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THE
HOMŒOPATHIC PHYSICIAN.

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

EDITED BY

EDMUND J. LEE, M. D.,

AND

WALTER M. JAMES, M. D.

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THE

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HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever give 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 NOTES.

A ONE-SIDED VIEW.--We have always held the opinion that those who lay so much stress upon the curative powers of the so-called Tissue Remedies, to the exclusion of other remedies, have a very one-sided view of the proper uses of drugs, as they should be prescribed under the Law of the Similars. Our conception of drugs used in homœopathic practice is that each drug has an individual character to which no other drug is exactly similar; therefore, one drug can never be said to take the place of another drug. If one drug be indicated in any case of sickness, it is proof positive that no other drug will do for that case; another drug may cover the symptoms very closely but not perfectly. It is close attention to this accuracy in adapting drugs to individual cases that marks the dividing line between the homœopath and the non-homœopath; it also separates success in practice from failure. This one-sided view of the uses of homœopathic remedies is caused by a false pathological teaching, which would have us prescribe for diseases rather than for persons; according to this view, we have certain remedies which are good for "fever," others for "rheumatism," etc. No teaching could be further from true Hahnemannian philosophy than this; and none is the cause of more eclectic practice.

To show how far from true homœopathic philosophy these views lead one, we quote from a letter recently received from a physician, who seems to place the utmost confidence in the curative powers of these "tissue remedies." He writes:

“I have been using the tissue remedies for about five years, and have found them sufficient in almost all cases (perhaps in all, if I could always see the indications), and have used the old remedies when I could not cure with tissue remedies. If these twelve remedies cover the majority of cases (almost, if not quite all), why carry two or three hundred? Some cases may be so complicated as to require alternation or combination, and in that case the indicated vegetable remedy may be selected, if desired or preferred, which contains such combination as is needed. But where we can so prescribe, I think it better to use the single (uncombined) remedy; for this reason I prefer the direct medication of Schüssler. I find Ferrum phosphoricum, for instance, takes the place in all inflammatory troubles of Aconite, Gelsemium, and Veratrum viride; why, then, carry these three additional drugs, when the Ferrum-phos. does the work as effectually as either or all of them? I find Kali phosphoricum covers the chief symptoms of Baptisia, Pulsatilla, Cimicifuga, etc.; why not use the one and not lumber the pocket with a half-dozen extra remedies of the same nature? I do not say throw away the old remedies, but study the new well and prove them until we get them perfected, and supply the deficiency with the old.”

The opinions of this physician give us a very fair example of this one-sided view of drugs; Aconite, Gelsemium, and Veratrum viride are viewed only as antiphlogistic remedies, of their wider and much more useful sphere of action nothing seems to be known. These drugs are only indicated in their peculiar kinds of fever or inflammation, not by any means in every case of such disease. Each has its peculiar characteristics which indicate the cases for which it is useful. These drugs are no more interchangeable than are any three men.

The symptoms which call for the exhibition of these three drugs are so totally unlike that one cannot imagine how any physician could expect to cover the three by any one other drug. Indeed, there is no one drug in the materia medica that can fill the peculiar sphere of Aconite alone; and as Gelsemium differs so greatly from Aconite, the problem becomes more difficult; but when Veratrum viride is added to the problem, it becomes simply a *reductio ad absurdum*.

No sentence was ever penned in homœopathic literature which has done so much harm as the one which called “Aconite the homœopathic lancet.” Aconite is not a febrifuge; it is only occasionally indicated in fevers, and only then when its peculiar mental and nervous symptoms are present. Let us

study our materia medica in its broadest sense; let us not contract, but widen the range of action of each remedy, until finally we shall have a remedy for every possible combination of symptoms.

THE DUAL ACTION OF DRUGS.—It is often said that a rose would smell just as sweet under any other name, and so it is with drugs; they will act just as well under the name of Dual Action as under the undisguised title of Similia. The allopaths have found this out, and are using small doses of drugs to cure symptoms which are caused by larger doses of the same drug. Hahnemann declared that drugs would cure in the sick such symptoms as they were able to produce upon the healthy; the allopaths declare that “small doses of medicines, administered to antagonize pathological conditions such as could be caused by toxic doses of the same drug,” are very efficacious. These two declarations sound suspiciously alike, and give the impression that the latter one is but a crude theft of the former! In the following quotation, it will be observed that Dr. Reed denies that this “dual action” is homœopathic; he expressly declares it to be “antagonistic” (whatever that may mean) in its action. But how can small doses cure and large doses cause the same pathological conditions, both acting antagonistically?

