.

Dr. Besemer: I would use *Chamomilla* for irritable, long-lasting anger; *Aconite* for quick temper.

Dr. Nash: Loss of memory suggests *Anacardium*; *Sulphur*, cannot remember names; *Aconite*, cannot remember dates.

Dr. Boyce: As to fear of rising up, the difference between *Aconite* and *Bryonia* is that *Aconite* has a red face, *Bryonia* is nauseated and faint; both have vertigo on raising up; *Cocculus* also has it.

Dr. Swift tells me that *Aconite* has vertigo on entering a warm room; *Lycop.* in a hot room.

Dr. Wells: Fullness in forehead, as if the brain would push out, is *Aconite*; *Bryonia* has it on stooping and bending over.

Dr. Boyce: *Aconite* should not be given in febrile conditions where patient is quiet.

Dr. Wells: Hahnemann's way of preparing *Aconite* was the expressed juice of the stems and leaves, at flowering time, mixed with equal parts of alcohol. Several cases of recovery from collapsed conditions were reported as brought about by *Aconite*. *Aconite* is effective in the first stages of inflammatory dysentery.

It was then ordered that *Aconite* and *Actea* be studied at the next meeting, and that Bönninghausen's article on Hahnemann's *Three Precautionary Rules* be taken up instead of the *Organon*. The society then adjourned.

[The case given by Dr. Nash at the last meeting, of apoplexy cured by *Conium*, should read as having been cured by Dr. Ad. Lippe.]

C. P. JENNINGS, *Secretary*.

AGUE AND QUININE.

An animated discussion was going on some time ago in the journals as to the curability of the "Ague" by dynamized homœopathic remedies.

It will be necessary before discussing this question to premise our remarks by reminding the profession that "Ague" is a very peculiar form of disease. That its most virulent types are seen nowhere save at or near *each practitioner's residence!* Each physician considers his cases the worst that exists. Thus, a Western physician will consider Eastern "chills and fever" a mere nothing to cure; while the Eastern man laughs at the Western fever; and so it goes. This peculiarity materially lessens one's ability to cope successfully with this hydra-headed monster, as he has no authorities from whom he can garner experience; no authors, whose *ipse dixit*s may be authoritative. Even the law of the similars, though all-embracing, does not seem to embrace this disease. It evidently comes under the head of "supplementary and auxiliary principles," but as these have not, *as yet*, been defined, they cannot assist us here.

The character of the disputants in this case is also well worthy of a passing notice, as they may throw some light on the question at issue. For the same difference will be found here, as in other cases, where the healing power of homœopathic medicines is disputed. On one side we find men who do *not* practice pure Homœopathy (hence they are not able or fit to judge of its powers). These are the men who deny that homœopathic medicines can cure "intermittent." On the other side, we find men who *do* practice Homœopathy as the law directs. These are the men who cure it. Whose testimony shall we believe?

No one, free from an asylum, would expect to cure any disease homœopathically unless he practiced Homœopathy. This we propose to prove these doubting Thomases do not do. We shall judge them by their own testimony, a fair proceeding, surely.

In the *Medical Advance* for August, 1880, a correspondent writes:

"If I understand Homœopathy, we are to prescribe the remedy which shall correspond to the totality of the symptoms. If any one who has had much experience in treating malarial diseases will carefully read the incom-

plete proving even of *Quinine* as given in Pereira's or any other allopathic materia medica, he will there see almost a perfect picture of the malarial fevers; consequently [?] he who gives *Quinine* in malarial fevers is prescribing according to the homœopathic law." * * * "Now I do not wish to be understood as saying that *Quinine* is homœopathic to all cases of chills and fever that a physician may meet, but that it is to the great majority, and clinical experience has proven that it will cure when we have the indications for its use." * * * "Now, if *Quinine* is homœopathic to ague, and *it is to the great majority of cases,** why not give it and cure your patient, rather than ransack the materia medica to find some other remedy that might cure? Then, as true physicians, let us rise above that narrow plane, on which some of our school would have us stand, and be homœopaths in the highest sense of the term."

We have quoted at length from this writer, that his error—an error common to so many—may be fully appreciated, which is the lack of a full understanding of the Law of the Similars. His assertion that we should prescribe solely on "the totality of the symptoms," is certainly correct. But does he ever do it? We fear not; for if he did, he would never speak of a remedy as "homœopathic to ague." There is no remedy "homœopathic to ague," or to pneumonia, or diphtheria, or to any *disease*. Such an idea is as old as Sydenham and as lifeless. Every homœopathic remedy is a specific, a sure and certain specific for *its symptoms* and for nothing else.

To find the specific for a group of symptoms we must individualize closely. We must select not *any* similar, but *the most* similar remedy, *i. e.*, the *simillimum*. This is often tedious; it is very much easier to give quinine and break the chill "than to ransack the materia medica" to find the true curative remedy. In "ague" districts, as elsewhere, laziness sometimes conquers, and quinine is given, to the detriment of the patient and of Homœopathy.

To show how complete is our materia medica in the therapeutics of this disease, and also how necessary it is to strictly individualize each case, it may be stated that there are in Bœnninghausen's work on "Intermittent Fever," over one hundred drugs given, which have symptoms of intermittent fever. Most of these drugs have, in varying degrees, the three stages of chill, heat and sweat, but *no two* have them in *exactly* the same way. The variance may be as to the time of occurrence, as, for instance, in *Podophyllum*, 7 A. M. is

* We italicize these few words and beg they will be contrasted with the letter on "Malaria Mania" quoted at the end of this article.

the characteristic hour, or as in Cactus g., 11 A. M. (and 11 P. M.); while Arsenic and Cinchona have no special hour. Again, the variance may be as to amount of fever, the manner of its commencing or its concomitants. Thus Arsenic or Veratrum may have no heat, while Aconite or Bryonia has much heat. Yet, though these two latter remedies are similar as to amount of heat, they differ widely as to their restlessness; Aconite being very restless, and Bryonia the reverse.

Again, one remedy, like Ignatia, may be improved by external warmth, while another, as Ipecac, the chill may be increased by external covering. As a further illustration, taking the one symptom, "aversion to food," we find Arnica has this symptom during chill and fever, but not during sweat. Cyclamen has it during fever and sweat, not during chill; while Stramonium and Veratrum have it only during sweat. Baryta, Bell., Calc., Cicuta v., Coccus and others, have it only during the fever. Thus we see how remedies differ even in one common symptom.

Examples of individualization of drugs could be indefinitely extended; these few, however, suffice to show how easy it can be done if one chooses to carefully study his case. As Hahnemann says, the most important part of the work is done when the physician has carefully written out his case. In no disease is this more useful than in intermittent fever, where the different stages, their duration, amount and concomitants, should be so carefully compared. A case once written out is easily compared with the materia medica; the more symptoms the easier. Yet so complete is our art that even the lack of symptoms is no bar, for the mere fact that a case is not fully developed is itself an indication for a remedy, as for instance, Arsenic.

Choose the simillimum remedy, give it high, in single dose (or in few quickly-repeated doses in water, which is often very beneficial), and await its action; give it time and never repeat dose, or worse, change the remedy, on an *improving* condition; do these things and we will cure our cases—*wherever found*.

A few words more and we are done with "Ague." The gentleman quoted also says: "Many claim that Quinine does not cure but suppresses the chill, and that after a time it will return again and then will not yield to Quinine. Now, according to my observation, the chill will not return any quicker when broken by Quinine than when broken by any other remedy." To this we reply, that a chill

“broken” is not cured, and one “broken” by one remedy is as bad treatment as one broken by another; a “break” or suppression differs from a cure in this very particular, that one returns, the other does not. Homœopathy never “breaks” chills, it cures them.

The doctor’s experience, with his peculiar “Ague,” differs widely from that of the allopaths in treating malarial diseases, for they find that chills *do* return after being “broken” by Quinine, and that they *do not* then yield readily to Quinine. And he seems much more successful, with his Quinine, than the “Regular,” for Aitkin (vol. I, p. 591) says: “It is useless to attempt to cure intermittent fever [*with Quinine?*] if the sufferer is permitted to remain within the sphere of malarial influences, or even in those geographical latitudes which are said to be peculiarly malarial.”

The same author also remarks, “the treatment varies, in a great degree, with the complications [*symptoms?*] of the disease.” The allopath believes they must vary their treatment according to the “complications of the disease,” yet our homœopathic friend declares one remedy will cure the large majority of agues! This indiscriminate exhibition of Quinine for every *malarious* trouble is nothing new; in fact, it has been done ever since the bark was discovered, in 1640—for 240 years—by the allopaths, who acknowledge it does not cure. They use it, as they have nothing better; they very sensibly do the best they can; but for one who, by pretending to be a homœopath, ought to know better, its use is simply criminal. The story of the abuse of Quinine by the “Regulars” is well told in the letter we print below. This abuse of Quinine in these days almost equals their former abuse of mercury, and, like that remedy, its popularity will some day die out, only to be superseded by another favorite; such being the history of a materia medica not founded on *law*.

The following letter from an allopath may possibly give such homœopaths, as the above-quoted gentleman, some new ideas on “Quinine:”

MALARIAL MANIA.

To the Editor of The New York Medical Record:

“SIR: In a recent issue of *The Medical Record* I notice a correspondent has ventured to deny that malaria is the cause of all diseases to which humanity is heir. I am glad to know that one member of the profession has the brain to see and the courage to talk against this assumption of human ignorance. When I commenced the practice of medicine, thirty-five years ago, the liver

was the only organ noticed in the human body, and calomel the only remedy. Now malaria is the source of all our woes and quinine the antidote.

"Being an old doctor, I am frequently called in consultation by the younger members of the profession, and for the last ten years I cannot call to mind a single case of any disease, from a stone bruise to a broken neck, in which the doctor had not given quinine. These doctors tell me the books recommend us to do so and so. Before a man writes a book he is just a common doctor like the balance of us; but as soon as he gravely writes his opinions down in a book they become as a voice of inspiration.

"Not long since I read an article at one of our county medical societies against the use of quinine in pneumonia. I said that if there was no more quinine used in the treatment of disease than was necessary, that quinine would not be worth a dollar an ounce. Well, my brethren said I was a heretic.

"There has been an epidemic here, during the last few days, among children. They had a fever, attended with a cough, and the disease ended in about seven days.

"My professional brethren all gave quinine, they said it was malaria, and the patients all got well. I could neither see nor smell the malaria, so I gave no quinine, and my patients all recovered also. Of course it was all malaria.

"There has been in this vicinity an epidemic of typhoid fever, or, as it is now fashionably called, typho-malarial fever. Some gave quinine from alpha to omega, but with no apparent benefit. It neither abated the violence, nor shortened the duration in the slightest degree in any case.

"The doctors who gave it said it was recommended in certain books, and they considered it their Christian duty to prescribe it. I was called to one of these cases on the ninth day of the fever, the case was a girl of fourteen. She was most inveterately delirious.

"The physician in attendance had give this beautiful maiden twenty grains of quinine per diem, for nine long, dreary days, and the stuff would neither act antipyretical or vaso-motorically!

"This doctor said the girl was 'pizened' with malaria, and he wanted to continue the quinine.

"The spleen has now superseded the liver. We have all become leucocythemic instead of bilious.

"I am living where malaria is supposed to reign supreme.

"Where the crocodile croaks,
And the bullfrogs enchant;
Where the pond-lilies bloom,
And the lizards do haunt.
Where the goose and the duck
Forever do quake,
As they dip their broad bills
In the mud of the lake.

"But, inasmuch as this malarial phantom does not put in his appearance unless the days are hot and the nights cool, I suppose I may be excused for not following the 'traditions of the elders.'"

E. J. L.

NORTON'S OPHTHALMIC THERAPEUTICS.

To the Editor of THE HOMEOPATHIC PHYSICIAN:

In your journal for February appeared a criticism of Dr. Norton's recent work on "Ophthalmic Therapeutics," signed "G. H. C." to which I wish to take exception, as in my opinion it can hardly be called fair, and certainly does not indicate that the writer's knowledge of the subject is especially profound. Although entirely unacquainted with "G. H. C.," even by reputation, I will hazard the opinion that he does not shine as an ophthalmologist to any remarkable extent.

I wish to have it distinctly understood in starting that I am no lover of external applications, but a firm believer in the efficacy of the indicated remedy, and perfectly willing to give it in a high potency and follow it with Sac. Lac. if such shall appear to be the best treatment for the case. From this standpoint I do not feel disposed to take issue with "G. H. C." in his condemnation of local applications in general, but would only remind him that in a large dispensary practice we occasionally meet with cases with so little vitality that they fail to react to even the best selection of remedies in any and all potencies, and that sometimes in such cases an external application seems to start a reaction which we can afterwards follow up with internal medication. Our critic becomes slightly mixed when speaking of the treatment of catarrhal conjunctivitis, for he says, after quoting Dr. Norton's prescription of Zinc. sulph. and Sodium chloride, "We are even more surprised as we turn to this, for the best old-school authorities would not resort to such a lawless method," and quotes Wells as such authority, notwithstanding the fact that on page 57, in Wells' article on catarrhal ophthalmia, he distinctly states that "When the acute symptoms of irritation have subsided and those of catarrhal ophthalmia begin to show themselves astringents must be applied."

In speaking of gonorrhœal ophthalmia "G. H. C." takes exception to the abortive treatment, although this disease is not idiopathic, but the result of the local application of a poisonous virus, which should be treated in the same manner as any other poison. Here he states that "With perfect cleanliness and the indicated homœopathic remedy, one need have no fear of the result, and this we venture after treating *several cases with success even in the early days of our practice.*" What a tremendous *early* practice this gentleman must have

had to have included in it *several* cases of conjunctivitis gonorrhœa. In the New York Eye Infirmary there were treated in eleven years 70,612 cases of eye disease, and of these only **59** were cases of gonorrhœal ophthalmia, or **1** in about **1196**. In the New York Ophthalmic Hospital, in the eleven years from 1871 to 1881 inclusive, there were treated 32,496 eye cases, of which only **11** were of gonorrhœal conjunctivitis, or **1** to **2954**. Is it possible that our critic is unaware of the fact that *all* inflammations of the conjunctiva occurring in the course of a gonorrhœa are *not* gonorrhœal ophthalmia?

Again, in speaking of the application of cold to the eye, he says, "Did we not know that this comes from one who is a professor in the New York Ophthalmic Hospital, we could readily believe, when we see him advising cold compresses to the inflamed eye, that he belonged to the 'regulars,' except that the 'regulars' *now* use warm, not cold applications." This is sheer nonsense. What has "pathy" to do with the application of water or ice to inflamed surfaces. In the next sentence he says, "We can here again speak from experience, and say that heat is always best to apply to any acute inflammation. The later works of the allopaths acknowledge this." To what "later" works does "G. H. C." refer? His favorite Wells is as late as anything, the last edition bearing date of 1880, and in that volume, if the doctor will read a little further than he found necessary to gather his "points," ice or cold compresses are recommended on pages 66, 73, 76, 79, 88, 137, 166, 211, 752, 791, 797 and 809.

If he is now dissatisfied with Wells, let him refer to DeWecker's "Ocular Therapeutics," pages 51, 53, 64, 66, 69, 81, 87, 165 and 433; or to Schweigger, pages 256, 263, 271, 295 and 328, where he will find the same treatment advised. In the "Handbuch der Gesammten Augenheilkunde," by Græfe and Sæmisch, the standard work on the eye in German literature, Professor Sæmisch distinctly recommends ice or cold compresses as the best treatment for conjunctival diseases. Professor Zehender emphasizes the same statement in his "Handbuch der Gesammten Augenheilkunde," bearing date of 1874, and reiterates it in 1879 in the "Lehrbuch der Augenheilkunde für Studierende."

Finally, if the doctor will refer to Knapp's "Archives of Ophthalmology," volume 2, No. 1, dated April, 1882, he will find the following statement: "I speak now of ophthalmia neonatorum, blennorrhœic or gonorrhœic ophthalmia of the adult, of croupous and of diphtheritic ophthalmia; also of the acute stage or acute paroxysms

of trachoma. The treatment of all these cases is the same, and amounts to this: *so long as the disease is on the increase or at its height, abstinence from all but indifferent local remedies, the methodical and uninterrupted application of cold, and careful cleansing.*"

This statement is from the pen of Dr. Knapp himself, the foremost old-school ophthalmologist in the United States, and perhaps the equal of any in the world. Hoping that in the spirit of fairness you will give this somewhat lengthy communication a place in your columns, I remain, · Yours fraternally,

CHARLES DEADY, M. D.,
Resident Surgeon New York Ophthalmic Hospital.

NOTES ON GENITO-URINARY THERAPUTICS.

(Continued from page 231.)

AGNUS C. RENAL.—When urinating, has pains, sometimes in lower abdomen (Lach., Puls.), sometimes in the kidneys (Berb., Rheum.).

VESICAL.—Pains in bladder (*Ant. t. Hell., Nux v., Puls., Rhod., Sulph.*).

Micturition profuse; gets up twice at night and even once during siesta. (Afternoon while asleep Alum., Caus., Staph. Emission of urine in first sleep Sepia).

URINARY PAINS.—Disagreeable sensation in back part of urethra after micturition.

Burning and pressing in urethra during micturition.

CHARACTER OF URINE.—Urine is red, turbid, with burning and pressure in urethra.

Frequent and darker than usual.

Increased in amount and passed in stronger stream. (Curative effect?)

SEXUAL.—Desire lessened or almost completely lost.

Penis small, flaccid (Calad.) and cold, (Cold: Agar., Cann., Caps., Brom.)

Penis so relaxed that voluptuous fancies excite no erections.

Erections without voluptuous desire.

Morning erections but parts are flaccid.

Semen runs out in a stream, without ejaculation. (Involuntary dribbling, Selen; from relaxed penis; Bell., Coral.)

Drawing along spermatic cord. (Berb., Clem., Lact., *Mang.*, *Merc.*, Nitr. ac., Puls., Zinc.)

Testicles feels cold (to others) at night; are swollen, hard and painful (from a suppressed gonorrhœa).

Itching of genitals.

CLINICAL.—Useful in impotence with gleet, especially in those who have had gonorrhœa often. Gonorrhœal discharge is yellow and purulent (inflammatory symptoms having subsided) there is neither erections nor desire.

Pollutions from irritable weakness with prostratorrhœa.

CONCOMITANTS.—Patient is depressed and gloomy; is dissatisfied with himself.

ALOE SOC. VESICAL.—At times painful burning in neck of bladder on urinating (Cham., Nux v., Thuja.).

Pain down left ureter.

Feels as though stool would pass each time he urinates.

Burning and urging to urinate with general agitation.

Frequent urging to urinate, with no increase in quantity or even in smaller quantity; worse afternoon or night.

Urine passed with difficulty.

Burning when urinating.

Desire so urgent he can hardly retain urine.

After a stool, copious pale urine.

Incontinence of urine (in old men with enlarged prostate).

CHARACTER OF URINE.—Urine saffron yellow, becoming cloudy; scanty and hot.

Smell putrid or ammoniacal. Bloody.

Sediment yellowish like bran or slimy (slimy, Ars., *Berb.*, Calc., *Merc.*, Natr. c., Natr. m., Puls., Tereb., etc.).

SEXUAL.—Desire increased; after waking (2 A. M.), after eating, in evening.

Active desire at evening with uncommon thirst.

Desire more active after stool.

Erections in morning (Thuja) and *after* passing water.

Seminal emissions, yet strong desire afterwards.

Semen ejaculated too soon.

Involuntary emissions during siesta (Agar.); toward morning followed by sexual excitement, micturition and stool.

Itching of prepuce after stool.

Testicles cold; right feels cold at night; penis small; scrotum relaxed. (Feels heavy, Am. c., Natr. c., Ox. ac.)

Epididymis sensitive to touch and while walking.

Offensive sweat on genitals (Calad., Merc., Sep, Sulph., Thuja; at night, Bell.).

CLINICAL.—Considered a good remedy to repress a too lively sexual desire, especially in children.

CONCOMITANTS.—Ill-humored, hates every one. Easily frightened at slight noises, after a nocturnal emission. The peculiar stool; its involuntary passage with flatus or urine. Fears to pass either less stool also escape.

CLINICAL BUREAU.

LEDUM IN CUTANEOUS AFFECTIONS.

L. B. WELLS, M. D., UTICA, N. Y.

Failure of physicians to keep a record of cures following the administration of remedies when well indicated, is a reason why our materia medica is no better supplied with clinical curative marks. How often we find one or more important symptoms of a case and the symptoms of the corresponding remedy in plain type more plainly indicated and consequently more curative. If physicians would keep a record of these well-marked cures an important addition would be made to our armamentarium in confirmation of provings. Ledum in my hands has proved a complete curative in suggillations which often attend contusions and remain frequently for weeks, annoying to the patient, especially on exposed parts.

In 1849, Mr. O. W., aged 50, when passing over a stream, a dark night, accidentally stepping in a hole in the bridge, caused a severe contusion of almost the entire leg, from the knee to the ankle. The pain was severe and inflammation followed, which was relieved by Arnica, and Aconite afterwards. Some three weeks afterwards he called at my office, the injured parts discolored. He said to me, "If there is anything in homœopathic medicine that could remove the discoloration he wanted it."

I searched Jahr's *Manual*, and the nearest symptom I could find

was under *Ledum*, "Bluish spots like petechiæ over the whole body." This was given in the 6th potency and in four days the discoloration was entirely removed.

Mrs. D., aged 74, while standing on a chair, fell and her nose came in contact with the edge of the chair. *Arnica* relieved the pain and soreness and the effects of the shock, but the extravasated blood caused a discoloration of both cheeks. A kind neighbor informed her that the natural color would not return in a person of her age.

Ledum was administered and in a very few days all traces of the discoloration vanished.

I select these two cases from many of the kind and I can truly say that there has not been a single failure.

THE HIGH POTENCIES IN ACUTE AS WELL AS CHRONIC DISEASES.

A. J. BREWSTER, M. D., SYRACUSE, N. Y.

*(Read before the New York Central Homœopathic Society, at their
Quarterly Meeting, held March 16th, 1882.)*

It is no longer a matter of faith with me that the high potencies act promptly and curatively when properly selected and administered. The fullness of a long experience has established the fact that higher and the highest potencies not only act, but act powerfully and curatively, upon violent forms of disease, both acute and chronic. What we learn from patient and persistent experiment and observation, becomes to us knowledge. We walk not by faith but by sight in *this* matter. And not only does the physician *see*, but the patient sees, the effect of the remedies, and rejoices in the relief it brings, and it becomes knowledge to them also. To be a little more definite, we will relate some clinical experience.

At the close of a sultry day in July last, we stood at the bedside of a Mr. T., aged about thirty years, a farmer, of good constitution and of good general health. He had, for some days, felt darting pains in the left testicle and cord, going up, like electric shocks, into the left side of the abdomen, and around to the left side of the back

and kidney, coming and going suddenly, with intervals of comparative relief from pain. On this day, the pains getting more violent and continuous, the writer was called in haste. We found him in the following condition, *pathologically*: The left testicle enlarged and the spermatic cord badly swollen; the parts red and very sensitive, accompanied by fever. This condition, 'tis true, suggested a class of remedies, but could give us nothing definite as to *the* remedy in *this* case; but the accompanying symptoms guided us unmistakably to the simillimum. In Hering's condensed *Materia Medica*, we find this group of symptoms, which covered the symptoms of the case so perfectly, that we were confident of satisfactory results: Violent stitches in the testicle, which is drawn upward; tearing upwards in the left spermatic cord in the evening in bed; violent pressing, urging toward the genitals, as though everything would fall out; soreness of the last dorsal and first lumbar vertibræ; back-ache as if broken, with cramp-like sensation in the left lumbar region, red tongue, flushed face and glistening eyes, led us back to Belladonna for relief, and it did not disappoint us.

Belladonna^{1c} was given, with prompt relief; but *it did not cure*. The above symptoms, with some others, which had been more or less troublesome for some months, continued, in a less degree, to be troublesome and to annoy the patient.

In reviewing the case, additional symptoms were discovered, viz.: a want of power to evacuate the bowels, pressing in the rectum toward the anus. Voluptuous tickling in the lower parts of the rectum and anus. Spasmodic constriction of the sphincter ani, mucous membrane of the anus seems swollen and pressed out. Violent itching, at the same time constrictive sensation in the anus. Frequent desire to urinate, with small quantity. Vesical region very sensitive to pressure and to jar. All of these symptoms were covered by Bell. and Swan's MM potency; a powder night and morning, dry, for four days, removed the whole group completely.

We are often asked: Can the high potencies produce aggravations?

Several days after receiving the Bell. high, our patient reported at the office that he had not felt so well and been so free from pain in months. Bowels natural, urine free and painless, swelling and pains in the parts all gone, only a little weakness of the back remaining. Indeed, he felt quite like himself again, but as he lived six miles from town he asked for some more of those little powders, for he feared the return of the dreadful pains which made him feel as though he

was called to go hence, and was not quite ready. He received some with instructions not to take them unless the pain returned and then only two per day. Some days after, not feeling quite as well, he commenced taking them and *reasoning*, as do *many*, that if so little medicine could make him feel so *good*, more would make him feel a good deal better, so he continued to take them four times per day for four or five days. The result was after taking the powders for the few days he reported that all his old troubles had returned with redoubled violence. That this was a clear case of medicinal aggravation was evident to me by the whole group being removed by a single dose of the proper antidote, *Hyoscyamus*,^{1m} and a good supply of *Sac. Lac.* powders. A few days after he returned with a smiling face, rejoicing that he felt himself again.

The second case is one of diphtheria. During the spring of '81, was called to see a young lady suffering from a severe attack of this disease. After some general rigors and the fever that accompanies, the disease located on the left side, the parotid was swollen and very sensitive to the touch; the tonsil was also swollen, of a purplish-red color and extremely sore; deglutition very difficult. The left side of the neck swollen, very sore and dark purple or bluish in color. Violent pains darting up the left side of the neck into the head, drawing the head around to the left side and holding it there. Great prostration and the characteristic deposit on the left tonsil with aggravation of all of the symptoms during sleep. All these symptoms were covered by *Lachesis* and this remedy, in 2000th potency, was prescribed and prompt relief was the result. The case went on for the space of two days without improvement but rather getting worse. The symptoms not having changed no other remedy could be given. After looking the case over carefully we came to the conclusion that the severity of the symptoms called for greater dynamic force, but how could we look for greater curative power but in a higher potency? So, to satisfy ourselves on this point and to, if possible, cure the patient, which was far from being an accomplished fact, *Lachesis*,^{cm} was administered, one dose dry on the tongue at night, and awaited the result. Morning found the case much improved, but in the evening some return of the symptoms made it necessary to repeat the dose and we continued it morning and evening for a few days, at which time we were able to pronounce the patient convalescent. Disease force had been met by dynamic force and the former had yielded to the latter.

CASE FROM PRACTICE.

E. P. HUSSEY, M. D., BUFFALO, N. Y.

Was called on the morning of February 13th to see Gracie M., aged three and one-half years; found a severe case of croupous diphtheria: the child was laboring for breath, so that all of the muscles which *could* aid were brought into requisition. The cough was ringing and croupy, and the wheezing, sawing respiration could easily be heard in an adjoining room, and there were all the evidences of constriction and rapidly-increasing obstruction of the larynx. I learned the respiration and cough were of that character all the day before, gradually growing worse until the parents were obliged to hold her in their arms nearly all night. The fauces were highly inflamed, with well-defined diphtheritic patches upon the tonsils; tongue coated white; pulse 136; no desire for nourishment; great thirst; fetor and prostration slight. From the evident course of the disease from the larynx to the fauces, and the character of the cough and respiration, I gave Bromine^{cc}, one dose. At eight P. M. found the breathing had been somewhat better through the day but was getting worse again—deposit in the fauces increasing. Gave another dose of the same. In the morning found she had breathed and rested easier all night than during the night before; but she was getting worse again and the membrane upon the tonsils was increasing. As the character of the cough and respiration was the same as at first, I gave a dose of Bromine^{im}, which was followed almost immediately by an amelioration of all the distressing symptoms which continued through the day and night. Upon the morning of the 15th the extensive and deep ulceration of the fauces, and a change in the character of the cough to a hoarser sound, with an accompanying profuse discharge from the nose, induced me to give a dose of Kali Bichromicum^{cc}, but as there was no amelioration toward night I gave another dose of Bromine^{im}, which was followed almost immediately by a relief of the subjective symptoms, and from that time the condition of the throat and breathing improved; and I gave nothing more until the morning of the 20th, when I learned she had been unusually talkative all the day before, recalling things which occurred eighteen months previously, and which she would not have been supposed to remember, and that every time she awoke from sleep her symptoms all seemed much

worse. I gave her one dose of *Lachesis*^{4m} at about 8.30 A. M., and before 3 P. M. was sent for in great haste. I found she had had an usually long and quiet sleep, but her mother, becoming alarmed at her almost imperceptible breathing, had awakened her, when she acted so strangely, not being able to speak, and appearing "dazed," that they thought she was dying; however, as she appeared to be rallying somewhat I gave nothing more, and her recovery went on without any further severe symptoms or any more medicine, except one dose of *Arsenicum*^{cc}, on the 23d, given in consideration of the prostration, which then was more marked, accompanied by restlessness at nights. Milk and white of eggs was the only diet, and the local treatment, adjuvants, etc., consisted of a spray of alcohol and water thrown into the throat three times when the deposit upon the fauces was at its height. In self-limited, acute diseases, it is often difficult to say how much the result has been modified by the treatment; but we all know what a case of croupous-diphtheria means, and any such marked arrest of distressing symptoms, following the administration of a remedy, and the favorable termination of such a grave case, must certainly be attributed to the action of the medicine, if anything in the range of experience can be.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The second annual meeting of the Association will be held at the office of J. R. Haynes, M. D., 120 N. Meridian Street, Indianapolis, on Tuesday, June 13th, at 3 o'clock P. M.

C. PEARSON, Committee.

INDEX OF COUGH SYMPTOMS.

ARRANGED BY GEO. H. CLARK, M. D., AND E. J. LEE, M. D.,
PHILADELPHIA.

The following index does not aim to fill the position of a treatise on cough, or diseases of the respiratory organs. Its aim is merely to bring together all the best approved symptoms relating to cough, expectoration and the respiratory organs—rendering them easy of reference.

The symptoms have been carefully and, we may add, laboriously gathered from the best authorities; and, to prevent confusion, remedies and symptoms have been numbered to correspond with authority from whom taken. It will be noticed in large blocks of remedies that there are many different numbers used. The *small* number over any remedy tells from whom that remedy was taken; the *large* number at *end* of block signifies that all remedies in that block, excepting those otherwise numbered, are from author to whom the figure refers. All symptoms, unnumbered are from Allen's Encyclopædia.

The symptoms are arranged alphabetically according to the *anatomical* part affected. Thus a cough caused by a tickling in larynx, will be found under larynx, not under tickling, or one causing soreness in stomach or head will be found under stomach or head, as the case may be, not under soreness. Many symptoms have been repeated, twice or more, to insure easy and certain reference. Some symptoms are so complex that it is a very difficult matter to decide as to how they should be placed; these have generally been arranged with reference to their most peculiar feature.

In making a prescription for any trouble of the respiratory organs, the concomitant symptoms, especially the mental, are of great im-

portance. Yet we have been compelled to omit all concomitants that are not found in our materia medica under chest, larynx, etc. For, as any symptom of the materia medica *may* be a concomitant of cough, our task would have extended into many volumes, had we included them all. This index is intended to be an *index* to the materia medica. Before prescribing, the drug should be studied there.

It is with great pleasure, that we announce that Dr. Ad. Lippe has kindly offered to correct our MSS., each month, as it goes to press. This insures accuracy.

AUTHORITIES CONSULTED.

- 1, Allen's Encyclopædia of Pure Materia Medica.
- 2, Bönninghausen's Whooping Cough.
- 3, Bönninghausen's Intermittent Fever.
- 4, Bönninghausen's Therapeutic Pocket-Book.
- 5, Simmon's Cough Repertory.
- 6, Jahr's Symptomen Codex.
- 7, Hering's Condensed Materia Medica.
- 8, Hering's Analytical Therapeutics.
- 9, Gross' Comparative Materia Medica.
- 10, Lippe's Text-book of Materia Medica (and private communications).
- 11, Jahr & Possart's Repertory.
- 12, C. Lippe's Repertory.
- 13, Hahnemann's Materia Medica Pura.
- 14, H. N. Guernsey's Lectures on Materia Medica and Notes on Cough Characteristics, *H. M.*, vol. 8, p. 322.
- 15, H. V. Miller, *H. M.*, vol. 8, p. 309.
- 16, Hull's Jahr. Repertory and Syntomatology.
- 17, Raue's Annual Record, six volumes.
- 18, N. A. J. of Homœopathy, 28 volumes.
- 19, R. R. Gregg's Illustrated Repertory.
- 20, The Cypher Repertory.

INDEX OF SYMPTOMS

OF THE

RESPIRATORY ORGANS.

Part First—COUGH.

- ABDOMEN**, **aching** in left iliac region, when walking, coughing, or raising arm; nearly takes breath away; afterwards moves low down into abdomen: Eupion.
- **aching** in left rib region, on coughing and deep breathing: Val. g.
- See Bladder.
- **bruised** sensation in, on coughing: Ars.,¹ Carb. an., Ferr.,¹ Hyos, Nux v., Plumb., Puls., Stann.²—10.
- **bruised** sensation in, on coughing and touching it: Ferr.¹
- **bruised** sensation below ribs transversely, on coughing and on pressure, agg. by rising: Plumb.
- **burning** sensation in, with cough: Ars., Mez., Verat.—2.
- **bursting** sensation in, when coughing or eating: Anac.
- **concussion** of chest and, while coughing: Sulph.,⁶ Rhus.¹⁰
- **concussive** pain in, when coughing: Kali c.⁶
- **constriction** of muscles of, during coughing: Lach.
- **contraction** of, on coughing: *Chelid.*, Squil.
- **contraction** of, agg. cough: Dros.⁵
- ABDOMEN**, **cramp** in, when coughing: Tarent.
- **cutting** pain in, with hollow cough in long shocks: VERAT.
- **deep** hollow cough, always in three or four shocks, which seem to come from the, evening: VERAT.
- **diarrhœa**, sensation in abd. as from, on coughing: Ferr.
- **drawing in** of, with whooping cough, so frequent can scarcely breathe; wakes at 7 A. M.: Dros.⁵
- **dry** cough, as if proceeding from stomach or abd., or from constipation, or as if something remained in stomach that would not pass off: SEPIA.
- **Epigastric region, bruised pain** in, from cough: *Nux v.*,⁶ STANN.¹
- — **contractive** pain in, causes cough to continue (even after sitting up): Ars.⁷
- — **emptiness** in, sensation of, with cough: Ign., Mur. ac., Stann.²
- — **irritation** to cough, felt in: Bar., Bry., Cham., Hepar, Lach., Nat. m., Nitr. ac., Ph. ac.—2.
- **comes** from, cough seems to: Raph.

ABDOMEN, Epigastric region, oppression in, excites cough:

- Kali b.²
 — — **pain in**, from cough: Ambr., Dros., Nux v.—5.
 — — **small spot in**, painful to touch, violent cough appears to come from: Kali b.⁶
 — — **soreness in**, from cough: Nux v.⁵
 — — **stitches in**, from cough: Sep.⁵
 — — **tender spot in**, seems to cause cough: Kali b.⁶
 — **gripping in**, and heaving as if he would vomit, from the cough, when expectoration was incomplete or difficult: Dros.⁶
 — **gripping in**, when coughing: Tarent.
 — **Hypochondriac region, aching in right**, at night, during cough: Sulph.
 — — **bruised feeling in**, and upper abdomen, on coughing: Nux v.¹⁰
 — — **bruised feeling in**, from cough: Bry.,⁵ Carbo v., Lach.—2.
 — — **contractive pain in**, with cough, arresting the breathing; the cough is prevented by the pain, unless he presses with his hand on the pit of the stomach: Dros.⁶
 — — **constriction in**, during cough: Dros.
 — — **cramps in**, with cough: Zinc.²
 — — **gripping in right**, when coughing: Lycop.
 — — **oppression in**, with cough: Nux v.⁵
 — — **pain in**, from cough: Ambr.,⁵ Dros., Nitr. ac., Nux v.,⁵ Oena. (r.)—1.
 — — **pain in** (as if forcibly constricted), when coughing: Dros.⁶
 — — **pain in**, as if ulcerated, when coughing: Lach.,⁶ Puls.¹⁰

ABDOMEN, Hypochondriac region, pressure in, with cough:

- Acon.,² Ambr.,² Coce., Spong., Valer—5.
 — — **stitches in**, when coughing: Acon., Am. m., Ars., Bry., Lye.,² Nitr. ac.,² Phos., Sabad., Samb.,² Sulph., Sulph ac.²—5.
 — — **stitches in right**, evening, when coughing: Sepia.
 — — **stitches in left**, when coughing: Bell., Carbo v., Con., Sulph., Zinc.—2.
 — — **stitches in right**, when coughing: Bry., Carbo veg., Kali c., Merc., Natr. m., Sep.—2.
 — — **support it**, must, with hands when coughing: Dros.⁷
 — — **tearing pain in left**, when coughing: Ambr.²
 — — **tension in left**, during cough: Hell.⁷
 — — **tension in left**, causing hacking cough: Thuja.
 — — **weariness felt in**, with cough: Puls.
 — **Hypogastric region, bruised feeling in**, from cough: Ars., Nux v., Puls.—5.
 — — **contraction of**, with cough: Dros., Squil.—5.
 — — **cutting in**, from cough: Verat.⁵
 — — **lancinations in**, preceding cough, as if womb would be torn off: Bell.⁶
 — — **painful**, when coughing: Dros.,⁷ Lye., Nux v., Phos., Ph. ac., Sil., Squil., Verat.—5.
 — — **shocks in**, when coughing: Natr. m., Squil.—5.
 — — **stitches in**, with cough: Ars., Sep., Verat.—5.
 — **irritation to cough is felt in**: Ambra, Ant. crud., Kali b.,¹⁰ Sepia,⁵ Thuja,¹¹ Verat.—2.

ABDOMEN, lower, bruised sensation, on coughing: *Ars.*¹⁰

— **lower, concussive pain** in, on coughing: *Carbo an.*¹⁰

— **lower, contraction** in, and sensation as if he would vomit, on coughing in evening: *Dios.*

— **lower, pain** in, from coughing: *Sil.*

— **lower, soreness**, as from coughing: *Carb. veg.*

— **muscles of, bruised** sensation in, on coughing: *Hyos.*¹⁰

— **muscles of, constriction** in, on coughing: *Lach.*

— **muscles of, contraction** in, on coughing: *Squil.*

— **muscles of, pain** in, on coughing: *Hyos., Nux v., Squil., Sulph.*

— **oppression** in, when coughing: *Aur.*

— **pain** (colicky), in, from coughing: *Ars., Asc. t., Con., Phos., Phos. ac., Sulph.*

— **pain** (undefined) in, from coughing: *Alum., Ambra, Anac., Ars.,¹² Aur.,¹¹ BELL.,¹² Canth., Calc., Con., Dros., Ferr., Ipec., Kreos.,¹¹ Lact.,⁶ Lyc., Nitrum, NUX v., Phos., Puls.,¹¹ Rhus, Sep., Sil., Squil., Stann., Sulph.,¹² Verat.—5.*

— **pain in**, and chest, with coughing, in open air: *Phos.*⁶

— **pain in**, as if intestines would protrude on coughing: *Squil.*⁶

— **pain in**, and intolerance to touch, with coughing: *Cham.*²

— **pain, shooting** in, with cough: *Bell., Chin., Lach., Sep., Staph.—12.*

— **would protrude**, dry cough and hacking, as if its contents would: *Carbo an.*⁶

— **racked**, and chest and occiput, by short turns of dry cough: *Lact.*⁶

— **racking pain** in, with dry throat from violent dry cough: *Squil.*⁶

ABDOMEN, cough seeming to come from: *Sap., Sepia.*⁶

— **cough seeming** to come from, in morning: *Ant. cr.*

— **shaking** of, from cough: *Kreos.*²

— **shaking** of, as if everything would fall out, must hold abd. and sit, from severe, dry cough, in morning on rising: *Carb. an.*

— **shocks** in, while coughing: *Puls.*⁶

— **shooting** in, from coughing: *Bell., Chin., Lach., Sep., Staph.—12.*

— **sides of, pain** in, when coughing: *Con., Lycop., Squil.*

— — — **pain in**, agg. when coughing: *Bor. (r).*

— **side of, pain** in, as from internal wound, when coughing, blowing nose, or putting foot down; amel. by emission of flatus: *Arn. (r.)*

— **side of, stitches** in, during day, from dry cough: *Sulph.*

— — — **stitches in**, on coughing: *Arn., Ars.,¹ Bell. (l.), Sep.,¹ Sulph. (l.)—5.*

— — — **stitches in left**, to small of back, when coughing: *Sulph.*

— — — **stitches in**, agg. by coughing: *Carb. an. (r.), Stann. (r.)*

— — — **acute drawing stitches in**, agg. by coughing, hiccupping, sneezing or yawning: *Bor. (r.)*

— **soreness** in, from coughing: *Bell.,² Carb. an.,² Con.,² Croc. tig., Ferr., Hyos.,¹² Nux v., Puls.¹⁰—5.*

— **soreness** in, agg. by coughing: *Sulph.*

— **soreness** in, on coughing or laughing: *Ars.*⁶

— **soreness** in lower, as from coughing: *Carb. veg.*

— **stitches** in, extending, through abdominal ring, and along spermatic cord, when coughing: *Verat.*

See Stomach also.

ABDOMEN, umbilicus, colic as if, would be torn out, with continual cough; heat in face and sweat on forehead; after walking in open air and when lying, morning and evening: *Ipec.*⁶

— **umbilicus**, sides of, stitches in, when coughing: *Sep.*

— **warm**, on becoming, in, amel. cough: *Sil.*—5.

ABDOMINAL RING, aching pain in, when coughing: *Nat. mur.*

— **pain** in, from coughing: *Arn.*⁵ *Cocc.*, *Nat. mur.*, *Nux v.*, *Sil.*, *Sulph.*, *Verat.*—11.

— **walls**, soreness in, and pain in stomach on coughing: *Nux v.*⁷

ACHING, see the various anatomical parts.

ACID, cough from nitric: *Mez.*¹²

— vomiting, on coughing: *Nat. carb.*, *Phos.*

ACIDS, cough agg. by: *Ant. cr.*, *Brom.*, *Con.*, *Lach.*, *Nat. mur.*, *Nux v.*, *Sep.*, *Sil.*, *Sulph.*—5.

AFTERNOON, coughing in: *Agar.*, *Alum.*, *Amn. c.*, *Amm. m.*,¹¹ *Ant. t.*, *Arn.*, *Ars.*, *Asaf.*, *Bad.*,¹² *Bell.*,¹¹ *Bry.*, *Caps.*, *Cepa.*,¹² *Chin.*, *Coc. c.*, *Kali c.*, *Laur.*, *Lyc.*, *Mag. c.*, *Mez.*, *Mosch.*, *Mur. ac.*, *Nat. c.*, *Nux v.*, *Phos.*, *Stann.*, *Staph.*, *Sulph.*, *Thuja.*,¹² *Zinc.*—5.

— — 1 to 2 P. M.: *Ars.*⁵

— — 3 P. M.: *Coc. c.*⁵

— — 4 to 8 P. M.: *Lycop.*

AGITATED, when, coughing from stitches in throat: *Cist.*

AGED, cough of the: *Con.*, *Hyos.*

AIR, close, or dust, agg. dry cough at night: *Nat. ars.*

— **close**, agg. hacking cough: *Nat. ars.*

— **cold**, excites or agg. cough: *Acon.*, *Ars.*, *Aur.*, *Bar.*, *Bry.*, *Bov.*,¹⁰ *Carb. an.*, *Carb. veg.*,

AIR, cold (*Continued*).

Caust., *Cepa*, *Cham.*, *Cina.*, *Cist.*, *Cupr.*, *Hepar*, *Hyos.*, *Ipec.*, *Kali c.*, *Kali hydrg.*,¹⁰ *Lach.*, *Mez.*, *Nux m.*, *Nux v.*, *Phos.*, *Phos. ac.*, *Rhus*, *Rumex*, *Samb.*, *Sep.*, *Sil.*, *Spon.*, *Stram.*, *Sulph.*—2.

— **cold**, amel. cough: *Coccion.*

— **icy cold**, seems to stream through air-passages on deep inspiration, with desire to cough: *Coral. r.*

— **cold**, persistent coughing after walking in, also when lying down, excited by deep inspiration, accompanied by colic, as if umbilicus would be torn out, heat in face, and sweat on forehead: *Ipec.*⁶

— **damp cold**, agg. cough: *Ant. t.*, *Calc.*, *Carb. an.*, *Carb. veg.*, *Chin.*, *Dulc.*, *Lach.*, *Mag. c.*, *Mosch.*, *Mur. ac.*, *Nit. ac.*, *Sulph.*, *Sul. ac.*, *Verat.*, *Zinc.*—2.

— **draft** of, agg. cough: *Acon.*, *Caust.*, *Chin.*—2.

— **dry cold**, agg. cough: *Acon.*, *Cham.*,² *Samb.*,² *Brom.*, *Phosph.*, *Hepar*, *Nux m.*, *Spong.*—10.

— **entering cold**, agg. cough: *Carb. veg.*, *Phos.*

— **gasping for**, before each paroxysm of cough: *Ant. t.*, *Bry.*, *Coc. c.*, *Coral. r.*

— **inspiring cold**, agg. cough: *Cepa*, *Cist.*, *Cupr.*, *Rumex.*,² *Staph.*,² *Vit.*—5.

— **inspiring cold**, causes hacking cough: *CEPA*, *Phosph.*¹⁰
See also Inspiration and Expiration.

— **walking in cold**, agg. cough: *Ars.*, *Ipec.*, *Phosph.*¹⁰—I.

— **warm room**, going from, to cold air, or *vice versa*, causes coughing: *Sepia.*, *Nux v.*,¹⁰ *Natr. carb.*¹⁰

— **night**, agg. cough: *Merc.*

AIR, open, excites or agg. cough:

Acon.,¹² Alum.,¹¹ Ars., Bar., Bry., Calc., Carb. veg., Cham., Cina, Cocc., Dig., Ferr.,¹² Ipec., Kali b., *Lach.*,¹¹ Lyc., Mosch., Nit. ac., NITRUM., Nux v., *Phos.*, Phos. ac.,¹² Rhus, Rumex, Seneg., Sil., Spig., Staph., Stram.,¹² Sulph.,¹² Sul. ac. —5.

— **open**, coughing in, with pain in abdomen and chest: Phos.⁶

— — at night, causes cough: Calc. p., Linu., Phos., Spig., Sulph., Sul. ac., Trif. p.

— — amel. cough: Nux v.⁵

— — amel. dry cough: Iod.,¹ Nux v.⁵

— — causes dry cough: Spig.

— — entering, agg. cough: Ipec., Bry., Rumex, Squil.—12.

— — agg. hacking cough: Seneg., Sulph.

— — amel. hacking cough: Lil. tig.

— — amel. rough cough: Iod.

— — short cough from: Spig.

— — agg. tickling cough: *Lach.*

— — going into warm room from, excites cough: Acon.,¹² Ant. cr.,⁷ Bov.,¹ Coc. c.,¹⁰ Natr. carb.,¹⁰ Verat.¹⁰

— — on entering warm room from cold, feels sensation in trachea as if full of smoke, which excites cough; feels as if he could not inhale sufficient air: Bry.⁶

— — going from warm room to, excites cough: Acon.

AIR PASSAGES, burning in, with cough: Ant. cr., Carb. veg., Caust., Cina, Iod., *Lach.*, Mag. m., *Spong.*, Sulph., Zinc.—11.

— **catarrh of**, dry cough at night in bed, as if from: Coca.

— **crawling** in, at night, causes hacking cough: *Æth.*

— **crawling** irritation near supra-sternal fossa, before midnight, causes cough, agg. by swallowing mucus: Apis.

AIR PASSAGES, dryness of, causing cough: Carb. an., *Lach.*, Merc., Petrol., Puls.—11.

— **dull cutting**, from below upwards in, which becomes a stitch and excites two or three fits of coughing: *Arg.*

— **irritation** in, causing coughing: Ars., Colch., Kali b.

— **irritation** in, causing hacking cough at night: Kali b.

— **irritation** in, to cough: Chlo.

— **irritation** in, when coughing: All. s.

— **irritation** in, in evening, causes cough: Sulph.

— **irritation** in, in evening, in bed, causes cough: Agnus, Amm. c., Coff., Kali c.

— **irritation** in, low down, causing coughing at night: Cham.

— **tickling irritation** in, causing cough: Ars., Calc. ac.,¹ Hyos.,¹ Kali b., Nux. v., Puls., Staph., Verat.—10.

— **tickling irritation** in, as if it would provoke coughing, makes breath short, and is amel. by moderate exertion: *Rhus.*

— **tickling irritation** in small spot: Apis, *Con.*—10.

— **irritation** in, upper part, causing coughing: Plan.

— **mucus** gets into, on stooping, or going up-stairs, which is expelled by a single cough: *Arg.*

— **pain** in, agg. when coughing: Camph.

— **raw**, pain as if, with coughing: Ambr., Anac., Ant. cr., *Arg.*, Arn., Calc., Carb. veg., Grat., Kali c., Kreos., Laur., Mag. c., Mez., Nux mos., Petrol., *Phos.*, Ruta, Sep, Sil.—11.

— **rawness** of, causes coughing: Coc. c., Stann.

AIR PASSAGES, rawness of, causes coughing, 10 A. M., while lying: Coc. c.

— **sore**, pain as if, with coughing: Alum., Ambr., Amm. c., Arg., Ars., Baryt., Bell., Calc., CARB. VEG., *Caust.*, Chin., Cina, Hep., Lach., Lycop., Mag. m., Merc., Nat. c., Nux mos., Nux vom., PHOS., Sep., Sil., Spig., Spong., STANN., SULPH.—11.

— **stitches** in, with cough: Kali c., Lach., Phosp.—10.

— **stitches** in, extending upward, causing coughing: Arg.

— **tickling** in, causing coughing: ACON., Amm. c., Amm. m., Angus., Ant. t., Arg. n., Arn., Asaf., Bar., Bell., Bor., Bov., Brom., Bry., Caps., *Carb. an.*, *Carb. veg.*, *Caust.*, CHAM., Chin., Cina, Coc. c.,¹ Colch., *Con.*, Cupr., Dig., Ferr., Graph., Hepar, Ign., IOD., IPEC., *Kali b.*, Kali c., LACH., Lact., Laur., Led., Mag. c., Mag. m., Marum, Merc., Mur. ac., Nat. c., NAT. M., Nitrum, NUX VOM., Olean., *Phos.*, Prun., *Puls.*, Rumex,¹⁰ Sabin., Sant.,¹ Seneg., SEP., Sil., *Spon.*, *Stann.*, STAPH., Sulph., Verat., Zinc.—11.

— **tickling** in, at night, causing coughing: Rumex,¹⁰ Sant.¹

— **tickling irritation** in, causing coughing: Calc. ac., *Hynos.*

— **tickling** low down in, causing coughing: Cina.

— **wall, posterior**, of, tickling low down in, causing coughing, agg. by lying and sleeping, amel. by loosening mucus: Apis.

AIR, warm, agg. coughing: Ant. cr., Cocc. c.,¹⁰ Iod.—12.

ALTERNATING with coryza, cough: Coleh.

— with headache, cough: Lach.

ANGER, coughing from: Acon., Ant. t., Ars., *Cham.*, Chin., *Ign.*, Nux v., Sep., *Staph.*, Verat.—2.

— **before** coughing: Asarum.

— **from the coughing**: Acon.⁵

— with **fright**, cough from: Acon., Ign.—2.

See Vexation.

ANGRY, when getting, violent spell of coughing comes on: Ant. t., Arg. nit.,⁷ Arn., Asar., Cham.—8.

— coughing if child gets, vomits food and mucus: Ant. t.²

ANGUISH, accompanying coughing: Acon., Cina, *Coff.*, *Dig.*, Hepar., Iod., Rhus.—11.

See Vexation.

ANUS, pain in, with coughing: Lach.⁶

ANXIOUS, cough: Ars., Cina, *Coff.*, Rhus.—5.

— cough **before midnight**, on waking: Rhus.

ANXIOUSNESS, obstruction of breath, pale face and whimpering, cough ending with: Cina.

ANXIETY, with coughing: Acon., Cina, *Coff.*, Dros., Eupat., Hepar., Iod.,¹² Rhus., Samb., Spon., Stram.—5.

— **nocturnal**, with coughing: Acon.¹²

APHONIA, cough with: Amm. caust.,¹⁰ Phos.,¹² Spong.¹⁰

APPETITE, cough, with loss of: Podoph.

APPREHENSION, discouragement and, following short cough, caused by severe tickling and irritation behind upper sternum: RHUS.¹

ARMS, on becoming cold, cough from: Ars., Calc., Ferr., Hepar.,⁵ Kali c., Rhus.,⁷ Sil.²—12.

BOOK NOTICES, REVIEWS, ETC.

A TREATISE ON DISEASES OF THE EYE, ETC. By Henry C. Angell, M. D., Professor of Ophthalmology in the Boston University School of Medicine, etc., etc. 6th edition, remodelled and illustrated. Bœricke & Tafel: New York and Philadelphia. 1882. pp. 404. Price, \$3.00.

In the preface to this edition the author states "the main purpose of this work is to make the nature and diagnosis of ophthalmic affections comprehensible to the non-specialist, and, after this, to teach how to avoid the bad and how to avail of the good." * * * In the preface to the first edition he quotes Bœhr, who at the time that was written lamented the obstacles to the successful homœopathic treatment of diseases of the eye, "chiefly those arising from a lack of hospitals and clinical teaching," also, that "an oculist would still have a great many difficulties to contend with, which are inherent in our materia medica." This in 1870. In 1882 we turn to p. 108 of this work and find advised for the treatment of hyperæmia of the conjunctiva "a few drops of tincture of Hamamelis, or tincture of Opium, or of Hydrastis, in a cup of water, or a grain or two of Sulphate of Zinc, or of Acetate of Lead, *any of these* (we italicize), adhering, of course, to the one which seems most grateful, may be used as a fomentation, either warm or cold, to the lids several times a day." Then, on p. 13 are to be found for the treatment of catarrhal conjunctivitis such applications as Zinc sulph., Alum, Borax, Nitrate of Silver, etc. So on throughout the compilation we find a professed homœopath resorting to allopathic heroic treatment and then we shudder for the fate of those who shall be unfortunate enough to fall into the hands of students who have sat under such teachings and who endeavor to put them into practice. This is "avoiding the bad" with a vengeance; if it is "availing of the good," our prayers are for those who resort to nothing better. What a progressive mode of correcting the "many difficulties which are inherent in our materia medica!" crab-like progress. The best portion of the book contains nothing but what is found better given in such works as Wells', Landalts', and works of that class, written by men who have something original to say and who adhere to principle. This before us is book-making pur et simple, particularly the latter, and we hope that all Hahnemannians will possess it for the purpose of seeing how some of the professed followers of Hahnemann can send out a book that purports to be homœopathic and yet contains advice that is wholly antagonistic to and at variance with the teachings of that philosopher, Take Part I of Norton's "Ophthalmic Therapeutics" and make yourself a repertory and with Ber-

ridge's Eye Repertory you will possess an armament that will be invincible in diseases of the eye and thus you *will* "avail of the good," and your patients will rise up and call you blessed. G. H. C.

ELECTRICITY IN SURGERY. By John Butler, M. D. pp. 110. Price \$1.00. Bœricke & Tafel: New York and Philadelphia. 1882.

Dr. Butler has for years made a specialty of electropathy and, therefore, in writing upon the subject, knows well whereof he speaks. In this work he gives a clear, though necessarily brief account of the many surgical operations wherein electricity can be used to advantage. The book is surgical in tone and like most of such works usurps fields of action that can be better worked with homœopathic therapeutics. With this exception the book is both interesting and valuable.

LEUCORRŒA : Its Concomitant Symptoms and its Homœopathic Treatment. By A. M. Cushing, M. D. 2d edition. pp. 162. Alfred Mudge & Son. Boston. 1882.

This edition of Dr. Cushing's useful little work is in very many ways a great improvement over the former. Besides introducing new remedies, enlarging and re-writing the old, there has been added a very fair repertory, which will be especially useful. We can cordially recommend Dr. Cushing's little work to all who need assistance in prescribing for this difficult trouble.

SMITH'S NEW LABEL-HOLDER. Published by Geo. W. Smith, Pharmacist: Cincinnati, Ohio. 1882.

This excellent label-holder "contains 5,250 labels; 736 remedies repeated from five to thirty times, according to the frequency of their use." The labels are ready cut and gummed for use; are pasted on heavy paper so that the leaves do not twist and double up as the labels are used. The type is black and distinct.

NOTES AND NOTICES.

REMOVALS.—Dr. E. P. Hussey has removed to Buffalo, N. Y. Address, 55, The Circle. Dr. Constantine Lippe has changed his residence and offices from 110 W. 40th Street to 68 W. 50th Street (N. Y.), where he has purchased a handsome property. Dr. J. E. Cross has returned from Florida to West Eaton, N. Y. Dr. George H. Clark, at the request of friends, has removed to Germantown, to fill the place left vacant by the decease of Dr. Thomas Moore. The residents of Germantown are to be congratulated.

LONG BRANCH.—Dr. Thomas Wildes, of New York, will act as resident physician during the coming summer season, at the Howland House, Long Branch.

WORSE YET.—Prof. T. F. Allen laments that so few homœopathic physicians can correctly pronounce the names of their drugs. Many patients have a much more serious charge; they lament that so few can *prescribe* their drugs correctly!

THE KIND VIRGINIA WANTS.—“We want no more men who prescribe tonics, purgatives and blisters to represent Homœopathy in Virginia, but men who are fearless enough to prescribe according to the law of the similars, and who, at least, have *read* the Organon.”—M. E. Douglass, in the *Weekly Counselor*.

A FARCE AND A TRAGEDY.—To understand this farce (of which we can give only a few points) it is necessary to first state the *plot*. The scene is laid in a homœopathic college, actors are said to be professors of Homœopathy, audience are students, who have paid said professors to teach them *Homœopathy*.

First Professor—I cure my cases of intermittent fever by rigidly adhering to the “principle” S. S. C. in all cases. I individualize each case closely and find quinine to be the remedy. (Audience take notes for future use.)

Second Professor—I have a weakness for quinine. If I could get along without quinine, as some claim to do, I could get along without Homœopathy altogether.

Third Professor—If I had to depend, in the treatment of intermittent fever, on either the remedy or hygiene alone, I most certainly would prefer to depend on the hygiene.

First Professor—I only give quinine or china in chills when it is homœopathically indicated, which is pretty nearly always. “I wish to tender my congratulations to the society on the very remarkable degree of unanimity exhibited in this discussion!”

The tragedy of the play is furnished by the students carrying out in practice the precepts of their professors.

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"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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DISCUSSIONS IN OUR HOMŒOPATHIC MEDICAL
SOCIETIES, AND TREATMENT OF INTER-
MITTENT FEVER.

P. P. WELLS, M. D., BROOKLYN, N. Y.

Our homœopathic medical societies, national, state and sectional, are supposed to have their uses and their duties. By association, it has been thought, combined effort might give greater force and efficacy to endeavors to increase knowledge of the elementary truths of the philosophy we profess to practice, and a more ready apprehension of the methods and means this practice pursues and employs. This increase of knowledge and the greater readiness in its practical application were the principal objectives, or were supposed to be, of the creation of these organizations. Into these were to be brought the mature thoughts, careful observation of facts, and the practical experiences by which this philosophy had been illustrated and its truths confirmed. This object certainly was a worthy one, and in it is all of usefulness and duty we can imagine as pertaining to these organizations. It may be a question whether this object has not, to a great extent, been lost sight of, and in many instances has well nigh disappeared from their history. Is it not rare that the elementary principles of the homœopathic philosophy are intelligently discussed or illustrated in their meetings? Are not these, more than most other questions, distasteful to a majority of the membership of most of them? Is there not rather an intolerance of these, than an earnest interest in them, manifest in most of the papers and discussions which occupy the time and attention of members at their meetings? Has the influence of these meetings, as a whole,

been to strengthen the confidence of members in the authority and efficacy of our law? Have they resulted in a clearer perception of its logical corollaries, or in a more loyal obedience to this law, and compliance with its plain, practical rules? Has not the endeavor been oftener to palliate, excuse or advocate transgressions of law, and to publicly disparage the means it employs for its healings? Have we not oftener heard, at these meetings, our materia medica derided and accused of impurities than we have received truthful and helpful additions to its treasures? Has it not been rare, compared with these offenses, that these bodies, so deriding or neglecting our law and its corollaries, and disparaging our materia medica, have contributed anything helping us to a readier or clearer differentiation of remedies in treating the sick? What knowledge of this we have, has been derived from individuals rather than associations. The Boenninghausens, Hayne's, Herings—these are the men who have given us knowledge, and who found our law and its corollaries equal to their needs, and our materia medica a mine of wealth, which they were able to use, and were never found scolding or abusing it.

The discussions in these bodies to which we have listened, or reports of which we have read, have oftener than otherwise been characterized by statements of what members of these bodies have done, in treating certain diseases or epidemics, or of the peculiar views the members may have had of the *rationale* of the points discussed. It has been of the rarest that they have given proofs that these doings have had their foundation on our law, and that their successes, if they had had successes, were the legitimate outcome of a compliance with the requirements of God's law of healing. Indeed, the law, oftener than otherwise, has seemed to be farthest from the thoughts of the occasion. If brought to the surface, it may have been only to express a disgraceful independence of its authority, and an ill-judged determination to set it at naught at their pleasure, putting its sanctions, corollaries and means at the disposition of whatever of whim may for the moment move the prescriber to this erratic course, and all this in the interest of what has been claimed as a rightful personal liberty. They are not to be "pent up" in any little "Utica" of law or logic, not at all. The liberty to do as they please, this they will have, and if law interposes objections to this, they have the recourse of hating law, and they do it, and in this they not unfrequently include all who give allegiance to law as a guide in their practical duties. These become objects of hate, hard

names, accusations of bigotry, narrow-mindedness, and fanaticism, or worse. Why those who thus hold all that constitutes Homœopathy a science and guide to healers in such low esteem, if not in aversion, should claim to be ranked as homœopathists, is not very apparent; especially those who are never so active as when engaged in endeavors to destroy it, or whatever of confidence others may have given to it. It cannot be denied that their chief power in the accomplishment of this evil comes from their professed allegiance to this they are so eager to destroy. It is noticeable of most of these discussions that the subject is seldom taken up from its foundation—and if this be a form of disease, that in its elementary phenomena, in which the relationship of curative is to be found in like elementary phenomena of the curing drug, this is seldom brought out. It is the order, rather, that the disease is named, and then treated as if an entity, and if the “like” which cures is at all in question, it is oftener than otherwise this is to be sought in another entity, more or less imaginary, leaving the elements of the case in which the curing relationship really exists out of the question altogether. How such discussions benefit science, or humanity, or add to human intelligence, it is impossible to imagine.

These thoughts have been suggested by a reported and published discussion in the *Hahnemannian Monthly*, for April, 1882. This has been taken as the occasion of these remarks, and the comments we propose to make on some of the practical utterances therein contained, not because in the particulars mentioned as common to such discussions they are more away from the law and destitute of its spirit and regardless of its authority than have been the average of those of which we have had experience, but because it presents a fair example of them, and is the last which has come to our knowledge, and gives an opportunity for some practical remarks which, from the character of this discussion, would seem to be somewhat called for. The subject under consideration which was discussed, and the observations upon it reported, as mentioned, was *Intermittent Fever*.

The first fact which impressed itself on the mind, as the reading of the report progressed, was the general absence of homœopathic or Hahnemannian ideas (which are the same thing), in the view these members of this county society took of disease, as was evinced in their remarks on the treatment of this fever. It seems, from their observations, to have been to many of them a name, and that name a

thing, the identity of which was repeated in every new example of it which became a subject of their treatment. This is certainly wholly foreign to homœopathic philosophy, and perfectly characteristic of that of its antique antagonist, allopathy. The doctor who opened the discussion was called to this duty by the president. Being so called upon he could "not be silent. He must speak," and "*even do a little bragging.*" This is how he did it:

* * * "I feel that I have been very successful. I attribute my success entirely to this, that I treat my cases homœopathically, rigidly adhering to the principle, *similia similibus curantur*, in all cases."

It is no wonder then that he was "successful." The man who can well do this, and who does it "in all cases," may not be censured if he "brags a little." And again, "I follow the precepts of Hahnemann and prescribe for the totality of the symptoms. I individualize each case and get all the symptoms together, those which are most prominent and those which are least so, the modalities, *etc.*, and having done this, I choose that which is the homœopathic remedy in the case." This is certainly just the way to do it; but what has been the outcome of all this very difficult proceeding on the part of the doctor? For whoever has done this faithfully has found it a difficulty.

* * * "I find that this (the homœopathic remedy) is in most cases * * * *Quinine!*"

It is difficult to resist the impression that the doctor is largely at fault in his ideas of the "*totality*," and the "*simillimum*," and of the analysis and comparison by which this is found, as required by homœopathic law. It is the more difficult to the reader of this statement if he has had a homœopathic experience of his own. It must be admitted, however, that one cannot bring these statements of the doctor to a final judgment in the light of the facts of experience with ague contracted in other localities than the neighborhood of Philadelphia. For it is true that this form of disease differs greatly in its relations to curatives, as its origin may have been in one locality or another. And it is little less true that cases originating in the same locality present great variety in their elements by which the curative relationship is disclosed and dominated. It may not, therefore, be wise or warranted for one not of Philadelphia to charge this experience of the doctor with defect of understanding of law, symptoms, and curing agents and relationships as

these are to be understood, in order to a truly homœopathic practice in this and all diseases; still, when one remembers his own experience, not a very limited one, with this "plague of all diseases," he cannot be otherwise than amazed at the doctor's, which has this *one* remedy the simillimum of the totality which, when properly gathered, are found to present so great diversity in successive cases. The writer has been dealing with ague, just in the same manner as our doctor says he has, about thirty-eight years. He has had more to do with it than he has wanted. He has found it more difficult to secure the simillimum for these cases than for most other forms of sickness. And when he remembers the fact that in all these years he has met but three cases in which an intelligent prescriber could find symptoms calling for quinine to the exclusion of other remedies, it is not at all strange if he has suspicion of the accuracy of this doctor's knowledge, or practice as according to our law. Nor is it strange if this suspicion is confirmed by his statement that "sulphate of quinia, Peruvian bark, China, Cinchonidia, and others * * * are nearly identical so far as their pathogenetic or curative effects are concerned." So far as known this is not true of any two drugs that their curing agency is identical with each other. The intimation that this is true of this number of substances is more than a hint of lack of that thorough analysis and comparison a true homœopathic prescription requires, and this hint will be emphasized by the attempt of the doctor to give the "keynotes" of *Nat. mur.* and *Caps.* If this is a specimen of his knowledge of the elements of the actions of these drugs by which they are related to this fever, he has been but poorly furnished, for a comparison of practice with these and other drugs—quinine, for example—with a view to ascertaining the comparative frequency of cases calling for either, or of their comparative power to cure. In the practice of the writer scores of cases have been cured with *Capsicum* to one by either *Quinine* or *China*, and we have no recollection that any one of them received *Caps.* because the chill "began in the back." We fail to find in *Allen's Encyclopedia* any mention of *Herpes labialis* in the pathogenesis of quinine, though the doctor says, "it may be found also" in cases where quinine is the curative. How does he know this? It is difficult to resist the impression after reading these and other utterances of the doctor in this discussion, that he is altogether loose in his views of homœopathic science and practice. Its philosophy contemplates no such thing as a simillimum for a class of sicknesses,

but instead of this, it requires of him who will practice it in its integrity, that he shall find it for each successive case he is called to care for.

And then, further, it is worthy of remark that so many of those taking part in this discussion seemed to have in view only the generic symptoms of ague—the chill, the heat and the sweat—and in their ideas of its homœopathic treatment, to be wholly busy in thinking of a simillimum to these. With all deference to these gentlemen, we beg to assure them that the “like” which cures, is not found chiefly, if at all, in these. It is as though their habit has been to give a name and then try for a simillimum of the symptoms which have justified the *name*, in some drug. Again, with deference, we affirm this is not homœopathic practice of medicine. It is to attempt a homœopathic practice from an allopathic standpoint, and to carry it out on allopathic principles. It is to make a diagnosis, and then to find a remedy for the *name*. This is not homœopathic philosophy or practice by whomsoever it may be advocated, but just the opposite of all that is characteristic of both.

The doctor says: “If there be any physician present who has not given Quinine, * * * it is because certain medical popes and bosses have said he must not.” We have given it but seldom, as we have said, not because of “popes” or “bosses”—we have no knowledge of these characters or their sayings, but because the drug has *not been called for by our law*. It is the law, and not “popes,” to which we have given heed in this omission. And then the wretched results of failures after the use of this drug by others, which have come under our observation, in *many* cases, have not prepared us to listen with much of either respect or patience to the claim set up in this discussion for this drug as an almost universal curative of this often troublesome malady. It was the fortune of the writer, some years ago, to be called to prescribe for a man who had contracted ague in Illinois, three years before, and from which and quinine, of which he had been taking large quantities and in large doses, he had been a constant sufferer, the result of which, when best, was only a “*suppression*” of the paroxysms for a brief time. This man was cured permanently by the first prescription of a really homœopathic remedy. Another. A woman from near Cleveland, Ohio, had suffered from ague twelve months. She had taken all the quinine she could stagger under, and was rather worse than better for it. She determined to take no more, and was cured by a single dose of

a remedy which was really homœopathic to her symptoms, which quinine certainly was not.

One word as to this "*suppression*" of ague by quinine. I supposed that the fact that this often results from the use of this drug was generally known and acknowledged. Our doctor rather sneers at the idea—does not believe in it. He insists the drug *cures*, rather. He says: "If I had *suppressed an ague* * * * for 38 years I should feel that I had done a good thing." This could be better judged of if we could have the facts of the history of the health of the patient during these 38 years of "*suppression.*" A suppressed ague is not always a quiet enemy, though its paroxysmal expression has been suspended. In these circumstances it often works great mischiefs and causes much suffering. It became my duty, while visiting a distant city some years ago, to investigate and prescribe for a case of chronic disease of eleven years' standing, the patient being a banker in that city. In these eleven years he said he had "taken medicine enough to stock a drug store." The beginning of trouble was an attack of ague, in the State of Michigan. He was treated (and "*cured,*" our doctor would say, perhaps, as he had no paroxysms of ague in all these years) by large doses of quinine. The days of these eleven years had *all* been sick days. After a careful study of the case it became evident to the writer he was suffering from "*suppressed*" ague and quinine, and he told the sick man this was the matter, and that he would be no better till his ague returned in the form of its original paroxysm. This returned after the first dose of the prescription given, and the patient was then permanently and perfectly and easily cured. Perhaps his original prescriber might have thought he had "done a good thing," as there were no paroxysms of ague in all these years. He might, possibly, have "*bragged*" of it a "*little.*" How is it that men who make such mischief in their endeavors to cure, do not see the evil of their work? I can see but one explanation of this, the facts are certainly patent enough to any one who will see. I can only explain the fact of any intelligent man failing to see them by supposing him of the number of those of whom it may truthfully be said, "*Sin has blinded the minds of them.*" The kind of prescribing advocated by some who participated in the discussion under our hand, is nothing less than sinning against our law, and, therefore, by the force of moral law, they are blind and cannot see the difference between suppression and cure. And apparently they are equally blind as to the symptoms

in which the law finds the simillimum which cures. They seem to have been unable to find these as other than the generic or defining symptoms with which the curing relationship of our law has comparatively but trifling concern. "The symptoms most important to the diagnosis are often of least interest to therapeutics."—*Hering*.

One of the doctors taking part in this discussion of Intermittent Fever, finds his admiration of the element of debate to which greatest attention had been given—quinine—so great that he exclaims: "If I could get along without quinine, as some claim to do [some certainly do], I would get along without Homœopathy altogether." That is, if deprived of *one* remedy, for the treatment of *one* form of disease, for which, at best, we should say, from our own experience, it is but seldom the best remedy, he could give up God's universal law of healing, with its immense provings of drugs, each a possible cure for some other form of disease. We have heard many silly utterances in society debates, but, perhaps, never another quite so silly as this. If this be a fair specimen of the doctor's intelligence, we cannot doubt the world will be the gainer if he will kindly consent to try and "get along without" both. This is greatly confirmed by the attempt he made to show the homœopathicity of a mass of disjointed fragments of symptoms, mostly of a generic character, to this disease, often so difficult to meet with its true specific cure. He appears so utterly ignorant of both as related to specific medicine, that it would seem his greatest service to this can only be found in his compliance with his own hint and give them both up.

No doubt, hygiene is important in treating this fever, as it is in treating all forms of sickness. But to recommend this as a substitute for the specific remedy, or to intimate that it can ever do the work of that remedy, is to make a grave mistake as to the nature of the office of the two agents. The remark of one of the doctors in this discussion to the effect that if he could not have both, he should have a choice as to which he would dispense with, is an illustration of the very general fact of how little of thought and preparation the members of these societies bring to these discussions. We believe we should do this doctor an injustice if we should say he knew no better. It also illustrates the little worth of this class of discussions, because they are oftener than otherwise entered upon without preparation and prosecuted with little regard to fact or logic.

We have suggested an excuse for these blind violators of our law, as possibly found in the *genius loci*, where the malaria originated,

causing the cases so uniformly calling for one remedy, and in it finding their cure. We were glad to be able to suggest this as possible, for, otherwise, these doctors who inculcated this quinine practice as an almost universal compliance with the demands of our law, would stand before all enlightened homœopathic experience convicted of ignorance, slovenliness, or laziness, one of these, or all. And to pass such a sentence on one's neighbor can only be disagreeable in the extreme. But this excuse is taken from them hopelessly by the testimony of their neighbors taking part in this discussion. They had found the agues of Philadelphia and its neighborhood varying in their character and calling for varied remedies for their cure, just as intelligent homœopaths have found agues elsewhere. These objectors to an almost exclusive quinine practice talked very like men who knew what they were talking about when speaking of our law, its materia medica, symptoms of disease and drugs, and the relationships of these by which the one is cured by the other. Indeed, so exactly was their experience and testimony like that of all intelligent observers of other places, we cannot but accept their testimony as truth, and look on the malaria and agues of Philadelphia as very like the same disagreeable facts as we have found them elsewhere. If this judgment leaves these advocates of quinine in an unpleasant position, neither we nor our law are responsible for their dilemma. Specifics for classes of diseases are not within the domain of our law. They never have made any part of its promises to the sick of mankind. The idea is foreign to the essential nature of true Homœopathy, and seems to be inherent in that sham pretense of it which is constantly finding out that this, that and the other of diseases will be certainly cured by a certain drug. This is the allopathist's idea of specific medication, not ours.

One participant in this discussion agreed with another member in the judgment, that once invaded by ague malaria, the unfortunate is never free from it after. It is possible these gentlemen are more familiar with this general specific idea and practice than that with the true simillimum. Quinine may, and very often will, fail of this deliverance, because it is not often, certainly in this neighborhood, the simillimum required for this deliverance. Suppose our friend should try this, and see. One case is certainly not enough to *establish a principle*, though it may a *possibility*. Thirty-eight years ago the writer was attacked by a chill which lasted three hours. Its violence was so great, it seemed as if all his bones would be broken and his

teeth knocked out. This was followed by heat, restlessness and pain, equally excessive, and this by a more moderate sweating. He was obliged to be his own physician. When he had made a point in the symptomatology of the case, he caused it to be written on a slate. When all was gathered, he had his materia medica brought to the side of his bed, and to this he applied himself, when the excessive pain in his head would permit, and after a search of twelve hours he was satisfied he had done his best and believed he had found his needed simillimum, though he had then never heard of this medicine being given for the cure of ague. This made no difference either to his confidence or the cure, as it turned out. He took one dose of this, then stranger to him, and he has never had a chill from that time to this. We believe this answers the question as to the possibility of malaria being eradicated by the specific remedy. It is safe to say that it seldom is by the slip-slop prescribing of which this advocated general resort to quinine is an eminent and reprehensible example.

PROVINGS OF LACHESIS.

B. FINCKE, M. D., BROOKLYN, N. Y.

1864, April 12th. B. F., 43 years old, took Lachesis 71 m (F.) 6 globules on the tongue. After two hours: on picking his teeth, spasm of the jaws so that he could close his mouth only with difficulty with spasmodic pains especially about the mandibular joints. Painful, fine drawing through the left side of the head from before backwards, and later some straining in the left ear.

1867. Mrs. F. took Lachesis 90 m (F.) and got an abominable taste with sensation as if mouth and pharynx were smeared over with it.

The following provings were obtained by holding the vials with the medicine in the hollow hand as long as any symptoms appeared. I was led to it by investigations concerning mesmerism, and did not at the time know of the beautiful experiment of Dr. O. Buchmann with life quicksilver, published in the *Homœopathie Vierteljahr-schrift*, vol. 15, in 1864. You may imagine how pleased I was to have been guided to the same track as this celebrated homœopathi-

cian. I, also, at that time felt a great satisfaction at the experience, that the efficaciousness of even the highest potencies can be demonstrated at once with very sensitive subjects, such as was my good fortune to find. It is even so: "seek, and ye will find; knock, and it will be opened unto you." But, unfortunately, we knock at the head of the majority of the profession ever so long and it will not be opened unto us.

1868, June 22d. Mr. G., a professional magnetizer, tall and stout, took Lachesis M (F.)—M (F.) means always million; I cannot change my notation to please Drs. Skinner and Swan—in the hollow of his hand. He felt an itching on the skin of the hand which held the vial, like from the itch. It is to him as if the blood were running back from the hand to the arm with itching pain, as if it were in the blood. Confusion in the head.

After changing the vial to Lachesis 2 M (F.) the itching becomes milder, and extends as far as under the axilla. L. arm like lame interiorly.

Dr. E. T. Richardson took Lachesis 77 m (F.) in his right hand, and felt a warmth going up the right arm.

Miss S., about 40 years old, tall, took Lachesis 2 M (F.) in her left hand, and noticed nothing. After five minutes, she took the vial in the right hand. Immediately sensation, as if one expects somebody with great joy. Glimmering before the eyes. Head heavy like lead, as if it were off around below, and would fall down. Lame in both arms. Inclination to vomit. Twitching at both superciliary ridges and malar bones, with burning. Head weak, cannot think any more, it takes away the understanding.

Now, she takes the vial in her left hand, and observes a singular motion in the upper part of the body, throbbing somewhere in the chest, but she cannot say where. Hacking cough. Eyes heavy. Heaviness of the occiput, drawing down, as if something heavy hung on to it. Twitching in the chest. Heat in face and ears.

Taking the vial in the hollow of both hands. Burning in her eyes. Pulse weak, slow. Tearing up the left forehead. Head weak, cannot think well. Sleepy, it closes the eyes. Now, she says, it changes. Grasping in both upper arms. Then, she says, it is done. This had lasted a quarter of an hour.

Took Lachesis M (F.) in the right hand. Throbbing in the chest with inclination to vomit and weakness of the head. Drawing down heaviness in the occiput. Hot ears. Sleepy. Heat in the

head. The head gets still hotter. Burning in the head, especially around the forehead. Pulse full and slow. The heart-stroke intermits, the pulse gives a start, and then is imperceptible. Face yellow. Heaviness in the whole body. She must put away the vial, or else she falls asleep.

After now taking Opium C_{111} (F.), in both hands, everything is like blown away, the heaviness disappears, the heat likewise, as if it were wiped off from the forehead. After five minutes, she is as well as before, and feels quite cool and pleasant. But Opium exerts no further action.

July 31st. Miss S. held the newly-prepared Lachesis, 2, 5 (F.) (two million five hundred thousand), by the bottom of the vial with her fingers' ends, at 4.2 P. M. Immediately prickling in the index finger. At 4.4 P. M., glimmering before the eyes. Pulse about 70, moderately full. It makes the chest wide. Deep breathing. It makes dizzy and agreeably cool. Sensation in the chest, as in a storm when on going against the wind one must breathe deeply. At 4.7 P. M., intermittence of the heart-stroke. Beating from the heart as far as the neck behind, above the shoulders. Pulse weak, almost imperceptible. Trembling of the heart. The medicine makes her feel light and easy. Whenever I feel her pulse she feels the pulse beating, but not otherwise. 4.11½ P. M., prickling in both feet, like asleep. Pulse very small and weak.

1868, July 22d. Mrs. S., 44 years old, the same who furnished the provings of Gelsemium 1 m (F.), published in the *North American Journal of Homœopathy*, February, 1867, page 413, and of Lachesis C_m (F.) presented to the American Institute of Homœopathy in 1867, however, though referred to the Committee on Publication, not printed in the *Transactions*, but in the *North American Journal of Homœopathy*, August, 1867, page 98.

At 2.54 P. M., she took a vial of Lachesis, 2, 3 (F.) in the hollow left hand, and said, this is indeed a warm glass. Coldness along the hand, disagreeable, gradually but weaker, ascending as far as the shoulder-joint. Fine sensation, as of a slit with ensuing burning at the lower thumb- and the wrist-joints. She remarks, it must be a very high potency, because everything goes on so easy and yet rapid. 3.2½ P. M., it always goes to the middle between the shoulder-blades, like a pressure, which then gently dissolves. Sometimes, like an agreeable coolness, it goes up the arm, where it is lost in the side, followed by a disagreeable heat, but the sensation is very fine. She

feels only that it acts, but the action is so fine that it loses itself under the observation; feels it still some in the thumb.

Later on she took Lachesis 2, 2 (F.) in her left hand, and felt it immediately in the left arm. Burning in the left arm, especially in the forearm.

July 23d. A. M. In the night and by day the left arm became hot first, then the heat went into the mamma, a stitch into the very root of it, as on nursing when the nipple is sore and burning. This lasted all day, was worse in the evening, and went away in the night. At the same time the mamma felt stiff, and was hard to the touch.

July 23d. 3.19 P. M., took Lachesis 2, 2 (F.) in her left hand again. The vial throbs in the thumb, index and fourth fingers. Everything wants to go up the arm, but is stopped at the wrist. 3.26½ P. M., the vial becomes cooler, but it goes up the arm hot. In the pit of the stomach is something that hinders breaking, as if it were stopped up. Sighing. It passes up the left side of the neck, upon the left upper side of the occiput, where it feels like swollen and soft. 3.32 P. M., slight tremor through the whole body, with some anxiety, as if something touches the affections. From the pit of the stomach it went as far as the vertex, as if it would lift up the cranium, which did not succeed, and so it went down toward the nose, like an aura. The vial becomes warmer and where previously it went up hotter it now ascends cooler. The heat disappears and it is more agreeable. 3.38 P. M., puts the vial away, because she feels a spasmodic contraction of the third and fourth fingers of the right hand, starting from the first joints, at the same place where previously she had felt something similar in the left hand. Tiredness of the left arm, as if she had worked too hard, which lasted far into the night.

1868, July 12th. Miss C. F., 45 years old, took Lachesis 2 m (F.) in her left hand. After six minutes it makes her somewhat tired. Aching on the left top of the shoulder in the bone. Stiff in the neck. Momentary pain at a minute point at the left lower jaw near the angle. In the occiput near the neck stiffness with some pain, then going up with the sensation as if the head is drawn backwards. Sensation of heat going up the arm outside. Yawning. Sense of fatigue. She would like to lie down. Burning of the eyes. Occupancy (Eingenommenheit) of the head from the occiput upwards. Feet heavy and asleep from the knees down, as before a thunderstorm. Hands heavy. She feels as if greatly fatigued. Stiff on

walking. Beaten-pain in the left inner upper arm, and in the two last right fingers. The spine between the shoulders feels like beaten as also the region in the left side of the thorax, between the clavicle and the middle breast-bone, going down at the left side of the chest. Yawning. On walking, sensation of heaviness in the legs, as if she could not move them as easily as usual. Aching in the neck and shoulder-blades, gradually going all over the upper part of the back. Feet feel like weights in them. Feverish, hot flush all over. So far it had lasted thirty minutes. She gradually recovered within another half-hour.

1868, July 30th. I had just finished Lachesis 2, 5 (F.) (two million five hundred thousand cent.), and Miss F. took the vial in her left hand at 8 P. M. The first symptom was sleepiness. Sensation on the vertex, as if it makes the head heavy, with some vertigo. Tearing drawing through the left fourth finger as far as the half fore-arm, as if she had *Lampyrus splendidula* in the hand. Startling from the pit of the stomach. Earache on the left, then on the right side, pretty severe, the pain going down at the left side of the neck, then back before the ear toward the left temple. Rheumatic pain with stiffness in the right knee, on motion, after a few passes going out of the foot. Sleepiness. The heaviness on the vertex lasted several hours after the vial had been taken away.

In the night she woke up, and could not sleep. Becomes unusually hungry. Violent aching in both ears. Dull ache before both ears going down at the neck, with deafness, as if a skin were drawn over the ears.

August 1st. Slept well, but had a clairvoyant dream.

August 2d. Aching in the sacrum.

The foregoing observations are bare historical facts, which it is desirable to record in the literature of the homœopathic profession for future investigators who do not labor under the prejudices of the majority of the present time. They are facts obtained and preserved with the greatest care, and as such deserve to be considered with as much care by those who find in homœopathics the Science of Medicine.

DYSPNŒA ON FALLING ASLEEP.

E. A. BALLARD, M. D., CHICAGO.

In the March issue of THE HOMŒOPATHIC PHYSICIAN (which, owing to absence from home, has but recently fallen into my hands), is another of Dr. Berridge's very instructive clinical reports, in which the above distressing symptom plays a prominent part.

On page 238 of Lippe's *Repertory*, I find, "Sleep prevented by dyspnœa, *Psor.*, *Ran. bulb.*," and more direct, on page 240, is, "When falling asleep, dyspnœa as if he would suffocate, *Graph.*" "Constriction of chest," is added to this symptom in Hering's *Condensed*. In latter work, under *Arum tri.*, is, "On falling asleep, feels as if she would smother, starts as if frightened." Of the remedies which Dr. Hale states has relieved this symptom, *Ant. tart.* and *Lach.*, have been verified by myself. In a very critical case of diphtheria, cured with one dose of *Lach.*^{cm}, this symptom was present. Some years ago I reported two cases in which *Ant. tart.* had a prompt and curative effect. As clinical evidence, they may be worthy a place in your valuable journal.

The first case was that of my wife. On the third evening, after an easy and natural parturition, I was called suddenly to the bedside. The nurse stated that immediately after going to sleep the breath would become shorter and shorter, and then seem to cease, when the patient would awake, gasping for breath. This had recurred a number of times before I was called. With cessation of breathing, the nurse reported a like cessation of the pulse. The patient said that she experienced a sensation of sinking away while she struggled to retain her breath. *Ant. tart.*²⁰⁰, was put on the tongue. She went to sleep soon after, and had no return of the symptom.

The second case was that of a lady about 70 years old. After a long and very severe chill, she was much exhausted and unable to keep awake. No sooner would she close her eyes in sleep than she experienced a sensation of her "breath leaving her body," and she awoke, gasping for breath. After this had recurred a number of times, I was recalled. One dose of *Ant. tart.* had the same effect as in the first case.

The first remedy Dr. Berridge gave his patient was *Syphilinum*, because the symptoms were worse from midday to daybreak. From

waning of day to the coming of day I have thought was the time of aggravation under this remedy. At the International Convention, in London, last summer, Dr. R. N. Foster, of this city, reported the cure of a case in which the time of aggravation was from 2 to 5 A. M. After other remedies failed, he gave a dose of *Syphilinum*^{cm}, with above result. No doubt the case was one of syphilitic ophthalmia, and the remedy was an exact simillimum. *Syphilinum* is not the only remedy that has aggravation through the night, and should not be given for that symptom alone. On page 292 of Lippe's *Repertory* is, "Pains are aggravated in the evening and do not diminish until daybreak, *Colch.*" According to this same excellent *Repertory*, *Ant. tart.* is indicated where there is aggravation in the afternoon, evening and night. In the *Guiding Symptoms* may be found, "Considerable aggravation toward evening, continuing all night." This indication will be found valuable in other troubles than toothache. Add to this the fact that *Ant. tart.* is one of our most potent remedies wherever and whenever the pneumogastric nerve is involved; that this remedy covers so many of the symptoms of Dr. Berridge's case, especially the most prominent and important one of all, one may be pardoned for asking, after considering all things, if *Ant. tart.* would not have been the best remedy to commence the case with, and if it would not have prevented many symptoms so indicative of this remedy that afterwards appeared?