We quote a part of Dr. Reed's views—they are interesting as showing the tendency of a part of old-school physicians toward Homœopathy. Dr. Boardman Reed, of Atlantic City, N. J., in a recent controversy with Dr. Horatio Wood upon the double action of medicines, as illustrated by *Digitalis*, has rather the better of the argument. The editor of the *Therapeutic Gazette* (Dr. Wood) made a very lame attempt to prove that he was right, and Dr. Reed wrong, in his own publication.

The authorities cited, and the powerful reasoning put forth by Dr. Reed, give the self-supposed infallible therapist (Dr. Wood) the worst of the argument. Dr. Reed has further strengthened the position he originally took by an able communication in the *Medical and Surgical Reporter*, November 24th, which he concludes as follows:

“The editors of the *Gazette* offer to award me great glory if I will ‘prove in the laboratory’ that *Digitalis* can paralyze heart muscle, and also prove, in the same way, the contrary of various propositions which they lay down. My answer is: 1st. That I am not writing up this matter for glory or credit, but for other reasons, as already explained. 2d. That other men, who are

experts in laboratory work, have demonstrated what is demanded regarding *Digitalis*, and have furnished materials, as a result of their experiments, which prove, in my opinion, that all the drugs referred to have double actions.

“If the aforesaid editors cannot be convinced by the testimony of eminent authorities in their own special field, they would not believe even one raised from the dead, still less my own testimony, supposing that I could afford to equip a laboratory and find time from a busy practice to make the necessary experiments. If they really doubt that *Aconitine*, *Veratrine*, and *Viridine* have double actions, and will accept as conclusive the experiments of any reputable pharmacologists, I will undertake to furnish the necessary evidence; and in case it should turn out that any of the drugs mentioned has not been sufficiently studied, I will then gladly make additional experiments, either on animals or on men, or on both, to supply the deficiency. Otherwise, it will be quite useless to prolong this controversy. At some future time, however, I may publish numerous reports of clinical cases, showing the *efficacy of unusually small doses of medicines, administered to antagonize pathological conditions such as could be caused by toxic doses of the same*. I hope then to be able to demonstrate at length and with sufficient clearness to convince even the most timid therapist that he need not be deterred by the fear of treading on heretical ground, from curing his patients with the smallest effective doses, whenever these happen to suit best.

“Indeed, one of the most satisfactory things about the theory of the double action of medicines is that it affords an all-sufficient scientific basis for maintaining that the small-dose effect, as well as the large-dose effect, is really antagonistic to the disease. It thus quite does away with the necessity for lugging in the irrational dogma of *similia similibus curantur* to account for such cures as those of vomiting by drop-doses of wine of *Ipecacuanha*, or of Fowler’s solution, and of diarrhœa by fractional parts of a grain of gray powder, *Rhubarb*, or *Podophyllin*. In short, it affords an intelligible and rational explanation of all curative effects obtained with relatively small doses of tissue-disturbing remedies, whether administered by regular physicians or by homœopaths, when the latter do not administer amounts so infinitesimally small as to be incapable of producing any effects.”—*Medical Register*.

BOILS in and about axillæ; scurfy, itching, moist herpetic eruption; pus continues to discharge from boils for an unusually long time, they no sooner heal than fresh ones appear—*Lycopodium*.

BENNINGHAUSEN'S TREATMENT OF CROUP.

Practically, croup is attended with so much of suffering and danger to the patient and anxious solicitude on the part of friends and physicians, that no apology can be necessary for calling attention to a method of treatment which promises to diminish these in any degree. To the patient it is always painful, dangerous, and too often fatal, to be other than a cause of alarm to friends and dread to the intelligent and faithful practitioner. Every week it claims its victims among the young and helpless, and the skill of the best talent and learning of the profession has been wholly unavailing to avert the fatal result. Whatever, then, adds to our power over this destroyer is worthy of the profoundest attention ; and any method of treatment which, after fair trial, claims to have diminished its duration or mortality, cannot be passed by, as of little moment, by intelligent and conscientious practitioners. It is notorious that the current methods, both of the old school and new, are too often followed by misfortune, to be regarded with much complacency, if indeed, it be not too great grace to the different, desultory, and often scarcely better than empirical practices in this disease, to call them *methods*.

The old school has relied, and still does, on blood-letting, emetics, mercury, fomentations, nauseating doses of different emetic substances, vesications, etc. ; the new school, with better result, relies on Aconite, Hepar, Spongia, Bromine, Bi-chromate of Potash, Prot-iodide of Mercury, etc. ; and yet the weekly reports of mortality are constantly adding testimony to the want of success which the ordinary use of these means is wholly unequal to prevent.

Is the ordinary success of the ordinary use of these means the best which the nature of the case admits ? If so, we must be satisfied. But who dares be satisfied if a better can be obtained by other courses of practice ? The profession in this country are indebted to our esteemed colleague, Dr. Carroll Dunham, of Newburgh, N. Y., for an introduction to a method, which, after protracted trial, claims a far greater success than has heretofore followed any other, both in the matters of *mortality* and *duration*. In the February number of the second vol. of the *American Homœopathic Review*, page 212, in a foot-note appended to a translation of Benninghausen's paper on the

“Advantages of the High Potencies,” by Dr. Dunham, he gives the method of treatment of croup by this great master. In the body of the article (pp. 211, 212), the writer says: “Of ten cases of membranous croup in children, in at least nine, the first, or the first two powders of my high potencies, when promptly administered, suffice for the most complete cure. The necessity for three powders is very rare indeed, and among three hundred cases not ten have occurred in which all the five powders, as I am accustomed to prescribe them, have had to be given.” His five powders are, first *Acon.*, second and fourth *Hepar sulph.*, third and fifth *Spongia*, all of the 200th potency. These are given in the order of their numbers, every thirty minutes, and their administration suspended as soon as relief is manifest. So that, according to the statement above, more than two hundred and ninety out of three hundred cases of croup which were of such a character that the writer is willing to designate them as “membranous,” were cured inside of two hours, and the whole three hundred were cured. There was not a failure. This is certainly a remarkable success, very remarkable, in comparison with the results of any other known treatment.*

It was the privilege of the writer of this paper to call the attention of the members of the American Institute of Homœopathy to this success, at their meeting in Philadelphia, in June, 1860, and to urge on them a trial of Dr. Benninghausen's method by these among other considerations.

1st. Its *simplicity*. Anybody can apply it. The most inexperienced can make no important mistake by its trial, provided he is sufficiently intelligent to suspend the administration of the powders as soon as improvement is realized. This rule cannot be neglected, if the best success is to be secured. The anxiety to do *a little more*, with the expectation of something *a little better*, should never be allowed to tempt to its violation. Confusion, vexation, and disappointment can only result from this folly.

2d. Its *safety*. To carry out the entire plan requires, even in cases where it may result in failure, only about two hours of time, the loss of which cannot seriously prejudice a case in its prospects of benefit from other treatment, if such should be necessary after the trial of this. If it does this in some de-

*Benninghausen, on seeing this statement of his method, repudiated it as to the intervals of time between the doses. In croup, as in all other cases of sickness, he was accustomed to repeat or give a new medicine, as called to do so by the symptoms of the case, and not to do either at any given stated time, determined beforehand.

gree, the fact can hardly be urged against the greater success of this method. This remark is made with a full consciousness of the importance of early appropriate treatment in every case.

3d. The method of Dr. Bœnninghausen cannot be supposed to complicate a case by medicinal symptoms of the agents employed if they are not effectual to a cure, which can hardly be said of most of the other methods employed.

4th. It is *prompt* in its efficacy, beyond any other method.

5th. If the rules given by the master are observed, the cure is more *complete*, as well as prompt.

In the twenty years' experience of the writer in the treatment of croup by the ordinary homœopathic method, it has been the common course of the disease to return on the second and third nights, with more or less severity, and till the lapse of the third night, and the then change of the cough to the catarrhal character, there was no relief to his anxiety. Exceptions to this return have been occasional, but rare. Since adopting the method of Dr. B., there has yet been *no return on the second or third nights in a single case*.