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

Mr. H., age 68 years, a high liver, subject to attacks of gout, was suddenly attacked on the 30th of April, at 6 P. M., with what he thought was pains in the abdomen from indigestion; he took several doses of *Nux vomica*, but steadily becoming much worse requested me to call on him. I found him at 9 P. M., suffering intensely from hepatic colic. He was crying out with the pain, was very restless, could neither sit still or lie down, walked about from one end of the room to the other, then attempted to sit down, because he was exhausted, but could not stay in the same position for a minute; great thirst, but when he drank he was so nauseated that he had to vomit,

and after throwing up the water, he vomited bile. His countenance showed great anxiety, and he expressed his conviction that this terrible pain would soon kill him. He received *one* dose of *Arsenicum alb.*^{cm} (F.). The pain increased for about five minutes and then gradually became less; in half an hour he was able to lie down, and hot water cloths were then applied to the hepatic region; in another half an hour he fell asleep and passed a comfortable night. When I called next morning he had enjoyed a good breakfast, and complained only of great soreness in the hepatic region. On the third day he had a slight attack of pain, and another still slighter attack on the ninth day after his first very severe attack, the last ending in vomiting a great quantity of bile. The formerly clay-colored stools became normal and the almost black urine which he had passed in small quantities became also normal. He remains perfectly well, and has taken no medicine since I administered this one single dose of *Arsenicum*.

Comments: Homœopathy, sustained by modern progressive allopathic physicians, teaches us that we must treat *individuals*, not *diseases*. In the case above related, no doubt could exist as to the disease; it was a clear case of hepatic colic. The patient implored me to help him, he did not ask for Morphia or Laudanum but for "help." As a homœopathist, the only question that could possibly arise was, "*what is in this case and for the symptoms presenting themselves, the curative remedy*" and who, conversant with our Healing-Art and with the principles guiding us in our therapeutics, could, under these circumstances, have failed, at once, to recognize the great similarity of *Arsenicum* to the condition of the sufferer. The very expression of his countenance called for it, the intense restlessness driving him in utter despair and with great lamentations, from one position to another; the great thirst and the immediate vomiting after drinking, were such characteristic symptoms of the remedy that there could not be the slightest doubt as to its homœopathicity to the case. The first indications of its curative action was a clearing up of the countenance, bringing a more cheerful expression to his face. The result was "astonishing." The single dose of a highly potentized drug was all-sufficient to cure the sick. Astonishing, because the process by which such an infinitesimal dose acts on the sick organism is incomprehensible to our senses. These results still astonish us, even after witnessing them daily, as we do if we implicitly follow the strict rules laid down by the founder of our

school, in his *Organon* of the Healing-Art; and what wonder if these frequently recurring confirmations of the great truths taught by Hahnemann make us scorn the substitutes offered by thoughtless men who desire to pervert, nay even attempt to misrepresent his teachings. If these men do not reach the same results, daily witnessed by the strict adherents to our school, it is their own fault. There are men who desire to lead us back again into, what they term, a more scientific application of the Law of the Similars, in which law they profess to believe, lead us back into fallacious hypotheses, lead us to first scientifically diagnosticate a case and then find a remedy which is known to cause symptoms similar to the pathological condition found on the sick. In the case above related they would be guided by the testimony of very learned men, who have in turn proclaimed *Arnica* and *China* or *Lycopodium* specifics for hepatic colic. No doubt one or the other of these remedies have cured that disease, *under certain circumstances*, but to draw the deduction from just one or even more cures that that remedy will cure all such cases is a fallacy, and the fallacy began when the healer attempted to prescribe for a form of a disease and forgot that he must prescribe for the individual and not for a disease; forgot that he pretends to practice Homœopathy and then blundered into inferior allopathy or eclecticism. Still there are others more censurable, homœopaths (as they have the effrontery to call themselves) who resort to eclectic treatment at once, who would not for the world be found guilty of administering an infinitesimal dose in so grave a case, who would not be guilty of trifling with people's lives in that way, but that they, more learned, will at once act like *humanitarians* and, therefore, at once pull out their hypodermic syringe and their precious solution of Morphia which they, though calling themselves homœopaths, *always* carry in their pockets. They administer it, and if the patient, after a few repetitions of such brainless applications, cease to have pain because he has ceased to live; *then* the humanitarian boldly declares that all that science could do for the sufferer had been done by men who are liberal, not bigoted. Fortunately the number of such men is a small one and they must or should know that they are spotted and despised both by the homœopathists and allopathists.

There is still another branch, to be sure a small one, but one which desperately demands full recognition as true homœopaths, who have fallen into the exploded errors of Mr. Lux, who, during

Hahnemann's day, tried to shed a new light on the Law of Cure, and desired to substitute the formula, *equalia equalibus curantur* for Hahnemann's formula, *similia similibus curantur*. Now what would one of these new lights have proposed to do in this grave case? Of course, true to the assertion by them made, "that the product of a disease when very highly potentized will cure the disease itself," a dose of highly potentized *Calculus hepaticus* would have been administered—no matter the varying chemical components of such calculi. This "fatal error" would be threefold: first, to prescribe for a disease, a pathological condition; second, to prescribe an unproved substance; third, to insist upon the necessity of administering a very highly potentized substance to secure a possible cure. As homœopaths, we treat individuals, not diseases, with remedies proved under the Law of the Similars. The posological question does not, *à priori*, come into consideration, though the most successful cures have been made with high potencies; and while it is admitted that potentization increases the curative powers of a drug, it is not to be forgotten that our knowledge of the sick-making powers of drugs was first obtained by provings made with crude or little potentized drugs, and that the first great victories of our Healing Art were gained by the administration of the lower and finally of the thirtieth potencies. To claim now that the change effected by attenuation is necessary for the higher Homœopathy, that dynamization by attenuation so alters every medicine and each individual centesimal attenuation as to make it "all the same but different;" that Syphilinum, for instance, becomes "the most like" to Syphilis in the CM attenuation, is to override all the fundamental principles of the homœopathic Healing Art and evidently must lead us into Lux's isopathy, which has proved itself to be "a fatal error." The case above related is only an additional evidence of the correctness of Hahnemann's teachings.

"THE SINGLE REMEDY."

P. P. WELLS, M. D., BROOKLYN, N. Y.

In the May number of the *North American Journal of Homœopathy* is a paper which purports to have been written by Dr. W. S. Searle, and to have been read by him "before the Medico-Chirurgical Society of New York." It is notable for its utterances, with

some of which it is our purpose now to deal, but more for the vivid exhibition of some of the characteristics of the writer, which can be of little consequence to any one but himself. In so far as the objective of this paper was to exhibit himself, it must be admitted the writer has achieved a remarkable success. Beyond this it is not very apparent that he had a motive which calls for notice. It is sometimes the object of a writer to instruct others who know less than himself. This is always worthy. But if this were the objective of the writer of this paper, judged by its contents, we do not immediately see where he is to find his pupils. For the sake of these and the public, it is to be hoped, when found, the class will be small. The paper reads throughout just like the utterances of a tyro, who in his strivings to comprehend the first general principle of the philosophy he professes faith in, finds its scope beyond his grasp, and who has remained in the agony of these efforts; never having been able to get beyond them, and to have become so wholly absorbed by them as to have remained in utter ignorance of all beyond, and in entire incapacity to comprehend the initial object of his strivings, *i. e.*, as to all that makes up the philosophy of Homœopathy, he has remained in helpless, hopeless infancy, from the imbecility of which this paper gives little hope of his ever emerging.

Indeed, the confirmed infancy and imbecility of his practical life seems fully confirmed by his utterance on the specific relationship of *Bell.* to its characteristic form of uterine hemorrhage; a relationship than which there is, we believe, no other in the range of practical therapeutics more certainly established by clinical experiences. This is well known, and has long been well known, to those who have so far emerged from the ignorance of infancy and tyroism as to have attained only a very moderate share of knowledge of the *materia medica*. And yet this is the way he speaks of this fact, and those who know it to be a fact: "I have seen such dabblers gravely discussing whether to give *Belladonna* in a case of flooding, on the basis that the clots were dark and the liquid blood bright red." And he says: "These men were not tyros, either." Presumably they were not. And then he cries, in an air of conscious triumph: "Where was their pathology, and their common sense?" We don't know where their "pathology" was, but we have a pleasing evidence that their "common sense" was employed in loyally obeying God's law of healing, where, if he is ever found imitating their example, he may undoubtedly find it. You see this man very likely means well, but the trouble with him

is, he don't know. Then why spend time and paper on this essay? Is it to enlighten its author? No. That may be safely accepted as impossible. He is not enlightened by the little of truth he has discerned. Then why give him more? It is the *acceptance* of the truth which gives light. It is putting one's self under the guidance of this light that brings wisdom.

The very first utterance of the paper would seem to show that the writer had really some inkling of the truth of the matter he was about to discuss. This is it:

"The dogma [of the single remedy] * * * is a legitimate outgrowth and a logical deduction from the basic law of the system established by Hahnemann." This is true and well put. Being true, then another logical deduction follows—that for all who profess faith in, and who pretend to practice that system, this matter of the "single remedy" is settled, *i. e.*, for all who are amenable to law and logic. It will not be our fault if before we are through with this paper we find evidence that its author is not of this number.

We have intimated that our author found difficulty in his efforts to comprehend the initial principle in Homœopathy, and that evidence of this fact pervades his paper. We understand this principle to be the law of cure—God's law, and not man's. We understand Dr. S. is supposed to have accepted this law. And that he and all who accept it find its briefest expression in the phrase, "*Like cures like.*" Now the difficulty with the doctor is, he seems to be wholly without definite perception of the "*like*" which cures. He talks of this law as the "God-given and God-established truth," but it is clear from his statements that he has no idea of the like which this law requires. It requires one fact or class of facts to be like another fact or class of facts. Before the like can be known it must be compared with the fact or facts to be cured. Before the comparison, both facts or classes must be known. Now, in his second statement of the necessities "to a genuine homœopathic prescription," he gives first place to "physiological and pathological knowledge," "which we are to apply to them [diseases] as remedies." This is as queer a statement as any we remember to have met in writings, even the most muddy. How these sciences are to be so applied, "as remedies," the one being the science of life in health, the other of life sick, is not very apparent. It is the science of therapeutics which gives us the knowledge of how to cure. And this avails itself of *materia medica* for its means by which cures are to be effected.

Physiology is useful to the prescriber not as a "remedy," but as a start point from which to measure the aberrations produced by the impact of the morbid cause from the healthy balance of the actions of the life-forces. Pathology teaches the nature of these aberrations, and is in no sense and never a "remedy" for them. If it were the facts of this nature to which, in our clinical endeavors, we were to find a simillimum, the case would be bad for the patient at least, for, before this could be ascertained, the inspection of his internal condition would be called for—his pathology. This is it of which we hear so much, and of which our author so often and so fondly speaks. Before we can possibly know this he must be dissected, and even then we may be left in uncertainty, for this is not always revealed in change of tissues. Therefore, this factor in clinical duties is always more or less a matter of guessing, at the best. And then, if the simillimum the law requires us to find in *materia medica* be one of condition (the pathological idea), then before this can be known, the prover will have to be dissected, too, and then there will still be the same uncertainty as in the dissection of the patient, provings not being often carried to the extent of change of tissue or of visible change of condition. God has neither "given" nor "established" any so foolish law of cure as this. He has not so mocked the suffering sick. And yet we are constantly hearing of the necessity of incorporating this pathology, this *supposed* internal condition into our therapeutics, and those who so talk, think themselves wise. They have only taken the apostle's first step toward wisdom; they have only become fools. The like which cures is a like which can be known. It is found alone in facts in the *materia medica* which are most like the facts of the totality of the symptoms. Many of those who, like our author, are not quite capable of coping with and managing this totality in their practice, as we shall by and by find he is not, seek escape from exposure of this imbecility in sneers at this fundamental factor in all homœopathic prescribing. This they are all capable of, and it must be admitted they take an easier course than that of finding their simillimum.

Our author, as others like him have often done before, having dishonored a law he acknowledges to be "God-given and God-established," by endeavors to incorporate into clinical duties elements wholly foreign to its requirements, and having thus, as could not have been otherwise, met often clinical disappointments, they turn for defense, before their consciousness of failure, to abuse of our

materia medica, and in the enjoyment of this luxury they seem to find much food for their self-complacency. To abuse a great work, why, of course he who does this must, in his own eyes, be greater, and this must be a comfort to him, and we know of no other excuse for this paltry work. We have heard much of this in our day, and chiefly from those who really knew very little of that which they have so freely disparaged. We have found it, all and always, a cheap kind of talk by a very cheap kind of men. The very mean nature of this talk is declared by the fact that of all who have thus decried the character and value of this precious fruit of other men's labors, none of those who have so loudly clamored for a winnowing of the chaff from the wheat have made the first effort to show us which is the chaff or which the wheat, and have made no personal effort for the winnowing. They have only insisted upon it that there *is* chaff and a good deal of it. By what criterion they have decided the chaff to be chaff we have not been told, but only that the chaff is chaff and it should come out. Cheap! But our author is more frank than the multitude of those with whom he thus fraternizes. He acknowledges, changing the figure, that he cannot tell the "weeds" from the wheat, they look so just alike. And more than this, he says, page 615: "The worst of it is, no man of us can certainly tell the grain from the weeds." Then it is a fair question, how does he or they know that these so-called weeds are really weeds and not wheat? They look so exactly alike that no man can tell which is which, certainly one is tempted to believe, after this confession, that he or they together *know* very little or even nothing at all about it.* And yet this inability to see the difference between the true and the false was no bar to our author's declaration that "it is probable one-third of the symptoms of *Allen's Encyclopædia* have no business whatever where they stand." How probable? How does he know this when he so frankly confesses his inability to

* He gives an instance of his having discovered one of these ridiculed weeds (ridiculed by one who claimed authority for his sayings because, forsooth, he had been "a teacher of materia medica in one of our colleges" and, therefore, he thought he "ought to know,") to be wheat after all. And more than this, the discovery has helped him to make cures which, but for this weed which was wheat after all, he might not have made. [Page 616.] Is it not just possible that the other so-called weeds may be wheat, and only need men with knowledge and brains enough to find this out? It may be better adapted to the endowments of these carpenter to cry weeds, though.

discriminate the false from the true? It is pretty clear he had forgotten his confession when he said this. The confession no doubt is true. He changes his figure and says: "But still the unpleasant truth remains and forces itself upon us: we are far from having a *materia medica pura*. Why this should be so, the sources of the impurity of this boastedly limpid stream, we cannot stop to inquire." No wonder he was in a hurry to go on from a further consideration of the troublesome subject, having discovered and acknowledged his inability to distinguish, in *materia medica*, the true from the false, or, to continue his last metaphor, the water from the mud. Don't know. That is what is the matter with the whole tribe of carpers at our *materia medica*.

Indeed, "don't know" seems to be the "characteristic symptom" which runs through this paper. It appears again, on page 618, thus: "A successful prescription may be termed accidental when the physician makes it upon a symptomatic basis only, in accordance with the law of cure. It is properly so named because the vaunted totality of symptoms is not an infallible, nor always even a safe, therapeutic guide." How does he know this? This paper seems to give abundant evidence that he has never tried it. For example the following extracts show only too clearly that he has no practical knowledge of what this "totality" really is, and gives convincing proof of his utter inability to obtain this practically when needed, and so, to him and his like it can be neither "infallible" nor "safe," not being by them found. Again, on the same page:

"Take, for illustration, a case of vomiting. The symptoms, both subjective and objective, may be exactly the same whether the disturbance be due to uræmia or to simple gastric or bilious disorder. Would any one worthy of the name of physician prescribe on a symptomatic basis only?"

We can only answer to this, we are perfectly sure no one worthy of the name of *homœopathic* physician can prescribe for this on any other basis. He evidently has no conception of the extent of this basis. This kind of physician has no other basis for a prescription, and this for the simple reason there *is no other basis for a prescription founded on law*. And again, on the same page:

"Those protean disorders, diarrhoea and headache* and a vast

* "Diarrhoea and headache," if we may believe a statement made, as we were told, many years ago by the writer of this paper, to a wealthy merchant and manufacturer of our city, would seem to have been very considerable and

variety of other maladies might furnish us with equally opposite [presumably he wrote apposite] illustrations of the truth that something more than the mere totality of the symptoms is requisite to the genuine homœopathic prescription."

And further, on the same page, he tells us this "something more" is "pathological investigation." And then, on the same page, declares this pathology idea to be "imperfect and misleading." Imperfect and misleading because only guessed at.

The above extracts are conclusive as to the muddled ideas of our author. In uræmic poisoning and gastric disorder he sees only the vomiting—one symptom—and this is the same in each, so he says, though this may be doubted, and proceeds to his conclusion from this that "something more" is needed in finding a relief for this than a proper compliance with the "God-given" law, and he has found this "something more" to be "pathological investigation!" Suppose he had tried the guidance of the *totality* of the symptoms instead of going off after this one, in violation of the requirements of the "God-given" law, it is quite possible he would have found little need of any "thing more" than the simillimum of these for his cure. Then, how does he propose to prosecute this "pathological" investigation? By what means outside of this "totality" can such an "investigation" be prosecuted? These symptoms tell him all he can ever know of the "pathology" of his case. *They are its pathology*, and besides these and what they teach, all of so-called pathology, meaning by this some internal condition not disclosed by this totality, is wholly a matter of pure conjecture, *i. e.*, guessing. Now, how it is needful or possible to supplement profitably the teachings of this totality, our only guides as well to our knowledge of any internal condition we can know, as to the discovery of the simillimum which cures, is beyond the power of an intelligent mind to understand. This vomiting is to him his whole case. So of his other "opposite illustrations." They are but one element of a sick condition, his "diarrhœa" and "headache." He may be assured that those who loyally and intelligently obey the law in the matter of its required guidance to a knowledge of a required simillimum, are not subject to the embarrassment he seems

troublesome bugbears in his professional life. Indeed, he had found them so great he was said by this merchant to have assured him that "Homœopathy would not cure these diseases!" Suppose he had found the "totality of the symptoms" of his cases, and attempted their cure on this basis!

to have endured in dealing with the elements of a sick condition which he names as requiring "something more."

On this same 618th page the doctor says: "But when obliged to depend on the totality alone, we really 'go it blind.' * * * we prescribe in ignorance of the real nature of the disease," etc. This is only a further evidence of his utter ignorance, practically, of what this totality really is. It gives the only light as to this nature it is possible for man to have. It is a queer "going it blind" when in this clearest possible therapeutic light. Bad men have been said to prefer darkness to light, but truly he must be grossly ignorant who mistakes light for darkness. It is not, therefore, surprising when we find him, after attempting a description of a success of a true homœopathic prescription, saying, "Now, are not such instances rare in your experiences?" *i. e.*, of the members of the Medico-Chirurgical Society, "I grieve to say they are in mine." Of course they are. How could it be otherwise in the experience of one who apparently knows nothing of the homœopathic law, of its spirit, or its corollaries, and in his clinical endeavors, presumably, sets them all at naught, as he advocates others doing in the paper under our hand. It is rather mean, though, for this reason, to turn on our law as inadequate to our therapeutic needs, its corollaries as insufficient guides, and our materia medica as a muddy stream, simply because he is ignorant of the law and its corollaries, and in materia medica he cannot distinguish the wheat from the chaff.

We shall consider but one point more of this paper, that of its title. The single remedy, which in the beginning he says is "the legitimate outgrowth and logical deduction" of a "God-given law." This is true. How is it, then, that he talks in this wise? * * * "The conscientious homœopath finds himself unable to fully satisfy his mind as to a single remedy. * * * Two, three, four occur to his mind, but he is unable to distinguish conclusively between them. What shall he do?" We should advise him very earnestly if he does not know, to pursue his study of the symptoms of his case and his materia medica till he does, and so decide his case according to law, and thus secure the greatest possible safety to his patient. Is this the doctor's idea? Not at all. He advises giving all four of these uncertainties *at the same time*,* and says of the prescriber, "*he is criminal if he does not.*" [Italics the doctor's.]

* If we are not mistaken we have read or heard, "*two wrongs cannot make one right*," but, truly, this is the first time we ever heard *four* uncertainties recommended as equal to making *one* certainty.

And this is the outcome of the doctor's discussion of this important therapeutic principle, which he says is the legitimate outcome of God's law. It is not only advice to others to disregard the legitimate and logical outgrowth of this law, but even to declare him "*criminal*" who will not do this. That this is his best idea of therapeutic duty will hardly surprise any reader of his paper, in which he can hardly fail to find so great ignorance of all belonging to Homœopathy, and so frequent indications of setting aside its most important practical rules. In view of the paper as a whole, it can be a surprise to no one when he declares that the natural results of a true homœopathic prescription have been rare in his experience. It could not have been otherwise. For if his practice has been in accord with this paper, it has been as far removed from all which belongs to Homœopathy as is Mohammed's Koran.

Then, it may be asked again, why waste time and paper on so great a folly as this paper proves itself to be? The reply is, even a great folly acquires a certain importance by appearance *in print*, and so, as in case of this paper, it may, by this fact, become a decoy to the beginner, leading him altogether astray from truth and success. He found these utterances in a book, so, therefore, he accepts them; being himself but a tyro and not yet having learned the truth, he receives such confident utterances of the false, chiefly because they come to him with the indorsement of the covers of a book. And he does this all the more readily when the false (as in this paper) is presented to him with air and pretense *quasi scientific*. There is very much of this afloat in our literature, and it is more or less operative in demoralizing the young and inexperienced, and the more when, as is often the case, the *pseudo scientific* is accompanied by so charming a companion as is a *pseudo liberality*. This paper has been written, not because of any supposed particular merit or demerit in that which it has discussed, but from a conviction of duty—duty so far as the writer may be able to protect the coming generation from the bad influence of that class of writing of which this paper of Dr. S.'s is a very unimportant member. If God has "given" and "established" a law of cure, as our author affirms, then let no man or men intrude into its administration elements not included in it and its legitimate corollaries, on any false pretense that so doing is either "scientific," or "liberal." The beginner may be assured that by whomsoever recommended, or by whomsoever practiced, this proceeding is, *quo ad hoc*, a virtual repeal of God's law.

It is not conceded to any being less wise than the Omniscient that he can rightfully or profitably do this. If such an one does this and then finds the natural results of a "genuine homœopathic prescription" "rare" in his "experience," let him not "grieve," but repent and turn from his sins to obedience to God's law and we venture to assure him, as he mends his ways his practical experiences will be found less a grief to him.

NORTON'S OPHTHALMIC THERAPEUTICS.

To the Editor of THE HOMŒOPATHIC PHYSICIAN:

In your journal for June appears a criticism of my review of Dr. Norton's recent work on "Ophthalmic Therapeutics," signed Charles Deady, M. D. In reply, I would simply say that Dr. Deady's letter does not in any way consider the point at issue. In my review of the work I wished simply to point out the excellencies of Part I, and the eclecticism of Part II. Dr. Deady, in his attempted defense of Part II, says:

"I wish to have it distinctly understood in starting that I am no lover of external applications, but a firm believer in the efficacy of the indicated remedy, and perfectly willing to give it in a high potency and follow it with Sac. lac., if such shall appear to be the best treatment for the case. From this standpoint I do not feel disposed to take issue with G. H. C. in his condemnation of local applications in general, but would only remind him that in a large dispensary practice we occasionally meet with cases with so little vitality that they fail to react to even the best selection of remedies in any and all potencies, and that sometimes in such cases an external application seems to start a reaction which we can afterwards follow up with internal medication."

As the rest of Dr. Deady's communication consists simply of figures showing how the allopaths maltreat their cases, I shall omit it in my discussion of a homœopathic book; satisfying myself with a few comments upon the sentences quoted. Before making any comments I must express the great pleasure I feel in learning that Dr. Deady is "a firm believer in the efficacy of the indicated remedy," and I am glad that he distinctly stated this fact, as the treatment he advises gives little evidence of it.

1. Dr. Deady professes to condemn local applications save in large dispensary practice. In my review I presumed that Norton's work was written for private as well as dispensary practice; but if the author intended the homœopathic portion for private, and the eclectic for dispensary practice, he should have so stated. Even in dispensary practice, Dr. Deady admits that cases needing (eclectic) local applications are only "occasionally met" and that "in such cases" an external application only "*sometimes*" "*seems*" to start a reaction. This, then, is the best apology he can make for such treatment. This work, written for the daily guidance of the private practitioner, recommends as the best treatment, measures which the apologist admits are only "*occasionally*" needed in a large dispensary practice, and even then "*seem*" only "*sometimes*" to be beneficial.

2. It is entirely unnecessary for me to attempt to prove to a homœopathist that cases do not occur, even "in a large dispensary practice," where the vitality is so low that the patient fails "to react to even the best selection of remedies," in a curable case; if any refutation were necessary mere mention of the reaction in cases of cholera or typhoid fever would be sufficient. As to "a large dispensary practice" making eclecticism necessary, I have nothing to say, the excuse is absurd. In conclusion, I may as well mention that the several cases of gonorrhœal ophthalmia, named in my review, occurred during the course of several years, in the clinics of the Hahnemann Medical College, of this city, when the chair of Clinical Surgery was so ably filled by Prof. Macfarlan, and during which I was his assistant, in charge of the ophthalmic patients.

Indeed, it appears to me that Dr. Deady was scarcely wise in attempting any defense of such practice; for he merely calls attention to objectionable features which might never have been noticed.

G. H. C. wishes to assure Dr. Deady of his most distinguished consideration, and he would be pleased to have him and his *chef* again put their heads together—two heads *are* better than one—and inform him of whom the allopaths thus write: "If, for the purpose of securing patronage, the homœopath pretends to a superior system, in which he does not believe, and to a better practice which he does not follow, he is a charlatan and a pretender, unworthy of confidence and honorable associations." (*North American Review*, March, 1882.)

GEORGE H. CLARK,

West Walnut Lane and Green Street, Germantown, Phila.

CLINICAL BUREAU.

CLINICAL CASES.

E. RUSHMORE, M. D., PLAINFIELD, N. J.

CASE I. In the spring of 1881 I suffered for several days from pain in the second bicuspid in the left upper jaw. Chamomilla relieved for twenty-four hours and then had no effect; several other remedies did no good. The pain was very bad at night, preventing sleep. I noticed that on getting out of bed the pain became less; hoping this symptom would prove a clue to the remedy, I went down-stairs to my office to hunt it up. Opening my repertory I found under toothache, better from getting out of bed: Oleand., Sabin; turning to the proving of Oleander, I read: "Constant toothache during the night * * * in the first left molar and at times in the next hollow tooth; this toothache immediately ceased on rising from bed and immediately reappeared as soon as he returned to bed, with anxiety as if he were to die, with frequent micturition, qualmishness and heat of the left cheek." Anxiety and qualmishness I had not, but frequent micturition and heat of the left cheek were marked features of the case. I put a few globules of Oleander 200 (Durham), on the tongue, went back to bed and fell asleep in a few minutes. On waking in the morning there was no pain and it has never returned.

CASE II. A boy had toothache, the only reported peculiarity being worse from sweet things, "like molasses." My repertory gave Nat. carb., Sepia; of these Hering mentions only Nat. carb. as having that characteristic. I therefore thought it probably more strongly characteristic of Nat. carb., and sent him a high potency of the same (900th of Fincke or higher). The report next day was that the medicine stopped the pain at once and that it had not returned.

CASE III. A lady had for several days diarrhœa after dinner and supper; before the stool, colicky pains; during stool, urging and tenesmus; after stool, burning in the anus. From a case reported by Dr. C. Lippe in *The Organon*, I had noted in my repertory: "Diarrhœa, worse after dinner and supper, not after breakfast: Throm-

bidium." My patient had no disturbance after breakfast, but the stool would be repeated several times after dinner and supper. The concomitants all being found under Thrombidium, I gave her one dose of a few globules of Thrombidium, 71^m (Fincke), in the evening. All the trouble disappeared the next day.

CASE IV. September 22d, 1881. Mr. M. has had for six months a dull, heavy sensation in the region of kidneys, worse in the morning in bed, relieved by wrapping up. The pain lasts all day, sometimes worse while walking or in rising from a seat; urine light colored. Headache almost daily with obscured sight, and sense of emptiness in the head. Has vertigo, often coming suddenly, while walking, felt from the forehead to vertex, with falling forwards. Nux vom., 94^m (Fincke), one dose, dry, in the evening.

September 29th. Reports headache and vertigo all gone and the back a great deal better; does not use extra covering at night, as before, and sleeps till it is time to get up. No medicine. After that he reported himself well.

CURES OF ANIMALS.

Two Cases of "Spring-Halt."

C. F. NICHOLS, M. D., BOSTON.

In the spring of 1880 my horse had been for six months pronounced worthless and incurable; the horse, a roan, weight, 900, active in old age (24 years), hitherto a remarkably tough and useful animal.

In this case the (horse) doctors did *not* disagree. The patient's hind-legs had gradually learned to twitch worse and worse, until the spasm jerked them alternately up to the belly of the animal. As usual, aggravation took place after standing in stall, worse in damp weather, a little better after prolonged exercise. Legs swelled after standing, also if strained by a long drive, when, though sensitive to touch, the swelling went down after rubbing.

Given Rhus^{cm}, a dry powder every 24 hours ineffectually. Next month, learning that the horse had suffered from thrush, *with a narrow fistulous opening, running well up through the hoof*, for which he had been treated by injecting carbolic acid, I gave Sili-
cea^{cm}, three doses, dry, 48 hours apart. (Find in Bœnning-

hausen's Pocket Book these same aggravations above noted, together with fistula.) Rapid improvement took place. The horse has been driven ever since, pronounced sound.*

With Magnes. phos. 12 cent. I have relieved another horse. This horse's *Gressus gallinaceus* recurred occasionally until he got a dose of Sulphur^{dm}, (S.) (given three months ago).

BOOK NOTICES, REVIEWS, ETC.

SUPERSALINITY OF THE BLOOD: AN ACCELERATOR OF SENILITY, AND A CAUSE OF CATARACT. By J. Compton Burnett, M. D. London: The Homœopathic Publishing Co., 2 Finsbury Circus, E. C. New York and Philadelphia: Bœricke & Tafel. 1882.

The accomplished editor of the *Homœopathic World* has given the profession several very interesting and practical monographs. Among these we may especially note those relating to the *Medicinal Treatment of Diseases of the Veins, the Prevention of Defect, Deformity and Disease, and the Curability of Cataract with Medicines.*

These monographs should be read and well pondered over by all. They furnish more food for thought than a dozen trashy allopathic works. And better yet, two of them prove to us that homœopathic medication *can* do much better for our patient than the knife.

This new work is perhaps more original in its scope than the other books of Dr. Burnett; and rather militates against the accepted physiological doctrine of the day, which teaches that salt is a necessary article of our diet. Nevertheless it is entirely reasonable in its tone and not at all carried away by too great enthusiasm for a pet notion, as one is apt to be. We would advise our readers to purchase all of Dr. B.'s monographs, for they will make a useful addition to one's library.

THE AMERICAN HOMŒOPATHIC PHARMACOPEIA. Compiled and published by Bœricke & Tafel: New York and Philadelphia. Price, \$3.50. pp. 524. 1882.

The preface says: "For many years the want of a practical, complete and reliable homœopathic pharmacopeia has been felt in this country."

After a careful examination of this work, we feel we can safely affirm that Messrs. Bœricke & Tafel have fully supplied this want. The book meets with the hearty approval of Prof. T. F. Allen, who should certainly be considered an authority upon therapeutics and pharmacology.

* It is well known among horsemen that a case of developed spring-halt is incurable and not to be palliated in any degree by treatment external or internal, rest, exercise, feed or place of standing.

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

“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. II.

AUGUST, 1882.

No. 8.

EDITORIAL.

HOMŒOPATHY or ECLECTICISM?—In our June issue we said: “We have endeavored to set plainly before the profession the fact that there are two distinct parties in the so-called homœopathic school. The one representing eclectic methods and practice; the other, the principles and practice of Hahnemann. The time has now come when all practitioners must choose which party they will aid and assist. Will you retrograde or advance; be an eclectic or an homœopathist?” Each meeting of the American Institute emphasizes these questions.

Guided by a clique, the Institute *retreats* year by year from the advanced position in which it was placed by its *homœopathic* founders in 1844. Eclecticism now rules its counsels: its debates and transactions show little of Homœopathy. Some years ago its “code” was remodeled; eclecticism was allowed, and now a candidate for membership is required to know *nothing* of Homœopathy.

At its recent meeting a resolution, somewhat as follows, was introduced and passed:

Resolved, That it is the sense of the American Institute that no physician can properly sustain the responsibilities or fulfill all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion* and unrestricted liberty of professional action as provided for in the code of ethics of this Institute.

If “the code of ethics” provides for all this freedom, why was this resolution introduced?

* As an example of this freedom of opinion and action, the President of this noble Institute proposed to limit the dose, BY RESOLUTION, to the 10th potency!! You may be free, but must not go above the 10th potency!!!

The truth of this resolution is so self-evident that one is surprised that any one should consider its affirmation necessary. In this country, at least, all physicians enjoy unlimited freedom to think and to act as they please. Medical opinion is absolutely and entirely free: professional action is only restricted by the *coroner*. And as a physician uses this freedom, so is he classed as an eclectic or as an homœopathist. His actions make him one or the other; and resolutions do not affect this decision.

This resolution, coming from a body of professed homœopathists, simply means that they have found Homœopathy insufficient for all the needs of their patients. As this practice has for years been proclaimed all-sufficient, for all practical duties, this resolution is a distinct *back-down*, a disordered *retreat*! What now is the cause of this retreat? Have those who approve of this *back-down* fully tested the law of the Similars and found it wanting? If so, will they kindly inform the benighted believers in that law, under what conditions they find it a success and under what a failure? Illustrating and enforcing this by clinical cases. And what do they propose as assistants and substitutes for this law? They surely cannot propose to tear down, without rebuilding on surer foundation?

This is no occasion for bombastic resolutions or glittering generalities. Let us have *facts*. Any one who knows of methods for curing disease, more successful than those in vogue, and withholds them, justly loses professional caste and forfeits respect.

Unless the new methods are more scientific and more successful they cannot be considered an improvement or an advance.

The most successful men in our school have found their best results came from a strict adherence to the law of the Similars.

An old and honored member of the Institute writes us as follows: "I would emphasize the fact that these people who are everlastingly chattering about 'liberty of opinion' are, of all men, the most illiberal. They will not allow to any man the opinion that Homœopathy is based on God's law, and that God's law is mandatory, not permissive; that healers are under obligations to obey this law; that these drivellers are perfectly willing you and I shall believe anything in the world except God's law as given us by Hahnemann, and practice anything, with any means, except whatever is characteristic and true homœopathic philosophy and practice, their

utmost stretch of liberality not being able or willing to include this in their toleration. And if any one is so weak or unwise as to believe and practice as Hahnemann taught, together with the growth this has received from the latest and best practical experiences, he is not to suffer a word of this to escape him—certainly not in the American Institute. If he does this, he will soon be made to know this Institute has no sympathy with him, his utterances or his practice.

They can be abundantly liberal as to any man's belief or practice of false theories, but as to any belief in God's truth or practice founded on it, they have no tolerance for it. No, never. If a man talks true Homœopathy to them he is soon made to know he has spoken in the wrong place, and where his truth and practice have long since ceased to have a place.

How much is this kind of liberality worth to any man or cause? If it has any meaning it is this—that in the judgment of these wise-acres, a lie is just as good as God's truth or better, and in this resolving body it seems to have a not very assuring preference."

W.

THE DUTIES OF THE HOUR.

AN ADDRESS DELIVERED BEFORE THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION AT INDIANAPOLIS, JUNE 13th, 1882.

BY C. PEARSON, M. D., PRESIDENT.

"In a science in which the welfare of mankind is concerned, any neglect to make ourselves masters of it becomes a crime."—*Hahnemann*.

These were noble words and nobly uttered, and while Carroll Dunham was willing to accord to every physician the right of private judgment or "liberty of medical opinion and action," he at the same time wished him not to lose sight of the fact that he assumed a "great responsibility."

When a prominent personage in the prime of life succumbs to disease, or its injudicious management, how often do we hear the expression, that all that medical skill and science could do, had been tried and failed; nothing is more common than this, and yet nothing as a general thing is more untrue.

In a majority of cases the only thing that would have proved effi-

caacious was not resorted to at all. "I will save the life of my patient," says the advocate of freedom of medical opinion, "and I care not how it is done." This, at first sight, seems to be commendable, but is it true? Very rarely, for when those who are most ready to make this statement are advised to resort and adhere to Homœopathy as taught by its founder, they obstinately refuse and their patients die from neglect to comply with the only principles nature has provided for their recovery. And yet we hear them exclaim: "Would *you* let your patients die for the sake of adhering to a principle?" "Yes," I reply, "if die they must, rather than kill them for the lack of principle."

When a reform is greatly needed, it is thought a reformer usually appears, and seldom was a reform in anything more implicitly demanded than in medicine when, at the beginning of the present century, Hahnemann commenced to promulgate the true doctrine of therapeutics. But this was so far in advance of the age and so contrary to popular sentiment that, like all other reforms that have blest the world, it was derided and rejected. In order to overcome this prejudice, it was thought best by some of his so-called followers to compromise to some extent with his opposers, and this spirit of compromise then set up has never ceased, but, on the contrary, has become bold, defiant and aggressive; which is usually the case when any attempt is made to compromise truth with error.

At a meeting held in New York on the 89th anniversary of the birth of Hahnemann, 10th of April, 1844, to organize the American Institute of Homœopathy, very little of this disposition to compromise was manifested; the object seemed to be a union for the sake of strength and for the best interests of our school; hence, it was resolved that

"WHEREAS, a majority of allopathic physicians continue to deride and oppose the contributions to the materia medica that have been made by the homœopathic school; that one of the objects of the Institute shall be, to restrain physicians from pretending to be competent to practice Homœopathy, who have not studied it in a careful and skillful manner."

And at the second session it was resolved not to admit any one as a member who could not sustain an examination before the Board of Censors, on the theory and practice of Homœopathy. From this it would appear that the great object in organizing the American

Institute was to promote the cause of Homœopathy. But how does that Institute stand to-day in reference to this matter? Not one word is said about any knowledge of Homœopathy being a necessary qualification for membership.

Hahnemann, at an advanced period of his life, asserted that he could count on the fingers of one hand all his faithful disciples, and though we think a greater number may be found to-day, still, it cannot be denied that his true followers have not increased in the same ratio as those whom he denounced as the "new mongrel sect." One who ever since the organization of this association has been the most noisy and vituperative in regard to it, in an article published in the November, 1881, number of the *Medical Times*, says: "That the early homœopath, the 'International' is swiftly going to the wall, is demonstrated when we compare the relative increase of the two parties; at the first quarter of this century 100 per cent. were 'high;' at this date only one and one-half per cent. are of the original stock." In this same journal, which has ceased to fly the homœopathic flag at its mast-head, the editor says: "We are something more than homœopathic. While we practice homœopathically, we profess to have sense enough not to attempt to apply the principle where it does not belong." In an article published in the October 26th number of the *Medical Counsellor*, for 1881, the writer, who styles himself one of the oldest members of the homœopathic school, after advocating a union of the two schools of medicine, in speaking of the doctrine of dynamization, says: "The like of which, from a homœopathic point of view (!), for bold absurdity, pure fictitiousness and absolute unreasonableness, has seldom been witnessed in medical history, certainly not in our day." To this distinguishing feature, if not cardinal principle of Hahnemann's Homœopathy, this same writer applies such mild and complimentary adjectives as "visionary," "pernicious," "ridiculous and untenable," "extravagant and unjustifiable," "dangerous doctrine," "dynamization craze," "singular medical delusion," etc., and boasts that the large class to which he belongs are unbelievers; says they are not only unbelievers, but they *know* that dynamization has no lot or part with Homœopathy; that they *know* it was only a fanciful creation of Hahnemann, "that every day we allow this empirical method to be taught at our colleges, we are *acting a lie*;" "every day that we listen to reports of these nondescript dynamic cases at the meetings of our societies and publish them as homœopathic without pro-

test, we are acting *a lie*." A man once insisted that he had seen the devil, whom he described as having large ears, a long tail and in every respect resembling a great ass, but it was afterwards ascertained that he had only been frightened at his own shadow.

It is said that dealers in stock and in fish, become so impregnated with the odor of their business as to be impervious to the perfume of a flower, and those who speak so glibly of lies, are usually so filled with *their subject* as to be oblivious to everything else.

Now, it becomes important to know what proportion of the so-called homœopathic practitioners of the country these writers represent. Their effusions are published in the journals with scarcely a protest or comment, unless it come from a member of this association.

It is barely possible that these windy disciples of Hippocrates have no influence and represent no one but themselves; that all their accumulation of gas only requires a few doses of *Carb veg.*, or *Lycopodium*, and yet if they do not represent the masses, why are they, without a word of reproof, permitted from month to month and from year to year to vilify and falsify the plain teaching of Hahnemann. Political papers usually represent the principles of their party; in Theology, the church literature is usually the criterion by which we judge of their belief: very few so-called religious papers would publish Paine's "Age of Reason," and it is *painful* to know that greater heresies in regard to medicine are permitted to find a place in our literature. Only think of the *Christian Advocate* publishing, without a protest, Col. Ingersoll's lecture on the "Mistakes of Moses." Don't you suppose there would be some exceptions taken to it by some of the subscribers who supported that paper: and when all other remedies had failed would there not be likely to be another organization formed, probably an "International," adhering to orthodox principles? For in that case many would be likely to read the mistakes of Moses, who knew very little of Moses himself, and in this case many read the denunciations of Hahnemann's teachings, who never read his *Organon* in their lives, or if so they probably lacked the capacity to comprehend or to indorse it.

In an editorial in the *Hospital Gazette*, an allopathic medical journal published in New York, under date of April 25th, 1878, the editor after saying that Homœopathy has died by committing suicide, refers to resolutions passed by the homœopathic society of that city as follows:

“The homœopathic society of this city has declared that it will no longer ‘obstruct science,’ or make itself the jest and amusement of a laughing world, and it has formally announced its intention in the future to use any medicine which experience has proven to be useful, whether it operate in accordance with the rule *similia* or of *contraria*, etc. In short, to use what medicine they please without reference to rule or doctrine; and this is now, and always has been, the precept and practice of the school of medicine from which, for the sake of gain, in order that they might profit by a stupid but popular delusion, they had formally separated themselves. In admitting this they have virtually, so far as they and their followers are concerned, terminated the existence of Homœopathy. As to the number of deserters, those gentlemen who have taken the lead in firing upon, and hauling down their own flag, say that not three genuine homœopathists can be found in this city, probably not one (rather rough on some of the members of this association), not so many as were required to save Sodom and Gomorrah.” Then he proceeds to denounce them, does not wish to own them or to be considered as belonging to the same family with them; hopes in looking for a new name they will not call themselves doctors, thinks eclectics or noodles would do better.

Smythe, in his work on “Medical Heresies,” after quoting from numerous writers of the homœopathic school, to show they have abandoned every cardinal principle of Hahnemann’s Homœopathy (and there is not and never was any other), in referring to the preamble and resolutions adopted as the platform of the International Hahnemannian Association, says, “The formation of this association and the adoption of this platform of principles is a return to the pure, inflexible, dogmatic Homœopathy of Hahnemann.”

This is true, and, from a conservative standpoint, well expresses the sole object of those who instituted this movement. They beheld this retrograde tendency on every hand; from our journals and from our colleges they witnessed it in the striking out of the word Homœopathy in relation to the qualification for membership in the American Institute, and from some of the journals of the country. They became painfully conscious of it from the crude prescribing and consequent failures of so-called homœopathic physicians growing out of this “liberty of medical opinion and action.” They looked across the water to the home of Hahnemann and Bœnninghausen, and saw that just in proportion as the principles of these veterans were aban-

done, just in proportion had Homœopathy become unpopular. They saw the *Organon* of the former, around which the true men of the past were wont to stand as a wall of adamant, denounced and spit upon and strange gods instituted in its place. In view of these facts it was thought necessary to organize the International Hahnemannian Association, to demonstrate that the Homœopathy of Hahnemann had still a local habitation and a name, and to defend and maintain the principles which, as a homœopathist, he taught.

That this was the great object, end and aim, the preamble and resolutions adopted at our first meeting fully testify, while the necessity for the existence of such an association is demonstrated by the calumny heaped upon us by many of the physicians and journals of the drifting wing of the homœopathic school. These resolutions have been denounced as un-Hahnemannian and non-homœopathic, together with other charges equally false and, if possible, equally foolish.

This declaration of principles claims first that the "*Organon* of the healing-art, as promulgated by Samuel Hahnemann, is the only reliable guide in therapeutics," and it is marvelous how any one at all familiar with the teachings of the "master" can deny this; and yet it has been denied and its meaning been perverted and misrepresented. We have in this been accused of ignoring our works on materia medica and practice as guides; but that no such construction was ever intended to be put upon this language, perhaps no honest man believes. As the *Organon* preceded our other works, of course it was, or should have been, their "only reliable guide," and that it clearly teaches that Homœopathy consists in the law of the similars in part, no one will deny; but that it consists wholly in this no one who accepts our first proposition for a moment believes, for if so, then Hahnemann originated nothing but the name, the law having been known to others centuries before his time; and it had also been demonstrated that crude drugs prescribed according to it were not only inexpedient, but injurious, and for this reason both the law and the practice fell into disrepute.

But we declare further that the system of Hahnemann requires more than the law—that the single remedy is necessary. In paragraph 169 of the *Organon* we read, "It may easily occur, on examining a disease for the first time, and also in selecting for the first time the remedy that is to combat it, that the totality of the symptoms of the disease is found not to be sufficiently covered by the mor-

bific symptoms of a single medicine, and that two remedies dispute the preference as to the eligibility in the present instance, the one being homœopathic to one part of the disease, and the other still more to another. It is then by no means advisable, after using the preferable of the two remedies, to take the other without examination, because the medicine given as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms, in which case it follows that a suitable homœopathic remedy should be selected for the new set of symptoms in its stead."

No mixing of remedies is advised here, no alternating or rotating, but each medicine is to be given separately and singly, because of its adaptability to existing symptoms.

And not only is the single remedy advised but the "minimum dose." In paragraphs 279 and 280 we are told, "The dose of the homœopathic remedy can never be sufficiently small so as to be inferior to the power of the natural disease which it can, at least partially extinguish and cure, provided it be capable of producing only a small increase of symptoms immediately after it is administered." "This incontrovertible axiom, founded upon experience, will serve as a rule by which the doses of all homœopathic medicines, without exception are to be attenuated to such a degree that after being introduced into the body they shall merely produce an almost insensible aggravation of the disease. It is of little import whether the attenuation goes so far as to appear almost impossible to ordinary physicians whose minds feed on no other ideas but what are gross and material, all their arguments and vain assertions will be of little avail when opposed to the dictates of unerring experience." And not only are the single remedy and minimum dose advised, but this must be of the "dynamized drug." This appears to be plainly set forth in paragraph 16 of the *Organon*, where it is said, "The vital principle as a spiritual dynamis cannot otherwise be assailed and affected than in a (dynamic) spiritual manner; neither can such morbid disturbances, or, in other words, such diseases be removed by the physician except in like manner by means of the spiritual (dynamic virtual) countervailing agency of the suitable medicines acting upon the same vital principle."* Whatever exceptions may

* This controversy between the vitalists, or spiritualists, and the materialistic school, is as old as Athenaus (A. D. 50); it was again revived by Stahl in the 17th century. Each party has its advocates to-day as it had eighteen hundred

be taken to this language of Hahnemann as to a vital force and spiritual property in drugs, it is very evident that the disease-producing, as well as the disease-curing agent is invisible or spirit-like, and this is probably all that he claimed, that this principle is not imparted to the drug by trituration and succussion, but only developed and set free by this process, being latent in the drug itself, seems to be most plausible. That neither the law of the similars, the single remedy or the minimum dose of the dynamized drug alone constitute the system of Homœopathy, is so plainly taught by Hahnemann that it would seem to be a useless waste of time to discuss it in the presence of those who are his followers in fact as well as in name. He says on page 630 of the Lesser Writings: "The medicine does not accomplish its object by means of quantity but by potentiality and quality (*dynamic fitness homœopathy*)."

That numbers of professed homœopathsists not only violate these tenets but largely repudiate them, and that an effort has been made on the part of such physicians to unite the homœopathic with the allopathic school, we have already shown, and in view of these facts we resolve that the time has fully come when legitimate Hahnemannian homœopathsists should publicly disavow all these innovations referred to. We declare that the mixing or alternating of two or more medicines is not Homœopathy as Hahnemann taught it, and he probably knew what he wished to say as well as those who think they know what he should have said. On these two points it is certainly not necessary to dwell, as every candid reader of his works must know that he plainly taught the use of one single, simple substance at a time, one remedy for one class of symptoms, another for another, after the former had expended its action. In regard to his directions in reference to the dose and its repetition, Dr. Dunham once said, "Not pretending that we do not often, through errors in judgment infringe them, we are sure that whenever we do so, misfortune follows, and that in proportion to our faithfulness, so is our success." * * * *

"The prejudice in favor of large and many doses is a relict of past ages, when the practitioner was paid not for his skill and professional

years ago. Hahnemann might be said to have belonged to the former. It is useless to contend about what we can *know* little or nothing, but one thing we do know, that whereas medicines will not act on the lifeless body, the life principle, whether it be called vital, dynamic, spiritual, or what you please, must be the medium through which they do act on the general system.

services, but for the *medicines* he furnished—a barbarous usage, which, along with slavery, we received from our British progenitors.”

Why should we forget this and remember only what the same writer said in reference to “freedom of medical thought and action?” Why should we remember that Hahnemann cured a patient with the tincture of Bryonia, and forget that after he had discovered a surer and better way he condemned this treatment as unsafe and unreliable?

“In non-surgical cases we disapprove of medicated topical applications and mechanical appliances as being also non-homœopathic.”

This, like all the rest of our resolutions, is Hahnemann’s teaching. Let objectors make their fight with him, as some of them are honorable enough to do, and not with us.

In paragraph 203 of the *Organon* he says, “Every external treatment of a local symptom whose aim is to extinguish it on the surface of the body without curing the internal miasmatic disease, such, for example, as that of destroying a psoric eruption on the skin by means of ointments, healing up a chancre by the use of caustic, destroying the granulations of sycosis by ligature, excision or the application of a hot iron is not only useless, but injurious.” * * * *
 “This is the most criminal practice physicians can adopt.” “We cannot recognize as homœopathic such treatment as suppresses symptoms by the primary or toxical action of the drug.”

Whoever, therefore, suppresses for the time being pain with morphine, intermittents with quinine, constipation with podophyllin, etc., is prescribing by contraries to all intents and purposes, and every supposed cure thus effected is brought about in precisely the same manner that allopaths are now, and have been for centuries, effecting theirs; if it be homœopathic for one class of physicians it is so for all, and he is the best homœopath who exhibits the largest powders and pills. Now we have no sympathy with such treatment, and do not wish to hold ourselves or Homœopathy responsible for its many failures.

We have already referred to the denunciation of Hahnemann and his teachings by self-styled homœopathists, and that we regard all such as recreant to the best interests of Homœopathy is, to say the least, “drawing it mild.”

For the purpose of promoting these sentiments, in the month of June, at the city of Milwaukee, in 1880, this International Hahnemannian Association was organized, which now, at the expiration of

the second year of its existence, numbers over sixty members. We do not claim that this list comprises all the Hahnemannians in the world; we hope there are others who will still join us, and I would suggest that Article III of the By-laws be so amended that a two-thirds majority may elect, instead of its having to be made unanimous, as is now the case. Some members may object to applicants for personal reasons, and these objections should not be allowed to have a controlling influence in this association. The question to be considered is: How does the applicant stand homœopathically? Does he indorse our platform of principles, and practice what he professes? Is he uncompromising in his adherence to Homœopathy as Hahnemann taught it? If so, as we are not exclusively a moral reform, but a *medical* reform society, we most respectfully ask him to join and help us, taking it for granted that none but gentlemen will apply, and that they are therefore morally eligible.

Another section I would suggest in our By-laws, or the adoption of a resolution to the same effect, that inasmuch as our association is international in its character, that foreign members, for all officers of the association, be permitted to vote by proxy.

It was not the original intention in organizing this association, to be antagonistic to any other. If any refuse to join us because in sentiment we may differ from them, it proves nothing except that they differ from us and from the inductive doctrine of Hahnemann. That there is between the homœopathic and the allopathic schools, an impassible barrier, no one can deny, the latter removing effects by palliative contraries, the former removing causes by similars. That the latter have within the last quarter of a century in a great measure discarded the large saddle-bags and doses of former years, is doubtless greatly to be attributed to the reform that Homœopathy has inaugurated; at the same time, while the quantity of their drugs has been greatly diminished, their potency has been correspondingly increased.

The tincture of *Nux vomica* has given place to the deadly *strychnia*, gum opium to morphine, and Peruvian bark to *quinia*; and while we now hear little said of calomel, this poisonous metal, the hydra-headed hydrargyrum, is given in no less than thirty compounds.

And while with their capsules, their granules and sugar-coated pills, they make a crude outward imitation of Homœopathy, the enemy is only concealed in a Trojan horse, and when smuggled into

the stomach will do its destructive work all the same. Did Homœopathy consist only in small doses as weighed in allopathic scales, then indeed are these men practicing homœopathically, but as we have shown that neither small doses of crude drugs nor the law of the similars, or both these together constitute Homœopathy, no one who prescribes in this way can be accredited with practicing it whether he claims to belong to the regular, irregular or defective school; and those who thus prescribe are no more homœopathic with, than without the name: for here is the border-land where we separate, here the Rubicon crossed by Hahnemann after half a century's experimenting with crude drugs, here he bade them a final farewell, and here his true followers part company with the drug school, take up his line of march, not being restricted to the necessarily circumscribed investigations of one lifetime, however long and arduous, but disposed to still pursue his researches in the direction he pointed out.

If, instead of advancing with us, others should tarry by the way or turn backwards to grope amongst the exploded systems, falsely so-called of the past, it is their privilege, but let them first renounce the name of Hahnemann and discard all connection with his school.

We have no disposition to conceal the fact that of late years this divergence in our ranks has been going on to such an extent that to-day there is less similarity between the Hahnemannian and the eclectic branches of the homœopathic school in the management of the sick, than there is between the latter and the more advanced allopaths; in fact, their cures, where they effect any, are usually brought about in the same manner by the primary action of the drug. This dangerous and delusive practice of treating diseases as though they were local, of lopping off branches while the roots remain, of suppressing effects without regard to causes, of silencing the voice of pain with narcotics and anæsthetics, cause the patient and his friends to congratulate themselves on his improvement, and so he continues to improve till he dies. This deceptive custom—for it does not deserve the name of science or system—of treating organs as though they had no relation to the general system, and that each must necessarily have its special physician, has misled the community and filled the world with humbugs and charlatans. Quite recently a case came under my observation where in an attack of pleurisy the physician resorted to hypodermic injections of morphia, and when soon afterwards he was consulted as to the patient's chances for recovery,

replied that it was very difficult to tell now, as he was under the influence of an opiate; before the doctor's arrival the case was doubtless less complicated. Is it any wonder then that those who believe that Hahnemann taught another and better way, should feel no disposition to be held responsible for the numerous failures that have always attended, and must forever attend, such treatment? For where this so strikingly assimilates, can we expect the results to be widely different? for so long as oil and water refuse to unite; so long as heat and cold continue to be opposite extremes; so long as light and darkness or truth and falsehood remain antagonistic, so long both in theory and in practice will the homœopathic differ from the allopathic school.

I would further suggest that Article I, of our By-laws, be so changed that the meetings of this Association may not be dependent in any way on those of the American Institute, and as we do not propose to be held responsible for much of the practice indorsed by a majority of its members, I can see no good reason why we should longer continue our connection with it. Of course, I do not speak officially in this matter, but only as an individual, and as such, have no hesitation in declaring that if the heresies advocated by some of its leading members are henceforth to become its governing principles, I, for one, am willing to follow or to lead in the direction I have suggested. "If this be treason, make the most of it." But it is not treason; it is loyalty to principle, loyalty to science and loyalty to pure, legitimate Homœopathy.

In an article published in the March, 1882, number of the *North American Review*, on the "Fallacies of Homœopathy," by Prof. Palmer, amidst a great mass of falsehood and misrepresentation, we are pleased to find this spasm of truth: "One believing in the efficacy of infinitesimals and in the injurious effects of medicines in crude forms and sensible doses, could not consent, with any regard to the supposed interests of his patient, to the administration of the larger doses. If, for the purpose of securing patronage, the homœopathist pretends to a superior system in which he does not believe, and to a better practice which he does not follow, he is a charlatan and a pretender, unworthy of confidence or honorable associations."

Do our *liberal* homœopathic friends like the colors in which these allopathic painters, with whom they would affiliate, have drawn them? Are they willing to

“Walk under their huge legs and peep about
To find themselves dishonorable graves?”

Then they must not complain of the treatment they receive. An honest man will ever respect honesty in others, and any attempt on the part of members of either school to unite them on any middle ground will, and of necessity ought forever to, be a failure. The difference is too great, the chasm too broad, to ever be bridged; contraries *or* similars, not contraries and similars, for both cannot be true; neither can truth be found between them, and while it may be that

“Truth crushed to earth will rise again,”

it may not do so in one age or generation, and it is better to prevent it from being crushed than to attempt its resurrection afterwards.

For this, the International Hahnemannian Association has been organized, and to this end let us, like a band of brothers, devote our best energies, laying aside all personal differences and minor considerations,

“All trivial fond records,
All saws of books, all forms, all pressures past
That youth and observation copied there;
That this commandment all alone may live
Within the book and volume of the brain,
Unmixed with baser matter.”

MATERIA MEDICA, AND ITS PRACTICAL USES.

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What is materia medica? What do we mean by these words? The reply is determined by our status as members of the profession of practical healing. The medicine of antiquity will answer: *Materia medica* is a classified catalogue of substances which have power to affect and change the functions of some organ of the human body; and the classification of those substances is based on the fact of the greater affinity of any one of them for one organ or function rather than for others. For example, a substance which acts on the stomach, provoking the rejection of its contents, is an emetic; and, beyond this fact, the practitioner does not concern himself. If the drug be *Ipecacuanha*, the fact that it will excite vomiting is sufficient to refer it to this class, and its manifold and important actions on other organs and functions are ignored. If the

one sole use to be made of a drug were to classify it, this would be sufficient. But if the objective of the knowledge of drugs be the cure of the sick, then other powers of a specimen may be even more important than that which has been seized upon as its classifying characteristic. Thus, the curing power of Ipecacuanha has a broad range beyond that of its specific action on the gastric functions. This is of no interest to teacher or pupil, where the first and chief object is classification. It is an emetic, and that is sufficient. Other effects from its use are sometimes recognized even by these one-eyed observers; but they are readily referred to this first and most important function of the drug, as resulting from this. For example, its action on the skin is only the effect of the physical exertion necessary to the act of vomiting. Its effects on the respiratory or nervous functions—well they were only by the way affairs, to one who is so entirely intent on classification, and not worthy of especial notice; and the more so, as if seriously regarded, they would only become disturbing elements in this classification, which is so conveniently rested on this one peculiar effect upon this one organ and function. So of other drugs in this system, the one grand characteristic of which is classification. If a substance is found to evacuate the lower alimentary track of its contents rather than the stomach, it is not allowed to associate with its upper neighbors, the emetics, at all. It must go to the cathartics and there abide. So of diuretics, sialogogues, emenagogues, etc., to the end of the chapter, each drug finding its place determined by its being found to select some one organ or function rather than others. To be sure, the classifiers were often puzzled and embarrassed by the multiplied effects of their administered drugs, and oftener by mercury than by others. Its notable action on the salivary glands compelled its standing a sialogogue. But then the miserable drug was of so unruly a nature it was found to be wholly regardless of the beauties of science, especially so much of these as were bound up in this convenient system of classification. After being so placed in its true family connection, for science's sake, because it increased the flow of saliva, what right had it to go on and vomit and purge patients, inflame and destroy their bones, excite eruptions on the skin, and "cut up" in a very general and unruly way among all the other organs and functions of the body, as if it had been created only to pour contempt on honest people's efforts to bring drugs into scientific groups, each characterized by some one special defining feature.

If so to do is not very respectful to these honest and earnest men, it cannot be denied that it is characteristic of drug action. The obstinate and thoughtless agents will act out their own nature when in contact with the living human organism, and are not at all likely to regard preconceived notions of even wise and honest men when once they have the field to themselves.

It is notable in this attempt to bring drugs into classified groups, there is no apparent thought of them as specifically related to sicknesses which are to be cured by them, nor any inkling of any principle by which they might possibly be so related. It is only a question of vomiting, purging, sweating, etc., and there the individual drug is placed in its supposed appropriate group to await a call into practical use, according as the imagination of the prescriber may fancy it to be a beneficial agent in this or that malady, guided to this fancy by no shadow of a principle or reason other than this of his individual judgment, that it will *somehow or other* do his patient good. It is the rarest that any thought of a specific relationship of the drug to the sick condition to be cured, enters the mind of him who gives it in this general way. The sicknesses are few in which this rare occurrence is met. An instance of this may be found in the blind and arbitrary giving quinine for the cure of all cases of ague, and an equally blind giving of mercury for syphilis. It never seems to enter the heads of these classifiers that these drugs cure these diseases, when they do cure them, for any other or better reason than this: they cure because they cure; or to inquire whether there be a principle of more or less general character which constitutes the power of these drugs to cure these diseases. They repeat the giving of the quinine because the case is ague, and for this solely; and they are content to do this while they stolidly and loudly claim for this stupidity that it is a "*scientific*" practice of medicine, though the only semblance of a science in the whole proceeding is found in this lame attempt at classification of the drugs employed, and notwithstanding the utter absence of all principles to guide in the selection of the drugs they use.

There is a radical defect in this classified materia medica, in that it has no class characterized by especial effects on the intellectual and moral forces and functions, which leaves a large field of most important maladies wholly unprovided for. Its utmost reach in this direction is to endeavor to quell cerebral excitements by the stupefaction of narcotics, or by revulsions by means of raking irritation

of the alimentary track by purgatives of more or less violence. In lower grades of excitement, this system is sometimes called on for a drug which has been arbitrarily classed as an *antispasmodic*, and then for treating mental diseases its resources are exhausted. Narcotics, purgatives, antispasmodics and counter-irritants, so-called, and *voilà tout*. And yet this is the school which claims to be recognized as the possessor of all knowledge and resources in medicines, and affects to regard with contempt whoever approaches it with suggestion of larger resources or better means. Do they do this on the principle of the beggar who objects to having his rags exposed to general view?

The *intent* in the use of these classified drugs by the practitioners of this school is as utterly destitute of directness of object as its classification is of all semblance of reason. With the exception of the very few drugs which they wrongfully claim as specifics for an equal number of diseases, the school attempts its cures almost wholly by indirect, round-about means, as by revulsions, counter-irritants, etc. It has no thought of any principle of relationship between drugs and diseases by which a drug becomes the specific curative of a given sick condition, consequently, prescribing for the sick by this school is always in the dark and, therefore, always a matter more or less of guessing, and yet, in their own language, theirs is, *par excellence*, the "regular" school of practical medicine, "regular" only by reason of the unvarying *guessing* which characterizes it.

Is this all of the *materia medica* of the antique school of the present day? Not quite. It is a fair representation of it till its teachers and writers in modern times invaded sources of knowledge outside its own circle, gathered by the industry and intelligence of those whom these authors affect to hold in contempt and hate, and from whose labors they have not hesitated to pillage all which gives to their work even a semblance of a statement of knowledge of the specific effects of the drugs of which they treat, and in which plunder is found all which gives value to their work. While thus engaged, it is difficult which most to admire, their unquestioned good judgment in selecting their forage ground or their perfect reticence as to any, even the slightest, hint of the source from which these gatherings came, which they have so unblushingly given to the world as their own. It is said even Satan sometimes compliments truth and virtue by endeavors to imitate them, but we have never heard of his *stealing* them and giving them out as his own.

But what has the new school of healing to answer to the question, What is *materia medica*? It is the sum of the known powers of drugs to affect the organs and functions of the human body, changing these so that the balanced action of the life-force in these, which we call health, is disturbed and the result is disease or sickness. All substances having this power are drugs. All drugs, then, are sick-making substances. All drugs are healing agents which have the power to change these organs and functions, when made sick by other causes, to the normal balance of their life-force, *i. e.*, to health.

The new school requires, before a drug can be incorporated into the family of its *materia medica*, not that it be classified, but that it be given to a person or persons in whom the balance of life-force is perfect, *i. e.*, in health, and that the disturbances produced be carefully observed and a written record be made of them as to each and every organ and function, with all the conditions and circumstances in which these appeared and by which sufferings consequent on these disturbances are either aggravated, relieved or changed in their character. All this is required of each member of the family and in the utmost possible detail. This is the "*proving*" of the drug. The early provings by the author of our school and his co-laborers were, after the records of the day-books were handed in to the master, subjected to the severest scrutiny, that all mere natural sensations and facts from other causes than the drug, found in the record, by reason of want of knowledge or proper caution, might be eliminated. It was this scrutiny and elimination which has given to these early provings their practical reliability and unequalled value, while the absence of these has stamped so many of the more modern provings as of little worth and many of them as utterly without value as healing agents.

It will be seen that in the idea of a *materia medica*, the two schools have little that is common to the two. The one accepts whatever will vomit, purge, narcotize or increase any one of the secretions of organs, and proceeds to gather these agents into groups according as they have been found to have produced these effects, and with this they were satisfied till they resorted to pillage to give to their work a greater seeming of scientific character, by incorporating the fruits of other men's labors into their own in the form of specific effects of some drugs on particular organs or functions of the body. But after this stealing they were but little better off as healers than before, as

their plundered goods left them to their old indirect method of the use of drugs, having no principle or law to direct in their choice. The other, before acceptance of any drug, will have a knowledge of the effects it can produce on each and every organ and function with complete detail of the circumstances and conditions in which these have been produced, aggravated or relieved.

These differences are hardly greater than are the views taken of the objects on which the two schools propose to act by the agency of the resources of their materia medica. The one from the generalization of a few facts assumes an internal condition of his patient (calls this *pathology*), which by setting up a different internal condition, he proposes to remove in this roundabout way. If he is not very clear as to just how this is to be effected by means which, so far as he knows, have no-specific relation to the malady in hand, he still looks for this result with so robust a confidence that he claims for this method, to the exclusion of all others, that it alone is to be accepted as the only "regular" and "scientific" example of practical medicine.

As opposed to this, the new school takes the perceptible facts of the case, as revealed in sensation and perverted function, which alone disclose the aberrations produced by the impress of the morbid cause, and declare to the practitioner their true nature, while, at the same time, they give to him the only sure guide in his selection of their specific curative. By the administration of this, when found, he proposes a restoration of these perverted functions and sensations, which alone constitute the "*disease*," to their normal balance of force and action, which alone is *health*, by the direct and specific action of the curative on the morbidly-affected organs and functions; and this, by means which leave other organs and functions unaffected by their presence. Thus it will be seen the new school opposes to the indirect method of the old, its own direct application of its one specific curative. It proposes thus the extinction of the perceptible abnormal facts of the case, as opposed to the imaginary internal condition of the old.

There is a difference in the new school itself, as to the form in which the curative, when found, shall be given to the sick for their healing. While the old school give crude drugs in their natural state, the new, for the most part, give them in a form to which they have been brought by artificial manipulation. The process by which this change is effected, is generally called "*potentization*."

The difference in the new school, to which we have alluded, is found in the estimation of the value of this process, and in the judgment of how far this shall be carried, in order to constitute the drug a remedy, with the greatest possible power for healing. The one party holds, that the presence of the material visible molecules of the substance of the drug is required for experience of its curative power; taking for granted that it is in these material molecules that the curing power of the drug exists; thus assuming as a fact, what they have not proved, and what, by the other side, is denied, and the denial, it is claimed, is fully sustained by their manifold and abundant clinical experiences. This side, claiming that the material molecule is the representative and embodiment of the curing power of the drug, and that the size of these, and their number in a cubic inch, have been revealed by the microscope, the micrometer, and the multiplication table; and, that these demonstrate, according to testimony of careful and competent observers, that the utmost division of material molecules is reached in the eleventh number of the centesimal series, in the process of so-called potentization, and *therefore*, all the so-called "*potencies*" above this number, can only be a continuation of the actualities of this eleventh number, whatever they may be, or be held as nonentities as healing agents to the end of the series, however extended. Admitting what this party assume as the basis of this argument, the *materiality* of the curing power, and it is not easy to escape their conclusion as to the limitation of medicinal potentiality, either at the eleventh centesimal or at some other number of the series, where vision with the microscope fails to detect the presence of material drug molecules. They affect to limit this in the solids by the use of the microscope, and in the solubles by the multiplication table and fractions of millimetres. There can be, by physical possibility, only a certain number of these molecules in the cubic inch, and, therefore, all pretense that a greater division of these, after the known limit of the possible divisibility has been passed, has resulted in a greater development of curing power in the drug, is simply an absurd impossibility. This argument is also based on an assumption that increased medicinal power is the result of increased division of material molecules; an opinion which many have held, and which many are ready to say is absolutely negatived by their own practical experiences. The argument, then, on this (which we will call the material) side, is that the curing power is the material substance of the drug. This

material is capable of a reduction to a molecular state, in which each molecule has a definite size, and beyond this, possible division cannot reduce them. And as the curing power is the molecule, and is determined by the number of these brought into contact with living sick surfaces, and, as beyond a certain point this number cannot be increased, therefore, beyond that point there can be no increase of curing power by the continued process of potentization, *i. e.*, beyond this point there *is no* potentization.

The other side (which for convenience we will call the dynamic), while using the same agents, brought to their knowledge and confidence by the same provings, and using them under the guidance of the same law, start with different views of the nature of the curing power. They deny its existence in the material molecule, or that it is, as potentized, represented by that molecule. They hold that potentization has developed and set this power free from the molecule; so that, as to all practical uses of this power, it is a matter of utmost indifference whether the microscope sees or does not see the material particles of the drug, or whether a cubic inch of water contains "fifteen," or "fifty trillions" of molecules, this power being in no sense or degree detected by the instrument, or capable of expression by the multiplication table. This party accepts the limitation of the other as to the visibility of solid particles of drug matter, and as to the possible limit of particles in a cubic inch of any fluid; but, it denies that this has anything to do with limiting the development of the curing power of drugs by the process of potentization; on the contrary, it affirms that these asserted material facts prove the assumed facts, as to the nature of the curing power and the limitation of this to the possible range of the microscope, or the number of molecules in the cubic inch, to be altogether false. Indeed, they deny that the power can be detected, or measured by the microscope, or micrometer, or by the number of particles in a cubic inch, or expressed by any range of arithmetical figures. It affirms that this power which cures, is altogether independent of optical instruments and mathematics, and is in no way related to them, and therefore, can in no way be demonstrated by them, either affirmatively or negatively. So far is the development of this power from limitation to the eleventh, in the centesimal series, the limit of the microscopic detection of particles of solid drug matter, these dynamic men claim that they have found these same solid drugs curatives of sicknesses in numbers very much higher than

the eleventh, when lower numbers of the same drug had failed ; from which they claim a demonstration, in view of these discoveries of the materialists, that the curative power of the drug is not matter.*

If they are not mistaken as to these experiences, they remove the microscope and mathematics from the argument as to potentization. These experiences have been too numerous to be set aside by mere negation. They belong to men too numerous and too respectable to be ignored. In amount, they are equal to establishing any truth which can be established by human testimony.

It will be seen that the difference in the new school as between the materialists and dynamists, has its origin in the erroneous views of the former, as to the nature of the power in drug agents which cures. They claim for this, that it is in the matter of the drug, and on this they hang their faith and practice. Starting from a false premise (the material nature of the drug power), it could not be otherwise than that they should come to a wrong conclusion. There can be no hesitation in saying their premise (the material nature

* The following case is an example of this experience, and is also a speaking witness to the truth that the curing power of drugs is not material, if, as the materialists say, the matter of the drug ceases to be present after the eleventh of the centesimal series. The writer was called to a neighboring city to a consultation on the case of Mrs. W., sixty-five years of age, suffering from an attack of Asiatic cholera. It was the first case of the kind the attending physician had seen, and he called for help. After a careful examination of the case, there was no doubt as to its remedy. It was given, with temporary relief, in the 200th, 30th, 12th, 3d, and tincturé, each number acting as a temporary check to the symptoms and sufferings of the patient ; but these, after a short interval, returned, and the case made a downward progress in spite of them all. I saw the patient in circumstances peculiarly adapted to favor the reception of the cholera miasm, if this can be taken from one individual by another. I had an attack of the disease in a few hours, and was next day visited by the attending doctor while in my bed, when he gave me the above account of the effect of his doses, and the present state of his patient. After careful study, the same remedy was pronounced best, and, if the best would not cure, nothing would. He left, and on his way home, determined to give a dose of Fincke's 40,000, which he did ; and after taking it, the patient had neither vomiting, purging nor cramps. She was perfectly cured, and her convalescence was remarkably short and without interruption ; which, considering her age, was a little remarkable. This 40,000, whatever may be said of its real status in the centesimal series, was certainly *above the eleventh*.

of the drug power), is false even if judged solely by their own alleged discoveries. Indeed, these are quite sufficient to disprove this nature if taken in connection with the many thousand times repeated experiences of the dynamists. The experiments prove no drug molecules beyond the 11th. But the dynamites have seen thousands and thousands of cures result from the use of numbers much above the 11th, and, therefore, it follows, as there is no drug matter in these numbers, the power that cures is not matter. The experiments and observations of the materialists themselves demonstrate the falsity of their fundamental basis of opinion.

The dynamists, on the other hand, regard this power as an immaterial principle embodied by the Creator in the drug, capable of separation from its material association by the process of potentization, and by this, so far as now known, of an indefinite expansion and increase of energy, giving to curing agents a greater efficacy, and an interest to observing minds altogether new and unique. The materialist rejects this view and so denies himself and his patients the benefits inhering in this new energy and increased efficacy, because (and this is the only *reason* I have seen for this rejection other than the will of the objector), forsooth, the microscope can show no drug particles in numbers higher than the 11th, and, a cubic inch of a fluid of water, for example, can contain but 15 trillions of molecules; therefore, there can be no such expansion and increase of energy, as the experience of the dynamists affirm there is, this being from a standpoint of view of the materials, a physical impossibility. Against this, the dynamist opposes his cures with high, and even very high numbers, and his vastly better success in healing with these; and, he says, in view of the declarations of the materialists, that their experiments with microscope and micrometer, and their resort to mathematics prove conclusively the falsity of the material idea, and confirm their own of the dynamic nature of the curing power of the drug.* The argument so put

* The following experience in the practice of one of my most intelligent professional neighbors, shows that the power to *produce* disease, with all its phenomena in perfection, is present in potentized numbers, even in those which are far above the famous 11th. Miss F., 14 years of age, was given a single dose of *Variolinum* 900 centesimal as a prophylactic of *small-pox*. There were no examples of the disease in the neighborhood, nor had the patient been in any way exposed to its contagion, so far as known. After the dose, and the usual period of incubation which follows this contagion, she had the initial

would seem to be final and in favor of the dynamists. There is but one escape from this apparent ; and of this the materialists are not slow to avail themselves. It is the *non credo*. But this is not argument. That they do not believe cures have been and are wrought by high and higher numbers than the 11th, and in a much more perfect manner than by lower numbers, as affirmed by the dynamists, does not extinguish a single fact contained in these experiences. The patients have been and are cured all the same, and the skeptic's *non credo* has no power to prevent such cures, by such agencies given to the sick by whoever will qualify himself to gather the facts of the sickness, and give the labor needful to find by a comparison of these with the facts of the materia medica, the one drug in the recorded effects of which is found the greatest likeness to those of the disease.

Non credo adds to no man's knowledge. It is only an effectual bar to all advancement. It is an offspring of that egotism which refuses testimony as to facts, which self has neither observed nor experienced.

But why reject the testimony of these witnesses to cures made, under their own observation, by agents in which the microscope declares there is no drug matter? What then? The cures were made, these witnesses affirm ; and, this being a fact, one of two things follows, from which there is no escape ; either the curing power is not matter, or the sick sensibilities have detected matter where the microscope could not. These witnesses, who testify to these cures so made are many ; their integrity is unimpeached ; there is no evidence that they are not as to capacity for accurate observation fully the equals of the average of those who cry *non credo*. Then, we repeat, why reject their testimony? Is it hinted that, if honest, these witnesses are self-deceived? The great number who testify to these cures, and with such unanimity of experience, makes the idea of self-deception the greatest of absurdities. Indeed, it may be safely said in view of their number, their respectability of character as physi-

fever, followed by the characteristic umbilicated eruption which ran regularly through the usual course of vesicle becoming pustule, this filling and forming a crust from its centre, which hardened, dried, and, at the proper time, fell off. Were there any *visible* particle or particles in this 900th in which the specific contagion of variola was contained? Have any such particles of this or of any other contagion ever been found, which will sustain for a moment the idea of its material nature?

cians and men, the unanimity of their testimony and experience, that, in matters of which they have had personal observation, their witness must be accepted as against that of men who, as to matters so testified to, have had none.

Then, are these men combined in efforts to deceive others? In a reply to this question they are entitled to the same candor as other men in relation to other questions. If we accuse a fellow-man of base or mean conduct, we are bound to show he had at least a possible motive to this, if we ourselves would escape the place of the slanderer. It is confidently asserted, no possible motive can be shown for such a conspiracy; and, that if such a conspiracy were organized, and should succeed in its base object, no good could come to any conspirator, or to any other man, or interest. These witnesses with few, if indeed there be, exceptions, have come to the use of these higher numbers, and to their confidence in them, and to the witness they bring of their efficacy and their superiority as healing agents, by practical demonstrations of these facts in their cures of sick men and women. Their acceptance of these high numbers, in which the microscope can see no drug matter, and their incorporation of them into their practice, have been forced upon them by visible evidence of their superior healing power, and this often, as in the case of the writer, against the strongest prejudices. Their reward has too often been a harvest of hard names, of which fanatic and insane are mild examples, and yet they continue to bear witness to the truth, because it is truth.

It has been said and repeated that these dynamists give no report of the failures of these high numbers to cure those for whom they have been prescribed. Well, what then? In this have they not done just as everybody else has done, who has reported cures of cases? One of these objectors, certainly the meanest and most ignorant of them, has gone so far as to say there are many of these. Now we assert boldly of this man, that he knows just nothing at all of the matter he affirms, and that in this statement he has but acted out his accustomed disregard of truth. It is not true of any practice for the cure of the sick that it never fails to cure. All have their failures; and, the judgment as to the superiority of one method over another is a question of ratio of cures to failures, and not of invariable success. But this numerous body of witnesses testify they have found these high numbers more uniformly successful as curatives than lower numbers, and that, for this reason only, they have

adopted them into their practice. Very many of them have had abundant experience of both to enable them to form a judgment, which wisdom can hardly pass with contempt. They cure with these more certainly, speedily and pleasantly, or they are either mistaken or false witnesses. Now, who is most likely to be mistaken in the matter of these cures, the man who has seen and knows; or, he who has not seen, and does not know, but only skulks behind his *non credo?*

CLINICAL REFLECTIONS: A CONFIRMED SYMPTOM.

AD. LIPPE, M. D., PHILADELPHIA.

A lady, 40 years of age, suffering from what is called "Genuine Contracting Kidney," had improved from time to time under the effects of various remedies. When such improvement secured her good sleep, she always awoke with an irresistible desire to urinate, and then had great difficulty in passing the urine. Cantharides would relieve for a time, but other symptoms, not coming under the pathogenesis of this drug, would supervene, other remedies would again relieve her, and as soon as her sleep was restored, the above symptom would again return. Bronchial catarrh and palpitation of the heart (enlargement of the left ventricle) often became prominent symptoms. Finally, a new symptom became prominent. Pains in the lower vertebræ, as if a hot iron were thrust through them. This new symptom has been repeatedly confirmed as belonging characteristically to Alumina, and is found in Hahnemann's *Chronic Diseases*, under Symptom 831. In studying out this protractedly tedious case, there was found present also this symptom under Alumina (Symptom 636): "*In the morning, when waking, desire to pass urine with difficult and tardy emission of the urine in a feeble (thin) stream from the female urethra.*" The two next recorded symptoms (637 and 638) had at times been also very prominent in this case. She must rise frequently at night to urinate, with much pale urine. One dose of Alumina (CM Fk.) was administered, and the improvement of the condition of the patient was quite astonishing; it now continues for almost a month, and ever since Alumina was taken there are no nightly calls to urinate, and when she awakens in the morning, the now much more normal urine is voided freely, as if she were in perfect health.

Comments.—Attention is called to a not frequently observed symptom, a symptom not necessarily or especially belonging to any form of disease, certainly not necessarily belonging to the genuine contracting kidney, and a symptom which, nevertheless, was an unerring guide to the selection of the truly homœopathic remedy. The pathological condition of the patient had nothing to do with the selection of the remedy. We must again express our detestation of the growing departures from Hahnemann's methods, from the too frequently expressed opinion of labor-fearing men, of men whose only aim is to invent labor-saving methods, who demand that we must first diagnosticate a disease and then find in our materia medica a remedy which has and is capable of causing just such a disease, in other words, press our materia medica into a pathological livery. These same labor-abhorring progressists backwards into the easy allopathic methods, see no use of such a symptom as we hereby report as a *confirmed* symptom.* There are at this day, members of the profession, who claim to be homœopaths, and who, at the same time, wildly applaud the wildest plans to abridge or reconstruct our own materia medica, pronounced by such fablers to be as unscientific as is the materia medica of the old school. *If* such growlers will only go to work and give us one single, newly well-proved remedy, we might see for ourselves what all their talk amounts to. *If* these unfortunate men, seeking what they term *positive* symptoms, found them, *if* they then would condescend to ILLUSTRATE the superior usefulness of their *positive* symptoms over the so very-carefully-collected and arranged provings of Hahnemann and a Hering, they would blush of having said, "*and yet we are cherishing false facts enough in our materia medica, to seriously hinder, if not effectually defeat, the application of our great therapeutic law!*" The more we know of our materia medica, the more successfully can we apply our great therapeutic law, and the growler, who cannot apply our materia medica as it is for that purpose, testifies against himself, and blatantly flourishes his utter ignorance of our materia medica and our healing art. Let him, who doubts the correctness of Hahnemann's great work, his *Materia Medica*, do exactly as did the Vienna provers who doubted, seriously, the correctness of Hahnemann's *Materia Medica*, and believed it contained false facts. What did they do? We give docu-

* "Hahnemannian Monthly," May, 1882, page 282.

mentary evidence, to be found in the journals of that day, they *reproved* remedies thirty-five years ago; reproved them in potencies; reproved *Natrum mur.* in the 30th potency, *and* not only confirmed what Hahnemann had published, but greatly added to our knowledge of the pathogenesis of *Natrum mur.*, and the Vienna provers having failed utterly in their attempt to bring discredit on *the Master*, were honest enough to acknowledge their conviction that *the Master* was a great man and his works could be relied on. Will the growler do likewise? Not a bit of it!

CLINICAL BUREAU.

FISTULA LACHRYMALIS AND MYLOPETROLEUM OINTMENT.

C. F. NICHOLS, M. D., BOSTON.

(*Bureau of Materia Medica, etc., I. H. A.*)

1879, February 4th, Miss M——, aged sixty, spare, of light complexion. For a sore throat, a “Profes-or” (!) of Homœopathy, *commencing its treatment*, applied Mylopetroleum to the neck. This patient had suffered, two years before, from an abscess in the right inner canthus, and her eyes had been weak and lachrymose since its occurrence. Her throat directly got well, but abscesses formed repeatedly above both lachrymal canals until fistulæ were established.* Much burning pain and throbbing during the filling of the sac. The discharge thick and yellow. The swelling *copper-red and erysipelatous*. Passing to the left and also remaining in the right orbit. Pain relieved by warm compresses. Patient apprehensive. No appetite. Catarrhal. Drowsy. Chilly. Weak. *Worse forenoons*.

These remedies were given in succession, from three to eight weeks apart, as changes in characteristics called for the choice of each:—Sil., Sulph., Calc. carb., Nat. phos., Graphit., Puls. (after Puls. the patient was sad, wept when looked at), Lycop., Merc. sol., Euphras.,

* Mylopetroleum is recommended for sore eyes, but I am not aware that provings of any of its effects have been published.

Fluor. ac., Baryta mur., Staphys. The Sil. in CM (Swan) potency and 12 cent. trit., the others CM, and DM (Swan). After Euphras. and Sil., brief amelioration.

November 9th, 1880, Petrol. CM. January 25th, 1881, Kali bi. CM, were given in consultation with Dr. J. B. Bell.

In October there seemed to be no real improvement, although the pus-filling of the lachrymal sac culminated less frequently. Both eyes were exceedingly photophobic, lachrymose, with lachrymal ducts completely closed. The left side filled more often than the right. Discharges acrid, excoriating, worse at night, in wind; inner canthi worse. Lids congested, the lower lids granulated, bluish. Vertigo. Cheerful, with turns of much depression, mostly anxious and nervous, with pale face.

October 10th. Given Zinc Dm.

February 11th, 1881. Kreos. cm was given. Petrol. had been given by Dr. Bell, with sufficient symptoms *as an analogue of Mylopetroleum*, here was a potency from a similar product. See Hering's *Condensed Materia Medica* for symptoms.

Since Kreos., one sac (right side) has once refilled, and only once, the eyes have gradually become healthy, save unusual tear-supply when exposed to wind.

Two oculists ("qualified" and regular), friends of the patient, who twice examined the eyes (1879, 1880), diagnosed fistula and insisted on local treatment, now express astonishment at two things: The first obstinate refusal to be frightened into local treatment, and the present free and normal state of the tear passages.

A CONTRIBUTION TO SURGICAL THERAPEUTICS.

JOHN HALL, M. D., TORONTO.

(*Bureau of Surgical Therapeutics, I. H. A.*)

In the year 18—, a lady called on me for advice, giving the following history of her case: Three days after the birth of her second child, the lochia suddenly ceased, succeeded by severe lacerations in the right ovarian region, with some swelling of the part affected. The pain continued, more or less, from this time until the birth of her third child, from which she fairly recovered, though the ovarian pain never wholly ceased, and the part beginning to

assume larger proportions, a necessity arose for further advice, and the late Dr. Bovell was consulted (at that time the most eminent physician in the city) who, after expressing fear that she had an ovarian tumor, suggested and brought about an examination by Drs. Beaumont, Lizars and R——, all men of high standing in their profession as surgeons, indeed of European reputation.

The result of their united consultation was a weekly visit to examine and watch the apparent growth; supplemented by a further consultation, in which the late Dr. Hodder and others were included, and from whom was at length obtained a unanimous decision that the patient was suffering from an ovarian tumor of some three years' growth—that the only resort was removal by the knife, and that at the present rate of increase, the said operation could not be safely deferred beyond six weeks. She had thus the prospect of an operation she dared not face, and was thereby driven to try Homœopathy, as those who proposed the operation would give no assurance of a favorable termination.

Under these circumstances she consulted me, as she said, “without the slightest hope of a cure, or faith in Homœopathy, but simply to feel that she was doing *something*.”

My own examination yielded the following: Mrs. A——, aged thirty, mother of three children, moderate stature, well-developed muscles, dark-brown hair, *active and cheerful temperament*. *Tumor of right ovary*, of three years' duration, increasing in size and attended with almost *continuous grinding, wearying pain* and *sense of weight* which made her cry out, clench her teeth and hold her breath, while she *doubled herself up*, pressing the part, to try and numb the pain for a time, with only partial relief.

There would be seasons of complete rest during several hours, followed by a *sharper and more lancinating pain*, which by degrees gave place to the almost continuous *dull aching and grinding—menstrual flow profuse*.

My treatment consisted almost exclusively of *Apis* *virus*, which was continued at long intervals during a period of some nine months—the tumor reducing in size thereby about two-thirds, while the pain was but slightly relieved.