The force of these reasons was then felt by the writer to be great. Here was, undeniably, *simplicity, safety, promptness, and completeness of cure*, with *freedom from medicinal complications*, to urge the claims of the method to attention, and better than all, these claims were backed by an alleged success altogether without a parallel. But the question has risen and been asked, "Will this method cure every case of croup?" I can only reply, very likely not. I don't know, but I do know it has cured every case of croup proper in which I have employed it in a time and manner that has given me one of my sweetest delights. I have had no second or third night anxieties. But, in this connection, I may as well warn the practitioner who may be inclined to try the five powders as directed, that all *loud, coarse cough*, with or without wheezing and fever, are not *croup*, and that he may find many such which these powders will not cure, simply because they are not remedies appropriate to their treatment. These are cases much less important than true croup, and far easier of cure by *Bell., Hepar sulph., Phos.*, etc., as ordinarily administered. "But will these powders really cure true membranous croup after the membrane is formed?" was asked by one of my friends in Philadelphia. Then I could not answer from personal observation. Now I can. And I answer, Yes. The following cases will illustrate this:

CASE I.—Sept. 1st, 1860, quarter-past nine P. M., saw a child, four and a half years old, of fair complexion, moderately fleshy,

suffering with symptoms of croup. Breathing difficult, with loud, sawing wheeze, cough frequent and violent, with the characteristic sound of croup; great restlessness. Expression of face anxious. The whole surface covered with profuse hot perspiration; pulse, 130 per minute, full and hard. *Breath offensive.* I prepared the five Bœnninghausen powders, gave No. 1, and in half an hour No. 2, and then No. 3, when the child became more tranquil, the skin cooler, less perspiration, cough less frequent, the peculiar sound of the respiration gone, and the child was drowsy and wanted to go to bed. He had been in his mother's lap. I supposed the battle was won, and left with directions if the breathing became embarrassed again to give the other powders at half-hour intervals.

At two A. M. I was called again, the child being reported much worse, and the parents thought him dying. I found him breathing with great difficulty—respiration loud, with the peculiar wheeze of croup—cough frequent, violent, and dry, with strong croup tone, perspiration profuse and hot, great anxiety and restlessness. Inspection of the throat showed a patch of membranous deposit on the left tonsil as large as my finger nail. The mother had given powders 4 and 5 with no relief. I gave *Spongia*²⁰⁰ (Lehrman's), with partial relief *for a time*, when the symptoms returned, and *Spongia* gave no relief. I then gave Bromine, from four A. M. to seven A. M., at half-hour intervals, the only result of which was an increase in the frequency of the pulse and heat of skin. No relief of respiration or cough. I determined to repeat the "*five powders*," looking on the case as a second attack or relapse, the result of cold feet and legs, when he awoke at two o'clock, from exposure during sleep—a fact which I now learned for the first time. The three first were given and all symptoms of croup disappeared in less than two hours, and did not return. There was a slight catarrhal cough which yielded to *Phos.*²⁰⁰. At ten A. M. the membranous patch was evidently thinner than when examined in the night, and at five P. M. had disappeared entirely, leaving the surface of the tonsils and fauces generally deep-red, and a good deal swollen. This inflammation soon disappeared under the influence of the remedies above named.

Were not here *two attacks* of croup? My first impression was that the powders had failed. When I learned of the cold feet and legs, I took another view of the case and treated it as a new attack, with the above result. But, suppose there was only one, and the symptoms at two o'clock A. M. were only a recurrence of those *seemingly* subdued at eleven P. M., what is the objection

to a repetition of the series of powders if a case should occur where the first five should prove inadequate to the cure? I have not the slightest doubt I should have lost my case if I had adhered to my first impression of the failure of the treatment. The case grew worse rather than better under Bromine (and the cases this remedy has not cured, after the failure of the ordinary remedies, nothing has cured in my practice). But, on giving the five magical powders the second time, or rather three of them, the result was even more prompt and satisfactory than when given the first time. Would this have been the case if the second attack had been only a recurrence of partially subdued symptoms? Do not such recurrences come with increased inveteracy? as is so often seen in cases of hydrocephalus.

In this case the membrane was perfectly apparent on the tonsils. Indeed the whole train of symptoms, without this, was indicative of this form of the disease, but the sight of the deposit places the matter beyond doubt.

It is worthy of remark that powders 4 and 5, Hepar and Spongia, given by the mother, after the relapse, previous to my seeing the little patient the second time, were followed by no mitigation of the symptoms; but that *Aconite*, *Hepar*, and *Spongia* were afterward promptly efficacious, even more so than at the first. From this it would appear that the *order of sequence* of the administration of the powders is not a matter of indifference. It may prove to be essential to success.