Finding much difficulty, at the end of this time, in eliciting anything further from my patient, whereby a new remedy could be diagnosed, I had desired her for a season to remit treatment, in hope that a few weeks might furnish some further development

from which the treatment might be resumed with confidence, Apis having fairly exhausted its remedial action. This hope was not disappointed, for noticing one day with what *energy and rapidity she was walking*, I asked her how she could do so under so painful a malady, and was promptly answered, "*I feel a great NECESSITY to be ALWAYS on the move. I cannot sit or stand or rest, but seem as if I could walk forever, and hardly lie still unless I am tired out with the incessant aching and fall asleep from sheer exhaustion.*" After a short remonstrance that so important a condition should have been withheld from me, as of no moment, my mind immediately recalled a symptom of *Fluoric acid*, as given in line No. 85 in Lippe's admirable Text-Book of Homœopathic Materia Medica, and since then reproduced in Hering's Condensed Materia Medica. The text runs thus: "*Increased ability to exercise his muscles without fatigue, regardless of the most excessive heat of summer or cold in winter.*" Here seemed a marked simillimum for a very peculiar symptom, but unfortunately there was not to be found in all the published provings of this drug any indication of ovarian action, excepting perhaps a hint in the too early and profuse menstruation. Could, then, a drug give hope of remedial power when, so far as our knowledge extended, it failed to show *any action on an organ corresponding to an acknowledged diseased condition of such organ*; in other words, the name of a disease given. Shall not such pathological name guide us in selecting our remedy for it? and if so, what possible benefit could result from Fluoric acid in *tumor of the right ovary* which, as stated before, contains no ovarian symptoms among the provings? We should find a satisfactory answer to these inquiries only in the pages of that much neglected, misunderstood, badly abused, but indispensable treasure of therapeutic knowledge, the *Organon* of Samuel Hahnemann, where the grand old man thus discourses in that inimitable paragraph 153, "In searching after a homœopathic specific remedy, in order to discover an artificial morbid power resembling the natural disease which is to be cured, we ought to be particularly and ALMOST EXCLUSIVELY ATTENTIVE to the symptoms that are *striking, singular, extraordinary and peculiar* (characteristic); for it is *to these latter that similar symptoms from among those created by the medicine ought to correspond* in order to constitute it the remedy most suitable to the case." Now, according to the profound teaching here given, the pathological name of a malady is nowhere, not even hinted at as a guide in the selection of our remedy, while the *striking, singular, ex-*

traordinary, peculiar and I will add **INEXPLICABLE** symptoms furnish the *full data* for accuracy and consequent success: in compliance, then, with this gratefully received instruction I gave my patient *Fluoric acid* in rarely repeated doses, and at the expiration of three months, one year from beginning the treatment, I had the satisfaction of finding all pain subsided and the tumor entirely removed, while all the various functions, excepting that of a profuse menstrual flow, have gone on healthily ever since (now 15 years).

The potencies then in my possession were 30ths, but I do not doubt that the very highest which have since been obtained and in daily use would have greatly expedited the cure.

Of true Hahnemannian Homœopathy then, it is safe to reiterate, that "by her medical treatment, cases are cured without the knife, where that mode of procedure in other schools is the only alternative, and numerous lives are being daily saved after capital operations and their consequent fevers, which in other places are as daily sacrificed where true Homœopathy is unknown."

Who can refrain from moralizing on the responsibility of being intrusted with so benign an art and what an awful reckoning is in store for those who suppress its radiant light for the misty uncertainties of modern therapeutics.

SENILE GANGRENE—AMPUTATION OF THE THIGH.

JAMES B. BELL, M. D., BOSTON.

(*Bureau of Surgical Therapeutics, I. H. A.*)

I do not know how to make a better contribution to the subject of *surgical therapeutics*, than to report the following case in detail, as it shows very clearly the effects of suitable remedies, in attenuated doses, upon a very serious, painful and dangerous condition.

Mrs. G—, aged seventy-seven, of slender build, rather wiry constitution and active habits, but rather weak and dyspeptic for some years, had recently passed through a slow gastric fever under the care of my partner, Dr. William P. Wesselhoft. October 15th, 1880, was seized suddenly in the early morning with acute burning pain in the left foot and leg. Dr. Wesselhoft saw her at 8 A. M., and diagnosed embolism or thrombus of the left femoral artery, and probably gangrene. He gave *Secale*^{em} (Swan) in solution, every hour.

I saw her at 12 M., and found her in terrible distress, writhing

upon the bed, and begging for relief or death. "Surely," some might reason, "here is a justifiable case for the use of Morphine." "A hopeless organic condition, causing such agony as is painful to witness, and with little possibility of the recovery of the patient. Beside *the books* say that only Morphine can relieve such cases."

Let us give the homœopathic remedy another chance, however, and perhaps the patient may yet be saved. The pains were *burning*, and extended through the whole leg and thigh, with a terrible bursting feeling as though the whole limb were very much too large. Leg cold and numb from the toes to the knee, purplish on the outer side. Patient very restless, and could bear very little covering. Gave Ars.^{2°} (J.) in solution every hour.

The patient began to feel better very soon after the first dose, and in one hour was entirely comfortable.

It would certainly seem in this case as though *Secale* were better indicated than *Arsenicum*, especially with the aversion to covering, but perhaps the severely burning pains turned the scale in favor of the latter remedy.

October 16th, 10 A. M. Had a return of the pains twice last night for a short time. Leg much darker, purplish, and with a decided swelling above the knee. Ars.^{3^m} (J.) in solution every three hours. At 5 P. M. another dreadful attack. Restless, and in great distress. Says the leg is "burning up," that there is a "red-hot iron in it," and that it feels as though it were "being torn off." Great thirst, taking a teaspoonful every few minutes. This condition lasted for three hours until I saw her at 8 P. M.

This return of the pain would seem to prove that the former relief was not due, as some might think, to the progress of the death of the leg, but to the action of the remedy, which, now, however, ought to be changed for another. Guided by the burning sensations, which were now greater than ever, *Cantharis* was selected, and the 200th given in solution every fifteen minutes. She was entirely easy in one hour.

October 23d. Remains comfortable. Tongue cleaner. Some appetite. Pulse stronger, 82. No smell about the leg. Some signs of demarcation. More burning. *Canth.*^{2°}, one dose.

October 25th. Sleeping well. "Food tastes deliciously." Some black blisters on the dead part near the lining, and great tenderness of the adjacent living parts. *Lachesis*^{em} (Swan) in solution.

October 30th. Mummifying below the knee. Less soreness. Tongue

more coated. More sleepless. Some burning heat in the thigh. *Cantharis*^{cm} (Swan) in solution.

November 1st. Feeling better, but very wakeful before midnight. Puls.^{16°} (J.) in solution.

November 3d. Had a good stool, aided by a warm-water enema, after twenty-five days without a movement. Sleeping well. Stronger than at any time.

November 9th. More nervous and sleepless again. Puls.^{16°} (J.) one dose.

November 13th. Had a sore throat and some aphthæ in the mouth, but since a dose of *Lachesis*^{cm}, has gained again. Wake up a little wandering.

November 18th. Up to this time the patient had been well sustained by the treatment, aided by frequent feeding with nourishing food. The line of demarcation was now complete, the foot and leg were entirely mummified, and there had been at no time any offensive odor. Now also more signs of constitutional irritation began to appear; thrush, like that of infants, in patches upon the reddened mucous membrane of the mouth; a quicker pulse; more weakness and languor. The appetite was not lost, but the patient was too tired to eat. In view of these facts, and the possibility of restoration, amputation was advised. The patient and friends easily consented, and the operation was done.

November 21st. Thirty-seven days after the original seizure.

The operation chosen was by the anterior and posterior flap. The muscles were in a state of more or less fatty degeneration, and the vessels so calcified, that they would not hold a ligature, but were secured by including muscular and other tissue in the ligatures. Eleven were applied. The patient bore ether well and rallied without any shock. The femoral artery contained a solid plug above the incision.

November 22d, A. M. Had a very good night; is bright and strong. Pulse 112. Very thirsty. Slight pain. *Evening,* high fever. Wandering on waking. Has slept a good deal. *Symphytum*^{cm} in solution.

November 23d. Rather weak and drowsy. Less fever. *Abdomen very tympanitic.* *Breathes with a puffing sound when asleep.* *Cinchona*^{cm} in solution.

November 24th. A good night. Less tympanitic. Less fever. Wound looks very well.

November 25th. Dressed the wound and removed the sutures.

Very little or no union. Surface yellow and rather unhealthy looking. Some of the pus, bloody. Lachesis^{cm} in solution.

November 26th. A good night. Tongue quite clean. Pulse 104. Suppuration thick and of good color. For the next eight days the condition was not very different. The pulse was often weak and intermittent, and there was considerable fever every evening, but a good amount of food was taken, and of nourishing character, administered in small quantities and at short intervals. The edge of the wound presented a red seam, and there were little sloughs at the corners and other portions, looking like false membranes. Drainage was carefully provided for, and a little *Calendula* used in all the washings and dressings, with a large oakum cushion over the stump all the time, and which was renewed every day. At this time (December 4th), because the tongue was red and dotted with patches of thick white fur, which also extended to the lips; and because of the symptom, "wound suppurates and does not heal well," *Graphites^{cm}* was given. A marked, but gradual improvement in the whole condition took place, with separation of the slough, and slow but healthy granulation of the wound. About this time, in spite of every precaution, the sharp edge of the end of the femur pierced through the thin and atrophied anterior flap, cutting out a little round slough. The bone was not too long, but the *psoas* muscles were in a more or less constant state of contraction, often producing involuntary flexion of the stump, and no efficient way of antagonizing them could be devised. The bone soon began to granulate, however, and after a long time healed over. The patient recovered her usual health, and still lives, but, of course, is too thin and old to use crutches or to get about much.

This is the fifth consecutive amputation of the thigh under "*Homœopathic Surgical Therapeutics*," and without *Carbolic acid*, and all recovered.

I omitted to say that in addition to nourishing food, oatmeal, milk, game, some beef-tea, etc., every two hours, night and day, the patient also got a *quarter of a teaspoon of sherry*, diluted with water, every hour, for the greater part of the time.

SURGICAL THERAPEUTICS.

J. R. HAYNES, M. D., INDIANAPOLIS.

(Bureau of Surgical Therapeutics, I. H. A.)

The subject of surgical therapeutics seems to me to be so plain that it requires but little said upon the subject. In all cases of operative surgery, I make use of no drugs for external appliances in any form, whatever.

In the dressing of accidental or operative surgical wounds, I endeavor to assist nature, first, after operation to carefully prepare the wound, and then to close it as accurately as possible by suture or otherwise, as the emergency of the case demands. Then carefully apply two or three layers of the roller bandage over the wound and adjacent parts, so as to keep all external irritation from it, together with the irritating influences of the atmosphere; this I allow to remain until the wound is healed, unless pus should form, or the parts become painful; in either case, remove the dressing, or so much of it as will give relief, or for the purpose of properly cleansing, and should the case require look after the proper drainage; should there be found any pus or discharge, it should be carefully wiped away, but *no* water or other irritating substance should be allowed to come in contact with any part of the wound where the skin is broken, until it has properly healed or a new skin has formed and become strong enough to withstand proper manipulating.

In lacerated wounds if the edges are jagged and torn, trim off such parts with sharp knife or scissors as you are certain will slough; and after carefully securing such bloodvessels as are necessary, cleanse and carefully close the wound so as to accurately bring the edges in exact apposition by suture, plaster, silver pins or roller, as the case demands, and then carefully protect it from all irritating, or atmospherical influences, by the application of the proper roller bandage, so as to completely cover the wound and adjacent parts, and allow *no* other application whatever. If the wound should be upon exposed parts where the roller could not be applied, such as scalp wounds, trim the hair sufficient so as to allow the proper application of the requisite number of sutures to hold the edges in proper apposition, and then, after the proper cleansing and closing the wound, apply two or three thicknesses of muslin of a sufficient size to cover the wound and adjacent parts, and contrive

some plan to hold it in place so as to keep all irritating and atmospheric influences from it, and in from three to five days remove the sutures and your case is well.

In wounds upon the face or any exposed parts, never use anything but silver pins, made in the form of hair-lip pins, and apply the figure of eight (regular hair-lip) suture and carefully cover to keep out the air and keep dry. These pins may be used in the same way in any wound unless the wound is of very large size and protected from the irritating influences of the air, and do not remove any of the dressing unless pus should form and then only enough for proper drainage until they are properly healed, when you may remove all the dressings, and if carefully done there will remain *no* permanent scar.

Not long since I had the care of a little girl whose face had been fearfully torn by a vicious dog. I expected there would remain some frightful scars, but the wounds were carefully approximated and held by different sized silver pins with the hair-lip suture, and the air thoroughly excluded from the wounds; they united by first intention, *no pus* was formed, the sutures and pins were removed in five days, and three months after, no marks of the wound were visible to the naked eye.

If pure silver is used for the pins they will cause no irritation or sloughing; if the air is kept out, the parts will heal nicely and *no* pus will form, and if carefully done will leave no mark, even if they are pretty severe.

I then endeavor to select the proper simillimum to the case, the same as if there was *no* wound under consideration.

If I have been compelled to resort to an anæsthetic, in that case, if there are symptoms of great depression, give two or three doses of Opium (6) sixth, which relieves from the prostration produced by the chloroform (I never use anything as an anæsthetic but chloroform, the best I can get), and if the shock is severe following the operation, give two or three doses of Aconite 1m and do not repeat unless positively necessary.

Should traumatic fever threaten, follow with Arnica 2² to 10m every two hours, until the danger is passed, and then stop all medication unless some new complication should arise—in that case select the proper simillimum.

If the nerves have been greatly injured or bruised, I would if indicated give Hypericum, or if the periosteum was lacerated I

should think of Ruta, or the bone fractured, should take Symphytum into consideration. But always endeavor to select the proper simillimum to the case in hand, and be careful *not* to repeat the dose too often or to continue it too long.

I do not think it makes *so* very much difference as to the potency of the drug given as it does to be sure you have selected the *right* one; but I believe the 10m will relieve and cure in one-fourth the time and with more certainty, than the sixth will, and all potencies below will be more tardy in their action even if the system will respond to them at all.

BOOK NOTICES, REVIEWS, ETC.

DIET OF INFANTS AND YOUNG CHILDREN. By J. C. Morgan, M. D. pp. 50. Price, 25 cents. Philadelphia, 1882.

In these fifty pages, Dr. Morgan gives a brief account of some of the many "foods" kindly prepared for suffering babes by *philanthropic* persons. The book is written for mothers, and will doubtless be of service to them.

EATON'S DOMESTIC PRACTICE FOR PARENTS AND NURSES. Illustrated. By Morton M. Eaton, M. D. pp. 686. Price, \$3.50. New York and Philadelphia. Bœricke & Tafel. 1882.

Dr. Eaton's work is, it is said, written for parents and nurses. Our only hope is that they may never see it! Commencing with a dictionary and ending with a *materia medica*, embracing between these articles, on almost every "ill to which flesh is heir;" yet, in all this there is not one *true homœopathic prescription!* To our mind, these domestic works do much more harm than good; parents doctor their children only to waste valuable time and complicate the disease. But, if one must have such works, let them purchase Johnston's, or even better, Hering's (1851), taken from his seventh German edition.

THE ADDRESS BEFORE THE AMERICAN INSTITUTE. By the President, Dr. Breyfogle. Published by the Institute. 1882.

Through the courtesy of Dr. J. C. Burgher, we have received a copy of Dr. Breyfogle's address. There are many subjects, relating to Homœopathy, which might have been discussed with great advantage, but Dr. Breyfogle evidently "knew his audience," and hence skipped them! His suggestions as to the necessity of having a bureau of pharmacy are timely and necessary. The proposition to "limit the dose" by *resolution* is absurd; the doctor must be a great joker! Perhaps, in the address next year, the Institute will be urged to "resolve" that water shall not run down hill, or the sun be requested to cease shining!

THE DISEASES OF THE PANCREAS, AND THEIR HOMŒOPATHIC TREATMENT. By Drs. Farrington, Karndorfer, Morgan and Thomas. Chicago: Duncan Bros. 1882.

This essay was prepared originally by the above-mentioned members of the Philadelphia County Homœopathic Society, as a contribution from that Society to the Pennsylvania State Society, from whose transactions it is now reissued. It gives a thorough history of the pancreas, its anatomy, physiology, etc.; the therapeutic portion is very scant. But, fortunately for us, we base our prescriptions upon the totality of symptoms, general and local, hence a paucity of therapeutics as relating to any one organ does not greatly lessen our efficiency to heal. The pancreas cannot be "sick" without its possessor being so also.

ERRATA.

Dr. Rushmore desires us to state that the Amm. carb.^{em}, given in case reported by him last March (p. 145), should have been marked (F. C.), not (F.).

Dr. Fincke, in the notation of his potencies, uses m for thousand and M for million. Therefore, on page 301, for Lachesis 2 m (F.), read Lachesis 2 M.

T H E

HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"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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THE AMERICAN INSTITUTE, SESSION OF 1882.

Resolved, That it is the sense of the American Institute that no physician can properly sustain the responsibilities, or fulfill all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion, and unrestricted liberty of professional action, as provided for in the Code of Ethics of this Institute."

In the published journal of this session, this resolution appears as its last act, except that of thanks to the Committee of Arrangements, the newspapers, etc. Who, of all its members, felt that he needed for his support or defense such an utterance from this body? If there were one, it is a fair question—what had this man, or the entire present membership of the Institute, except the honored one who voted "no" on its passage, been doing, that made them conscious of such needed defense? The members of this Institute were supposed to have recognized and accepted the fact of a God-enacted law of healing, when they became members, and that this recognition and acceptance were the foundation of their application for membership, and without these, it is not too much to say, they never could have become members. This is certainly true of applicants in the early years of the history of the Institute. It would seem that, wanting this recognition and acceptance, a man can have no place in this body, this law being the foundation of its organic existence. The Institute was brought into being by a body of very earnest and honest men, who had accepted this law after adequate experience of its truth, and abundant observation of the superior benefits of a practice in obedience to its requirements. Their objective in founding this body, was to extend a knowledge of this law and increase the number of the agents it requires for curing the sick,

and to perfect the knowledge of the powers of these agents, that therewith the sick might be the more certainly cured in accordance with the requirements of this law. In this there was no difference of judgment or feeling expressed, in the lengthened discussions of the first session which gave the Institute birth. The original members were of one mind as to the law, its origin, authority and benefits. It was understood then, that applications for membership implied, on the part of the applicant, an obligation to *obey* this law in his clinical duties. If there had been any intimation on the part of an applicant, that when once a member, his practice with the sick was to be a sort of "*a go as you please*" affair, and not at all to be controlled by law, no doubt his application would have been rejected. Why should it not have been then, and why not now? What part can a man have in an organization founded on God's law, who, at the outset, determines to disregard this law whenever the whim seizes him, or whenever he may encounter a difficulty in its administration, greater than his force of will and present knowledge are equal to overcoming? What can such a man do in the work of this Institute, of extending a knowledge of this, God's law, or increasing the confidence of any sane man in it? He shows he has neither knowledge nor confidence himself. This implied pledge to practice in accord with this law—was it the object of this resolution to discharge the present membership of the Institute from their obligations thus supposed to have been assumed? If so, why? Is the law less a law now than when this pledge was implied? Is it less reliable as a guiding factor in the solution of the problem of finding the specific curative for a given sick condition? Are the results of a practice in obedience to this law less beneficial than formerly, or than are those of a practice without other law than the ever varying whim of the prescriber? If the answers to these questions are in the negative, then why this discharge, or why this resolution?

The only obvious reply to this last question, is found in the word so charming to us all—"liberty!" Ours is often called a "*land of liberty*," and so it is. And, therefore, there could be no reasonable call for this resolution. No man had need of it who had been doing his duty loyally. Habitual violators of the law have no right to such defense. Who, of all men on earth, had the least inclination to interfere with the "*liberty*" of any man so doing. But what is "*liberty*" without law? Socially and civilly such "*liberty*" is

license and anarchy. Professionally, such "liberty" is only anarchy and confusion. "Liberty" *without law* is only satanic and not of God at all. It has never brought benefit to man or to any society of men. To resolve to do as I please in a matter where God has given a law for its governance and guidance, regardless of that law, is in men only a presumption, a folly, a sin. And the resolve of a "liberty" to do this in the matter of obedience or of disobedience to our law, is only and clearly a resolve of liberty to sin grievously against God and man, whenever whim may prompt so to do.*

Am I not at "liberty" to *do* as I please in my professional duties? Certainly not, if you please to violate God's law. You may not be compelled to a responsibility to man for this, but responsibility to law you cannot escape. This, of course, you being a member of the Institute, supposes your acquaintance with the fact of that law, and with its nature and requirements. But "*liberty of opinion*"—shall I not have liberty in this land to entertain such opinions as I choose? Is not this coercion of opinion but other words for tyranny? Liberty to *believe* as one chooses, cannot be denied to any man or body of men. This is his or their right, as far as all other men are concerned. This man may believe *a lie*, if it pleases him, but in so doing, he must accept the consequences of *believing a lie*. He must be supremely stupid if, in this faith he expects to reap the fruits of truth. To be sure, the logic of the resolution, at least of its spirit, declares parity of truth and falsehood. Its spirit only repeats the delusion often given as an excuse for wrong-doing in other matters. "It is no matter

* In treating the sick there is no liberty for any man to do less than the *best possible* for his cure. No amount of "*resolving*" by any body of men, whoever they may be, can create such a liberty. To attempt this by our Institute, was certainly foolish in the highest degree. They were supposed to possess the evidence of the vast superiority of the homœopathic treatment of disease over *all* other treatments, including even the empirical so adroitly recommended, by implication, in this resolution, and to have accepted this evidence as conclusive. With them debate of this question was ended, or was supposed to be, before they became members of this body. They *knew* the superiority of this treatment over all others, as has been shown by recorded statistics of results whenever it has been brought into contrast with other treatments. Being thus, many times and often proved to be best, where is the value of a liberty of these members, to practice something else, which, of course, must be worse? These members have no such liberty, nor have they power to create it for themselves. The attempt to do this, or to assert its existence, is only an attempt to be ashamed of. They might, with equal respectability, as well attempt abrogation or substitution of any other of God's laws.

what a man *believes* so long as he is *sincere* in his belief." It is a great matter, and for this reason. No amount of *sincerity* can transform a *lie* into a *truth*. And the results of a man's faith carried into practice will be determined by the character of the objective of that faith. The fruits of truth can never be gathered of lies, however sincere may be the endeavor to gather them. The sum of all then is—freedom of opinion and action in medical matters, as before men—granted. No rightminded man has any desire to tyrannize over his fellow in this matter. But as to the members of the American Institute, and before the law they have professed to accept and obey, the case is different. They cannot escape the responsibility of violation of this law, nor in its practical violations can they ever reap the successes assured to practical obedience. If, then, we put in briefest terms the true character of this resolution, and the action of those who in it declared their "sense" of the proper thing for themselves and all other doctors to do, who will do their duty in accord with this "sense," it will be summed up in—*treason against God and man—against divine law, and all intelligent experience of obedience to this law in prosecution of clinical duty*. In one word the whole character is found, and that word is—*treason*. Treason to Homœopathy, which these members had professed to have accepted as God-given—treason to the Institute, in that it inculcates habitual violations of the law on which it had been founded, whenever the sweet will of these members or other doctors shall choose so to do. Treason against those members of the Institute not present, inasmuch as they are included in this resolve which destroys the homœopathic character of the body, and passes its membership, body and bones, over into eclectics, whether they consent or not. We submit that this treason is neither justifiable nor decent. And more than this, it is treason against the best interests of the sick, which are proved to have been best secured by a practice strictly in accord with the requirements of the homœopathic law. This has been proved by the best homœopathic experience, and by abundant statistics gathered in many lands, from the results of this practice, in many public institutions in those lands, and by a comparison of these with the results of other forms of practice in those lands, and for the same years, and this through long periods of time, the records in each and every instance sustaining the claimed superiority of the homœopathic treatment in accord with law. And yet, this Institute, its only national organized

defender, in the face of this record, and before the world, resolves for itself a liberty to violate the demands of this law, and to resort to anything for their cures, though, being members of the Institute, they are supposed to know that the resources for healing, and all the best of them are found and only found in those which have the sanction of this law. Knowing this, they resolve for themselves a liberty to do for their patients something or anything, which, being outside of law, must be less than the best possible, and that duty and responsibility cannot otherwise be fully met. Surely there can be no greater absurdity. There can be no such liberty for these members.

Then, as to the motive of passing such a resolution. We confess we are wholly incapable of imagining any which does not refer its origin infallibly to ignorance and imbecility. “*Can't find the specific remedy the law demands*—then find something else, and we of the Institute will resolve that you are right in thus turning your back on law, and that all other men fail of their duty who will not do the same thing.” Did it occur to these resolvers that though *they* could not find the specific remedy there are many who can, and that what one man can do is possible to another, that the record of practice under the law shows immensely better successes than is found in any eclecticism whatever, and that it might have been more to their credit if they had practiced and advocated the needful study required for their deliverance from this fearful imbecility, from which alone this resolution finds its origin and excuse? Hard work, and that alone, and plenty of it, has given to those who possess it the power to find specific remedies for the sick, under the law, and having obtained this power, they have no need of other resorts outside of those required by the law, and their full “*freedom*” under the law is so complete that they have no desire for that other, outside of law, which is in itself only treason to God and man's best interests, and which only ends in confirming imbecility and leaving its seekers in total darkness and anarchy. Whoever heard of Bœnninghausen, Gross, Stapf, or Haynel, or of any of the class of prescribers of whom these may be taken as representatives, calling for a liberty to forsake and transgress the law which dominated all their clinical duties, and obedience to which had given them the successes which had placed them pre-eminent among those who are of the first rank of practical healers? These men had no need of such a liberty, or of the means it is supposed to put into the hands of incompetents,

by which they are to find escape from clinical difficulties. They found the law so perfect and universal in its application, and the means of complying with its demands so ample, that nothing more was required by them to attain those successes which have made their names among healers monumental. They found the law so much better as a guide than any tradition, whim or prejudice outside the law, that they never seemed to have wavered in their confidence in it, or to have imagined that any intelligence, knowing their law, its methods and means, could for a moment have resorted to aught else as its superior. These were not the men who discovered Hahnemann's "errors" and "fallacies," or found a chief delight in scolding or disparaging the materia medica he originated. This has been reserved for those who need defense for transgressions of his proclaimed law, and for those other incompetents who have been constrained to acknowledge their inability in materia medica to distinguish the true from the false. These heroes could obey law and use the materia medica successfully, and found both equal to all their needs, and never appeared to be conscious of needing defense or excuse in view of the results of their prescribing, or of a liberty to do something different from a strict compliance with law, knowing that this was sure to bring the best results in healing, and their history justified their faith and their practice. Is there not in the example of these worthies a sharp rebuke of those who, having forsaken law and failed of success, resolve to quiet their consciences (we can see no other objective of this resolution), by resolving that something else is as good, and perhaps better, than law, and tell the world that they, being unable to administer this law, claim the liberty to go after this something else, whatever it may be, as may be decided by any whim, their own or of others, and give this outcry of feebleness to the world as the outcome of the wisdom of the American Institute, it was found in its session of 1882. We cannot but remember that the worthy dead, who were our associates in organizing this Institute, by their earlier departure have been spared a mortification which their survivors have been made to endure. Nor can we withhold honor from him who had the courage, the knowledge and the conscience to give this resolution his *one* negative vote. His name should be known, and never forgotten, when those worthy of most honor are named.

It may be of interest to inquire what is to be the result of this extremely silly act of this respectable body of physicians? The

first result is already accomplished. They have unmistakably stultified themselves. They have repudiated the character given by its founders to the body they represented. The Institute was by these set for the promulgation of a knowledge of that law which is the basis of the science of therapeutics. It was to be the advocate and defender of that science, and that against all antagonists. The founders of the Institute regarded this science, so founded, as exclusive of any pretended accessories or adjuncts based on other laws, as no other law than that of the similars was known which could sustain a science of therapeutics. Nor is there any other known now. And yet these doctors assert liberty to resort to whatever of means, unsupported by any law, and that this is necessary in order "to fulfill all the duties of his professional relations," *i. e.*, it is the "sense" of these doctors that anything is just as good as this which the founders of the Institute regarded as an infallible law, and any means are as good, or better, than those which had been proved and made ready to their hands by the labors and sacrifices of those who have given us our *materia medica*. They virtually say no man can do his whole duty, or discharge all his responsibilities to the sick, who will not cast these aside, and follow whatever of whim may for the time dominate his judgment, or want of it. In this, is it saying too much when we say, when the Institute passed this resolve it stultified itself?

As a second result, already accomplished, when this Institute passed this resolve it ceased, so far as the body so acting had power to produce such a result, to be an institute of *Homœopathy* at all. It abandoned, there and then, all that is characteristic of it, and substituted in the place of its law, the ever-varying whim of individual choice. For law it gave anarchy and confusion, and this with an air which seemed to indicate the members thought they had "*done a good thing!*"

A third result was, disgrace of themselves and all who bear the homœopathic name, so far as this act of the Institute could reach others than those present and voting on this resolution, by its abandonment of the just claim, always heretofore asserted and sustained by all homœopaths, of the superiority of our law to all other systems or methods of healing, and its universality of application to all the needs of professional healers, and of the sick they might be called to care for. And for themselves the deepest possible disgrace, in that while virtually recommending an abandonment of

God's law, at will, they have given no substitute for this to whoever of the simple may find themselves the dupes of this resolved "*freedom.*" To destroy and not construct, this seems to have been their objective, and for this we see no reason to doubt their greater ability.

A fourth result is, they have brought on themselves, and justly, the contempt of their antagonists, for voluntarily and for no adequate cause, having abandoned all which is characteristic of Homœopathy (which as its Institute, they were supposed to exist to promote and defend), without even a challenge from any outside party to make this melancholy surrender. They seem to have been only too eager to do this, just as it might have been if they had found its duties and responsibilities more than they were able or willing to bear. The "*resolve*" will stand before these antagonists and the public as evidences of the same kind of poltroonery which characterizes the act of the suicide, who has not the strength of will or courage to meet the responsibilities of living in the world in which God's Providence had placed him. It stands, and will stand, a feeble imitation of that act of one of our State organizations, by which it was said, and fitly, to have publicly "*committed hari-kari* in the streets." This State organization repented of its folly and repealed its "*resolution,*" being, apparently, ashamed of it. It remains to be seen whether the Institute will find itself possessed of equal grace.

P. P. W.

THE RECOGNITION.

AD. LIPPE, M. D., PHILADELPHIA.

The American Medical Association declined to recognize the delegates of the New York State Medical Society because said New York Society had passed, at its last meeting, a resolution of "Recognition" of all properly-graduated doctors, of course, including the homœopathists. This action was not in harmony with the well-established Code of Ethics of the American Medical Association. The doctors sat in council, and deliberately came to the conclusion that here was a terrible disease afflicting a section of the body medical, and they all cried out for "heroic

treatment." The afflicted section had committed an unpardonable sin and must "be removed." These progressively-scientific doctors did for once forget their battle cry, "*tolle causum*," and cried for heroic practice—amputation! There was no deliberate examination of the sick section; nobody asked for the cause of their transgression! If the cause could be found, probably that cause could be removed and the section could be saved. Of course, the New York Society had done a very improper thing in passing that act of "Recognition." How came it to be done? Sheltered behind a high Chinese wall, many centuries old, in fact built ever since the medical men of early history established "a caste" of their own, and over which wall, every intruder, who did not accept the prevailing *opinions* of the caste, was pitched. There stands the High Priests of the caste, carefully watching the high wall, that no intruder might disturb their ancient faith in their perpetual rights as a caste. However frequently the *opinions* of the leaders of the caste changed, they persistently guarded against the introduction of fundamental principles of laws governing the healing art, and, above all, they abhorred the idea that natural laws should become the foundation of the laws that could and would govern the healing art. It happened early in the year 1882, that the New York State Medical Society stood guard over this impregnable wall, and from the other side of the wall, came a sound of trumpets for a "parley!" The sentinels mounted the wall and behold, there came, clothed in sackcloth and ashes, a set of men who carried the homœopathic banner upside down, and they chanted their own conviction, that the progress in science had annihilated Hahnemann's peculiar tenets, and that they, the chanters, had only held on to a distinctive name of an exclusive system of medicine on account of the gains it might bring them; that they were the representatives of the homœopathic school of medicine, and ready to abandon, at once, Hahnemann, his teachings, and the name, provided the sacred and old caste would recognize them. And so they were recognized by the New York Society, then on guard; and these now find themselves not recognized by "The American Medical Association." There are members of the New York Society who have expressed their disapproval of the action of their Society and show signs of rebellion. That the rebellious members of "the caste" may be properly understood, we publish what they have to say, from the New York *Herald*, June 11th, 1882:

DOCTORS IN COUNCIL.

Prejudices die hard even in the minds of learned men, and this truth, perhaps, scarcely needed at the hands of the American Medical Association the further demonstration supplied by its action in refusing to admit at its annual gathering the delegates of the New York Society, because this body has adopted a liberal and enlightened rule in regard to physicians of the homœopathic school. That somewhat famous personage who did not like Dr. Fell, and who, though at a loss to assign any good reasons for his objections to that particular practitioner, was none the less positive that he did not, could not, should not and would not like the said doctor, has stood for some generations as the type of a person who, through indulging himself in irrational antipathies, has become a victim to them, and finds that the concrete malevolences of his history overrule his intelligence and are the really controlling facts in his life. But he must give place as a type to the American Medical Association, which not only will not tolerate the professional existence of the doctor it does not like, but confounds in a common wrath every one who holds that there is any possible *modus vivendi* with this dreadful fellow Fell.

For a great while the relation in practice of physicians of one or another school has been a delicate subject, and physicians in large cities have felt its difficulty more keenly than those in the rural districts. At one time, when the homœopathic issue first arose, there was no difficulty. It was all settled in one word. Doctors of the old school merely shouted "quackery" at the others, and that was the end of it. Perhaps this was at that time a good enough end, too; for Homœopathy, as then commonly seen here, was a mere application of certain rigid formulæ to symptoms imagined to be the same, and was neither a scientific nor an empirical use of remedial measures. It was taken up by hordes of ingenious persons of that order of humanity which tries its hand at all trades, and seldom succeeds at any, and they went about with pockets full of pellets of the millionth dilution and tables of Hahnemann's "provings," and guessed out the relation of one to another at the bedside in a sort of pitch and toss way, doing, it must be admitted, uncommonly little harm. But, if anybody imagines that that sort of Homœopathy exists here now, he does not know how the world wags. Homœopathic doctors are now as well instructed as the great mass of the other doctors, and there are desirable points of advancement in that particular open to all of them; and, besides this, those extravagances of theory which were the peculiar paraphernalia of the followers of Hahnemann have been dropped by the wayside. Fabulous dilutions like "dammes" seem to have had their day—and there is no more now, we believe, in the theory of similars, or not much more, than every thoroughly instructed physician admits—no more than the physician, instructed or otherwise, acts upon when he uses the vaccine poison to prevent variola.

In the light of this change we may see the nature of the problem presented to the practitioners of to-day. However it may be in remote rural regions, it is certain that the competitions of profitable practice in cities like this have had their effect in Homœopathy as in other schools. He would be a very hardy

medical bumpkin of the cross-roads who should stand up in a medical assembly to denounce as capable of quackery the recently deceased Dr. Gray. Our doctors have to meet such men in consultation, or they have to give to the public a reason why. They cannot afford to give a ridiculous reason. They naturally do not want to tell the friends of a patient that they care more for consistency in respect to a thin theory than for curing disease or saving life. For all these reasons, the doctors of this State, observing that the tangible objections to consultations with homœopathists no longer exist, declared that fact. They were right, and they could not honestly do otherwise. They, moreover, were under an obligation to do it. Our county medical societies are, under our State laws, authorities on the qualifications of practitioners. They have a right to pass upon a man's qualifications. They can judge of his knowledge, but not of his opinions; but, having declared that by knowledge he is entitled to practice, how can they then refuse to consult with him because of his opinions?

But it will not hurt the New York State Medical Society to be under the ban of the National Society, and we hope it may not repent of its temerity so far as to abandon the liberal and proper position it has taken. There is, however, one topic in this connection that may be regarded as of high and heroic interest. Now that our regular medical organizations and practitioners are martyrs for the right, and know how it is themselves, will they take any action with regard to those enlightened practitioners who long since looked liberally on the homœopathic practice, and whom our societies have persecuted for years for that very offense for which the societies are persecuted now?

Comments: The author or authors of this paper, are utterly ignorant of the history of Homœopathy, and of its exclusive tenets. The frauds who approached the New York sentinels, were not representative men of the homœopathic school; they were men who had had the effrontery to assume a name to which they were never entitled, they NEVER even attempted to learn Homœopathy, and concluded to abuse a healing art they could not practice. The most painstaking parts of the practice they abandoned—instead of learning how to examine every sick person carefully, and just as carefully find the similar remedy in the homœopathic materia medica, they lazily diagnosticated a form of disease, and if, as usual, the remedy had been carelessly chosen, and more absurdly administered without success, then these lazy and ignorant pretenders at once resort to the common palliative treatment of the old school. And even worse yet, they declare that all men who practice Homœopathy, are just the detestable frauds as they showed themselves to be. Under the belief that these men were representative men, the recognition was granted: of course it was a hasty act, and a thoughtless one. After the American Medical Association has more fully examined into the case, it

will become apparent that peace can be restored, after the New York Society has been shown how they were deceived. Consultations between homœopathists and allopathists will not be asked for by any intelligent person; they must end in a surrender by one or the other physician; they may agree as to a "diagnosis," but they can never possibly agree on the remedial means (therapeutics) to be used for the restoration of health; is it not obvious that the sick, for whose benefit this consultation has been called, cannot be benefited in the least? It is not "*rational*" to suppose that two systems of medicine, diametrically opposed one to another, can beneficially (for the sick) be applied jointly! The American Medical Association will be able, readily, to convince the rash, erring brethren of New York that they have been sadly deceived by a desperate set of "*Deserters*."

THE SECOND ANNUAL MEETING OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The Second Annual Meeting of the Association was held at Indianapolis, Indiana, June 13th, 1882, and was called to order by the President, Dr. C. Pearson.

The Secretary, Dr. James, being absent, on motion of Dr. Gregg, Dr. Custis was chosen Secretary *pro tem*.

The President then addressed the Association on "The Duties of the Hour." On motion of Dr. Gregg it was ordered that the address be printed in pamphlet form and distributed to the profession.

The reports of the Secretary and Treasurer were received and approved, the latter showing a balance of sixty dollars on hand.

A letter from Dr. Lippe was read regretting his inability to be present.

The President appointed Drs. Gregg, Mills and Cranch as an acting Board of Censors, who reported favorably upon the following applications for membership, which were accompanied by fees as required by the By-Laws, viz.: Dr. Benj. Ehrman, Cincinnati, Ohio; Dr. Fred. Ehrman, Cincinnati, Ohio; Dr. C. H. Lawton, Wilmington, Del.; Dr. C. E. Prentiss, Washington, D. C.; Dr. W. Sam'l Arrowsmith, Wateringbury, England; Dr. Jas. Henry Payne, Boston, Mass.; Dr. De Forest Hunt, Brooklyn, N. Y.; Dr. Danl. W. Clausen, Auburn, N. Y.; who were elected, severally, by ballot.

The Censors also reported favorably on the application of the following, who were elected, subject to compliance with the rules of the Association, viz.: Dr. Chas. F. Millspaugh, Binghamton, N. Y.; Dr. Mahlon Preston, Norristown, Pa.; Dr. T. S. Hoyne, Chicago, Ill.; Dr. E. P. Hussey, Buffalo, N. Y.; Dr. Fred. S. White, Exeter, England; Dr. Geo. Dunn, London, England; Dr. Wm. Bradshaw, Folkstone, England; Dr. Edw. Mahone, Liverpool, England; Dr. Arthur de Noe Walker, Ovington Gardens, England.

A letter, regretting his inability to be present, was received from Dr. Ballard, who suggested the publication of a directory of the members for the use of the Association; also one from Dr. Swan, presenting a seal and a number of certificates of membership.

The following Amendments to the Constitution and By-Laws, which were proposed at the preceding meeting, were considered and adopted, viz.:

To Article I of the Constitution: "This Society shall be known as the International Hahnemannian Association, the objects of which are fully set forth in its declaration of principles."

To Article III of the By-Laws: "If an applicant for membership be not elected by the first ballot, he may, upon a majority vote, if he so desires, receive a second ballot at the next Annual Meeting of the Association."

The following resolutions proposed by Dr. Berridge were adopted, viz.:

Resolved, 1. That provings on healthy persons constitute the basis of our materia medica, but that, nevertheless, following the example of Hahnemann and his early disciples, we may cautiously supplement these by provings on the sick, and by frequently verified clinical experience.

2. That the Secretary be instructed to send a copy of the *Transactions* of the year 1882, with the resolutions, by-laws and constitution of the Association, together with a complete list of the members to the various continental homoeopathic journals, with a request that they call the attention of their readers to them, with a view to enrolling new members.

3. That the Association publish, annually, a Hahnemannian Directory, consisting exclusively of members of the Association, arranged first alphabetically, under the names of the members the full address and all the titles of each being given; and secondly, according to their localities.

4. That every year in the number of THE HOMŒOPATHIC PHYSICIAN which contains the year's transactions, a complete alphabetical list of the members with the date of their joining the Association, be published.

5. That every member be entitled to add after his degrees of M. D., etc., etc., M. I. H. A.

6. That the resolutions, by-laws and constitution of the I. H. A. be annually published with the *Transactions*, showing additions or alterations made from time to time.

A letter from Dr. Nichols was read, expressing regret for his inability to be present, and proposing the following resolution, viz.:

Resolved, That THE HOMŒOPATHIC PHYSICIAN be no longer the organ of the International Hahnemannian Association, since its editors refused to publish homœopathic cures made with nosodes.*

The resolution was generally debated, with expressions of regret that any members should be restricted in their articles, which were so full of interest to the Association, and being unwilling to believe that the resolution was necessary, it was laid on the table.

The following resolution was adopted:

Resolved, That all papers accepted by the Association and Publication Committee shall be published in the proceedings of the Association.

The Association then adjourned to Wednesday, 9 A. M.

SECOND DAY.

The Association met pursuant to adjournment, the President in the chair.

The reading of papers was postponed until Thursday, in order that all business might first be completed.

On motion of Dr. Gregg, it was unanimously resolved that the thanks of the Association be tendered to Dr. Swan, for his generous gift of a seal and certificates of membership, the design and execution of which are so eminently satisfactory.

* THE HOMŒOPATHIC PHYSICIAN has only *one* editor, who assumes all responsibility. And, as it is *generally* the editor's business to say what matter his journal will publish, we cannot clearly discern what the I. H. A. has to do with the matter. We publish such papers as are, in our humble judgment, best calculated to teach true Homœopathy, and as far as our memory goes, we do not recollect having refused any "homœopathic cures" that *aided* in this purpose.—Editor H. P.

The following officers were then elected for the ensuing year, viz.:

President, C. Pearson, M. D., Washington, D. C.; *Vice-President*, J. P. Mills, M. D., Chicago, Ill.; *Secretary*, J. B. Gregg Custis, M. D., Washington, D. C.; *Corresponding Secretary*, E. W. Berridge, M. D., London, England; *Treasurer*, Edward Cranch, M. D., Erie, Pa.

Board of Censors.—T. F. Pomeroy, M. D., *Chairman*, Baltimore, Md.; Benj. Ehrman, M. D., Cincinnati, O.; Samuel Swan, M. D., New York, N. Y.; T. P. Wilson, M. D., Ann Arbor, Mich.; C. H. Lawton, M. D., Wilmington, Del.

The President appointed as Chairmen of Bureaus for 1883, the following, viz.:

Bureau of Clinical Medicine.—R. R. Gregg, M. D., Buffalo, N. Y.

Bureau of Materia Medica and Provings.—O. P. Baer, M. D., Richmond, Ind.

Bureau of Obstetrics, etc.—J. R. Haynes, M. D., Indianapolis, Ind.

Bureau of Surgery.—H. I. Ostrom, New York, N. Y.

The Association then adjourned to 9 A. M. of Thursday.

THIRD DAY.

The Association met pursuant to adjournment, the President in the chair.

Papers were read by Drs. Baer and Custis, and generally discussed until 12 M., when the Association took a recess until 2 P. M.

Reassembling at the appointed time, papers by Drs. Haynes, L. B. Wells, Bell and Nichols were read and discussed.

The following resolutions, proposed by Dr. C. E. Prentiss, were considered and adopted, viz.:

Resolved, 1. That the officers of the Association shall constitute the Executive Committee, and it shall be their duty to make arrangements for the meetings of the Association; to attend to all business not otherwise provided for, and to perform such other duties as by vote of the Association may be assigned to them.

2. That at each annual meeting, the Association shall elect a Board of Censors, consisting of five members, three of whom shall constitute a quorum, who shall receive and examine the applications

of candidates for membership, and report to the Association for election, the names of such as may be found qualified.

3. That each bureau shall consist of not less than seven members, the additional members to be appointed by the chairman, who shall, as soon as possible after his appointment, organize his bureau, which shall select a special subject of inquiry, to be reported upon at the next annual meeting of the Association.

Dr. Pearson offered the following amendments to the By-Laws, to be acted on at the next meeting of the Association, viz.:

That Article I read as follows: "This Association shall meet annually at such time and place as a majority of its members may advise."

Alterations in Article III, as follows: "Applicants for membership shall send in their names and recommendations to the Chairman of the Board of Censors; the election shall be by ballot, and a two-thirds majority of the members present at said annual meeting is necessary to elect."

Alterations in Article IV, as follows: "Every member on his or her election, shall pay to the Treasurer the sum of two dollars, and one dollar annually thereafter."

"Article VIII. Inasmuch as this Association is international in its character, that for all officers, foreign members be permitted to vote by proxy."

The Executive Committee was instructed to make all necessary arrangements for the next meeting, and to prepare an order of business, and send a copy to each member.

The Secretary was instructed to return rejected applications for membership, with the reasons for such rejection, as stated by the Board of Censors.

The Association then adjourned *sine die*.

J. B. GREGG CUSTIS, M. D., *Secretary*.

NOTE.—The sessions devoted to the discussion of papers were exceedingly pleasant and profitable, and the Secretary expresses the hope that the Association may, at its next meeting, secure the services of a stenographer, that the profession may have the advantage of all such discussions, which brought out the results of much valuable experience.

Secretary.

ROLL OF MEMBERS OF THE
INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

1880, Allen, H. C., M. D.,	Ann Arbor, Mich.
1882, Arrowsmith, W. Samuel, M. D.,	Wateringbury, Kent Co., England.
1880, Baer, O. P., M. D.,	Richmond, Ind.
“ Ballard, E. A., M. D.,	Chicago, Ill.
1881, Bayard, Edward, M. D.,	New York, N. Y.
“ Bedell, R. H., M. D.,	Fremont, N. Y.
“ Bell, J. B., M. D.,	Boston, Mass.
1880, Berridge, E. W., M. D.,	London, England.
1881, Biegler, J. A., M. D.,	Rochester, N. Y.
“ Birdsall, T. P., M. D.,	Wappinger's Falls, N. Y.
“ Brown, Titus L., M. D.,	Binghamton, N. Y.
“ Bruns, F., M. D.,	Boston, Mass.
“ Butler, C. W., M. D.,	Montclare, N. J.
“ Carleton, E., Jr., M. D.,	New York, N. Y.
“ Clark, George H., M. D.,	Philadelphia, Pa.
1882, Clausen, Daniel W., M. D.,	Auburn, N. Y.
1880, Cranch, Edward, M. D.,	Erie, Pa.
1881, Custis, J. B. Gregg, M. D.,	Washington, D. C.
“ Dunn, J. L., M. D.,	Titusville, Pa.
1882, Ehrman, Fred'k, M. D.,	Cincinnati, Ohio.
“ Ehrman, Benj., M. D.,	“ “
1881, Fellger, Adolph, M. D.,	Philadelphia, Pa.
1880, Foote, George F., M. D.,	Stamford, Conn.
1881, Gale, Geo. Goldsworthy, M. D.,	Quebec, Canada.
1880, Gentry, Wm. D., M. D.,	Wyandotte, Kansas.
1881, Gregg, R. R., M. D.,	Buffalo, N. Y.
“ Griffin, John F., M. D.,	Williamsport, Pa.
“ Guernsey, Wm. Jefferson, M. D.,	Philadelphia, Pa.
“ Hall, John, M. D.,	Toronto, Canada.
“ Hatch, Horace, M. D.,	Washington, D. C.
“ Haynes, J. R., M. D.,	Indianapolis, Ind.
1882, Hunt, DeForest, M. D.,	Grand Rapids, Mich.
1881, James, Walter M., M. D.,	Philadelphia, Pa.
1880, Jenney, W. H., M. D.,	Kansas City, Mo.
“ Kenyon, L. M., M. D.,	Buffalo, N. Y.
1881, Kern, W. H., M. D.,	McKeesport, Pa.
1882, Lawton, C. H., M. D.,	Wilmington, Del.
1881, Lee, E. J., M. D.,	Philadelphia, Pa.
1880, Leonard, W. H., M. D.,	Minneapolis, Minn.
“ Lippe, Adolph, M. D.,	Philadelphia, Pa.

1881, Lippe, Constantine, M. D.,	New York, N. Y.
“ Miller, J. F., M. D.,	Newark, N. J.
1880, Mills, J. P., M. D.,	Chicago, Ill.
1881, Morgan, Laura, M. D.,	San Francisco, Cal.
“ Nash, Eugene B., M. D.,	Cortland, N. Y.,
“ Nichols, C. F., M. D.,	Boston, Mass.
1880, Oliver, T. T., M. D.,	Chicago, Ill.
1881, Ostrom, H. J., M. D.,	New York, N. Y.
“ Payne, Fred'k W., M. D.,	Boston, Mass.
1882, Payne, Jas. H., M. D.,	“ “
1880, Pearson, C., M. D.,	Washington, D. C.
“ Pomeroy, T. F., M. D.,	Baltimore, Md.
1881, Pompili, G., M. D.,	Rome, Italy.
1880, Poulson, T. Wilhelm, M. D.,	Council Bluffs, Iowa.
1882, Prentiss, C. E., M. D.,	Washington, D. C.
1881, Rendell, L. A., M. D.,	New Haven, Conn.
“ Roberts, John C., M. D.,	New Utrecht, N. Y.
1880, Rushmore, Edw., M. D.,	Plainfield, N. J.
1881, Schmitt, Julius, M. D.,	Rochester, N. Y.
“ Skinner, Thos., M. D.,	Liverpool, England.
1880, Smith, Thos. Franklin, M. D.,	New York, N. Y.
1881, Smith, Carleton, M. D.,	Philadelphia, Pa.
“ Swann, Samuel, M. D.,	New York, N. Y.
1880, Wells, P. P., M. D.,	Brooklyn, N. Y.
1881, Wells, L. B., M. D.,	Utica, N. Y.
“ Wesselhoeft, Wm. P., M. D.,	Boston, Mass.
1880, Wilson, T. P., M. D.,	Ann Arbor, Mich.
“ Winans, J. E., M. D.,	Lyon's Farm, N. J.
“ Wood, O. S., M. D.,	Omaha, Neb.

The following are elected, subject to compliance with the rules of the Association.

1882, Bradshaw, Wm., M. D.,	Folkstone, Kent Co., England.
“ Dunn, George, M. D.,	London, England.
“ Hoyne, T. S., M. D.,	Chicago, Ill.
“ Hussey, E. P., M. D.,	Buffalo, N. Y.
“ Mahoney, Edward, M. D.,	Liverpool, England.
“ Millspaugh, Chas. F., M. D.,	Binghamton, N. Y.
“ Walker, Arthur de Noe, M. D.,	Ovington Gardens, England.
“ White, Fred'k S., M. D.,	Exeter, England.

MICROSCOPIC FALSEHOODS.

“Figures won’t lie,” we are told, but bank cashiers, etc., seem to make them lie quite commonly nowadays. *Apropos* to this, did it never occur to the therapeutic microscopists that they are making the microscope lie most outrageously when they make it assume to tell us of the therapeutic or pathogenetic action of drugs? They ought to, and must know, that it cannot tell the truth on that subject, then what do they mean in forcing it to speak thereon?

ANTI-MICROSCOPY IN THERAPEUTICS.

CLINICAL BUREAU.

CARCINOMA.

L. B. WELLS, M. D., UTICA, N. Y.

(*Bureau Clinical Medicine, I. H. A.*)

It is not the design of the writer in this paper to discuss the etiology and characteristics of the different forms of cancer, as developed in the various tissues of the body, but to impress upon the minds of his colleagues the propriety, in all cases, of ascertaining the exact simillimum, and prescribing with the expectation of at least relieving the patient’s sufferings, even in its advanced stages, and in the earlier stages, of retarding its development, or arresting it entirely.

Too often have our friends turned off these forbidding cases to the surgeon or some specialist, under whose treatment with the knife or cautery a fatal result has been precipitated.

By a careful individualizing of each case, with the selection of the appropriate remedy administered at sufficient intervals, we may be assured that we are doing that which is for the best good of our patients.

An important question arises. Can scirrhus tumors be arrested in their growth, or entirely dispersed by the administration of the infinitesimal dose? It is time that skepticism on this matter should be silenced.

The physician should exercise a marked degree of patience and perseverance in all such cases, and not fail to impress the same upon his patient.

I will select from my case books a few cases.

Mrs. L. W. P., aged 50, consulted me for a tumor on the inner side of the left cheek, about the size of a dime, of a bluish color, causing an elevation on the outer side. The pains were stinging and burning.

A few months afterward another similar tumor was developed on the other cheek. In consultation afterwards with Dr. B. F. Joslin, Sr., it was decided that these were of a scirrhus nature.

At intervals of three or four weeks, in accordance with the symptoms, she had Sil.²⁰⁰ and CM, Ars.²⁰⁰ and Lyc.²⁰⁰. After six years' persevering treatment, both the tumors with the concomitant symptoms entirely disappeared.

Although in other respects an invalid, she lived to the age of 81 years.

Mr. L. P., aged 72 (1872), had a hard, crusty tumor on the neck near the ear. Pains burning and twinging. He had at intervals Apis³⁰ and Lapis³⁰, but no improvement resulted. Ars.²⁰⁰ at long intervals, with an occasional dose of Sil.²⁰⁰, resulted in the removal of the tumor in two years. Two other similar developments on the face have also disappeared under the use of the same remedies. He is now 82 years of age and in good health. This is a case of hereditary diathesis, for two of his brothers died of cancer of the face.

B. F. J., aged 69 years. In June, 1869, had a crusty tumor on the lower lip, attended with burning and stinging pains. When the pains were burning and stinging, Ars.²⁰⁰ gave relief. This was repeated over in three or four weeks, and with an occasional dose of Sil.²⁰⁰. In one year the whole disappeared, and he is now living and has had no return of the trouble. A surgeon had informed him that nothing but the knife would relieve him.

J. B., aged 65 (1873), had a hard, uneven tumor on the inside of lower lip of the size of a three-cent nickel coin. Five years before had a similar one same location, apparently removed by caustics. The pains were stinging and the tumor had gradually increased during the past year. Sil.²⁰⁰ once in two or three weeks resulted in its complete removal in one year and no return at this time.

MAMMARY TUMORS.—Mrs. A. S. R., aged 42. Sept. 20th, 1877. Five months since discovered a tumor on her breast about the size of an ordinary peach, somewhat irregular in shape and hard, attended with burning and stinging pains. Carb. an.³⁰, and Apis³⁰, were

given without any perceptible effect, except to relieve the pains, but increasing continually in size. She then had Ars. iod.³⁰, three or four powders, and S. L. one week, with directions to repeat the Ars. iod. when there was a return of the pains. In two years the tumor diminished to about one-third of its size. If from any cause there is any pain or uneasiness in the breast, a few doses of the remedy will relieve. Was informed a few days since that the lady is now in good health, and she thinks that all trouble in the breast is removed.

Mrs. W. G. C., aged 61. Oct. 6th, 1879. For some three months has had frequent sharp, stinging and burning pains in her left breast, and on examination she discovered an oblong hard tumor of the size of a butternut. She had Ars. iod.³⁰, repeating occasionally, until the pain ceased. On return of the pain, the remedy was again taken as before with complete relief. April 10th, 1882, examined the tumor, which was about the size of a chestnut, soft and free from pain.

If space would warrant, I could give many others with similar results. I would earnestly persuade my colleagues to treat these cases with the same confidence they do other diseases, and not turn them over to a surgeon who would resort to the knife or cautery.

INFANTILE CONVULSIONS.

O. P. BAER, M. D., RICHMOND, IND.

(*Bureau Clinical Medicine, I. H. A.*)

FELLOWS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION:—I have selected for my present theme, the subject of *Infantile Convulsions*, for several prominent reasons. The first of which is, because parents, as a general thing, have as great, if not greater innate dread of convulsions among their children, than of any other disease. The second is, because when convulsions do occur, they often seriously disturb both parents and physician. The third is, because spasms are often the antecedents of other diseases; and fourth, because the mortality of children by convulsions, particularly in cities, is very great. The brighter the child, the more active the brain; the more nervous the temperament, the larger the head; the more exciting the surroundings, the greater the danger of convulsions. The

more receding the forehead, the smaller the head, the duller the intellect, the more lymphatic the child, the less danger there is of spasms. These are axioms to be recognized by all studious physicians. Convulsions are protean in form, as they often start in highly clonic and terminate atonic. Or in other cases commence atonic and become tonic as they advance. Sometimes they start in with an intense vigor, convulsing every muscle and nerve for several minutes, then relaxing as though the sanitary end was just at hand, when lo, the whole scene is re-enacted over again and again for an untold number of times. Again, they may start in almost unobserved twitching of this muscle, then of that, here and there, marked by fretfulness and feverishness of the infant, soon to be followed by more decided symptoms. These premonitory warnings may not at all be heeded or even noticed by the parents, until the sad scene in all its horrors is upon them; then what confusion, what excitement, what bustle, what running for doctors, and above all, what an utter want of good hard sense is often exhibited by the attendants! Then again, severe cases frequently present themselves in apparently perfect health. The child may be playing in all its accustomed glee and mirthfulness, and in the midst of its fun convulsed from head to foot. Moaning, tossing, jerking, frothing, grating its teeth, rolling its eyes, distorting its mouth and gasping for breath, flushed face, high fever, and worse than all, an excited brain.

Convulsions rarely exert their equal force upon both sides at the same time. The right arm and left leg, or left arm and right leg, or arm and leg of the same side may be convulsed immoderately, while the other parts may lay more or less quiet, or really be paralyzed for the time being, or even permanently so. Spasms frequently pass off but partially, leaving a tremulous weakness of the nerves for days, and an undefinable, inexpressible something in the general physique which is not natural, but not sufficiently characteristic to yield to vocal descriptive language. Other times our little patients may have two, three or more hard convulsions and get right up, as though nothing had happened. Some children have spasms on all unusual occasions, while others never have them at all. The teething period is generally the most trying one of an infant's life. Its whole system is rendered sensitive by the constant growth and upward pressure of the coming teeth upon the gums. While among country and well-nursed babes this natural process seldom gives any annoyance, in cities, and particularly among improperly-fed children, it is much

to be dreaded. Worms as a concomitant, add greatly to the strife. The children of some families are peculiarly liable to convulsions, whether from some family idiosyncrasy, or diathesis, or heredity, I am not prepared to say, but the fact of tendency to spasms exists, irrefutably. I treated one large family for more than thirty years, embracing the entire child-bearing period, twelve children in all, and not one of them escaped spasms. There was constant parental anxiety from birth until the mouth was full of teeth. I have a family now who have had four children, one of whom died for me in spasms; the others have all had spasms, frequently lasting thirty minutes at a time. The youngest, now approaching its period of freedom, has had at least one hundred hard spasms in the past two and a half years. The last one held her nearly two hours without intermission, causing all of us to doubt her recovery. I feared disorganization of the brain, but to my great relief she rallied perfectly in every respect, as well as ever, bright, cheerful and happy. Indeed, she is the most precocious of any of the children. The father, when in his seventeenth year, had a prolonged and severe attack of chorea. He developed slowly, showing more or less signs of scrofula. The mother is of a restless type.

Having generalized, I will now individualize a few notable cases, with treatment.

The child referred to above, having had so many spasms, had them at intervals of two, three or four weeks, for the space of nearly two years, sometimes very light, not requiring treatment; then again she would have four or five during twenty-four hours. She would frequently go to bed well, and rouse her mother before midnight in a hard convulsion; or, she would be playing and suddenly take a spasm; or, she would become angry, throw herself upon the floor and take a spasm; indeed, any unusual little incident might produce a spasm. The child is quite fleshy, hence very heavy upon her feet, clumsy and tottering. Her spasms most frequently commenced with a scream or grunt, then at once followed hard jerking of arms, head, trunk and limbs, in rapid succession, presenting, batting of the eyes, with twitching of the muscles of the entire face, frothing at the mouth, and occasionally biting the tongue. The extensors and flexors were both in active operation for several minutes, then a slight subsidence, not an entire abatement. In this remission the pulse became normal, the face natural, and the limbs relaxed; but in a moment, the same general contortion was enacted over again. This alternation continued

for nearly two hours in her last attack, some two months ago. In several of her attacks, hemiplegia made its appearance, but in none so hard as in the last attack. The right side of the face was flushed from the beginning, while the left side was pale. As soon as the spasm entirely disappeared she dropped into a very pleasant sleep. The breathing, which had been hurried, short and stertorous, now became perfectly normal. On waking, which she did in about a half-hour, she called for water, and instead of taking both hands to the glass, as is usual, she applied her right, leaving her left motionless by her side. Her bladder and bowels were both evacuated during the spasm, and now again showed signs of repetition, when her mother took her from the cradle. In doing so, I noticed the left leg was as lifeless as the arm. This hemiplegic condition continued for some ten days, before it entirely disappeared. Belladonna 30th had always before done the work quickly and well, but in this attack it failed me; but the 200th gave prompt relief, carrying off the epileptic hemiplegia as well. The child now seems perfectly well, and has gone fully thrice as long without a spasm as she has done at any time since their commencement.

This case presented many worm symptoms, such as circumscribed red cheeks, white around the nose, swelled upper lip, picking the nose, pouched navel, distended bowels and variable appetite, and yet, as far as observation went, she never passed any, notwithstanding efficient means had been frequently used. This case clearly proves that worms are often charged for producing symptoms which really originate in, and are disseminated from the nervous centres, independent of worms.

Another case, just the opposite of the foregoing, was that of a child from parents of very similar temperaments, of a sanguineous, mercurial character. The child was of a scrofulous diathesis, very large head, forehead or cerebrum disproportionately large, trunk and extremities thin and lax; always pale, peevish and restless. The mother gave no milk, hence the child was fed from the bottle. Its teething period was greatly postponed. Its mind was all alive, quick to catch an idea, daily added words to its vocabulary, and precociously learned to combine them, and often saying things far beyond its age. When about thirteen months of age its first teething symptoms appeared. On the 10th of last December, the child became unusually ill, mentally, scolding, crying, chattering rapidly against everybody who attempted to pacify it, refused its food, threw

away its choice dolls and other playthings, refused all familiarity with every one save its mother, and tolerated her only so far as she permitted her to have her own way. Fever gradually increased until 4 P. M., when a severe clonic spasm set in, wrecking her entire organism. Having been otherwise engaged, I did not see the child until 7 P. M. Found her in one which seemed to affect the nerves and muscles of the head and chest far more than the extremities. The nerves of the face, particularly the trifacial, jerked and twitched exceedingly; her eyes and mouth were in constant motion; the lungs were greatly oppressed, the heart going at the rate of 150 per minute; the eyes dilated and rolled up, and more or less reddened; abdomen bloated and rumbling; mouth in rapid sucking motion, thrusting out the tongue with a clucking noise. She rolled her head jerkingly, with an accompanying moan, and sometimes a piercing shriek, even when she was otherwise comparatively easy. I gave her Hyoscyamus 3x, with some relief; but this only temporary. The brain, no doubt, was disorganized during the first hard spasm. The force of the convulsions gradually waned upon the extremities, but continued upon the brain and chest as long as life remained, which yielded at 11 P. M. Thus ended a precocious life, from want of structural balance, too much medullary and too little muscular substance; too much mental and too little physical—no doubt the legitimate result of an improper marriage. Two persons of analogous temperaments, or of equally scrofulous or syphilitic diathesis should never come together as husband and wife, as their offspring will invariably prove failures. Where only one parent is affected with a scrofulous, syphilitic or mercurial diathesis, then there will be a strong probability that the healthy parent will control the state of the progeny, and bring forward well-developed organisms.

Another case of convulsions occurred in a child of a nervo-bilious temperament. The child passed through all its teething handsomely, until it reached its period for the cutting of its stomach and eye-teeth, when it became very much disturbed by lumbricoides and occasional ascarides; both kinds of which, it frequently passed spontaneously. During the month of August, 1877, the child had its first spasm, under the care of one of my brother-would-be-homœopaths; who, in his love for examining all things and disposition to hold to nothing, gave her an ordinary apothecary shop in the course of a year, without the least relief, but upon the contrary, entailed upon

her a multiplicity of symptoms too tedious to enumerate, too vexatious for comfort.

The doctor finally pronounced the child incurable; saying, the child would finally become idiotic, as the spasms had assumed an epileptiform character. In this dilemma I was called in. Found the child in a hard tonic spasm, muscles hard and severely contracted, head drawn back, knees drawn up, throwing her hands and limbs about lawlessly, and vigorously extending them, then drawing them up suddenly. Bowels rumbling and tympanitic; sore to the touch and quite yellow.

I also learned that she had from three to ten spasms in the course of twenty-four hours, and that this condition of things had been repeated every eight or ten days for at least one year. Spasms were liable to come on at any time, day or night, asleep or awake. She breathed like an infant troubled with diaphragmetis, short, labored and grunting, even during her best periods of freedom. I gave her Opium during the spasms, the 30th dilution at first, but changed it for the 200th before the attack was over. Then, through the interim, I gave her *Calcarea carb.*²⁰, every night a dose. This softened her bowels and removed both the soreness and tympanism, and also the rumbling to a great extent. The spasms returned in fifteen days, several days later than usual, with but little variation from past exhibitions. I gave her Opium²⁰ at once, as she gasped so much for breath. Breathed so loud and heavy, with mouth wide open most of the time, and arms spread straight out, at right angles with body. The medicine acted beautifully, as she had but two, at intervals of five hours.

I gave her *Calcarea carb.*, ad interim, again, and ordered her a daily enema, composed of two tablespoonfuls of Orleans molasses, five drops of spirits of turpentine, and one pint of warm rain-water. This greatly aided regular action of the bowels, and brought away great quantities of worms, alive and struggling. The next attack came on in just four weeks from the last. In this, she was taken during her first nap, about 9 P. M.

Her head, eyes, face and mouth remained quiet, but the body, arms and legs worked as usual. Her bowels moved during the severity of the spasm; she also passed urine. Seemed more troubled in diaphragm than during the two last attacks. It was in every sense of the word, a very decided clonic spasm. I gave her *Belladonna*²⁰, which cut it short, and she had no more for the present.

The quantity of worms passed during the last attack was really incredible; fully a pint, and these chiefly ascarides, mixed with several unusually large lumbricoides.

From this time onward, the child gained in strength, appetite, general appearance and animation steadily; showing no symptoms whatever of spasms for more than three months, when she contracted a very severe cold, affecting her head, throat and chest, producing most violent fever, and finally one hard spasm. This spasm was far more energetic upon her head than elsewhere. Her head jerked backward and sidewise, with rapid snapping of the eyelids, twitching of the muscles of the mouth, with occasional thrusting forward of the tongue, accompanied with a blowing sound, as though she intended to eject some offensive material from the mouth. All the muscles and nerves of the face twitched or quivered very much; her arms and chest seemed in constant spasmodic action, backward, forward and sidewise. Sometimes the body would be thrown violently backward, and in another moment, would be thrown equally as violently forward; and yet it could not, with propriety, be called opisthotonus, neither could it be called emprosthotonus action, as it was but momentary, in either direction.

Aconite³ was given for the fever, and continued until the hardest of spasms presented itself, when Hyos.^{2c} was given every ten minutes, until all traces of the spasm subsided. The action of the heart was absolutely alarming, as it beat with such force and rapidity, that I could not count them satisfactorily. The whole chest shook from the extreme action of the heart. I feared disorganization, but with the spasm the fever subsided. It was the culmination. Quiet soon reigned. The great storm of arterial orgasm was over, and my little patient again herself. Hyos.^{2c} was given once each week for about three months, after which all medication was discontinued. More than three years have now elapsed since her last spasm. She is therefore, no doubt, radically cured of spasms. She is now the pride of the household; active, happy, energetic, and as mentally bright as any child of her age.

I might multiply such cases indefinitely, but I forbear for the present. It is full of the deepest interest to every physician to know every possible symptom of spasms, and every means calculated to cure them; hence this little mite to aid in the great work of promoting the desirable end.

CASE OF PUERPERAL FEVER, FOLLOWED BY
PHLEGMASIA ALBA DOLENS.

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Mrs. —, aged about 26, was delivered of her first child on October 23d, 1881. The labor was severe and prolonged, and I had to apply the forceps under chloroform. There was an extensive, though not deep, laceration of the perineum, which healed without sutures. I have had two other cases of lacerated perineum in primiparæ, one a forceps case; in all they healed up well by granulation, without the use of sutures or local medication. Of course, the sphincter ani remained intact, otherwise an operation would have been unavoidable. One of these patients, after the laceration had healed, was free from the pain of coition, which she had formerly experienced; she subsequently had twins without much trouble, proving that an artificial perineum may be better than the original one. In the treatment of this case I had the valuable assistance of a nurse, who not only understood her own department, but also was thoroughly versed in Homœopathy. I am indebted to her for much of the completeness of the following daily record. After the labor she complained of stiffness all over her, for which she took two doses of *Arnica* and subsequently *Nux* for ineffectual urging to stool, with spasmodic pain in rectum, coming on with forcing, like labor-pains, which the medicine relieved.

Oct. 25th. At 1 A. M., she had a rigor, lasting five minutes, but the pulse was only 78 (carefully counted four times by the nurse). She then slept till 5 A. M. All the morning was a little exhilarated, noticing and talking about things. At 1 P. M. the nurse noticed a slight odor about the patient and gave an enema of warm water, which brought away a very offensive large black clot; after which she gave an enema of Condyl's Fluid. In thirty minutes more there was pain in uterus and shivering; she felt "as if all her inside was coming away," and an enormous quantity of nearly black clots passed from her, mixed with a little fluid blood; she shivered violently, and complained of feeling very cold. The nurse now gave her *Aconite*^{mm} (Fincke), every fifteen minutes, for three doses, covered her up warmly, and put a hot-water bottle to feet. The shivering now ceased and she perspired; the pulse, which before the *Acon.*

was 118, had fallen in an hour to 108. She then slept, the pains being better. In another hour the shivering returned, and the pulse rose to 120. The nurse repeated the *Acon.* every five minutes, for eight doses.

I saw her at 4 P. M.; she was quiet; no shivering; pulse, 120; perspiring; lochia scanty, *offensive black clots* mixed with water; there had been signs of the milk the night before, but now the breasts were very flabby. The italicized symptoms pointed to *Kreosotum*, according to C. Lippe's most excellent *Repertory*, and I ordered a dose of 1M (Jenichen) every two hours, till better.

At 11 P. M., she felt much better; lochia freer; pulse, 120. Had taken two doses, and subsequently took one at midnight and again at 4. A. M.

Oct. 26th, 9. A. M. Slept well last night. Pulse is now 96; less pain in uterus; lochia more natural in consistency, more red, less fetid. No medicine.

2.30 P. M. Soon after my last visit, had pains over right eye; then slept for a long time and was free from pain, but pulse rose to 108, and lochia became very *offensive, dark*, with a few black strings, but no clots; *no milk*; very slight tenderness of uterus; temperature, 101.8. *Bellad.*^{60m} (Fincke), every two hours for three doses.

10 P. M. Pulse, 108; temperature, 99.6; lochia more free, very offensive; natural stool; milk returning; uterus tender only on hard pressure. No medicine.

Oct. 27th. Slept well from 1 A. M. to 3 A. M., when she awoke with pain in left calf, which, however, she did not mention till 5 A. M.; lochia continue free. The nurse gave her another dose of *Bell.* and applied a wet bandage to calf, which relieved. At 10 A. M., I saw her; there was a deep-seated hard lump in left calf, very tender, with the integuments freely movable over it; temperature, 99.4; milk disappeared; pulse, 120, irregular in volume; heaviness in left lower leg; at first the pains made her move her leg constantly; now it is painful only when moved. Under "Swelling in Calf," Lippe's *Repertory* gives *Bry., Chin., Mezer., Puls.* The pain compelling the patient to move the limb indicated, the last medicine (compare Dr. Walter M. James' case in *The Organon*, vol. iii, p. 34), *Pulsat.*^{cm} (Fincke), one dose.

At 3 P. M., I saw her again; she had improved in half an hour after the dose, the breasts became fuller, and the child fed without causing much pain. Bowels have acted naturally. Leg still

swelled, with heaviness, but less pain on moving. Pulse, 114; temperature, 101.7. Lochia more natural; less dark fluid, but rather thick, and still offensive. The nurse has given her another injection of Condy's Fluid. Feet cold and damp. The odor seems to proceed not only from the lochia, but from the entire body. I gave another dose of *Pulsatilla*^{cm} (Fincke).

At 9.15 P. M., pulse was 120 and temperature 100.8, lochia less offensive and more natural; milk coming in slowly; leg unchanged. The nurse repeated the *Pulsat.* half an hour ago.

Oct. 28th, 9.45 A. M. Slept well till 5 A. M.; leg still heavy, but swelling less, and much less tenderness; lochia of better color, and much less offensive; more milk; pulse, 100, stronger; temperature, 98.4. Has taken no more medicine.

At 9 P. M., visited her; about 4 P. M. she had had some chilliness, but not a rigor; previously the leg had been rather more painful, and about 6 P. M. decidedly so, with hard swelling extending all over calf. The nurse repeated the *Pulsat.* Now leg is less painful, and the swelling softer and less extensive, but the lump is still more tender than this morning. The lochia are unchanged in character, but much freer, and *make her feel faint as they flow.* (The nurse tells me that years ago, she verified this italicized symptom with *Pulsat.*³⁰, and that she has also cured with it the same symptom, occurring during the otherwise natural menses.) Milk is less plentiful. No abnormal uterine tenderness to-day. Pulse, 106; temperature, 99. Since the last dose, there has been less faintness from the flow of lochia. From 4 P. M. to 6.30 P. M., she seemed faint and low, scarcely speaking above her breath.

Oct. 29th, 10 A. M. Has not slept so well; lochia more scanty, more coffee-colored, and still a little offensive. Natural stool this morning. Leg much better, lump smaller, with less pain and tenderness. Pulse, 108; temperature, 99. Milk less free. *Pulsat.*^{mm} (Fincke), one dose.

At 9 P. M., I saw her; the nurse had repeated the *Pulsat.* at 2, 4 and 6 P. M. She seemed poorly all day, restless, inclined to cry, with distaste for food, except of a liquid nature. The leg became painful at 6 P. M. (about the same time as yesterday). It had been better all day, but she was not so well in herself; when the leg became worse, she felt generally better. This evening she slept well, but since the morning till this evening, she kept dozing, with absurd dreams, which are quite unusual. During this evening's sleep, there

was warm sweat over whole body, especially in legs. Lochia slightly offensive, otherwise unchanged. Breasts more flabby. Pulse, 88; temperature, 98.2. Swelling in calf unchanged.

The action of *Pulsat.* had evidently ceased, and new symptoms had arisen. "Sweat during sleep," is given in Lippe's *Repertory*, under *Carb. an.*, *Cic.*, *Chin.*, *Dros.*, *Euphorb.*, *Ferr.*, *Jatr.*, *Merc.*, *Nux.*, *Phosp.*, *Puls.*, *Selen.*, *Thuja*. Of these, only *China* and *Puls.* have the swelling of the calf; and the former medicine was also indicated by the absurd dreams and the periodicity of the pain in the leg. I gave one dose of *China*^{cm} (Fincke).

Oct. 30th, 11 A. M. Pulse, 96; temperature, 98.8. Slept well. Lochia ceased all night, but returned this morning. No sweat; much less dreaming, and only when dozing—not during sound sleep; no uterine tenderness; more milk; ineffectual urging to stool this morning, for the first time since the second day; lump in calf unchanged, no swelling around it; appetite much better; is in good spirits. This morning, asked to have the blinds up, hitherto has desired the room to be dark.

At 9 P. M., pulse, 94, and stronger; temperature, 98.4. Lochia returning, brighter, and without odor; no sweat; slept without dreaming; no uterine pain; the pain in the leg did not return, as before, at 6 P. M., otherwise it is unchanged; appetite good; much stronger; natural stool; laceration in perineum healing; milk more scanty this evening, and causes diarrhoea in the child.

Oct. 31st, 9.40 A. M. Had restless and troubled sleep up to 2 A. M., when she woke, feeling very hot, with much sweat. The nurse gave a dose of *China*^{cm} (Fincke). After this she slept better, and at 5 A. M. felt much better and had a good breakfast. No more absurd dreams. This morning she feels stronger and her voice is stronger. The lump in calf is not so clearly defined; the surrounding integuments are swollen, but soft; very little pain in it. Not much milk; has never felt it flow in naturally; it still produces diarrhoea and rumbling in the child as soon as taken. Lochia nearly ceased, very slightly offensive. Pulse, 96; temperature, 98.8.

At 8.30 P. M., pulse, 96; temperature, 98.8. Swelling much less and lump much smaller; no increase of pain at 6 P. M. Lochia returned freely and appear natural. She has twice (for the first time) felt the draught of milk naturally; it is more free and no longer purges the child, and he sleeps after it. No stool to-day. Is stronger and pulse stronger.

Nov. 1st, 9.30 A. M. Went to sleep at 10.30 P. M. yesterday, and at 11.30 P. M. was moaning, so that the nurse woke her; she said she had had nightmare and was restless and feverish. The *China* was repeated, and she soon fell asleep till 3.30 A. M., when she awoke hungry. Lochia natural. Draught of milk felt. It is morning. Last night at 9.30 P. M., the milk caused diarrhœa in the child as soon as taken; this diarrhœa has always been green, the milk would go through him at once with a rattling noise in bowels. Pulse, 96; temperature, 98.8; leg improving.

At 8.45 P. M., pulse, 96; temperature, 98.8; milk more abundant and does not disagree with the child. This afternoon had absurd dreams and nightmare again. The leg has not troubled her. Is cheerful. The day is very cold and she easily gets cold, especially about the legs, and asks to be covered up. Repeated dose of *China*^{cm} (Fincke), at 9.30 P. M.

Nov. 2d, 9.30 A. M. Last evening was restless and felt weak. The nurse repeated the *China* at 11 P. M.; soon afterward went to sleep and slept well till 3 A. M.; very little dreaming and could not remember her dreams. Lochia natural. The milk agrees with child. No sweats. Before her accouchement, there had been internal and external swelling of the sexual parts; this has now disappeared. The laceration of perineum is healing. Bowels are natural. Temperature, 99; pulse, 93; the lump in calf is much smaller and less tender, no pain in it.

Nov. 3d, 9 A. M. Pulse, 90; temperature, 98.2. Slept well; looks better; swelling in calf unchanged. Milk free, but *thin and blue*, and soon causes profuse urination in child, who literally swamps the bed. The patient herself urinates often, passing much at a time; it is pale, like weak green tea. When the child's bowels were acted on by the milk, the urine was not affected, and now it is *vice versa*. The italicized symptom pointed to *Lachesis* (C. Lippe's *Repertory*, p. 199), and I gave one dose of CM (Fincke).

Nov. 4th, 9 A. M. All yesterday was much better in every way, and in the evening the lump was much smaller. In the afternoon there was an escape of wind from vagina, which she never had before. Slept fairly, but the night was hot and oppressive. Milk much thicker since yesterday evening; child vomits some of it but has no diarrhœa. Pulse, 96; temperature, 99. The lump is the same as yesterday, not painful, except from hard pressure.

Nov. 5th, 9.30 A. M. Pulse, 96 (*was 86 last evening*). Tempera-

ture, 98.7. Last night after 9 P. M., had a fright from her husband's return home being delayed; she lay thinking over it, and at last lay with eyes starting, wide open and very bright; clutching at the bed-clothes and twitching all over. When her husband returned she lay speechless, with a stony, corpse-like look, except for the color in lips, and at length drew a long sigh and burst out crying, which relieved her. The nurse then gave her a dose of *Opium*^{cm} (Swan), which quieted her, and she slept well. The child urinated less, yesterday, but last evening had distention and hardness of abdomen, with pain and crying, for which the nurse gave him a dose of *Lycop.*, with relief. The swelling of the calf is unchanged, but there is very little tenderness. Lochia natural. Milk plentiful, natural. Yesterday stools very large and difficult, causing straining.

The pulse was quicker in the morning than the evening, a very unusual symptom, which, according to C. Lippe's *Repertory* (p. 264), belongs to *Agar.*, *Arsen.*, *Kalic.*, *Sulph.* and *Thuya*. Of these I selected *Sulphur* as alone corresponding to the swelling of calf, and gave one dose of DM (F. C.).

Nov. 6th, noon. Lump smaller last evening and about the same to-day. Milk natural, but gives the child pain; child urinates less. Lochia natural; sleeps well; temperature, 98.6; pulse, 90. Tongue furred at back. For three or four days there has been sweat on the soles of the feet, no other part, and the soles are yellow; the sweat was very offensive yesterday in spite of daily washing. For two days no stool, with ineffectual urging. The sweat on the soles belongs (C. Lippe's *Repertory*, p. 228,) to *Acon.*, *Amm. mur.* and *Nitr. ac.* Of these the latter alone (see p. 135) has ineffectual urging. Had these symptoms been mentioned to me the previous day, I should have considered them as of more importance than those indicating *Sulphur*, because one of the *Sulphur* indications (the swelling of calf) was an old symptom, and therefore of less diagnostic value than the later ones. Therefore, as the *Sulphur* seemed to have effected nothing but the reduction of the swelling, and the new symptoms did not correspond with it, I did not wait its further action, but gave one dose of *Nitr. ac.*^{mm} (Fincke).

Nov. 7th. The ineffectual urging continued increasing all the evening, so the nurse dissolved *Nitr. ac.*^{mm} (Fincke), in water, and gave three doses during the night. This morning, natural stool, the first since Nov. 3d. To-day (3.30 P. M.), pulse was 84; milk natural, it does not cause any unnatural urination in the child (this improve-

ment is marked since the *Nitr. ac.*), but it causes colic. The lump in calf is unchanged. Tongue still furred at the back. Sweat on soles much less, and less offensive. (The odor of the feet-sweat was something like the odor of a stable; the lochia had the odor of stinking fish.) Since her accouchement, had urinated too frequently, a copious amount each time; since the *Nitr. ac.*, this has improved; it was never so before. Soles yellow only in patches.

About 4 P. M. she had sudden, violent cutting pains in small of back, shifting to sides, abdomen, below scapulæ, etc., causing her to cry out and twist about in every position. I gave *Lycop.*^{cm} (F. C.) every few minutes, but with only slight relief. I then gave *Kali carb.*^{3cm} (Fincke), four doses. There was relief at once after the first dose; in fifteen minutes she took the second, and in twenty minutes more the third, as she felt the pain returning. The pain again returned about 6 P. M., and she took two doses in thirty minutes. At 10 P. M. I saw her again. She had no return of pain, but feels sore and very weak; very thirsty, craving champagne, which she has had. (She never takes stimulants when in health, nor has she hitherto craved for any during her illness.) The cause of this colic seemed to be that she had eaten some stewed celery. The nurse had eaten some, and had afterwards profuse noisy eructations and profuse flatus downwards. The child took the breast since its mother partook of the celery, since which it has lost the painful flatulence, and it now rolls up easily. Thus the celery removed in the infant symptoms similar to those which it produced in the mother.

Nov. 8th, 10.15 A. M. Took another dose of *Kali carb.* about 2 A. M., as she thought the pain was returning. Soon after my last visit, she had constant pain in small of back, as if strained, worse on moving; on lying on other side, pain in the corresponding hypochondrium like a dragging from the other side. Urine turbid and high-colored. Very restless last night, moaning loudly and hysterical; tongue creamy-white, coated as far as tip; breath offensive; ineffectual urging to stool; temperature, 98.5; since last night the lump has moved more to the inner side of calf, and is a little larger, spreading out more; no appetite; nausea to food; feels flatus in chest when lying, relieved by sitting up, when it rises; if it does not rise it obstructs the breathing (the latest symptom). Back relieved by lying on it; a new medicine was evidently indicated. The latest, and therefore the most important symptom, the obstruction of the

breathing by flatulence, belongs to *Mezereum* (Lippe's *Repertory*, p. 119), and it has also the swelling of calf, which was now increasing again. I gave one dose of *Mezereum*^{3m} (Jenichen).

At 9 P. M. I saw her again; she had taken another dose at 2 P. M. and 6 P. M., when the obstruction of breathing returned, but on the whole has been much better. Now the pain in back, and the pain in side, when lying on it, is much better; urine less dark and thick, but became very much higher-colored and turbid after the first dose of *Mezereum*. No stool or urging; tongue clearing toward tip; has slept two hours; is quieter altogether; breath less offensive; lump in calf smaller; no appetite; still nausea to food.

Nov. 9th, 3.30 P. M. About 1.30 A. M. felt some return of pain in back and took another dose. Now has no pain in sides, and very little in back. Tongue clearer. Since the morning, jaundiced all over. Urine less high-colored and less thick. Bowels relieved; stools large, all in one or two pieces, which were knotty in shape and difficult; milk natural; lochia returning, a little bright, without odor; feet-sweat nearly gone, and not offensive; flatulence very slight; appetite poor; slept well and awoke refreshed; breath slightly offensive; lump in calf unchanged; temperature, 98.7; pulse, 78. Yesterday afternoon, the right side of abdomen was larger than the left; this has ceased since the last evacuation. As the patient was generally better, I gave no more medicine, notwithstanding the occurrence of the jaundice; the result proved that I was right.

Nov. 10th, 3.45 A. M. Slept soundly from midnight to 6 A. M. Much less jaundice; urine more natural, but still high-colored and strong-smelling, only turbid after standing; no stool; some swelling in right abdomen; lump in calf much softer; sticky sweat all over for two days; sweat on soles very slightly offensive; tongue still coated at back; pain in back much better; pain in hypochondrium quite gone. Is sitting up, but feels very weak, and has to sit bent forward. I left her a dose of *Phosphorus*sm (Fincke), in case the sticky sweat continued (see Lippe's *Repertory*, p. 257).

Nov. 11th. Sweat was very sticky last evening, so she took the dose of *Phosph.* about 11 P. M. To-day, sweats decidedly less, and less sticky. Dreamed of being pursued last night (effect of *Phosph.*). Less swelling of calf; less jaundice; natural stool; milk disappearing, it gives the child colic if he takes it more than once a day, and the first time it gives him wind; urine more natural; tongue clearer;

stronger; pain in back and side gone; appetite returning; for four days has felt hungry soon after food.

Nov. 12th. Took another dose of *Phosph.* last night, as there was still sweat. Had a good night; sweat now gone; tongue clearer. Appetite better, but feels hungry very soon after eating; eructations after food. Swelling of calf unchanged. A little hysteria to-day, wanted to cry. Milk returned to-day; also, the lochia, which are bright red; no stool. In Lippe's *Repertory*, p. 158, I found: "Lochia turning bloody again, *Cauloph.*, *Rhus*, *Secale*." Of these three, the latter alone has "irresistible hunger" (p. 88), so I gave *Secale*^{cm} (Swan).

Nov. 14th, 3 p. m. Had four doses of *Secale* yesterday; none to-day; less ravenous since first dose. Less swelling in calf this morning; has walked a little. A little sticky sweat. Still has eructations after food. "Feels the heart beating in the throat." Milk returning. Lochia very free and very bright, and she feels very weak. Tongue coated only at back. Is still a little yellow, but the natural color of skin is returning. *Secale*^{cm} (Swan), twice a day.