CASE II.—The following case has been kindly furnished me by my esteemed friend, Dr. Carroll Dunham, of Newburgh, N. Y. It further and beautifully illustrates the affirmative answer given above in relation to the cure of membranous croup, and also answers the question as to a repetition of the series of powders in any case.

On the evening of January 24th, I received a message to the effect that a little boy, aged eighteen months, fat and healthy, was slightly feverish, and somewhat hoarse. I was requested to send some medicine. I sent a powder of *Acon.*¹², mentioning to the messenger that croup might perhaps be threatening and requesting to be sent for on the first indications of that disease. The next morning I was told that the child was not much better, and was requested to visit it in the course of the day. I went immediately. As soon as the hall-door was opened, I heard the hoarse, ringing respiration of the child, which was in the second-story, and which I found sitting up in its crib, with an expression of great anguish, breathing at the rate of 35 in the minute and with great labor. There was but little cough; occasionally

an effort which resulted in a hoarse dry bark, but which was immediately suppressed, apparently because it interfered with respiration. The face was turgid and of a purple hue. The hands were frequently applied convulsively to the larynx, but as a general thing the child was quiet, looking with pitiful, appealing eyes to the bystander, as if for aid. The skin was hot and dry except on the forehead, which was moist and cool, pulse hard, not full, 130. On saying to the mother, "the child is exceeding ill," I was told, "he has been as bad if not worse all night." He had vomited once, about an hour before my arrival, bringing up a small piece of tough membrane.

Here was a case of membranous croup, of great severity, which had been in full blast at least twelve hours before I was called to it; in which the purple, turgid face and the exhausted aspect of the child, showed that the powers of life had already begun to fail under the imperfect decarbonization of the blood. Considering the gravity of the case, and its long duration before treatment was begun, I hesitated to give the powders recommended by Bœnninghausen, but gave at once Bromine¹, centesimal, in water, a teaspoonful of the solution every fifteen minutes.

At the end of two hours, the child was in no respect better—the pulse was weaker and more frequent; there had been no relief for an instant to the labored character of the respiration, which numbered now 40 in the minute. I gave Hepar sulph.² trit., alternately with the Bromine. At the end of two hours there was still no change for the better; the disease was steadily advancing, as it seemed, to a fatal termination. Already it had reached a point at which I have seen both Guersant and Trousseau at the *Enfans Malades* refuse to perform tracheotomy, on the ground that the disease had, by its long duration, so prevented oxygenation of the blood and consequent renovation of tissues that a favorable issue could not be hoped for. I determined now to give the Bœnninghausen powders; waiting, therefore, a half-hour from the time at which the last dose of the Hepar was given, I gave a powder of Acon.²⁰⁰, to be followed at intervals of a half-hour by Hepar²⁰⁰, Spongia²⁰⁰, and this series repeated (the method indicated in a foot-note to my translation of Bœnninghausen's article, *American Homœopathic Review*, vol. 2, p. 212). It was now five P. M., a time of day after which croup generally begins to be aggravated. At seven o'clock the child was greatly relieved, respiration 30 in the minute, much less labored, the sound softer, cough rather more frequent and somewhat loose in sound. I left a second series of the powders

to be taken at intervals of one hour. The child slept at eleven P. M., and at intervals during the night, and the next morning was so much better that it seemed unnecessary to give more medicine, although I left a series of the powders to be given in case of a relapse. They were not given, however. The child recovered rapidly without relapse or sequela of any kind, and on the fifth day was as well as usual.

This was unquestionably the most severe case of croup that I have ever seen recover in this or any country. Judging from my experience with Bromine and Hepar in other cases, I have no hesitation in saying that, not acting more evidently and more promptly than they appeared to do in this case, nothing whatever was to be hoped for from them. In croup, if they act beneficially at all, they do so promptly. It seems impossible, therefore, to ascribe the recovery of this child in any degree to these remedies, or to deny the curative action of the Bœnninghausen powders.

CASE III.—May 7th, 1860. At ten o'clock A. M. saw M. F., two and one-half years old, who had been suffering from severe catarrhal symptoms with sore throat the last four days. At four o'clock this morning she awoke her parents by her choking, strangling, and loud croup cough, for which she had had from them, Aconite and Spongia in alternation every half-hour without relief. The skin was hot and rather moist, the face red, the eyes staring, expression anxious, breathing loud, wheezing, and labored, cough frequent and loud, with the characteristic croup tone; swallowing difficult and evidently painful, with great restlessness. I gave the five powders as directed by Bœnninghausen, with instruction to suspend their administration on the appearance of relief of the symptoms. She took the first three, and the relief was so apparent that, in accordance with instructions, she was left to their action. I saw her again at five P. M. She was playing on the floor, and apparently well of all her troubles except the difficulty of swallowing, which was removed promptly by Bell.²⁰⁰ The next morning she was dismissed cured.