Nov. 15th. About 6 or 7 p. m., yesterday, had another attack of pain in waist and abdomen, moving about: like the former attack, but less severe. She had been unpleasantly excited a short time previously. About 8.30 p. m., the nurse, who had been away, returned and gave *Kali carb*^{cm} (F. C.), every five minutes, for an hour, till the pain was decidedly better, then every fifteen minutes; it soon commenced to give relief. Lochia as before, and milk returned freely in evening. Had feeling of great weakness and faint feeling for food. With this attack of pain, and also with the first one, had feeling of hot blood running down inside spine from between scapulæ to waist. I saw her to-day at 4 p. m.; she had had a bad night from restlessness and flatulent pain; she had taken several doses of *Kali* in night, which relieved, but not nearly so quickly as before. To-day, is much stronger; bowels natural; skin less yellow. Lochia and milk unchanged. Lump in calf nearly gone, and she has walked down-stairs; sweat; ravenous feeling and sensation of blood flowing down spine all gone. The milk now agrees with the child.

Nov. 17th. Had a little pain in back yesterday, and took two doses of *Kali*; also, one to-day, when the ravenous appetite returned. She still feels sinking, exhausted and faint about thirty minutes after food. Lochia still very free; milk natural, but nurs-

ing makes her feel hysterical and exhausted. Lump in calf almost gone, but there is a little dragging there on walking. Has been out for a drive and feels stronger. On account of the exhaustion from loss of fluids, with the other symptoms, I prescribed *Calc. carb.*^{cm} (F. C.), twice a day.

Nov. 19th. On 17th, about 6 p. m., before she had taken the *Calc.*, she had a return of the flatulent pain. The nurse gave her two doses of *Calc.* and two of *Kali carb.*, but without relief. The patient then took some brandy and soda, without relief; followed by some peppermint, which brought up a little wind. The nurse then gave her two doses of *Carb. veg.*^{cm} (F. C.); the first dose checked the pain from increasing, and the second removed it. The swelling in calf is unchanged to-day, with stiffness still on walking, especially on descending stairs. Lochia nearly gone. Had two doses of *Calc.* yesterday, and one to-day. The hunger after food is less. Less weakness after nursing, but still weak and inclined to cry after it. *Calc.*^{107m} (Fincke), morning and evening.

Nov. 21st. Last night at 10 p. m. had another attack of flatulent pain, relieved as before by *Carb. veg.*; she took it every five minutes for eight or ten doses; relief commenced after sixth dose. Yesterday the ravenous appetite had ceased, so the nurse gave her no more *Calc.*, nor to-day either; has had two doses of *Carb. veg.* to-day. Lochia ceased. Lump in calf almost gone. Nursing does not affect her much now, but the milk does not satisfy the child. Only a little stiffness in both legs on going down-stairs. For three days, swelling of labia, uncomfortable on sitting. Feeling of lump in stomach after a full meal. Yellow fur at back of tongue. The swelling of labia is a symptom of *Carb. veg.* (see Lippe's *Repertory*, p. 160), and as the patient was better, I ordered it to be repeated only if the pain returned.

Nov. 23d. Had two doses of *Carb. veg.*^{cm} (F. C.), on evening of 21st, because the pain returned; no medicine since. Better now in every way; not ravenous; feeling of lump in stomach gone; swelling in calf nearly gone; only a little stiffness in legs; swelling of labia much less; return of bright lochia, yesterday; only a little yellowness of skin; milk plentiful and exhausts her less. *Carb. veg.*^{cm} (F. C.), once a day.

Nov. 25th. No return of flatulent pain; is much stronger; no swelling of labia; lump in calf unchanged, but leg rather more swollen around it. *Carb. veg.*^{cm} (F. C.), once a day.

Dec. 2d. No more flatulent pain; leg natural, except a little difficulty in walking down-stairs, which she thinks is only from nervousness. On Nov. 25th and 27th, had a return of the flatus from vagina. Is much stronger.

Dec. 6th.—Quite well, except that the child's appetite has caused soreness of nipples.

CASES FROM PRACTICE, WITH REMARKS.

C. PEARSON, M. D., WASHINGTON, D. C.

Mrs. H., aged 72, large fungus excrescence on neck, back of the left ear, the growth of three or four years. First saw her Jan. 6th, at which time it measured one and one-half inches in diameter, and about the same from base to top, very tender and vascular, bleeding from slightest touch. It had been pronounced by the members of the scientific (!) school, who had examined it, *Fungus Hæmatodes*, for which, of course, the knife was the only remedy, and \$25 the lowest price (dirt cheap).

Having once cured a growth very similar in appearance on a lady about the same age, with Phos.^{cm}, I gave two powders of this, and repeated it again in seven days; but in two weeks, as there was no visible change, except perhaps a slightly less tendency to bleed, I concluded I had made a mistake, and gave two powders, six hours between, of the 10 M of Thuji., not having it higher, and repeated the two powders in the same way every seventh day for sixty days, or until the 24th of March, by which time one-half the tumor had sloughed off, and the balance was less sensitive and shrinking rapidly. After this no more medicine was given, and in four weeks more no part of the growth was visible, and only a small cicatrice remained to mark the spot. No external application of any kind was used, not even water, as I directed that the parts be kept perfectly dry. The old lady declared that she would willingly have paid \$500 to have had it cured without cutting, and yet the expense did not exceed \$12. As old *scientific* had *unanimously* decided that it could not be cured without the knife, he had quite a hunt for it after it had disappeared, but whether he concluded he was hunting on the wrong woman, or that he had never seen a tumor on her neck at all, I do not know, but he seemed to lose all interest in the search when

he learned that it had been removed with nothing but powders taken internally.

CASE II. Miss C., aged 17, thin, delicate girl, had intermittent fever in the fall of 1881, of which she was cured (!) with *homœopathic Quinine* (whatever that is). Chills returned June 1st, 1882, and after having had two or three, tertian type, she applied to me. The indications for the remedy, as is so often the case in this disease, were far from being well marked. Chill first came at 11 A. M. Anticipating one hour, third attack at 8, lasted one hour, little or no nausea, no great thirst or pain anywhere, fever for two or more hours, with thirst and headache, then perspiration without any marked symptoms. On the day preceding the chill, I gave four powders of *Aranea diad.*^{cm}, three hours between, the next morning chill came two hours earlier, and much more severe, going off by vomiting, high fever and of longer duration, altogether the worst day she had had. *Sac. lac.*, no more chills and no fever since.

Now, in reference to the former case, would not the disciple of Hippocrates, the modern self-styled *rational* homœopath, have been equally as incredulous as his twin brother, the allopath, and as much disposed to use the knife, particularly if he should have a great desire to play surgeon, and to always be on the lookout for something to cut. To the mechanical part of surgery I have no objections, whatever; it is a business that has no necessary connection with medicine, but is, and should be considered, as distinct from it as is dentistry. But I have a supreme contempt for the specialist, who sees in every abnormal growth, whether of the eye, ear or any other part, something requiring an operation, and at which he proceeds to poke, and scrape, and cut; and then to syringe, and salve, and cerate, until, if he succeeds in healing up the sore he has made, he has done a big thing. I have no patience with specialists; if a physician is competent to practice medicine at all, he should be as familiar with one part of the body as another. The gynecologist finds nine-tenths of all female complaints located in the uterus, and hence, conceives the necessity of getting inside of his patient with a light, to find the cause of the mischief, and should he discover an *effect*, he is all right, for he is death on effects; and just so it is with the eye and ear men, the lung doctor, the cancer doctor, the worm, the corn and the pile doctor, and in this particular, as in many other respects, our school is aping the empiricism of the other. Why will not physicians learn to *cure* their patients, and let effects take care of them-

selves? But no! This would not be progressive *rational* Homeopathy. If my allopathic neighbor has a microscope, laryngoscope, speculum, pessary, forceps, probe and hypodermic syringe, I must be in style and get the same, and though I may never be able to cure any one by their aid, that could not have been cured much quicker and better without, I may at least succeed in scaring somebody and getting the reputation of being a wonderful doctor, in the same sense that Dr. Valentine viewed his preacher. The doctor said their minister was a terrible powerful preacher; that he had only preached for them six months, till he had knocked two pulpits to pieces and clanged the insides out of three Bibles; he was an awful preacher. And this "doing something" seems to satisfy the people, whether it be of any utility or not. But the question is, are these whims of the patients to be humored and the physician's judgment to be biased thereby? If a child cries for candy, must the mother give it, without regard to consequences?

There are currents, or floods in the mental world as well as in the physical; certain drifts, on which and with which some physicians delight to float into notoriety. At the present time this drift is liberalism. The allopathic fraternity, for the past fifty years, having failed to crush out Homœopathy by their opposition, have all at once become very liberal, and like the spider to the fly, invite us into their parlors, where they, obviously, intend to drug us to death, and the unwary fly indirectly accepts the invitation, as the following resolution adopted at the last meeting of the American Institute will show:

"*Resolved*, That it is the sense of the American Institute that no physician can properly sustain the responsibilities, or fulfill all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion, and unrestricted liberty of professional action, as provided for in the Code of Ethics of this Institute."

One member made a few remarks in opposition, which caused the president to remark that he regretted that the vote was not unanimous. Come to my arms, my long lost brother! And if you don't like this hateful word Homœopathy, we will drop it next year. Anything for harmony.

CASES FROM PRACTICE.

J. B. GREGG CUSTIS, M. D., WASHINGTON, D. C.

(Bureau Clinical Medicine, I. H. A.)

Aug. 6th, 1881. I was called to E. C., female, æt. two years and nine months, of light complexion and hair, with large head and protruding forehead. Her father died of phthisis pulmonalis, two months before her birth. Three days before being called she had been exposed to the sun through the carelessness of her nurse. She was attacked with frequent vomiting of small quantities, especially after drinking water, for which she was eager, accompanied by diarrhœa of small, frequent, watery stools, with great prostration. I gave Ars. 50M.

Aug. 8th. Vomiting and diarrhœa checked; still greatly prostrated and inclined to sleep, but would start up sometimes with a cry; face alternately red and pale; pupils dilated; pulse full and rolling under the finger; would eat nothing and showed little desire to drink. Gave Bell.²⁰⁰, and, in view of family history, gave a guarded prognosis.

Aug. 9th. No stool during the night, but three forcibly-expelled yellow stools during the morning, accompanied by colic, which was relieved by the stool; very little urine passed. Gave Gambogia²⁰⁰, to be repeated after each stool.

Aug. 10th. No stool after second dose, but no urine passed for fifteen hours, excepting a spoonful, which was nearly black; pulse, about seventy, with marked loss of strength on the left side of the body. Gave Hellebore²⁰⁰, and made doubtful prognosis with diagnosis of tubercular meningitis.

Aug. 11th. A slight quantity of urine passed; no movement of the bowels; less rolling of the head, but a sinking in of the abdomen; left side no worse; considerable sweat on the occiput; no appetite, but had been coaxed to take a small cup of milk.

Though there was slight improvement, the appearance of the child called so loudly for Calc. carb., that I changed the remedy.

Aug. 12th. A slight improvement, a little more nourishment taken; more urine passed, but no stool since the 8th. Continued the remedy.

Aug. 13th. Weather very sultry, and our little patient weaker, though in other respects brighter, having taken more nourishment, passed more water, and taken some notice of her doll.

Continued the same remedy, and advised the mother to leave the city immediately for the North, stopping in Philadelphia long enough to consult Dr. C. C. Smith.

She left at night and saw Dr. Smith in the morning. He confirmed my diagnosis and, on account of her father's history, gave a dose of Tuberculinum^{mm}, upon which she continued to improve for four days, when, on account of crossness and feverishness after every nap and the appearance of red sand in the urine, he gave a dose of Lyc.^{cm}

This was all the medicine she received until Oct. 8th, when she returned in apparently good health, though entirely changed in appearance and disposition.

Some may be unwilling to admit the diagnosis of our case, though none will question the congestion of the brain.

We do not hesitate to say that a large percentage of the fatal cases ascribed to enteric disease, have their origin in the brain; in summer the first stage being congestion of the brain, caused by heat, the last symptoms being due to æmia.

Cases of diarrhœa from irritation of the stomach or bowels, if not cured, will end in marasmus, while those having their origin in the brain will, if fatal, end in convulsions in seven days, or in some multiple of seven.

We would ask that some of our older members would mark out the relation of the brain to the bowel symptoms of our remedies.

We based the diagnosis in the above case on the history, the following constipation, the suppression of the urine, the sinking in of the abdomen and the approaching paralysis.

CASE SECOND.—Sept. 23d, 1881. Called to see C. H., male, æt. eight years, dark complexion and hair, large head and very small limbs.

Found him with his head thrown back, right leg drawn up, left perfectly straight; seemed sore and would cry upon being moved; lumbar vertebræ sensitive to the touch; temperature of the body normal; could stand on the right foot, but had no power over the left leg and but little strength in the left hand.

He would eat nothing but meat, nor drink anything but soup made of meat. He had been in this condition for several days, but having no fever his parents thought it would pass off.

On account of his desire for meat, and the large, crumbling, infrequent stools, I gave Mag. carb.^{50m}, upon which he commenced

and continued to improve for some days, being able to sit up and play and move about, though he would drag the left leg.

His diet also became more extended, though the tenderness of the skin continued, on account of which I gave Gettysburg salt^{em}.

He had no other medicine excepting an intercurrent dose of Nat. mur., given on account of his aversion to bread, and longing for salt.

In a short time his recovery was complete.

CASE THIRD.—E. G., female, æt. nine months; large head, light hair and complexion. Her father died of phthisis.

She had long-continued crying spells, accompanied by a desire to pinch everybody and everything.

The attacks would last for hours, during which time it was impossible to induce sleep. This case was cured by Coffea^{10m}.

The symptom of pinching everything was cured in another child by the same remedy. This latter also developed the inordinate appetite for meat, which was corrected by Mag. carb.^{50m}.

I have frequently noticed this symptom in children of tuberculous parentage, and in many cases Mag. carb. has been a constitutional remedy for their stomach disorders.

Though not within the province of our bureau, there is another cured symptom to which I beg leave to call your attention, in

CASE FOURTH.—E. N., male, æt. fifty years, severe neuralgia of the stomach. So diagnosed by two old school physicians, who had treated him for two months, during which time his attacks had greatly increased in severity, and reduced him twenty pounds in flesh. Attacks irregular, coming on without special cause; pain in the pit of the stomach, with distressing burning and soreness. Wanted the clothing all loose, and to bend back, with great restlessness and some jaundice.

After trying several remedies which I thought to be indicated, on one occasion, when he said that he thought that he was about to have another attack, I noticed him scratching the palms of his hands. Calling his attention to it, he said that the attacks were generally preceded by this symptom. Having read, in THE HOMŒOPATHIC PHYSICIAN, of an itching eruption in the palms of the hand being cured by Dr. Lippe with Ranunculus bulb, I gave him a few powders of the 200th, and he has not had an attack from that day, now six months past.

Since then I have cured a case of jaundice, with itching of the body, especially of the palms of the hands, with the same remedy

BOOK NOTICES, REVIEWS, ETC.

AMERICAN MEDICINAL PLANTS. An illustrated and descriptive guide, etc. By C. F. Millsbaugh, M. D., Binghamton, N. Y. Bæricke & Taefel: New York and Philadelphia. 1882.

The homœopathic profession is fast becoming rich in the literature of its therapeutic agents. First, Allen's Encyclopædia, with its great Index; next, the American Homœopathic Pharmacopœia, and now Millpaugh's beautiful plates, with descriptive text, of the American flora used in homœopathic practice.

"The author has in every case drawn and colored the plants represented in this work, *by his own hand, from the specimens as they stood in the soil*, making mathematically accurate drawings, and thus avoiding the misrepresentations of wilted individuals, or too highly-colored fancy pictures.

"The work will contain one hundred and eighty colored illustrations, and complete text of all the plants indigenous or naturalized in the United States, arranged *generically* when bound according to the numerical order of the plates.

"The preface, a glossary of botanical terms, and complete index, will be given with the latest part."

Dr. Millsbaugh's plates are beautiful, and have received the highest praise from those best competent to judge. It is to be a subscription work; price, one dollar per part. Let all subscribe for it.

A HAND-BOOK ON THE DISEASES OF THE HEART, AND THEIR HOMEOPATHIC TREATMENT. By W. P. Armstrong, M. D. Duncan Brothers: Chicago. 1882.

Dr. Armstrong first gives a short description of the anatomy and physiology of the heart; then follow chapters on diagnosis of heart diseases. After these, the various diseases are reviewed, and brief articles on their treatment given. The indications for the remedies are good, but brief, too brief.

As it is only in our *therapeutics* that we of the homœopathic school can compete with allopathic authors, our writers should pay more attention to this important department. At present they give entirely too much space to clinical history, pathology and the like. In these branches we cannot expect to rival the giants of the allopathic hospitals. Our hospital advantages are vastly inferior; our opportunities for clinical study so meagre. Let us, therefore, give more attention to therapeutics, and as this is cultivated more and more thoroughly, our success will be greater and greater, until finally it compels the allopaths to surrender their hospitals to us.

Dr. Armstrong's book is a good one, and we are glad to welcome it.

T H E

HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

“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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No. 10.

MANAGEMENT OF THE SPECIFIC REMEDY.

P. P. WELLS, M. D., BROOKLYN, N. Y.

The first duty of the practicing homœopathician is to find the specific remedy for the case under his hand. The second is but little, if at all, less important, and that is its right administration when found. The great burden of the utterances of those who have written best on practical homœopathic duty, has been how to discharge this first duty. How shall the specific be found? On this there has been much and well said, so much that perhaps more is not needed. But, the specific being found, “What shall we do with it?” has not been so fully discussed and answered. Instead of this, the latest and most important practical question related in any degree to this, is “*What shall we do with Homœopathy?*” This is said to be occupying the attention of our friends of “the old school.”* It is certainly well that it should do so. Perhaps no question is more worthy of their serious attention. If it be true that “old school” physic is now seriously considering this question, it must be not a little perplexing to it when it finds, in so many instances, where its professed advocates are assembled in any considerable numbers, in society, convention, or institute, these are so often found most earnest and busy in putting it out of sight.† This is just what too many of these bodies seem most anxious to do, and to be most busy in doing. The name—it is of no value.‡ Its

**Medical Times*, Vol. x, No. 5, p. 153.

† See last resolution of the American Institute.

‡ *Medical Times*, *loc. cit.*

philosophy, it seems but a trouble, and to be wholly distasteful to them, and therefore is but little, if at all, understood. Indeed, judging by the utterances of these bodies, it may at times be a question whether they have a thought that there is any such thing as a philosophy of Homœopathy. If it be otherwise, then we have resolutions approving of its neglect, or whatever of violations of its principles or rules of practice any of the members may find a convenience in enacting. The law—why don't they "*stand like a rock upon it.*"* It is submitted better practical results will come from *obeying* law, than from "*standing on*" it. But this *standing on* is about all the relation these people have to this law. As a thing to stand on—well, it seems to be about all the knowledge they have of it. The law—it is troublesome. "To obey it at all times it is most difficult." Well, what then? And yet we hear, and often from those who turn their backs on the law most frequently: "Shall we let our patients die for the sake of adherence to a dogma?" No! by no means. Rather give them the best possible chance for their lives by a strict obedience to the law God has given for their healing. If their best chance for life is not in this, then the law on which these men are so earnest in standing is no law, and God has had nothing to do in its enactment.

This "not leaving a patient to die for the sake of a dogma" seems to address itself to the complacency of these men as something very commendable in them and as peculiarly their own. In boasting of it they call it "*liberality,*" whereas it is only stupidity or ignorance. Stupidity, in not seeing that the difference between them and those who obey law is not one of less interest in the cure of the sick, but of a better knowledge of better means for their cure; and ignorance on the part of these *liberal* gentlemen of the way of law and its resources. When they plume themselves on this so-called liberality, which will not "let patients die," etc., they seem to think and to intimate that there are those who are less *liberal*, and who would thus let them die. Who are they? We have never met such an one. We will only add of these who thus claim liberality beyond others, that they have, in our observation, not been found to be the most successful healers. Those have been the most successful who in the discharge of their first duty—finding the curative—have most perfectly complied with the requirements of our law.

**Medical Times, loc. cit.*

And their success has been greatest when, having thus performed their first duty, they were mindful of its logical corollaries in their administration of the curative. It is not enough for the best success in practice that the specific be *found*; in addition to this, it must be *rightly used*.

There is no infallible law to lead us in this, as there is in the finding. But there are certain rules and considerations necessary to be observed by him who will be content with nothing less than his whole duty. The nature of the case to be cured will be an important element in determining the management of the administration of the specific. If it be rapid in its destructive progress, the method with the remedy will be different from that required by a case where this is slow. If violent in its attack, it will be different from that where the attack is insidious or more moderate. If the patient be very susceptible to the action of drugs, it will not be the same as with one where this susceptibility is more dull and obtuse. And yet there are rules which are applicable to all cases, whatever their nature.

The first is, the specific being *one*, this and this alone is to be given, and its action in no case to be interfered with by the presence of other drugs, or by any proceeding which can by possibility interfere with its specific action, *i. e.*, the corollary of the law, which declares *one remedy at a time*, is to be obeyed implicitly. This corollary disposes of all so-called adjuvants and alternations, and stamps them as contraband in practice in all cases and at all times. Their presence in any treatment of the sick deprives the true specific of its homœopathic character. This is in the very nature of the case, and is perfectly apparent to only a very moderate acquaintance with the true philosophy of disease and drug action, *i. e.*, with the philosophy of Homœopathy.

The second is, while the dose already given continues to act, give no more. This is only other words for while improvement continues to progress, after any given dose, there is to be no repetition of it, nor is any other remedy to be given while this progress continues. These rules are as old as Homœopathy, and are indispensable to its best practice. If there be doubt whether improvement is progressing the dose is not to be repeated. Wait, and the doubt will resolve itself. To be in haste to repeat and so violate this rule is to haste to do mischief.

Then the nature of the case to be cured is an important factor in

guiding our judgment in the management of the specific. Violence of attack and rapid progress of the destructive process are to be met by a different method from that which serves best in cases of an opposite character. If the case be pneumonia, and the initiation be with chill, followed by great heat and restlessness, with rapid and moderately hard pulse, oppressed breathing, and dry, hard cough, the treatment may begin by dissolving a half dozen pellets of the proper remedy in two-thirds of a tumbler of pure water, and of this a teaspoonful may be given every ten minutes for the first hour, every twenty minutes the second hour, and every thirty the third, and then every hour, remembering always to stop the doses whenever free perspiration appears, with relief of the pains, cough and difficulty of breathing. This method, in these circumstances, will often cut the attack short and virtually effect a complete cure in an incredibly short time. It is appropriate only where the febrile reaction of the case is sharp from the beginning, and is only to be practiced in the earliest stage of the attack. In the later, it will be wholly unsuitable and probably mischievous. This permits the remark that the management of the remedy may be altogether different in the different periods of the progress of the same disease. It will probably be found of the rarest that pneumonia will be cut short after the initiatory stage has passed, though this may often be effected in this stage by the method given above.

In diseases from blood poisoning, which rapidly exhaust the life power, a similar administration of the remedy may be followed by rapid curative results, for example, in malignant cholera in the outset, and in its progress it may be needful and beneficial to repeat the doses at very short intervals till the disease is arrested, or, in the later stage, reaction is established. Then, as in pneumonia, cases of this disease come under the general rule—no repetitions while improvement progresses.

Acute and chronic diseases, though alike under certain general rules as to repetition and management of doses of the curative, require, often, different methods as to particulars if the best results are to be secured. For example, in acute disease of a different character from pneumonia as to violence of attack and rapid progress of the process of destruction, take a case of typhoid fever: The attack is insidious in the beginning. There may be only listlessness, disinclination to all activity, drowsiness, moderate pains in the head, with vertigo, debility, loss of appetite, with slight chilli-

ness on motion, etc. The whole group is not evincive of violence of assault, though sufficiently indicative of grave sickness. To treat this group with the rapid repetition of doses so often triumphant in pneumonia will not only fail of any benefit, but may go far to insure a fatal termination of the case.*

The group is significant of torpor and not of excess of action. The case may require repetitions, perhaps many of them before reaction from this is secured, but not at the short intervals which are often best in the very early stage of acute inflammation, as in pneumonia or croup. The torpor of vitality in the typhoid state may delay visible response to the impress of the specific till this has been given many times, but this delay is, in itself, no warrant for a change of remedy or for interference with its proper action by any so-called "*inter-current*" remedies, or by any disturbing resorts whatever. The best results will come from a strict adherence to the selected remedy, always taking it for granted that this *is* the *right, i. e.*, the homœopathic remedy to the case. If it be so, and we assume a sufficient intelligence on the part of the practitioner to decide this question, then by patient and persevering adherence to it the best possible practical results are sure to follow. If the doctor does not know enough to assure himself that he has selected the right remedy, he has undertaken a duty when he assumed the treatment of this fever for which he is wholly unqualified. And to give to such an one rules for the management of the right remedy,

* We have to-day listened to an account from a doctor of how he was treated by another doctor for what was called "Malarial Fever." The doctor divided the twenty-four hours into three periods of eight hours each. The first of these he called the *chill* period, and through these eight hours he gave his patient a dose of Nux Vomica every thirty minutes. The next he called the *heat*, and through it he gave Arsenicum every thirty minutes. The third was the *sweat*, and through this the doctor got China every thirty minutes. So he got forty-eight doses of medicine in twenty-four hours, no one of them, as far could be learned, having any legal relationship whatever to the case. And yet the community in which this doctor lives and practices regard him as a homœopathic physician, because, forsooth, he tells them he is one. There can be no other reason for their so regarding him, if this be a fair specimen of his dealing with the sick. No old school doctor could have done worse, nor in clinical use of drugs could he have gone further from all which is characteristic of a homœopathic practice. This was a year and a half ago, and the patient has never been well since. Are there words which can properly express the disgust such stupidity, ignorance and foolishness excite?

when he does not know whether he has found it, can be only to waste time and words. But even he may understand that doses which are too large or too often repeated, and for too long a time, may crush out of the poor patient his last and only chance of life. This takes for granted that the doctor blundered on to the true specific for his case, which, acting *like* and in the direction of the action of the morbid cause, adds so much to the force of this as to exhaust the remainder of the life-force which had survived the impact of this cause. This is true of the treatment of all grave acute diseases, the initiation of which is characterized by a stealthy approach.

Where diseased action is ushered in by *violence* of symptoms the case is different by reason of the rapid absorption or exhaustion of drug power, so that there is no accumulation of this to the detriment of the patient, though the dose be repeated at short intervals and many times. The best management of the dose in acute diseases must come largely from the good judgment of the prescriber and his ready discrimination of the degree of violence and progress of his case, he always remembering that *rapid* repetitions are only in place in the very *earliest* stage of acute inflammations and in collapsed conditions, as in malignant cholera, and that this should cease on the first appearance of the yielding of this violence in the one case or of reaction in the other, and these doses are only to be repeated when there is evidence that the action of those already taken is exhausted, and then, after this, repetitions are to be strictly and only *pro re nata*, *i. e.*, not because so many minutes or hours have elapsed since the last dose, but for evidence that this has ceased to act. There is no dogmatic rule for this duty. It is always and only a duty to be controlled by judgment, care and discretion. There is one rule which, in these cases of acute disease, is always safe for a wise man to follow. It is—if there be a *doubt* as to repetition, don't repeat. A little time will solve the doubt, and this loss of time is as nothing in comparison with the mischief of inopportune repetitions. In this we are fully assured more and more mischievous mistakes are made than by any other fault of practice. So much depends, in treating acute cases, on the matter of repetitions of doses and the sound judgment of the prescriber, as to make the duty of cultivating his power of perception of change and progress for better or worse, and of violence of morbid action, one of the very highest importance. The true decision of the

question of *right* repetition depends so largely on this, and successful treatment so largely on *right* repetition, that no endeavor to cultivate this power can be greater than the importance of its possession. The rule is, repetitions are to be in the direct ratio of the violence of acute attack of inflammatory diseases, or of the degree of torpor in diseases characterized by collapse, and to be continued till there is evidence that the life-force has responded to the presence of the specific in the improved condition of the patient, *i. e.*, the greater the violence or torpor of a given case the more frequent will be the repetitions.

Then, further, these factors of violence and torpor, however great, are not to be regarded as calls for massive doses of the specific—quite the contrary. If this mistake be made, it may happen that the very agent ordained of God for the cure, and rightly selected by the intelligent prescriber, becomes by reason of its excessive presence the *ally* of the morbid cause because of its similar action, instead of acting as its curative, as it would had it been present only in its appropriate quantity. The erroneous idea that violent action of diseases require massive doses of their curative for their healing has destroyed many lives—the Almighty only knows how many; but even if loss of life do not follow this error, it can never fail to embarrass—and greatly—the subsequent treatment of the case to and through its convalescence. It should never be forgotten that it is the specific impress of the drug which cures, and not—nor more certainly ever—because of the presence of massive doses of it. If the drug be really like, it is true, and all sound observation and experience will confirm the statement of Hahnemann, that the dose cannot well be too small. There is no truth in the rule given the writer in his early homœopathic experience—“Acute diseases require low numbers for their cure, and chronic high.” The 30th centesimal was then *high*, and the highest. It is now beyond all doubt that many of the most acute and violent diseases are cured more speedily and more perfectly by high than by low numbers. This was clearly witnessed in an epidemic of dysentery which prevailed in Brooklyn more than thirty years ago. I studied it with all possible care, and every study brought out the same remedy and would give me no other. Haynel was then my neighbor and friend, and he studied it with me, and said I had found the remedy. But my cases dragged along, instead of finding prompt relief from this drug. I had just at this time of Haynel’s help a patient who had baffled me and my

drug for a fortnight. She got doses of 30th, 15, 12, 3, and 1, and was not relieved by either. I had a few pellets of the 400th of this drug of Jenichen's preparation, which I kept as a curiosity, and not for use. I determined to give this to this patient who had caused me so much trouble and who had gone through so great sufferings. I put two of these pellets in two-thirds of a tumblerful of water and gave her a teaspoonful at nine o'clock A. M. I saw her again at one o'clock, and she received me smiling, saying, "Why, doctor, that last dose you gave me acted like a charm." And so it had. She required no more medicine. All my subsequent cases in this epidemic were cured thus promptly by this 400 of Jenichen. If experience proves anything, mine in this epidemic proved that the choice of the potence for the cure is not a question of indifference. Some have said, "I don't care as to this matter of potence if I can only have the simillimum." No doubt this is the first and most important question the prescriber has to decide, but it is not the only important one by far. And the rule for the choice of the potence is—*The more like the remedy is to the disease the higher is to be the dose.* Then the *management* of the remedy in acute diseases is made up of choice of potence, repetition of doses, and the absence of all other drugs than the specific and of all other disturbing causes, and as a prime duty, the prescriber is never to let impatience, his own or of others, run away with his judgment.

Then it is not a matter of indifference the form in which the dose shall be given. As a general thing, if pure water can be had, it is better to give the medicine dissolved rather than dry. I believe the solution acts more speedily, profoundly and persistently, and is less liable to disturbance from contingencies.

Another rule as to diseases characterized by periodical paroxysms—give the medicines between the paroxysms. This refers to intermittent fevers, epilepsy, etc.

Still another rule in treating both acute and chronic diseases is, having found your simillimum and given it, it is not to be changed for any other remedy for any reason other than a change of symptoms, by reason of which this has ceased to be the simillimum for the case. There is no greater error in practice than frequent change of remedies, though the motive may be a desire for a greater good to the patient. It is only mischievous and sometimes fatal.

The general rules for managing the dose of the simillimum is the same in chronic as in acute cases. In the details, or in certain par-

ticulars, there may be a difference. In chronic cases it is often best to give a single dose and let it alone, being in no hurry either to repeat it or to give another drug because the improvement is not realized as soon as was expected. The best results sometimes follow long-delayed amendment. This was illustrated in the case of my first patient in Brooklyn. She was about thirty years of age. Both her parents had died of phthisis when she was a young child: She moved into a new house before the plastering was dry and took a severe cold, with fever, cough, pains in the chest, oppressed breathing, and great obstinacy of disposition. After the fever was in a measure subdued the chest symptoms remained, not relieved at all. They were *worse in the morning hours*, and the expectoration, pains and oppression answered to *Calc. carb.* This morning aggravation decided the choice of this remedy. Jenichen's high potencies had then been brought to our knowledge by the elder Gross in a paper in *Das Neues Archiv*, 1844, which I had just translated. In this he gave a series of cases treated by these potencies, with results altogether new and surprising. I had a few pellets of the 2000th of this remedy, and, inspired by these reports of Gross, decided to give my patient *two* of them dry on her tongue. In a short time she was seized with a violent fit of coughing, far more severe than any she had had before, and this was repeated at short intervals during the afternoon, night and the next morning, the morning paroxysms being most violent. At my morning visit I found she had had a wretched night, and she was now greatly exhausted by coughing and sleeplessness. I told her this new violence was the effect of the dose I put on her tongue the day before. She replied she knew it was. She was told if she would be patient and bear the assault, reaction would come and she would be better. She said it was not necessary to talk about patience, in the matter of interfering with this aggravation by attempting its relief by other remedies, for she had determined to take no more medicine of any kind whatever; so let what might come, she would let it take its own course. After the seventh or eighth day, she remarked—and each day after, when I made my morning call—“Doctor, I think the reaction is a long time coming.”

And so it was, for till the morning of the sixteenth day she bore her suffering like a martyr. But then it did come. The whole train of her troubles passed away like a shadow, and her recovery was prompt and perfect. This is the more remarkable, as it was the

third time I had been successful in rescuing her from attacks which threatened to end in her family malady.

There are those in our school who deny drug aggravations of symptoms of sickness. They say they have never seen them, and therefore do not believe they are ever seen by others. This is not good logic, and can hardly be accepted as a reply to such an experience as this of my very intelligent and obstinate patient. It is more than likely her obstinacy saved her life this time. If the dose had been interfered with by attempts to subdue its violent action by other medicines, the error would in all probability have been fatal. Her doctor might not have had the knowledge, faith and firmness to wait sixteen days for a reaction which gave, in all this time, no sign of its approach. It was a long time to wait and watch and witness sufferings tempting so greatly to efforts for their relief by other remedies. There was no merit in his waiting. The patient made it compulsory and the compulsion made it a success. I have ever since regarded this as one of the most instructive cases in my clinical experience. It served as a lesson, the moral of which is an important one, because it contains a principle. It is this: being *sure* of your remedy, time is no authority for repetition or change because curative reaction is delayed even a long time after its dose has been given. The simillimum will justify itself *if it be let alone*. Being thus *sure*, there need be no nervous anxiety because of delay in signs of visible improvement.

This case well illustrates, also, the dealing with the dose where this is given dry on the tongue, and all at one time. There is another method which dissolves the dose in water and gives it in divided portions at definite intervals of time. This method is well-represented in a prescription made by that master of prescribers, Bœninghausen, for the writer of this paper in 1858. At his request the symptoms of a succession of very painful attacks, from which the writer had suffered at indefinite intervals of time, were written out and given to this great master of our art. He, in the plenitude of his great practical power and experience, gave a whole day to the study of this record. Prescribing, with him, was never a duty performed in a hurry. He studied every case before he selected its curative. At the age of seventy-six years this was as true of him as it had ever been. At the appointed hour, when I called on him, he named the required remedy with the greatest confidence, and directed that *two* pellets of the 200th centesimal potency of the medicine be

dissolved in *eight ounces* of distilled water, to which, for its preservation, a teaspoonful of French brandy should be added, and a *teaspoonful* of the water to be taken each night on retiring. And he added, "you need have no fears of the result. It will cure you, sure. After this has run its course you may require a dose of [naming a second medicine] to complete the cure. After the first dose you may have a paroxysm, but if you do you will never have another. After you have taken this two or three times you will feel very different." I did not prepare the dose till I came to Berlin, where I was to remain some days. I took the first dose on retiring, as directed, at 10 P. M. Just as the clock was striking twelve that night I was awakened from a sound sleep by my old pain, and I think it was the most severe I had ever endured. I continued the dose on retiring each night for about two weeks, when I felt so much better I threw the bottle away. During this time I was subjected to the fatigue and vicissitudes of travel, and it was not until I had been in Rome about a week that I felt I was getting sick, and thought myself threatened with Roman fever, and determined to leave the city the first conveyance which would carry me away. In this state I remembered the old master's second-named medicine, and took a single pellet on my tongue. The next morning I was as bright as ever and remained in the city till I had accomplished my object in visiting it. I have never had another paroxysm of those pains since that which followed my first dose, now twenty-four years. I have always regarded this prescription as the most remarkable example of professional sagacity I have chanced to meet or to have read of. It also exhibits well a second method of managing the dose in chronic diseases, which often will master great difficulties in a very surprising manner. This method may be found preferable to the dry in cases of any constitutional cachexia, where it may be desirable to pervade the life power and functions of the patient with the medicinal power in the most thorough manner possible. It was often practiced by the elder Gross with the best results.*

* *Neues Archiv*, b. 1, th. 3, s. 35., *et seq.*, and b. 2, th. 1, s. 38, *et seq.* The series of reported cases of cure here referred to were those which brought us our first practical knowledge of the greater curing power of what we have come to designate as "*the high potencies.*" Perhaps there has not been a more remarkable series of cures reported in our literature. No man has been more astonished than was Gross, when he discovered the greater curing power of these potencies as compared with the 30th (which, up to this time, had

His method was to dissolve a single pellet in about four ounces of water, and give the patient a teaspoonful once in twenty-four hours. From the experience of such masters as Bœnninghausen and Gross we learn this most important fact: that great sicknesses and danger to life do not require for their cure great quantities of the simillimum which cures. To mistake in this, which is so natural and easy, and give massive doses, is little less than assured failure, and too often will only result in increase of suffering and danger to the patient. It is the first and greatest practical error—to *give too much*—and the second is like and of near kindred of it—to *give too often*. Either of these may spoil the success of the best selection of remedies, and either of them will certainly be found injurious by whoever is so ignorant or unwise as to allow these most fatal of blunders in his practice. In this series of cures by Gross, to which we have referred, are found cases treated with dry doses. Quantity, *one pellet* on the tongue. Time of repetition or of substitution—he often waited two weeks for result from his dose if this was not manifested earlier, and this waiting was justified by complete success. Grave sicknesses and dangers call for *right* remedies, and not for *massive* doses of them.

been the highest in use by him or by any one) or lower numbers. In this series of cures he used the 200, 300 and 400 oftener than higher numbers, and rarely any higher than 2,000. The so-called "*highest potencies*" had not then been developed. There cannot but be interest in conjecturing a practice with these by so accurate and acute a prescriber as Gross.

ATTENTION!!!

The Central Ohio Homœopathic Medical Society has decided to offer a prize for provings. The design is to secure accurate re-provings of some partially tested remedies. The prize will be given to the physician who may present the most valuable proving. All homœopathic physicians and medical societies are invited to enter the contest. The prize to be given will be *Allen's Encyclopædia of Pure Materia Medica*, or its equivalent in homœopathic publications, to be selected by the winner. The award will be made by three experts in materia medica not connected with the Society. Any who desire to conduct such work upon themselves, their patients or friends, are requested to send to Dr. John C. King, Circleville, Ohio, for circulars containing further information. It is hoped that members of our school who desire a more accurate materia medica and who are anxious for re-provings, conducted upon scientific principles (see circular), will respond to this call. All work presented will be freely made the property of the profession or promptly returned to the author. Any one of the three specified drugs may be selected. To obtain full particulars send for circular. Respectfully submitted.

Committee on Provings—John C. King, M. D., Sec'y, Circleville, O.; E. R. Eggleston, M. D., Mt. Vernon, O.; J. W. Clemmer, M. D., Columbus, O.

POTENTIATION MAKES THE MEDICINE HOMŒOPATHIC.

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I.

“Hahnemann geh' du voran
Du hast die grossen Wasserstiefeln an.”—*Saxon proverb.*

This sentence is only a different rendering of the thesis, “*The homœopathic dose is infinitesimal,*” which was presented to the New York State Homœopathic Society, February 14th, 1865, and the manuscript of which was returned to me with scorn by the then secretary, Dr. Horace M. Paine, who wrote on the back of it, “superlative nonsense, p. 11, 12.” Looking at these pages, I was much surprised to find that they contained quotations from Hahnemann’s own works from the years 1799 and 1801, and I must confess that this observation comforted me not a little in my chagrin, at being repulsed in such an ignominious manner. This article, however, was afterwards printed as an appendix to my essay on *Homœopathics and High Potencies*, Phila., A. J. Tafel, 1865, and is now recommended for perusal in arriving at a correct judgment about the posological question which has set friends and foes by their ears indiscriminately, though quite unnecessarily, because it has been settled and closed long ago, when Hahnemann declared: “I hold none to be my follower who, besides an irreproachable, truly moral conduct, does not exercise the new art at least in such a manner, that his remedy given to the patient contains in an unmedicinal vehicle (sugar of milk, or watered alcohol) the medicine in such a minute dose, that neither the senses nor chemical analysis could discover in it the least absolutely injurious medicament, even not at all the least properly medicinal thing; all of which presupposes a minuteness of dose, which, beyond contradiction, makes all apprehension of every medical state superintendence disappear.”—(Kleine Schriften, ed. Stapf. vol. ii., p. 199.) But, if the champion of Homœopathy, who, of late, has astonished the homœopathic world with his experiments in the use of the highest potencies of his own make, and yet declares: “As a homœopathician, we consider ourselves bound solely by the law of the similars, and not by the dose, or by the dynamization of the remedy,” if Dr. Skinner coincides with the arch-enemy of high potencies, Dr. H. M. Paine, who deems “the theory of dynamization to be essentially non-homœopathic,” in that

there is no need of potentiation to make a medicine homœopathic, there must be some screw loose in regard to a correct understanding of fundamental facts, and the following is offered as a means to clear up that misapprehension, rather than to pour oil into a fire which threatens to consume all the laborious endeavors of many good and intelligent men to uphold the cause of Homœopathics as the science and art of medicine.

Potentiation, in the beginning, has not been a matter of theory, but of practice. When Hahnemann perceived that his large doses of *Veratrum* in the famous colicodynia case almost killed his patient, he commenced to lessen his doses. It was simply an element of induction, namely, his observation and experiment which gradually led him on to the astounding fact, that by lessening the doses, more curative forces would be developed from the original medicine employed than had been observable in its crude state. This is simple matter of fact, and no sleight-of-hand can substitute for it the idea, that theory and speculation led to the discovery of potentiation. Finally, Hahnemann arrived at the certainty of medicinal action, both in sickening and healing in even as high as a thirtieth centesimal potency. This tremendous fact was thrown into the teeth of the whole medical world by Hahnemann, with a courage rarely equaled. It has been so often used to open people's eyes as to the folly of trusting to such ridiculous remedies, so-called, but actual nothings, for the manufacture of which, however, large orbs of vehicle like *Siriuses*, would not suffice, that in turn, it may be used in truth to open people's eyes as to the wonders which do never cease to appear, perhaps, for a double purpose: first for the benefit of the human race and second for the discomfiture of the learned tribe. For this potentiation, upon which Hahnemann stumbled in his earnest search for efficient weapons to conquer disease, is a wonder which no human understanding can explain nor fathom. All we have to do, is to accept the fact, that by potentiation medicine is made more curative than it is in the crude state. What we want to know of medicine, treated with large masses of vehicle in order to distribute it throughout its bulk so that every particle will be endowed with the medicinal force of sickening and healing—is only, that its force can be observed clearly and undoubtedly in its application to the human and animal organism in health and disease. This force, then, is a potency which by no other means can be shown to exist, than by the finest re-agent the world knows, the human organism, and for

this reason Hahnemann very aptly called the medicine thus treated *Potency*, and the process by which it is obtained *Potentiation*. Now, by the homœopathic argument it is evident, that like cures like, because it causes like affections, and from this the advocates of crude drugs and low potencies claim, that the quantity of medicine of the dose has nothing to do with the homœopathic law, and everybody may do just as he likes. But even the ground-rule like to like should teach them that they do not act according to it when they do just as they like, because there is no liking allowed to the physician in the relationship of medicine to organism. There are definite proportions in which the medicine stands to the organism whether sick or well, and it is for the homœopathician to find out these proportions, or else as physician he fails in his object to cure, and is deficient in his vocation. The relation of the crude drug to the system is different from that of a five-millionth centesimal potency of it. But this being thought too transcendental, because it transcends the experience of the many, let us go back to where Hahnemann left it when he published the fifth edition of his *Organon* of the healing art, *i. e.*, to the thirtieth centesimal. This thirtieth is already infinitesimal as a fact if we exclude the latest discoveries of Neural Analysis in its chronoscopic and electro-magnetic methods which, indeed, assign positive values, the first to a potency as high as the four thousandth centesimal, the latter as high as the five millionth, centesimally. But let us take the thirtieth of Hahnemann to be infinitesimal, as of old, for the benefit of those who have not yet succeeded in getting out of the slough of despond, the lower skepsis.

Take a drop of hydrocyanic acid and compare it with the thirtieth potency of it. Would it not be criminal in any physician, even a homœopathist, who does just as he likes with regard to the dose, to give to his patient a drop of that poisonous acid? Of course, he would be hung for it by his neck. Just so the principle to do just as one likes, without principle, ought to be hung up by its neck, because it murders all intelligence derived from the scientific instrument of Induction. But the homœopathician wants to apply this poison which he supposes, for the very power of it for killing, to be a powerful curative if given in the proper dose. In order to find this out, the acid must be treated with an inert vehicle in order to lessen its deleterious effects, and to develop its healing forces. This is potentiation. For on proceeding with it to the thirtieth centesimal potency, Hahnemann finds that the acid lost all its poison-

ing and acquired only curative and morbid powers, for, when applying it to a suitable human organism, it produces a string of symptoms which, then, are found to form its remedy for another human organism which presents similar symptoms of sickness. What then has happened to the medicine treated by potentiation? It has been made homœopathic by potentiation, because in its crude state it had not been homœopathic at all, it had no pathic relation to the organism, only a toxic one, and this pathic relation has been developed only after submitting the medicine to the process of potentiation.

Take from the opposite range of medicines, *Silicea*. One single grain of it answering the amount of one drop of hydrocyanic acid in the above instance. What would it do in the hands of any physician, even of a homœopathist, who does just as he likes? Nothing. It would be perfectly inert in his hands whether he would apply it to a healthy or sick organism of even great sensitiveness (except, perhaps, to a Caspar Hauser). Therefore, the substance would be rejected as being entirely unfit as a remedy. But what does Hahnemann do? He adopts the rejected child, and nurses it into homœopathic life by potentiation, and lo! when he arrives at the thirtieth potency, one of the most powerful polychrests has been developed, without which no homœopathician could do in some of the most loathsome diseases of mankind. Here is the crude drug which has no medicinal action whatever in its crude state, therefore no application in medicine because it has no relation to the organism, there being no medical data to go upon. But Hahnemann, with his keen insight, found the way to render the inert drug active in the homœopathic sense, and therefore, the potentiation has made the substance homœopathic in the thirtieth potency.

What has been predicated here about the thirtieth potency, applies to any higher potencies, too. If his followers have carried the numbers higher than Hahnemann did, they have done little more than followed in his track. And anybody meditating upon the efficacy of even the thirtieth potency will not find it difficult to extend the series of potencies to any extent in his practice, because this is only matter of fact and experiment, and by no means of theory and speculation.

II.

But, granted all this to be as here demonstrated, how is it that so many cures effected by the majority of the homœo-

pathic physicians are wrought by low potencies, and even crude drugs? These gentlemen are entitled to the same credit for their statements as those in the minority; they express themselves everywhere highly satisfied with their success, and if it were for them Hahnemann need not have been in existence, so far as posology is concerned. They, then, reason from their experience that Hahnemann was correct in the beginning of his career, when he applied large doses and degenerated later, when he recommended the infinitesimal dose as the homœopathic dose. But as far as Hahnemann's intellect is concerned, it could not possibly have suffered from senility when it gave to the world the *Materia Medica Pura*, which was commenced at the ripe age of fifty-six years, and long before Hahnemann had advocated the infinitesimal dose. And there is a fatal defect in the reasoning of the adherents of low potencies, that they only speculate upon the nature and the effects of high potencies, but do not apply the only test which alone can lead to the solution of the posological question, viz., the experiment. The statements of their cures with low potencies and crude drugs cannot be doubted. Nay, those physicians who in their practice are in the habit of applying high potencies, have their own experience about the efficacy of low potencies and crude drugs, derived from experiments in their practice, and they do not say that these drugs have proved inert or deleterious in all cases, but in many cases they have proved curative, but, after rising in the scale, they prefer the higher potencies, because their action is quicker, safer and more enduring. They even do not deny themselves the right, in certain cases, "where they see fit," to apply the homœopathic remedy in a large dose and low potency, because they are also entitled to this privilege by their parchment; but, after all, these are very exceptional cases with them. This procedure on the part of the minority, first to test the lower and then the higher potencies, in order to find out in which the lower and in which the higher might be preferable, is worthy of all praise, and must be recommended to the majority, who claims indeed the whole scale of potencies, but in fact rarely rises beyond the first decimals and centesimals, and perhaps the thirtieth in chronic cases. Before, then, these gentlemen of the low persuasion do not faithfully try what the high potencies may be able to accomplish, they should be silent upon that topic, because it would be clearly against the scientific requirement of intelligent action, viz., induction, to talk of things which they do not understand.

But inasmuch as the minority advocating the higher potencies are perfectly cognizant, that also cures are perfected by low potencies and crude drugs, this circumstance must be looked at in the light of potentiation, such as Hahnemann has taught us, aside from the predilection of the majority for large doses.

There is no potentiation yet brought to bear upon a crude drug such as when Hahnemann applied a drop of the fresh Bryonia juice in the celebrated case of the washerwoman's rheumatism, and yet it had the most desirable effect of a perfect cure. Are not by this simple fact all high-potentialists beaten to pieces? What, then, is the use of the tremendous labor to carry up to the hundred thousand or even to millions, about four or five hundred remedies of the homœopathic materia medica? Had we not better be content, and abide by the first doings of Hahnemann when he was so successful? Thus talks the majority. Yes; indeed, the advocates of the low practice are to the present day on the standpoint of Hahnemann, some seventy years ago. Judging, then, from their progress in this matter, it will, in the most favorable case, take them seventy years more only to arrive where Hahnemann was in 1810, when he published the *Organon* for the first time, if not the impending electric era will help them along quicker. But that would not explain why a large unpotentiated dose may also cure.

To commence with the beginning, as a general rule a drug positively poisonous and endangering life, should never be used as a remedy in a large dose and crude condition; it involves a criminal action.

Next comes the class of drugs which do not act toxically in every instance, but only in certain individuals and diseases. Here appears an important element, viz., the susceptibility of the subject. Some people are more affected by some drugs, some less. Some bear enormous doses in certain diseased conditions, whilst others succumb under even moderately large doses. Therefore the susceptibility of the subject must be estimated and the dose accommodated to its wants. If such is correctly done, then a cure may be effected even with larger doses. But the estimate of the actual susceptibility requires many acquirements which at the present stage of knowledge the physician cannot have. He guesses. If he guesses right the patient may recover; if not, he will die. Such an alternative no honest legislator should admit in the community. The art of healing should always keep within the bounds of safety for the patient, if

not for the physician, as a general rule. There are cases in surgery, including the tocological part of it, when an operation is necessary to save a patient's life, whilst at the same time it may be endangering it on account of unforeseen and incalculable circumstances. But this has nothing to do with therapeutics, where "*salus ægroti suprema lex.*" Wherever life is jeopardized by dangerous medication, it is at the risk of the attending physician, and it should not be encouraged for imitation by the profession, especially if it can be shown that there are safe and gentle means within the range of the homœopathician which make such performance unnecessary.

Still, there are cases which undoubtedly get well by large doses, which in other cases would prove fatal; and this stumbling-block in the way of the general use of high potencies should, if possible, be removed, so that the many who are deterred by it see their way clear. There may be various probabilities which may explain what happens when a large dose cures. In the first place, the substance may not be suscepled in its whole quantity, because the organs of the subject are not sensitive enough to be affected by it. Second, the substance may only partly be suscepled, and act according to its homœopathicity sufficient to cure the subject, whilst the remainder of it is carried off by the *primæ viæ*, without entering the system at all; or, third, it may be counteracted by the force of the organism rising to an equal degree of power as the drug is able to exert and neutralizing the drug substance in some manner, and making it inert. And there may be other modes of operation by which a cure is facilitated and the danger checked; or, fourth, the substance may act as a nutritive substance, taken up for sustenance and repair of the body. This would seem to be a hygienic measure, which recommends itself at first sight, on account of its physiological plausibility. But inasmuch as these substances are powerful remedies, able to make well people sick, their application in large doses should be discarded on homœopathic principles. A single instance will show the reason. *Calcarea phosphorica* has been used to facilitate the union of broken bones, and in one case of an old man with broken thigh-bone (Hering, *The Twelve Tissue Remedies*: Bœricke & Tafel, 3d ed., p. 5), with such an effect that the callus contained fifty to sixty times more phosphate of lime than had been taken. Hering judges that the phosphate of lime given as a nutritive remedy had acted as a functional one. If so, it was nutritive and functional at the same time. In another case, given to me by my friend, Dr. John C. Robert,

where an old man *æt.* eighty years had broken the neck of his right femur, the bones hesitated to unite, under constant pain and sleeplessness. *Symphytum officinale* 10 m (F.) was given, one dose, January 18th, 6 p. m. The pain subsided immediately, but patient was raving in his sleep, ordering men about, wanted cobwebs swept off the walls, saw a crucifix moving about the wall, complained of working too hard. Terrible pain in the thorax on the right side, that he could not draw his breath, obliged to hold the part with his hands; relieved by *Acon Cm* (F.); pulse intermittent every fourth beat, small, thin. January 20th, 10 a. m., \mathbb{R} *Symphytum officinale* 10 m (F.) in half a tumbler of water, a teaspoonful every two hours. After that he commenced raving as before, with the very same fancies, so that his relatives became afraid and called the priest, who gave him the last rites of the church. But the same evening patient was sensible again, and the next morning everything was in good order, pulse regular, mind perfectly sound, and he could move himself in bed. All along the fracture had improved, and then he got well without further trouble. Now, was not this high potency of *Symphytum* just as well a nutritive remedy in uniting the broken bone as a functional one in producing the necessary assimilation of the bony matter? But there is this difference. In the phosphate of lime case the nutritive action produced a callus which contained fifty to sixty times more phosphate of lime than had been given. From what source did the system get all that large amount of phosphate of lime? The large doses must have forced it to deposit it from other sources of assimilation which are not intimated, and the callus must have been more brittle than before, which was certainly no desirable effect in the old man, because it must have been liable to be broken again at the next slight occasion. But in the *Symphytum* case there was the organismal natural assimilation taking place, induced by the remedy acting in virtue of its homœopathicity upon the nerve-centre, which on its own account, after having received the impetus from the remedy, instituted the restoring and healing process, ending in the union of the broken bone. Still, here also a surplus is recognizable, but it is only a passing pathopoetic action, which serves in the future as a good proving, without having subjected the patient to any but very temporary harm.

Thus this division of remedies into functional and nutritive ones, under the head of tissue-remedies, does not find a fit place in Homœopathy, though the single facts of how they act pathopoetically upon

the system, will find their appropriate registration in the *Materia Medica Pura*.

Hering, himself, who evidently is the father of this new departure of Schuessler, who followed in the wake of Grauvogl, gives the criterion of this view in the following words (*u. s.*, p. 18): "Such chemicals as have a function in certain tissues of the body, are in diseases of such tissues when given as a nutritive, the better equalizers of the disturbed state of the functions," but he adds, warily, "Of course they are brought in a molecular state," which means the more highly they are potentiated. And with that Hering puts himself in the right, whilst Grauvogl and Schuessler are in the wrong.

The homœopathic high potency, well selected according to symptoms-similarity, and in proportionate dose, will act as a nutritive if nutrition is at fault, and it will restore the function when that is out of order. So there is no need of Homœopathy made easy by the new system of Schuessler, though gratefully we assimilate what there is good in it.

Of all these probabilities, the one which allows only a few infinitesimals to act upon the nervous system by virtue of its homœopathicity, whilst the rest of it goes the way of the flesh without exerting any action at all, will be found the most reasonable, because a few infinitesimals of the same medicine, obtained by potentiation, will do the very same thing, *i. e.*, effect a cure if the remedy has been selected homœopathically correct. The remedy, generally, is taken by the mouth. As soon as it passes the tongue, the nerve-papillæ, by natural selection, which is paramount to the homœopathicity of the drug in the organism, suscepr the curative quality and propagate it by nervous force to the nerve-centre, where the cure is wrought by restoring the equilibrium changed by disease, and from there, healing the affected parts. This susception occurs in the short time of a minute or two, and less, as can be shown by the electro-magnetic method of Neural Analysis, before the drug enters the stomach. What changes the medicine will work in the stomach, if that is the *locus suscipiendi*, is uncertain; this depends upon chemical processes, which cannot be said to be sufficiently well understood. The probability is, that most of the medicine leaves the system by the alimentary canal, or by the urinary or other emunctory organs, or is retained in the tissues, making them inert by envelopment, without exerting any deleterious action. But it may also accompany the chyle in its transformation into blood, or enter directly the venous system, and then is

supposed to act by the intervenience of the circulation upon the diseased parts of the organism. This may be so, but what an uncertain, roundabout way it is! Just so with the hypodermic injection. The drug is supposed to be carried by the circulation to the ailing part, and to act, by entering the capillaries, directly upon the nerve-terminations. But how to prove that the supposition is true? True it is, that the skin-tissue, with its fine nerve-terminations and capillaries, is torn by force, and the drug substance comes just as well in immediate contact with the nerve-matter as with the blood. Is it probable that the sensitive nerve-substance will wait for the action from the capillaries upon the nerves, in order to be affected? No, it received the primary impulse, and carries it according to the homœopathicity of the drug, to where it belongs. But does not the hypodermic injection deaden the pain at the circumference where it is made? Yes, but not that alone; before that it propagated its deleterious influence to the nerve-centre, in the brain, and forces it to react upon the unscientific inroad upon its domain, and thereby weakens its central force, as now is well proven by the adversaries of this surgical interference with medical matters. The same fallacy appears in the way vaccination is looked at by the old school, as the advocate of large doses. Says the sagacious Hahnemann, in his *Chronic Diseases*, vol. i: "If the cow-pox catches, it happens in that moment, when, on inoculation of the same, the morbid fluid comes in contact with the exposed nerve in the bloody scratch of the skin, which then, in the same moment, irrevocably communicates the disease dynamically, to the vital force (to the whole nervous system)." Then the organism, in self-defense, produces the specific disease depending upon the introduction of the virus. If, then, as there is no doubt, it is the mere contact of the virus with the cutaneous nerves, scratched open for its insertion, which is essential for the vaccination and for the protection by it, it is claimed that this object is gained in a much safer and pleasanter manner, not by poisoning the system with the crude virus, and questionable virus at that, but by taking a high potency of the very virus we want to counteract in the future, upon the tongue in the same manner as we take the remedies for proving. If there is any susceptibility to this disease in the system, which we want to annihilate, it will show itself in a complex of symptoms which will be more or less characteristic of the small-pox-disease, and pass off without any inconvenience whatever, after a little while. There is no reason

why this procedure should not protect from this loathsome disease any less than the common operation of vaccination, which, after all, is only a crude homœopathic measure, and, therefore, is to be repudiated, because it so often fails of its object and adds more misery to that already existing.

Large doses, then, may cure, and potentiation be out of question altogether in such a cure, but it certainly is a very uncertain, and often dangerous, therapeutic proceeding, which has no claim to science nor art, and follows a crude empiricism, which was to be excused in olden times, when people did not know any better, but since Hahnemann's time, nobody should fall back into that antiquated medication, endangering and shortening so many valuable lives. For the real cures with large doses are very few, and they are dearly bought with many failures. It also should not be forgotten that the bulk of physicians is not of the high order, as the heads of the profession, and that many have not the discriminating intellect to apply a dangerous remedy in the right place. The Schoenleins, the Opolzers and the Clarks are very few who may be trusted, but the many should be prevented by proper scientific rules, to wallow in the entrails of the people whose welfare is confided to their care. This cannot be done by legislation, but only by the enlightenment which science is able to give, so that every thinking physician will clearly see that it is not necessary to administer large doses, even in dangerous cases, because Hahnemann has first taught us to prepare medicine in such a manner, that it exerts the powerful action of large doses without endangering the life and comfort of the patient.

But our homœopathic brethren of the lower persuasion, do not like to be ranged among those physicians, who, by large doses, endanger their patients. They confine themselves to the lower decimals and centesimals, and only occasionally, when they see fit, claim the right to use as large doses as are used in the allopathic treatment, if their low potencies will not answer. It is those homœopaths whom Hering meant, when he termed them those "who stand half-way." It is those whom Dunham went to succor in his famous address, in which he advocated "liberty of medical opinion and action." But all this indulgent aid of well-meaning homœopathic brethren, is of no avail, and actually has done more harm than good, because these half-way men cannot see their way clear. There is always that stumbling-block of the large dose which cures, lying in their way. If the large dose cures, why take a small dose? Why

quarrel about the dose at all? In *omnibus charitas!* Let us unite upon the *similia similibus curantur* of Hahnemann, which we acknowledge to be a good rule to go by, except where it is not universal enough, and let everybody do about the dose as he pleases. We don't want any popes, nor any bosses, we want to be every one his own pope and boss. This, indeed, is the gist of the matter, and what it all comes to, if there is no guiding star at the north-pole.

III.

This guiding star, what else can it be than Hahnemann's *similia similibus curantur*? If we had no scientific foundation for it, which we have, for it coincides with the first laws of motion and even leads to the universal principle of Homœosis underlying them (see *High Potencies and Homœopathies*. Tafel, 1865), our cures and our provings would show the truth of it in the records of innumerable cases of experience and experiment. There has been no scientific conception of medicine given, until Hahnemann raised his eye to find the polar star of the *similia similibus curantur*. We, therefore, do not stand upon mere theory and speculation, but upon the safe foundation of experiment, experience and correct observations, called Induction. Likewise Hippocratic medicine has grown out of correct observations of what passed under the intelligent eye of the ancient physician. But it applied mostly to the physical condition of the organism, and brought physical and chemical substances to bear upon it. From this arose gradually through many centuries the sciences of physics and chemistry. But they have fulfilled their mission in regard to medicine, they have furnished the crude substances for Homœopathy, which on her part takes them in hand and potentiates them into something new and foreign to these two important branches of general science, into potencies, able to cure the sick and to ease the dying in their last moments. And this is owing to Hahnemann alone, the great messenger whom God sent to poor stricken humanity in order to relieve her sufferings and to restore the pristine vigor of man. For he was the first who made the action of medicine dependent upon that part of the human being which is indestructible and immortal. This is the very key-note and characteristic of Homœopathy, and must be firmly established in the mind of the homœopathician if he means to be one.

Hahnemann puts the calling of the physician into the duty of making sick people well, *i. e.*, of healing. People are sick whose

condition deviates from the standard of health. Health is the normal oscillating equilibrium of the vital forces of the organism acting within certain limits, discerned by the observer in symptoms subjective and objective. Disease is the equilibrium of health disturbed with extension or contraction of the limits observed in symptoms subjective and objective. Disease is, therefore, not a thing, nor is health, they both are states of the organism changed either way and observable by the symptoms. In the language of Prof. A. B. Palmer (*North American Review*, March, 1882), "Diseases are phenomenal—are deviations from normal activities and normal compositions and structures in the organism." There is, therefore, no ostensible difference in the conception of disease among homœopaths and allopaths, for as such an one Dr. Palmer takes down Homœopathy and does not leave a good part in it. By using the convenient term allopathician, no offense is meant, because this term naturally grows out of the scientific question, how disease thus defined is to be met, and consequently rests upon a scientific justification.

Now, here is the important point where Hahnemann differs from all the physicians of past ages, though there have been such as had been on the right track. He lays it down as an incontrovertible fundamental fact, that "in health the spirit-like life-force (autocracy) which as dynamis animates the material body, rules absolutely and holds all its parts in admirably harmonic course of life in sensations and activities, in such a manner, that our in-dwelling rational spirit can use freely this living sound instrument for the higher ends of our being."—*Organon*, 5th ed., § 9.

This life-force or vital power which is the sum total of all the vital forces in the body, has, by late philosophers been thrown out, upon the ground of the development of physical and chemical science, but—*naturam expellas furca, tamen usque recurrit*. (You may throw out nature with the pitchfork, it will always return.) The idea of a vital power animating the body, will always hold its place, because the facts justify it; nay, every day's experience proves it, even to minds less cultivated than those of highly learned philosophers. They are right in so far, however, as it does not fit into the science of physics and chemistry, which has to deal exclusively with the nature and properties of matter. Even when the hypothetical atoms and molecules, the size of which has been calculated to a nicety, though nobody can furnish the proof—are called

to assistance, they cannot help to explain the phenomena of the vital force which holds them in check and directs them, in order to serve for higher purposes. As soon as we have to deal with man, the scientific explorer must come to the conclusion that there is something governing the material body, and it might be called, for convenience sake, the spiritual body. But who governs the spiritual body? Partly the spirit, partly the soul, through the nervous system. There is a connecting link between the nervous system, the soul and the spirit, which has been called the nerve-spirit. "Through this nerve-spirit the soul is connected with the body and the body with the world. This nerve-spirit after death goes along with the soul and is indestructible. Through him the soul forms an ethereal envelope around the spirit. It is capable of growth after death, and by his instrumentality the inferior spirits produce sounds by which they can make themselves heard by men; they are, also, by his instrumentality, able to suspend gravity in the bodies, and to make themselves felt by men. A man, however, who dies in a perfectly pure and blessed state, which is very rare, does not take along this nerve-spirit after death; with those it remains, but also indestructible in the body, and afterwards after the general resurrection, when he joins the soul again, it forms the new ethereal body. Blessed spirits to whom this nerve-spirit does not adhere, cannot make themselves audible; this is mostly the doing of the unblest spirits. The purer the soul of the departed one is becoming, the more it loses this nerve-spirit, which always returns to the earth."—*Kerner, dis Sebverin von Prevorst*, 3d ed., Stuttgart, Cotta, 1838, p. 187. This, then, is what Hahnemann calls the spirit-like vital power to which all the physical and chemical forces entering into the composition of the material body, are subservient, and its working is shown by the phenomena which life presents, and there is no other way to discern it than the outward symptoms of action, subjective and objective.

Now, Hahnemann contends, *Organon*, § 12, "only the morbidly tuned life-force brings forth the diseases," to which he adds the note: "How the vital force turns the organism to the morbid utterances, *i. e.*, how it produces disease, of this *how* the healing artist can never profit, and, therefore, it will be eternally hidden from him; only what was necessary for him to know of the disease, and what was fully sufficient for the sake of healing, has the Lord of life laid before his senses."

Diseases, therefore, are not of material but of spiritual origin, and must consequently be dealt with accordingly. It naturally also follows, that the whole complex of symptoms in a state of disease composes the true and only thinkable form of the disease present. How this complex is to be obtained is the office of the careful medical observer, and for that reason it is necessary that he should be a well-educated physician, well versed in all that pertains to medical and general science.

For that purpose it is not enough to count out the number of symptoms and cover them with the similar symptoms observed from the remedy, but he must, after doing that, digest them, find out in which relation they stand to each other, use all the necessary means to investigate the nature of changed secretion, temperature, gravity, moisture; he must consider the mental and emotional symptoms, how they may connect with the corporeal symptoms and so on. He, in short, must make a careful diagnosis of the case, to which purpose he must bring his knowledge of grammar, physics, chemistry, anatomy, pathology, pathological anatomy, physiology, psychology and all its auxiliaries, to bear upon it, and apply the instruments of investigation, such as the stethoscope, the plessimeter, the sphygmograph, the speculums, the ophthalmoscope, the laryngoscope, the odoscope, the endoscope, the thermometer, the chronoscope, the galvanoscope, etc. Only then the physician is capable of obtaining an intelligent picture of the complex of symptoms of disease constituting the true and only thinkable form of the disease in question.

Whoever does not accept these fundamental truths laid down by Hahnemann with a wonderful clearness and precision, would do better to spend his mental strength in other walks of life than in reviling this godly gift of Homœopathy with arguments which are not adequate to the purpose, because they start from premises entirely foreign to it.

Now, Hahnemann, having done with the notion of disease, proceeds to investigate how it is to be met in order to restore the organism to its healthy normal condition. And here we admire his acumen when, obtaining symptoms similar to chills and fever from the Peruvian bark, which he had taken for experiment, he fell upon the idea, that because the bark cures similar symptoms in the sick, it might be because in the healthy it produces similar symptoms. And thus he found by further experimentation, according to the rule of induction, that like cures like. Before all, Hippocrates taught it,

but his expositor Galenus ignored it and put in its stead the baleful doctrine of *contraria contrariis*. Paracelsus taught it, and, after him, many others, down to the great Bichât, who declared emphatically as his principle: "*Similis organorum textura, similis functio, similis morbi, similis morborum exitus, similis therapia.*" *Similis therapia!* What else is the Hahnemannian Homœopathy if not *similis therapia*? But to none of all these men occurred the idea, that the similitude of symptoms forms the very foundation of the healing art and science.

If this is so, then we must look for remedies which are able to reach this Hahnemannian life-force, this indestructible nerve-spirit being similar and proportionate to it, in the shortest, safest and pleasantest manner possible. They could not be found in the large doses of crude substances, as hitherto had been the fashion to apply; these would make too fearful inroads into the strength of the system and would waste too much substance of the organism, as the sad experience of the past teaches. It, therefore, on the basis of experience, occurred to him to lessen his doses by means of applying inert vehicles in order to attenuate them. Hard substances had to be treated by trituration with sugar of milk, and then, like the others, amenable to solution by water and alcohol, diluted further on by these fluids. In this manner he proceeded gradually at the hand of induction, trying and proving his remedies as he was going along, and found the process of potentiation, by which the medicinal forces of drugs and other substances are raised to an incredible degree, till he arrived at the fact that the thirtieth potency was sufficient to cure any curable, and some before thought incurable, acute and chronic disease, provided the remedy had been carefully selected according to symptoms-similitude. What fault there can be found with such a judicious and scientific proceeding extending over the latter half of the lifetime of one of the most remarkable men who ever graced this globe for eighty-eight years, is not easily to be seen, and it is evident that whoever wants to make progress in the science and art of healing must travel by the same road to the goal set before him. All true and genuine homœopaths have done it, and have not been disappointed, as the record of their labors shows, and the general good name they possess in the hearts of the people.

IV.

From all this follows that, if a large dose cures, it is owing to the homœopathicity of the drug and not to the large size of the dose,

and it proceeds from the action of those few infinitesimals which make their impression upon the nervous centre, or upon the nerves directly, mediating the restoration of health by their hygiopoetic or healing power over the parts submitted to their influence, whilst the large bulk is carried off by the sewerage of the body or made inert by envelopment, and harm thus is prevented from an injurious action of the mass upon the system.

But it also follows that crude drugs are rendered homœopathic by potentiation, if they do exert either too much, or none, or too little medicinal action upon the organism, and homœopathic means able to cure a similar suffering.

To use such remedies technically called high potencies in order to make sick people well, is the true calling of the physician, according to Hahnemann.—*Organon*, § 1.

FATAL ERRORS.

AD. LIPPE, M. D., PHILADELPHIA.

At the close of the last session of the American Institute the following resolution was adopted :

“*Resolved*, That it is the sense of the American Institute that no physician can properly sustain the responsibilities, or fulfill all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion, and unrestricted liberty of professional action, as provided for in the Code of Ethics of this Institute.”

What can this resolution really mean? As we became a member of the Institute at its second meeting, we may be supposed to know the aims of that Society. *Then* all the members held it to be incumbent upon its members to practice Homœopathy, as promulgated by its founder. We united to develop our knowledge by augmentations to our materia medica, that we might the better apply the only law of cure known to the healing-art. We enjoyed then, as now, absolute freedom of medical opinion; no law of this free land could prevent any one from either joining or leaving the Institute, provided he was, when he joined it, possessed of the requisite knowledge of medicine, and especially of Homœopathy. He could, if he found the healing-art called Homœopathy inadequate, when he tried to properly sustain the responsibilities or fulfill all the duties of his professional relations, leave the Institute at pleasure, all of which covered the

unrestricted liberty of professional action. If such was the true meaning of this resolution, it was obviously unnecessary to offer or to pass it.

What can this resolution really mean? The learned compiler of so much, almost incomprehensible bombast, now kindly tells us what he did really mean—*vide Hahnemannian Monthly*, Sept. 1st, 1882, p. 560, and there and then he enlightens us thus: “Before the resolution was offered it was shown to several members of the Institute, each and all of whom at once understood it to refer to the question which now divides and distracts the allopathic denomination, viz.: the consultation question!”

What a revelation this is! For the sake of everything appertaining to language, we cannot see a syllable in this resolution touching either the question of consultation or recognition, nor are we aware of any—even the slightest—attempt made in behalf of the Institute forbidding any such consultations! Besides all this, the allopaths have very wisely settled the distracting question, and we have nothing to do with it. As the resolution has nothing whatever to do with “consultations,” and as we must take it for granted that the chosen few members of the Institute did see said resolution “after dinner,” we may now be permitted to put our own interpretation on this strange language. The gentleman who offered said resolution once delivered himself of this remark before the Philadelphia Homœopathic Medical Society—“I have a weakness for quinine; if I could get along without quinine, as some claim to do, I could get along without Homœopathy altogether,” which might be put into more explicit language—“Homœopathy teaches the administration of quinine in massive doses for the cure of intermittent fever, as I understand it, and those who claim to get along without it are not homœopaths, as I understand it. No such Homœopathy without quinine for me.” As Homœopathy is an exclusive system of therapeutics, as it teaches that all dynamic and all curable, not surgical, cases of disease (even if caused by mechanical injuries) are amenable under the Law of the Similars, excluding necessarily the palliative treatment of the allopathic school, and as it is evident this is not palatable to a learned gentleman who seems not to know that Homœopathy always rejected the ever pernicious use of crude drugs, quinine included, this resolution means nothing more or less than this: “I am a homœopath, but claim absolute freedom of medical opinion and unrestricted liberty of professional action—

i. e., to give crude doses of quinine and morphia myself whenever I please, and express this my opinion freely without restriction." These are the prerogatives of the eclectics. As a logical sequence, the next resolution offered the Institute should read: "Whereas, the fatal error was committed of passing the above resolution last year, at the close of the session, we now apply the 'proper' remedy, and strike out from the title of our Association, founded by the early pioneers, the name Homœopathy, and insert in the place of it—eclecticism." That is the true inwardness of said resolution.

THAT RESOLUTION OF THE INSTITUTE.

The last (September) number of the *Hahnemannian Monthly* contains an editorial effort to explain away the true meaning and *intent* of the resolution offered by Dr. Dudley, and adopted, "with one dissenting voice," by the few members of the Institute who were left at the tail-end of its recent session at Indianapolis, as the expression of the opinion and belief of the great American Institute of Homœopathy. A glance at the wording of the resolution will reveal what a careful perusal and study of it will but confirm, *viz.*: that it has not, nor was intended to have any reference whatever "to the question that now divides and distracts the allopathic denomination, *viz.*: the consultation question," unless at the expense of an admission of a greater subserviency to the "allopathic denomination" than has hitherto been conceded even by those who have been notoriously attempting to trade off the principles and precepts of Homœopathy for "old school recognition," for these many years past. The language of this resolution is explicit, as it is also pointed and direct, and "he that runneth" may readily comprehend its import without explanation or comment from its authors, instigators, or from those who were merely instrumental in its introduction and adoption.

That it contemplates just what it affirms, "*absolute* freedom of medical opinion and *unrestricted* liberty of professional action," cannot be doubted in the light of the history of Homœopathy for the past decade or two, as illustrated by the uniform course of action of that class of homœopathists who are responsible for its introduction and adoption. To the truth of this statement our journalism, society, presidential, and other addresses fully attest, as every reader

of homœopathic journals and of our official papers must readily admit. So patent is this that it would be idle to specify, or to specifically comment upon this class of papers, surely not on those antecedent to the last and possibly most famous and outspoken of them all, viz.: the last presidential address before the American Institute of Homœopathy, in which these or similar views are advocated not only, but, if I remember correctly, an authoritative limit to the attenuations for therapeutic use by the members thereof, and of the profession at large, is also recommended and openly advocated therein, and this in the very face of an “*absolute* freedom of opinion and of *unrestricted* liberty of action” on the part of the same constituencies. “Consistency, thou art a jewel”—one, however, manifestly not possessed by these or other repudiators of law and principle and of long-established and well-recognized usages. This class of “*homœopathists*”—God save the mark!—want the fullest possible license, the one that will bring them nearest to “recognition” on the part of their allopathic brethren, and into the closest relations as to consultations, etc., with them, or with anybody and everybody possessing the legal evidence of a professional standing, *i. e.*, the plane upon which the New York State Allopathic Society now notoriously stands.

No effort on the part of the projectors of this villainously famous resolution can conceal its real purpose or the plainly exposed “cloven foot” of its authorship, wherever the body and brains of that hoof may lie concealed; or, if revealed, so diffusively as not *yet* to have assumed a definite shape, nor in the future, unless, indeed, the Institute in full session shall ratify and confirm this nefarious transaction.

The time, the occasion and all the surroundings and concomitants were well befitting this crowning act of treachery, this full surrender to the “allopathic denomination,” and no contortion or interpretation of it can transform it into “a dignified, yet forcible, expression of the views of our school on this [consultation] question,” except it be, as before remarked, on the basis of the most contemptible and abject subserviency to the behests of allopathy, in the interests of a falsely called liberal sentiment. This act was done, as it was initiated, by the dim, flickering light of the just expiring session of an institution in whose name it was thus basely and almost clandestinely accomplished; an act technically and legally possible, yet, nevertheless, *virtually* and damnably in violation of the *spirit* of all law

and of equity itself, for the consummation of an act so vital, so fundamental as this, one so subversive of all the antecedent history and traditions of Homœopathy, as of the beliefs and practices of its ablest, wisest and oldest advocates and defenders.

The attempted defense of such an act is in full harmony and agreement with the methods of its introduction and passage. When the Institute ratifies and confirms this action it will cease to be the "American Institute of *Homœopathy*," and will have become what the authors and *intelligent abettors* of it now are—Eclectic in principle and in practice. May the good Lord deliver and defend us and it from this and all similar perils!

September 4th, 1882.

T. F. P.

CLINICAL BUREAU.

HÆMORRHOIDS.

A. McNEIL, M. D., JEFFERSONVILLE, IND.

November 30th, 1881, Mrs. H., æt. 51, has passed the change of life. The expression on her face revealed the most intense suffering. She is sallow, medium flesh. Had piles several years ago which have not troubled her till three weeks ago; are getting worse all the time. She says she did not suffer as excruciatingly in childbirth as she has been doing since this attack. It feels, she says, as if a red-hot poker was being thrust up the rectum. She is temporarily relieved by sitting in cold water, and by sitting on her foot so as to press on the anus; bowels loose; profuse discharge of blood.

Guided by relief by sitting on her foot, I gave her Kali carb.³⁰ every three hours. Bœnninghausen recommends the Kali carb. in piles relieved by riding on horseback, which means that violent pressure relieves.

December 2d. Pains have subsided so that she says that she is comfortable. Sac. lac.

December 9th. Was very comfortable till yesterday. "Caught cold," causing a slight return of piles and some drawing in the nape of neck. Kali carb.^m one dose.

December 19th. No piles; same stiffness in neck. Has an old difficulty of the heart; cannot lie on right side or with her head low. Kali carb.^{20m}, in ten powders every four hours. She was then well enough to go to Little Rock, Ark. Before going she

told me that she had been induced to try me on the recommendation of a neighbor, who told her that I had cured him and his brother of piles in a very short time, but I had not kept notes of their cases.

Can ligation, cutting, or injection of Carbolic acid cure piles *tuto cito et jucunde*? I boldly say, No! And when they do succeed with those heroic measures in relieving the hæmorrhoids it is usually by transferring the disease to a vital organ. "The piles were cured but the patient died."

The most advanced minds of the old school are beginning to find out that Hahnemann was right when he said that piles, eruptions, ulcerations and displacements of the womb, etc., are but local manifestations of constitutional diseases. But so-called liberal homœopaths will pick up the cast-off clothes of our allopathic colleagues and strut proudly in the "physiological livery."

Lichen ruber. August 18th, 1881, Lizzie Smith, æt. 15. Has had this eruption four years, during which it varied in intensity and sometimes disappeared. It occupies both arms, extending on to the backs of the hands. It is bright red and hot to the touch; does not itch, but feels prickly. Has had urticaria once, is subject to headache, all of which are relieved by cold water applications. Sometimes the bowels are covered and have crusts on them. When a child she had a disease in her hip which was diagnosed as hip disease by specialists. My diagnosis was only made after a careful study of the case and a comparison of the eruption with Baerensprung und Hebra's Atlas der Hautkrankheiten Tafel.

I gave her Apis³⁰, ten powders every twenty-four hours.

August 24th. Redness all gone, only occasionally an uncomfortable sensation, but is worse to-day. Apis³⁰, ten powders every four hours.

September 10th. Has been well until to-day, when the prickling returned in the palms of both hands. Apis^{20m}, one powder.

September 22d. Has been well until a day or two ago. Has now a few scattering pimples, the remains of urticaria wheals. Apis^{20m}, in one dose. Remained well till in January, when I last saw her.

Was this case cured or did it get well? Let us see. Duhring says, *Diseases of the Skin*, 2d edition, page 243: "The sooner in the course of the disease treatment is instituted, the more speedy will be the cure; cases of long standing are found to be exceedingly obstinate, continuing for long periods but slightly influenced by remedies which in an earlier stage would have afforded relief."

Four years' continuance would, I venture to say, place this case among cases of long standing, and yet it was not "found to be exceedingly obstinate" to the indicated homœopathic remedy in the minimum dose. Duhring does not hint that such cases as mine get well of themselves. But let us see what a greater than Duhring says, Hebra *Hautkrankheiten*, von Hebra und Kaposi, Band I, page 397 :

"We must truthfully say in sincere sorrow that no medicine, either locally applied or internally administered, with the exception of Arsenic has made any essential change in the course of this disease."

"On the other hand, Arsenic has in no case left us in the lurch in which it was given in sufficient quantity. As long as we did not have the courage to give sufficiently large doses or the perseverance to administer small doses for a long enough time, we had no favorable results to record. See the 1st edition of our work, page 3. However, since we have been taught by experience how to use it [abuse? Trans.] we have had only pleasing effects to report. To obtain such beneficial results it is necessary to give the Arsenic persistently for many—six to eighteen—months. In this way we have given some of our patients, among them children of twelve to thirteen years, in a period of a few months or a year, as many as 3,500 Asiatic pills, *i. e.*, 250 grains of white Arsenic, curing the patients and restoring the nutrition of their bowels to the normal."

Is not this case worth a thousand Milwaukee tests? And who would not prefer curing with an infinitesimal in one month to taking 250 grains of Arsenic in the course of eighteen?

A CHILD, *æt.* six years, while throwing stones at a toad, suddenly felt the animal spurt some moisture into his eye. There suddenly set in a slight pain and spasmodic twitching of the injected eye; two hours after, coma, jumping sight, desire to bite, dread of food and drink, constipation, abundant urine, and great agitation manifested themselves, followed on the sixth day by sickness, apathy, and a kind of stupor, but with a regular pulse. Some days later, having become comparatively quiet, he left his bed; his eyes were injected, the skin dry, the pulse free from fever.

He howled and behaved like a madman, sank into imbecility and speechlessness, from which he never rallied.—*Phila. Med. and Surg. Reporter*, Dec. 14th, 1878.

BOOK NOTICES, REVIEWS, ETC.

PHTHISIS PULMONALIS, OR TUBERCULAR PHTHISIS. By Gershom N. Brigham, M. D., Grand Rapids, Mich. Bœricke & Tafel: New York and Philadelphia. pp. 244. Price, \$2.00. 1882.

The first thing to be said of this work is to commend it for its candor and moderation of expression. The next thing is to commend its author for his evident desire to find the grain of truth in the multiplicity of errors and contradictions by most writers upon the subject, and to present that truth without apparent reference to policy, professional pride, or other motive than for truth's own sake.

In treatment and hygiene he has certainly secured and given us much that is true; and from future experience he will, no doubt, be able to give us much more that is equally good in that direction.

On ætiology and pathology, however, he has not been so fortunate (though his efforts have here manifestly been equally well-intentioned); and upon this branch of the subject it appears to us something earnest should be said.

When will the profession in this country emancipate itself from its dependence upon the errors and contradictions in medical matters annually sent us from Europe; and when will our school abandon its reliance upon allopathic pathological fallacies, observe and think for itself, and establish a system of ætiology and pathology of its own that shall be true to nature, and as much in advance of that of the old school as our therapeutics are in advance of theirs?

Scarcely any two of the prominent writers throughout the world agree as to the nature or process of formation of tubercles; but, what is still worse, some of them even contradict themselves. This shows clearly enough that there must be something radically wrong in their way of looking at or of handling the subject, and Dr. Brigham must have found it anything but pleasant or satisfactory trying to extract truth from such a source. His greatest error, therefore, (and error it must be considered in trying to harmonize contradictions that nature does not tolerate), was in following such leaders and summarizing their conflicting theories, then leaving the reader to judge for himself as best he might.

For evidence that everything is contradictory in that field, we need only refer to the Doctor's own extracts from, and explanation of, different writers' theories (which an evident spirit of fairness to those authors and to his readers led him to give); but for still stronger proof of the fact, we cite the following: Virchow says of tubercular corpuscles, page 518, *Cellular Pathology*: "They are not by any means the first bungling products, unfortunate essays of organization, but were once well-grown elements," etc., while only four pages further on, viz., on page 522, when speaking of the large cells of cancer and contrasting tubercular corpuscles with them, he says: "Tubercle, on the contrary, is always a pitiful production, a new formation, from its very outset miserable."

Dr. Brigham gives the views "adopted in *Niemeyer's Theory and Practice*,"

which "regards tubercle as a new growth and as the outcome of cell-proliferation;" and "'standing in closest relation to connective tissue formations.'" And yet elsewhere Niemeyer, in speaking of the coagula left in the lungs after hæmoptysis, and when trying to enforce the doctrine that inflammation is the cause of tubercle, said: "It is precisely the rule that the originally dark brown nodule, by a lengthened process, becomes yellow and cheesy."

Nature has no such contradictions and tolerates none, and we may be sure that men are going wrong when they thus interpret her work. Virchow was trying to prove that tubercular corpuscles were from a proliferation of connective tissue-cells, when using the language first quoted from him, but, knowing nothing definite as to what they were and only *guessing* at it, he forgot himself and thus flatly contradicted his own assertion in the short space of four pages. Niemeyer's contradiction is about as bad, while all prominent foreign writers upon tubercle contradict each other more or less fully; and yet we, in this country, swallow their teachings and try to digest or harmonize them, because we think we must to appear learned, or to be popular, or for some other equally absurd reason, instead of observing and thinking for ourselves.

Dr. Brigham, however, must not think these strictures are alone for him. We are all about equally guilty in this respect; that is, the profession in this country demands, or, at least, expects, a re-hash of such absurdities from our writers, and so long as it does the dish will be served. When it asks for something better it will, no doubt, be forthcoming.

Instead of deceiving ourselves any longer with such borrowed trash, why don't our school take the much-despised psoric doctrine of Hahnemann and make it the foundation-stone upon which to build a monument to the simple truth in the ætiology and pathology of tuberculosis, and many other chronic diseases, that shall be grander than any temple ancient history mentions, or than Oriental fable ever conceived, and that shall equal anything that science has ever given us in any of her other departments?

To illustrate: Take that same despised psoric doctrine, which is as true in principle as any principle through which God governs life or the universe, and add to or build upon it the following *facts*, viz.: That, when eczema, tinea capitis, psoriasis, acne, impetigo, lepra, or other chronic skin diseases bearing more common names, as "salt rheum," "barber's itch," etc., etc., are suppressed, that is, "cured," as it is falsely called, by local treatment, they are simply translated internally, and *always*, sooner or later, seat upon some one or more of the mucous membrane: That when any one of them does become fixed and active, there, it excites an irritation that causes a greatly-increased flow of mucus and waste of albumen from the blood through that membrane: That such loss of albumen robs the muscular system of just so much of its only food, thus causing the great emaciation so characteristic of consumption, and, at the same time, throws all the constituents of the blood into a disproportion, leaving a relative excess of water, blood-corpuscle, fibrin, fatty-matters, salts, etc., in the circulation, which is unnatural and must cause serious disturbances: That the excess of water thus left causes the diuresis, night-sweats

and dropsies of consumptives: That the blood corpuscles left in excess thereby lead to the primary hemorrhages of such subjects, and that later other of such corpuscles are decolorized by circulating in the too watery serum of their blood, are then congested in the capillaries of the lungs or other parts, where they shrivel into tubercular corpuscles, have some of the excess of fibrin extravasated and organized around them, when the whole becomes a tubercle: That the fibrin left in excess is in part extravasated to form the bands, cords and plates of fibrinous adhesions about the lungs that are universal in consumption, in part to inclose all tubercles, in part as fibrinous casts of bronchial tubes, and also, in part, into the lungs, "developing fibrinous masses, which [Dr. Brigham says] are the best of soil for tubercles:" That the excess of fatty-matters causes the fatty livers and other fatty degenerations or deposits of phthisis or other scrofulous diseases: That the excess of salts causes the enlarged joints of scrofulous subjects, ossifications, chalky deposits, calcareous concretions in the lungs, or like casts of the tubes or air-cells, etc., etc.

We might go even further and show cancer to be caused in some psoric constitutions, in a similar manner—encephaloma by an excess of the brain nourishing material being left in the blood by loss of albumen, and the abnormal growth or development in consequence of brain cells in the eye, face, etc., where they do not belong, and produce the worst forms of cancer; epithelioma as the result of the food for epithelial cells being left in excess, and such cells being grown, in consequence, where they do not belong, and thus causing epithelial cancer; or we might show that the suppression of both gonorrhœa and syphilis are very liable to cause consumption by their being driven internally, in many cases, to seat upon some mucous membrane, and cause a similar waste of albumen with all the other results above pointed out; or, yet again, we might show the *mechanical* production of consumption in stone-cutters, edge-tool and needle-grinders, coal workers, millers, cotton and woolen operatives, etc. (of whom Dr. Brigham speaks quite fully), by the dust they inhale exciting more or less constant irritation of the mucous membrane of the throat and bronchi and waste of albumen thereby, until that in itself may result in tubercles; or, what is more common, such irritation arouses some latent psoric, syphilitic or gonorrhœal taint, and sets that to work in the way and with the results above shown; but both time and space forbid our entering upon those themes now.

What a monument have we here, then, to Hahnemann's doctrine of chronic diseases and to nature's extreme simplicity in the midst of such apparently inextricable complication and confusion; and what an unfolding of truth in the field of ætiology and pathology to contrast with and offset the errors and contradictions we have hitherto so greedily taken from the old school. Will our school, or our writers, longer hesitate from which to choose?

As to indications to guide us in the selection of remedies, Dr. Brigham has given us many that are valuable; but we miss some that we have learned by experience to most rely upon.

From *Arsenicum* we miss catarrhal aggravations from five to six P. M.; also

aggravations of cough, etc., after midnight. But, at the same time, we can strongly indorse him in the following: Cough brought on or greatly aggravated in the evening on lying down, and in the morning on rising, both occurring every night and morning; great aggravation of cough, or great dyspnoea, or both, on lying down day or night—has to be bolstered up to a half or full sitting posture; rapid emaciation, although eating well or fairly; very acute or stitching pains in apex of right lung.

Under Belladonna there is an absence of some of its most prominent indications, in the beginning of chronic lung diseases, namely, a *hollow* cough, more hollow and different from that of croup; also a barking and harsh cough, something like croup; cough arising a little before or precisely at midnight (Arg. n.); violent stitching pains from the right side of the abdomen upward through the right lung to mamma, point of right shoulder, and inner border of right scapula; also chronic nasal or bronchial fluent catarrh, attended with rattling respiration in nervous or mentally active subjects.

In the indications for Calcarea carb. the Doctor has not given that prominence to the rapid growing of children or youth which its importance demands, and which we have seen confirmed in a great many cases. Instead of this he speaks under Phosphorus of the "petite figure" of Calcarea subjects, to contrast them with the more powerfully built frames of those in whom Phos. is often indicated. But in our experience Calc. is much the more frequently called for in the lung diseases of tall, slender and rapidly growing youth than is Phos. So marked, indeed, has this experience been that we have often taken the fact of our patient having grown rapidly in youth, and possessing a large frame, as the guide to the true remedy for that person in middle life or later, and found it to be Calcarea much more commonly than Phosphorus.

Crocus we miss entirely from the Doctor's list, with its asthmatic or wheezy cough, attended by frothy expectoration containing threads of translucent, whitish, or yellowish mucus, of the size of coarse spool cotton or fine twine; and aggravation of many or all its symptoms (especially if such threads are expectorated) by hot weather, a warm room, lying down, etc.

One of the greatest of all the characteristics of Mercurius in lung diseases is also wanting in Dr. B.'s work, namely: great aggravation from, or utter impossibility of, lying upon the *right* side. A knowledge of this one symptom of Merc. has enabled us to cure with it more cases of very serious lung diseases than through all its other indications combined. There is also an absence of another very characteristic symptom of this drug, and that is, *fugitive pains*, now here, then there, or anywhere, and changing place every hour, few hours, or day or two. On this symptom we have also cured many serious cases of acute and chronic diseases with Merc.—five times as many, at least, as from prescribing Pulsatilla on the same symptom.

But here we will tell all: they will seldom or never cure severe cases having either of these symptoms, if the patients are victims to that terrible curse, namely, *mercurial dentistry*; that is, wearing red rubber dental plates, or having amalgam fillings in teeth, unless they first have said plates or fillings

removed. Of all the minor evils to mankind, we do not hesitate to say from much experience that this mercurial dentistry is one of the greatest.

Nux vomica, the Doctor has entirely omitted from his book, and this we are surprised at. No remedy surpasses and few equal it for *violent racking* paroxysms of cough, whether acute or chronic, and with or without expectoration; and aggravation of cough *after eating* and in the morning or forenoon. Also, when cough is attended by severe headache, pain or bruised sensation in stomach, hypochondria or bowels, and a dull or sub-acute soreness of the abdomen under pressure.

From *Phosphorus* we miss one of its greatest characteristics, viz., very fetid stool and flatus, the odor being exactly like lime that has been used at gas-works to desulphurize the gas. For fifteen years or more we have never failed to greatly relieve suffering, even in incurable chronic lung diseases, with *Phosphorus*, when this symptom was present, and have never failed to speedily cure any case of acute diarrhoea having this symptom, with a single dose of *Phosphorus* in high potency.

Another marked symptom of *Phosphorus* that is omitted from the book is acute pains in the chest, especially right side, which are greatly aggravated by even light pressure in the inter-costal spaces, and in that case aggravation from lying on the right side; whereas, aggravation from lying upon the left side is, in the generality of lung diseases, one of the greatest characteristics of *Phosphorus*.

Under *Sepia* the Doctor has omitted one of its most prominent indications, namely, excessively fetid sputa.

There are other remedies and symptoms to which we might give attention, did time permit; but as every physician has experience that differs more or less from that of others, each can supply for himself what he sees to be wanting. Dr. Brigham has given his experience in a very satisfactory manner, and if all would do as well we would soon have the homœopathic therapeutics of tuberculosis placed upon a much higher plane than they occupy at present.

Upon the subject of potencies and the repetition of doses we are glad to see that the Doctor has taken such advanced ground. It is as important to avoid the too frequent repetition of doses as to select the right remedy. How many cases do we remember in our earlier experience where the right remedy was given with the most highly satisfactory results for a short time, but giving it too often soon brought up great aggravations that could not be controlled, and which the patient never rallied from. And how much of this experience it required before we could say, and act up to it, "hands off," until the improvement flags very materially before giving another dose, or changing the remedy.

R. R. G.

THE

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"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. II.

NOVEMBER, 1882.

No. 11.

A "REGULAR'S" OPINION OF THE PSEUDO-HOMŒOPATH.

Dr. D. W. Cathell, in his little book entitled *The Physician Himself*, speaks thus of the *pseudo-homœopaths*: "When chance brings you into contact with a genuine homœopathist, if you believe him to be a gentleman (*true* homœopathists are usually very respectable and upright), observe all the forms of politeness toward him, and treat him exactly as you would any other gentleman, but ignore him *professionally* and never allow yourself to fraternize with him in the management of a case. But have nothing, emphatically nothing, to do with the pseudo-homœopaths, who masquerade as homœopaths by a display of Hahnemannic nonsense, just as ostrich hunters assume to be ostriches by dressing in that *wise* bird's feathers. Many of these pretenders simulate the genuine by carrying awe-inspiring satchels as guardedly as if an additional shake of the dynamizations they contain might still further increase their potency and cause an explosion. Carefully search the satchel and the pockets of one of these and you will not only find the usual attenuations, triturations, tinctures and globules, and also Lehrman's, Dunham's, Lentz's and Fincke's high dynamizations,* ranging from the 800th away up to the terrific potency of an 86,000th (nonsense! that would not vary the ailments of a fly); but search a little further, and you will also find a full, a very full, supply of Warner's, Schieffelin's,

* Dr. Cathell is in error here. These fellows seldom or never carry these excellent preparations, for two reasons: (1), they do not know enough to use them; and (2), because the allopaths do not approve of them.

Sharpe & Dohme's, and other varieties of sugar-coated granules of Morphia, Quinia, Arsenicum, Belladonna, Elaterium, Colocynth, etc.

"Be not startled if you also find a hypodermic syringe and a bottle of Magendie's solution—damning witness of his lack of moral sense and lack of honesty, and of his want of faith in what he professes. Respect every sincere believer in a false system, no matter how great his error, but let the finger of scorn point forever at each and every double-dealing hypocrite who, as an advertisement of himself, villifies and sneers at '*old-school*' remedies, while *styly using Opium* to relieve pain, Chloral to induce sleep, Quinia to arrest fever, and all our other prominent agents *just as we do*, in full doses, and crediting the good they do to Homœopathy.

"There is also another self-adjusting variety, much less numerous, thank Heaven! than the last, who, chameleon-like, are all things to all men, who actually *offer* to practice any exclusive system people wish. These are not as bad as the last, for they are at least honest in their announcement.

"But what would you think of a clergyman whose love of gold and lack of scruple would allow him to vary his principles *at will*, and preach *anything* you wished, whether strictly Catholic lecture or an ultra-Protestant discourse, an orthodox Hebrew sermon, a fiery Mohammedan philippic, or an out-and-out infidel harangue? He might believe in one or more, but he could not believe in all. Show a decent respect for the conscientious homœopath, but shun, as you would the plagues of Egypt, the *bogus* and the *anything you please* fellows, who use the name simply as a cloak because it pays to use it."

As our liberal friends attach so much weight and importance to all "regular" utterances, we hope they will ponder over this philippic; it is severe, but true, in its denunciation of quacks.

Judging from the above quotation, and many similar opinions, it would seem that the famous resolution of the Institute seeking allopathic recognition will be as fruitless as it is degrading.

PATHOLOGICAL MATERIA MEDICA.

The arrangement of materia medica on the basis of a pathologico-anatomical schema, as is desired by some, would be, first, impossible; second, useless; third, sure to mislead.—CARROLL DUNHAM.

ADDRESS

DELIVERED BY THE PRESIDENT OF THE AMERICAN INSTITUTE,
INDIANAPOLIS, JUNE 13TH, 1882.

This address, by order of the Institute, was printed in pamphlet form, and five thousand copies were distributed; it is now public property and open to criticism.

At the thirty-fifth session of this Institute, the President delivered an address in utter disharmony with the sentiments held and proclaimed by the founders of the Institute; also by the founder of the homœopathic healing-art. It is fortunately the first, and we hope the last, document of the kind, which must fill the hearts of the surviving founders and early members of the Institute with deep grief and mortification; were we to pass by this public document without criticism and comment the whole medical profession might reasonably infer, from such a negative indorsement, that the homœopathic healing-art, as promulgated by its founder and accepted by the founders of the Institute, had been found inadequate, found to be an illusion and a snare, and was wholly abandoned by the present members of the Institute and of the profession. That these erroneous impressions may be eliminated from the history of our healing-art we now undertake to show what a miserable address this is; that misrepresentations and false statements abound; that logic has been abandoned; and, finally, to show that the Institute is invited to resort to detestable means to finally wipe out the homœopathic healing-art and deliver the school over into the keeping of the most irrational, the most degraded of all schools of medicine that ever disgraced the medical profession, *the eclectic school of quackery*.

On page 3, we find the first logical blunder: "*The people cared less for the philosophy of Hahnemann's particular method than for practical results, and, believing success to be the test of merit, they have continued to encourage it,*" etc. Success could and can only be obtained if "the philosophy of Hahnemann's particular method" is fully accepted, and on that foundation only can we rest; a setting aside, caring nothing for Hahnemann's inductive methods (his philosophy), and falling into such errors as the speaker further advocates and recommends will leave us without that success the people expect to see. Furthermore, the orator's statement is *incorrect*. In the early days of Homœopathy in this country, practical results could not possibly be obtained before the correctness of Hahnemann's

declarations of the successful cures made by his healing-art, based on his inductive methods, were fully established. The pioneers had to show that success, which became the test of merit, and so they addressed themselves to the intelligent portion of the community. Such pamphlets as Dr. Hering's *Rise and Progress of Homœopathy* awakened the people to hope for better results than they derived from the common school of medicine. Intelligent people then, as at present, sought to learn the philosophy of Hahnemann's methods of healing the sick. After becoming convinced that Hahnemann's methods, as explained in his *Organon of the Healing-Art*, were *theoretically* correct, they tried it by experiment, and, finding it true, ever after generously encouraged that system.

For the innovations made at later days when there could be an appeal made to the "success" of the pioneers, we can now well account. The philosophy of Hahnemann was no longer laid before the people, because many of the modern pretenders either did not know it, or, if they did, were too lazy to apply it consistently, and moreover, were not prepared to defend their increasing departures in the face of a well-read and well-instructed people.

Pages 4 and 5 read well, and inspire the unsophisticated reader with the false hope that the orator would defend Hahnemann's methods. Especially good and very happy are the quotations from the London *Lancet*; very applicable to the present condition of the Institute is the last sentence quoted from the *Lancet*. On page 6 the true inwardness of the orator is fully developed. He inadvertently utters one truth: "*Public opinion will not tolerate a base and transparent imitation.*"

Now the orator strikes his first blow to demolish our healing-art. To please "the regulars" we are admonished to be "*liberal*," and while the regulars accuse us of practicing under an exclusive dogma, and for that reason decline to join us, we are told to teach them that while we believe the law of similars to be a general law, like the law of gravitation, we do not believe it to be an exclusive law in therapeutics! Here we are treated to logic with a vengeance. The law of gravitation is not only a general law but a universal law, or else it would be no law at all; so is the law of the similars either no law at all (a good method, Richard Hughes has it) or a universal law. The final illustration is worse than the illogical assertion. We are now boldly told that in absolutely incurable affections we claim that to the true physician the whole line of palliative treatment is

open. A true healer, the true homœopathic physician, *never* resorts to the whole line of palliative* treatment. The true healer finds that, even in absolutely incurable diseases, the remedies applied under the universal law of the similars will, with positive and absolute certainty, better palliate and relieve the sufferings of the absolutely incurables, than will the "regular" and senseless administration of increasing doses of the ordinary palliatives; they not only do not satisfactorily relieve the sufferings, but invariably add new miseries to those already existing.

On page 8 a change comes over our learned orator when he says: "*Believing as we do in the stability of the law of similars, and its sufficiency in our guidance in medicinal therapeutics, we do not fear the result.*" "The stability of the law of the similars" must stand for universality, and what then becomes of the whole line of palliative treatment?

On page 9 the orator is guilty of plagiarism; there is no escape from the grave charge brought against him by Dr. Matthews.

On pages 10 and 11, the Public Health Association is credited with grappling with the "*inside sources of diseases.*" The learned orator might have given Hahnemann the credit due him, but he, the learned orator, probably never read the 5th paragraph, and the foot-note to paragraph 93 of Hahnemann's *Organon*.

On page 12 we are treated to a rehearsal of the great progress made toward disgracing our healing-art in the city of London, in 1881, at the International Homœopathic Medical Convention; that Convention we are now again told adopted for its standard: "*The broadest liberality of thought and freedom of medical opinion.*"

The most interesting part of the address is found in the considerations of the Institute's affairs. Page 16, the Committee on Publication are admonished to be more particular in examining the material that enters into the annual *Transactions*. It is to be regretted that the Committee of Publication allowed a succession of absurd fables to be published in the historical part (II) of the *Transactions* of the "World's Homœopathic Convention," held in Philadelphia in 1876. It must be a source of mortification to honorable men, that the Institute took not the slightest notice of the frequently published facts about the falsifications to be found in that volume. Whether the Committee of Publication will see to it that in future no more such

* Hahnemann's *Organon*, paragraph 67, and foot-notes.

transgressions are allowed, or whether they will only use their discretion to exclude papers written by members of the Institute who do not believe in the broadest liberality of thought and freedom of action, if *not* in harmony with the strict tenets of our healing-art, time alone will show.

The Bureau of Materia Medica is to be instructed to revise and *condense* our pathogenesis in hot haste, this boiled down product to be published by the Institute, after or while hastily boiling down our pathogenesis; the same bureau is also expected to furnish a plan for the more *thorough* proving of drugs!

A Bureau of Pharmacy is proposed; a president of that bureau sitting in "star chamber" is to try and judge all homœopathic pharmacists, the bottle-washers, and other absurd vagaries, deprive them of all liberty of thought and freedom of action. Homœopathy in its struggle for scientific recognition can no better prevent scientific progress and scientific recognition than by establishing a "star chamber," to sit with closed doors and publish their findings in the *Transactions*, make a record of the pharmacists who (as the orator says) cannot escape much longer to be deprived of liberty of opinion.

On page 7 the learned President ventilates *his* peculiar joy over an even attempted "recognition" by the regulars, and he snaps at the American Medical Association, and expresses his ardent hope that "the Medical Society of the State of New York will assert its independence" and carry out their cunning design to wipe out Homœopathy as a distinctive school in New York, at least, just as they wiped out Thompsonianism almost half a century ago by their deceitful toleration. If the specialists in New York city read this address they may for a second time be lured into the erroneous belief that Homœopathy, as promulgated by the founder of the new healing-art, has been consigned to the tombs of the Capulets and is no more. Poor, deceived brethren of the medical profession! They will speedily find out that the sentiments uttered in the hope of a speedy recognition are not held by respectable, honest and consistent members of the homœopathic healing-art, who hold that the American Medical Association acted consistently, and could not have acted differently under the circumstances.

On page 20 the President becomes grandiloquent when he says: "*As a chief hindrance to the general and candid considerations of the truths of Homœopathy is the absurd doctrine, never taught by Hahne-*

mann, of infinite dilution. We should endeavor to adopt some standard of limit for drug attenuation." This sentence is so absurd that it hardly merits criticism. Where is your boasted "broadest liberality of thought and freedom of medical opinion"? Where is it? To be confined to "star chamber" decisions? The chief hindrance to the general consideration of the truths of Homœopathy, are not the infinite dilutions; it is the distrust the profession at large has been taught to foster as to whether any truth can be found in Homœopathy when its practitioners violate all and every tenet of the school as promulgated by its founder, when they find the President of the Institute advocates palliative treatment, when they find him asking for recognition, and when they find him offering, as the price for that boon, to abandon Homœopathy as an exclusive system of therapeutics, founded on an eternal, positive and exclusive law of the similars. Has any scientific man of our days ever uttered such an absurdity as to recommend the adoption of a standard or limit for drug attenuation? All scientists of modern days, and among them medical teachers in allopathic universities (St. Petersburg, Stuttgart, etc.), have demonstrated "*scientifically*" the divisibility of matter and the most powerful and by division augmented effect of such divided matter on the human organism. Science assists us, but the President of the American Institute fables about the Institute's duty "*to adopt some standard or limit for drug attenuation!*" A limit, to be sure. And that is "science," is it? That is freedom of opinion, is it? And his silly proposition which must bring on the school the scorn and ridicule of all scientific men, is bolstered up by an absolutely erroneous statement, "*that ninety-nine out of every hundred homœopathic practitioners rely upon triturations and dilutions within the range ending at the tenth centesimal.*" We say this statement is "erroneous," and the orator knows it! And if it were correct so much more disgraced do these "ninety-nine out of every hundred" stand before the world! Disgraced, I say; and let the orator be informed that the school which he now tries to disgrace was first established in this country by men who gained for it recognition under the law of the land, and reputation among the intelligent people when ninety-nine out of every hundred at least cured *all* their cases with the 30th potency—not the 10th, which nobody then used. That is the true history, and the surviving old battle-scored pioneers know it. If the present ninety-nine, who see no curative power beyond the 10th, vote early and often for the

limitation of drug action, that will neither alter the past history nor undo the thousands of cures daily made by such higher potencies as the practitioners feel the right and the liberty to administer. Another advocate of limitation says the 16th, another says the 14th, the President comes down to the 10th, while an Ohio philosopher says there is a limit at the 6th. Where is the argument, where are the proofs? We repeat, what we have often said before, that the testimony of one credible man who states that he cures the sick better, quicker and easier with a potency not used by the ninety and nine, is of much more value than all the efforts of the ninety and nine to deny facts of which they are not capable of judging, because of their inability to produce them. Again, as to this limitation suggestion: This question has been settled before, and the learned President is supposed to know something of the history of our healing-art. The documentary evidence contradicting all the bosh uttered lately, is to be found in the fourth volume of the *CEsterreichische Zeitschrift*, "Natrum muriaticum," by Dr. Watzke. And on page 251 will be found that ever-memorable confession of Dr. Watzke, the honest investigator, who says that unfortunately he finds himself compelled by the results of the experiments to confess that, contrary to the prevailing views, the 30th potency of kitchen salt has caused more symptoms, and, in its therapeutic application, has cured more sick, than the lower attenuations. *These* investigators were honest men. This was in 1848, and now, in 1882, the President of the largest body of "homœopaths" fables about a limitation to the 10th potency! Why? To please the common school of medicine for the sake of "*recognition!*" If that is progress in science let us ask for a halt just here and now.

The chief hindrance to the general and candid consideration of the truth of Homœopathy is not the posological question. The supposition that it is, implies that on *that question* the schools mainly differ. The differences were and are now the erroneous opinion held by the dominant school: that the same laws govern both inorganic bodies and organic bodies; that diseases have a material origin, and are, therefore, curable by material means, all of which the homœopathic healing-art completely reverses. Allopathic physicians who have adopted Homœopathy from "conviction" accepted these teachings and left, as every liberal healer will, the posological question open, to be settled in each *individual case* by the healer himself.

This address was delivered at the opening of the thirty-fifth session of the Institute. There were utterly ignored the teachings of the founders of the school, the labors and the fruits of the labors of the pioneers now no longer among us. Where is the memory of Gross, Stapf, Bœnninghausen, Wesselhœft, Hering, and last, but not least, our own Dunham, who never did suspect or dream that vipers he warmed and fed and brought back to life, the homeless and shelterless eclectics, are now stinging the hand that caressed them? When he so generously did plead for freedom in their behalf twelve years ago, he did not see their insincerity; *he*, so honest and true to the cause himself, could never suspect their final attempt to ask for recognition and their readiness for a complete surrender of principles for the sake of recognition.

Disgraceful as was the opening of this memorable thirty-fifth session, the close of it was by far more so. It was not only the privilege, but it was the solemn duty of the presiding officer to quell the last resolution, offered while the session was closing, because it was "*unconstitutional.*"

We suggest that some of our notoriously eminent microscopists, notably, J. Edwards Smith, S. A. Jones and C. Wesselhœft, put this vile address and the last resolution offered and passed, by only one dissenting vote, at the close of the last session of the Institute, under their best instruments, and report whether they find the slightest trace of Hahnemann's healing-art or methods in either of them. All traces being lost, they might favor us still more if they can find falsifications, perversions, bad logic, or treason in them, and report to the Institute.

AD. LIPPE.

Philadelphia, September 15th, 1882.

THE HOMŒOPATHIC INFINITESIMALS ARE NO LONGER INFINITESIMALS BUT ONLY MINUTULES.

B. FINCKE, M. D., BROOKLYN, N. Y.

Infinitesimal is that quantity which is so minute as to be unassignable. It is, nevertheless, something which has a reality though it escapes our observation. There is not the least doubt that a space between two points indicated by a straight line can be conceived to be divisible in an infinity of parts, though we are not able to produce them individually for inspection. What here is predicated of a line

finds application in all things pertaining to matter, and it may be extended in all possible directions. There is an inexhaustible supply of infinitesimals in nature which the human understanding will never be able to use up in its endeavor to peep behind its mysteries. Thus it is that an essential contradiction prevails in the claims of mathematics for infinitesimals, and in the repulsion which they receive at the hands of the physicists and chemists in their opposition to Homœopathy, though they themselves would seem to have great need of it, as the artificial atomic and molecular hypothesis proves, which is built up to fill the void felt in their branches of science. But these atoms and molecules do not by any means reach yet the notion of infinitesimals, which, whilst being thought of, recede deeper and deeper in the infinity of minuteness. For as soon as the infinitesimal can be assigned, as the greatest mathematicians of this age have calculated the hypothetical atom, it loses the quality of infinitesimality. It becomes a mere minutule, *i. e.*, an exceedingly small quantity, and acquires a certain value in the series of magnitude, which ranges it into the realm of known things. But may the thus assigned and calculated minutulum be ever so small, its very determination points to still smaller entities which escape as yet, alike observation as calculation, and recede into the depth of infinitesimality, though we *have* an idea of their existence. In point of fact, as Jean Paul Fr. Richter beautifully expresses it: “Die Unendlichkeit der Theilbarkeit ist eine des Werthes” (the infinity of divisibility is one of value). Value is determined by comparison of other values derived from observation. Since, by the progress of science, our observation discovers new values, there is no end of assigning values to infinitesimals which come into range of increased vision. The most familiar instances in physics and chemistry are the discoveries of new substances by the spectroscope which had escaped the so far known instruments of research and the radiant condition which matter seems to assume under the influence of electricity in a most attenuated state. Strange to say, in Jean Paul’s works, some ninety years ago, a simple experiment is mentioned which foreshadows Crookes’s splendid experiments, *viz.*, if exhausted glass-globes are rubbed they show light inside.

Crookes carried the rarefaction of the air to $\frac{1}{20,000,000}$ of an atmosphere, which therefore compares to a little more than a third centesimal homœopathic potency. And by Bunsen’s spectroscope matter can be seen as far as the ninth or tenth centesimal potency.

This is all that physical science so far has accomplished in gaining minitular values from the world of infinitesimals.

Why should they have so bitterly assailed Hahnemann and the homœopaths who, by their peculiar process of potentiation of substances, and by the application of preparations thus obtained upon the human organism in health and disease, have succeeded in showing values which far exceed the wonderful feats of modern science? But the latter are lauded and rewarded, whilst contempt and ignominy is heaped upon the efforts of the devoted disciples of Hahnemann who have followed up the ideas of this great man to a degree which leaves the accomplishments of modern physicists in this respect far behind. Already Hahnemann had by the application of his so-called infinitesimals, which reached no higher than the thirtieth potency in their actions in health and disease, proved by the instrumentality of the human body that those infinitesimals ceased to be such, because they showed specific and definite actions which gave them a certain assignable value. It was, therefore, with great injustice that not only physicists but also members of the homœopathic profession ridiculed the Hahnemannian infinitesimals, and tried to persuade the people that advocates of such ridiculous remedies deserved no credit and confidence. Nay, it has become the adage of the majority of homœopathic physicians that Homœopathy has nothing to do with infinitesimals, whilst the very founder and teacher of the homœopathic doctrine inculcates everywhere the necessity of the infinitesimal dose under the law of *similia similibus*. And yet, the reproach that Homœopathy were dealing in infinitesimals was not even a valid one, because the remedies, being assigned and determined by their medicinal action, lost the characteristics of infinitesimality. Moreover, this objection concerned mostly the infinitesimals of Hahnemann's time, who is now dead for nearly forty years. Since that time the series of potentiation has gradually risen higher and higher till it has arrived at the five millionth centesimal potency. This potency of Lachesis I have made and can answer for, which I cannot do for others' preparations. Now, this high potency shows not only morbid and curative power, but its action can also be seen by the electro-magnetic method of neural analysis. From this undoubtedly follows that even such a high potency as a five millionth centesimal potency (5 M) is no more an infinitesimal, but a magnitude of definite value which points to still smaller magnitudes lying beyond that limit.

This is the offshoot of Prof. Dr. G. Jaeger's wonderful discovery of neural analysis, and ridicule and doubt must die out in the face of such inductive experience which is the legitimate result of scientific research.

SPECIFICS.

*Facilis descensus Averni,
Sed revocare gradum, superasque evadere ad auras,
Hic labor, hoc opus est.*

In the well-known lines which are quoted above, Virgil tersely portrays the ease with which one can "descend" to evil habits and, conversely, the great difficulty experienced in "retracing" one's steps and "escaping" to the upper world of good habits. While this weakness of humanity is forcibly and frequently exhibited by the incidents of every-day life, we know of no instance that illustrates it more clearly than the ease with which one can glide, almost imperceptibly to himself, into a habit of routine prescribing. Routine prescribing, having "favorite" remedies for diseases, in homœopathic practice is, indeed, a veritable *descent*, a coming down from a higher to a lower plane of practice. For the system of practice developed by Hahnemann gives the physician a specific for *any* possible combination of symptoms, and as diseases are simply combinations of symptoms, it gives a specific for any disease, and, moreover, a definite, fixed law is given for finding this specific. On the other hand, the routine or the specific method of practice offers few remedies for yet fewer diseases, and these remedies produce most barren results. To illustrate: Hahnemann's system offers the diligent physician, say one hundred remedies for the symptoms of intermittent fever; the specific method would admit one, possibly two. As the *results*, the cures of the two methods of prescribing differ about as widely as their therapeutic strength—it is needless to say more.

It would be useless for us to discuss at this time this question of so-called specifics. It has no defenders, though many followers, for those who are the strictest specificists in their practice are often its most virulent opponents—in public! The fallacy and the weakness of the method have been frequently and clearly exposed. If the method were practically successful, it might be tolerated, but being, as it is, both false in theory and negative, yea even injurious in practice, one can but totally condemn it.

The purpose of these few lines is to call attention to the rapid progress many homœopathists are making in this routine or specific method of prescribing. Routine prescribing consists in giving remedies for diseases, "because it has cured that disease," without any reference to the symptoms. For instance, giving Phosphorus for "pneumonia," or Belladonna for "scarlatina," is routine prescribing. These drugs may be the proper remedies for some cases of these diseases, but this fitness must be based upon the symptoms present, not upon a name. The homœopathist must prescribe for the *symptoms* of the case to be treated, not for the *name* of the disease which his diagnosis tells him is present. As the physician does this, he takes his place as an homœopathist or as an eclectic. The homœopathic law demands that the symptoms of each patient, at every prescription, be carefully gathered and thoroughly compared with the pathogenesis of the remedy to be administered. Nothing less than this will preserve the physician from routine practice and secure him the fullest measure of success. The specifist prescribes, most generally, upon the *ipse dixit* of some learned (perhaps!) authority. Some one reports so many cases of such and such a disease as cured by this, that or the other remedy, *without a single failure*. (As, for instance, Chian turpentine for cancer, whose popularity came and went with almost meteoric celerity.) All the geese then hasten to try that remedy. Result, *failure*; they then seek another remedy. Failure after failure does not teach them that its method is fallacious; they still march on, cackling and cackling over alleged successes. Geese may once have saved Rome, but the specimens we have among us to-day seldom does as much for the sick.

We give a few specimens of this specific prescribing, culled at random from homœopathic literature. The following is a remarkable example :

"USNEA BARBATA IN HEADACHE.—In February we published an account of this remedy, which an *accidental* proving showed to be very useful in obstinate headaches; we had then what we considered a liberal supply on hand, but *orders came pouring* in at such a rate that we could have disposed of as *many quarts* as we had ounces in stock."

Judging from the great demand for this remedy (as indicated by the words we have italicized in above quotation), one would suppose that the "accidental proving" alluded to was a thorough, masterly pathogenesis of the drug, giving in detail all its peculiar symptoms and clearly showing why it was "useful in obstinate headaches."

Reference to this "accidental proving" shows nothing of the sort! The "proving" was this: A man ate a little bit of this moss, a headache followed; thinking this must have been caused by the moss, a tincture of it was made and several headaches "cured" by it. Is this "proving" a sufficient basis for a homœopathic prescription? We think not. Yet we read that "orders came pouring in!" For what purpose? Simply this: a remedy for "*headache*" was recommended; its use required no labor, no thought; hence the specific-hunters poured in their orders. Probably each of these physicians had tried a dozen or so remedies for "*headache*," and as each of these had proved a failure, he was ready to try another. *Usnea Barbata* will have its day, and be superseded by another "very useful remedy in obstinate headache." Such is the history of empirical prescribing. Yet these *Bourbons* seem to learn nothing; they appear not to know that such methods have been in vogue for thousands of years, and are to-day being discarded by the most advanced allopathists.

Another example of this folly:

"CUCURBITA PEPO IN VOMITING OF PREGNANCY —Mrs. S., *æt.* 22, enceinte with second child, morning sickness set in, in the fourth week. I prescribed *Cucurbita pepo* tinct., one drop to half a glass of water, teaspoonful every half hour; cured in half a day, none after. She has had no trouble since.

"I would recommend to the profession a trial of *Cucurbita* in the sickness attending pregnancy. It will prevent much suffering, and the good mothers will ever be thankful to you for such prompt relief from this dreadful suffering."

We would ask, why should the profession try *Cucurbita* in morning sickness? Because this physician recommends it after curing *one* case—accidentally? Thinking men will scarcely consider *that* sufficient ground for an empirical experiment. If this be not the reason for this recommendation, then we would ask: what were the conditions upon which this physician prescribed the *Cucurbita*? Did he give it because his patient was named "S.," or because she was "*æt.* 22," or because she was "enceinte with second child," or was "the fourth week" his key-note? As these are the only facts related in connection with the case, and as a homœopathist must prescribe upon facts, we presume these are peculiar symptoms of *Cucurbita pepo*. But, how like old-fashioned allopathy such recommendations read!

As yet another instance, we recall reading a note in a journal, asking the editor if he could not give his readers a short article on "Leucorrhœa," giving *two or three* remedies for its treatment. The writer added: Look at Eggert's book and quit in disgust! Why one should quit in disgust after looking at a valuable book, we do not exactly understand. But this request for *two or three remedies* for leucorrhœa gives us this whole question of specifics in a nut-shell. Specific remedies for special diseases, easy labor-saving methods, are the need of the hour in medicine as elsewhere. Give me a remedy for headache, one for leucorrhœa, one for gonorrhœa, etc., etc., such is the cry of the successors of Hahnemann, Bœnninghausen, Dunham, etc. Such men have little knowledge of Homœopathy, and, it would seem, less concern about the lives intrusted to their care.

Unfortunately, these empirical recommendations are not the exceptions, but the rule. They are to be found, not only in homœopathic journals, but also in the text-books published for our instruction and guidance. The old veterans of our school prescribed for symptoms, not for diseases. The essays and books they published exhibited the same strong features. The essays and the text-books of too many of the more modern homœopaths are woefully lacking in this respect, and are correspondingly worthless.

Notwithstanding the fact that these departures are so apparent, a writer recently had the hardihood to ask why "modern homœopaths do not realize such 'cure work' as did the pioneers?" *Reason*: the "pioneer" practiced Homœopathy; the "modern" practices eclecticism. They have found, *facilis descensus Averni*. E. J. L.

SILICEA HEADACHE.

The headache produced by Silicea is so characteristic and well-defined, and, withal, corresponds to a form so frequently met with, that it is one of the remedies most frequently employed by me for headache. The pain involves the occiput, nape of the neck, vertex and the eyes, or generally the right eye.

It is a sticking or tearing, pressing pain, generally beginning in the neck and shoulders and going upward to the occiput and vertex, and extending through the head to the right eye.

Its conditions are characteristic, for it is much aggravated by motion, noise or light, the senses of sight and hearing being unnatu-

rally acute. The patient prefers to lie down in a dark, quiet room. It is relieved by warm applications to the head. When most violent, it is accompanied by nausea and vomiting, and it passes away during sleep. The face is pale. In its conditions of aggravation this headache resembles that of *Spigelia*, but the latter affects the left eye and temple rather than the right, and is not relieved by warmth; but it is mitigated by pressure, and the pain does not come from the neck and shoulders.

The headache of *Paris quad.* (a valuable remedy in headache) has some resemblance to that of *Silicea*. The sensation is, however, a kind of tightness, as if the cerebral membranes were on the stretch, with pressure on the temples and very painful, as though a cord were stretched tightly from the back of the eyeballs to the centre of the brain. The headache is aggravated by thinking and relieved by pressure. The eyeballs feel too large for the orbits.

The headache of *Menyanthes* is a pressure from above downward; or, in the forehead, from within out; or, in the temples, a lateral inward pressure, with pressure in the eyeballs. It is relieved by compression of the head, but neither this nor the other remedies, except *Silicea*, has mitigation from warmth. I mention these remedies (*Paris quad.* and *Menyanthes*) because, like *Silicea*, I believe they are not so frequently used in treating headaches as they might be, with advantage.

CARROLL DUNHAM.

LACHESIS AND LYCOPODIUM IN DIPHTHERIA.

In his excellent little work on Diphtheria, Dr. Gregg lays the greatest stress, as an indication for the proper remedy, upon the side of the throat upon which the disease first appears. If on the right side, give *Lycopodium*; if on the left side, *Lachesis*. *Lachesis*, he says, may be indicated, especially in very malignant cases, even if the disease does begin on the right side; especially if *Lyc.* appears to have been indicated and fails. On the other hand, if *Lachesis* appears to be indicated, yet fails, he advises that *Apis* be studied. It is well for us not to rely upon *one* symptom in prescribing for any disease; the more handles we have the surer is our hold.

As an aid to a diagnosis between *Lachesis* and *Lycopodium*, we give a few differential points noted by Dr. Hering: "In diphtheria, when both remedies are of the greatest importance, the choice often decides for *Lachesis* by aggravation from swallowing saliva,

not food; for *Lycopodium*, if worse when swallowing warm drinks (*Raue*); *Lachesis* has more exudative patches on the tonsils, particularly on the *left* side; *Lycopodium*, a darkish hue, on the fauces, particularly on the *right* side; with both remedies the patients are worse after sleep, *Lachesis* particularly in the morning (*siesta*), with *Lycopodium* when awaking after every nap (children are cross and naughty, kick about). Other characteristics of *Lachesis* are oversensibility of the throat to touch [*Apis* also], or croup-like symptoms; of *Lycopodium* the breathing through the mouth, or the dilatation of the nostrils with every inspiration, or parotid swellings."

FRESH AIR: A NECESSITY.

A Dr. Oswald writes:—

THE COLD-AIR FALLACY.—The influence of anti-naturalism is most strikingly illustrated in our superstitious dread of fresh air. The air of the out-door world, of the woods and hills, is, *par excellence*, a product of Nature—of wild, free and untamable Nature—and therefore the presumptive sources of innumerable evils. Cold air is the general scapegoat of all sinners against Nature. When the knee-joints of the young debauchee begin to weaken, he suspects that he has "taken cold." If an old glutton has a cramp in his stomach, he ascribes it to an incautious exposure on coming home from a late supper. Toothache is supposed to result from "draughts"; croup, neuralgia, mumps, etc., from the "raw March wind." When children have to be forced to sleep in unventilated bedrooms till their lungs putrefy with their own exhalations, the *materfamilias* reproaches herself with the most sensible thing she has been doing for the last hundred nights—"opening the windows last August when the air was so stifflingly hot." The old dyspeptic, with his cupboard full of patent nostrums, can honestly acquit himself of having yielded to any natural impulse; after sweltering all summer behind hermetically closed windows, wearing flannel in the dog-days, abstaining from cold water when his stomach craved it, swallowing drugs till his appetite has given way to chronic nausea, his conscience bears witness that he has done what he could to suppress the original depravity of Nature; only once the enemy got a chance at him: in rummaging his garret for a warming-pan he stood half a minute before a broken window—to that half-minute, accordingly, he at-

tributes his rheumatism. For catarrh there is a stereotyped explanation: "Caught cold." That settles it. The invalid is quite sure that her cough came on an hour after returning from that sleigh-ride. She felt a pain in her chest the moment her brother opened that window. There is no doubt of it—it is all the night-air's fault.

The truth is, that cold-air often reveals the existence of a disease. It initiates the reconstructive process, and thus apparently the disease itself, but there is a wide difference between a proximate and an original cause. A man can be too *tired* to sleep and too *weak* to be sick. Bleeding, for the time being, may "break up" an inflammatory disease; the system must regain some little strength before it can resume the work of reconstruction. The vital energy of a person breathing the stagnant air of an unventilated stove-room is often inadequate to the task of undertaking a restorative process—though the respiratory organs, clogged with phlegm and all kinds of impurities, may be sadly in need of relief. But, during a sleigh-ride, or a few hours' sleep before a window left open by accident, the bracing influence of the fresh air revives the drooping vitality, and nature avails herself of the chance to begin repairs, the lungs reveal their diseased condition, *i. e.*, they proceed to rid themselves of the accumulated impurities. Persistent in-door life would have aggravated the evil by postponing the crisis, or by turning a temporary affection into a chronic disease. But in a plurality of cases Nature will seize even upon a transient improvement of external circumstances: a cold night that disinfects the atmosphere of the bedroom in spite of closed windows, a draught of cool air from an adjoining room, or one of those accidental exposures to wind and weather which the veriest slave of the cold-air superstition cannot always avoid. For, rightly understood, the external symptoms of disease constitute a restorative process that cannot be brought to a satisfactory issue till the cause of the evil is removed. So that, in fact, the air-hater confounds the cause of his recovery with the cause of his disease. Among nations who pass their lives out-doors, catarrh and scrofula are almost unknown; not fresh air, but the want of it, is the cause of countless diseases, of fatal diseases where people are in the habit of *nailing down* their windows every winter to keep their children from opening them. "In one such den," says Dr. Bock, "I was so overcome with nausea that I could not speak till I had knocked out a pane of glass. That is about the best thing one could do in most sick-rooms"—except knocking out the whole

window. The only objection to a "draught" through a defective window is, that the draught is generally not strong enough. An influx of fresh air into a fusty sick-room is a ray of light into darkness, a messenger of Vishnu visiting an abode of the damned. Cold is a disinfectant and under the pressure of a high wind a modicum of oxygen will penetrate a house in spite of closed windows. This circumstance alone has preserved the lives of thousands whom no cough-syrup or cod-liver oil could have saved.—*Popular Science Monthly.*

MORPHIA ; HYPODERMICALLY.

Dr. Sarchet asks in the *U. S. Investigator* of July 1st if he did right in refusing to give morphine and thereby losing a fee. Now to me it is a clear case that he did wrong. If he could make five dollars or five cents he ought to give morphine hypodermically, internally or externally. If you can get a patient, give him allopathic treatment if you can hold him thereby. What is the difference? You get the money which would have gone to an allopath, and by having two strings to your bow you can make money out of the allopathic patrons as well as the homœopathic ones. If you can't cure your patients with homœopathic treatment, give them quinine, but never fail to tell the people, in season and out of season, how much better your treatment is than that of the old school in chills. So give morphine for pain, quinine for intermittents, aconite for fevers, ergot for uterine hemorrhage, injections of carbolic acid for piles, cathartic pills for constipation, Fowler's solution for eczema, astringents for diarrhœa, etc., urethral injections for gonorrhœa, caustics for chancres, mercurial inunctions for constitutional syphilis, caustics and astringents for whites, forceps as often as possible in obstetrics. You will thereby show your skill in the use of instruments and probably give yourself a chance to operate for rupture of the perinæum—full fees, you know.

There is another advantage by these modes of treatment ; it is much easier than it is to crowd your head full of symptoms and thus be a mere symptom coverer, which is so unscientific. True, all these expedients which some people call allopathic are followed by

bad results to the patients. Well, we have collected the bills, impressed the people with our skill, and made a class of patients that, if we can only retain the impression we have made, will keep us busy through the rest of our lives.

And, moreover, did not the American Institute at its last meeting resolve that "It is the sense of the American Institute that no physician can properly sustain the responsibilities, or fulfill all the duties of his professional relations, unless he enjoys absolute freedom of medical opinion and unrestrained liberty of professional action, as provided in the code of ethics of this Institute?"

I hope I have convicted the Doctor of doing wrong.

J. GRABALL.

CLINICAL BUREAU.

CLINICAL CASES.

E. P. GREGORY, M. D., WATERBURY, CONN.

June 12th, 1882, was called about 6 P. M., to see C. E. B., machinist, æt. about twenty-five years. Stated that about an hour previous (5 P. M.) was taken with a severe chill, compelling him to leave work. Could obtain no characteristic symptoms, so gave Ipec. 200 D. to develop symptoms. June 14th, a second chill about 3.30 P. M. Complains of aching of legs; thirst during chill; cough during chill; Rhus 10 M. June 16th, chill again about 2 P. M., so violent as to shake the bed, with oppression of breathing; tongue clean, with thirst during all stages. Chinin sulph. 200 was given every four hours, with the result that he had a chill the *day following*, June 17th, at 5 P. M. The hour of the onset of the first chill, S. L. was sent. June 18th, chill lighter, anticipates one hour, R S. L. June 20th, chill still lighter, R S. L. Two lighter chills followed, and that was the end.

1880. M. M., machinist, applied for relief of a ganglia on sheath of flexor tendons of fourth finger, situated in palm of right hand. This ganglia was as large as a hickory nut, and, of course, interfered greatly with the usefulness of the hand. Consultations with other physicians led him to hope for relief by surgical means only, and

the assurance that medicine would cure only shook his faith in the prescriber. A one-drachm vial No. 30 pellets, medicated with Ruta 1 M. Sig, two pills every night. In three months the whole trouble was gone, and with it rheumatism of the right leg that troubled him quite a little.

Ruta g. rarely fails me in cases of ganglia, and it has cured not a few.

LYCOPodium CLINICAL CASES.

C. W. BUTLER, M. D., MONTCLAIR, N. J.

CASE I.—In the spring of '81 Mr. M. consulted me in regard to his wife, aged 39, who had suffered for eighteen years from the effects of uterine displacement due to maltreatment by a midwife in her first confinement. For seven years she had been under treatment by a prominent "regular" for constipation and other troubles, but in all that time found no relief except from opium and purgatives.

Her husband reported that the bowels were moved once in four to ten days by the use of "pills," and then with great pain. Colicky, cutting pains from right to left across the abdomen, worse after eating and in the afternoon, great bloating and sense of fermentation. Eats scarcely anything but crackers and tea, cannot touch meat of any kind. Menses excessively painful.

Prescribed, without seeing her, Lyc. 40 m. In two weeks reported that the bowels moved regularly once a day without pain, could eat anything, no colic or bloating and very little dysmenorrhœa, which improvement has continued up to the present time.

CASE II.—J. M., female, age 11, very nervous temperament. Called in February 18th, 10 P. M. Face, flushed; pulse, 154; skin, hot and dry; restless; headache; great aching in back and limbs; no soreness of the throat or pain except on drinking cold liquids *other than water*. On examination found the whole throat much congested and four or five grayish spots the size of hemp-seed on the right tonsil. Lyc. 6x every two hours.

February 19th, 7 A. M. Right tonsil about the same as last night, except spots are smaller, but the left has a patch the size of a ten-cent piece, very angry looking, and a strong diphthetic odor in the room; pulse, 120; child very dull. Other symptoms the same. Lyc. 40 m. every six hours.

8 P. M. Throat much better, spots on the right side just visible, on the left the patch reduced to the size of a pea, the child quite bright.

20th, 9 A. M. Child up and apparently well; throat perfectly free from deposit or congestion; appetite good; no after symptoms.

CASE III.—L. B., female, age 9. Saw her for the first time, February 27th, 10 P. M. Just recovered from scarlatina; pulse too rapid to be counted; great aching of head, back and limbs; vomiting and flatus; throat pains on drinking cold milk, but *not cold water*; better from warm drinks; deposit grayish yellow covering the whole of the right tonsil; child very dull and difficult to rouse. Lyc. 40 m. one dose.

February 28th, 12 M. Child is playing about the room and taking care of the baby; throat clear; complains of nothing.

The indications on which Lyc. was selected in these cases were: Exudation *beginning* on the right side; stitches on swallowing; worse from *cold* drinks except water; better from *warm*. Aching pains in the back and limbs and the other Lyc. symptoms.

I would call especial attention to the aggravation from *cold* drinks other than water and amelioration from *warm* as being just contrary to what is given in most of the books. I have the fact noted on the margin of my *Hering* from some forgotten source (I think *Lippe's Mat. Med.*, but cannot verify the recollection) and have confirmed it again and again in the epidemic of the past three years in this locality.

Another point I may be permitted to note, is the immense superiority of the high or highest potencies in diphtheria, and also the advantage of giving the remedy time to act. The aggravation on the second day in Case I was due no doubt to the remedy and would not have occurred had a high potency been given and allowed to act. I am convinced that any one who will try the effect in diphtheria of high potencies in the single dose, prescribed in *strict* conformity to the law, will have no cause to repent the experiment or resort to local applications.

CLINICAL CASES.

E. W. BERRIDGE, M. D., LONDON.

Silicea in vertigo.—Miss L., aged between thirty and forty. I saw her at 8.40 A. M. Since 4.30 A. M. she had had vertigo, as if all

things were going round; worse on lying down, especially *when lying on left side*; better by rising from lying, but returning soon after lying down again. Silica Cm (F. C.), one dose. After this dose there was no return of the vertigo, even when lying. *Silicea* is the only remedy known at present to produce vertigo *when lying on left side*. The symptoms were produced in a proving with the 2d, 3d and 4th potencies, and cured with the Cm potency. This case shows that organopathic Sharp's theory of regulating the potency of the remedy by the potency which produced the similar symptoms is untenable. Hahnemann gives us rules in his *Organon*, both for the regulation of the potency and the repetition of the dose, and these rules have never been refuted.

Arum triphyllum in sequelæ of typhoid.—Sept. 26th. A child, nine years old; seventeenth day of typhoid, which had been treated allopathically. *Bores violently in nostrils*, especially the left. *Bites her nails*. Purple spot on outside of left nose. Emaciation. Cannot sleep. Tongue white, with red spots, especially red round the tip. Throws the clothes off herself. Urine scanty. Voice affected. I never saw this patient, but prescribed from the report sent me by a friend, *Arum triphyllum* 20m (Fincke) every four hours. (See Lippe's *Repertory*, p. 54.)

September 28th. Better; urine more copious; sleeps much better; still bores in nostrils. No medicine.

September 30th. Sleeps well; voice returning; urine free; bowels relieved yesterday. Has not picked her nose to-day, nor bitten her nails so much; not nearly so much boring in nose.

October 3d. Sleeps well; voice stronger; no boring in nose; less biting of nails; urine free; no stool since 30th; has taken beef tea; is stronger. The purple spot on nose has discharged pus. No further detailed report, but heard that she recovered.

SUPRA-ORBITAL NEURALGIA.

J. E. LINNELL, M. D., NORWICH, CONN.

Editor HOMEOPATHIC PHYSICIAN:

The clinical case of Dr. Lippe in the July number of your journal so strongly reminds me of a case of supra-orbital neuralgia which came under my observation some time since, that I am strongly inclined to report it.

Mr. A., aged forty, had suffered most intensely from the above affection at times for a number of years, and had exhausted the skill of nearly all the allopathic physicians in the city. He had now been confined to his house for a number of weeks and had become exceedingly shattered nervously from the pain. At the time of the first visit the paroxysm had passed off and I could learn nothing definite in regard to it. I left him some Bell., with the promise of an early call the next A. M., as the paroxysms were periodical, occurring at five or six o'clock each morning and lasting for two or three hours. At my second visit I found him groaning with pain and hovering over the stove to keep warm. Every few minutes he would leave his seat by the stove and swing himself by clinching hold of an open door with both his hands, then he would resume his seat by the stove and call for a swallow of water. A dose of Ars.²⁰⁰ relieved him at once, and he resumed his work in a few days.

A few months afterward he called at my office, saying he was threatened with another attack. He received another dose of Ars.²⁰⁰ with a few blank powders. I have seen nothing more of the man. It is fair to presume he is cured of his neuralgia, as I am certain of his return to me if there was a recurrence of the disease, since he always failed to get relief elsewhere.

CLINICAL CASES.

GEORGE G. GALE, C. M., M. D., QUEBEC, CANADA.

CASE I.—Man, æt. fifty; has diplopia. Worse when turning the eyes to the right. *Causticum* 80m. Next day could see quite well.

CASE II.—Woman, æt. thirty-five. Seven months enceinte. The abdomen is flattened in front, and bulging out in each lumbar region. The movements of the fœtus are very violent in the right lumbar region. Gave her one dose of Puls. 16m (Jenichen) at bedtime. Next day, no bulging of the lumbar regions; the abdomen has lost its flattened appearance, and the fœtus has ceased its violent movements. Continued well.

CASE III.—Some time ago had an attack of sore throat. Two nights after my throat became sore I dreamed that a large snake was in the bed. The symptoms of my throat were as follows: The right tonsil red and swollen; pain in the tonsil of a gnawing character; worse at night. It tormented me so much that I could not

sleep. For this condition of things I took Bell. It did me no good. I then tried Phytolacca, with the same result. It was now ten days I had been suffering. Thinking the case over, and recollecting the dream I had of the snake, made me try Lac. can. Cm (Swan). I took *one* dose at 10 P. M. At 11 P. M. the pain had almost disappeared. I went to bed and slept the whole night through, without pain, for the first time since ten days.

CASE IV.—A little girl has had running from the *left* ear, of a brown-colored, offensive discharge, for almost four years. Psorinum 45m cured her in a few weeks.

CASE V.—Young man has suffered from colic for about two years. Colic begins at the navel and passes down into the legs. Pains make him feel as if he was cut in two. He bends forward, pressing on his abdomen with his hands for relief. The pains come on about every three days. Took *one* dose of Colocynth 200. The pains, after taking the medicine, were very severe. After the attack passed off, took another dose. More than a year has passed by and he has had no return of the pains.

CASE VI.—Miss A. B. has toothache, right side, upper and lower back teeth. Pulsating pain going up into the head; worse when lying down quiet. Face red and swollen; painful when pressed with the hand. Olfaction of Bell. 30 removed the pain in ten minutes.

A CLINICAL CASE.

J. W. THOMSON, M. D., SPRINGFIELD, MASS.

Case Book No. 5. Page 34. Miss E. A., æt. eleven years and nine months. Height, 5 ft. 3 in. Weight, 80 lbs. Was brought to my office March 23d, 1882. Intense photophobia; left eye worst. Dreads artificial light more than daylight. Is myopic. Left eye smarts. Sclerotica of both eyes congested and inflamed. Small chemotic patches on both eyes. Lids granulated, and of a deep mahogany color. Sometimes—not often—has headache through forehead, over eyes. Tongue unusually large and thick, having a slightly white coat. On exercise, sharp pain in hepatic region. Breath is very offensive. Sleep, breathes very hard during, and snores. Last joints of both little fingers and toes wanting; no nails, *i. e.*, on little fingers and toes. Drinks a great deal of cold water; takes it to her room, and drinks before retiring. Pulse fine, tense and wiry, 112. R. Bell. 30th, twice daily for a week.

Note.—I call the Belladonna 30th; that is what it was about ten years ago. I have refilled it with deodorized alcohol, probably from forty to fifty times, to medicate pellets, so that it is, in all likelihood, nearly the 100th potency.

The young lady was brought to my office on the first of the following month. She had improved wonderfully. The spots of chemosis were no longer visible. Instead of the intense redness of the lids, only a slight tinge. The smarting of the left eye had departed for parts unknown. Did not snore nearly so much. Her mother remarked that she slept quieter and easier on the first night after taking the medicine. Has not had the sharp pain in liver. Pulse softer, 102. The myopic condition unchanged, but can read without hurting her eyes.

LYC. IN BRONCHITIS.

DR. F. BRUNS, M. D., BOSTON.

My horse had to be led out of her burning stable on the 8th of August, and took, probably, some cold. On the evening of the same day I was informed that the animal was not well. I found her somewhat feverish. I tried to give her some Acon., but did not succeed. The next morning I was called out of bed and found her lying on her right side, and had fearful dyspnœa. The breathing was from 50 to 60 in the minute. I knew Acon. would not save the life of the horse now, but gave it to ameliorate the fever. It lessened the number of breathing to 40 in a minute, but did not in the least lessen the obstruction in the capillaries and larger bronchi. I led her out of her place to make a closer examination. The animal tottered to the watering trough, put her nose over the water to inhale the cold evaporation. Every muscle moved so forcibly that her flanks not only, but her hardened epithelium shuddered, nostrils moved like wings. Lyc. D m m (Swan) was given. The horse was led back to her place. Improvement was noticed in a quarter of an hour, and in three hours the horse was free. She asked the next day for more to eat by pawing. Yesterday, six days after being taken sick, I drove her the first time, and noticed her only coughing very slightly a few times. Repetition of dose? I never repeat as long as improvement continues. I have treated chronic diseases only for the past three years and cured most of my patients by only two or three remedies, which were administered as Hahnemann, Bœninghausen, Jahr, etc., have told us. I am no friend of wild-goose chases.

BOOK NOTICES, REVIEWS, ETC.

“DOCTOR, WHAT SHALL I EAT?” A hand-book of diet in disease, for the profession and the people. By Charles Gatchell, M. D. Second edition: Duncan Brothers: Chicago. 1882.

We can recommend Dr. Gatchell's little book to all who need a brief, clear and reliable guide to the dietetics of the sick. It gives no scientific discussions on the principles of feeding, but simply tells one how to feed the sick. Useful alike to professional and lay readers.

SOME OBSERVATIONS ON THE THERAPEUTIC USE OF ALCOHOL. By Alfred K. Hills, M. D., New York. Reprinted from the *New York Medical Times*. 12mo. Pp. 27.

Dr. Hills gives an intelligent and useful discussion of the physiological and medicinal effects of alcohol. Such a paper is needed, for physicians woefully abuse alcoholic drinks. Many a typhoid patient has been sent to join “the great majority” from its abuse. A better acquaintance with its physiological effects would probably amend its wholesale exhibition. It is seldom or never needed.

ADDRESS DELIVERED BY THE PRESIDENT OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, John C. Morgan, M. D., at the 18th Annual Session, held at Altoona, Sept., 1882.

Dr. Morgan's address is a very interesting one and far superior to the trash usually sent forth in “presidential addresses.” We comment on a few points. After discussing Hahnemann's declaration that *the sole duty of the physician is to heal the sick*, Dr. Morgan adds: “The American general practitioner of to-day cannot be limited to Hahnemann's dictum. He cannot always be the physician; and as surgeon, he must primarily contemplate his duties from an entirely new point of view.” That is a queer assertion; if it be not the surgeon's duty to heal the sick, what is his duty?—*to kill?*

“No one is *purely* a ‘physician;’ hence, no one can be absolutely hedged in, in his duties, by this initial dictum,” says Dr. Morgan. We deny this, and assert that as far as the relations of physician and patient are concerned the doctor is only *employed* to heal the sick, whether he does this by means of drugs, hygiene, or the mechanical methods of obstetrics and surgery. Homœopathy is superior to the knife, as Dr. Morgan admits: “Hahnemann and his immediate disciples, however, were accustomed to rescue so many cases from surgery—cured so many ulcers, tumors and other so-called surgical cases with medicine only—that they held the surgery of their day in deserved contempt.”

After reviewing Hahnemann's “theories,” Dr. Morgan concludes as follows:

“We have, then, no reason to be ashamed of or to discard ‘the theories of Hahnemann.’ The God of Nature spoke to that venerable sage. Hahnemann bowed to the inspiration, and gave us the *Organon* of Homœopathy. We

may well lay aside apologies and follow so illustrious an example. We may well be proud of him, at all points; and of one another, as the disciples of a seer who, when the discoverers of these facts were as yet in their cradles, not only gave to the world the principles of Homœopathy, but reduced all of them to successful practice. Truly, we are partners in a goodly heritage."

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST. By Robert Faulkner, M. D. Price, \$2.00. Second edition. Bœricke & Tafel. 1883.

This visiting list is well known. Its distinctive feature is a repertory of some ninety pages. This repertory contains some good hints; but the advice about cutting short typhoid fever is pernicious.

CATALOGUE AND PRICE CURRENT, WITH A DIRECTORY OF THE HOMŒOPATHIC PHYSICIANS OF NEW ENGLAND. By Otis Clapp & Son.

This book is neatly printed and will be of use to those ordering goods by post.

NOTES AND NOTICES.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner Third Avenue and Twenty-third Street. Report for the month ending Sept. 30th, 1882:

Number of prescriptions, 3,505; number of new patients, 760; number of patients resident in the hospital, 14; average daily attendance, 135; largest daily attendance, 189.

ET TU, BRUTE!

Infinitesimal doses are absolutely inoperative, and all so-called cures by them must be regarded as accidental or fortunate recoveries. Those homœopaths who use tangible doses must be regarded as fractions or unreasonable allopaths. Those who use the remedies and doses of the regular school may be looked upon as erring brethren who have placed themselves in such a false position that they can only be rescued by great kindness and consideration on the part of their more numerous and powerful fellow-practitioners.

All the great modern advances in therapeutics have been made in the regular school, which must be regarded as the newest, most progressive, and by far the most scientific one. Homœopathy has made no advances in its own direction during the last twenty-five years, and must be regarded as an old, almost effète, and dying system, which would long ago have ceased to exist as a school if its adherents had not adopted so much from the regular school.—*John C. Peters, M. D., Medical Record, Aug. 5th.*

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"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.

THE PAST AND THE FUTURE.—In the past THE HOMŒOPATHIC PHYSICIAN has been striving to teach true (and useful) Homœopathy; if it has been successful in this endeavor, thanks are due its hard-working contributors. They have supplied us with an abundance of fine material, for which the editor returns his sincere thanks.

During the coming year we hope to continue the good work. Our course will be the same as in the past—to teach *pure* Homœopathy, to illustrate it practically, to bring out the characteristics of old remedies, to introduce new—in short, to do such work as will make us all more efficient in healing the sick. We hope to publish a greater *variety* each month and *shorter* articles. It is our desire to finish, in volume third, the *Cough Symptoms*, the *Notes on Genito-Urinary Therapeutics*, and give some more *Notes from Our Scrap-Book*. Some fine essays from the pen of Dr. P. P. Wells, will be given.

THE LAW OF CURE: THE GUIDE.

It has been taught by some authors, and believed by many members of the homœopathic faith, that Aconite and Belladonna—except as intercurrents during the congestive stage of heat—are useless in the treatment of intermittent fever. But the law of cure, as enunciated by Hahnemann, knows no such narrow restriction and is not bound by the *ipse dixit* of individual opinion.

If Aconite or Belladonna covers the totality of the patient's symptoms, it

will as certainly cure this fever as any other remedy. They are comparatively rarely indicated, but will effectually do their work when called for. The characteristic symptoms of the remedy must always be the guide.—CARROLL DUNHAM.

THE LONDON LANCET DESCRIBES THE HOMŒOPATHIC PHYSICIAN.

The *London Lancet*, in a recent issue, in an article headed "Quackery within the Profession," says, "Nothing is so much needed just now as the rise in our midst of a strong and uncompromising apostle of sincerity in science—a man of unpying animosity to humbug in all its forms, who will not hesitate, at any bidding, to denounce wrong-doing and untruthfulness, let who may be the offender. It is time that a spirit of manliness went out in our ranks to chase away the lying spirit of mock courtesy—the faint-hearted and time-serving sentimentality which makes us so ready to look kindly on any pretender and so reluctant to expose any pretense."—*Breyfogle's Address*.

PLAGIARISM.

The President of the American Institute of Homœopathy stands accused of having been guilty of plagiarism when he delivered his address before the Institute. Said address is in print and was freely distributed in Louisville, Ky. A Professor Mathews, M. D., had also delivered an address on the 10th of February, 1882, and he accuses the President of the American Institute of plagiarism, in the *Courier-Journal*, Louisville, July 21st, 1882, and proves his charge by publishing some extracts of both his and the American Institute's President's addresses. On July 22d, 1882, there appears in the same journal "A Card from Dr. Breyfogle," obviously for the purpose of setting aside the grave charge made by Professor Mathews. Had Dr. Breyfogle committed the act with which he is charged, merely as a member of the profession we should certainly not have taken any notice of the affair, but if a president of a representative body is so accused, and if the members of such a body, after such charges are made, remain silent, the disgrace of such a charge, if it is found correct, falls upon the whole associated body. After carefully comparing the original address of Professor Mathews, as published in the Louisville *Courier-Journal* of February 10th, and also Dr. Breyfogle's address, as published by the Institute, we now give first Professor Mathews' charge and then

Dr. Breyfogle's card in answer to it, finding them to fully correspond with the original:

The following are Professor Matthews' remarks:

"Great operations in surgery which were regarded with awe by the physicians and dread by the patient are to-day performed with comparative ease and remarkable success. It has been but a few months ago that the medical world was amazed at the report of several cases of resection of the stomach, and yet Billroth and his assistant have performed the operation some half-dozen times and clearly demonstrated the advisability of the same under certain conditions. Just prior to this report Czerny gave a detailed statement of these cases in resection of the intestines; in one subject six and one-half feet were removed. Since his report a Kentucky surgeon has gone him one better (or one-half better), and successfully removed *seven* feet of intestines. You are aware of the fact that both the spleen and the womb have been removed with success. A few days ago Dr. A. C. Post, of New York, took out all the parotid gland, and Mr. Walter Whitehead, of Manchester, England, lately performed the triple operation of gastrotomy, tracheotomy, and excision of the tongue with perfect results. Dr. T. G. Thomas and others have extirpated the kidney and a trans-Atlantic brother has taken out the trachea.

"Enucleation of the ovaries is of frequent occurrence and the aspiration of the different organs almost a daily thing.

"You know with what frequency the operations of ovariectomy, lithotomy, colotomy, the tying of large arteries, the amputation of limbs, transfusion of blood, trephining, extirpation of cancer, etc., are performed, and to these may be added laparotomy and gastrotomy. Very often is it that we hear of physicians, in a secluded country town it may be, performing one or many of the operations of major surgery. The reason of it is that surgery is to-day studied from a scientific standpoint and its rules

The following is a portion of Dr. Breyfogle's address, delivered four months later:

"Great operations in surgery which were regarded as impracticable are to-day performed with comparative ease and remarkable success. It is but a few months ago that the medical world was amazed at the report of several cases of resection of the stomach, and yet Billroth and his assistants have performed the operation some half dozen times and clearly demonstrated the advisability of the same under certain conditions. Just prior to this report Czerny gave a detailed statement of these cases in resection of the intestines; in one subject six and one-half feet were removed. The credit of having first performed this difficult and dangerous operation is due and should be given to the late Dr. Beebe, of Chicago, a homœopathic physician of great learning and a surgeon of rare ability, for a full report of which case I refer you to the *New York Transactions*, 1869, page 169.

"You are aware of the fact that both the spleen and uterus have been successfully removed. A few months ago Dr. A. C. Post, of New York, enucleated the parotid gland, and Mr. Walter Whitehead, of Manchester, England, lately performed the triple operation of gastrotomy, tracheotomy, and excision of the tongue with perfect results. Dr. J. H. McClelland, of Pittsburg, and others have extirpated the kidney and a trans-Atlantic surgeon has taken out the trachea. Enucleation of the ovaries is of frequent occurrence and the aspiration of the different organs almost a daily practice. To the frequent operation of ovariectomy, lithotomy, colotomy, the tying of large arteries, the amputation of limbs, transfusion of blood, trephining, extirpation of cancer, etc., may be added those of laparotomy and gastrotomy.

"In other special departments the advancement has been equally great. The operation for cataract, once so

are definite and fixed. In the special departments the advance has been marked. I am told by a colleague that the operation for cataract, which at one time was regarded with such disfavor, is now one of the most successful known to surgery. It was my pleasure lately to witness the complete restoration of the voice of a young lady friend in whom it had been lost for several months. The operations upon and the treatment for diseases of the ear are successfully practiced. Many of us have seen those who could not stand upon their feet be made to walk by the skill of the surgeon. Thus, verily, do the blind see, the deaf hear, the dumb speak, and the lame walk by our aid."

difficult, is now one of the most successful known in surgery, and in diseases of the ear and throat, equal proficiency has been made. Verily do the blind see, the deaf hear, the dumb speak, and the lame walk through the aid of the skillful surgeon."

A CARD FROM DR. BREYFOGLE.

To the Editor of the Courier-Journal:

Statistical facts and reports are common property, and Dr. Mathews or no other physician can claim any originality in reciting them. In that part of my address where any mention is made of surgery I have endeavored to correct an impression made in Dr. Mathews' address in regard to "Czerny" being the first to remove six and one-half feet of the intestines, giving credit where it belongs, viz.: to the late Dr. Beebe, of Chicago, a homœopathic surgeon, hence the similar language. Those who have read the address will know that no *originality* in statistical reports is pretended, nor has Dr. Mathews any more claim to it than myself, he having obtained his information from the *Résumé of Medical Science*, published in 1882. The fact that the address was publicly delivered, and that copies were sent to each allopathic physician in the city (Dr. Mathews included), does not look as if "plagiarism" had been attempted. How would it have sounded to have said: "Dr. Mathews has said that Dr. A. C. Post has enucleated the parotid gland"? I am quite sure a little reflection will convince any fair-minded person that "statistics" are common property. The publicity given to a few lines would naturally excite interest in the address proper, and those who read it can easily see the connection in which those "statistics" were mentioned. If any thoughts or ideas are discovered as having been "plagiarized," then will it be proper to make such charges as were made public this morning. To the curious, I will state that a copy of the address will be mailed to any one making application.

Respectfully,

WM. L. BREYFOGLE.

Comments.—It would give us much pleasure if we could find some defense which could possibly clear the President of the American Institute from this grave charge. What is "plagiarism," of which Dr. Breyfogle, as President of the American Institute of Homœopathy, stands accused before the world? Swift defines "Plagiarism" as "the act of purloining another man's literary works,

or introducing passages from another man's writings and putting them off as one's own ; literary theft."

It is here in evidence that passages from another man's writings were introduced by Dr. Breyfogle in his address. In his defense he is still more unfortunate ; he claims to have only copied statistical reports ; but just what Professor Mathews intended to become statistical reports Dr. Breyfogle professes to correct by giving the late Dr. Beebe the credit claimed for Dr. Czerny ; and still more unfortunate is it that Dr. Breyfogle refers to the professedly statistical reports as having been taken from the *Résumé of Medical Science*, published in 1882—very unfortunate indeed. If such a work did exist as the one referred to—the *Résumé of Medical Science* published in 1882—these statistical reports could hardly have been utilized by Professor Mathews on the eleventh day of February, 1882. But it is still more unfortunate that search has been made diligently for this *Résumé of Medical Science*, published in 1882, and no such a work can be found!

The evidence is before us, and if we, as members of the Institute, were asked to enter our verdict, we would unhesitatingly find Dr. Breyfogle—Guilty of Plagiarism.

Philadelphia, September 4th, 1882.

AD. LIPPE, M. D.

BENNINGHAUSEN'S EXPERIENCE WITH HIGH POTENCIES.

Bœnninghausen began to practice Homœopathy according to the practical rules laid down by Hahnemann. When the high potencies were first introduced he, at the instigation of Gross, began very cautiously to make experiments with them—first upon domestic animals and afterward, when encouraged by the results, very cautiously upon his patients. Seven years were devoted to these experiments, the results of which were always recorded and carefully collated. Finally, he became convinced of the superiority of the higher over the lower potencies, and for twenty-two years (up to the time of his death) he used only the high potencies ; at last, exclusively the 200th in all cases. It was his custom to record every case for which he prescribed. In 1862 he informed the writer that he had just begun the one hundred and twelfth volume of his *Clinical Record*. Of these one hundred and twelve volumes it is safe to

estimate that at least eighty contain records of cases treated almost exclusively with high potencies. A rich mine of experience for the conscientious and intelligent explorer!—CARROLL DUNHAM.

One such experience as that of Bœnninghausen's is more valuable than myriads of "*I don't believe's.*"

Beside the experience of such a man how puerile and nonsensical does such twaddle as the following read :

As a chief hindrance to the general and candid consideration of the truths of Homœopathy is the absurd doctrine, never taught by Hahnemann*—of infinite dilution, we should endeavor to adopt some standard or limit for drug attenuation, and refuse longer to assume any responsibility for triturations and dilutions made in defiance of all reason and to suit the caprices of men who are satisfied only when surrounded by impenetrable clouds of mysticism. There can be no reasonable objection urged against such action on the part of the Institute. When we remember that ninety-nine out of every hundred homœopathic practitioners rely upon triturations and dilutions within the range ending at the tenth centesimal, and that the great clinical conquests of Homœopathy have been made and nearly all the favorable legislation secured by them [Triturations?—ED.] we are astonished that some such action has not been taken long ago.—BREYFOGLE.

BETTER AFTER SLEEP.

Sleep, soon after the first dose of a well-chosen medicine often warrants the improvement of the patient. Feeling refreshed by sleep, particularly the mind, is a sure sign of improvement. Hence, we ought never to forget to ask the patient: "How do you feel when first wakening from sleep?" or the mother: "How is the child when waking of its own accord?"

Better after sleep is mostly an indication to leave the patient without further medicine. In rare cases only does it indicate a medicine.—C. HERING.

* Dr. Dunham said Hahnemann used "with great success the sixtieth, the one hundred and fiftieth, and the three hundredth dilutions." Dr. Dunham also adds: "It is not unworthy of remark that as Hahnemann's practical experience in the treatment of disease increased, so did his estimate of the advantage and necessity of using the higher dilutions, in at least many cases likewise increase."

The experience of those who so loudly decry high potencies would be similar to that of Hahnemann and Bœnninghausen did they prescribe with equal diligence and accuracy.

SULPHUR AND MALARIA.

At a recent meeting of the Paris Academy, M. d'Abbadie called attention to some facts regarding marsh fever. Some African elephant hunters from plateaus with comparatively cool climate, brave the hottest and most deleterious Ethiopian regions with impunity, which they attribute to their habit of daily fumigation of the naked body with sulphur. It is interesting to know whether sulphurous emanations, received involuntarily, have a like effect. From inquiries made by M. Fouque, it appears that in Sicily, while most of the sulphur mines are in high districts and free from malaria, a few are at a low level, where intermittent fever prevails. In the latter districts, while the population of the neighboring villages is attacked by fever in the proportion of ninety per cent., the workmen in the sulphur mines suffer much less, not more than eight or nine per cent. being attacked. Some other facts tending to show the anti-malarial influence of sulphur are given.—*Medical Record*, Nov. 4th.

MOTION AS A CAUSE OF AGGRAVATION.*

DR. C. VON BÖNNINGHAUSEN.

The occurrence or aggravation of (internal as well as external) symptoms by *motion* of the whole body or only of the part affected is without doubt known in a general way to every homœopathist. No one would, for example, give Bryonia in a so-called nervous fever if patient kept constantly tossing about and could find no rest on account of pains in the limbs which were relieved only by motion; neither would he give Rhus in a disease going by the same pathological name if every motion, however trivial, aggravated to an intolerable degree the pains in the limbs and if the pains were only relieved by repose.

It would, however, be a mistake to suppose that with these general designations, *motion* and *rest*, the subject is exhausted. In this very particular it is most evident, as in like manner with regard to many other influencing circumstances, with what sharpness and precision the examination of the patient must be made if we would select the remedy with as much certainty as that with which we desire to

*This essay of Dr. Bönninghausen was published by Dr. Dunham twenty years ago in the *American Homœopathic Review*. To most of our readers it is probably new, to all it will be interesting and instructive, as it gives many useful therapeutic hints and also teaches us the great minuteness necessary for a correct homœopathic prescription.—EDITOR.

cure the disease. The following pages are devoted to a closer consideration of motion and rest such as has been alluded to. They are the fruit of careful experiment and observation for many years, and as such I venture to commend them to my younger colleagues.

When a patient in reply to a question simply says, "Motion aggravates," this may be understood in a threefold sense. The aggravation may take place (1) on *beginning to move*, (2) *during continued motion*, or (3) *immediately after moving*. These are clearly important distinctions which are wont to be predicated of motion and to be specified as legitimate sequences of it, but *each* of which has special relation to its own peculiar group of remedies.

When, for example, the aggravation takes place only at the *beginning* of motion and diminishes gradually as the motion is *continued*, then Caps., Carbo v., Caust., Con., Euphor., Ferr., Fluor. ac., Lyc., Puls., Rhus, Sabad., Samb., and Silicea are most frequently indicated. When, on the other hand, the aggravation occurs *during* motion and is increased by *continuance* of the motion, our first choice will be Bell., Bry., Cocc., Coleh., Led., Nux v., etc. When, however, the aggravation occurs *immediately after* motion, that is, in the period of repose which immediately follows motion, still other remedies are to be preferred, such as Agar., Anac., Ars., Cann., Hyos., Kali c., Puls., Rhus, Ruta, Sepia, Spong., Stann., Stram., Valer., Zinc.

Important as it is to notice the above distinctions, yet in many cases even this is not sufficient. There exist in reference to motion and rest still other points which require equally to be observed, inasmuch as they correspond, like the foregoing, to the *individual* genius of the different remedies.

First, it makes an important difference whether the motion is violent, involving much bodily exertion, in which case, while observing the distinctions previously defined, preference is to be given to Acon., Arn., Ars., Bry., Calc., Cann., Lyc., Nux v., Rhus, Ruta, Sil., Sulph.

If, further, there has been, in conjunction with the motion, considerable *overheating*, they will fall especially among Acon., Ant. c., Bell., Bry., Camph., Carbo v., Dig., Kali c., Opium, Phos., Sep., Sil., Thuja, Zinc. What might be said of the same character respecting taking cold (simultaneously with and immediately after motion) either in the entire body or in isolated parts, whether from getting wet through or from some other causes—circumstances which

might sometimes require the selection of still other remedies—this we must omit for lack of space.

It is necessary, however, to state, briefly, that the *kind* and *manner* of the motion likewise furnish their peculiar indications. Thus, for aggravation from assuming the erect position, we have Acon., Bell., Bry., Ign., Nux v., Op., Rhus, Staph., Sulph.; while aggravation from stooping: Alum., Amm c., Arn., Calc., Lach., Mang., Sep., Spig., Thuja, Valer. Although the desired favorable result may be wrought by still other remedies, especially by such as produce alternate effects when they correspond homœopathically in respect of symptoms.

The same is true of aggravation on rising from a sitting posture, which requires chiefly Acon., Apis, Caps., Con., Fluor. ac., Lyc., Phos., Puls., Rhus, Spig.; aggravation on rising from the recumbent posture (from the bed) calls for Apis, Bry., Carbo v., Con., Lach., Sul. ac.

As a matter of course, under these heads the beginning of motion is involved in assuming the upright posture, and in rising (from the bed) is involved also the aggravation of symptoms after sleep, and thus still other remedies may come under consideration.

Furthermore, it is to be observed whether the aggravation of symptoms takes place during or after the rising from a sitting or recumbent posture, because in these cases, as has been before remarked of motion in general, different remedies compete for a preference.

The kind of motions must be carefully noticed. Aggravation from extending the part affected is a verified indication for Alum., Calc., Coloc., Rhus, Sep., Staph., Sulph., Thuja; and aggravation from *flexing* or *turning* it, for Amm. m., Cicuta, Ign., Kali c., Lyc., Nux v., Puls., Spig., Spongia. The direction in which the motion of flexion is executed makes an important difference. If outward, Caps. and Caust. are preferable; if inward, Ign. and Staph.; if backward, Calc., Kali c., Puls., Sepia, and Sulph.; if sidewise, Bell. and Natr. m.; if forward, Coff. and Thuja; or, finally, if the part be retained in the flexed position, Hyos., Spong., and Valer. Under the head of extension belong also stretching and twisting, for which, likewise, certain remedies are especially indicated: Amm. c., Ran. b., and Rhus; as well as drawing up a limb, which frequently indicates Ant. t., Rhus, and Secale.

Under this general head come also aggravations from lifting the

affected limb, for which Arn., Baryta, Bell., Ferr., Kali c., Led., Rhus, and Silicea are indicated; and in particular from straining, for which Arn., Bor., Bry., Calc., Cocc., Graph., Ign., Lye., Natr. c., Nux v., Ph. ac., Rhus, Sep., Sil., and Sulph. stand in the first rank as remedies.

If *walking* in general is to be included under the head of *motion*, then the distinctions above specified of motion will apply to walking, and aggravations occurring on beginning to walk will have a corresponding therapeutic value. But there are certain additional varieties which furnish special indications by reason of their connection with certain accessory circumstances; for example, walking in the open air gives rise to aggravation of a great number of symptoms, and hence serves as an indication for a large number of remedies, but especially for the following: Anac., Bell., Carbo v., Cocc., Colch., Con., Fluor. ac., Hepar, Nux v., Ph. ac., Selen., Spig. and Sulph.

But even this is far from exhausting our therapeutic store. The additional question arises whether this aggravation on walking in the open air occurs in a *damp atmosphere* or *in rainy weather*, in which case Amm. c., Calc., Colch., Dulc., Fluor. ac., Lach., Lye., Nux m., Rhus, Sulph. or Verat. are usually indicated; or whether it takes place in *dry weather*, in which event Asar., Bell., Bry., Caust., Hepar., Nux v. and Puls. are especially indicated.

Moreover, special indications are furnished—by aggravation from *exposure to the hot sun*—for Ant. c., Bell., Bry., Lach., Natr. c., Puls., Selen., Valer.; from exposure to *air just before a thunderstorm*, for Agar., Natr. c., Phos., Rhod., and Sil.; from exposure to *snowy air*, for Calc., Con., Lye., Phos., Ph. ac., Puls., Rhus, Sep., Sil., Sulph.; and from exposure to *fog*, for Bry., Cham., China, Mang., Nux m., Rhod., Rhus, Sep., Sulph., Verat. Under this head belongs also *walking in the wind*, and Ars., Asar., Bell., Calc., Cham., China, Euphra., Graph., Lach., Lye., Nux v., Phos., Puls., Rhus, Spig., and Thuja are especially indicated when aggravation occurs from walking in a strong wind.

Besides the preceding conditions which exert an influence in a therapeutic point of view upon the motion of walking, there are several others which sometimes accompany isolated symptoms and furnish indications that are all the more useful, because in such cases leading concomitants are often altogether lacking. Such are, for example, under *vertigo*, the aggravation by walking over a *narrow bridge*, which indi-

cates Baryta, Ferr., and Sulph.; or upon or over *water*, which indicates August., Ferr., and Sulph. The same is true of pains in the soles of the feet, aggravated by *walking upon a hard floor* or upon a cement walk, a condition which calls for Ant. c., Ars., Con. and Hepar.

But *motion upward or downward* requires also very particular consideration. For *motion upward* (ascending, going up stairs), among many other remedies, Arn., Ars., Bry., Cupr., Nux v., Senega, Sep., Spig. and Spong. are most prominent; while for *downward motion* (descending, going down stairs), Arg., Con., Ferr., Lyc., Rhod., Ruta, Sabina and Verat. have in many cases proved to be indicated.

Driving and riding must be included among the varieties of motion. Various symptoms are induced or aggravated by driving in a wagon which generally find their remedy among Ars., Bry., Cocc., Colch., Hepar, Hyos., Ign., Lach., Nux m., Op., Petro., Rhus, Selen., Sep., Sil. and Sulph. On the other hand, the remedies for *sea-sickness* from motion in a ship are pretty much confined to Ars., Cocc., Colch., Ferr., Hyos., Op., Petro., Sep., Sil. and Tabac., although the *motion of rocking*—which seems so nearly related to the above—corresponds only to Borax and Carbo veg. It may here be mentioned as something remarkable that some symptoms are *relieved by driving in a wagon*, and in such cases Ars., Graph., Nitr. ac. or Phos. are most likely to be indicated.

As regards riding (on horseback), the totality of the symptoms in those persons with whom this exercise does not agree will generally be found to be of such a character that Graph., Natr. c., Sep., Spig. or Sul. ac. are among the remedies best indicated. In this connection, as above, we note a singular circumstance, viz.: that cases of exceedingly painful, inflamed, and protruding hæmorrhoids sometimes present themselves in which, contrary to all analogy and to all reasonable expectation, riding (on horseback) affords the greatest relief. In such cases as these a single very small dose of a high potency of Kali carb. is generally sufficient to cure the disease rapidly and permanently.*

Just as *change of position* may, through the aggravation of symptoms, furnish a useful indication for several remedies—most strik-

* For an example of this, see case reported by Dr. McNeil, in October (1882) issue of this journal.—EDITOR.

ingly for Caps., Carbo v., Con., Euphor., Lach., Lyc., Phos., Puls. and Samb.—so it may also happen that it alleviates the symptoms. This affords a very characteristic indication for Cham., Ign., Ph. ac., Valer. or Zinc.

Turning over in bed is also a motion which produces more or less aggravation under several remedies, and may, therefore, serve as an indication. It is most marked under Acon., Ars., Borax, Bry., Cann., Caps., Carbo. v., Con., Ferr., Hepar, Lyc., Natr. m., Nux v., Puls., Rhus, Sil., Staph. and Sulph. Closely related to this is the motion of *looking around*, although as regards aggravation it is as yet noted only of Calc., Cicuta, Con., Ipec. and Kali carb.

In addition to the above-named varieties of motion there are many others, which, however, we may pass by here, the rather because they affect often only isolated portions of the body, a fact which constitutes in itself something of an individual characteristic, and which, therefore, gives the motion associated with it a somewhat subordinate rank. Among the number are, for example, *respiration, inspiration, as well as expiration, swallowing*—whether only of *saliva, or empty swallowing, or swallowing of food or drink; sneezing, yawning, coughing, speaking, writing, etc.* Respecting all of these conditions, in so far as they exercise an influence upon the aggravation or amelioration of symptoms, our materia medica pura contains a large number of observations which were first obtained by provings upon the healthy and then verified by administration to the sick. They have, therefore, sustained a double test, *a priori* and *a posteriori*, and they deserve just as much consideration, in the search for the most complete and perfect *simile*, as any other symptoms that have been discovered and verified in the same way. If, at the present day, this consideration is not commonly accorded—if, indeed, the attention is chiefly fixed on the pathological, the general symptoms, while the concomitant symptoms—which, for the most part, are very characteristic—are correspondingly neglected—assuredly such laxity and incompleteness in the application of our fundamental principle are utterly inexcusable, and it is not to be wondered at that even “experiments on the sick,” to their great injury, should be ever on the increase, while *pure experiment* is growing less and less frequent.

A RARE SYMPTOM.

Anxiety and impeded breathing has to leave the room and go into the air :
Lauro.

"Anxiety and impeded breathing have, no doubt, been observed very often to drive one out-doors, but it is neither mentioned in the *materia medica* nor among the cures."—C. HERING.

CHECKING OF PULMONARY HEMORRHAGE.

Dr. A. C. Post writes: "In a recent number of *The Record* is an article entitled 'A Simple Means of Checking Pulmonary Hemorrhage with Shawl-straps.' For more than thirty years I have been in the habit of arresting internal hemorrhages by bandaging the arms and thighs so as to shut off from the general circulation a very considerable portion of blood in the veins of the extremities."

PURE HOMŒOPATHY, PROGRESSIVE HOMŒOPATHY,
AND THE TRUE HOMŒOPATHICIAN.

DANIEL W. CLAUSEN, M. D., AUBURN, N. Y.

Read before the "Central New York Homœopathic Society," at Syracuse, 15th of June, 1882.

The word *Homœopathy* has but one literal signification; but, unfortunately, that signification does not restrict the word to its legitimate use. It is very much like the word *Christian*, which to-day means quite a different thing to what it meant when the disciples were first called Christians at Antioch. Indeed, one can hardly fail to see the striking similarity between the word *Homœopathy* and the parable of the "grain of mustard seed," which, as our Lord said in His comparison, "Though it be the smallest of all seeds, groweth to a large tree, so that the fowls of the air come and lodge in the branches thereof."

Homœopathy—the small seed sown in Germany nearly a century ago—is to-day a large tree; and under the cover of its branches are illegally lodged a great many birds of foreign flight, whose feathers, indeed beautiful in outward appearance, yet retain their tincture hues of yellow, red, and blue; while the cross-breeds are *ad infinitum*; and there is that imperious-looking rooster that seems to proclaim with every flap of his wings, "Liberty of action," and with every crow, "Freedom of opinion."

Even a kid ("Kidd") has been known to climb this tree, besmearing its tender branches with an innumerable quantity of his

Pillulæ capricorni ("goat pills") and disturbing the quietus of the peaceful doves with his most terrific "bah!"