It is hardly necessary to remark that the worst form of croup is very often preceded by a catarrhal stage like that by which this case was ushered in, is of the most obstinate nature, and not unfrequently fatal.

CASE IV.—The following case, furnished by my friend and neighbor, Dr. R. C. Moffat, is given to illustrate the fact that this method is curative, and triumphantly so, even in cases where massive doses of the same medicines have failed.

Called in the morning to attend a child attacked during the night with croupy cough and restlessness, which were represented as severe. The child was nine months old, large, healthful, and vigorous. The usual remission had occurred, and then presented nothing but the usual loose cough. I prescribed *Aconite* and *Spongia*, one drop each, in two-thirds of a tumbler of water, a teaspoonful alternately every hour and a half, the intervals to be shortened to half an hour if necessary during the night.

The next day the report was, a very bad night; the cough, fever, and restlessness worse than the night before, and still the remission of the morning was very marked, only a loose cough with hardly any croupy tone to it. Thinking the family (a nervous one) had exaggerated their report, I gave directions—*Hepar*³, every hour and a half till the cough should lighten in the evening, and then, if the fever, etc., returned, as on the previous night, *Acon.* and *Spongia*, stronger than before, every half-hour.

Making an early morning call, I found the night had been worse than either of the preceding, and the cough was distinctly croupy, though the respiration, etc., were easy.

I gave *Sac. Lac.* for five hours (from ten A. M. till three P. M.), and then set out Benninghausen's prescription—*Acon.*, *Hep.*, *Spong.*, *Hep.*, *Spong.*, each 200th, at half-hourly intervals, with directions to call me in the night, if disturbed.

At my morning call I found the child had slept well all night, and it required no treatment subsequently.

CASE V.—The following case in the practice of my friend and neighbor, Dr. J. Barker, illustrates the efficacy of the method in a class of cases almost always fatal when treated by any of the ordinary courses of practice.

In the fall of 1859, W. L., a child six months of age, while suffering from a severe attack of scarlet fever, was seized with marked symptoms of croup. Regarding the complication as serious, and not being satisfied with the usual remedies in similar cases, I resorted, for the first time, to Benninghausen's treatment for croup, viz.: *Aconite*, *Hepar*, and *Spongia*, each of the 200th potency. The powders were numbered in the following order: *Aconite* 1, *Hepar* 2 and 4, *Spongia* 3 and 5, and directed to be given with an interval of thirty minutes in the order marked. After the expiration of three hours I again saw my patient, and found him almost wholly relieved from all croupy symptoms. The attendants expressed great surprise at the prompt action of the remedies, assuring me that after giving

three powders the disease at once gave way. I have since used the same prescription with most marked success in other cases of croup, and am convinced that no other treatment in my hands has proved equally efficient.

This case occurred during a severe anginous affection of the throat, and interested me much when first related to me by my friend, as it was then the first case of recovery from a similar condition I had known. In my previous experience all such cases had terminated fatally.

CASE VI.—The following case in the practice of my friend, Dr. Morrill, of this city, exhibits the efficacy of the Bœnninghausen method after a continuance of the croup two days without relief from massive doses of Ipecac and Squills, a common allopathic treatment of the disease, and also after a failure of lower attenuations of Aconite and Spongia.

Mary Kelly, aged two and a half years, took a severe cold a day or two before leaving Montreal on her way to this city. The first night from home, had a slight attack of croup, which her mother treated with Syrup of Ipecac and Squills. She appeared better in the morning, but the cough continuing, the same medicine was repeated.

The next night she had a second attack, more severe than the first. The mother administered Ipecac and Squills, and these not helping the child I was sent for. The symptoms of croup were very decided. Gave Aconite¹, in alternation with Spongia², which soon gave relief, and the child slept quietly till morning.

The next night I was again sent for about eleven o'clock, and found the child in apparently the advanced stages of croup. There was the ringing, metallic cough—the stridulous breathing, and great difficulty of inspiration at all. The pulse was very quick, and the skin hot and very moist. Appearances were very unpromising; gave the five powders of 200th, Acon., then Hepar, then Spong., in alternation. In about an hour the child became easier, and soon after it took the fifth powder, dropped asleep. I called the next day and found the patient quite well. It has had no return of the disease since.