One "Browne" (Dyce) once hung his clothes on the tree, and attempting to wash in the sparkling stream that nourishes the tree, found the water too deep for him, poor fellow! and so he nearly got drowned, like his namesake of the firm—"Smith, Brown, Jones, and Robinson"—of ancient story! His full recovery is doubtful.

But, with all the trespasses of these illegitimate refugees, besides exposure to frequent showers of hail ("Hale") from the northwest, the tree with all its foliage bears still the original impress imparted to it by the germ. Nothing can alter her truthfulness and faithfulness to nature; nor is even he that hews ("Hughes") able to destroy it with his ax, though he be considered a power in the field (of "Pharmacodynamics").

The various meanings applied to the word *Homœopathy* to-day make the title decidedly Hibernian in character, as Dr. Skinner would say; for it is used to mean: (1) Truth, (2) Error, and (3), what is worse, the harmonious co-existence of Truth and Error. This is hardly admissible in an age like the present, when people profess to be so much wiser than they who lived in the age of "the philosopher's stone."

Consequently, for the sake of distinction, the word *Homœopathy*, as understood by true homœopaths, requires the use of an *adjective*, which is best met by the word *pure*. The adjective, "*legitimate*," may apply simply to the strict observance of the *law* of the similars, without necessarily including in its signification all or any of the *purities* that pertain to genuine homœopathic practice, such as the potency, dose, repetition, and a thousand other niceties.

Among those who have done most to corrupt the doctrine of pure Homœopathy are, notably, E. M. Hale, M. D., of Chicago, and Richard Hughes, M. D., L. R. C. P., of England, who, concerning the truth, have erred; whose attempts to convert Homœopathy into eclecticism and to adorn it with the brass-gold buttons of a "physiological and pathological livery" have by their respective works *ruined* a multitude of medical students—students who started with the honest intention of studying *pure* Homœopathy, but have been unfortunately caught in the snares and delusions of these eclectic and "pharmacodynamic" teachers.

Pure Homœopathy admits of no such thing as "the pathological sphere of action" of such or such a remedy. If we could say such

is the pathological sphere of action of this or that drug our materia medica would lose its vast comprehensiveness and its study be reduced to mere "child's play." But a remedy is limited to *no* "pathological sphere of action;" far from it, the immense variety of phenomena presented in its symptomatology renders it applicable to an almost equal variety of diseases, whose respective "spheres of action" are totally different, and it is applicable in each of these diseases, just as any of these various phenomena (symptoms) in the sick furnish indications for its use. Belladonna is as much homœopathic to some cases of uterine disease as it was to the old Sydenham scarlatina. And where is the harmonious link in the pathology of the two diseases? Do they come within one "pathological sphere"?—are they of one family? Nay; but if any form of disease never before seen were to appear, the wide spheres of action of our remedies—not limited to any special "pathological spheres"—would render them applicable to such disease. Moreover, if a remedy were limited to any "pathological sphere of action" the ever-varying, ever-changing forms of disease would, in course of time, render the remedy comparatively, if not altogether, useless; instead of that, our oldest remedies are the indispensables of to-day.

Why will professors in "homœopathic" medical colleges so persistently endeavor to teach that a system of therapeutics, even of Homœopathy, must be based upon a knowledge of pathological changes? Such teaching is a departure from the true faith, and is neither more nor less than going back to the ante-Hahnemannian ages of *darkness* and *blind ignorance*—"A fatal error," as our much-loved Dr. Lippe would say.

Supposing even it were always possible for us to know what was going on in the hidden interior of man, this would not help us one mite as regards therapeutics. Pathological changes and processes are not disease, but *result from disease, i. e.*, from "a dynamic alteration of the vital force." As one, in a certain place, has truly said: "Living manifestations of disease are exact expressions of their internal nature, and organic lesions are consecutive results of the primary morbid activity of the vital force." And what do we understand by "living manifestations of disease"? For these we have not to go to the cadaver, nor do we understand them to be fully expressed by any visible pathological changes on the living subject, but they present themselves to us in a variety of phenomena called *symptoms*, speaking with the voice of nature; hence, "*living* manifestations"

—physiologically alive—the expressions of perverted physiological functions not yet dead—not in the “dead house.”

The consecutive results of the primary morbid activity of the vital force are only *dead manifestations*. Hence it is that we get such excellent and wonderful results when we apply the dynamized—spiritualized—medicinal agent in harmony with the “*living manifestations*.”

How naturally vast, then, must be the difference between treatment according to the deductions drawn from “dead-house pathology,” and that according to the indications furnished by “living manifestations!” Oh! what a great and luxuriant tree is this tree of Homœopathy!—a tree whose leaves are for the healing of the nations; a tree that is not withered by the influence of autumn nor blighted by the cold blasts of winter, but has a perpetual existence, being watered with the refreshing dews of progressive Homœopathy from the hands of those noble veterans whose images stand depicted in the crystal drops as they lie clustered on every leaf.

Pathological changes are always *preceded* by *symptoms* of the disease; hence, it is necessary to prove our remedies only to the extent of eliciting certain characteristic symptoms, *never* to the extent of producing pathological changes—a statement that is substantiated by the fact that the remedies *do cure* pathological changes when selected according to symptomatic indications. I do not believe that *Aurum* was proved to the extent of producing caries of the palatine bones; and, certainly, *Belladonna* never produced the “Scarlatina.”

When the late Dr. Carroll Dunham cured an ovarian tumor with *Colocynth*²⁰⁰ he did not select his remedy as one that had ever been known to produce or to cure *that pathological condition*; he never thought of the disease *by name*; he endeavored to cure his *patient* by considering his *patient's constitutional symptoms*; and when the *patient* was cured the tumor disappeared, because it could not exist in a healthy organism. It was on the same principle that Hahnemann once cured a case of “fig-warts” with *Chamomilla*³⁰. Latter-day Homœopathy would teach to look for the rubric “fig-warts,” and the prescriber, prescribing, of course, for the disease (*i. e.*, for the *name*) and not for the patient, would be confined to a choice between two or three remedies, and so—FAIL TO CURE.

Latter-day Homœopathy teaches to treat “worms” as a disease, and so to follow the careless routine of administering “anthel-

mintics" to every subject supposed to be infested with these parasites, and because the doctor is told that "lots of worms" have been passed he fondly prides himself in the imagination that his patient is cured, receiving a full share of commendation from all the old women who happen to catch a glimpse of "the vessel." But, after all, it may be that these worm-doctors evince a fair degree of acumen in trying to become popular among the women; for it is a remarkable fact that you cannot please certain women better than to make them believe that you are going to expel from them a *worm*, or a *snake*, or a *tumor*, or some other imaginary incumbrance. And right here I am reminded of a case in point, which occurred at a medical college while I was there attending a course of lectures. At the "gynecological clinic" there came a woman one day suffering from some uterine disorder, and, in addition to various phases of nervous mimicry, she fancied that she had a *snake* within her. The professor, a fairly keen gentleman, did not, of course, try to disabuse her of her belief, but aimed at the uterine trouble, resorting to his usual mode of treatment, which included the insertion of the tampon, or plug of cotton, well lubricated with vaseline and having a string attached for the purpose of withdrawal. She did not, however, know what was being done to her. In a day or two she called at the doctor's office, and, with concurrent expressions of great joy and absolute certainty, she exclaimed: "Hah, hah! Doctor! I've got it! I've got it!" when the doctor, in his calm self-possession, simply asked, "Got what, ma'am?" "Why," said she, "that snake! Now, Doctor, I told you so; I knew it; and here it is" (handing him a neat-looking paper parcel). My readers must not be surprised to learn that the contents of the parcel proved to be the same old plug of cotton inserted at the clinic, which, with the vaseline on it and the superadded viscid secretion covering it and the string all over, had, in truth, much the appearance of a member of the reptilian fraternity. The doctor, as wise and self-possessed as ever, said nothing to thwart her gratification, but allowed her free indulgence in that *conceit* which is said to be sometimes as efficacious in curing as it is frequently in killing.

The true homœopathician, on examining a case for treatment, takes into account *every symptom*—objective and subjective—not only such symptoms as seem to be in immediate connection with the special ailment he is called upon to treat, but even the most apparently remote—the *entire constitution*. He underlines those

which are the most characteristic of the patient's suffering—those to which the patient gives most prominence in relating his or her ailment and those which are most noticeable by the physician. Symptoms that are common to a very large number of remedies, such as constipation, etc., he does not regard as very characteristic, except as they may be characterized by some peculiarity, for instance, “stools crumbling at the verge of the anus,” “stools which recede after having been partially expelled,” etc. If the symptoms be equally divided among two or more remedies, one remedy having only a part and another remedy the remainder, preference must be given to that remedy which contains the most characteristic symptoms of the case. If the most characteristic symptoms seem to be equally divided among, and equally characteristic of, two or more remedies, then some other symptoms or symptom—sometimes an apparently very remote or insignificant one—must be sought for in the pathogenesis of the respective remedies. This explains the expediency of taking the *totality of the symptoms* before deciding on the choice.

Particular attention should also be paid to the *time*, as well as to all the *conditions, of aggravation and amelioration*.

But as there are no two cases of sickness exactly alike in their most comprehensive semiology, so it will *never*—hardly ever—be found that any two medicines will be exactly alike in their respective full pathogeneses. There must be one remedy alone whose symptomatology most closely corresponds to a given case of sickness at the time of examination, and the knowledge essential to this discrimination—which, by the way, ignores the unjustifiable practice of alternation—is to be gained only by a diligent and thorough study of the MATERIA MEDICA.

The mode of examining the patient for all the symptoms is of no less importance, as taught in Hahnemann's *Organon of the Healing Art—sine qua non*.

After the exhibition of a remedy that is homœopathic to a given case, it is not uncommon to find that symptoms in the case which were not observed in the pathogenesis of the drug also disappear, leaving the patient well. These latter symptoms are properly incorporated in our materia medica, not only because they have been cured, but also because of the possibility of their development in a more extensive drug-proving. So far it is interesting as well as instructive to closely watch and verify the actions of our remedies, even our most extensively—and best—proven ones; not, however,

with the vain speculations of the Milwaukee philosophers, who tried to prove (or rather to *disprove*) the well-authenticated virtues of our orthodox Aconite.

On the other hand, it frequently happens that when a homœopathic remedy is applied other symptoms which belong to the pathogenesis of the drug arise in the patient. This is more especially the case when the remedy has been administered in a high degree of attenuation.

“Guiding symptoms,” “characteristics,” and “key-notes” can never be substituted for the materia medica in full; but they serve the grand purpose of “guiding” us in the right direction. Indeed, it is presumable that the learned veterans who have given us these *résumés* have intended them as *guides to the study of materia medica*, rather than synopses for full decision.

Nor is a “key-note” of a remedy limited to any particular disease or class of diseases, any more than one “key-note” on a musical instrument is limited to one tune. A “key-note” of a medicine may indicate its use in a vast variety of diseases, just as one musical note may be the key-note of a vast number of melodies.

For all these grand truths—so precious to the homœopathician—we are indebted not only to the immortally honorable and honored men who laid the foundation, constructed, and bequeathed to us the great temple of Homœopathia, but also to the honored and faithful men who now live and devote their energies to the increase of the superstructure, beautifying it, adorning it, and casting their gifts into the treasury of the temple. Accordingly, we have a Homœopathy that is PROGRESSIVE (not “Latter-day Homœopathy;” for this term has reference to a “homœopathic” temple whose *foundation* has been laid in “latter days”).

Progressive Homœopathy has corroborated and developed some very important facts in relation to *Analogy*, which offers itself for application, according to the following aspects:

1. *Analogy*, by symptoms which in point of location, character, appearance, conditions, time, and order agree with those in the proving.

2. *Analogy*, by similar pains and sensations, although occurring in *locations different* from those affected in the provers. (Of the many cases proving this we may cite, as a single illustration, the *constrictive, grasping sensation* around the heart found in *Cactus grandiflorus*; which sensation, when felt in *other* parts of the

body, has been removed by applying the same remedy, after this phase of similarity.)

3. *Analogy*, by similar appearances of totally different pathological conditions. (Example: *Lac caninum*, a remedy discarded by the ignorant, is useful in syphilitic ulcers on the penis when there are present the *smooth, shining*, and other appearances which indicate the use of *Lac. can.* in *diphtheria*.)

4. *Analogy*, by conditions which alike influence totally different symptoms. (Example: Bœnninghausen records a case characterized by a thick coating of mucus which persistently gathered on the teeth of a patient and became invariably aggravated *every time he shaved*; cured by *Carbo animalis*³⁰, the only remedy in whose proving was found that condition of aggravation, and that, too, in connection with a *totally different symptom*. To this might be added many more examples of analogy by conditions.)

5. *Analogy* in regard to *time of aggravation and amelioration*. (We all know the value of the morning aggravations of *Nux vomica*, the 2 to 4 A. M. agg. of *Kali carb.*, the 4 to 8 P. M. agg. of *Lycopodium*, the 5 A. M. "double quick" of *Sulphur*, etc., etc.; for experience has taught us that these times of aggravation and amelioration are often reliable indications where they govern symptoms in the sick that are *entirely different* from the symptoms which furnish these indications in the proving.)

But in whatever direction we are looking for the similar remedy—whether in the direction of *pain*, of *location*, of *time*, or of *any other* aspect of analogy—we must not forget that each of these is but a direction or guide to the MATERIA MEDICA, and that we could no more expect to harmonize physiological discrepancies, by depending on a single "key-note" without the *totality of symptoms*, than we could to harmonize the monotonous repetitions of a single key-note in music without playing on the other notes of the scale.

Let us fondly cherish these deductions from pure and progressive Homœopathy. Let the living great of our noble art continue to furnish us with their experiences, and let those of us who are young in the faith be *diligent*—diligent not only in learning what we don't yet know, but also in giving our hearty co-operation to the senior workers for the furtherance of a Homœopathy that is *pure, unadulterated*, and *progressive*, that we also may, like them, be in the enjoyment of a rich experience that shall redound to the glory of Homœopathy and to the benefit of suffering humanity.

For my own part, I may say that my ignorance is fully realized when I ponder the immensity of unacquired knowledge. Like Newton—

“I feel myself playing with the shells on the shore,
While the vast ocean lies before me unexplored.”

But we hope never to faint or be weary in the path of glory and duty; we feel encouraged by the veterans of our noble cause; we are still listening to the voice of SAMUEL HAHNEMANN, who “being dead, yet speaketh.” He that hath ears to ear, *let him hear.*
Auburn, N. Y., June 5th, 1882.

THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The Central New York Homœopathic Medical Society met in Syracuse, N. Y., the 21st of September, 1882, C. W. Boyce, M. D., in the chair.

Dr. Hawley presented the report of the Committee appointed at the last meeting on consultation with non-homœopathists. Adopted.

Your Committee find that the Code of Ethics of the American Institute of Homœopathy, adopted by this Society, contains all that can be desired on this subject, giving, as it does, to every member of the profession, without dispute, the right to his individual opinion, and to advise with any duly qualified physician, demanding only a legal status in the profession and such courteous treatment of each other as one gentleman would always give another.

They further find that “The New York State Medical Society” has recently placed its Code on the same basis of freedom and gentlemanly courtesy; and that out of this action of that meeting has grown up a discussion among the members of the old school, which has become so general as to attract public attention and is producing in some degree the impression that the homœopathic profession has sought, and is still seeking, such a change in the Code of the old school. They find also, as a further basis of this impression, that there is a somewhat numerous class of *electics*, who, having crept into the various homœopathic societies, are so clamorous for recognition by the old school that they are willing to drop our distinctive name, as they have already abandoned every principle of our school, whereby they bring upon the whole homœopathic fraternity the charge of professing one thing and practicing another.

Your Committee further find that the sole difference between the old school and the homœopathic profession is in the administration of *drugs* for the cure of the sick, the latter claiming to have the law of the curative relation of drugs to diseases, while the old school deny that the law is known.

Your Committee therefore offer and advise the adoption of the following preamble and resolution as expressing the sentiments of this Society :

WHEREAS, It is evident that the curative relation of drugs to diseases, if there is such relation, must, like all things else, be governed by law, and the *homœopathic profession has a knowledge of and is guided by that law*, which law has no relation to pathology, diagnostics, prognostics, or practical surgery ; therefore,

Resolved, That homœopathic physicians, abiding by their Code of Ethics, and giving gentlemanly courtesy to all legally qualified members of the medical profession, *in the administration of drugs* for the cure of the sick, neither *need* nor *ask* counsel of any who, ignorant of the law, are guided only by *empirics*, or, as they phrase it, "the accumulated experience of the profession."

Papers contributed by E. Carleton, M. D., and C. Lippe, M. D., of New York city, were read, and the thanks of the Society were given to those gentlemen.

Dr. Clausen read a paper of clinical cases. Accepted with thanks.

Dr. Nash: I call attention to an article in the *Medical Counselor*, May 31st, 1882, on *Ptelia trifoliata*, by Dr. J. Preston. It is clinical. Study of the provings and use of the remedy have convinced me that it is a valuable medicine.

Dr. Hawley: A good many provers take massive doses and repeat too soon. Such provings are of doubtful value.

Dr. Boyce: Paragraph 128 of the *Organon* is to the point. Dr. A. E. Wallace gave some time ago a proving of *Baptisia*. His characteristic symptoms—numbness of left arm, loss of sleep, almost loss of consciousness—were valuable, and have been depended on ever since. We have been many years a society. We have never proved any drug, save *Glonoine*, which was proved at one time while we were in session. Who of us have the energy to take up a drug and prove it according to this paragraph? The Secretary might select a drug and send a portion to each member to be proved according to this paragraph, and the results could be reported to the December meeting—the drug to be in the 30th potency, and not to be made known till the December meeting.

Dr. Nash: I proposed trial to a physician who has no faith in potencies. He refused.

Dr. Hawley: I cannot remember the time when I was not dyspeptic; and, therefore, have not undertaken to prove drugs. Have no doubt many would obtain effects from the 30th. A patient told me the name of a remedy given to her in the 30th attenuation. I asked her how she knew. She answered that she tested it. She had no other means of knowing.

Nearly all the gentlemen present agreed to prove a drug.

Dr. Nash: Persons may take the 30th for a long time and get no effect from it if no attention be given to diet and to abstinence from tobacco and from stimulants.

Dr. Hawley: I have a case which will interest you. A lady, æt. 66, had what was pronounced by an eminent physician of this city congestion of the spinal cord, there being a throbbing under the shoulder-blade, to the left of the spine. She had taken Morphine for weeks. I was called to her two weeks ago. Put her on *Nux vom.*³⁰, dose every four hours. A new bottle of Morphine had just been bought, and she thought she could not dispense with it. I allowed her to take the Morphine at the same time for six days, stipulating that the bottle should be refilled with water after every dose of Morphine. She had been taking strong cathartics to remove the constipation brought on by the Morphine. A day or two ago she had the diarrhœa and pain and pressure in the rectum, which are characteristic of *Nux vom.* Were these symptoms produced by *Nux vom.*? As for any congestion of the spinal cord, who ever heard of it without more or less paralysis being present? There has been no paralysis. I diagnosed hyperæsthesia of the stomach. This made her sensitive to every pulsation of the descending aorta.

Dr. Boyce: I propose that we turn our attention to the *materia medica*. Let a drug be agreed upon; then let each man tell—not what he has read and heard about it—but what he himself has done with it.

Dr. Hawley suggested *Cina*, and it was accepted.

Dr. Wallace: Have relieved with *Cina* a child having these symptoms: high fever, paleness about the mouth and nose, gritting of the teeth in sleep, muscular twitchings in arms and legs.

Dr. Nash: Have done the same thing with *Cina*. In one case an additional symptom was the milky urine. The 3d and 6th failed. *Santonine*, in quarter-grain doses, failed. Gave them two weeks' trial, and all in vain. The child's rubbing of the nose pointed to *Cina*. The 200th gave prompt relief.

Dr. Clausen: Have verified an important symptom pointed out to me by Dr. Hawley, to wit: a slight rheumatic pain in the lower extremities. A child, two years old, not willing to be touched or looked at, fearing increase of pain. Cina gave considerable relief.

Dr. Hawley: Have always seen the symptoms named by Dr. Wallace removed by Cina. Another symptom is constant swallowing, as if the child were sucking candy; swelling and heat of the ankles; the child afraid to have you touch the bed; these yield to Cina when attended by the characteristic symptoms of Cina mentioned by Dr. Wallace. When a child has pains in the joints here and there it is an indication of Cina. Was called to a child last night, the mother supposing it to have diphtheria. The exudation was not superimposed upon the mucous membrane, but was seated in it, on a general level with it, and was a sort of dead white—not glistening—the least bit dirty. Breath fœtid. The child had the characteristic symptoms of Cina spoken of here. It is doing well upon Cina. This experience of rheumatic pains being relieved by Cina has been confined, in my observation, to children. The general condition corresponded to Cina. Can recall many cases in which I have bothered with such rheumatic pains in children which could have been met by Cina if I had known it. Found the symptom in the old *Symptomatum Codex*. With the rheumatic pains dread of motion is prominent.

Dr. Boyce: Have often given Cina when it seemed to be indicated, but Cina failed to wipe the thing out. Dr. Guernsey gives a symptom as having been met by Cina: the child exceedingly cross, fretful, irritable.

Dr. Nash: A young lady, æt. 15, was troubled in her eyesight while studying. It was as if a veil hung before her eyes; removed momentarily by wiping with the hand. Cina²⁰⁰ cured her promptly. In an epidemic of typhoid fever a child sickened with fever and was brought very low. It noticed nothing, except when you touched her lips to give her water. A gagging motion led me to give Cina. Gave the 200th. The child recovered. There seems to be in certain children a condition which complicates other symptoms, and which condition is removed by Cina; then indicated remedies will act which before were inert—*i. e.*, it may be so. Severe hacking cough, with looseness of the bowels, is often removed by Cina. My own child seemed to have bronchitis. Belladonna did no good. A

choking cough and gagging led me to give Cina. It cured the case promptly.

Dr. Scudder: Am here as a visitor. Let me say that Dr. Guernsey classes Cina among the anti-psorics.

Dr. Boyce: I suggest conversation upon Tartar emetic. [*Consent.*] I have almost always removed severe colic by Tartar emetic. Nausea and diarrhœa may be present, or may not be present, but the griping pain is relieved by it. Have given the first decimal trituration in water. Have given it till it produced its characteristic effects. I used Tartar emetic at first with the idea of producing nausea, but before that point was reached the colic was relieved. This began to be my experience with Tartar emetic, when, as yet, I knew nothing of Homœopathy, and Tartar emetic is a strong remedy in the homœopathic treatment of colic. In croup, also, I have used it successfully when the face was blue.

Dr. Nash: To give Tartar emetic in colic, in the first decimal, till nausea is produced—is that Homœopathy? If you produce nausea you relax spasm. When Tartar emetic is thoroughly homœopathic to a case of colic it will not be necessary to give low attenuations nor to produce nausea.

Dr. Boyce: We are telling, now, what we have done with Tartar emetic, and I am not afraid to tell what I have done. It is Homœopathy. The colic is the Colocynth variety.

Dr. Nash: A doctor told me he had a specific for colic, viz., ten drops of Tincture of Lobelia!

I have cured severe cases of cholera morbus with Tart. em. dynamized.

Dr. Seward: Colocynth has pinching in the bowels and cramping in the legs.

Dr. Wallace: Cured a skin disease in a boy of twelve; the pustules came in crops, and resembled small-pox pustules, except that they lacked the depression in the centre. Cured with one dose of the sixth of Tart. em. I always think of Tart. em. in cholera morbus. A lady had been treated allopathically. Found intense nausea and vomiting; could not keep down cold water; Tart. em.³ relieved her. After a few doses an eruption of pustules came on. The pustules dried down and peeled off, as small-pox pustules do. An eruption resembling that which allopathists produce with Tartar emetic ointment always suggests to me Tart. em.

Dr. Hawley: Did a curious thing once with Tart. em. A child

three to five months old had congenital syphilis, such as the old school consider necessarily fatal. The sores were all over the child. He could not bear to be touched or approached. Tart. em. cured him right along. Now, at four or five years of age, he is bright and healthy. Have often removed a loose, rattling cough with Tart. em.

Dr. Nash: Have cured the characteristic Tart. em. cough in children and in very old people with Tart. em. Also, cholera morbus where there were these symptoms: great effort in vomiting, great chilliness, and great sleepiness. Tart. em., Opium, and Nux moschata have heavy sleepiness. That of Tart. em. has paleness of face, that of opium a red face and stertor. Have cured intermittent fever with Tart. em. when the patient slept continually during the sweat and heat and was prostrated.

Dr. Brewster: Had a case of typhoid pneumonia, a boy. He had been ten days under allopathic treatment. Council had been held. A priest had been called to perform the last rites of his Church. I found him in a stupor; profuse perspiration; rattling in the chest; difficulty of breathing; spitting almost constantly a watery slime, partly bloody. Patient could not lie down. Tart. em.³ in water, a teaspoonful every two hours. Six days afterward he walked to my office a well boy. Had a case of croup, a recent attack. Mucous lining inflamed and pushed up so as to threaten suffocation; stupor; thirst. Tart. em. relieved promptly. I often give it in the second stage of croup.

Dr. Seward: Have had a similar experience. Also Tart. em. cured for me a case of pimples, surface covered.

Dr. Gwynn: In croup I am guided to Tart. em. by a peculiar redness of the papillæ of the tongue and rattling in the bronchi. In pneumonia, when the child wants to be carried upright in the arms, Tart. em. has cured. Also, with cold sweat, the sweat being colder than the patient. In the Veratrum album sweat the patient is icy cold, like a corpse.

Dr. Jennings: Have seen Tart. em. cure pneumonia where the child must be carried upright in the arms.

Dr. Besemer: Tart. em. relieves advanced cases of loaded bronchi where there is loose, rattling cough, and it seems as though the sputum would come up, but it does not.

Several members remarked here that Lachesis, Causticum, Sulphur, Arnica, and Stannum have the similar symptom of loose

cough with no expectoration or scanty, there seeming to be a great deal of mucus in the chest, but it does not come up.

Dr. Scudder: A patient suffered from capillary bronchitis. Tart. em.² resulted in an eruption similar to small-pox in the genitals, and cured the case. In a case where there were five mucous valves all through the chest Tart. em. relieved.

Dr. Southwick: Have used Tart. em. successfully in loose coughs and in croup. In one case of a burn an eruption came out. Tart. em. helped the case and improved the appearance of the burn.

Dr. Seward: Used Tart. em. successfully in a trouble of the heart; throbbing, beating hard at times, and a sensation as if the heart would revolve.

Dr. E. P. Hussey, of Buffalo, N. Y., communicated to the Society through Dr. Hawley his desire that, for the purpose of advancing the interests of Homœopathy and its truths, this Society would publish a concise statement of the results of Neural Analysis. Whereupon Dr. E. P. Hussey was appointed a committee to prepare, with a view to its publication in pamphlet form for general distribution, and report to this Society at its December meeting, a paper containing a concise statement of the practical results of Neural Analysis, as applied to testing the effects of high potencies upon the human organism. Adjourned.

C. P. JENNINGS, *Secretary.*

HYPODERMIC MORPHIA.—One of the most eminent of German medical men is reported as saying that there probably are not less than ten thousand persons in Germany who have become slaves to the habit of hypodermically injecting morphine. There are many who take as much as eighteen injections every day. Some have hardly a square inch of skin on their bodies which is not marked by scars produced by this practice. Slaves of this habit are even more hopelessly enchained than those who take opium in other ways, and it is speedier destruction.—*Ext.*

“FALSE DOCTRIN.”—“Your boy looks very bad, Mrs. Jones; what’s the matter?” Mrs. Jones—“Yes, ma’am, he be very bad; an’ what’s more, the doctors has made him worse. I’m sure we poor people need to pray with all our hearts, ‘From all false doctrin, good Lord deliver us.’ I never saw its meaning afore.”—*Judy.* [A good prayer for the American Institute.]

THE REPETITION OF THE DOSE.

C. LIPPE, M. D., NEW YORK.

Read before the Central New York Homœopathic Society.

Paragraphs 246, 247, and 248, with the notes, appear to be contradictory to the practice of many of the present followers of Hahnemann whose experience has taught them the almost miraculous results from the single dose.

It must be remembered that Hahnemann's usual potency was the 30th, and from his experience with that potency he found the necessity of the repetitions he speaks of.

In sec. 245 the law is laid down: "Both in acute and chronic diseases every perceptible amelioration that takes place, making continual progress, though of ever so feeble a nature, is a state which as long as it endures formally forbids the repetition of any medicine whatever, because the one already taken by the patient has not yet produced all the good that may result from it. Every fresh dose of a remedy, even of the one last administered and which had till then proved salutary, would have no effect but that of disturbing the operation of the cure." Here, then, is the law of repetition very clearly expressed; yet the next paragraph, 246, apparently contradicts the former. But it must be read carefully, and I call attention to this extract from the paragraph: * * * "First, when the remedy has been chosen with due circumspection—that is, strikingly homœopathic; secondly, when it is administered in the highest development, the least revolting to the vital power, and yet sufficiently energetic to influence it; and thirdly, when such a subtle, energetic dose of the best selected remedy *is repeated at the most suitable intervals* which experience has determined for accelerating the cure, yet, in fulfilling this condition, it is requisite that the vital power to be influenced to the production of the similar medicinal disease may not be excited to disagreeable counteraction." Here are three conditions necessary before a repetition of the dose, not, however, laid down as a *law*, but subject to the experience of the practitioner. It is worthy of remark that on reading the *Organon*, when a law is to be promulgated there is no appeal to experience or mode of practice, but such a law is clearly and concisely stated as in sec. 245. In sec. 246 will be found one of the greatest arguments for the single dose. Notice the last words of the paragraph. * * * "May not be excited to disagreeable counter-

action." Did the homœopathic remedy act curatively by its *direct action*, then the oftener repeated the sooner would the disease be subdued; but these remedies are curative only by the power of *reaction*; and a repetition of the dose, as a rule, would not allow of this reaction, for the vital forces would be under the constant irritation of the repeated doses, interrupting the progressive curative action already begun.

The late Dr. Carroll Dunham in his *Science of Therapeutics* says: "We suppose Hahnemann meant as follows: 'If amelioration follows a dose of medicine, do not repeat the dose until the amelioration ceases to progress; then, if the symptoms be the same as before, though mitigated in severity, repeat the dose. If the symptoms be different, study the case anew and make another selection of the remedy.'"

It is often a study when to repeat a dose or when to change the remedy. If the amelioration is steady, if reaction has set in, it would be the height of folly to interfere. But suppose there appears to be no amelioration, new symptoms are added to those already existing, what then? Your pathological knowledge now will tell you if these symptoms are an indication of the advance of the disease; your *materia medica* if the remedy is showing its reaction powerfully. In the first case, your selection was bad, and a fresh study of the case is to be made; in the second instance, wait for the full reaction.

It is the universal acknowledgment of those who have followed implicitly Hahnemann's *laws* that their success has been great, but failure was a sure accompaniment to a divergence from the narrow path of truth. Dr. Dunham, on the same page quoted above, gives testimony to the same effect.

With the higher potencies, experience has taught the reaction is more lasting than with the lower. Such as have not made the test are not competent judges. If in an acute case a wise selection has been made, an improvement is seen after the administration of the highest potency in a very short time in the most grave cases, slight, to be sure, and generally first in the mental condition. Now rest quietly, give no medicine as long as the improvement lasts; if that ceases and no new symptoms arise, give another dose of a higher potency; if new symptoms arise, find out if they show an unfavorable progress of the disease or if they belong to the remedy. In the first case a new selection must be made; in the second nothing is

needed. In chronic cases the same rule holds good, always supposing the true homœopathic remedy has been selected, and many of these cases absolutely get well with a single dose.

There is another point to which attention is particularly called. Experience and experiment have taught that if we desire to obtain a full and correct knowledge of the power of drugs to produce their specific effects, they must be administered to the healthy in the single dose, for the fact is, that the most reliable provings have been made in this manner. If the dose should be repeated before the full action and reaction of the drug has been accomplished—before the gradual return to the normal condition which has been disturbed by the proving, which resembles the return to health after an illness—the action of the drug is disturbed and the proving will not be as valuable or accurate. Just in the same proportion if the dose administered is repeated before the full reaction is obtained, just in the same proportion is the cure retarded, with the addition of new complications which may arise from a needless repetition.

CLINICAL BUREAU.

A CASE OF PERINEAL ABSCESS.

E. CARLETON, M. D., NEW YORK.

Read before the Central N. Y. Hom. Medical Society, Sept. 21st, 1882.

MR. PRESIDENT AND MEMBERS OF THE SOCIETY: Two years ago you elected me to honorary membership. To-day I offer a contribution to your archives in token of my appreciation of your partiality.

On the 30th day of October, 1877, my friend Dr. ———, a well-known alienist, called at my office and said that he wished to have me take his case in hand and *cure* him, if possible, no matter how much time might be required. He knew that the average surgeon, though attached to the homœopathic school and commonly supposed to be a homœopath, would regard his malady as a local one and

rely upon the knife in treatment; he believed that my treatment would be strictly Hahnemannian, and that he desired.

Then he gave the following history: In 1864-5, he rode a great deal and was frequently galled by the saddle. Since that experience, horseback exercise has always caused a sensation of soreness in the perinæum. The 5th of last July he rode by railway a few hours; felt sore; discovered a lump, which increased in size in spite of a compress; noticed fluctuation about the 6th of August; took *Hepar* and applied poultices, which in due time caused a discharge of bland pus, moderate in quantity. Ten days before the abscess broke had a chill, and another two days after the breaking. Apparently did well the next three weeks. Then had cold, clammy extremities, and perspired freely after slight exertion. A visit to the country the first week in October seemed to do good. Besides *Hepar*, had taken *Silicea* and *Mercury* and thought the latter had helped some.

By questioning I learned further that occasionally a smarting, stinging pain had been felt—sometimes more like cutting, with itching around the sore place, which had never healed nor ceased to discharge. Question, were any of the sensations just mentioned due to the application of *Carbolic acid*, which had been employed in dressing? I thought not, for there was no aggravation after each new dressing. There were *extreme sensitiveness of parts when sitting*, a sensation of fullness in bladder, frequent urination, aching pain across sacrum. Generally felt worse in the morning, and better after exercising moderately, but worse from getting tired. Pus thin, like blood and water, or "like beef brine," scanty, unirritating. He had lost much flesh, coughed slightly, felt weak through the chest; lung history of family bad. The constitutional symptoms were fully developed before the abscess formed. He thought that overwork and irregular living had excited the attack. *Æt.* thirty-five. All I have mentioned in this paragraph was given in answer to *indirect questions*, as Hahnemann directs.

Having obtained the subjective symptoms, which I consider always the most important by far, I next made physical examination, as it is usually called. That is to say, I found the following objective symptoms: Superficial opening just to left of raphé; sinus thence backward, nearly in line of incision for lateral lithotomy, consequently bagging of fundus (from accumulation of pus), which was highly inflamed; from opening forward sinus extended well up

into left side of scrotum, making, all told, about five inches in length that permitted the passage of an ordinary probe. No communication with the intestine could be discovered.

Comparing the materia medica, I found that *Berberis vulgaris* had the nearest resemblance of all proven drugs to the symptoms of the case. He immediately received a dose of *Berberis*²⁰⁰, and blank powders to follow. No medicated application, only a compress to prevent bagging as much as possible. Hahnemannian diet and regimen.

November 10th he wrote to inform me of a severe aggravation—"gnawing, pinching pains; distressing, sharp—feels as if flesh were being eaten away; discharge thin, bloody, odorless, with occasionally a little pus mixed." Powders discontinued till he could see me. He urged me to visit him (sixty-five miles from New York). I wrote, advising him to keep quiet in bed.

November 18th saw him in bed. About two tablespoonfuls of pus discharged in twenty-four hours; less swelling and redness; sinus a little shorter. Feels better. I gave sugar.

December 14th.—Improvement stopped. Gave one dose *Berberis*^{5,000}, which caused aggravation, followed by amelioration.

January 21st, 1878. Improved, but these new symptoms appeared: Pupils dilated, imperfect reaction against light; bad sleep alternate nights; itching in anus; felt like cracks running into rectum; aching, corrosive pain in abscess when exposed to air; nausea in pharynx. Then I yielded to entreaty and gave a dose of *Belladonna*²⁰⁰ to relieve the new symptoms—an intercurrent dose, so to speak. This was an infraction of the rule to give no medicine for new symptoms that may arise when a case is doing well under the influence of the similar remedy. Of course, retribution followed, and I was not caught that way again. *Belladonna* relieved the new symptoms, to be sure, but it was a palliation only, and the patient, knowing what it was that I had given, repeated the dose afterward as occasion seemed to require. Improvement stopped, and it became necessary to study the case anew. The character of the pain decided in favor of *Carbo. veg.*, and one dose of the 200th was given January 25th, which was followed by improvement.

Feeling now that I had the confidence of the patient sufficiently to warrant the step, I dropped the *Placebo* part of the business almost entirely. I cannot give a full history of the next two months. Sickness and death in my own family caused me to aban-

don my professional cares for the while. It is certain, however, that my patient took cold and had acute pharyngitis, and took for it, on his own responsibility, *Causticum* and *Phytolacca*. The acute trouble was stopped and the chronic ceased to improve. In this muddled state of affairs it seemed best to give a dose of *Sulphur*²⁰⁰, which caused great improvement, followed by a stationary condition. During this period the lower end of the sinus opened, thus forming a fistula.

Under date of April 7th he wrote as follows: "I am getting along finely, but think it is about time to have another dose of medicine. I am around every day; have very little pain; eat well; sleep well, and the discharge, although rather more profuse at times, is still bland and unirritating. These are about all the *symptoms* I have, and they are not bad." I sent one dose of *Sulphur*^{1,000,000} (Bœricke & Tafel). He responded to this April 13th, with—"Yours received and contents swallowed! I am doing *most excellently well*, and my spirits are almost constantly at *summer heat*. I am *beginning* to be an admirer of conservative surgery of the *pure* homœopathic variety. Am working hard all the time and seem to be *growing fat* on it, too."

May 6th. Itching—worse after bathing—was met with another dose of *Sulphur*^{mm}.

September 17th. Reported himself hale, hearty, fat, strong, and active. Local trouble slight.

December 27th, 1879. "I *am* fat, healthy, and happy, but the fistula has not *entirely* healed. It seems to improve gradually from month to month, although for a few weeks past I have been able to note but little improvement. So I *guess* you had better send me another powder and wait a *little longer*—say another year—before reporting the case." Accordingly I sent another dose of *Sulphur*^{mm}. A month later he wrote to inform me that "that last dose of medicine did me a *power of good*." The following October he received his last dose of medicine, which was again *Sulphur*^{mm}. In February, 1881, we met, when he declared himself perfectly well. His health has continued good in all respects ever since.

"DIPHTHERIA is a Disease of the Liver, according to Dr. Reiter (Squibb's *Ephemeris*). The liver does not destroy fibrin as it normally should. Dr. R. cures all cases by giving calomel in a scruple dose, followed by ten-grain doses every hour." What next?

BERBERIS IN COLIC WITH INFLAMMATORY
STRICTURE.

Case began with pain in the right lumbar region between the kidney and rim of the ilium, extending downward somewhat into the pelvis. The pain was of an *aching, tensive* character, the sensation of *fixity*, or being confined by unyielding bands, was noticeable. This fixed pain continued for hours in a more or less severe manner, relaxing and then returning, giving a very uncomfortable feeling most of the time, and suspicious from its very fixedness. Not enough trouble and concern was experienced, however, to prevent continued labor, though motion increased the unpleasant sensations. It was a very hot day on which the attack came on and cold water had been partaken of quite freely. A little before sundown the pain increased and there was a desire for stool and a free passage. No relief followed; rather, the pains became more violent and soon almost unendurable. Being from home, we drove for two miles rapidly and immediately went to bed utterly prostrated. Took Nux and a hot-water enemata with no relief, and as the extremities were very cold, followed with Veratrum, which did little or no good. Being without the benefit of homœopathic counsel and fearing hernial stricture or interseption, called a friend of another school till better help could be obtained, as we had to send six miles for one of our own school. Diagnosis somewhat uncertain, but case very alarming in character. A very warm enema, with thirty drops of laudanum given. A mitigation of sufferings for about an hour, when they returned with more violence than ever. We were in a collapsed state from the intensity of pain, covered with beads of cold sweat all over, nose pinched and countenance shrunken. Veratrum was continued but we did not perceive any particular effect. The last paroxysm seemed to come in three great waves, at which time there was the sensation of *nerve-stretching* and breaking apart of portions of the cord. The same fixed, tense, unyielding pain kept up all the time in the region of the right kidney and a little below. By force of will we ran over some leading symptoms in our repertory and came upon one or two under Berberis which best met our feelings, and commenced taking it. To our great satisfaction, the pains in the loins and under the rim of the pelvis for the first time began to yield. We have little doubt that Berberis saved our life. The movement of the bowel was probably below

the stricture, for nothing passed the anus from that time for five days, except when, by much straining, the water used as an enema was forced away in a small stream as clear water. Not even a particle of gas escaped. The sensation was that the intestines *were stiff* and powerless. Berberis controlled, however, all untoward symptoms, and by keeping in bed curative reaction continued and the cure was completed by adose of sulphur^{20m} (Fincke), noisy flatulence following soon after its use. The case was the most violent I ever met and was by counsel considered hopeless. The lumbar symptoms are the most important to note. The case, to us, was valuable not only in saving life, but in demonstrating the value of our law of cure. We knew little or nothing of the remedy before—nothing clinically—but the proving had given us the key.

Grand Rapids.

G. N. BRIGHAM, M. D.

RHEUMATISM—LAC CANINUM.

CLARENCE WILLARD BUTLER, MONTCLAIR, N. J.

At 10 A. M., December 12th, 1880, I was called to see Mrs. J., a large, plethoric woman, fifty years of age, and of irregularly intemperate habits, a periodical tippler. She and her husband,

“Two souls with but a single thought,
Two hearts that beat as one,”

got drunk together on the 10th of the month, and while sleeping off her intoxication that night the weather changed suddenly colder, and the fire, neglected, went entirely out. She awoke toward morning thoroughly chilled, and the next day suffered with fever and “pains in all her bones.” She was in bed, on occasion of my visit, with the joints of her left hand, her left ankle, and left knee extremely painful, swollen moderately, and slightly red. The day before, in addition to the bone pains already mentioned, she had less severe but similar swellings and sufferings in the right ankle and right knee. The pain was sharp and darting and aggravated by any motion. She had many pains coming and going, and appearing now here and now there. Temperature, $102\frac{4}{5}$. Pulse, rapid and quick—count not recorded. Thirst. R. Pulsatilla²⁰⁰ every hour, a dose of an aqueous solution.

December 13th, at 10 A. M., the left ankle and knee relieved, but

the right shoulder and elbow similarly affected though in slighter degree. The other joints unchanged in appearance. Pulse still rapid and quick. Temperature, 103. Thirst. No appetite. Tongue relaxed, flabby, with whitish coating. Bowels constipated. Had perspired considerably through the night, the perspiration having a "rank" smell. R. Lac Caninum^{em}. (Swan), one dose dry on the tongue. Sac. Lac.

December 14th, at 11 A. M., she was much improved in every respect. Temperature, 100 $\frac{2}{3}$. R. Sac. Lac.

December 15th, at 3 P. M., I found her sitting up, all the pain and swelling gone, and, in fact, no appearance or sensation of rheumatism. She was weak and tremulous, but otherwise well. No medicine. Discharged.

January 15th, 1881, she reported no return of the rheumatism or further illness of any kind.

BOOK NOTICES, REVIEWS, ETC.

TRANSACTIONS OF THE MINNESOTA STATE HOMŒOPATHIC INSTITUTE. Years, 1867-1882. Drs. A. A. Camp, Wm. E. Leonard, and C. W. Cray, Publishing Committee. Minneapolis, 1882.

Through the courtesy of Dr. Camp we have a copy of the Transactions of this Institute. This is the first endeavor of a young society to collect its papers in book-form, and as such is very creditable.

Some of the papers are very interesting and instructive. We wish the institute a successful future.

A HAND-BOOK OF HOMŒOPATHIC PRACTICE. By George M. Ockford, M. D. Pp. 435. Price, \$3.00. Chicago: Duncan Brothers. 1882.

"The main object of this * * * Hand-Book is to present in a concise form practical descriptions of the principal diseases and their treatment."—*Preface*.

Dr. Ockford has given in this little hand-book as good a *condensation of treatment* as any one can give. But we cannot prescribe *successfully* on such condensations. The remarks (p. 297) on local treatment of diphtheria are bad. Such treatment does harm. *Vide*, allopathy.

Any one wishing such a book will find this a good one. And it is a great improvement on the usual printing of Duncan Bros.

HELPS TO HEAR. By James A. Campbell, M. D., Professor of Ophthalmology and Otology in the Homœopathic Medical College, of Missouri, etc., etc., with illustrations. Pp. 108. Price, 75 cts. Chicago: Duncan Brothers. 1882.

The object of this little work "is to offer to the profession and the general public a brief, practical review of the subject which is discussed," and the author has succeeded in so doing. Too little attention has been given this subject by the general practitioner, and in these 108 pages he will find much that will be of service to him and his deaf patients. The most important aids to hearing are well illustrated by cut and letter-press. We advise all to invest the small amount that is asked for it, with the assurance that they will find the money well spent.

G. H. C.

INDEX OF SYMPTOMS

OF THE

RESPIRATORY ORGANS.

Part First—COUGH.

- ABDOMEN**, aching in left iliac region, when walking, coughing, or raising arm; nearly takes breath away; afterwards moves low down into abdomen: Eupion.
- aching in left rib region, on coughing and deep breathing: Val. g.
- See Bladder.
- bruised sensation in, on coughing: Ars.,¹ Carb. an., Ferr.,¹ Hyos., Nux v., Plumb., Puls., Stann.²—10.
- bruised sensation in, on coughing and touching it: Ferr.¹
- bruised sensation below ribs transversely, on coughing and on pressure, agg. by rising: Plumb.
- burning sensation in, with cough: Ars., Mez., Verat.—2.
- bursting sensation in, when coughing or breathing: Anac.
- concussion of chest and, while coughing: Rhus,¹⁰ Sulph.⁶
- concussive pain in, when coughing: Kali c.⁶
- constriction of muscles of, during coughing: Lach.
- contraction of, on coughing: Chelid., Squil.
- contraction of, agg. cough: Dros.⁵
- ABDOMEN**, cramp in, when coughing: Plumb.,²⁰ Tarent.
- cutting pain in, with hollow cough in long shocks: VERAT.
- deep hollow cough, always in three or four shocks, which seem to come from the, evening: VERAT.
- diarrhœa, sensation in abd. as from, on coughing: Ferr.
- drawing in of, with whooping cough, cough so frequent can scarcely breathe; wakes at 7 A. M.: Dros.⁷
- dry cough, as if proceeding from stomach or abd., or from constipation, or as if something remained in stomach that would not pass off: SEPIA.
- Epigastric region, bruised pain in, from cough: Nux v.,⁶ STANN.¹
- — contractive pain in, causes cough to continue (even after sitting up): Ars.⁷
- — emptiness in, sensation of, with cough: Ign., Mur. ac., Stann.²
- — irritation to cough, felt in: Bar., Bry., Cham., Hepar, Lach., Natr. m., Nitr. ac., Ph. ac.—2.
- — comes from, cough seems to: Raph.

ABDOMEN, Epigastric region,

- **oppression** in, excites cough: Kali b.²
- — **pain** in, from cough: Ambr., Dros., Nux v.—5.
- — **small spot** in, painful to touch, violent cough appears to come from: Kali b.⁶
- — **soreness** in, from cough: Nux v.⁵
- — **stitches** in, from cough: Phos.,⁷ Sep.⁵
- — **tender spot** in, seems to cause cough: Kali b.⁶
- **gripping** in, and heaving as if he would vomit, from the cough, when expectoration was incomplete or difficult: Dros.⁶
- **gripping** in, when coughing: Tarant.
- **Hypochondriac region, aching** in right, at night, during cough: Sulph.
- — **bruised** feeling in, and upper abdomen, on coughing: Nux v.¹⁰
- — **bruised** feeling in, from cough: Bry.,⁵ Carbo v., Lach.—2.
- — **contractive** pain in, with cough, arresting the breathing; the cough is prevented by the pain, unless he presses with his hand on the pit of the stomach: Dros.⁶
- — **constriction** in, during cough: Dros.
- — **cramps** in, with cough: Zinc.²
- — **gripping** in right, when coughing: Lye.
- — **oppression** in, with cough: Nux v.⁵
- — **pain** in, from cough: Ambr.,⁵ Dros., Nitr. ac., Nux v.,⁵ Oena. (r.)—1.
- — **pain** in (as if forcibly constricted), when coughing: Dros.⁶
- — **pain** in, as if ulcerated, when coughing: Lach.,⁶ Puls.¹⁰

ABDOMEN, Hypochondriac

- region, pressure** in, with cough: Acon.,² Ambr.,² Cocc., Spong., Valer—5.
- — **stitches** in, when coughing: Acon., Am. m., Ars., Bry., Lye.,² Nitr. ac.,² Phos., Sabad., Samb.,² Sulph., Sulph. ac.²—5.
- — **stitches** in left, when coughing: Bell., Carbo v., Con., Sulph., Zinc.—2.
- — **stitches** in right, when coughing: Bry., Carbo veg., Kali c., Merc., Natr. m., Sep.—2.
- — **stitches** in right, evening, when coughing: Sepia.
- — **support** it, must, with hands when coughing: Dros.⁷
- — **tearing** pain in left, when coughing: Ambr.²
- — **tension** in left, during cough: Hell.⁷
- — **tension** in left, causing hacking cough: Thuja.
- — **weariness** felt in, with cough: Puls.
- **Hypogastric region, bruised** feeling in, from cough: Ars., Nux v., Puls.—5.
- — **contraction** of, with cough: Dros., Squil.—5.
- — **cutting** in, from cough: Verat.⁵
- — **lancinations** in, preceding cough, as if womb would be torn off: Bell.⁶
- — **painful**, when coughing: Dros., Lye., Nux v., Phos., Ph. ac., Sil., Squil., Verat.—5.
- — **shocks** in, when coughing: Natr. m., Squil.—5.
- — **stitches** in, with cough: Ars., Sep., Verat.—5.
- **irritation** to cough is felt in: Ambra, Ant. cr., Kali b.,¹⁰ Sepia,⁵ Thuja,¹¹ Verat.—2.

- ABDOMEN, lower, bruised** sensation, on coughing: *Ars.*¹⁰
- **lower, concussive** pain in, on coughing: *Carbo an.*¹⁰
 - **lower, contraction** in, and sensation as if he would vomit, on coughing, in evening: *Dros.*
 - **lower, pain** in, from coughing: *Sil.*
 - **lower, soreness**, as from coughing: *Carb. veg.*
 - **muscles of, bruised** sensation in, on coughing: *Hyos.*¹⁰
 - **muscles of, constriction** in, on coughing: *Lach.*
 - **muscles of, contraction** in, on coughing: *Squil.*
 - **muscles of, pain** in, on coughing: *Hyos., Nux v., Squil., Sulph.*
 - **oppression** in, when coughing: *Aur.*
 - **pain** (undefined) in, from coughing: *Alum., Ambra, Anac., Ars.,*¹² *Asc. t., Aur.,*¹¹ *BELL.,*¹² *Canth., Calc., Colch.,*²⁰ *Coloc.,*²⁰ *Con., Dros., Ferr., Ipec., Kreos.,*¹¹ *Lact.,*⁶ *Lyc., Nitrum, Nux v., Phos., Ph. ac., Puls.,*¹¹ *Rhus, Sep., Sil., Squil., Stann., Sulph.,*¹² *Verat.*—5.
 - **pain** in, and chest, with coughing, in open air: *Phos.*⁶
 - **pain** in, and intolerance to touch, with coughing: *Cham.*²
 - **pain, shooting** in, with cough: *Bell., Chin., Lach., Sep., Staph.*—12.
 - **protrude, dry, violent** cough, morning on rising, shaking, as if contents would (must support it with hands⁷): *Carb. an.*⁶
 - **protrude, pain** in side, as if intestines would, on coughing: *Squil.*⁶
 - **racked**, and chest and occiput, by short turns of dry cough: *Lact.*⁶
 - **racking pain** in, with dry throat from violent dry cough: *Squil.*⁶
- ABDOMEN, cough seeming** to come from: *Sepia.*⁶
- **cough seeming** to come from, in morning: *Ant. cr.*
 - **shaking** of, from cough: *Kreos.*²
 - **shaking** of, as if everything would fall out, must hold abd. and sit, from severe, dry cough, in morning on rising: *Carb. an.*
 - **shocks** in, while coughing: *Puls.*⁶
 - **shooting** in, from coughing: *Bell., Chin., Lach., Sep., Staph.*—12.
 - **sides of, pain** in, when coughing: *Con., Lycop., Squil.*
 - — — **pain** in, agg. when coughing: *Bor. (r).*
 - **side of, pain** in, as from internal wound, when coughing, blowing nose, or putting foot down; amel. by emission of flatus: *Arn. (r.)*
 - **side of, stitches** in, during day, from dry cough: *Sulph.*
 - — — **stitches**, acute drawing, in, agg. by coughing, hiccupping, sneezing or yawning: *Bor. (r.)*
 - — — **stitches** in, agg. by coughing: *Carb. an. (r.), Stann. (r.)*
 - — — **stitches** in, on coughing: *Arn., Ars.,*¹ *Bell. (1.), Sep.,*¹ *Sulph. (1.)*—5.
 - — — **stitches** in left, to small of back, when coughing: *Sulph.*
 - **soreness** in, from coughing: *Bell.,*² *Carb. an.,*² *Con.,*² *Crot. tig., Ferr., Hyos.,*¹² *Nux v., Puls.*¹⁰—5.
 - **soreness** in, agg. by coughing: *Sulph.*
 - **soreness** in, on coughing or laughing: *Ars.*⁶
 - **soreness** in lower, as from coughing: *Carb. veg.*
 - **stitches** in, extending, through abdominal ring, and along spermatic cord, when coughing: *Verat.*
- See Stomach also.

ABDOMEN, umbilicus, colic as if, would be torn out, with continual cough; heat in face and sweat on forehead; after walking in open air and when lying, morning and evening: *Ipec.*⁶

— **umbilicus, stitches** from, to genitals, when coughing: *Sep.*

— **warm**, on becoming, in, amel. cough: *Sil.*⁵

ABDOMINAL RING, aching pain in, when coughing: *Nat. mur.*

pain in, from coughing: *Arn.*⁵ *Cocc.*, *Natr. mur.*, *Nux v.*, *Sil.*, *Sulph.*, *Verat.*—11.

— **walls**, soreness in, and pain in stomach on coughing: *Nux v.*⁷

ACHING, see the various anatomical parts.

ACID, cough from nitric: *Mez.*¹²

— vomiting, on coughing: *Natr. carb.*, *Phos.*

ACIDS, cough agg. by: *Ant. cr.*, *Brom.*, *Con.*, *Lach.*, *Natr. mur.*, *Nux v.*, *Sep.*, *Sil.*, *Sulph.*—5.

AFTERNOON, cough in: *Agar.*, *Alum.*, *Amm. c.*, *Amm. m.*,¹¹ *Ant. t.*, *Arn.*, *Ars.*, *Asaf.*, *Bad.*,¹² *Bell.*,¹¹ *Bry.*, *Caps.*, *Cepa.*,¹² *Chin.*, *Coc. c.*, *Gamb.*,¹ *Kali c.*, *Laur.*, *Lim.*,¹ *Lyc.*, *Mag. c.*, *Mez.*, *Mosch.*, *Mur. ac.*, *Nat. c.*, *Nux v.*, *Phos.*, *Stann.*, *Staph.*, *Sulph.*, *Thuja.*¹² *Zinc.*—5.

— 1 to 2 P. M.: *Ars.*⁵

— 3 P. M.: *Coc. c.*⁵

— 4 to 8 P. M.: *Lyc.*

— **cough** in, after bath: *Calc. s.*

— — — agg.: *Bell.*, *Rei.*

— — — from irritation in larynx: *Phos.*

— — — while sitting quietly: *Coca.*

— — — during siesta, from itching in upper part of larynx: *Arn.*

— — — touching neck. *Fago.*

— — — from scraping in throat in open air: *Phos.*

AFTERNOON cough in, from tickling in throat: *Bov.*, *Mag. c.*

— — — in warm room; amel. in open air: *Sulph.*

— **deep** cough and evening, from tickling below tonsils: *Amm. br.*

— **dry cough** in: *Kali b.*, *Mez.*, *Phill.*, *Sulph.*, *Thuja.*

— — — agg. on entering warm room: *Anth. n.*, *Natr. c.*

— — — from tickling at back of larynx: *Anth. n.*

— — — — dryness of throat: *SANG.*

— — — on walking: *Thuja.*

— **hacking cough** in: *Kali c.*

— — — from dryness of throat: *SANG.*

— **inclination** to cough in: *Baptisia.*

— — — — agg. in: *Sulph.*

— — — — agg. at 7.30 P. M., on speaking: *Cimic.*

— **paroxysmal** cough, agg. on entering warm room: *Anth. n.*

— — — tickling at back of larynx: *Anth. n.*

— **short** cough: *Chin. s.*

— — — agg. in: *Anac.*

AGITATED when, coughing from stitches in throat: *Cist.*

AGED, cough of the: *Con.*, *Hyos.*

AIR, close, or dust, agg. dry cough at night: *Natr. ars.*

— **close**, agg. hacking cough: *Natr. ars.*

— **cold**, excites or agg. cough: *Acon.*, *Ars.*, *Aur.*, *Bar.*, *Bry.*, *Bov.*,¹⁰ *Carb. an.*, *Carb. veg.*, *Caust.*, *Cepa*, *Cham.*, *Cina.*, *Cist.*, *Cupr.*, *Hepar*, *Hyos.*, *Ipec.*, *Kali c.*, *Kali hydrg.*,¹⁰ *Lach.*, *Mez.*, *Nux m.*, *Nux v.*, *Phos.*, *Phos. ac.*, *Rhus*, *Rumex*, *Samb.*, *Sep.*, *Sil.*, *Spong.*, *Stram.*, *Sulph.*—2.

— **cold**, amel. cough: *Coc. c.*

AIR, icy cold, seems to stream through air-passages on deep inspiration, with desire to cough: *Coral. r.*

- **cold**, persistent coughing after walking in, also when lying down, excited by deep inspiration, accompanied by colic, as if umbilicus would be torn out, heat in face, and sweat on forehead: *Ipec.*⁶
- **damp cold**, agg. cough: *Ant. t., Calc., Carb. an., Carb. veg., Chin., Dulc., Lach., Mag. c., Mosch., Mur. ac., Nitr. ac., Sulph., Sul. ac., Verat., Zinc.*—2.
- **draught of**, agg. cough: *Acon., Caust., Chin.*—2.
- **dry cold**, agg. cough: *Acon., Cham.,² Samb.,² Brom. Phosph., Hepar, Nux m., Spong.*—10.
- **entering cold**, agg. cough: *Carb. veg., Phos.*
- **gasping for**, before each paroxysm of cough: *Ant. t., Bry., Coc. c., Coral. r.*
- **inspiring cold**, agg. cough: *Cepa, Cist., Cupr., Rumex,² Staph.,² Vit.*—5.
- **inspiring cold**, causes hacking cough: *CEPA,¹ Phosph.*¹⁰
See also Inspiration and Expiration.
- **walking in cold**, agg. cough: *Ars., Ipec., Phosph.*¹⁰—I.
- **warm room**, going from, to cold air, or *vice versa*, causes coughing: *Sepia, Nux v.,¹⁰ Natr. c.*¹⁰
- **night**, agg. cough: *Merc.*
- **open**, excites or agg. cough: *Acon.,¹² Alum.,¹¹ Ars., Bar., Bry., Calc., Carb. veg., Cham., Cina, Cocc., Dig., Ferr.,¹² Ipec., Kali b., Lach.,¹¹ Lyc., Mosch., Nitr. ac., NITRUM, Nux v., Phos., Phos. ac.,¹² Rhus, Rumex, Seneg., Sil., Spig.,*

AIR, open. (*Continued.*)

- Staph., Stram.,¹² Sulph.,¹² Sul. ac.*
—5.
 - **open**, coughing in, with pain in abdomen and chest: *Phos.*⁶
 - — at night, causes cough: *Calc. p., Linu., Phos., Spig., Sulph., Sul. ac., Trif. p.*
 - — amel. cough: *Nux v.,⁵ Sulph.*¹ (afternoon).
 - — amel. dry cough: *Iod.*¹
 - — causes dry cough: *Spig.*
 - — entering, agg. cough: *Ipec., Bry., Rumex, Squil.*—12.
 - — agg. hacking cough: *Seneg., Sulph.*
 - — amel. hacking cough: *Lil. tig.*
 - — amel. rough cough: *Iod.*
 - — short cough from: *Spig.*
 - — agg. tickling cough: *Lach.*
 - — going into warm room from, excites cough: *Acon.,¹² Ant. cr.,⁷ Bov.,¹ Coc. c.,¹⁰ Natr. c.,¹⁰ Sep.,¹ Sulph.*¹ (afternoon), *Verat.*¹⁰
 - — on entering warm room from cold, feels sensation in trachea as if full of smoke, which excites cough; feels as if he could not inhale sufficient air: *Bry.*⁶
 - — going from warm room to, excites cough: *Acon.*
- AIR PASSAGES**, burning in, with cough: *Ant. cr., Carb. veg., Caust., Cina, Iod., Lach., Mag. m., Spong., Sulph., Zinc.*—11.
- — **catarrh of**, dry cough at night in bed, as if from: *Coca.*
 - — **crawling in**, at night, causes hacking cough: *Æth.*
 - — **crawling irritation** near suprasternal fossa, before midnight, causes cough, agg. by swallowing mucus: *Apis.*
 - — **dryness of**, causing cough: *Carb. an., Lach., Merc., Petrol., Puls.*—11.

AIR PASSAGES, dull cutting,

from below upwards in, which becomes a stitch and excites two or three fits of coughing: *Arg.*

— — **irritation** in, causing cough:

Ars., *Colch.*, *Kali b.*

— — **irritation** in, causing hacking cough at night: *Kali b.*

— — **irritation** in, to cough: *Chlo.*

— — **irritation** in, when coughing: *All. s.*

— — **irritation** in, evening, causes cough: *Sulph.*

— — **irritation** in, evening, in bed, causes cough: *Agnus*, *Amm. c.*, *Coff.*, *Kali c.*

— — **irritation** in, low down, causing coughing at night: *Cham.*

— — **tickling irritation** in, causing cough: *Ars.*, *Calc. ac.*,¹ *Hyos.*,¹ *Kali b.*, *Nux v.*, *Puls.*, *Staph.*, *Verat.*—10.

— — **tickling irritation** in, as if it would provoke cough, makes breath short, and is amel. by moderate exertion: *Rhus.*

— — **tickling irritation** in small spot: *Apis*, *Con.*—10.

— — **irritation** in, upper part, causing coughing: *Plan.*

— — **mucus** gets into, on stooping, or going up-stairs, which is expelled by a single cough: *Arg.*

— — **pain** in, agg. when coughing: *Camph.*

— — **raw**, pain as if, with cough: *Ambr.*, *Anac.*, *Ant. cr.*, *Arg.*, *Arn.*, *Calc.*, *Carb. veg.*, *Grat.*, *Kali c.*, *Kreos.*, *Laur.*, *Mag. c.*, *Mez.*, *Nux mos.*, *Petrol.*, *Phos.*, *Ruta*, *Sep.*, *Sil.*—11.

— — **rawness** of, causes cough: *Coc. c.*, *Stann.*

— — **rawness** of, causes coughing, 10 A. M., while lying: *Coc. c.*

— — **sore**, pain as if, with cough: *Alum.*, *Ambr.*, *Amm. c.*, *Arg.*,

AIR PASSAGES, (Continued).

Ars., *Baryt.*, *Bell.*, *Calc.*, *CARB. VEG.*, *Caust.*, *Chin.*, *Cina*, *Hep.*, *Lach.*, *Lycop.*, *Mag. m.*, *Merc.*, *Nat. c.*, *Nux mos.*, *Nux vom.*, *PHOS.*, *Sep.*, *Sil.*, *Spig.*, *Spong.*, *STANN.*, *SULPH.*—11.

— — **stitches** in, with cough: *Kali c.*, *Lach.*, *Phosp.*—10.

— — **stitches** in, extending upward, causing cough: *Arg.*

— — **tickling** in, causing cough:

ACON., *Amm. c.*, *Amm. m.*, *Angus.*, *Ant. t.*, *Arg. n.*, *Arn.*, *Asaf.*, *Bar.*, *Bell.*, *Bor.*, *Bov.*, *Brom.*, *Bry.*, *Caps.*, *Carb. an.*, *Carb. veg.*, *Caust.*, *CHAM.*, *Chin.*, *Cina*, *Coc. c.*,¹ *Colch.*, *Con.*, *Cupr.*, *Dig.*, *Ferr.*, *Graph.*, *Hepar*, *Ign.*, *IOD.*, *IPEC.*, *Kali b.*, *Kali c.*, *LACH.*, *Lact.*, *Laur.*, *Led.*, *Mag. c.*, *Mag. m.*, *Marum*, *Merc.*, *Mur.ac.*, *Natr. c.*, *NATR. M.*, *Nitrum*, *NUX VOM.*, *Olean.*, *Phos.*, *Prun.*, *Puls.*, *Rumex*,¹⁰ *Sabin.*, *Sant.*,¹ *Seneg.*, *SEP.*, *Sil.*, *Spong.*, *Stann.*, *STAPH.*, *Sulph.*, *Verat.*, *Zinc.*—11.

— — **tickling** in, at night, causing cough: *Rumex*,¹⁰ *Sant.*¹

— — **tickling irritation** in, causing cough: *Calc. ac.*, *Hyos.*

— — **tickling** low down in, causing cough: *Cina.*

— — **wall, posterior**, of, **tickling** low down in, causing cough, agg. by lying and sleeping, amel. by loosening mucus: *Apis.*

AIR, warm, agg. coughing: *Ant. cr.*, *Cocc. c.*,¹⁰ *Iod.*—12.

ALTERNATING with **coryza**, cough: *Colch.*

— with headache, cough: *Lach.*

ANGER, coughing from: *Acon.*, *Ant. t.*, *Ars.*, *Chan.*, *Chin.*, *Ign.*, *Nux v.*, *Sep.*, *Staph.*, *Verat.*—2.

— **before** coughing: *Asarum.*

— **from** the coughing: *Acon.*⁵

- ANGER**, with **fright**, cough from: Acon., Ign.—2.
See Vexation.
- ANGRY, when getting**, violent spell of coughing comes on: Ant. t., Arg. nit.,⁷ Arn., Asar., Cham.—8.
— coughing if child gets, vomits food and mucus: Ant. t.²
- ANGUISH**, accompanying coughing: Acon., Cina, Coff., Dig., Hepar, Iod., Rhus.—11.
- ANUS**, pain in, with coughing: Lach.⁶
— **spasmodic** constriction of, with violent dry cough: Acon.⁶
- ANXIOUS**, cough: Ars., Cina, Coff., Rhus.—5.
— cough before midnight, on waking: Rhus.
- ANXIUSNESS**, obstruction of breath, pale face and whimpering, cough ending with: Cina.
- ANXIETY**, with coughing: Acon., Cina, Coff., Dros., Eur. t., Hepar, Iod.,¹² Rhus, Samb., Spong., Stram.—5.
— **nocturnal**, with coughing: Acon.¹²
- APHONIA**, cough with: Amm. caust.,¹⁰ Phos.,¹² Spong.¹⁰
- APPETITE**, cough, with loss of: Podoph.
- APPREHENSION, discouragement** and, following short cough, caused by severe tickling and irritation behind upper sternum: RHUS.¹
- ARMS, becoming cold**, cough from: Ars., Calc., Ferr., Hepar,⁵ Kali c., Rhus,⁷ Sil.²—12.
— **moving**, agg. cough: Led., Lyc. (r.),¹² Natr. mur.⁵
— **putting out of bed**, or becoming cold, causes coughing: HEPAR, Rhus., Sil.
— **stretching out**, causes coughing: Lyc.⁵
See Limbs also.
- ARTERIES**, and also **heart**, violent beating of, from dry cough, before midnight: Calc.⁶
- ASCARIDES**, spasmodic coughing in persons troubled by: Mag. s.¹⁴
- ASCENDING, on**, agg. coughing: Arg. n.,⁷ Bar., Iod., Mag. c., Mag. m., Merc., Nitrum., Nux vom., Seneg., Sep., Spong., Squil., Stamm., Staph., Zinc.—5.
- ASLEEP, before getting**, coughing: Calc.,¹⁰ Merc.²
— **on falling**, at night, coughing: Lach.,¹⁰ Petrol.
See also Sleep.
- ASTHMA**, coughing with, in evening, in bed, each cough produced a stitch in scrobiculus: Amm. c.⁷
— increased, and following a bloody night cough: Ferr. ac.⁶
- ASTHMATIC** affections (dyspnoea, obstructed respiration, etc.), with cough: Acon.,¹² Alum., Amm. c., Amm. m.,¹² Anac., ANT. T., Aralia,¹⁰ Arn., ARS., Aspar., Bell., Brom., Calad., Calc., Carb. v.,² Caust.,¹² Chin.,² Cina, Coc. c.,¹⁰ Con., Coral,¹⁰ CUPR., Dig.,² Dolich.,¹² DROS.,² Euphr., Ferr., Hepar,¹¹ Ign.,² IPEC., Kali b.,⁶ Kali c.,² Kreos., Lach., Lact.¹⁰ Laur.,² Led.,¹² Lyc., Merc., Mez., Mur. ac., Natr. m.,² Natr. s., Nitr. ac., Nice.,¹² Nux m., NUX v., Op., Phell., Phos., Samb.,¹¹ Sep.,² Sil.,² Spig., Squil., Stamm., Sulph.,² Sul. ac.,² Zinc.,² Zing.¹⁰—16.
See also Choking, Suffocative Coughs.
— cough: Acon., Amm. c., Ars., Asaf.,² Bar., Bell., Carb. v., Cham.,² Euph., Hepar, Iod., Ipec., Laur., Kali c., Lob., Lyc., Mosch., Nux v., Petro., Phos., Sabad.,² Samb., Sep., Stram., Sulph., Sul. ac.²—5.
- ATMOSPHERE, from change** of, coughing: Erio., Rumex.

ATMOSPHERE, stormy, agg.

coughing: Phos., Rhod.,¹⁰ Sil.—5.

ATTACKS. See Paroxysms,

AUTUMNAL cough: Verat.¹²

AWAKING, coughing on: Acon., Ambra., *Aralia*,¹⁰ Bell., Caust., China, Cina, Dig., Euphr., Ign., Kali. b.,¹⁰ Kreos., Lac. can.,¹⁰ Lach., Nux vom., Phos. ac., Rhus, Squil., Stram., Sul. ac.—2.

See also Waking.

BACK, aching in, on coughing:

Am. c.,¹⁰ Merc., Narz.,¹ Nitr.,¹ Puls.¹⁰

- **chest** pains compel him to lie on, with violent coughing: *Acon.*
- **click down**, during coughing: *Apis.*
- **cramp-like stitch**, to hypochondria, lying or coughing, agg. by standing or sitting: *Cinch.*
- **and limbs** stiff, with hard, tickling cough; worse evenings till midnight, on lying: *Rhus.*⁷
- **lower**, pressure in, to testicles, on coughing: *Osm.*
- **lower** stitches in, on coughing: *Caps.*,¹⁰ *Nitr. ac.*,¹ *Sep.*,¹⁰ *Sulph.*⁶
- **lumbar region**, aching in, during coughing: *Arund.*, *Merc.*
- **lumbar region**, aching in, agg. by cough: *Nitr.*
- **lumbar region**, pain as if hernia would protrude, dares not cough or inhale: *Sul. ac.*⁶
- **lumbo-sacral** region, pain in, agg. by coughing and bending: *Phos.*
- **lumbar region**, stitches in, chest, hip and uterus; pain in the sternum, with tightness of chest and rattling of mucus in chest, with cough: *Bell.*¹⁰
- **lungs**, sensation as if, touched the, when coughing: *Sulph.*⁶
- **lying on**, agg. cough: *Amm. m.*,

BACK, lying on, (*Continued*).

Iod.,¹⁰ *Nux v.*, *Phos.*, *Plumb.*,⁷ *Rhod.*,¹⁰ *Rhus.*,¹⁰ *Sil.*—5.

- **lying on**, agg. dry cough: *Phos.*
- **lying on**, irritation to cough: *Natr. m.*¹
- **lying on**, midnight, dry cough from: *Nux v.*
- **lying on**, dry cough, going off when turning on side: *Nux v.*⁶
- **lying on**, relieves cough: *Mang.*
- — — partially relieves dry cough, with nervous excitability: *Acon.*⁷
- **lying on**, pain in, or right side, agg. irritable cough: *Phos.*
- **midsternum** through to, cough, with pain from: *Kali b.*, *Rumex.*¹⁰
- **pain in**, from coughing: *Kreos.*,⁵ *Nitrum.*¹⁰
- **pain in**, and chest, cough sounds as if whole inside of chest were dry, with a: *Merc.*⁶
- **pain in** chest, compelling him to lie on, with violent cough: *Acon.*
- **pain** from midsternum through to, with cough (and raising of tough black mucus⁶): *Kali b.*¹
- **painful jerks** in, and in ossa ischii, on sneezing or coughing: *Nux v.*⁶
- **pain** in small of back, with cough: *Amm. c.*, *Kali b.*, *Merc.*, *Nitr. ac.*, *Sulph.*—11.
- **pressure**, violent, from midsternum to, with sensation as of a stone pressing downwards in pleural cavities, causing painful cough: *Coral.*⁶
- **shootings** in, with cough: *Merc.*, *Puls.*,¹¹ *Sep.*¹⁶
- **shoulders**, pain between, during coughing: *Stram.*
- **small of**, pain in, with cough: *Am. c.*, *Kali b.*, *Merc.*, *Nitr. ac.*, *Sulph.*—11.

BACK, small of, stitches in, on coughing: *Acon.*, *Amm. c.*, *Arn.*, *Bell.*, *Bry.*, *Caps.*,¹⁰ *Nitr. ac.*, *Sep.*,¹⁰ *Sulph.*,⁶—5.

— **small of, stitching** pain, over left hip extending to, when coughing: *Sulph.*,⁶

— **stiff**, from coughing: *Caps.*,⁵ *Rhus.*,⁷

— **stitches** in, from coughing: *Acon.*, *Bry.*, *Caps.*, *Chin.*, *Kali b.*, *Merc.*, *Nitr. ac.*, *Puls.*, *Sep.*—5.

— **stitch** in anterior and upper part of chest, extending through to only on sneezing and coughing, not in breathing: *MERC. s.*¹

— **stitches** in small of, from coughing: *Acon.*, *Amm. c.*, *Arn.*, *Bell.*, *Bry.*, *Nitr. ac.*—5.

— **tickling under sternum**, extending to back, causes irritation to: *Angust.*

BARKING, cough: *Acon.*,¹² *All. c.*,¹⁰ *BELL.*, *Brom.*, *Cimex*,¹⁶ *Clem.*, *Coc. c.*, *Coral.*, *Cub.*, *Dros.*, *Hal.*,¹ *HEPAR*, *Hipp.*, *Lact.*,¹¹ *Nitr. ac.*, *Phos.*,¹¹ *Rumex*, *SPONG.*, *Stann.*, *STREAM.*, *Sulph.*—5.

— cough day and night: *Spong.*,¹⁶

— cough, amel. drinking cold water: *Coc. c.*

— cough, in evening: *Nitr. ac.*

— cough, in morning: *Thuja.*

BATH, after, cough, agg.: *Ant. cr.*, *Calc.*, *Nitr. ac.*, *Rhus.*—2.

— **after**, in morning or afternoon, agg. cough: *Calc. sul.*

BED, compelled by the cough to spring up immediately and involuntarily: *Bry.*

— **getting warm** in. See *Warm*, becoming.

— **after going** to, coughing: *Agn.*, *Amm. c.*, *Natr. m.*, *Nitrum*, *Sil.*¹—10.

— **before** and after going to, also at night, a violent cough inducing

BED, before (*Continued*).

vomiting, or a suffocative cough: *Indig.*,⁶

— **before going** to, at night, paroxysmal cough: *Coc. c.*

— **on going** to, at midnight, not during day, loose cough: *Sep.*

— **on going** to, cough from mucus in throat: *Iodf.*

— **in**, convulsive cough, morning: *Ferr.*

— **in**, evening, cough: *Agn.*, *Amm. c.*, *Coff.*, *Kali c.*

— **in**, evening, cough with sensation in abdomen as if he would vomit and contraction in lower abdomen: *Dros.*

— **in**, evening dry cough: *Alumn.*, *Bals.*, *Calc.*, *Caps.*, *Coca*, *Ferr.*, *Mag. s.*, *Puls.*,¹⁰—1.

— **in**, dry cough, at night: *Arg. n.*, *Sulph.*

— **in**, evening, agg. dry cough: *SULPH.*

— — — dry cough, during which he falls asleep: *Mag. s.*¹⁰

— **in**, evening, asthma with cough; each cough produced a stitch in the scrobiculus: *Amm. c.*⁷

— **in**, evening, exhausting cough: *Still.*

— **in**, evening, hacking cough: *Bry.*, *Lact.*, *Nitr. ac.*, *Rhus*, *SEP.*, *Sulph.*

— **in**, evening, short cough: *Lyc.*, *Sep.*

— **in**, night, short cough: *Arg. n.*

— **in**, evening, agg. tickling cough: *Lyc.*

— **in**, hollow cough, morning: *Phos.*

— **lying in**, excites, or agg. cough: *Anac.*, *Ant. t.*, *Aralia*,¹⁰ *Ars.*, *Bry.*, *Cact.*, *Cham.*, *Coc. c.*,² *Dolich.*, *Dros.*, *Euphr.*, *Ferr.*, *Hep.*, *Ignat.*, *Indig.*, *Iodf.*, *Kreos.*, *Lach.*,¹⁰ *Lachnan.*, *Mag. c.*, *Mag. m.*, *Meph.*,² *Natr. m.*, *Nux v.*, *Puls.*,

BED, lying in, (Continued).

Rhus, Samb., Sep., Staph., Squil., Verb., Vit.—5.

- **lying in**, frequent hacking cough, evening when, with bitter taste in throat till he falls asleep, and in morning a similar cough and taste, lasting till he rises from bed: *Rhus*.¹
- **lying in**, evening and on getting warm in, coughing: *Puls*.⁷
- **lying in**, morning, early, violent cough with mucous expectoration: *Bry*.⁶
- **lying in**, morning, hollow cough: *Phos*.
- See also Lying down.
- **midnight**, on going to, a cough: *Sep*.
- **morning**, in, a convulsive cough: *Ferr*.
- **morning**, in, a hollow cough: *Phos*.
- **night in**, cough: *Amm. m.*, *Arg. n.*, *Psor*.
- **night**, in, dry cough: *Arg. n. Sulph*.
- **night**, in, short cough: *Arg. n.*
- **rises from**, frequent hacking cough, evening when in bed, with bitter taste in throat till he falls asleep, and in the morning similar cough and taste, lasting till he: *Rhus*.¹
- **after rising from**, cough: *Bar.*, *Carb. an.*, *Ign.*, *Natr. s.*, *Phos.*, *Sep.*, *Snl. ac.*, *Thuja*.—5.
- **before rising from**: *Nux v.*⁵
- **on rising from**, cough: *Bry.*, *Carb.*, *Cocc.*, *Con.*, *Lach.*, *Natr. s.*, *Phos.*, *Sep.*, *Tarent.*, *Thuja*.—5.
- **on rising from**, in morning, coughs up blood: *Ferr*.
- **sit up in**, must, and hold head with both hands on account of violent cough: *Nicc*.¹⁴

BED, sit up in, great oppression of chest, so that during cough and in order to expectorate, patient must; when she experiences great pain with constrictive sensation under the sternum: *Phos*.¹

- **sitting up in**, while, dry cough whenever he awakes from sleep, disappearing while, and returning as soon as lying down: *Puls*.¹⁰
- **sitting up in**, evening, after rattling in chest: *Con*.
- **turning in**, excites or agg. cough: *Ars.*, *Kreos*.⁵
- **warm**, on becoming, in, excites or agg. cough: *Ant. t.*, *Brom.*, *CAUST.*, *Cham.*, *Dros.*,¹² *Led.*, *Merc.*, *Natr. mur.*, *Nux mos.*, *Nux vom.*, *Puls.*, *Verat*.—5.
- **warm** on becoming, in, amel. cough: *Cham*.²
- **warm**, on becoming, cough from, or after recovering natural warmth from a colder state: *Caust*.¹⁴
- **warm**, on becoming, in, evening, cough with profuse tough expectoration: *Nux mos*.²

BEER, drinking, agg. cough: *Mez.*, *Rhus*, *Spong*.

-- excited cough, relieved by warm drinks: *Nux v.* (*E. W. B.*)¹⁷

BENDING backwards, agg. cough: *Cupr*.²

— **forwards**, agg. cough: *Dig*.²

— See Stooping.

BITING cough, worse in evening: *Verat*.

BLADDER, pain in, from cough: *Caps*.¹²

- **pressure on**, and spirting of urine from cough (*Colch.*, *Kreos*.¹⁰); pain in abdomen, cough with stitches in sides of chest, sensation of internal heat, and headache and dyspnoea: *Squil*.¹⁰

- BLADDER**, pressure on, with cough, and feeling as if urine could not escape, with pain in abdomen: *Ipec.*⁶
- stitches in neck of, on coughing: *Caps.*⁵
- BLOOD**, determination of, to chest, excites cough: *Aloe.*
- cough, rush of, to chest, excites cough 11 A. M.: *Raph.*
 - taste of, on waking, with tickling cough: *Ham.*⁷
 - cough with taste of: *Bell.*⁶ *Rhus.*¹⁴
 - See also under Expectoration.
- BODY**, shaking or shattering of the whole, by the cough: *Anac.*, *Ant. c.*, *Bell.*, *Hyos.*, *Ipec.*, *Led.*, *Olean.*⁵ *Nitr. ac.*, *Puls.*, *Rhus*, *Seneg.*, *Stann.*—12.
- bending back, excites cough: *Cupr.*²
 - bending forward, excites cough: *Dig.*²
 - moving, cough from: see under Movement.
 - rigidity of the, and unconsciousness, preceding the cough: *Cina.*¹⁰
 - stiff, before coughing the child raises herself suddenly, looks wildly about, the whole body becomes stiff, she loses consciousness, just as if she would have an epileptic spasm, then follows the cough: *Cina.*
- BRANDY**, agg. cough: *Ferr.*⁶
- BREAD**, eating, agg. cough: *Kali c.*²
- eating black, agg. cough: *Phos. ac.*
 - eating, or cakes, cause paroxysmal cough: *Nitrum.*
- BREAKFAST**, cough amel. after: *Kali c.*
- cough before: *Murex*, *Seneg.*
- BREAST**, pain under left, from severe, dry cough, worse in morning: *Mosch.*
- BREATH**, arrested, feels as if it would be, from sensation of obstruction about heart; attacks frequent, occur at night during, and excite dry cough, which is relieved by expectoration: *Guaj.*⁶
- See also Asthmatic Affections with cough.
 - deficient (short), with cough: *Ars.*, *Ferr.*, *Ipec.*, *Op.*—5.
 - difficult, after cough: *Ars.*, *Phos.*⁷
 - difficult, after desire to cough: *Mosch.*⁵
 - every, causes desire to cough: *Ipec.*⁵
 - gasping for, before attack of cough: *Ant. t.*,⁷ *Brom.*,⁵ *Bry.*,⁶ *Coc. c.*
 - See also short before cough.
 - gasping for, immediately before the cough, quick spasmodic inspirations as if child could not draw a full breath: *Bry.*⁶
 - holding, excites cough: *Nitrum*,⁵ *Prun. sp.*¹
 - interrupted (short, stoppage of, etc.), with cough: *Acon.*, *Alum.*,¹¹ *Amm. c.*, *Anac.*,¹¹ *ANT. T.*, *Arg. n.*,¹¹ *Arn.*, *ARS.*, *Baryt.*, *Bell.*, *Brom.*, *Bry.*, *Calad.*,¹¹ *Calc.*, *Carb. an.*, *Carb. v.*,¹¹ *Caust.*,¹¹ *CINA.*, *Cocc.*, *Clem.*, *Con.*, *CUPR.*, *Dolich.*,¹¹ *DROS.*, *Euphr.*, *Hepar*,¹¹ *Iod.*,⁶ *IPEC.*, *Kali b.*, *Kali chl.*,⁶ *Kreos.*,¹¹ *Lach.*,¹¹ *Led.*,¹¹ *Lyc.*, *Merc.*, *Mosch.*, *Natr. m.*, *Natr. s.*,¹² *Nicc.*,¹² *Nitrum*, *Nux m.*, *NUX v.*,¹¹ *Op.*, *Phell.*,¹² *Phos.*, *Puls.*,¹² *Rhus.*,⁶ *Sep.*,¹ *Sil.*, *Spig.*, *Squil.*,⁶ *Spong.*, *Verat.*,¹² *Zinc.*,¹² *Zing.*¹⁰—5.
 - interrupted, with desire to cough, blue face, then falls into deep sleep with cold sweat: *Opium.*⁵

- BREATH, offensive**, stinking, with cough: Ambra, Arn., CAPS., Dros., Graph., Mag. s., Mez., Plumb., *Sang.*¹⁶ Sep., Stann., Sulph.⁶—12.
- **short**, before cough: Ant. t.,⁷ Ars.,⁶ Caust.,¹ Coc. c., Coral., Bry., Led., Lyc.—5.
- **short**, before cough, afterwards dizziness: Led.⁷
- **short**, can scarcely breathe for coughing: Euphr., Sep.
- **short**, from painful, anxious, short cough, that wakes her before midnight: *Rhus.*¹
- **short**, from rapid turns of coughing: Dros.⁶
- **short**, from single coughs of ringing sound, which follow each so quickly, worse after midnight: *Dros.*¹⁷
- **short**, from titillating cough, worse at night: Zinc.⁶
- **suffocative**, arrest of, and opisthotonus, previous to cough: Led.¹⁰
- **taking** deep, causes puffing cough: Naja.
- **want** of, causes cough: *Aur.*¹ Coloc.,¹ Euphr., Guaj., Hepar.—12.
- **want** of, and jerking of limbs with dry spasmodic cough: Cina.⁶
- **want** of, sensation as of, with dull, dry cough: Ferr. acet.⁶
- BREATHING, arrest** of, from continued dry hacking cough, with vomiting with pain from left side of abdomen to hypochondrium and pit of stomach: ALUM.⁶
- **agg.** or excites cough: Am. c., Asar., Bell., Coloc., Dulc., Graph., Hepar, Ipec., Mag. m., Natr. m., Nitrum Sulph.—5.
- **agg.** by sensation of heaviness of chest, previous to cough. Iod.⁶
- BREATHING, deeply**, **agg.** or excites cough: Acon., Am. c., Arn., Bell., Bism., Brom., Bry., Carb. an., Chin., Cina, Con., Cupr., Dulc., Euphr., Graph., Hepar, Ipec., Kali c., Lyc., Mag. m., Meny., Mez., Mur. ac., Natr. m., Nitr. ac., Seneg., Sep., Sil., Squil., Stram.—5.
- **deficient**, being, **agg.** cough: Amm. c., Cocc., Dros., Euphr., Hepar, Ign., Ipec., Nux v., Spig.—5.
- **short**, **agg.** cough: Lyc.⁵
- **short**, cough early in morning, with difficult expectoration and: *Alum.*¹⁷
- BRIGHT objects**, looking at, excites cough: Stram.⁷
- BRONCHIA**, heat and soreness, cough: Eupat. perf.²
- BRONCHI, bifurcation** of, irritation to cough at: Carbn. s.
- — — scraping irritation at, excites cough: Bry.
- — — clawing scraping at, excites cough: Kali b.
- — — tickling, provokes cough: Kali b.
- — — tightness at, with cough: Kali b.²
- **burning** in, cough from: Zing.
- **clawing** in smallest bronchi and trachea, provoking cough: Indig.
- **drawing** in upper, in evening excites cough: Eupion, Kreos.
- **heat** in, causes cough: Eth.
- **hot** water, trickling in, sensation of, with cough: Hepar.⁵
- **irritation** in, excites cough: Arg., Carbn. s., Chlor., Cocc., Nitrum (r.), Trif. p.
- — — causes hacking cough: Trif. p.
- **pain** in, excites cough: Indg.

- BRONCHI**, pain in, on coughing: Camph., Chin.
- **rawness** of, morning on coughing: Chin. s.
 - **scraping** irritation in, causes dry cough: Arg.
 - **smarting in**, causing coughing; worse at night: Tarent.
 - **stitches in**, provokes coughing: Eth.
 - **tickling in**, dry cough: Baryt.
 - **tickling in**, excites coughing: Cop., Phos., Rhns,⁵ Tarent.
- BRONCHIAL**, cough: Carbn. s., Phyt.
- clawing pain in lowest ramifications, descending from trachea, exciting cough with expectoration of small balls of tenacious mucus: Indigo.⁶
 - **tubes**, cough from a contractive, titillating sensation in throat, from larynx to the lowest: Ipec.⁶
- BRUISED**, pain as if: See Anatomical Parts.
- BURNING**, cough: Coc. c., Urt. u.²¹
- CACHECTIC** cough: Nux v., Phos., Puls., Stann.—11.
- cough, dry, morning on rising, and evening on lying down; sticking in right chest and flank; washing chest with cold water relieves; wine agg. pains: Borax.
- CAKES**, eating, or bread, causes paroxysmal cough: Nitrum.
- CARBON**, as from vapor of, cough: Arn.⁵
- CARDIAC-REGION**, tearing, sensation in, with cough and expectoration of black blood: Elaps.¹⁴
- CATARRH**, dry, sensation as if a, had settled in the chest, which continually excites dry cough: Bell.⁶
- CATARRH**, during, irritation to cough: Ant. t.
- **provokes** cough, with inability to cough: Ant. t.
 - with cough: Bell., Puls.—12.
- CATARRHAL** cough: Acon., Arn., Ars., Arund.,¹ Bry., Caet., Calc., Caps., Carb. v., Caust., CHAM., Chin., Cina, Dros., Dulc., Euphr., Hyos., Ign., Ipec., Kali b.,¹⁰ Lach., Lip.,¹ Lye.,¹⁰ MERC., NUX v., Phos., Ph. ac., PULS, RHUS, Sep., Sil., Sin. n.,¹ Spig., Squil., Stann., Staph., Sulph., Verat., Verb.—11.
- cough, **chest**, from deep in: Amm. c., Dros., Petrol., Phos., Selen.
 - cough, **chest**, feels and sounds as if something were dry in: Merc sol.
 - — in middle of upper chest: Ol. j.
 - cough, morning. Pen.
- CAUSTIC**, sensation in fauces, provokes convulsive coughing at night: Coll.
- CELLARS**, air of, agg. cough: Ant. t.. Sep., Stram.—2.
- CERVICAL** glands, pain in, with cough: Natr. m.¹²
- CHAGRIN** and trouble, agg. cough: Phos. ac.
- CHEEKS**, drawing in the, with chilliness and desire to cough, evening: Carbo v.⁶
- CHEST**, aching in, when coughing: Chin., Kali c., Mang., Raph.¹⁷—I.
- **aching** pain in, from short cough, after a walk: Stront.⁶
 - **aching**, dull in, after coughing: Mag. m.⁶
 - **aching**, paroxysmal, when coughing: Mag. m.
 - **affected** by cold, causing cough: Phos.
 - **affected** by cough: Kali c., Sep.

CHEST, affected by cough in morning: Selen.

- **anxiety** in, from cough: Arundo.
- **anterior** upper part of, stitches in, extending through to back, on sneezing and coughing, not on breathing: MERC. s.
- **axilla**, stitches in upper part of chest, near, from cough, abating under pressure of hand, with purulent sanguinolent expectoration: Dros.⁶
- **axilla**, violent dry cough, with sneezing and tearing lancinating, pinching pain from nape of neck to right: Alum.⁶
- **bar**, as with across, after pressure, causing cough: Vich.
- **beaten**, sensation as if, cough with: Arn., Ferr., Verat., Zinc.¹²
- **blood**, rush of to, causing cough at 11 A. M.: Raph.
- — determination of to, causes dry cough: Aloe, Bell.
- **and bronchi**, pain in, with rawness in throat, when coughing: Spong.
- **with blood**, rush of, to, cough: Bell., Sabin.¹²
- **bruised**, pain as if, in, caused by cough: Arn., Ferr., Verat., Zinc.—12.
- **bruised** sensation in, on coughing: Sil.
- **bubbles**, sensation of, bursting internally, during dry cough: Sulph.
- **burning** in, with asthma and fatiguing cough: Carbo v.⁶
- **burning** in, at every cough: Ant. c., Mag. m.
- **burning** in, excites cough: Am. c., Euphr.,¹² Euph.,¹⁶ Led., Phos. ac.—1
- **burning** in, excites dry cough: Caust.

CHEST, burning in, as from something hot internally, a dry cough day and night; amel. by eating and drinking: SPONG.

- **burning** in, causing irritation to cough: Coc. c.
- **burning** in, with cough: Ambra,¹² Am. c., Ant. cr., Carb. v., Caust., Cina, Ferr., Iod., Led., Mag. m., Mag. s., Phos., Ph. ac., SPONG., Zinc.⁶—5.
- **burning** in, when coughing, with glowing-hot breath: Ant. c.⁶
- **burning** in, preceding the cough: Ph. ac.⁶
- **burning** and stitches in, with dry cough: Iod.⁷
- **burning** in, upper part, after the coughing: Ferr. acet.⁶
- **burst**, pain as if, would, with cough: Bry., Merc., Zinc.—12.
- **burst**, incessant spasmodic cough which threatens to, (the cough seems to be from tickling in fauces, which in turn seems to be produced by a sensation of suffocation in the throat): LACT.
- **burst**, violent racking cough, as if chest and head would; worse at night: Merc.⁷
- **bursting** sensation with cough: Bry.,¹² Lact.,² Merc., Zinc.—5.
- **catarrh**, dry, sensation as if a, had settled in the, which continually excites a dry cough: Bell.⁶
- **clavicle**, pain extending from, through, on coughing: Apis.
- **clavicle**, left, stitches beneath, at every pulsation, agg. by cough, deep inspiration and emotion: Lyc.
- **cold** and hollow, inside of, cough with expectoration of tenacious mucus; after expectorating has a sensation as if: Zinc.⁶

CHEST, congestion to, excites cough: Aloe,¹ Bell.¹²

— **constriction** across, convulsive cough from, at night: Ipec.

— **constriction** across, violent cough from: Ipec.

— **constriction** of, during coughing: Stram.

— **constriction** of, excites cough: Mosch., Samb., Stram.—2.

— **constriction**, hot of, causing cough: Carbo veg.

— **constriction**, hot of, causing short, dry cough: Carbo veg.

— **constriction**, spasmodic, from violent desire to cough, after eating, and was attacked by retching: Sulph.⁶

— **contraction** of, from cough: Sepia.

— **contraction** of, irritation to cough comes so suddenly and so violently that he cannot take breath quick enough, and it produces a spasmodic: Sepia.

— **contraction** of, at night, when coughing: Canth.

— **contraction** of, with cough: Amm. c., Ars., Dros., Lach.,¹² Nitrum, Sulph.¹²—5.

— **contraction**, sensation of painful, in, with short asthmatic cough, excited by irritation in larynx: Arn.⁷

— **contractive** spasms of, and cough, when walking: Ferr. acet.⁶

— **convulsions** of, when coughing: Sepia.

— See also Spasms of.

— **cramps** in, exciting paroxysmal cough: Bell.

— **crawling** in, during cough: Coleh.

— **crawling** in, causing irritation to cough: Cainca, Sep.

CHEST, crawling or creeping in, excites cough: Kreos., Nux m., Rhus,² Squil.²—1.

— **crawling** or creeping sensation from, to throat, especially during pregnancy, excites cough: Nux m.¹⁴

— **crawling and scraping** in, excites dry cough: Con.

— **creeping** from, to throat, agg. cough: Nux mos.

— **cutting in**, when coughing: Natr. m., Sulph.

— **cutting in**, with cough: Mag. c.,⁶ Mang., Natr. m., Nitrum, Sulph.—5.

— **distention** of, from cough: Tarent.

— **drawing in**, extending to neck, with cough: Caps.⁵

— **drawing** pressure in, on coughing: Dig.

— **drawing** through left, to back, on coughing: Croc. t., Merc.

— **dry**, feels and sounds as if whole inside of, were, with catarrhal cough and dull pain in chest and back: Merc.⁶

— **dryness in**, causing cough: Lach.,¹² Lauro., Merc., Puls.—1.

— **dryness in**, causing violent cough: Kali chlo.

— **dull**, aching pain, from short cough: Mag. m.⁶

— **emptiness in**, after cough: Illium, Kali c., Sep., Stann., Zinc.—2.

— **emptiness in**, with cough: Sep.,⁵ Sulph.,⁶ Stann.⁵

— **emptiness** with hoarseness, and weakness in the, on beginning to sing, so that she was constantly obliged to stop and take a deep breath; at times a few expulsive coughs removed the hoarseness for a moment: STANN.

CHEST, excoriated, pain as if, after the cough: *Arn.*, *Carb. v.*, *Lach.*, *Lyc.*, *Phos.*, *Sep.*, *Spong.*, *Stann.*,¹⁶ *Staph.*, *Zinc.*¹⁶—1.

— **excoriated**, pain as if, with the cough: *Ars.*, *Calc.*, *Carb. v.*, *Caustr.*, *Lach.*, *Mag. m.*, *Mag. s.*, *Merc.*, *Natr. s.*, *Nitr. ac.*, *Nux m.*, *Nux v.*, *Phos.*, *Sep.*, *Sil.*, *Spig.*, *Spong.*, *Stann.*, *Sulph.*, *Zinc.*—16.

— **expand**, effort to, causes cough, but no pain: *Iod.*⁶

— **exviscerated**, feels as if, after coughing: *Stann.*

— **fatigue** of, and pain low down in, with cough: *Graph.*¹

— **fly to pieces**, as if would, when coughing: *Ars.*, *Bry.*, *Caps.*, *Lact.*, *Merc.*, *Zinc.*—5.

— **fly to pieces**, as if head and, would, from violent racking cough, every other evening, when on point of going to sleep; cough is followed by violent stretching: *Merc.*⁶

— **fullness** of, causing cough, morning: *Sulph.*

— **fullness** in, with cough: *Sabin.*,⁵ *Sep.*, *Verat.*—2.

— **grasping** at, in children, with cough: *Iod.*⁵

— **gurgling** downwards in, audible, with cough: *Cina.*² *Mur. ac.*⁷

— **hard**, sensation as of something, falling down in, with cough: *Baryt.*¹⁷

— **heat** in, causing cough: *Carbo veg.*

— **heaviness**, extending from, to throat, causing cough: *Iod.*

— **heaviness** of, from dry cough: *SULPH.*

— **heaviness** of, with cough: *Am. c.*, *Calad.*, *Kali b.*, *Nitrum*, *Zinc.*—5.

CHEST, heaviness, sensation of, previous to cough, which agg. breathing: *Iod.*⁶

— See also *Oppression*, *Weight of.*

— **heaviness**, sensation of, in, with cough: *Sep.*, *Zinc.*—2.

— **hold**, dry cough with soreness in chest, had to sit up and hold it with both hands: *Natr. s.*⁷

— **hold**, on account of painful sneezing and coughing, must: *Dros.*⁶

— **hold**, rough, seraping cough, causes soreness, must hold chest with both hands: *Eupat. p.*⁷

— **hollow** feeling in, with cough: *Kali c.*, *Sep.*, *Stann.*, *Zinc.*—2.

— **hot** water, sensation of, trickling in, with cough: *Hepar.*⁵

— **incisive** pains in, with cough: *Nitrum.*¹⁶

— **irritation** (undefined) in, excites or agg. cough: *Arn.*, *Bell.*, *Bov.*, *Carb. veg.*, *Cham.*, *Colech.*, *Dros.*,¹² *Euph.*, *Graph.*, *Guare.*, *Mag. c.*, *Merc.*, *Mez.*, *Mur. ac.*, *Natr. c.*, *Nitrum.*, *Nux m.*, *Petro.*,¹² *Phos.*,¹² *Sep.*, *Spong.*, *Stann.*, *Sul. ac.*, *Thuja*, *Verat.*, *Zinc.*—5.

— **itching** in, excites cough: *Ambra.*, *Ars.*, *Coc. c.*,² *Con.*, *Iod.*, *Phos.*, *Puls.*, *Sep.*, *Stann.*—2.

— **itching**, burning in, causes dry cough: *Mag. m.*

— **itching** in, with cough: *Ambr.*,⁵ *Mag. m.*⁶

— **lancinating** in, when coughing: *Raph.*

— **left**, pain in, with cough: *Apis.*

— **left**, tension in, causes hacking cough: *Thuja.*

— **looseness** of everything in, sensation of, with cough: *Mez.*, *Nitrum*, *Rhus.*⁶

— **lower**, infiltration in, causing cough: *Kreos.*

CHEST, low down, incessant cough from place, where it pains as if sore and bloody : SPONG.

-- — pain and fatigue, with cough : Graph.

-- — pain as if sore and bloody, with incessant cough : SPONG.

-- — tickling in, causes dry cough : *Ph. ac.*

-- — tickling in, just above pit of stomach, causes dry cough, worse in evening after lying down : PH. AC.

-- See also Lungs.

-- **mammæ**, beneath right, stitch on coughing : Sulph.

-- **mediastinum**, posterior, sensation of mucus in causing cough : Nitrum.

-- **middle**, crawling from, up into throat, excites cough : Kreos.

-- — crawling in, excites dry cough : Kreos.

-- — pain in, after cough : Cina.

-- — stiches in forepart of, right side, when coughing and breathing, is waked by the pain; unable to lie on side, has a cough, with expectoration : Sabad.⁶

-- — tickling in, causes dry cough : Kreos.

-- — — — excites dry, tormenting cough, with audible palpitation of heart : Nitrum.¹⁴

-- — — — to larynx, causes coughing : *Ph. ac.*

-- **mucus**, excites cough : Ant. t., Arg.,⁵ Ars.,¹² Arum t.,¹⁰ Asar., Baryt., *Calc.*, Caust., Cham.,⁵ Cina,⁵ Euphr.,² Graph., Guare., Ipec., Natr. m., Puls.,⁵ Sepia, Stann.,⁵ Sulph.—1.

-- **mucus**, accumulates in, with cough : Ant. t., Ipec.—5.

-- **mucus**, sensation of, in posterior mediastinum, causing cough : Nitrum.

CHEST, muscles of, lancinations in, agg. by cough, and deep respiration : All. s.

-- **muscles of**, pain in, with cough : Ilyos.¹²

-- **muscles of**, stiches in, with cough : Dros.⁶

-- **oppression of**, with cough : Am. c.,⁴ Ars.,¹ Asar., Aspar.,¹⁶ Aur.,¹ Brom.,⁶ Chin.,⁶ Coce., Con., DROS.,¹ Graph., Grat., Iod., Kali b.,⁶ Lach., Mur. ac., Natr. m., Nicc., Phos.,¹ Rhod., Rhus, Seneg.,⁶ STANN.,¹ Tarent.,¹ *Verat.*—12.

-- **oppression of**, after cough : Ars.

-- **oppression of**, before coughing : Ars.⁶

-- — causes difficult cough : *Coc.*

-- — dry cough, with : PHOS.

-- **oppression of**, during cough, must sit up in bed : *Aralia*, *Coc.* c.—10.

-- **oppression of**, during cough, so great that patient must sit up in bed (also to expectorate), when she experiences great pain, with constrictive sensation under sternum : PHOS.

-- **oppression of**, head and, with vertigo and cough : Brom.⁶

-- **oppression**, morning, during cough : Tarent.

-- **oppression of**, occurs only when coughing, and also causes cough : *Coc.*

-- **oppression of**, and roughness of throat, with dry, exhausting cough, morning and evening : Rhod.⁷

-- **oppression and soreness of**, from dry cough, with dyspnoea, for weeks, followed by raising of dark gray mucus : Kali b.⁶

-- **oppression of**, rough, scraping dry sensation in fauces causing hacking cough, yellow mucus,

CHEST, oppression of, (Cont'd.)

expectoration and hoarseness, so that he can only speak, with great exertion, in a deep bass voice, together with oppression of chest as if air were withheld on talking or coughing, so that breath could not be expired: DROS.

- **pain in**, during cough: ACON., Ambr., Amm. m., Ant. c., Arn., Ars., BELL., Bor., Brom., BRY., Calc., Carbo an., CARBO v., CAUST., *Chin.*, Cina, Con., Dig., Dros., Eup. per.,⁵ Ferr., Ferr. m., Gad.,¹ Iod., Kali b., Kali c., Kali hyd.,⁵ Kreos.,⁵ Lach., Lachnan.,⁵ Led.,⁵ LYC., *Mag. m.*, Mang.,⁵ Merc., Mur. ac.,⁵ Natr. c., *Natr. m.*, Natr. nit., *Nitrum*, Nitr. ac., Nux m., Nux v., Oxal. ac., *Petrol.*, PHOS., Phos. ac., PULS., Ran. bulb.,⁵ Rhus. Rumex,⁵ Sabad., Sang.,⁵ Seneg., Sep., Sil., Spig., Spong., SQUIL., STANN., Staph., SULPH., *Verat.*, Zinc, Zing.⁵—11.
- **pain in**, aching, on coughing: Kali c.
- **pain in**, aching, particularly when eating and coughing, less when drinking, the pain being of an aching and sticking character, extending from pit of stomach to throat pit and often to the back: Raph.¹⁹
- **pain in**, acute, dry cough at night with, waking patient; little cough during the day: Kali c.
- **pain**, drawing, in side of, to neck, with cough: Caps.⁶
- **pain in**, agg. dry cough: Bry., Brom., Chel., Stront.
- **pain in** back and, from cough, which sounds as if whole inside of chest were dry: Merc.⁶

CHEST, pain in, and oppressed breathing, with flow of saliva, cough; colic and papescent stools: Brom.⁶

- **pain in**, and oppression of breathing, with hoarseness, pain in both eyes, cough and bronchitis: Kali hyd.⁶
- **pain in** bronchi and, with rawness in throat, on coughing: SPONG.
- **pain in**, causes cough: Dig., Iod., Ran. b.⁵—1.
- **pain in**, causes difficult cough: Dig.
- **pain in**, causes dry cough: Iod.
- **pain in**, with circumscribed redness of the cheeks; coryza and then diarrhœa: Sanguin.¹⁰
- **pain in**, drawing and stitching, extending from left side, near nipple through to left scapula, agg. by coughing, sneezing, etc.: Rhus r.¹⁹
- **pain** from abdomen to, on coughing: Coloc.²⁰
- **pain in** left side, with cough: Apis.⁵
- **pain** low down in, incessant cough from a place where it feels as if sore and bloody from coughing with: SPONG.
- **pain in** middle of, after cough: Cina.
- **pain in** side, during cough: Apis (r.), Puls., Sulph. (r.), Tarent.
- **pain in** side of, agg. by cough: Lact., Stram.
- **pain** and soreness in, dread of cough from: Phos.
- **pain** and soreness in, agg. by cough: Lact., Stann.,¹⁰ Stram.
- **pain** as if sore: see Sore, pain as if.
- **pain in** sternum, cough with stitches in chest, lumbar region,

CHEST, pain (*Continued.*)

- hip, uterus, with tightness of chest and rattling of mucus in chest: Bell.¹⁰
- **pain**, stitching: see Stitches.
 - See also under Sternum.
 - **pain** in throat and, with evening cough, passing off when quiet: Psor.
 - **pain**, violent, in, with morning cough and green expectoration: Lyc.⁶
 - **pressure** in, causing deep, dry cough: Iod.
 - **pressure** in, causing deep, dry cough, evening: Iod.
 - **pressure** in, during cough: Am. c., Bism., Bor.,¹ Canth., Chin., Iod., Nicc., Nitrum, Ph. ac., Sil., Squil., Stront., Sulph.⁶—5.
 - **pressure** and anxiety in, worse sitting, frequent, violent dry cough with tearing pain in head, followed by violent pulsation of heart: Cupr. acet.⁶
 - **pressure** in, causing hacking cough: Opium.
 - **pressure** in, when desiring to cough: Sil.
 - **pressure**, painful, from within outward and painful contraction of abdominal muscles, at every cough: Squil.⁶
 - **pressure**, as with bar across, causing cough: Vich.
 - **pressure** on, relieves pain caused by cough: Dros., Eup. per., Kreos., Natr. m.,¹⁰ Natr. sul., Phos., Ran. b.—5.
 - **pressure** and sticking in, causes rough cough: Iod.
 - **pricking** in the, from night cough: Zinc.⁶
 - **pulsation** in, with cough: Manc.⁵

CHEST, qualmish feeling in, with

- cough and expectoration of bright red blood: Rhus.⁶
- **racked** by dry cough: Seneg.⁶
 - **racking** of abdomen and occiput and, by short turns of cough: Lact.⁶
 - **rattling** in, when coughing: Angust., Ant. t., Bell., Cact., Calc., Caust.,⁶ Cham., Ipec., Lycop.,¹⁰ Op.—5.
 - **rattling** in, after coughing, in evening in bed: Con.
 - **rattling** in, before the cough, disappears after: Squil.⁶
 - **raw**, pain as if, with cough: Carb. v.⁶
 - **raw**, throat and, from dry, spasmodic cough: Sil.⁶
 - **rawness** in, catarrhal cough: Berb., Graph.
 - **rawness** in, with dry cough, caused by coldness felt while dressing: Borax.⁶
 - **rawness**, causing hawking and hacking cough: Clem.
 - **rawness**, causing hacking cough: Osm.
 - **rawness** in, evening, during cough: Calc.
 - **rawness** in, morning, during cough: Thuja.
 - **rawness**, night, during cough: Alum., Calc., Carb. v., Nitr. ac., Nux v.
 - **rawness** in, right side of, during cough: Grat.
 - **rawness** and soreness of, from cough: Gels.⁷
 - **rawness** in, worse from cough: Natr. carb.
 - **ribs, scratching** beneath fourth and fifth and, right side, causing dry cough: Acon.
 - **rib**, in front and at left lower false rib, acute pain, with cough,

CHEST, rib, (Continued.)

- difficulty of breathing and fever: Kali chl.⁶
- **roughness** in, with cough: Arn., Carb. v., Kali c., Lyc., Natr. c., Natr. m., Nux m., Sep., Sulph.—5.
 - **roughness** and scraping in, excite cough: Grat., Nitrum, Kreos., Ph. ac., Puls.—12.
 - **roughness** in, causing irritation to cough: Carb. v.
 - **roughness** in, agg. cough: Kreos.
 - **roughness** in, on coughing and hawking: Calc.
 - **rumbling** in, extending downward, after coughing: Mur. ac.
 - **scraping** in, with cough: August., Ruta., Staph.—5.
 - **scraping** and crawling in, causes dry cough: Con.
 - **scraping** in, causing cough: Kreos.² Puls., Staph., Thuja.
 - **scraping** in, from midnight cough, waking, and sensation as if he would vomit: Ruta.⁶
 - **scraping** in, and rattling of mucus from dry cough: August.¹⁰
 - **scraping** sensation in, preceding the cough: Staph.⁶
 - **scraping**, tearing in, with cough: Kali c.⁶
 - **scratching** beneath right fourth and fifth rib, causing dry cough: Acon.
 - **scratching** in, excites cough: Kreos., Puls.—2.
 - **shaking** of, during cough: Lact., Mag. s., Rhus.⁵—1.
 - **shattering** of, during cough: Mang., Rhus, Sulph.
 - — as from shock, when coughing: Lyc.
 - **shivering** in, starting from tickling in, causing cough: Spig.
 - **shocks** in, agg. cough: Nux v.⁵

CHEST, shocks, painful in side of, on coughing: Stann.

- **shootings** in, afternoon, during cough: Sulph.
- **shootings** in, evening, during cough: Ziz.
- **side** of, drawing pain in, extending to neck, with cough: Caps.⁶
- **side** of, painful shocks in when coughing: Stann.
- **side** of, pain in during cough: Puls., Sulph. (r.), Tarent. (l.)
- **side** of, pain in, agg. by cough: Lact., Stram.
- **side** of, cough proceeds from small spot in right, with green expectoration; Carb. an.⁶
- **side** of, stitches in, on coughing: Acon.¹⁰ Arn. (l.), Ars., Aur. (l.), Bor. (r.),⁵ Bry.,¹⁰ Caps., Caust. (l.), Chel. (r.),⁵ Clem.,¹⁰ Coff., Con. (l.), Kali c., Lyc. (r.), Merc. (r.), Natr. s. (l.), Nitrum, Phos. (l.),⁵ Puls., Rhus (r.),⁶ Rumex (l.), Sabad. (r.),⁶ Sepia., Squil.¹⁰ Sulph. (l.),⁵—1.
- **sides** of, stitches in, agg. by cough: Arn., Sabad. (l.), Seneg. (l.)
- **sides of, stitches** in, with cough; pain in abdomen; sensation of internal heat; dyspnoea; headache; pressure on bladder and involuntary spirting of urine: Squil.¹⁰
- **sides, stitches** in, with barking cough and burning pain in the sternum: Clem.¹⁰
- and **sides, stitches** in, when breathing or coughing: Acon., Bry.¹⁰
- and **sides, stitches** in, when breathing or coughing, with dyspnoea: Squil.¹⁰
- **side, stitches** in forepart of middle, when coughing and breathing, is waked by the pain:

CHEST, side, (*Continued.*)

- is unable to lie on that side, has a cough with expectoration: Sabad.⁶ (r.)
- **side**, stitches in, from frequent loose cough, attended by shortness of breathing, when coughing while standing: Natr. s.⁶
 - **side**, stitches in on coughing or sneezing: MERC. (r.)
 - **smarting in**, from cough: Ars., Caust., Dig.,¹⁶ Lye., Phos.,¹⁶ Sepia.—1.
 - **smoke**, sensation as if, had been inhaled causing cough: Natr. ars.
 - **something in**, causes dry or acrid cough: Benz. ac.
 - **sore** from rough, scraping cough; must hold chest with both hands: Eup. per.⁷
 - **sore**, pain as if, in the, where the expectoration is detached, nightly cough: Lye.⁶
 - **sore** spot deep in, cough as from; Spong.⁶
 - **sore**, trachea and, after every cough, from irritation low in trachea: STANN.
 - **soreness in**, from cough: Acon.⁶ Alum., Arn., Ars.,⁶ Baryt., Bell., Calc.,¹ Carb. s.,¹ Carb. v.,¹¹ Caust., Cina, Cocc.,¹¹ Colch.,¹¹ Dig.,¹¹ Dros., Eugen.,¹ Eup. per., Ferr., Gamb.,¹ Gels., Guare.,¹ Hepar., Ipec., Kali b., Kreos., Lach., Lye., Mag. c.,¹¹ Mag. m., Meph., Merc.,¹¹ Mez.,¹ Mur. ac., Natr. c., Natr. m.,¹¹ Natr. s., Nitr. ac., Nitrum,¹¹ Nux m., *Nux v.*,¹ Ol. j.,¹ Phos., Ratan., Rumex, Rhus,¹¹ *Seneg.*,¹¹ Sep., Sil., Spig., Spong., STANN.,¹¹ Staph., Stront.,¹¹ Sulph., Thuja.¹—5.
 - **soreness in**, agg. by cough: Chlor., Thuja.
 - **soreness in** anterior part of, from cough: Phos.

- CHEST, soreness in**, with dry cough and roughness in throat; had to sit up and hold chest with both hands: Natr. s.¹⁰
- **soreness in**, with dry troublesome cough, that woke her: Phos.
 - **soreness in**, forenoon, on coughing: Alum., Hydras.
 - **soreness in** lower, on coughing: SPONG.
 - **soreness in**, morning, on coughing: Thuja.
 - **soreness** and oppression of, from dry cough with dyspnoea, for weeks, followed by raising of dark gray mucus: Kali b.⁶
 - **soreness** and pain in, with dread of the cough: Phos.
 - **soreness** and rawness in, from cough: Gels.⁷
 - **soreness in** trachea and, from scraping cough excited by irritation low in trachea, greenish expectoration of an offensive sweetish taste; worse in evening before lying down, with hoarse voice: STANN.
 - **soreness in**, with violent cough before rising in the morning, with expectoration of clotted blood: NUX v.
 - **spasms** of, excite cough: Samb.
 - **spasms** of, with cough: Amm. c., Ars.,¹¹ Chlor.,¹¹ Cina, Cupr., Lach.,¹¹ Mosch., *Sulph.*—5.
 - **spasms**, contractive, of, and cough, when walking: Ferr. acct.⁶
 - **spasm** of, and dyspnoea following every desire to cough: Mosch.¹⁴
 - **spasmodic** contraction of, from short asthmatic cough, excited by irritation in larynx: Amm. c.⁷
 - **spasmodic** contraction of, from violent desire to cough, after eat-

CHEST, spasmodic (*Continued.*)

- ing, and was attacked by retching: Sulph.⁶
- **sprained** sensation in, on coughing: Acon.
 - **spot**, small, in right side, cough proceeds from a, with greenish expectoration: Carb. an.⁶
 - **sternum, above**, tickling, excites convulsive cough, evening: Verat. v.
 - — **aching** behind, on sitting bent forward, morning, causing short cough: Rhus.
 - — **aching** in middle of, when coughing: Nitrum.
 - — **aching** in upper part, with catarrh and cough: Ferr. acet.⁶
 - — **burning** pain in the, and stitches in sides of lungs, with hacking cough: Clem.¹⁰
 - — **burning** in upper part, after cough: Ferr. acet.⁶
 - — **constrictive** sensation under, during cough great oppression of chest, so that patient must sit up in bed, and in order to expectorate, when she experiences great pain with: Phos.
 - — **excoriation**, pain as from, in upper part, on coughing: Hydras.
 - — **fly to pieces**, feels as if it would, from violent cough, feels sore when talking, laughing or yawning: Mur. ac.⁶
 - — **hand** presses on, during cough: Bry.¹⁷
 - — **irritation** in mid-, excites dry incessant cough: Mang.⁷
 - — **irritation** and tickling behind, after siesta, cough from: Rhus.
 - — **irritation** in upper part causing cough: Natr. ars., Cham., Plat.¹⁴ Rhus.
 - — **irritation** under, when coughing: Arg. n.⁷

CHEST, sternum, itching under

- middle of, excites cough: Nux v.
- — **pain** behind, when coughing: Staph.
 - — **pain** behind, going into side, on coughing: Osm.
 - — **pain** from mid-sternum through to back with cough (raises tough black mucus⁶): Kali b.
 - — **presses** hand on, during cough: Bry.¹⁷
 - — **pressure**, as if it would be pressed out; worse from pressure, or stooping or coughing: Ph. ac.⁶
 - — **pressure** in middle of lower portion of, excites cough: Cimex.
 - — **pressure** from, to back, sensation as of a stone pressing down in pleural cavities, causing painful cough, with: Coral.⁶
 - — **rawness** behind, cough from: Nitrum.
 - — **rawness**, scraping behind, cough from: Kreos.
 - — **scraping** at lower part of, and stitches in right frontal eminence: Mez.⁶
 - — **scraping**, rawness behind, cough from: Kreos.
 - — **scratching**, rough cough, the breast immediately under: Cann. ind.
 - — **soreness**, behind upper part of, on coughing: Chel.
 - — **stifling** sensation beneath upper fourth of, hysterical cough from a: Plat.⁷
 - — **stitching** pain from behind, short dry cough, with deep: Berb.⁶
 - — **tearing**, extending from middle of, to throat, on coughing: Psor.
 - — **tickling** behind, extending to back, with irritation to cough: Angust.

- CHEST, sternum, tickling** behind upper half of, when sitting bent forward, 11 A. M., dry cough: *Rhus*.
- — tickling behind upper, causes short, 11 P. M.: *Rhus*.
 - — **tickling** and irritation behind upper half of, short cough from severe, followed by a feeling of discouragement and apprehension: *Rhus*.
 - — **tickling** irritation to cough under manubrium of: *Cina*.
 - — **tickling** under, causes cough: *Zinc*, *Thuja*:
 - — **tickling** under lower part of, causing cough: *Verat*.
 - — **tickling** under middle of, causing cough: *Ang.*, *Con.*, *Thuja*.
 - — **tickling** under upper part of, causing cough: *Rhus*, *Rhus r.*,¹⁴ *Rumex*.
 - — **tickling** under upper part of, causing distressing cough: *Ir. v.*
 - — **tickling** sensation under upper half of, exciting short, dry cough, with dull aching in left mammary region, when sitting inclined forward, at 11 A. M.: *Rhus*.
 - — **torn loose**, sensation as if something had been, under mid-sternum, cough with transparent expectoration: *Phos.*⁶
 - — **torn off**, soreness in upper part under, from morning cough; after expectoration this part continues to feel sore and burning, as if something had been: *Cina.*⁶
 - **sticking** in, causes dry cough: *Iod*.
 - **sticking** in right, and flank; washing chest with cold water relieves the pains, wine agg.; with dry cachectic cough morning on rising and evening on lying down: *Borax*.
- CHEST, sticking** and pressure in, causing rough cough: *Iod*.
- **sticking** in right, with evening cough, and on deep inspiration: *BORAX*.
 - **stitches** in, on coughing: *ACON.* *Amm. c.*, *Anim. m.*, *Ant. cr.*,⁶ *Ant. ox.*,¹ *Arn.*, *Ars.*, *BELL.*, *Bor.* *BRY.*, *Caet.*, *Calc.*,¹¹ *Cann.*, *Caps.*, *Carb. an.*,¹¹ *Carb. v.*,¹¹ *Chel.*, *Coff.*, *Con.*, *Cupr.*, *Dros.*, *Dule.*,⁶ *Ferr.* *Iod.*, *Kali b.*, *Kali c.*, *Kreos.* *Lyc.*,¹¹ *Mez.*,¹ *Natr. m.*, *Natr. s.* *Nitr. ac.*,¹¹ *Nitrum*, *Nux m.*, *Nux v.*, *Phos.*, *Petro.*,¹ *Psor.*, *Puls.*, *Rhus*, *Rumex*, *Ruta*, *Sabad.* *Seneg.*, *Sep.*, *Sil.*,¹ *SQUIL.*, *Stront.*, *Sulph.*, *Verat.*, *Zinc.*—5.
 - **stitches** in anterior part of, through to back, on coughing: *Merc. sol*.
 - **stitches** in, excite cough: *Acon.*, *Bry.*, *Nux v.*—5.
 - **stitches**, beneath left clavicle, at every pulsation agg. by coughing: *Lyc*.
 - **stitches** beneath right mamma on coughing: *Sulph*.
 - **stitches** and burning in, with dry cough: *Iod.*⁷
 - **stitches** in, when breathing, also, with cough and headache: *Ant. cr.*⁶
 - **stitches** in, with dyspnoea, burning and pressure: *Iod.*⁶
 - **stitches** in forepart of middle of, right side, when coughing and breathing, is waked by the pain; is unable to lie on side, has a cough with expectoration: *Sabad.*⁶
 - **stitches** in left side of, from frequent loose cough, attended by shortness of breathing, when coughing while standing: *Natr. s.*⁶
 - **stitches** in left lower, with cough: *Phos.*⁵

- CHEST, stitches** in left upper, with cough: Sulph.⁵
- **stitches** in, in lumbar region, hip, uterus; pain in sternum, with tightness of chest and rattling of mucus in chest: Bell.¹⁰
 - **stitches** in, morning, on coughing: Squil.
 - **stitches** in, from racking cough, at night, with frequent arrest of breathing; sore throat and fever: Nitr. ac.⁶
 - **stitches** in right side, cough with difficult respiration, and constantly increasing in evening with great chilliness and trembling of the limbs, compelling him to go to bed; pains worse on stooping, on motion and lying on side; amel. by rest: Lyc.
 - **stitches** in right lower, with cough: Chel., Kali c., Lyc.—5.
 - **stitches** in right upper, with cough: Borax.⁵
 - **stitches** shooting, to right side, after cough: Mez.
 - **stitches** in Sides: see under Sides.
 - **stitches** in spots, during cough: Lyc.
 - **straining** the, morning cough, with expectoration of mucus and blood: Selen.⁷
 - **stuffed** sensation in, causes dry cough: Guai.
 - **support**, see Chest, Hold.
 - **tearing** in, during cough: Aeth., Eupion, Kali c., Pau. p.
 - **tearing** sensation beneath 4th and 5th ribs, causes dry cough: Natr. ars.
 - **tension** in, causes cough: Ars.
 - **tension** in, causes hacking cough: Thuja. (l.)
 - **tension** in, during cough: Gnare.
 - **tickling** in, excites cough: Bor.,¹ Bov.,¹² Con., Euph., Graph.,¹⁰

- CHEST, tickling** in, (*Continued.*)
- Ign., Iod.,¹² Kali b., Lach.,¹ Merc., Mur. ac., Natr. m.,¹ Nitrum,¹ Nux v.,¹⁰ Phos., Ph. ac., Rhus. Sep., Stamm,¹² Squil.,¹² Sulph., Snl. ac., Verat., Verb., Zinc.—2.
 - **tickling** in, causes dry cough: Mur. ac.
 - **tickling** in, as from feather, causes cough: Ph. ac.
 - **tickling** in, on entering room from cold air, excites cough: Bov.,¹ Bry., Coc. c., Natr. c., Verat.—10.
 - **tickling** contracting in, causing irritation to cough: Alco.
 - **tickling** low down in, just above pit of stomach, cough is worse evenings after lying down: Ph. ac.
 - **tickling** in precordial region, causes dry cough: Bar.
 - **tightness**, a feeling of, excites cough: Lact.⁶
 - **tightness** of, cough with stitches in chest, lumbar region, hip, uterus; pain in the sternum, with rattling of mucus in chest and: Bell.¹⁰
 - **tightness** of, relieved by coughing: Con.¹⁰
 - **tingling** in, excites cough: Squil.¹⁰
 - — — after cough: Acon.
 - **tremble**, head and, from the cough: Rhus.¹⁷
 - **torn loose**, sensation as if something had been, under mid-sternum, cough with transparent expectoration: Phos.⁶
 - **torn off**, soreness in upper part of, under sternum, from morning cough, after expectoration this part continues to feel sore and burning as if something had been: Cina.⁶

CHEST, torn open, pain in, as if it would be, on coughing, with badly tasting expectoration, early in morning: *Natr. m.*⁶

- **torn out**, feels as if something would be, from the cough: *Rhus.*⁵
- **ulcerated** sensation in, from cough: *Mag. m., Ratan., Staph.*¹⁶
- 1.
- **upper part, irritation** in, excites catarrhal cough: *Ol. j.*
- — **irritation** in, excites cough: *Carb. v.*
- — **mucus** in, causes cough: *Plumb.*
- — **pain** in, causes cough: *Cham.*
- — **scraping** in, causes cough: *Ruta.*
- — **soreness** under sternum, from morning cough; after expectoration this part continues to feel sore and burn as if something had been torn off: *Cina.*⁶
- — **stitches** in, on coughing: **MERC.**
- — **stitches** in, near axilla, abating under pressure of hand, with purulent sanguinolent expectoration: *Merc.*⁶
- — **suffocative** feeling in, with stiffness of throat and cough: *Æsc. h.*¹⁴
- — **tickling** in, causing cough: *Merc., Polyg.*
- — **titillation** in, causing fatiguing dry cough, especially when talking, and scarcely permitting one to speak: *Merc.*⁶
- **weak** feeling, with cough: *Psor., Sep.,*¹⁶ *Stann.*—5.
- **weakness** and fatigue of, from cough: *Graph., Nitr. ac., Stann.*—1.
- **weakness** of, seems to cause short cough, with hoarse, weak sound: **STANN.**

CHEST, weakness, emptiness and hoarseness in the, on beginning to sing, so that she was constantly obliged to stop and take a deep breath; at times a few expulsive coughs removed the hoarseness for a moment: **STANN.**

- **weakness** in the, mucus in the trachea, forenoon, easily expelled by a forcible cough, with great, as if eviscerated and with weakness in body and limbs: **STANN.**
- **weakness** of, before and during menses, from dry cough: *Graph.*
- **weight**, feeling of, from throat to, preceding the raising of mucus, cough with: *Iod.*⁶
- — see also: *Oppression of.*

CHICKEN POX, cough following the: *Aut. cr.*

CHILL, aggr. or excited by cough:

- Ars., Bry., Calc., Carb. v., Con., Cupr., Hyos., Mez., Nux v., Phos., Puls., Rhus, Sabad., Sep., Sulph., Verat.*—3.
- **accompanied** by cough: *Acon., Ars., Bor., Bry., Calc., Cham., China, Con., Hepar, Hyos., Ipec., Kali c., Kreos., Lach., Lye., Nux m., Nux v., Phos., Puls., Rhus, Sabad., Sep., Spong., Sulph., Thuja.*—3.
- **accompanied** by cough, with expectoration: *Ars., Bry., Calc., China, Kali c., Kreos., Lye., Phos., Ph. ac., Puls., Sep., Sil., Sulph., Thuja.*—3.
- **accompanied** by cough, without expectoration: *Acon., Ars., Bell., Bry., Carb. v., Cham., Cimex, China, Hepar, Hyos., Ipec., Kali c., Lach., Nux m., Nux v., Phos., Puls., Rhus, Sabad., Sep., Spong., Sulph.*—3.
- **before** and continuing after, a dry teasing cough: *Rhus (Dunham).*

- CHILL**, deep dry cough before the: Samb.
 — **difficult** cough during: China.
 — **during** a hacking cough: Calc. ph.
 — **excites** cough: Cham., Hepar, Natr. c., Nux m., Sep.—16.
 — cough night before the: Eup. per.⁷
- CHILLINESS** and hoarseness after coughing: Cupr.⁶
 — with cough: Calc., Carb. v., Con., Natr. c., Phos., Puls., Sulph.—5.
- CHOANÆ**, sensation as if acrid liquid flowed from, to pharynx, causing tickling cough, at night: Kali b.
- CHOKING** cough: Ars., Cina, Dros., Hepar,⁵ Ipec., Kali b.,⁵ Lach., Merc.,⁵ Natr. m., Sep., Spong.—1.
 — **croupish** cough, rattling and: Hepar.⁷
 — **croupy** cough, at night (in fat children): Ipec.⁷
 — during **eructations**, causing cough: Plat.
 — cough in **evening**: Cina.
 — — on **inspiration**: CINA.
 — **larynx**, from dryness in, 5 A.M.: Kali c.
 — **midnight**, about: Ruta.
 — **morning**, after rising: CINA.
 — **rattling** cough, seems as if patient would choke, watery eyes, worse toward morning or after eating: Hepar.¹⁴
- CHURCH**, air of, see Cellars.
- CHINA**, cough following abuse of: Arn., Ferr.
- CIRCULATION**, increased or agg. by cough: Acon., Apis, Arn., ARS., BELL., Bry., CALC., Carb. v., China, Ipec., Natr. m., Nitr. ac., Nux v., PHOS., Rhus, Sabad., Secale, Spong., Squil., Sulph.—3.
- CLEANING** the teeth provokes a violent cough, followed by vomiting of slimy fluid: Coc. c.
- CLEAR**, barking cough, amel. by drinking cold water: Coc. c.
- CLOTHING**, tight, agg. cough: Stann.²
- COAL** gas, cough from: Arn.²
- COFFEE**, agg. cough: Caps., Caust., Cham., Cocc., Ign., Nux v., Sul. ac.¹²—5.
 — smell of, agg. cough: Sul. ac.⁵
- COITION**, cough after: Tarent.
- COLD**, cough after: Acon., Benz. ac., Guare., Lycopers., Ment. pi., Petro.
 — **air**, excites or agg. cough: Acon., Ars., Aur., Bar., Bry., Bov.,¹⁰ Carb. an., Carb. veg., Caust., Cepa, Cham., Cina, Cist., Cupr., Hepar, Hyos., Ipec., Kali c., Kali hydrg.,¹⁰ Lach., Mez., Nux m., Nux v., Phos., Ph. ac., Rhus, Rumex, Samb., Sep., Sil., Spong., Stram., Sulph.—2.
 — **air**, amel. cough: Coc. c.
 — icy, **air**, seems to stream through air-passages on deep inspiration, with desire to cough: Coral. r.
 — **air**, persistent coughing after walking in, also when lying down, excited by deep inspiration, accompanied by colic, as if umbilicus would be torn out, heat in face, and sweat on forehead: Ipec.⁶
 — **damp** air, agg. cough: Ant. t., Calc., Carb. an., Carb. v., Chin., Dulc., Lach., Mag. c., Mosch., Mur. ac., Nitr. ac., Sulph., Sul. ac., Verat., Zinc.—2.
 — **dry** air, agg. cough: Acon., Cham.,² Samb.,² Brom., Phosph., Hepar, Nux m., Spong.—10
 — **inspiring air**, agg. cough: Cepa, Cist., Cupr., Rumex,² Staph.,² Vit.—5.

COLD, inspiring air, causes hacking cough: *CEPA*,¹ *Phosph.*¹⁰

— See also Inspiration and Expiration.

— on **becoming**, agg. of cough: *Arn.*, *Ars.*, *Carb. v.*, *Caust.*, *Hepar*, *Kali c.*, *Mosch.*, *Mur. ac.*, *Nux v.*, *Rhus*, *Sabad.*, *Spong.*, *Staph.*,⁵ *Sulph.*,⁵ *Sul. ac.*⁵—2.

— **drinks**, fluids, cough from: *Amm. m.*, *Calc.*, *Carb. v.*, *Dig.*, *Hepar*, *Kali c.*,¹² *Lyc.*, *Rhus*, *Sil.*, *Squil.*, *Spong.*, *Staph.*, *Stram.*,² *Sul. ac.*, *Verat.*—5.

— **drinks**, amel. cough: *Caust.*, *Coc. c.*, *Cupr.*, *Op.*, *Sulph.*

— — amel. intermittent cough, 6 A. M., awaking patient; cough at first barking, clear and dry, afterwards looser, with expectoration of some tenacious mucus, the hawking of which produced vomiting, sore throat and frontal headache; relieved by cold water and agg. by a cup of warm milk: *Coc. c.*

— on getting the feet, cough: *Bar.*, *Sil.*—2.

— **food**, agg. cough: *Amm. m.*,¹⁰ *Carb. v.*, *Hepar*, *Lyc.*, *Mag. c.*, *Rhus*, *Sil.*, *Verat.*—2.

— cough, as from, caused by dry glottis: *Hura*.

— single part becoming cold, cough from: *Hepar*, *Rhus*,⁷ *Sil.*—2.

— going from warm place to a, excites cough: *Acon.*, *Carb. v.*, *Natr. c.*,¹⁰ *Nux v.*,¹⁰ *Phos.*, *Sep.*—5.

— cough from, on rising in morning: *Carb. v.*

— cough following cold from standing in water: *Nux. m.*⁵

— cough from taking: *Bry.*, *Cham.*, *Chin.*, *Dros.*, *Hyos.*, *Ipec.*, *Lobel.*, *Natr. c.*,¹² *Nux m.*,¹² *Nux v.*, *Op.*,¹² *Rhus*, *Sep.*, *Sil.*—2.

COLD, walking in air, agg. cough: *Ars.*, *Ipec.*, *Phos.*¹⁰—1.

— **warm room**, going from, to cold air, or *vice versa*, causes coughing: *Sepia*, *Nux v.*,¹⁰ *Natr. c.*¹⁰

— on entering *warm room* from cold air, feels sensation in trachea as if full of smoke, which excites cough; feels as if he could not inhale sufficient air: *Bry.*⁶

COLIC, cough with: *Con.*

COMPANY, cough excited by: *Ambr.*, *Bar.*

CONCUSSIVE cough: *Anac.*, *Ant. cr.*, *Ars.*, *Bell.*, *CARB. v.*, *Caust.*, *Chin.*, *Coc. c.*,² *Con.*, *Cupr.*, *Graph.*, *Hyos.*, *IGN.*, *Ipec.*, *Kali c.*, *Lach.*, *Lact.*, *Led.*, *Lyc.*, *MERC.*, *Nitr. ac.*, *Nux v.*, *Olean.*, *Phos.*, *PULS.*, *Rhus*, *Seneg.*, *Sep.*,¹ *Sil.*, *Stann.*, *Sulph.*—11.

CONSCIOUSNESS, loss of, with cough: *Cina.*⁵

CONSOLING words agg. cough: *Ars.*⁵

CONSTANT cough: *Arg. c.*, *Bry.*, *Cupr.*, *Elaps*, *Euph.*, *Hyos.*, *Kalm.*, *Kali chl.*, *Kali iod.*, *Kali hyperman*, *Kreos.*, *Lact.*, *Natr. ph.*, *Nitrum.*, *Ph. ac.*, *Plan.*, *Puls.*, *Rhus*, *SPONG.*, *Zinc.*¹

— — evening: *Acon.*

— — lying down, amel. sitting up: *Hyos.*

— — — after, in evening: *PULS.*

— — morning: *Cupr. s.*

— — night, waking: *SEPIA.*

— — from tickling in throat: *Inu.*

— inclination to cough, almost preventing speaking: *Cimic.* (C. C. Smith.)

CONSTIPATION, with cough: *Bry.*,⁵ *Natr. c.*,⁵ *Podo.*, *Sepia.*—12.

CONTINUED coughing, agg. cough: *IGN.*, *Marum*, *Squil.*

CONTINUOUS cough: Acon., Bell., Cub., Cina, *Cupr.*, Dros., Hyos., Ipec., Merc., Mez., Rumex, Sang., Squil.—5.

- dry cough for years: *Lyc.*⁵
- cough, while lying: *Hyos.*,⁵ Puls.⁶
- paroxysmal cough: *Cupr.*⁵
- severe cough, with circumscribed redness of cheeks: *Sang.*⁵
- short, dry, suffocative cough: Acon.⁵
- tickling, harassing cough: Squil.⁵
- violent cough: Ipec.,
- — — till relieved by vomiting: *Mez.*

CONVULSIONS (spasms, etc.) with cough: Cham., Cina, Croc., Cupr.,⁵ Dros., Hyos., Led.,⁵ Meph.,⁵ Verat.—16.

CONVULSIVE, cough: Agar., AMBRA, Amm. caust., Arg. c., Ars., Arum tri., Asc. t., Bell., Bov., Cact., *Carb. v.*, *Chel.*, Chlo., Der., *Hyos.*, Ipec., Kali c., Lact., Meli., Merc. c., Oena., *Osm.*, Ped., Petro., *Phos.*, Plumb., *Rumex*, SEP., Sil., Stram., Stry., Tabac., Thuja.

- — **chest**, from constriction across: Ipec.
- — — — crawling and tickling in middle of: Kreos.
- — **evening**: Calc., *Carb. v.*, Natr. ars., Tarent.
- — **evening**, from tickling sensation: Still.
- — — — high in pharynx, 10.30 P. M., in bed: Carbn. s.
- — — from tickling above sternum: Verat. v.
- — **fauces**, from caustic sensation in: Coll.
- — — — tickling in: LACT.
- — **forenoon**: Agar., Lact.
- — **hands**, from putting, out of bed, at night: *Rhus.*

CONVULSIVE cough: larynx, from irritation in, night, on waking: Thuja.

- — — — itching tickling in, night: Calc. f.
- — — — tickling in: Bad., Vin.
- — **morning**: Natr. ars., Thuja.
- — — in bed: Ferr.
- — — and evening agg.: Stram.
- — — on waking: Thuja.
- — **night**: Agar., Mag. c., Sulph.
- — — in bed: Tarent.
- — — from irritation in larynx, on waking: *Thuja.*
- — — — itching tickling in larynx: Calc. f.

— — **pharynx**, from tickling high in, evening, 10.30 P. M., in bed: Carbn. s.

- — **smoking**, agg.: Lac. ac.
- — — amel.: Tarent.
- — **summer**, heat of, amel.: Ars.
- — from **swallowing** liquids: Sul. ac.

— — **sternum**, from tickling above, in evening: Verat. v.

- — **talking**, from: Dig.
- — **throat**, from a sensation of filling up of: Apis.
- — — — irritation of by hot eructations: Lac. ac.

— — — — tickling in: Mere. c.

— — **tickling**, from a sensation, evening: Still.

— — on **waking**, morning: Thuja.

— violent cough, accompanied by eructations and hoarseness: Ambr.

CORGZA with cough: Acon., Alum., Ambr., Ars., Bar., Bell., Calc., Canth., Carb. an., Caust., Ceba,⁵ Cimex, Con., Dig., *Euphr.*, Gels.,⁵ Graph., Ign., Kali c., Kali chl., Lach., Lyc., Mag. c., Meph., Merc., Natr. c., Nitrum. Nitr. ac., Phos., Ph. ac., Rhus, Rumex, Sang., Sep., Spong., Sulph., Sul. ac., Thuja.—12.

- CORYZA**, catarrh provokes cough, but she has no power to cough: Ant. t.⁷
- during dry cough: Bell.,¹⁰ Graph.,¹⁰ Natr. m., Selen.
 - — — — in sleep: Sep.
 - increases as cough diminishes: Mag. s.⁶
 - —, irritation to cough: Sep.
- CRAWLING**, cough from sensation of: Caust.
- in windpipe, near suprasternal fossa, before midnight, causes paroxysmal cough: Apis.
 - or creeping. See also under Chest, Larynx, Throat, etc.
- CREPITANT** cough: Aloe.
- CROAKING** cough: Acon., Ant. t., Lach.,¹⁶ Ruta, Spong.—5.
- cough during the day: Nitr. ac.
- CROSS** and angry, child gets, before the paroxysm of cough: Asar.
- CROUPY** cough: Acon., Ant. t., Bell.,¹ Brom., Cham., Hepar, Iod.,¹ Kali b., Lach., Phos., Rumex,¹⁰ Spong., STRAM.—5.
- **choking** at night (especially in fat children): Ipec.⁷
 - cough in evening: Cinnab.
 - — on **expiration**: Acon.¹⁰
 - **hoarse** cough: Ant. t., Bell., Brom., Hepar,¹⁰ Lach.—5.
 - cough at night: Carb. ac.,¹ Ipec.⁷
- CROWING** cough: Acon.,² Chin. Cina, Dros., Hepar, Ruta, SAMB., Spong.—11.
- inspirations with cough: Coral.
- CRY**, sudden loud, and yawning, following paroxysms of dry cough: Op.⁶
- CRYING** (weeping, etc.), agg. or excites cough: Ant. t., Arn., Bell., Cham., Dros., Guare.,¹ Hepar, Lyc., Phos., Verat.—2.
- **after** the paroxysm of cough: Arn.,² Bell.,⁵ Caps.,⁷ Cina,² Hepar.¹¹
- CRYING** before the paroxysm of cough: Arn.,⁵ Bell.²
- **during** the paroxysm of cough: Ant. t., Arn.,⁸ Ars.,² Bell., Cham., Chin., Cina, HEPAR, Ipec., Lyc., Sep., Sil., Samb., Verat.—2.
 - **fits of**, with restlessness, at night, with cough: Sulph.⁸
 - and whimpering after the paroxysm of cough, especially when touched: Cina.²
- DAMP** cold air, agg. cough: Ant. t., Calc., Carb. an., Carb. veg., Chin., Dulc., Lach., Mag. c., Mosch., Mur. ac., Nitr. ac. Sulph., Sul. ac., Verat., Zinc.—2.
- DAY**, cough during: Alum., AMM. c., Amm. m., Anac.,¹ Ang., Arg., Bar., Bell., Bism., Bov., Bry., Calc., Cham., Chin.,¹ Cic.,⁵ Coloc.,¹ Con., Cotyl., EUPHR., Ferr.,⁵ Gam.,¹ Graph.,⁵ Guai.,⁵ Kali c., LACH., Laur.,² Lyc.,¹ Manc.,¹ Mez., Mur. ac., Natr. ars.,¹ Natr. c., Nitr. ac., Nitrum, Nux v., Phos., Rhus, Sars., Sep.,⁵ Sol. t. æ., Stann., Staph., Sulph., Thuja, Zinc.—11.
- **cough amel.** in: Lach., Euph.,⁷ Merc.—5.
 - **and night**, cough during: Bell., Bism., Calc.,⁵ Carb. an., Cham.,⁵ Chinin., Cupr.,⁵ Dulc.,⁵ Euph., Hepar, Ign., Ind.,¹⁶ Lyc., Mez.,⁵ Mur. ac., Natr. c., Natr. m., Nitrum, Nitr. ac.,¹² Phos., Rhus,⁵ Sep., Sil., SPONG., Stann., Sulph., Zinc.—11.
 - **and night**, cough which makes boy quite breathless: Natr. m.⁶
 - **distressing** cough, during: Lyc.
 - **dry** cough during: Alum., Coloc., Cotyl., Gam., Natr. m., Phos., Sep., Sol. t. æ., SPONG., Sulph.
 - **dry cough**, and night: Bell., Euph., Ign., Lyc., Spong.

DAY, every other, violent cough :

Nux v.

- **every third**, cough : Anac., Lyc.—2.
- **exhausting** cough : Lyc.
- **hacking** cough during the : Gamb., Natr. m., *Sum.*
- **hour**, cough at the same, every : Lyc., Sabad.—5.
- **irritation** to cough during day : Agar.
- **from midnight** to daybreak, dry cough : NUX v.
- **only during** the, cough : Arg.,¹ Euphr.,¹ Lach.¹⁰
- **paroxysmal** cough during : Nitr. ac.
- **periodic** cough in the : Anac.
- **rattling** cough in, and in room, not at night or in air : Arg.
- **short** cough during : Arg., Cetyl., Kali br., Natr. c., Phos.
- **sudden** cough during : Coloc.
- **suffocative** cough during : Anac.
- — — — 2 and 4 A. M. : Chin.
- — — — 5 A. M., from dryness in larynx : *Kali e.*
- **tickling** cough during : Coloc., Lyc.
- **tight** cough during : Natr. ars.
- See also under Morning, Noon, Evening, Forenoon, etc.

DAYBREAK, dry cough from midnight to : NUX v.

DEBAUCH, cough after a : Stram.²

DEBILITY, with the cough : Ars., Chin., Ferr., Lach., Op., Psor., Stann., *Verat.*—5.

— See Exhaustion, also.

DEEP cough : Ail., All. sat., *Am-bra*, Amm. br., Amm. c.,⁵ Ang.,⁵ Ant. cr.,⁵ Ars.,⁵ Carb. v.,¹⁰ Dig.,⁵ Dios., Dros.,⁵ Eugen., *Hepar*,¹¹ Iod., Kali iod., *Lach.*,¹¹ Lycopers., Mag. m., *Mang.*, Petro.,⁵ Phos., *Sabad.*,¹¹ Samb.,⁵ Sil.,¹¹ Spong.,⁵ STANN., Still., *Verat.*, *Verb.*—1.

DEEP cough, afternoon and evening, from tickling below tonsils : Amm. br.

— — **agg.**, evening : Eugen.

— — **amel.**, noon and lying down : Indigo, *MANG.*, Sep., Squil.—10.

— — **chest**, from pressure on : Iod.

— — **evening** : VERAT.

— — — and afternoon, tickling below tonsils : Amm. br.

— — **inspiration**, on : Hepar.

— — **midnight**, after : Ars.

— — **morning** : Dios.

— — — early, from trachea, with expectoration of yellow mucus : August.

— — — tickling low in the throat, 6.30 A. M. : Dios.

— — **noon**, toward : Sil.

DEEP-SEATED cough : Guare.

DEEP-SOUNDING cough : Aloe, *Mang.*,¹⁰ Stann.¹⁰

DEGLUTITION, every empty, excites cough : Natr. m.,¹⁴ Op.¹⁶

DENTITION, cough during : Calc., *Cham.*, Cina, Hyos., Rhus.—5.

— tardy and often attended by convulsions and a loose rattling cough : *Calc.*²²

DESIRE to cough : Op., Mosch., *Sulph.*

— — — See Irritation to cough.

DIAPHRAGM and stomach affected by night cough, most before sunset : LYC.

DIARRHŒA, cough accompanying : Op.,⁵ Puls.,⁵ Rumex,⁵ Sang.,⁷ Sars.,⁵ Sul. ac.²²

— involuntary, with cough : Phos.,⁵ *Veratr.*¹⁰

— cough with coryza, then : *Sang.*⁶

— cough with belching of wind and : Ambr.,¹⁰ Sul. ac.,²² *Veratr.*¹⁰

— cough worse at night, with : Puls., Sang.—7.

- DIARRHŒA**, with violent dry cough, excited by tickling in larynx, often almost continuous; worse at night, when walking, when inhaling cool air, when talking, from pressing on larynx or trachea, when lying on left side: *Rumex*.²²
- DIFFICULT** cough: *Ant. t.*, *Coc.*, *Dig.*, *Kali br.*
 — — during chill: *Chin.*
 — — from oppression of chest: *Coc.*
 — — from pain in chest: *Dig.*
- DINNER** after, cough: *Agar.*, *Anac.*, *Arg. n.*, *Bry.*,¹⁰ *Carb. v.*,¹⁰ *Coc. c.*,⁵ *Ferr. ac.*,⁵ *Kali b.*, *Nux v.*,¹⁰ *Phos.*, *Sulph.*, *Tabac.*, *Tax.*, *Thuja*, *Zinc*.¹⁰
 — — dry cough: *Aeth.*, *Agar.*
 — — — when sitting, disturbs the nap: *Agar.*, *Lach*.¹⁰
 — — hacking cough: *Agar.*, *HEPAR.*
 — — when sleeping, cough: *Puls.*,¹⁰ *Staph*.⁵
 — — cough from tobacco-smoke: *Acon.*, *Bry.*, *Coc.*, *Dros.*, *Lach.*, *Petro.*—10.
 — — violent cough: *Mur. ac.*
- DISCOURAGEMENT** and apprehension following short cough, caused by severe tickling and irritation behind upper sternum: *Rhus*.
- DISTRESSING** cough: *Asp.*, *Lyc.*, *Meli.*, *Sep.*
 — — **agg.**, going from cold air to warm room, or *vice versa*: *Nux v.*, *Phos.*,¹⁰ *Sepia*.
 — — **agg.** morning and evening, on going to sleep: *Agn.*, *Brom.*, *Lach.*, *Lyc.*, *Nitr. ac.*—10.
 — — **during day**: *Lyc.*
 — — from **tickling** under top of sternum: *Iris v.*, *Squil*.¹⁰
- DRAUGHT** of air, **agg.** cough: *Acon.*, *Caust.*, *Chin.*—2.
- DREAD** of cough from pain and soreness in chest: *Phos.*
 — — — although it relieves: *Mag. m.*⁶
- DREAMS**, of having a dry, consumptive cough: *Eupion*.
- DRINK**, cough from getting into larynx: *Acon.*
 — **cold** excite cough, warm relieve: *Ars.*, *Rhus*, *Sil*.¹⁷
 — **cold** relieve cough: *Caus.*, *Coc. c.*, *Cupr.*
- DRINKING**, cough after: *Acon.*, *Amm. caust.*, *Ars.*,¹² *Bry.*,² *Con.*, *Ferr.*, *Hepar*, *Lach.*, *Lyc.*, *Manc.*, *Meph.*, *Nux m.*,⁷ *Op.*, *Phos.*,¹² *Sil.*—10.
 — after, cough is dry; after eating cough is loose: *Nux m.*,⁷ *Staph.*
 — *amel.*, dry cough: *Coc. c.*,¹ *Iod.*, *Spong*.²
 — cough from: *Acon.*, *Am. caus.*,¹ *Amm. m.*,¹¹ *Ant. t.*, *Ara.*, *Ars.*,¹¹ *Bry.*,¹¹ *Calc.*,¹² *Carb. v.*, *China*, *Cina*, *Coc.*, *Dig.*, *Dros.*, *Ferr.*, *Hepar*, *Hipp. m.*,¹² *Hyos.*, *Lach.*,¹¹ *Laur.*, *Lyc.*, *Manc.*, *Meph.*, *Nat. m.*, *Nux v.*, *Op.*, *Phos.*, *Psor.*,¹² *Rhus*, *Sil.*,¹¹ *Squil.*,¹¹ *Tell.*,¹ *Verat.*—5.
 — **acids**, **agg.** cough: *Ant. cr.*, *Brom.*, *Con.*, *Lach.*, *Natr. m.*, *Nux v.*, *Sep.*, *Sil.*, *Sulph.*—5.
 — **beer**, **agg.** or excite cough: *Mez.*, *Rhus*, *Spong.*—5.
 — **coffee**, **agg.** cough: *Caps.*, *Caust.*, *Cham*, *Coc.*, *Ign.*, *Nux v.*—5.
 — **cold fluids**, excite or **agg.** cough: *Amm. m.*, *Calc.*, *Carb. v.*, *Dig.*, *Hepar.*, *Kali c.*,¹² *Lyc.*, *Rhus*, *Sil.*, *Squil.*, *Spong.*, *Staph.*, *Stram.*,² *Sul. ac.*, *Verat.*—5.
 — **cold fluids**, eating and when lying down, **agg.** of cough: *Amm. m.*¹⁰

DRINKING cold fluids, after eating, walking, talking, or bending body forward, excite cough: Dig.¹⁰

— **cold fluids**, amel. cough: Borax, Caust., Coc. c., Cupr., Op., Sulph.

— **cold water** amel. intermitting cough, 6 A. M., awaking; cough first barking, clear and dry, afterward looser, with expectoration of some tenacious mucus, the hawking of which produced vomiting, sore throat and frontal headache; relieved by cold water and agg. by a cup of warm milk: Coc. c.

— or eating anything **hot** agg. cough, has to cough till the food is vomited: Mez.¹⁰

— **hurriedly**, excites cough: Sil.⁵

— **milk**, after, agg. cough: Ambra, Ant. t., Brom., Kali c., Spong., Sul. ac., Zinc.—5.

— **spirits**, agg. cough: Arn., Ferr., Ign., Lach., Ledum, Spon., Stram., Zinc.—5.

— **tea**, agg. cough: Ferr., Spong.—5.

— **tea, hot**, after, agg. cough: Spong.⁵

— **vinegar**, agg. cough: Ant. cr., Sep., Sil.—5.

— **warm fluids**, agg. cough: Ambra, Ant. t., Coc. c.,¹ Lauro., Mez., Stann.

— — amel. cough: Ars., Alum.,¹⁷ Eupion,¹ Lyc., Nux v., Rhus, Sil.,¹ Spong.,⁵ Verat. (E. W. B.)

— **wine**, agg. cough: Acon., Bor., Lach.—5.

— **wine, sour**, agg. cough: Ant. cr.²

— **without thirst**, excites cough: Ars.

DRIVING, in open air, agg. cough: Staph., Sulph.—2.

DRY cold air, agg. cough: Acon., Cham.,² Brom., Hepar, Nux m., Phos., Phosph., Rumex, Samb.,² Spong.—10.

DRY cough: Acal., Acet. ac., Acon., Æs. hip., Agar., Alco., Aloes, All. sat., ALUM., Ambra, Amm. c., Amm. m., Anac., Ang., Ant. cr., Ant. ox., Ant. t., Apoc. c., Aqu. p., Arg., Arg. c., Arg. n., Arn., Ars., Arum tri., Arum i., Asaf., Asar., Asc. t., Asim., Aur., Aur. m. n., Bar., Bell., Benz., Benz. ac., Berb., Bon., Bov., Brom., Bry., Bufo, Calad., Calc., Calc. ph., Calc. s., Camph., Cann. ind., Cann. s., Canth., Caps., Carb. an., Carb. v., Carbon. ox., Carbon. s., Card. b., Casc., Caust., Cent., Cham., Chel., Chenop.,¹² Chin., Chinin., Chro. ac., Cimic., Cimex., Cina, Cinnab.,¹² Clem., Coec., Coc. c., Coff., Colch., Coloc., Coloen., Con., Cop.,¹² Croc., Cupr., Cupr. ac., Cycl., Der., Dig., Dios., Dros., Dulc., Elaps, Euph., Euphm., Euphr., Eupion, Ferr., Fluor. ac.,¹² Gels.,¹² Ginseng, Gran., Graph., Grat.,¹¹ Guare., Guai., Hal., Ham., Hell., Hepar, Her., Hura, Hydras., Hyos., Hyosn., Hyper., Ign., Iod., Ipec., Jacor., Kali b., Kali br., Kali c., Kali iod., Kreos., Lach., Lachn.,¹² Lac. ac., Lact.,¹¹ Lauro., Led., Lepi., Lilium t., Linu., Lip., Lyc., Lobelia, Mag. c., Mag. m., Mag. s., Mang., Marum, Meli., Merc., Merc. c., Merc. sol., Mag., Mosch., Min. ac., Murex, Natr. ars., Natr. c., Natr. m., Natr. ph., Nicc., Nitr. ac., Nitrum, Nit. d. s., Nux m., NUX v., Olean., Ol. an., Osm., Pau. p., Ped., PETRO., Phell.,¹² PHOS., Ph. ac., Phyt., Pic. ac., Plan., Plat., Plumb.,

DRY cough (*Continued*).

- Podo.,¹² Psor., Pte., Puls., Pyrus,
Ran. sc., Ratan.,¹² Rheum.,
Rhod., *Rhus*, *Rhus rad.*,¹² RU-
MEX, Ruta, Sabad., Sabin., Sac.
alb., Samb., Sang.,¹¹ Sap., Sars.,
Selen., *Seneg.*, Sep., Sil., Sol. t. æ.,
Spig., Spira., *Spong.*, *Squil.*,
Stann., *Staph.*, Stram., Stront.,
Stryc., *Sulph.*, Sul. ac., Sum., Ta-
bac., Tarax., Tarent., Tep., Ter.,
Teucr., Thea, Thuja, Trif. p., Val.,
Verat., Verb., Vos., Wild., Zinc.,
Zing., Ziz.—1 and 4.
- — **afternoon**: Amm. m.,¹⁶ Kali
b., Mez., Phel., Sulph., Thuja.
- — **afternoon**, 3 P.M.: Calc. ph.
- — — 4 P.M.: *Chel.*
- — — 5 P.M.: Natr. m.
- — — 7 P.M.: Bry., *Grat.*, Spira.
- — **air**, open, in: Spig.
- — — — amel. in: Iod.
- — — — going from warm room
to: *Acon.*
- — **air passages**, from irritation
in: Iod.
- — **air passages** from tickling,
at night: Coc. c.
- — **bed** in, evening: *Alum n.*,
Bals., Calc., *Caps.*, Coca, Ferr.,
Mag. s., SULPH.
- — **bed** in, evening, agg.:
SULPH.
- — — — night: Arg. n., Sulph.
- — **bronchi**, crawling in upper:
Eapin.
- — — — scraping irritation in:
Arg.
- — — — tickling in: Bar.
- — **chest**, blood, determination
of, to: Aloe.
- — — — burning: Caust.
- — — — constriction, hot: Carb. v.
- — — — crawling in middle: Kreos.
- — — — heaviness: Sulph.
- — — — infiltration in lower part:
Kreos.

DRY cough, chest, pain: Iod.

- — — — pressure: Iod.
- — — — sticking: Iod.
- — — — stuffed sensation: Guai.
- — — — tickling: Mur. ac.
- — — — tickling in, during rest:
Euph.
- — — — tickling in middle: Kreos.
- — — — tickling low down: PH. AC.
- — — — in upper anterior, night:
Polyg.
- — **chill**, before the, and con-
tinuing after chill comes on:
Rhus. (Dunham).
- — **coryza**, during: Natr. m.,
Selen.
- — — — in sleep: Sepia.
- — **day**: Alum, Coloc., Cot.,
Gamb., Natr. m., Phos., Sep.,
Sol. t. æ., SPONG., Sulph.
- — — — amel. on lying down:
Sepia.
- — **day** and night: Bell., Euph.,
Ign., *Lyc.*, *Spong.*—11.
- — **dinner**, after: Aeth., Agar.
- — **drink**, from cold: Sil.
- — **drinking**, after: Ars., Phos.,
Nux m.⁷—12.
- — **drinking** amel.: SPONG.,
Coc. c., Op.
- — **drinking**, after; loose after
eating: Nux m.⁷
- — **dyspnœa**, as from, day and
night: Euph.
- — **eating**, from: All. s., Sep.
- — — — after, at night, agg.: Tereb.
- — **eating** amel.: *Spong.*
- — **epiglottis**, from tickling in:
Wye.
- — **evening**: Alum., Ars.,¹¹
Arund., Bar., Brom., Bov., Calc.,¹¹
Caps.,¹² Carb. v., Cent., Cop.,
Ferr.,¹² Hal., *Hepar*, Kali b., Kali
c.,¹² Lach., Lip., Mag. c., Mag.
m., Merc.,¹¹ Merc. i. r., Mez.,¹¹
Natr. c.,¹² Natr. ars., Nitr. ac.,
Nitr. d. s., Nux v.,¹¹ Petro.,

DRY cough (*Continued*).

- Phell., Ph. ac.,¹¹ Rheum, *Rhus*,¹¹
Seneg., *Sep.*, Sol. t. æ., Stann.,¹¹
 Stront., SULPH., Tabac., Thuja,
 Zinc.—I.
- — — 3 P. M.: Calc. ph.
- — — 4 P. M.: *Chel.*
- — — 5 P. M.: Natr. m.
- — — 7 P. M.: Bry., Grat., Spira.
- — — 10 P. M.: Natr. m.
- — — 10.30 P. M.: Sol. t. æ.
- — evening, AGG. in: Aloe,
 Bor., IGN., Phos., Verat.
- — — in bed, Alum., Bals.,
 Calc., Caps., Coca, Ferr., Mag. s.,
 SULPH.
- — — in bed, agg.: SULPH.
- — — exertion, from violent: *Ox.*
ac.
- — expectoration, often: Carbo
 v.
- — expectoration, amel.: Guai.
- — ends in expectoration of black
 blood: *Elaps*.¹²
- — expectoration in morning
 only: Alum., Amm. c., Bell., Bry.,
 Calc., Carb. veg., Euph.,¹² Ferr.,
 Hepar, Kali c., Led., Lye, Mag.
 c., Mang., Mur. ac., Natr. c.,
 Nat. m., Nitr. ac., Nux v.,¹² Phos.,
 Ph. ac., Puls., Sep., Sil., Squil.,
 Stann.,¹⁰ Sul. ac.—II.
- — expiration, after every, with
 flush of heat and sweat: Carb. v.⁶
- — fauces, from constriction of:
 Aesc. hip.
- — — — dryness of: *Mez.*, Phyto.
- — — — irritation in: *Mez.*
- — — — tickling in: *Tilia*.
- — flatus, discharge up and
 down amel., must sit up also:
 SANG.
- — forenoon: Agar., Alum.,
 Grat.
- — — 1-2 A. M., scratching in
 larynx: Zing.
- — — 2 A. M.: *Op.*

DRY cough, forenoon, 3 A. M.,
 tickling and scraping in larynx:
Op.

- — — 11 A. M., tickling behind
 upper half of sternum when sit-
 ting bent forward: *Rhus*.
- — — throat, from roughness in:
 Sars.
- — — —, from tickling in: *Amm.*
m.
- — — trachea, from irritation:
 Coc. c.
- — —, worse in: Camph.
- — and frequent, with scanty ex-
 pectoration: Phos.
- — hands, laying, on pit of
 stomach amel.: *Crocus*.
- — heat, of body, change of tem-
 perature, or warm room, violent
 and: Acon.
- — — of room, agg.: Coc. c.,¹⁰
 Natr. ars.
- — heart and arteries throb from,
 at night: Calc.
- — with hoarseness, dryness of
 throat, and fluent coryza with dis-
 charge of clear water: *Sulph.*
- — inspiration: Hepar, Natr.
 ars.
- — — deep: Brom., Plumb.
- — — deep, agg.: Natr. ars.
- — — deep, evening, agg.: *Dig.*
- — irritation to: Ang., Mez.,
 Sulph.
- — — after eating: Sulph.
- — — from constant, to cough,
 can mostly be suppressed, but if
 not several severe shocks succeed
 one another, painful and mostly
 dry: *Agar*.
- — larynx from air passing
 through: Ment. pip.
- — — — crawling in: *Psor*.
- — — — dryness in: *Bell.*
- — — — irritation in: Bell.,
 Kali iod., Sulph., Tabac.
- — — — itching in: Cact.

- DRY cough, larynx**, itching tickling in: *Bell.*
 — — — — scraping in: *Bell.*, *Hyc. ac.*, *Led.*, *Mang. ox.*
 — — — — scraping in, evening: *BROM.*, *Con.*
 — — — — scraping in, night: *Gamb.*
 — — — — scraping tickling in: *Mang. ox.*
 — — — — scraping tickling in, day: *Con.*, *Op.*
 — — — — scratching in, 1-2 A. M.: *Zing.*
 — — — — soreness in: *Upa.*
 — — — — stitches in: *Hyos.*, *Mang. ox.*
 — — — — stitches in, evening: *Nit. d. s.*
 — — — — sticking in, night: *Kali c.*
 — — — — tickling in: *Asaf.*, *Aur. m.*, *Brom.*, *Carb. ac.*, *Cimic.*, *Coloc.*, *Con.*, *Cycl.*, *Hcy. ac.*, *Ir. v.*, *Kali b.*, *Led.*, *Mang. ox.*, *Mez.*, *Nit. d. s.*, *Op.*, *PULS.*
 — — — — tickling at back of, afternoon: *Anth. n.*
 — — — — tickling in, evening: *Cimic.*
 — — — — tickling at side of, evening: *Ir. fœ.*
 — — — — tickling in, morning: *Natr. slfc.*
 — — — — tickling and scraping in, morning: *Op.*
 — — — — tickling scraping in: *Mang. ox.*
 — — — — tickling in, when smoking: *Coca.*
 — — — — tickling in upper part of: *Ipec.*
 — — **lying**, while: *Cinnab.*,¹ *Con.*,¹⁰ *Hyos.*, *Ipec.*,¹⁰ *Lyc.*, *Nitr. ac.*, *Phos.*,¹ *Phos.*, *Puls.*, *Sabad.*, *Sang.*, *Sep.*,¹⁰ *Sil.*,¹⁰ *Sulph.*, *Tereb.*¹⁰—12.
- DRY cough, lying** and sitting, not at all when moving: *Phos.*
 — — **lying** down, in day amel.: *Sep.*
 — — — — after, and on continued cough, agg.: *Marum.*
 — — **lying** down, in evening amel.: *Amm. m.*, *Zinc.*
 — — **lying** down, after, evening: *Mar.*, *Natr. m.*,¹⁰ *Nux v.*
 — — **lying** down, agg.: *Kali br.*
 — — — — after eating: *Tereb.*
 — — **lying** on back, agg.: *Amm. m.*, *Iod.*, *Nux v.*, *Phos.*, *Rhus.*, *Sil.*—10.
 — — — — on back amel.: *Mang.*
 — — — — right side, agg.: *Acon.*, *Carb. an.*, *Ipec.*, *Merc.*, *Phos.*—10.
 — — **lying** on back, midnight: *Nux v.*
 — — **lying** on side, midnight, amel.: *Nux v.*
 — — **lying** on left side aggr.: *Acon.*, *Bry.*, *Eupat. per.*, *Kali b.*, *Par.*, *PHOS.*, *Puls.*, *Rumex.*—10.
 — — **lying** on right side, night: *Carbo an.*
 — — **meal**, after a, as if dust had got into larynx: *Ferr. magn.*¹⁶
 — — **measles**, after the: *Cham.*, *Hyos.*, *Ign.*—12.
 — — **menses** during: *Graph.*
 — — — — in morning: *Cop.*
 — — — — and before, in morning: *ZINC.* .
 — — — — at night: *Zinc.*
 — — **midnight**: *Grat.*
 — — **after**: *Ars.*, *Calc.*, *Bell.*, *Nux v.*
 — — — — **before**: *Nitr. ac.*, *Rhus.*
 — — — — , in sleep: *Nitr. ac.*
 — — — — till daybreak: *Nux v.*
 — — — — **lying** on back, from: *Nux v.*
 — — — — — side, amel.: *Nux v.*
 — — — — tickling in trachea: *Phos.*

DRY cough, speaking, on:
 Atro., Dig., Lach.,¹⁰ Mang., Ment.
 pip., Stamm.¹⁰
 — — **sternum**, irritation behind
 upper half: Natr. ars.
 — — — tickling under lower:
 Verat.
 — — — — — top of: Ir. v.
 — — — **stomach**, laying hand on pit
 of, amel.: Croc.
 — — — from tickling in: Sang.
 — — — **stooping**, agg.: Iod.
 — — — **temperature**, from change
 of: Acon.
 — — — **throat**, from burning in:
 Bov., Kali b.
 — — — — crawling-tickling in:
 Calc. ph.
 — — — — — dryness in: Plan.,
 Stram.
 — — — — — afternoon: SANG.
 — — — — — irritation in: Aph.,
 Carb. ac., Tabac., Thuja.
 — — — — — tickling rawness in:
 Brom.
 — — — — — roughness in: Natr.
 slfc., Verat. v.
 — — — — — scraping in: Amm. c.,
 Bell., Bor., Bov., Carb. v., Graph.,
 Sabad.
 — — — — — scratching in: Acon.,
 Bartf., Psor.
 — — — — — stitches in: Caps.
 — — — — — tickling in: Bor., Ferr.,
 Indig., Plan., Phos., Sep.
 — — — — — tickling in, evening:
 Amm. m., Arg. n., Gymno., Sulph.
 — — — — — tickling in, morning:
 Ox. ac.
 — — — — — tickling in, night:
 Croc. c.
 — — — — — tickling at top of, noon:
 Naja.
 — — — — — tickling in pit of: Inu.
 — — — — — tickling and crawling
 in pit of: SANG.
 — — — — — touching: LACH.

DRY cough, tickling sensa-
 tion, from a, evening: *Still*.
 — — — **tobacco** smoke, from, even-
 ing: Thuja.
 — — — **trachea**, irritation as from
 dust in, after dinner when wash-
 ing himself: Ferr. mn.
 — — — irritation in; forenoon:
 Coc. c.
 — — — — — scraping in, from: Bry.
 — — — — — lower: Bry.
 — — — — — scratching in: Agar.
 — — — — — soreness in, from: Upa.
 — — — — — tickling in, from: Aur.
 m., Carb. ac., Petro., *Psor.*, Rhod.
 — — — — — tickling in, from, evening:
Still.
 — — — — — tickling in, evening, on
 entering warm room: Com.
 — — — — — tickling and itching in,
 from: Cham.
 — — — — — tickling in, evening, worse
 on lying down: Marum.
 — — — — — tickling in lower: ARX.
 — — — — — in, midnight: Phos.
 — — — — — tickling in lower, morn-
 ing: Arn.
 — — — — — tickling in upper, from:
 Marum.
 — — — on **waking**: Agar., Bry., Coc.
 c., Dig., Sang., Sol. t. æ.
 — — — **waking** in morning, on:
 Caust., Ign., Mag. s., Sil.
 — — — **waking** at night, on: SULPH.
 — — — **walking**, afternoon, on:
 Thuja.
 — — — **walking**, morning, amel.:
 Grat.
 — — — **warm** room, on entering a,
 afternoon, agg.: Anth. n., *Natr. c.*
 — — — — — evening, agg.:
 Natr. c.
 — — — — — — — tickling in
 trachea, evening: Com.
DUST, cough from: Poth.⁵
 — — — **close** air or, agg.: Natr. ars.
 — — — **agg. hacking** cough: Natr. ars.

DUST, inspired, cough as from having: Amm. c., Ars., Bell., Cina, Dros.—5.

DYSPPNEA (asthmatic affections, obstructed respiration, etc.) with cough: Acon.,¹² Alum, Amm. c., Amm. m.,¹² Anac., ANT. T., Arabia,¹⁰ Arn., Ars., Aspar., Bell., Brom. Calad., Calc., Carb. v.,² Caust.,¹² Chin.,² Cina, Coc. c.,¹⁰ Con., Coral,¹⁰ CUPR., Dig.,² Dolieli.,¹² Dros.,² Euphr., Ferr., Guai.,⁶ Hepar,¹¹ Ign.,² IPEC., Kali b.,⁶ Kali c.,² Kreos., Lach., Lact.,¹⁰ Laur.,² Led.,¹² Lyc., Merc., Mez., Mur. ac., Natr. m.,² Natr. s., Nitr. ac., Nicc.,¹² Nux m., NUX v., Op., Phell., Phos., Samb.,¹¹ Sep.,² Sil.,² Spig., Squil., Stann., Sulph.,² Sul. ac.,² Zinc.,² Zing.¹⁰—16.

See Choking, Suffocative Coughs; under Breath and Breathing.

- cough, commencing with: Bry., Led.—12.
- and cough with raising of black, tough mucus: Kali b.⁶
- and cough with spitting of blood, with previous sweet taste: Amm. c.¹⁰
- with *hard*, dry cough: Eupat. perf.
- with cough, which is worse when bending forward: Spig.⁷

EAR, aching, in throat or, with every coughing spell, or in distant parts, as leg, bladder, etc.: Caps.¹⁴

- **cracking** in, from cough: Nux v.
- **numbness** in front of, from cough, 8 A. M.: Dios. (v.).
- **pain** in both, with loose croupy or suffocative cough: Kali b.¹⁷
- **pain in**, from cough: Caps., Nux v.—5.
- **pain in**, from cough, 8 A. M.: Dios.

EAR, stitches in, with cough: Nux v.²

— **stopped up**, after cough: Chel.⁵

EATING, excites or agg. cough: Amm. m., Bry., Calc., Carbo v., Caust., Cham., Chin., Cocc., Coral,² Dig., Ferr., Hyos., Ipec., KALI B., Kali c., Laur., Mag. m., Mosch., Nux v., Phos., Puls., Rhus, Sep., Staph., Thuja, Verat.—5.

— **after**, a cough: Agar.¹ Amm. m., Ant. t., Ars., Bell., Bry., Calc.,¹ Carb. v., Cham., Chin., Ferr., Hepar, Kali b., Kali c., Lach.,¹¹ Laur., Nux m.,¹¹ NUX v., Op., Phos., Puls., Ruta, Rhus,¹¹ Sep., Sil.,¹¹ Staph., Sulph., Thuja, Zinc.—5.

— **after**, cough (with vomiting of food¹⁴), from bending body forward, walking, talking, drinking anything cold or: Dig.¹⁰

- — — agg.: All. s., Bry., Puls.
- — **dry** cough: All. s., *Sepia*.
- — **dry** cough agg., night: Tereb.
- — **hacking** cough: Anac., Hepar, Nitr. ac.
- — irritation to cough so violent he cannot cough soon enough, it draws his chest spasmodically together and he retches as if he would vomit: Sulph.

— — irritation to cough felt in larynx: Rumex.

— — **lying**, agg. short cough: Tereb.

- — **sharp** cough: Staph.
- — **short** cough: Caust.
- — **spasmodic** cough, with vomiting of ingesta: Ferr.¹⁰
- — **sufficiently**, cough: Carbo v.
- **acid** or biting food, cough agg. as from: Thuja.⁵
- **amel.** cough: Amm. c., Anac.,² Euphr., Ferr.,¹⁰ Spong.—1.
- — whooping cough: Tabac.

- EATING**, amel. spasmodic morning cough : Ferr.¹⁰
- **breakfast**, amel. cough : Aspar., Kali c., Lach.—5.
 - cough before : Sulph.
 - **bread** excites cough : Kali c.⁵
 - — brown, excites cough : Ph. ac.⁵
 - **bread** or cakes, paroxysmal cough : Spong., Nitrum.
 - **cold food** agg. cough : Amm. m.,¹⁰ Carbo v., Hepar, Lyc., Mag. c., Rhus, Sil., Verat.—2.
 - **cold**, anything, or drinking, when lying, cough agg. : Amm. m.¹⁰
 - **dinner**, cough after : Cocc. c., Ferr. acet., Kali b.—5.
 - **fruit**, agg. cough : Mag. m.⁵
 - **hastily** agg. cough : Silicea.⁵
 - **hot**, drinking or eating anything, agg. cough ; has to cough till the food is vomited : Mezer.¹⁰
 - **irritating** food, agg. cough : Stann.⁵
 - **meat**, agg. cough : Staph.⁷
 - **potatoes** agg. cough : Alum.⁵
 - **pungent** food, cough as from eating, morning on rising : Thuja.
 - **salt** food, agg. cough : Con., Lach.—2.
 - **solid** food, agg. cough : Cupr.²
 - **sour** things, agg. cough : Ant. cr., Brom., Con., Lach., Natr. m., Nux v., Sep., Sulph.—2.
 - **stimulating** food, agg. cough : Stann.²
 - **sugar** amel. cough : Sulph.⁵
 - **sweetmeats**, cough from : Zinc.²
 - **vinegar** agg. cough : Ant. cr., Sep., Sulph.—2.
 - **warm** food agg. cough : Bar., Kali c., Laur., Mcz., Puls.—2.
 - **when** : See under eating.
 - — loose, rattling cough : Phos.
 - **while** agg. of hacking cough : Sang.
 - — **irritation** to cough, in larynx : Staph.
- EMOTION** and excitement, agg. cough : Lach., Lob., Spong.—8.
- EMPTYNESS**, feeling of, after cough : Illicium an.⁷
- EPIGASTRIUM**, bruised pain in, from cough : *Nux v.*,⁶ STANN.¹
- **comes** from, cough seems to : Raph.
 - **contractive** pain in, causes cough to continue (even after sitting up) : Ars.⁷
 - **emptiness** in, sensation of, with cough : Ign., Mur. ac., Stann.²
 - **irritation** to cough, felt in : Bar., Bry., Cham., Hepar, Lach., Natr. m., Nitr. ac., Ph. ac.—2.
 - **oppression** in, excites cough : Kali b.²
 - **pain** in, from cough : Ambr., Dros., Nux v.—5.
 - **small spot** in, painful to touch, violent cough appears to come from : Kali b.⁶
 - **soreness** in, from cough : Nux v.⁵
 - **stitches** in, from cough : Phos.,⁷ Sep.⁵
 - **tender spot** in, seems to cause cough : Kali b.⁶
- EPIGLOTTIS**, tickling in, excites dry, hacking cough : Acon., Wye.
- ERUCTATION**, abundant, accompanying cough : Ambra, Arn.,⁷ Sul. ac., Verat.—2.
- **agg.** cough : Bar., Sol. t. æ.,¹ Staph.—2.
 - **choking** during, causes cough : Plat.
 - **convulsive** cough, at night, agg. by irritation in throat from hot : Lac. ac.
 - **of food**, after cough : Sul. ac.
 - **of sour** food, after cough : Raph.
- ERUPTIONS**, suppressed, cough from : Dulc.²

EVENING cough (or agg. in):

Acon.,¹¹ Agar,¹ Ail.,¹ Alum.,
Ambr.,¹ Amm. c.,¹¹ Amm. m.,
Anac.,² Ant. t.,¹² Apis,¹ Arg. n.,¹
Arn., ARS., Arund.,¹ Aspar.,¹
Bad.,² Bar., Bell., Bism., Bov.,
Bry., CALC., CAPS., *Carb. an.*,
Carb. v., Caust., Cepa,² Cham.,
Chin., Chin. s.,¹ Cina, Cocc.,
Cocc. c.,¹ Coloc., Con.,¹¹ Croton t.,
Dros., Eugen., Eupat. per.,
Euphr., Ferr., Fluor. ac.,¹²
Graph., HEPAR, Hey. ac., Ign.,
Indig., Iod., Ipec., Kali c., Kali
iod.,¹ Kreos., Lach.,² Laur.,²
Led.,² Lith. c., Lycopers.,¹ Lye.,
Mag. c., Mag. m., Mag. s., Ma-
rum, MERC., Mez., Mosch.,²
Mur. ac., Naja,¹ Natr. c., *Natr.*
m., Nicc., NITR. AC., *Nux m.*,
Nux v., Olean.,¹ Ox. ac.,¹ Par.,
Petro., Phos., Ph. ac., Psor.,¹
PULS., Ran. b., Rheum, Rhod.,
Rhus, Rumex,² Ruta, Sang.,
Seneg., Sep., Sil., Sin. n.,¹ Spong.,²
Squil., *Stann.*, Staph., Sticta,²
Stront., Sulph., Sum.,¹ Tarent.,¹
Thuja,¹ Upas,¹ Verat., *Verb.*,
Zinc.¹²—5.

— **cough**, 4 P. M.: Calc. f., Kali b.

— — 4-8 P. M.: *Lye.*

— — 5 P. M.: Sol. t. æ.

— — 6 P. M.: Rhus, Sum.

— — 6-7 P. M.: Sepia.

— — 9 P. M., on going to bed: Sil.

— — 10 P. M.: Bell.¹⁰

— — 11-12 P. M., in bed: Hepar.

— — in **abdomen**, sensation in,
as if he would vomit, and con-
traction in lower abdomen in
bed: Dros.

— — **air-passages**, from irritation
in: Sulph.

— — **bed**, excited or agg. in:
Agn., Amm. c., Amm. m., Anac.,
ARS., Bell., Bor., *Calc.*, *Carb. an.*,
Carb. v., Cocc., Coff., Con., Dros.,

EVENING cough (*Continued*).

Ferr., Graph., Hepar, Ipec.,
Kali c., *Kreos.*, Lach., Lye., Ma-
rum, MERC., NATR. M., *Nitr. ac.*,
Nux m.,¹⁰ *Nux v.*, *Petro.*, Phos.,
Ph. ac.,¹ Puls., Rhus, Ruta, SEP.,¹
Sil.,¹ *Stann.*, Staph, Verb.—11.

— — in **bed**, before menses, cough
amel. by rising up: Sulph.

— — **bed**, on going to, 9 P. M.:
Sil.

— — — in, sensation in abdomen
as if he would vomit, and con-
traction in lower abdomen: Dros.

— — — on becoming warm in, agg.:
Ant. t., Dros., *Natr. m.*, *Nux m.*,
Puls.—12.

— — — bronchi, from crawling
in: Kreos.

— — — chest, after rattling in,
on sitting up in bed: Con.

— — — deep inspiration, after
lying down: Ipec.

— — — on lying down: ARS.,
Dros., Ferr., Graph., Lach., *Natr.*
m., Staph.

— — — lying down, cough imme-
diately: *Dros.*

— — — and morning on waking:
Silicea.

— — — **menses**, before, in bed,
amel. on rising: Sulph.

— — **barking**: *Nitr. ac.*

— — **choking**: Cina.

— — **constant**: Acon.

— — **convulsive**: *Calc.*, *Carb. v.*,
Natr. ars., Tarent.

— — from tickling: Still.

— — **croupy**: Cinnab.

— — **deep**: VERAT.

— — **distressing**, agg. morning,
and on going to sleep: Lye.

— — **dry**: Alum., ARS.,¹¹ Arund.,
Bar., Brom., Bov., Calc.,¹¹ Caps.,¹²
Carb. v., Cent., Cop., Ferr.,¹²
Hepar, Kali b., Lach., Lip.,
Mag. c., *Mag. m.*, Merc.,¹¹ Merc.

EVENING cough, dry (*Continued*)

- i. r., Mez., Natr. ars., Natr. c.,¹²
 Nitr. ac., Nit. d. s., *Nux v.*,¹¹
 Petro,¹¹ Phell., Ph. ac.,¹¹ Rheum,
 Rhns, *Seneg.*, *Sep.*, Sol. t. æ.,
 Stann.,¹¹ Stront., SULPH., Tabac.,
 Thuja, Zinc.—1.
 — **dry cough**, 3 P. M.: Calc. ph.
 — — — 4 P. M.: *Chel.*
 — — — 5 P. M.: Natr. m.
 — — — 7 P. M.: Bry., Grat., Spira.
 — — — 10 P. M.: Natr. m.
 — — — 10.30 P. M.: Sol. t. æ.
 — — — agg. in: Aloe, Bor., IQN.,
Phos., Verat.
 — — — agg. in bed, in: SULPH.
 — — — agg. entering warm room:
 Natr. c.
 — — — agg. on deep inspiration:
Dig.
 — — — agg. lying down: Natr. m.¹⁰
 — — — agg. after lying down and
 on continued coughing: Marum.
 — — — amel. lying down: Amm.
 m., Zinc.
 — — — in bed: *Alumn.*, *Calc.*,
 Caps., Cöca, Ferr., Mag. s.,
 SULPH.
 — — — scraping in larynx: BROM.,
Con.
 — — — stitches in larynx: Nit.
 d. s.
 — — — tickling in larynx: Cimic.,
 Ir. fœ.
 — — — lying down, after: *Nux v.*
 — — — menses, before and during:
 ZINC.
 — — — pharynx, tickling high in,
 in bed: Carbon s.
 — — — reading aloud: Phos.
 — — — on going to sleep: *Hepar.*
 — — — spasmodic from tickling:
Still.
 — — — from tobacco smoke:
 Thuja.
 — — — **exhausting**: Ipec., *Kali c.*
 — — — 7 P. M.: *Ipec.*

EVENING cough, exhausting:

- in bed: *Sil.*
 — — — tickling in throat, before
 retiring: Arg. n.
 — — — **explosive**, agg. in: *Sil.*
 — — — **forcible**, night and: *Ruta.*
 — — — **hacking**: Amm. br., *Bor.*,
 Carb. an., Dign., Eup. per., *Kali*
 b., Lil. t., Sin. n., Snn., Zinc.
 — — — 2 P. M.: Laur.
 — — — 3 P. M.: Calc. ph.
 — — — 6 P. M.: Snn.
 — — — 7.15 P. M., from tickling in
 trachea, on entering warm room:
 Com.
 — — — **agg.** in: Phos.
 — — — — after lying down: *Sil.*
 — — — — **amel.** lying down: Amm.
 m.
 — — — in bed: Bry., Lact., Nitr.
 ac., *Rhus*, *SEP.*, *Sulph.*
 — — — after lying down: SANG.
 — — — after lying down, from
 provocation in larynx: IGN.
 — — — from smoking: Coloc.
 — — — throat, scraping in: Tereb.
 — — — — tickling in: Amm. m.,
Sang.
 — — — tickling in trachea on
 entering warm room, 7.15 P. M.:
 Com.
 — — — **hard**: Apoc. c., PULS.
 — — — tickling in throat: Gymno.
 — — — **hoarse**: Cina.
 — — — , agg., and morning: Caust.
 — — — **hollow**: VERAT.
 — — — after lying down: Lact.
 — — — **interrupted**, from smoking:
 Thuja.
 — — — **irritable** and dry from tick-
 ling in trachea, after lying down,
 agg. or continued coughing:
 Marum.
 — — — **irritation** to cough: *Chel.*,
 Dios.
 — — — — lying down: IGN., Mez.,
 Sulph.

EVENING cough, irritation to, in larynx toward evening: Merc. c.

— — — in larynx and trachea, 2 P. M.: Coca.

— — — — — from tickling, 7 P. M.: Cimic.

— — — — pain in right lung, 8 P. M.: Dios.

— — — — tickling in throat, 9 P. M.: Dios.

— — — — from irritation in throat, 10 P. M.: Dios.

— — loose: Mur. ac.

— — — 7 P. M.: Spire.

— — loosens phlegm, cough not ceasing till he: Sep.⁷

— — overpowering, before sleep, as if larynx were tickled by a feather: Lyc.

— — painful, in bed: Bry.

— — paroxysmal: Chel., Chlo., Hepar, Na tr. m.

— — —, 1-2 P. M.: Aqu. p.

— — —, 1.30 P. M.: Phal.

— — —, 2 P. M.: Ol. an.

— — —, 3 P. M.: Phel.

— — —, 4 P. M.: Chel., Coca.

— — —, 5 P. M.: Cupr.

— — —, 6.15 P. M.: Ol. an.

— — —, 7 P. M.: Grat.

— — —, 11 P. M., after lying down: RUMEX.

— — —, in bed, with salivation: Natr. m.

— — — after lying down: Nux v.

— — —, — — —, 11 P. M.: RUMEX.

— — — from irritation in larynx, in bed: Cocc.

— — — with salivation, in bed: Natr. m.

— — — in cool wind: Coca.

— — — walking in hot sun: Coca.

— — racking: Ipec.

— — — 10 P. M.: Natr. m.

— — scraping: Rhod.

— — — after lying down; Bry.

EVENING cough, short: Alum., Bar., Carb. v., Kali b., Sep., Thuja.

— — — 2 P. M.: Laur.

— — — 5 P. M.: Natr. m.

— — — 11 P. M., from tickling behind upper sternum: Rhus.

— — — agg. in: IGN.

— — — in bed: Lyc., Sep.

— — — tickling in larynx: Cimic.

— — — — behind upper sternum at 11 P. M.: Rhus.

— — — interruption of respiration in upper trachea: Ign.

— — — on undressing: Chel.

— — sudden: Apoc. c.

— — — from tickling in throat, worse on the sides: Anm. br.

— — suffocative: Indig., Ipec.

— — —, 7 P. M.: Ipec.

— — — after going to sleep: Carb. an., Aralia.

— — tickling: Alum. n., Calc. ph., Coloc., Natr. m.

— — — 3 P. M.: Hepar.

— — — 6 P. M.: Sulph.

— — — agg. in bed: Calc. ph.

— — — distressing cough during day, but is worse in evening on going to sleep: Lyc.

— — tight: Calc. s.

— — violent, after lying down: Kali c.

— — — agg. afternoon, evening and on entering warm room: Natr. c.

— — — without expectoration, but with dyspnoea: Ars.

EXCITEMENT agg. cough: Acon., Dig.,⁸ Spong.—5.

— and emotion, agg. cough: Lach., Lob., Spong.—8.

— mental, is followed by stitches in throat, producing cough: Cist. c.⁸

EXERTION agg. or excites cough: Arn., Bar., Bry., Dulc., Ferr., Iod., Ipec., Lyc., Merc., Mur. ac.,¹ Natr. ars.,¹ Natr. m., Nux v.,¹ Ox. ac., Sil., Spong., Squil.,¹⁰ Verat.—5.

EXERTION, any, which increases respiration, agg. cough: *Natr. ars.*

— *mental* agg. or excites cough: *Arn.*, *Asar.*, *Colch.*, *Igu.*, *Nux v.*—5.

— *mental* agg. whooping cough: *Arn.*, *Cina.*, *Igu.*, *Nux v.*—8.

EXHAUSTING (fatiguing, wearying) cough: *Ail.*, *Alum.*, *Aqu. p.*, *Arg. n.*, *Ben. ac.*, *Carb. v.*, *Chel.*,² *Croc.*, *Coral.*,⁵ *Cupr.*, *Graph.*, *Hyos.*,⁵ *Ipec.*, *Kali br.*, *Kali c.*, *Lip.*, *Lyc.*, *Mag. s.*, *Merc. c.*, *Merc. sol.*, *Natr. c.*, *Nux v.*, *Phos.*,⁵ *Plumb.*, *Rhod.*, *Rumex*,² *Sang.*,² *Sil.*, *STANN.*, *Sulph.*, *Sul. ac.*, *Tax.*, *Tarent.*, *Thuja.*, *Verat.*—1.

— **day**: *Lyc.*

— **evening**: *Ipec.*, *Kali c.*

— — — 7 P. M.: *Ipec.*

— — — in bed: *Sil.*

— — — tickling in throat on retiring: *Arg. n.*

— **febrile** attacks, during: *Thuja.*

— *hand*, laid on pit of stomach amel.: *Croc.*

— **midnight**, lying on back: *Nux v.*

— — — lying on side, amel.: *Nux v.*

— **morning**: *Rhod.*, *Sulph.*

— — — and evening, agg. in, on going to sleep: *Lyc.*

— — — after waking: *Mag. s.*

— — — on waking: *Thuja.*

— **menses**, at beginning of: *Phos.*

— **night**: *Natr. c.*, *Rhod.*

— — — in bed: *Tarent.*

— — — sitting up, amel.: *Natr. c.*

— **noon**, tickling of palate and pharynx: *Arg. n.*

— **smoking**, from: *Tarent.*

EXHAUSTION after cough: *Ars.*,¹ *Carb. v.*, *Coral.*, *Dig.*,² *Hyos.*, *Plumb.*,⁶ *Spong.*,² *Verat.*—5.

EXHAUSTION after the cough with a smothering sensation before the paroxysm, worse mornings: *Coral.*¹⁷

— dry cough at night, preventing sleep and causing: *Puls.*

EXPAND, efforts to, the chest excites cough: *Indig.*

EXPECTORATION, dry cough after: *Carb. v.*

— amel. severe and long coughing spells: *Lob. in.*¹⁷

— during day amel. dry cough: *Guai.*

— of mucus, 6 P. M., amel. tickling cough: *Sulph.*

— evening cough *without*, but with dyspnoea: *Ars.*

EXPIRATION excites cough: *Acon.*, *Cann.*, *Carb. v.*, *Caust.*, *Dros.*, *Kreos.*, *Lach.*, *Nux v.*, *Ph. ac.*, *Staph.*—5.

— after every, a dry cough, with a flush of heat and sweat: *Carb. v.*⁶

— on, tickling in trachea: *Nux v.*

EXTREMITIES, cold, with suffocating, exhausting cough, evening: *Ipec.*⁶

EXPLOSIVE cough: *Stry.*

— — agg. in evening: *Sil.*

— — from tickling in larynx: *Nit. d. s.*

— — with escape of fetid pungent air: *Caps.*⁷

EYE bloodshot and bleeding from nose, with cough: *Arn.*⁷

— **dark** around, with dry, spasmodic cough, worse morning and evening: *Stram.*⁶

— **fill** with tears from hard morning cough, mucus is so hard to detach: *Cina.*⁶

— **lachrymation** with cough: *Acon.*, *Agar.*,¹ *Brom.*, *Calc.*, *Carb. v.*, *Cepa.*, *Chel.*,⁵ *Cina.*, *EUPH.*, *Hepar.*, *Ipec.*, *Kali c.*, *Kreos.*, *Merc.*, *Natr. m.*, *Puls.*, *Rhus.*, *Sabad.*, *Squill.*,⁵ *Staph.*, *Sulph.*—2.

- EYE** lid, dull shock behind right, from cough: Sul. ac.⁶
- **pain** in: Kali b., *Kali c.*, Kali hyd., *Lach.*¹¹
 - **pains** in both eyes, oppression of breathing, horseness and pain in chest, with cough and bronchitis: Kali hyd.⁶
 - **shock**, dull, behind right eyelid, from cough: Sul. ac.⁶
 - **sparks**, before eyes, when coughing: Bell., Kali c., Par.—5.
 - **swelling** of upper eyelid with whooping cough: Kali c.²
 - **tearful** and flushed face with cough: Eup. per.¹⁰
 - from dry cough, with sweat, stitches in the vertex, vomiting and pain in stomach: *Sabad.*¹⁰
- FACE** black, or purple, from violent spasmodic cough, commencing with gasping for breath, and continuing with repeated crowing inspirations and exhaustion; agg. at night and during a meal: *Coral.*²
- **bloated**: *Meph.*⁵
 - **blood** red: *Stram.*²
 - **bluish**: *Acon.*¹¹ *Ars.*, *Bad.*, *Bell.*¹¹ *Carb. v.*,⁵ *Cina.*¹¹ *Cupr.*⁵ *Dros.*, *Hyos.* *Op.*¹⁵ *Ipec.*, *Kali c.*, *Lach.*, *Nux. v.* *Op.*⁵ *Sil.*¹¹ *Staph.*, *Verat.*—2.
 - **bluish** red: *Bell.*, *Con.*¹⁶ *Staph.*—2.
 - **bluish**, with desire to cough, but breathing is arrested, after which he falls into a deep sleep, with cold sweat all over: *Op.*⁶
 - **bluish**, from cough with profuse expectoration and involuntary micturition: *Verat.*⁶
 - **brownish**: *Iod.*, *Nitr. ac.*, *Samb.*—2.
 - **cold**, in fleshy children: *Iod.*⁵
 - **convulsions**, beginning in the: *Dulc.*²
- FACE**, earthy pale: *Iod.*, *Kreos.*, *Natr. m.*, *Zinc.*—2.
- **florid**: *Ferr.*, *Theridion.*—5.
 - **flushed**, with tearful eyes, from cough: *Eup. per.*¹⁰
 - **heat** of: *Amm. c.*,¹² *Bell.*⁵ *Brom.*⁵ *Bry.*, *Carb. v.*,⁵ *Con.*, *Dros.*, *Eup. per.*⁵ *Hepar*, *Hyos.*, *Ipec.*⁵ *Sabad.*, *Samb.*, *Seneg.*, *Sil.*, *Sulph.*—2.
 - **livid** and puffed: *Dros.*²
 - **pale**: *Ars.*, *Aeth.*,¹ *Bad.*, *Brom.*, *Carb. v.*, *Cina*, *Cupr.*, *Dig.*, *Dulc.*, *Ferr.*, *Lyc.*, *Mag. m.*, *Merc.*, *Mez.*, *Puls.*, *Rhus*, *Sep.*, *Sil.*, *Spong.*, *Stann.*, *Stram.*, *Sulph.*, *Sul. ac.*, *Verat.*, *Zinc.*—2.
 - after the cough: *Cina.*
 - with red spots: *Sulph.*²
 - **pain** in bones of face: *Kali b.*⁵
 - **perspiration** on: *Ant. t.*, *Cham.*, *Ign.*, *Ipec.*⁵ *Samb.*, *Sulph.*, *Tarent.*¹—2.
 - clammy: *Cham.*²
 - cold: *Cact.*, *Verat.*—5.
 - hot: *Cham.*²
 - of the forehead: *Acon.*, *Ant. t.*, *Carb. v.*, *Cina*, *Dros.*, *Ipec.*, *Kali c.*, *Staph.*, *Verat.*—2.
 - — — — cold: *Carb. v.*, *Cina*, *Dros.*, *Ipec.*, *Staph.*, *Verat.*—2.
 - **puffiness** of: *Acon.*, *Ars.*, *Bell.*, *Dros.*, *Hyos.*, *Ipec.*, *Kali c.*, *Mag. c.*, *Meph.*—2.
 - around the eyes: *Ferr.*, *Rhus.*
 - under the eyes: *Phos.*
 - **red**: *Acon.*, *Bell.*⁵ *Bry.*, *Caps.*⁵ *Con.*⁵ *Eup. per.*⁵ *Ferr.*, *Hepar*, *Hyos.*, *Ipec.*, *Kali c.*,¹² *Lyc.*, *Mur. ac.*, *Nitr. ac.*, *Sabad.*, *Samb.*, *Sil.*, *Squil.*, *Staph.*, *Stram.*, *Sulph.*—2.
 - dark: *Bar.*, *Coral.*, *Squil.*, *Stram.*—2.
 - **redness** alternating with paleness: *Acon.*,⁷ *Caps.*⁵
 - of one cheek: *Acon.*, *Cham.*, *Ipec.*, *Mosch.*—2.

HEMORRHOIDS.

WM. JEFFERSON GUERNSEY, M. D.

(*Clinical Bureau, I. H. A.*)

If this paper, on a subject so familiar to the student and to the busy practitioner, shall prove of practical value to the members of this Association, or cause any homœopathist (one who *believes* in Homœopathy), that may have been misguided into the use of the knife, or of external treatment, in this affection (treatment which is external both to the patient and to the creed), to abandon those needless and harmful agents and to become a homœopathician (or practitioner of that faith), then shall the writer feel that the hours devoted to the collecting and arranging of this matter have been well spent.

The following works have been scanned with great care, and *all* symptoms bearing *directly* upon the subject in question save a few meaningless ones have been recorded :

ALLEN'S "SYMPTOM REGISTER," which embraces the 10 vols. of *Materia Medica Pura*, by same author.

"LIPPE'S REPERTORY," which contains the "more characteristic symptoms" from every source.

BENNINGHAUSEN'S "THERAPEUTIC POCKET-BOOK"—A compilation of best writings by best men.

"BRYANT'S MANUAL," a repertory much used.

"JAHR'S REPERTORY OF SKIN DISEASES" (the section on "Anal region—varicose").—Here we obtain all the symptoms in this affection mentioned in the *Symptomen Codex*, by Jahr.

And "HART'S REPERTORY TO THE NEW REMEDIES," based upon *Hale's Special Symptomatology and Therapeutics*.

All of this reliable material has been arranged in alphabetical order, and will be found under PART I. This section Dr. Ad. Lippe has kindly examined and verified, thus removing any doubt as to the possibility of an error having crept in through copying and classifying. PART II was made up from this, and should be studied in conjunction, not forgetting to take into account every *other* morbid symptom which the patient can cite. These may be looked for in general repertories.

For several years I have kept minute records of all cases of Hæmorrhoids (as of other diseases), and on referring to these I find

but very few not cured by the first prescription, and not one, however stubborn under other treatments, that has not yielded to a few prescriptions (with careful study) of the homœopathic simillimum, unaided (unmolested) by *any* local application. Nor have I once found any surgical interference necessary. In illustration of the efficacy of "individualization," Dr. Lippe, a short time since, related to me an account of his having prescribed for four patients for "piles," all brothers, all lawyers, all high livers, and all whisky drinkers, and yet not one of them received the great anti-alcoholic *Nux*. Each of the four was given a different remedy in a single dose, and each was cured promptly by the first prescription.

Note the "totality of symptoms," and give the "single remedy" in the "minimum dose," and relief, both prompt and sure, will follow in *every* case.

PART I.—REPERTORY.

1. Hæmorrhoids:

ACON.	Aur. met.	China.
Aesc. glab.	Aur. mu.	China sul.
ÆSC. HIP.	Aur. m. na.	Chr. ac.
Aethu.	Bad.	Cimex.
Agaric.	Bapt.	Cimic.
Alco.	Bart.	Cinnab.
All. c.	<i>Bar. carb.</i>	<i>Clem.</i>
ALL. S.	<i>Bella.</i>	Coc. cac.
ALOE.	<i>Berb. v.</i>	Coff.
Alume.	Borax.	Colch.
<i>Alumi.</i>	BROM.	Collin.
Ambr.	Bruc.	COLO.
Am. br.	Brys.	Cop.
AM. CARB.	Bufo.	Cubeb.
Am. mu.	<i>Cact. g.</i>	Cu. met.
<i>Anac.</i>	CALC. C.	Cycla.
Angus.	Calc. cau.	Der.
<i>Ant. cr.</i>	Calc. ph.	Dios.
Ant. tart.	Canth.	Elat.
Apis.	CAPS.	Erec.
Apo. c.	CARB. AN.	Erig.
Arn.	CARB. VEG.	Eryng.
ARS. ALB.	Carbn. o.	Euph. a.
Ars. met.	Carl.	Euphra.
Art. ab.	Cascar.	FER. MET.
Arund.	CAUST.	Ferul.
Ascl. tu.	CHAM.	Flu. ac.
Ast. rub.	Chen. v.	Form.

1. Hæmorrhoids—(Continued).

Gal. ac.	Lycopus.	<i>Rhus t.</i>
Gas.	Mag. carb.	<i>Rhus v.</i>
Gels.	Mag. mu.	Rumex.
Glon.	Manc.	Ruta.
Gran.	Meli.	<i>Sabi.</i>
GRAPH.	Meng.	<i>Sacch.</i>
Grat.	Mer. cy.	Sang.
Hama.	MER. SOL.	Sarra.
Helian.	Mer. viv.	Secale.
Hell.	<i>Millef.</i>	SEPIA.
<i>Hep. s.</i>	MU. AC.	Serp.
Hipp.	<i>Na. mu.</i>	SILIC.
Hydras.	NIT. AC.	Spig.
Hydroph.	NUX V.	Stan.
Hynos.	Opu.	Staph.
Hypo. calc.	Penth.	Still.
IGNA.	Petrol.	<i>Stram.</i>
Iod.	PHOS.	Stron.
<i>Ipec.</i>	<i>Ph. ac.</i>	SUL.
Jat.	Physos.	<i>Sul. ac.</i>
K. acet.	<i>Phyto.</i>	Sumb.
<i>K. bich.</i>	Pin. s.	Tell.
K. CARB.	Plant.	Tepl.
K. iod.	<i>Plat.</i>	Ther.
K. nit.	Plumb.	THUJ.
Kiss.	PODO.	Urt. u.
Lac. ac.	Polygon.	Valer.
Lach.	Polyp. p.	Verat. a.
Lact.	Psor.	Verat. v.
Led.	PULS.	Verbas.
Lim.	Ran. b.	Wye.
Linu.	<i>Rat.</i>	<i>Zn.</i>
Lip.	Reinerz.	Zing.
Lob.	Rhodo.	
LYCO.	<i>Rhus gl.</i>	

2. " Aching: Bryo. Calc. ph.

— H. Aggravation.

—	"	"	Afternoon (burning in H.)=24.
—	"	"	(itching of H.)=76.
—	"	"	(pressure in H.)=113.
—	"	"	(stinging on walking)=148.
—	"	"	(swollen after a nap)=156.
—	"	"	(walking)=50.
—	"	"	(walking causes stinging)=148.
—	"	"	Air, fresh (painfulness of H.)=90.
—	"	"	A. M., 6.30 o'clock (pain after stool)=91.

2.	H.	Aggravation—(Continued).
—	“	“ A. M., 8.30 o'clock (soreness)=128.
—	“	“ Bath (compare <i>washing</i> .)
—	“	“ (burning)=25.
—	“	“ (burning from cold sitz bath)=26.
—	“	“ (pain from washing)=110.
—	“	“ Climacteric period=39.
—	“	“ Constipation (bleeding during)=5.
—	“	“ Cough (pain during)=92.
—	“	“ Daytime (soreness during)=129.
—	“	“ (swollen during)=157.
—	“	“ Diarrhœa (external H.)=51.
—	“	“ (internal H.)=70.
—	“	“ (pain in H. during)=93.
—	“	“ Evening (bleeding of H. in)=6.
—	“	“ (burning of H. in)=27.
—	“	“ (crawling of H. in)=42.
—	“	“ (external H.)=52.
—	“	“ (internal H.)=71.
—	“	“ (itching of H. in)=77.
—	“	“ (moist in)=87.
—	“	“ (painful in)=94.
—	“	“ (pressure in)=114.
—	“	“ (soreness in)=130.
—	“	“ (stinging in)=143.
—	“	“ (swollen in)=158.
—	“	“ Excitement=47.
—	“	“ Forenoon (compressed feeling in)=40.
—	“	“ (itching in)=78.
—	“	“ (pressure in)=115.
—	“	“ Lencorrhœa suppressed (H. worse after)=85.
—	“	“ Lying (painfulness)=95.
—	“	“ (soreness)=131.
—	“	“ Menses (itching during)=79.
—	“	“ (pain during)=96.
—	“	“ (sticking during)=141.
—	“	“ Micturition (bleeding during)=8.
—	“	“ (external H. during)=54.
—	“	“ Morning (external H.)=55.
—	“	“ (itching of H.)=80.
—	“	“ (pain of)=97.
—	“	“ (soreness of H.)=132.
—	“	“ Motion (pain)=98.
—	“	“ Night (burning)=29.
—	“	“ (swollen)=159.
—	“	“ Noon (soreness)=133.
—	“	“ P. M., 2.00 o'clock (itching)=81.

2. H. Aggravation—(*Continued*).

—	“	“	P. M., 2.00 o'clock (soreness)=134.
—	“	“	“ 5.00 “ (pain from H. to liver)=99.
—	“	“	“ 6.00 “ (burning)=30.
—	“	“	“ “ “ (itching)=82.
—	“	“	Reflecting (pain)=100.
—	“	“	Rest (smarting)=125.
—	“	“	Rheumatism (H. agg. aft.)=121.
—	“	“	Rising (pressure)=116.
—	“	“	“ (stinging)=145.
—	“	“	Sitting (bleeding)=9.
—	“	“	“ (burning)=31.
—	“	“	“ (pain)=101.
—	“	“	“ (pressure)=117.
—	“	“	“ (soreness)=135.
—	“	“	Sleep (swollen in P. M. after—)=156.
—	“	“	Standing=139.
—	“	“	“ (pain)=102.
—	“	Agg. Stool, after a (hard s.)=150.	
—	“	“	“ “ (bleeding)=10 and 11.
—	“	“	“ “ (blueness)=21.
—	“	“	“ “ (burning)=32.
—	“	“	“ “ (external)=57.
—	“	“	“ “ (irritable)=74.
—	“	“	“ “ (moist)=88.
—	“	“	“ “ (pain)=103.
—	“	“	“ “ (pain at 6.30 A. M.)=91.
—	“	“	“ “ (soreness)=136.
—	“	“	“ before “ (external)=58.
—	“	“	“ “ (pain)=105.
—	“	“	“ during “ =149.
—	“	“	“ “ “ (bleeding)=12.
—	“	“	“ “ “ (cutting)=45.
—	“	“	“ “ “ (external)=59.
—	“	“	“ “ “ (pain)=106.
—	“	“	“ “ “ (pressing)=118.
—	“	“	“ “ “ (swollen)=160.
—	“	“	Stormy weather=166.
—	“	“	Straining at stool=152.
—	“	“	“ “ “ (bleeding)=13.
—	“	“	“ “ “ (burning)=34.
—	“	“	“ “ “ (external)=60.
—	“	“	“ “ “ (swollen)=161.
—	“	“	Suppressed Leucorrhœa=85.
—	“	“	“ Hæmorrhoids=154.
—	“	“	Thinking (pain)=100.
—	“	“	Touch (burning)=35.

2. H. Agg.—(Continued).

—	“	“	Touch (pain)=107.
—	“	“	“ (soreness)=137.
—	“	“	“ (stinging)=147.
—	“	“	Walking (afternoon)=50.
—	“	“	“ (afternoon stinging)=148.
—	“	“	“ (bleeding)=14.
—	“	“	“ (burning)=36.
—	“	“	“ (external)=61.
—	“	“	“ (internal)=73.
—	“	“	“ (itching)=83.
—	“	“	“ (pain)=100.
—	“	“	“ (stinging in p. m.)=148.
—	“	“	Washing (pain)=110.
—	“	“	“ (compare <i>Bath.</i>)
—	“	“	Weather, stormy=166.
—	“	“	Wiping after stool (soreness)=138.
—	“	Amelioration.	
—	“	“	Lying (external H.)=53.
—	“	“	Menses (bleeding)=7.
—	“	“	Night's rest (external)=56.
—	“	“	Sleep of night (external)=56.
—	“	“	Stools—after—(burning)=33.
—	“	“	“ (painful)=104.
—	“	“	“ (stinging)=146.
—	“	“	“ during=151.
—	“	“	Walking (painfulness)=109.

3. “ Biting: Grat.

4. “ Bleeding :

ACON.	<i>Cham.</i>	<i>Ipec.</i>
Æsc. hip.	<i>China.</i>	<i>K. carb.</i>
Alco.	<i>Chr. ac.</i>	<i>Kiss.</i>
Am. carb.	<i>Cinnab.</i>	<i>Lach.</i>
Am. mu.	<i>Collin.</i>	<i>Lob.</i>
Ant. cr.	<i>Colo.</i>	<i>Menz.</i>
Ars. alb.	<i>Cop.</i>	<i>Millef.</i>
Ars. met.	<i>Cu. met.</i>	<i>Mur. ac.</i>
Ast. rub.	<i>Elat.</i>	<i>Nit. ac.</i>
Aur. mu.	<i>Erec.</i>	<i>Nux v.</i>
<i>Bella.</i>	<i>Erig.</i>	<i>Phos.</i>
<i>Borax.</i>	<i>FER. MET.</i>	<i>Ph. ac.</i>
<i>Bufo.</i>	<i>Gas.</i>	<i>Pin. s.</i>
<i>Cact. g.</i>	<i>Hama.</i>	<i>Podol.</i>
<i>Calc. c.</i>	<i>Hep. s.</i>	<i>Puls.</i>
<i>Caps.</i>	<i>Hyos.</i>	<i>Rhus g.</i>
<i>Carb. veg.</i>	<i>Hypo. calc.</i>	<i>Rhus v.</i>
<i>Carl.</i>	<i>Igna.</i>	<i>Sabi.</i>

4. H. Bleeding—(*Continued*).
- | | | | |
|--|--------|--------|-------|
| | Sacch. | Stram. | Tep. |
| | Sepia. | Sul. | Thuj. |
5. " " constipation (agg. during): Lycopus.
6. " " evening (agg. in the): Na. mu.
7. " " menses (*amel.* during the): Thuj.
8. " " micturition (agg. during): K. carb.
9. " " sitting (agg. when): Calc. c.
10. " " stool (agg. after): Cact. g. Hipp.
11. " " " (agg. after a *hard s.*): Na. mu.
12. " " " (agg. dur. s.): Am. carb. Calc. c. Carb. veg.
Mer. viv. Mu. ac. Nit. ac. Phos. Ph. ac. SUL.
13. " " straining at stool (when.): Bufo.
14. " " walking (when): Sepia.
15. " Blind (*not* bleeding.): *Aesc. hip.* Ant. cr. Caps. Collin. Fer.
met. Grat. *Nux v.* Puls. Verat. a.
16. " Blood coagulates at once: Manc.
17. " " dark: Manc.
18. " " decomposed: Bella.
19. " " offensive: Manc.
20. " Bluish. (Compare *Purple*, No. 119.) Aethu. CARB. VEG. Dios.
Manc. MU. AC. Physo.
21. " " (after stool): Mu. ac.
22. " Boring: Euphra.
23. " Burning. (Compare *Heat*, No. 66.)
- | | | | |
|--|------------------|-------------------|-----------------|
| | <i>Acon.</i> | <i>Carb. an.</i> | Lycy. |
| | ÆSC. HIP. | <i>Carb. veg.</i> | <i>Mu. ac.</i> |
| | Agaric. | Carl. | NIT. AC. |
| | Aloe. | Caust. | Nux v. |
| | Alumi. | Cham. | Phos. |
| | <i>Ant. cr.</i> | China. | Ph. ac. |
| | Apis. | Euphra. | Polygon. |
| | <i>Ars. alb.</i> | Glön. | Psor. |
| | Arund. | GRAPH. | Rhus v. |
| | <i>Berb. v.</i> | Grat. | SUL. |
| | Bryo. | K. CARB. | <i>Sul. ac.</i> |
| | <i>Calc. c.</i> | K. bich. | THUJ. |
| | Caps. | Lach. | Urt. u. |
24. " " afternoon (agg. in the): Euphra. Plant.
25. " " bath (agg. during a): Bart.
26. " " bath (*amel.* dur. a cold sitz-bath): Euphra.
27. " " evening (agg. in the): Alum. Bryo. THUJA.
28. " " hot needles (as if from): *Ars. alb.*
29. " " night (agg. in the): Ant. cr. Physos. Sul.
30. " " P. M., 6 o'clock (agg. at): Euphra.
31. " " sitting (agg. when): Phos.
32. " " stool (agg. after s.): *Berb. v.* Nit. ac.

H. Burning—(*Continued*).

33. " " stool (*amel.* after s.): CAUST.
34. " " straining at stool (when): Coc. cac.
35. " " touch (agg. on): Ph. ac. SUL.
36. " " walking (agg. when): CARB. AN. Phos. SUL.
37. " Cherries (about size of). (Compare *Groundnuts*, No. 65; *Large*, No. 84, and *Swollen*, No. 155.) Diosc.
38. " Chronic (includes *inveterate* and *long standing*):
- | | | |
|------------|----------|---------|
| Calc. c. | Graph. | Petrol. |
| Carb. veg. | Lach. | Phyto. |
| Caust. | Lyc. | Pod. |
| Collin. | Nit. ac. | Sul. |
| Dios. | Nux v. | |
39. " Climacteric period (agg. at the): Lach.
40. " Compression (sensation of, in the forenoon): Thuj.
- " Congestion=No. 63.
- " Constricted=No. 153.
41. " Crawling (sensation of): Ant. cr. China. K. carb.
42. " " evening (agg. in the): Ant. cr.
43. " " cold (like a snail): All. c.
- " Creeping=No. 41.
44. " Cutting (sensation of): Calc. ph. K. carb. Lach.
45. " " during stool: Carb. an.
46. " Dark: Aesc. hip. Dios.
- " Discharges=*Blood*, No. 16, or *Moisture*, No. 86.
- " Emptiness, alternating with congestion=No. 64.
47. " Excitement (agg. by mental): Nux v. Sum.
48. " Excoriated sensation. (Compare *Smarting*, No. 124.) Aethu. Aloe.
- Am. carb. Gels.
49. " External:
- | | | |
|-------------------|------------------|--------------|
| Aesc. hip. | Calc. c. | K. carb. |
| All. c. | Calc. ph. | K. nit. |
| ALOE. | Caps. | Lach. |
| Alumi. | Carb. an. | Lim. |
| <i>Am. carb.</i> | Carb. veg. | <i>Lyc.</i> |
| Anac. | <i>Caust.</i> | Mer. sol. |
| <i>Angus.</i> | Chen. v. | Mer. viv. |
| Ant. cr. | Chr. ac. | Mu. ac. |
| Apoc. c. | Colo. | Na. mu. |
| Arn. | Dios. | NIT. AC. |
| Ars. alb. | <i>Fer. met.</i> | Nux v. |
| Aur. m. na. | Form. | <i>Phos.</i> |
| <i>Bar. carb.</i> | <i>Gran.</i> | Ph. ac. |
| Bart. | <i>Graph.</i> | Physos. |
| Bryo. | Hama. | <i>Plat.</i> |
| Bufo. | <i>Hep. s.</i> | PULS |
| Cact. g. | Hydroph. | Rat. |

49. H. External—(Continued).

	<i>Rhus t.</i>	<i>Silic.</i>	Verat. a.
	Rumex.	Sul.	Zn.
	<i>Sepia.</i>	Sul. ac.	
50.	“	“	afternoon (agg. when walking in the): Thuj.
51.	“	“	diarrhœa (agg. during): Euph. a.
52.	“	“	evening (agg. during the): Na. mu.
53.	“	“	lying down (<i>amel.</i> while): Am. carb.
54.	“	“	micturition (agg. during): Bar. carb.
55.	“	“	morning (agg. during the): Dios.
56.	“	“	night's rest (<i>amel.</i> by the): Alumi.
57.	“	“	stool (agg. <i>after s.</i>):
	ALOE.	<i>Graph.</i>	Phos.
	Brom.	Lac. ac.	<i>Rat.</i>
	Dios.	Mu. ac.	<i>Rhus t.</i> (Thuj.)
58.	“	“	“ (agg. <i>before stool</i>): Arund.
59.	“	“	“ (agg. <i>during s.</i>):
	<i>Am. carb.</i>	CALC. c.	Lyc.
	Angus.	Calc. ph.	Phos.
	Aur. met.	Dios.	<i>Ph. ac.</i>
	Bar. carb.	Flu. ac.	<i>Rat.</i>
	Bart.	Grat.	<i>Ruta.</i>
	Brom.	<i>K. carb.</i>	<i>Sepia.</i>
			SILIC.
60.	“	“	straining at stool (while): Coc. cac.
61.	“	“	walking (agg. when): Alumi. Bart. Calc. c. <i>Sepia.</i>
62.	“	Fissured:	Ant. cr. Caust. Cham. <i>Graph.</i>
63.	“	Fullness. (Compare <i>Pressure</i> , No. 112, and <i>Tension</i> , No. 162.)	
	ALOE.	<i>K. bich.</i>	<i>Sacch.</i>
	Carbn. o.	Lach.	SUL.
64.	“	“	alternates with empty feeling: Thuj.
65.	“	Groundnuts (about size of). (Compare <i>Cherries</i> , No. 37; <i>Large</i> , No. 84, and <i>Swollen</i> , No. 155.)	Aesc. hip.
—	“	Hæmorrhage of=No. 4.	
—	“	Hard=No. 67.	
66.	“	Heat. (Compare <i>Burning</i> , No. 23.)	Zing.
—	“	Hot needles (sensation of)=No. 28.	
67.	“	Indurated:	Am. br. CAUST. Physos. <i>Sepia.</i>
68.	“	Inflamed:	Agaric. Apoc. c. Cham. K. CARB. Podo.
69.	“	Internal:	
	Arn.	Caust.	IGNA.
	ARS. ALB.	CHAM.	Lyc.
	Ascl. tu.	Chr. ac.	Meli.
	Borax.	Cimic.	Nux v.
	<i>Calc. c.</i>	COLO.	Phos.
	Caps.	Hep. s.	Pl. ac.

69. H. Internal—(*Continued*).
- | | | | |
|--|---------|--------|-----------|
| | Podo. | Sepia. | Tell. |
| | Puls. | Stron. | Verat. a. |
| | Rhus t. | | |
70. “ “ diarrhœa (during a): BROM.
71. “ “ evening (during the): PULS.
72. “ “ forming (sensation, as if): CHAM.
73. “ “ walking (agg. during): Alum. BROM. K. carb.
- “ Inveterate=No. 38.
74. “ Irritable (after stool): Gal. ac.
75. “ Itching:
- | | | | |
|--|-----------|----------|----------|
| | Acon. | China. | Polygon. |
| | Aloe. | Clem. | Rhus v. |
| | Ars. alb. | Glon. | Sepia. |
| | Berb. v. | Graph. | Silic. |
| | Calc. ph. | Iod. | Sul. ac. |
| | CAPS. | K. carb. | THUJ. |
| | CAUST. | Plumb. | Urt. u. |
76. “ “ afternoon (agg. in the): Aloe.
77. “ “ evening (agg. in the): Aloe. PULS.
78. “ “ forenoon (agg. in the): ThuJ.
79. “ “ menstruation (agg. during): Lach. Phos.
80. “ “ morning (agg. during): Aloe.
81. “ “ P. M., 2 o'clock (agg. at): Dios.
82. “ “ P. M., 3 o'clock (agg. at): Euphra.
83. “ “ walking (agg. when): ThuJ.
84. “ Large. (Compare *Cherries*, No. 37; *Groundnuts*, No. 65, and *Swollen*, No. 155.) Æsc. hip. Caust. Graph. Lach.
85. “ Leucorrhœa (agg. by suppressing L.): Am. Mu.
86. “ Moisture of:
- | | | | |
|--|------------|----------|----------|
| | Alumi. | Carl. | Mu. ac. |
| | Am. carb. | CAUST. | Na. mu. |
| | Ant. cr. | Clem. | Nit. ac. |
| | Bar. carb. | Colch. | Nux v. |
| | Borax. | Graph. | Pin. s. |
| | Calc. ph. | Ign. | Puls. |
| | Caps. | K. carb. | Sul. |
| | Carb. veg. | Lach. | Sul. ac. |
87. “ “ evening (agg. in the): Alumi.
88. “ “ stool (agg. after s.): Bar. carb. SUL.
- “ Obstinate=No. 38.
89. “ Painful:
- | | | | |
|--|-----------|------------|------------|
| | ÆSC. HIP. | Anac. | Caps. |
| | Agaric. | Ars. alb. | Carb. veg. |
| | Aloe. | Bar. carb. | Carl. |
| | Alumi. | Cact. g. | CAUST. |
| | Am. carb. | Calc. c. | China. |

89. H. Painful—(Continued.)

	Chr. ac.	Lac. ac.	PULS.
	Cimic.	LYCO.	Rat.
	Colo.	Mag. carb.	Rhus t.
	Dios.	Mag. mu.	Sabi.
	Euphra.	Mu. ac.	Sacch.
	Fer. met.	Na. mu.	Secale.
	Graph.	Nit. ac.	Sepia.
	Grat.	Nux v.	Silic.
	Hama.	Phos.	Stron.
	Iod.	Ph. ac.	Sul. ac.
	K. CARB.	Physos.	Tep.
	K. nit.	Podo.	Thuj.
	Lach.	Polyp. p.	Zn.
90.	“	“	air (agg. after being in fresh air): IGNA.
91.	“	“	A. M., 6.30 o'clock (agg. at): Dios.
92.	“	“	cough (agg. during cough): K. CARB.
93.	“	“	diarrhœa (agg. by diarrhœa): BROM.
94.	“	“	evening (agg. during): Na. mu.
—	“	“	excoriation (as after)=No. 48.
95.	“	“	lying (when): Phos.
96.	“	“	menstruation (agg. during): Graph.
97.	“	“	morning (agg. in the): Sabi.
98.	“	“	motion (agg. by). (Compare <i>Walking</i> , No. 108.) Carb. an. Euphra.
99.	“	“	P. M., 5 o'clock (pain fr. H. to liver, agg. at): Dios.
100.	“	“	reflecting (agg. when): CAUST.
101.	“	“	sitting (agg. when): Calc. c. Caust. IGNA. Lyco. Phos. Physos.
102.	“	“	standing (agg. when): Caust. IGNA.
103.	“	“	stool (agg. after): AM. CARB. Ars. met. Dios. Graph. Nit. ac. Sepia.
104.	“	“	stool (<i>amel.</i> after s.): Caust.
105.	“	“	“ (agg. before s.): Iod.
106.	“	“	“ (agg. during s.): Caps. Cimex. Mer. viv. Rhus t.
107.	“	“	touch (agg. by): Carb. an. Sepia. THUJ.
108.	“	“	walking (agg. by). (Compare <i>Motion</i> , No. 98.) Bart. Calc. c. CAUST. K. carb. Physos. Sepia.
109.	“	“	walking (<i>amel.</i> by): IGNA.
110.	“	“	washing (agg. by): BROM.
111.	“	Painless.	Ars. alb. Brom.
—	“	Permanent	=No. 38.
112.	“	Pressure.	(Compare <i>Fullness</i> , No. 63, and <i>Tension</i> , No. 162.) Acon. Bryo. K. bich. NIT. AC. Thuj.
113.	“	“	afternoon (agg. in): Plapt.
114.	“	“	evening (agg. in): THUJ.
115.	“	“	forenoon (agg. in): THUJ.

142. H. Stinging (includes *stitches*):
- | | | |
|-------------------|----------|-----------------|
| Aloe. | CAUST. | Mer. viv. |
| Alumi. | Euphra. | Na. mu. |
| Ant. tart. | Graph. | Nux v. |
| Apis. | Grat. | Phos. |
| ARS. ALB. | K. CARB. | Puls. |
| <i>Bar. carb.</i> | K. nit. | Silic. |
| Carb. an. | Lyco. | SUL. |
| Carl. | | <i>Sul. ac.</i> |
143. " " evening (in the): Aloe.
- " " hot needles (as from)=No. 28.
144. " " outward: Ant. tart.
145. " " rising (agg. on): Phos.
146. " " stool (*amel.* after s.): CAUST.
147. " " touch (agg. by): Mer. sol.
148. " " walking in afternoon (agg.): Thuj.
- " Stitches=No. 142.
149. " Stool, during (agg.): Mag. mu.
150. " " after (*hard stool*): Alume.
151. " " during (*amel.*): Serp.
152. " Straining at stool (agg. while): Plumb.
153. " Strangulated: ALOE. Bart. Lach. Silic. Sul.
154. " Suppressed (after having been): Ars. alb. *Calc. c.* Caps. Carb. veg. Nux v. Phos. Puls. *Sul.*
155. " Swollen. (Compare *External*, No. 49; *Cherries*, No. 37; *Groundnuts*, No. 65, and *Large*, No. 84.)
- | | | |
|-----------------|-----------------|----------------|
| Agaric. | CARB. AN. | Kiss. |
| Aloe. | <i>Carb. v.</i> | Lyco. |
| Angus. | CAUST. | Manc. |
| Arn. | Clem. | <i>Mu. ac.</i> |
| Ars. alb. | <i>Colo.</i> | Na. mu. |
| Ast. rub. | Cycla. | NIT. AC. |
| Bryo. | Euphra. | Podol. |
| <i>Cact. g.</i> | Gal. ac. | Puls. |
| <i>Calc. c.</i> | K. CARB. | Sacch. |
| Caps. | K. nit. | Sul. |
| | | <i>Thuj.</i> |
156. " " afternoon nap (after): Cycla.
157. " " daytime (agg. during): Aloe.
158. " " evening (agg. dur.): Alumi.
159. " " night (agg. at): SUL.
160. " " stool (agg. during): Angus. Clem. K. carb.
161. " " straining at stool: Opu.
162. " Tension (sensation of). (Compare *Fullness*, No. 63, and *Pressure*, No. 112.) Euphra. Graph.
163. " Tingling (sens. of): Ant. cr.
164. " Titillation (sens. of): Carb. veg.

165. H. Ulcerated: *Cham.* Hep. s. Nit. ac. Silic.
 166. " Weather (agg. dur. stormy w.): Psor.

ADDENDA.

The following were furnished by Dr. Lippe too late to be classified:

167. Child-bed (agg. during): K. CARB.
 168. Old people with morning diarrhœa: Ant. cr. Phos.
 169. External H. preventing stool: Caust.
 170. Amel. after stool: Caust.

Also the following:

Add to No. 23: Angus.

" " 57: Bar. carb. Berb. v. Igna. *Lach.* Nux v. *Sepia.*
 " " 59:

Caps.	Fer. met.	Nit. ac.
Carb. an.	Igna.	Plat.
Colo.	Mer. viv.	Puls.
		Sul.

" " 60: *Lach.*

" " 69: Alumi. K. Carb.

" " 75: Carb. veg. *Lach.* Puls.

PART II.—REMEDIES.

In explanation of the abbreviations used throughout PART I, the abridged name of every medicine is here given and opposite each the name in full.

The numbers indicate where each symptom may be found in PART I, thus rendering comparison with that part easy. The word hæmorrhoid is to be understood as coming after each symptom.

ACON. ACONITUM NAPELLUS.

4. BLEEDING.
 23. *Burning.*
 75. Itching.
 112. Pressure in.

ÆESC. GLAB. ÆESCLUSUS GLABRA.

ÆESC. HIP. ÆESCLUSUS HIPPOCAST.

4. Bleeding.
 15. *Blind.*
 23. BURNING.

ÆESC. HIP.

46. Dark.
 49. External.
 65. Groundnuts, large as.
 84. Large.
 89. PAINFUL.
 119. Purple.

ÆETHU. ÆETHUSA CYNAPIUM.

20. Bluish.
 48. Excoriated sensation.

AGARIC. AGARICUS MUSCARIUS.

23. Burning.
68. Inflamed.
89. Painful.
155. Swollen.

ALCO. ALCOHOL.

4. Bleeding.

ALL. C. ALLIUM CEPA.

43. Cold, crawling sensation, as of a snail over.
49. External.

ALL. S. ALLIUM SATIVUM.

ALOE. ALOE SOCOTRINA.

23. Burning.
48. Excoriated sensation in.
49. EXTERNAL.
57. STOOL. H. AGG. AFTER.
63. FULL SENS. IN.
75. Itching.
76. " agg. in afternoon.
77. " " " evening.
80. " " " morning.
89. *Painful.*

124. Smarting.

125. " during rest.

126. Soft.

127. SORENESS OF.

129. " during day.

138. " ON WIPING ANUS.

142. Stinging.

143. " in the evening.

153. STRANGULATED.

155. *Swollen.*

157. " in daytime.

ALUME. ALUMEN CRUDUM.

150. Stool. H. agg. after hard.

ALUMI. ALUMINA.

23. Burning.
27. " in the evening.
49. External.
56. " amel. by night's rest.
61. " agg. by walking.
69. Internal.

ALUMI.

73. Internal, agg. by walking.
86. *Moist.*
87. " in the evening.
89. Painful.
142. Stinging.
158. Swollen in the evening.

AMBR. AMBRA GRISEA.

127. Soreness of.

AM. BRO. AMMONIUM BROMICUM.

67. Indurated.

AM. CARB. AMMONIUM CARB.

4. Bleeding.
12. Bleeding during stool.
48. Excoriated sensation.
49. *External.*
53. " amel. while lying.
59. *External agg. during stool.*
86. *Moist.*
89. Painful.
103. PAINFUL AFTER STOOL.
124. Smarting.

AM. MU. AMMONIUM MURIAT.

4. Bleeding.
85. Leucorrhœa. H. agg. by suppressed L.

ANAC. ANACARDIUM ORIENT.

49. External.
89. *Painful.*

ANGUS. ANGUSTURÆ CORTEX.

23. Burning.
49. *External.*
59. " agg. during stool.
155. Swollen.
160. " during stool.

ANT. CR. ANTIMONIUM CRUDUM.

4. Bleeding.
15. Blind.
23. *Burning.*
29. " at night.
41. Crawling sensation.
42. " in evening.
49. External.

ANT. CR.

62. Fissured.
86. Moist.
163. Tingling sensation.
168. Old people with morning diarrhoea.
-

ANT. TART. ANTIMONIUM TART.

142. Stinging.
144. " outward in.
-

APIS. APIS MELLIFICA.

23. Burning.
124. Smarting.
127. Soreness of.
142. Stinging.
-

APO. C. APOCYNUM CANNAB.

49. External.
68. Inflamed.
-

ARN. ARNICA MONTANA.

49. External.
69. Internal.
155. Swollen.
-

ARS. ALB. ARSENICUM ALBUM.

4. Bleeding.
23. *Burning*.
28. Hot needles, sensation of.
49. External.
69. INTERNAL.
75. Itching.
89. *Painful*.
111. Painless.
123. *Shootings in*.
142. STINGING IN.
154. Suppressed, after having been.
155. Swollen.
-

ARS. MET. ARSENICUM METALLICUM.

4. Bleeding.
103. Painful after stool.
127. Soreness of.
-

ART. AB. ARTEMISIA ABSINTHIUM.

121. Rheumatism. (H. as R. abates.)
-

ARUND. ARUNDO MAURITANICA.

23. Burning.
58. External h. before stool.
-

ASCL. TU. ASCLEPIAS TUBEROSA.

69. Internal.
-

AST. RUB. ASTERIAS RUBENS.

4. Bleeding.
155. Swollen.
-

AUR. MET. AURUM METALLICUM.

59. External during stool.
-

AUR. MU. AURUM MURIATICUM.

4. Bleeding.
-

AUR. M. NA. AURUM MUR. NATRONATUM.

49. External.
-

BAD. BADIAGA.

BAPT. BAPTISIA TINCTORIA.

BART. BARTFELDER (acid spring).

25. Burning during a bath.
49. External.
59. " agg. during stool.
61. " " on walking.

108. Painful on walking.

153. Strangulated.

BAR. CARB. BARYTA CARBONICA.

49. *External*.
54. " during micturition.
57. " after stool.
59. " during stool.
86. Moist.
88. " after stool.
89. Painful.

123. Shootings in.

124. Smarting of.

142. *Stinging*.

BELLA. BELLADONNA.

4. *Bleeding*.
18. Blood decomposed from.
-

BERB. V. BERBERIS VULGARIS.

23. *Burning*.
32. " *after stool*.

BERB.

57. External after stool.
75. *Itching.*

BORAX.

4. Bleeding.
69. Internal.
86. Moist.

BROM. BROMIUM.

57. External after stool.
59. " during stool.
70. INTERNAL DURING DIARRHŒA.
73. " AGG. ON WALKING.
93. PAINFUL AGG. BY DIARRHŒA.
110. " " BY WASHING.
111. Painless.
126. Soft.

BRUC. BRUCEA ANTIDYSENT.

BRYO. BRYONIA ALBA.

2. Aching.
23. Burning.
27. " in the evening.
49. External.
112. Pressure, sensation of.
155. Swollen.

BUFO. RANA BUFO.

4. Bleeding.
13. " on straining at stool.
49. External.

CACT. G. CACTUS GRANDIFLORUS.

4. Bleeding.
10. " after stool.
49. External.
89. Painful.
155. *Swollen.*

CALC. C. CALCAREA CARBONICA.

4. *Bleeding.*
9. " when sitting.
12. " during stool.
23. *Burning.*
38. Chronic cases of.
49. *External.*
59. " DURING STOOL.
61. " on walking.
69. *Internal.*

CALC. C.

89. Painful.
101. " when sitting.
108. " " walking.
154. *Suppressed, after having been.*
155. *Swollen.*

CALC. CAU. CALCAREA CAUSTICA.

CALC. PH. CALCAREA PHOSPHORICA.

2. Aching.
44. Cutting in.
49. External.
59. " during stool.
75. *Itching.*
86. Moist.
122. Scraping sensation.
127. Soreness of.

CANTH. CANTHARIS VESICATORIA.

CAPS. CAPSICUM ANNUM.

4. Bleeding.
15. Blind.
23. *Burning.*
49. External.
59. " during stool.
69. Internal.
75. *ITCHING.*
86. Moist.
89. Painful.
106. " during stool.
154. *Suppressed, after having been.*
155. *Swollen.*

CARB. AN. CARBO ANIMALIS.

23. *Burning.*
36. " ON WALKING.
45. Cutting during stool.
49. External.
59. " during stool.
98. Painful on motion.
107. " on touch.
142. Stinging.
155. *SWOLLEN.*

CARB. VEG. CARBO VEGETABILIS.

4. Bleeding.

CARB. VEG.

12. Bleeding during stool.
 20. BLUISH.
 23. *Burning*.
 38. Chronic cases of.
 49. External.
 75. Itching.
 86. Moist.
 89. *Painful*.
 127. Soreness of.
 154. Suppressed, after having been.
 155. *Swollen*.
 164. Titillation in.

CARBN. O. CARBONEUM OXYGEN.

63. Full sensation in.

CARL. CARLSBAD.

4. Bleeding.
 23. Burning.
 86. Moist.
 89. Painful.
 142. Stinging.

CASCAR. CASCARILLA.

CAUST. CAUSTICUM.

23. Burning.
 33. " AMEL. AFTER STOOL.
 38. Chronic cases of.
 49. *External*.
 62. Fissured.
 67. INDURATED.
 69. Internal.
 75. ITCHING.
 84. Large.
 86. MOIST.
 89. PAINFUL.
 100. " WHEN REFLECTING.
 101. " when sitting.
 102. " when standing.
 104. " amel. after stool.
 108. " AGG. BY WALK-
 [ING].
 136. SORENESS AMEL. AFTER STOOL.
 137. " AGG. BY TOUCH.
 142. STINGING.
 146. STINGING AMEL. AFTER STOOL.

CAUST.

155. SWOLLEN.
 169. External, preventing stool.
 170. Amel. after stool.

CHAM. CHAMOMILLA.

4. *Bleeding*.
 23. Burning.
 62. Fissured.
 68. *Inflamed*.
 69. INTERNAL.
 72. " SENS. AS IF FORMING.
 165. *Ulcerated*.

CHEN. V. CHENOPodium VULVARIA.

49. External.

CHINA. CINCHONA OFFICINALIS.

4. Bleeding.
 23. Burning
 41. Crawling sensation in.
 75. Itching.
 89. Painful.

CHINA SUL. CHININUM SULPH.

CHR. AC. ACIDUM CHROMICUM.

4. Bleeding.
 49. External.
 69. Internal.
 89. Painful.

CIMEX. CIMEX LECTULARIUS.

106. Painful during stool.

CIMIC. ACTÆA RACEMOSA.

69. Internal.
 89. Painful.

CINNAB. CINNABARIS.

4. Bleeding.

CLEM. CLEMATIS ERECTA.

75. *Itching*.
 86. *Moist*.
 155. Swollen.
 160. " during stool.

COC. CAC. COCCUS CACTI.

34. Burning on straining at stool.

COC. CAC.

60. External on straining at stool.

COFF. COFFEA CRUDA.

COLCH. COLCHICUM AUTUMN.

86. Moist.

COLLIN. COLLINSONIA CAVAD.

4. Bleeding.

15. Blind.

38. Chronic cases of.

COLO. COLOCYNTHIS.

4. Bleeding.

49. External.

59. " during stool.

69. INTERNAL.

89. *Painful.*155. *Swollen.*

COP. COPAIBA OFFICINALIS.

4. Bleeding.

CUBEB. CUBEBA OFFICINALIS.

CU. MET. CUPRUM.

4. Bleeding.

CYCLA. CYCLAMEN EUROPEUM.

155. *Swollen.*

156. " after afternoon nap.

DER. DERRIS PINNATA.

DIOS. DIOSCOREA VILLOSA.

20. Bluish.

37. Cherries, large as.

38. Chronic cases of.

46. Dark.

49. External.

55. " AGG. IN MORNING.

57. " " after stool.

59. " " during stool.

81. Itching at 2 P. M.

89. PAINFUL.

91. " agg. at 6.30 A. M.

99. " " " 5.00 P. M.

103. " " after stool.

119. Purple.

127. Soreness of.

128. " at 8.30 A. M.

130. " in evening.

DIOS.

132. Soreness in morning.

133. " at noon.

134. " " 2 P. M.

ELAT. ELATERIUM.

4. Bleeding.

EREC. ERECHTHITES HIER.

4. Bleeding.

ERIG. ERIGERON CANADENSE.

4. Bleeding.

ERYNG. ERYNGIUM AQUATIC.

EUPH. A. EUPHORBIA AMYGDAL.

51. External during diarrhœa.

EUPHRA. EUPHRASIA OFFIC.

22. Boring sensation in.

23. Burning.

24. " in afternoon.

26. " amel. by cold sitz-bath.

30. " at 6 P. M.

82. Itching at 3 P. M.

89. Painful.

98. " on motion.

142. Stinging in.

155. *Swollen.*

162. Tension in, sensation of.

FER. MET. FERRUM.

4. BLEEDING.

15. Blind.

49. *External.*

59. " during stool.

89. Painful.

118. Pressure during stool.

FERUL. FERULA GLAUCA.

FLU. AC. ACIDUM FLUORICUM.

59. External during stool.

FORM. FORMICA RUFA.

49. External.

GAL. AC. ACIDUM GALLICUM.

74. Irritable after stool.

124. Smarting.

127. Soreness of.

155. *Swollen.*

GAS. GASTEIN.

4. Bleeding.

GELS. GELSEMIUM SEMP.

48. Excoriated sensation.
124. Smarting.

GLON. GLONOINUM.

23. Burning.
75. Itching.

GRAN. GRANATUM.

49. *External.*

GRAPH. GRAPHITES.

23. BURNING.
38. Chronic cases of.
49. *External.*
57. " *after stool.*
62. Fissured.
75. Itching.
84. Large.
86. Moist.
89. *Painful.*
96. " *during menstruation.*
103. " *after stool.*
124. Smarting.
127. Soreness of.
142. Stinging.
162. Tension in, sensation of.

GRAT. GRATIOLA OFFICINALIS.

3. Biting.
15. Blind.
23. Burning.
59. External during stool.
89. Painful.
140. Sticking in, sensation of.
142. Stinging " " "

HAMA. HAMAMELIS VIRGINICA.

4. Bleeding.
49. External.
89. Painful.
127. Soreness of.

HELIAN. HELIANTHUS.

HELL. HELLEBORUS NIGER.

HEP. S. HEPAR SULPHURIS CALC.

4. Bleeding.
49. *External.*
69. Internal.
165. Ulcerated.

HIPPO. HIPPOMANES.

10. Bleeding after stool.

HYDRAS. HYDRASTIS CANADENSIS.

HYDROPHOB. HYDROPHOBINUM.

49. External.

HYOS. HYOSCYAMUS NIGER.

4. Bleeding.

HYPO. CALC. CALCAREA HYPOPHOS.

4. Bleeding.

IGNA. IGNATIA AMARA.

4. Bleeding.
57. External after stool.
59. " *during stool.*
69. INTERNAL.
86. Moist. [IN AIR.
90. PAINFUL AFTER BEING
101. " WHEN SITTING.
102. " WHEN STANDING.
109. " AMEL. BY WALKING.
123. Shootings in.

IOD. IODIUM.

75. Itching.
89. Painful.
105. " *before stool.*

IPEC. IPECACUANHA.

4. Bleeding.

JAT. JATROPHA CURCAS.

K. ACET. KALI ACETICUM.

K. BICH. KALI BICHROMICUM.

23. Burning.
63. *Fullness in, sensation of.*
112. Pressure in, " "
117. " *when sitting.*

K. CARB. KALI CARBONICUM.

4. *Bleeding.*
8. " *during micturition.*
23. BURNING.

K. CARB.

41. Crawling in, sensation of.
 44. Cutting " " "
 49. External.
 59. " *during stool.*
 68. INFLAMED.
 69. Internal.
 73. " *agg. on walking.*
 75. Itching.
 86. Moist.
 89. PAINFUL.
 92. " *DURING COUGH.*
 108. " *when walking.*

123. Shootings in.

124. Smarting.

127. SORENESS OF.

142. STINGING.

155. SWOLLEN.

160. " *during stool.*

167. AGG. DURING CHILD-BED.

K. IOD. KALI IODATUM.

K. NIT. KALI NITRICUM.

49. External.

89. Painful.

142. Stinging.

155. Swollen.

KISS. KISSENGEN.

4. Bleeding.

155. Swollen.

LAC. AC. ACIDUM LACTICUM.

57. External after stool.

89. Painful.

LACH. LACHESIS.

4. Bleeding.

23. Burning.

38. Chronic cases of.

39. Climacteric period.

44. Cutting in, sensation of.

49. External.

57. " *after stool.*60. " *on straining at stool.*

63. Fullness in, sensation of.

75. Itching.

79. " *during menstruation.*

LACH.

84. Large.

86. Moist.

89. Painful.

123. Shootings in.

153. Strangulated.

LACTU. LACTUCA VIROSA.

LED. LEDUM PALUSTRE.

LIM. LIMULUS.

49. External.

LINU. LINUM.

LIP. LIPSPRINGE.

LOB. LOBELIA INFLATA.

4. Bleeding.

LYCO. LYCOPODIUM.

23. Burning.

38. Chronic cases of.

49. *External.*59. " *during stool.*

69. Internal.

89. PAINFUL.

101. " *when sitting.*

127. SORENESS OF.

135. " *when sitting.*

142. Stinging.

155. Swollen.

LYCPUS. LYCOPUS VIRGINICUS.

5. Bleeding during constipation.

MAG. CARB. MAGNESIA CARBONICA.

89. Painful.

MAG. MU. MAGNESIA MURIAT.

89. Painful.

149. Stool agg. during.

MANC. MANCINELLA.

16. Blood coagulates at once.

17. " *dark.*19. " *offensive.*

20. Bluish.

155. Swollen.

MELL. MELILOTUS.

69. Internal.

MENY. MENYANTHES.

4. Bleeding.

MER. CY. MERCURIUS CYANATUS.

- MER. SOL. }
 MER. VIV. } MERCURIUS.
 — 12. Bleeding during stool.
 49. 49. External.
 — 59. “ during stool.
 — 106. Painful during stool.
 127. — SORENESS OF.
 — 142. Stinging.
 147. — “ on touch.

MILLEF. MILLEFOLIUM.

4. Bleeding.

MU. AC. ACIDUM MURIATICUM.

4. Bleeding.
 12. “ during stool.
 20. BLUISH.
 21. “ after stool.
 23. Burning.
 49. External.
 57. “ after stool.
 86. Moist.
 89. Painful.
 123. Shootings in.
 124. Smarting.
 127. Soreness of.
 155. Swollen.

NA. MU. NATRUM MURIATICUM.

6. Bleeding in evening.
 11. “ after a hard stool.
 49. External.
 52. “ in evening.
 86. Moist.
 89. Painful.
 94. “ in evening.
 123. Shootings in.
 127. Soreness of.
 142. Stinging in.
 155. Swollen.

NIT. AC. ACIDUM NITRICUM.

4. Bleeding.
 12. “ during stool.

NIT. AC.

23. BURNING.
 32. “ after stool.
 38. Chronic cases of.
 49. EXTERNAL.
 59. “ during stool.
 86. Moist.
 89. Painful.
 103. “ after stool.
 112. PRESSURE IN.
 139. Standing aggravates.
 155. SWOLLEN.
 165. Ulcerated.

NUX V. NUX VOMICA.

4. Bleeding.
 15. Blind.
 23. Burning.
 38. Chronic cases of.
 47. Excitement agg. by mental.
 49. External.
 57. “ after stool.
 69. Internal.
 86. Moist.
 89. Painful.
 123. Shootings in.
 142. Stinging in.
 154. Suppressed.

OPU. OPUNTIA VULGARIS.

161. Swollen on straining at stool.

PENTH. PENTHORUM SED.

PETROL. PETROLEUM.

38. Chronic cases of.

PHOS. PHOSPHORUS.

4. Bleeding.
 12. “ during stool.
 23. Burning.
 31. “ when sitting.
 36. “ “ walking.
 49. External.
 57. “ after stool.
 59. “ during stool.
 69. Internal.
 79. Itching during menses.

PHOS.

89. Painful.
 95. " when lying.
 101. " " sitting.
 116. Pressure in, on rising.
 124. Smarting of.
 127. Soreness of.
 135. " when sitting.
 141. Sticking during menses.
 142. Stinging in.
 145. " on rising.
 154. Suppressed.
 168. Old people with morning diarrhoea.

PH. AC. ACIDUM PHOSPHORICUM.

4. Bleeding.
 12. " during stool.
 23. Burning.
 35. " on touch.
 49. External.
 59. " during stool.
 69. Internal.
 89. Painful.
 131. Soreness on lying.

PHYSO. PHYSOSTIGMA.

20. Bluish.
 29. Burning at night.
 49. External.
 67. Indurated.
 89. Painful.
 101. " when sitting.
 108. " " walking.
 127. Soreness of.

PHYTO. PHYTOLACCA DEC.

38. Chronic cases of.

PIN. S. PINUS SYLVESTRIS.

4. Bleeding.
 86. Moist.

PLANT. PLANTAGO MAJOR.

24. Burning in afternoon.
 113. Pressure " "

PLAT. PLATINA.

49. External.
 59. " during stool.

PLUMB. PLUMBUM.

75. Itching.
 152. Straining at stool aggravates.

PODO. PODOPHYLLUM.

4. Bleeding.
 38. Chronic cases of.
 68. Inflamed.
 69. INTERNAL.
 89. Painful.
 155. Swollen.

POLYGON. POLYGONUM PUNCTATUM.

23. Burning.
 75. Itching.

POLYP. P. POLYPORUS PINICOLA.

89. Painful.

PSOR. PSORINUM.

23. Burning.
 166. Weather, agg. during stormy.

PULS. PULSATILLA NIG.

4. Bleeding.
 15. Blind.
 49. EXTERNAL.
 59. " during stool.
 69. Internal.
 71. " IN EVENING.
 75. Itching.
 77. " IN EVENING.
 86. Moist.
 89. PAINFUL.
 120. Rasping sens. in.
 123. Shootings in.
 124. SMARTING IN.
 127. SORENESS OF.
 142. Stinging.
 154. Suppressed.
 155. Swollen.

RAN. B. RANUNCULUS BULB.

RAT. RATANHIA.

49. External.
 57. " after stool.
 59. " during stool.
 89. Painful.

REIN. REINERZ.

RHODO. RHODODENDRON.

RHUS GL. RHUS GLABRUM.

4. Bleeding.

RHUS T. RHUS TOXICODENDRON.

- 49.
- External.*

57. "
- after stool.*

- 69.
- Internal.*

- 89.
- Painful.*

106. "
- during stool.*

- 124.
- Smarting.*

- 127.
- Soreness of.*

RHUS V. RHUS VENENATA.

- 4.
- Bleeding.*

- 23.
- Burning.*

- 75.
- Itching.*

RUMEX.

- 49.
- External.*

RUTA.

- 59.
- External during stool.*

SABI. SABINA.

- 4.
- Bleeding.*

- 89.
- Painful.*

97. "
- in morning.*

SACCH. SACCHARUM ALBUM.

- 4.
- Bleeding.*

- 63.
- Fullness in.*

- 89.
- Painful.*

- 155.
- Swollen.*

SANG. SANGUINARIA.

SARRA. SARRACENIA P.

SECALE.

- 89.
- Painful.*

SEPIA.

- 4.
- Bleeding.*

14. "
- when walking.*

- 49.
- External.*

57. "
- after stool.*

59. "
- during stool.*

61. "
- on walking.*

- 67.
- Indurated.*

- 69.
- Internal.*

SEPIA.

- 75.
- Itching.*

- 89.
- Painful.*

103. "
- after stool.*

107. "
- to touch.*

108. "
- on walking.*

SERP. SERPENTARIA.

- 151.
- Stool, amel. during.*

SILIC. SILICEA.

- 49.
- External.*

59. "
- DURING STOOL.*

- 75.
- Itching.*

- 89.
- Painful.*

127. SORENESS OF.

- 142.
- Stinging.*

- 153.
- Strangulated.*

- 165.
- Ulcerated.*

SPIG. SPIGELIA.

STAN. STANNUM.

STAPH. STAPHISAGRIA.

STILL. STILLINGIA.

STRAM. STRAMONIUM.

- 4.
- Bleeding.*

STRON. STRONTIANA CARB.

- 69.
- Internal.*

- 89.
- Painful.*

SUL. SULPHUR.

- 4.
- Bleeding.*

12. "
- DURING STOOL.*

- 23.
- BURNING.*

29. "
- at night.*

35. "
- ON TOUCH.*

36. "
- ON WALKING.*

- 38.
- Chronic cases of.*

- 49.
- External.*

59. "
- during stool.*

- 63.
- FULL SENSATION IN.*

- 86.
- Moist.*

88. "
- AFTER STOOL.*

- 123.
- SHOOTINGS IN.*

- 142.
- STINGING IN.*

- 153.
- Strangulated.*

SUL.

154. *Suppressed.*
 155. *Swollen.*
 159. " AT NIGHT.

SUL. AC. ACIDUM SULPHURICUM.

23. *Burning.*
 49. *External.*
 75. *Itching.*
 86. *Moist.*
 89. *Painful.*
 137. *Soreness to touch.*
 142. *Stinging.*

SUMB. SUMBUL.

47. *Excitement, agg. by mental.*

TELL. TELLURIUM.

69. *Internal.*

TEPL. TEPLITZ.

4. *Bleeding.*
 89. *Painful.*

THER. THERIDION CURASS.

THUJ. THUJA OCCID.

4. *Bleeding.*
 7. " amel. during menses.
 23. *BURNING.*
 27. " IN THE EVENING.
 40. *Compressed sens. in forenoon.*
 50. *External in P. M. on walking.*
 57. (" after stool.)
 64. *Fullness alternates with empty feeling.*
 75. *ITCHING.*

THUJ.

78. *Itching in forenoon.*
 83. " when walking.
 89. *Painful.*
 107. " ON TOUCH.
 112. *Pressure in.*
 114. " IN EVENING.
 115. " IN FORENOON.
 117. " while sitting.
 148. *Stinging in P. M. on walking.*
 155. *Swollen.*

URT. U. URTICA URENS.

23. *Burning.*
 75. *Itching.*

VALER. VALERIANA OFF.

VERAT. A. VERATRUM ALBUM.

15. *Blind.*
 49. *External.*
 69. *Internal.*

VERAT V. VERATRUM VIRIDE.

119. *Purple.*

VERBAS. VERBASCUM.

WYE. WYETHIA HELANIOD.

ZN. ZINCUM.

49. *External.*
 89. *Painful.*
 124. *Smarting.*
 127. *Soreness of.*

ZING. ZINGIBER OFF.

66. *Heat, sensation of.*
 127. *Soreness of.*

142. II. Stinging (includes *stitches*):

- | | | | |
|------|-------------------|---|-----------------|
| | Aloe. | CAUST. | Mer. viv. |
| | Alumi. | Euphra. | Na. mu. |
| | Ant. tart. | Graph. | Nux v. |
| | Apis. | Grat. | Phos. |
| | ARS. ALB. | K. CARB. | Puls. |
| | <i>Bar. carb.</i> | K. nit. | Silic. |
| | Carb. an. | Lyc. | SUL. |
| | Carl. | | <i>Sul. ac.</i> |
| 143. | “ “ | evening (in the): Aloe. | |
| — | “ “ | hot needles (as from)=No. 28. | |
| 144. | “ “ | outward: Ant. tart. | |
| 145. | “ “ | rising (agg. on): Phos. | |
| 146. | “ “ | stool (<i>amel.</i> after s.): CAUST. | |
| 147. | “ “ | touch (agg. by): Mer. sol. | |
| 148. | “ “ | walking in afternoon (agg.): Thuj. | |
| — | “ | Stitches=No. 142. | |
| 149. | “ | Stool, during (agg.): Mag. mu. | |
| 150. | “ “ | after (<i>hard</i> stool): Alume. | |
| 151. | “ “ | during (<i>amel.</i>): Scrp. | |
| 152. | “ | Straining at stool (agg. while): Plumb. | |
| 153. | “ | Strangulated: ALOE. Bart. Lach. Silic. Sul. | |
| 154. | “ | Suppressed (after having been): Ars. alb. <i>Calc. c.</i> Caps. Carb. veg. Nux v. Phos. Puls. <i>Sul.</i> | |
| 155. | “ | Swollen. (Compare <i>External</i> , No. 49; <i>Cherries</i> , No. 37; <i>Groundnuts</i> , No. 65, and <i>Large</i> , No. 84.) | |
| | Agarie. | CARB. AN. | Kiss. |
| | <i>Aloe.</i> | <i>Carb. v.</i> | Lyc. |
| | Angus. | CAUST. | Manc. |
| | Arn. | Clem. | <i>Mu. ac.</i> |
| | Ars. alb. | <i>Colo.</i> | Na. mu. |
| | Ast. rub. | Cycla. | NIT AC. |
| | Bryo. | Euphra. | Pod. |
| | <i>Cact. g.</i> | Gal. ac. | Puls. |
| | <i>Calc. c.</i> | K. CARB. | Sacch. |
| | Caps. | K. nit. | Sul. |
| | | | <i>Thuj.</i> |
| 156. | “ “ | afternoon nap (after): Cycla. | |
| 157. | “ “ | daytime (agg. during): Aloe. | |
| 158. | “ “ | evening (agg. dur.): Alumi. | |
| 159. | “ “ | night (agg. at): SUL. | |
| 160. | “ “ | stool (agg. during): Angus. Clem. K. carb. | |
| 161. | “ “ | straining at stool: Opu. | |
| 162. | “ | Tension (sensation of). (Compare <i>Fullness</i> , No. 63, and <i>Pressure</i> , No. 112.) Euphra. Graph. | |
| 163. | “ | Tingling (sens. of): Ant cr. | |
| 164. | “ | Titillation (sens. of): Carb. veg. | |

165. H. Ulcerated: *Cham.* Hep. s. Nit. ac. Silic.
 166. " Weather (agg. dur. stormy w.): Psor.

ADDENDA.

The following were furnished by Dr. Lippe too late to be classified:

167. Child-bed (agg. during): K. CARB.
 168. Old people with morning diarrhœa: Ant. cr. Phos.
 169. External H. preventing stool: Caust.
 170. Amel. after stool: Caust.

Also the following:

Add to No. 23: Angus.

" " 57: Bar. carb. Berb. v. Igna. *Lach.* Nux v. *Sepia.*

" " 59:

Caps.	Fer. met.	Nit. ac.
Carb. an.	Igna.	Plat.
Colo.	Mer. viv.	Puls.
		Sul.

" " 60: *Lach.*

" " 69: Alumi. K. Carb.

" " 75. Carb. veg. *Lach.* Puls.

PART II.—REMEDIES.

In explanation of the abbreviations used throughout PART I, the abridged name of every medicine is here given and opposite each the name in full.

The numbers indicate where each symptom may be found in PART I, thus rendering comparison with that part easy. The word hæmorrhoid is to be understood as coming after each symptom.

ACON. ACONITUM NAPELLUS.

4. BLEEDING.
 23. BURNING.
 75. Itching.
 112. Pressure in.

AESC. GLAB. AESCULUS GLABRA.

AESC. HIP. AESCULUS HIPPOCAST.

4. Bleeding.
 15. *Blind.*
 23. BURNING.

AESC. HIP. AESCULUS HIPPOCAST.

46. Dark.
 49. External.
 65. Groundnuts, large as.
 84. Large.
 89. PAINFUL.
 119. Purple.

AETHU. AETHUSA CYNAPIUM.

20. Bluish.
 48. Excoriated sensation.

AGARIC. AGARICUS MUSCARIUS.

- 23. Burning.
- 68. Inflamed.
- 89. Painful.
- 155. Swollen.

ALCO. ALCOHOL.

- 4. Bleeding.

ALL. C. ALLIUM CEPA.

- 43. Cold, crawling sensation, as of a snail over.
- 49. External.

ALL. S. ALLIUM SATIVUM.

ALOE. ALOE SOCOTRINA.

- 23. Burning.
- 48. Excoriated sensation in.
- 49. EXTERNAL.
- 57. STOOL. H. AGG. AFTER.
- 63. FULL SENS. IN.
- 75. Itching.
- 76. " agg. in afternoon.
- 77. " " " evening.
- 80. " " " morning.
- 89. *Painful.*

124. Smarting.

- 125. " during rest.

126. Soft.

127. SORENESS OF.

- 129. " during day.
- 138. " ON WIPING ANUS.

142. Stinging.

- 143. " in the evening.

153. STRANGULATED.

155. *Swollen.*

- 156. " in daytime.

ALUME. ALUMEN CRUDUM.

- 150. Stool. H. agg. after hard.

ALUMI. ALUMINA.

- 23. Burning.
- 27. " in the evening.
- 49. External.
- 56. " amel. by night's rest.
- 61. " agg. by walking.
- 69. Internal.

ALUMI. ALUMINA.

- 73. Internal, agg. by walking.
- 86. *Moist.*
- 87. " in the evening.
- 89. Painful.
- 142. Stinging.
- 158. Swollen in the evening.

AMBR. AMBRA GRISEA.

- 127. Soreness of.

AM. BRO. AMMONIUM BROMICUM.

- 67. Indurated.

AM. CARB. AMMONIUM CARB.

- 4. Bleeding.
- 12. Bleeding during stool.
- 48. Excoriated sensation.
- 49. *External.*
- 53. " amel. while lying.
- 59. *External agg. during stool.*
- 86. *Moist.*
- 89. Painful.
- 103. PAINFUL AFTER STOOL.
- 124. Smarting.

AM. MU. AMMONIUM MURIAT.

- 4. Bleeding.
- 85. Leucorrhœa. H. agg. by suppressed.

ANAC. ANACARDIUM ORIENT.

- 49. External.
- 89. *Painful.*

ANGUS. ANGUSTURE CORTEX.

- 23. Burning.
- 49. *External.*
- 59. " agg. during stool.
- 155. Swollen.
- 160. " during stool.

ANT. CR. ANTIMONIUM CRUDUM.

- 4. Bleeding.
- 15. Blind.
- 23. *Burning.*
- 29. " at night.
- 41. Crawling sensation.
- 42. " in evening.
- 49. External.

ANT. CR. ANTIMONIUM CRUDUM.

- 62. Fissured.
- 86. Moist.
- 163. Tingling sensation.
- 168. Old people with morning diarrhoea.

ANT. TART. ANTIMONIUM TART.

- 142. Stinging.
- 144. " outward in.

APIS. APIS MELLIFICA.

- 23. Burning.
- 124. Smarting.
- 127. Soreness of.
- 142. Stinging.

APO. C. APOCYNUM CANNAB.

- 49. External.
- 68. Inflamed.

ARN. ARNICA MONTANA.

- 49. External.
- 69. Internal.
- 155. Swollen.

ARS. ALB. ARSENICUM ALBUM.

- 4. Bleeding.
- 23. *Burning.*
- 28. Hot needles, sensation of.
- 49. External.
- 69. INTERNAL.
- 75. Itching.
- 89. *Painful.*
- 111. Painless.
- 123. *Shootings in.*
- 142. STINGING IN.
- 154. Suppressed, after having been.
- 155. Swollen.

ARS. MET. ARSENICUM METALLICUM.

- 4. Bleeding.
- 103. Painful after stool.
- 127. Soreness of.

ART. AB. ARTEMISIA ABSINTHIUM.

- 121. Rheumatism. (H. as R. abates.)

ARUND. ARUNDO MAURITANICA.

- 23. Burning.
- 58. External h. before stool.

ASCL. TU. ASCLEPIAS TUBEROSA.

- 69. Internal.

AST. RUB. ASTERIAS RUBENS.

- 4. Bleeding.
- 155. Swollen.

AUR. MET. AURUM METALLICUM.

- 59. External during stool.

AUR. MU. AURUM MURIATICUM.

- 4. Bleeding.

AUR. M. NA. AURUM NUR. NATRONATUM.

- 49. External.

BAD. BADIAGA.

BAPT. BAPTISIA TINCTORIA.

BART. BARTFELDER (acid spring).

- 25. Burning during a bath.
- 49. External.
- 59. " agg. during stool.
- 61. " " on walking.

108. Painful on walking.

153. Strangulated.

BAR. CARB. BARYTA CARBONICA.

- 49. *External.*
- 54. " during micturition.
- 57. " after stool.
- 59. " during stool.

86. Moist.

88. " after stool.

89. Painful.

123. *Shootings in.*

124. Smarting of.

142. *Stinging.*

BELLA. BELLADONNA.

- 4. *Bleeding.*
- 18. Blood decomposed from.

BERB. V. BERBERIS VULGARIS.

- 23. *Burning.*
- 32. " *after stool.*