COMMENTS :—These six cases will illustrate the action of these remedies in the treatment of croup. That they were cases of true croup was not a question of doubt. They were treated before the reception of Bœnninghausen's repudiation of the half-hour interval between the doses. And, notwithstanding this error, which no doubt was a violation of a fundamental rule which dominates all sound homœopathic practice, they were cured,

promptly, permanently, and perfectly, and in each case there was nothing of the return of symptoms to which we had all been accustomed when we had treated croup with our accustomed numbers in our heretofore accustomed method of administration. This was a great surprise to each of us, and the question could hardly fail to arise, How could so perfect and prompt cures follow so marked a violation of a rule of practice so important as this: "*No repetition of doses or change of medicine while improvement progresses from that already given.*"

The question will ask itself now, when we read the report given above, and we can see but one answer to it.

These cases were treated previous to 1859, when we all had had but small experience with dynamized numbers above the thirtieth. It will be remembered at this time, we had been taught, at least many of us, that acute cases required for their speediest and best cure *low* numbers, while chronic were best treated by *high*. This false rule was very generally accepted and acted on by those who at that time were leaders in the homœopathic school of practice. And sicknesses of rapid progress in their distinctive processes, like croup, were treated oftener than otherwise by numbers not above the third, and often by those lower, even by the crude drug; and with croup, where this was overcome by these low dynamizations, the painful and anxious experiences of the second and third nights were always present. The thought then was that it was the *matter* of the drug which cured, and the third, if it failed to give relief, it was because more matter of the drug than was contained in this number was required for relief, and more was given, even to very considerable quantities of the crude drug, and then, if the case terminated fatally, why, was not all done that could be? Were not the accepted remedies for croup all given, and in sufficient quantities to cure if this had been possible?

Yes, "all" was done but the right thing, and the wrong was overdone, and hence the fatal termination of the case. This was the common practice and experience previous to the publication of what was supposed to be Bœnninghausen's method with croup. This publication contained the error as to time between the doses, which we have pointed out, and yet cases were cured as they had not been by the previous practice with low numbers and crude drugs. And why? This question could not fail to ask itself, and the only answer to it we can see is because the curatives were given in *higher dynamizations*.

The results of the treatment of these six cases demonstrate, we think, conclusively, several truths of great practical impor-

tance. 1. That it is not the *matter* of the drug which *cures*, because here, when the doses given which cured so much more speedily and permanently must, if they contained any *drug matter* at all, have been in much *less quantity* than in those given in the previous practice with low numbers and the crude drug. 2. These cases, and a multitude of others similar to them, demonstrate the greater curing power in the dynamized than in the crude drug. And, 3. The superior curing effects of these high potencies over the third and lower demonstrate an increase of curing power by continuing the process of dynamization. The third number is, no doubt, a dynamic specimen of a drug power; but when the dynamizing process has been carried, as in the case of the medicines used in these cures, to the 200th, the result has been, and is, increased curing power in the higher number when its action is compared with that of the third or lower dynamization. 4. The falsehood of the rule formerly taught—low numbers in treating acute diseases and high in chronic—is fully demonstrated. The superior results of the treatment of croup by Bœnninghausen's powders as compared with the experience of treatment with low numbers can only be accounted for by the fact of the greater curing power in the higher dynamizations. And it is not a little interesting that in these six cases and in a multitude of similar ones these superior cures were wrought, notwithstanding the 200th dynamization employed in them was handicapped by so important a violation of law in the matter of time between the doses. The increase of curing power was equal to the cure, and would have it in spite of so important a violation of law.*

P. P. WELLS.

BROOKLYN, November 29th, 1888.

A COUGH SYMPTOM:—Cough, with hæmoptysis and feeble, weak heart action; deep, violent in evening and night, without waking; renewed by change to cold weather and by cold winds. Expectoration pale, sweetish, unpleasant tasting, at times difficult, renewed same as cough—*Lycopus-virg.*

* This paper upon croup was published some twenty-eight years ago by Dr. Wells; he has recently revised and added to it. We republish it by request of some of our readers. Although this method of Bœnninghausen's has such high indorsement, we must remind our readers that the practice is open to grave errors, and violates the cardinal principles of homœopathic philosophy. Homœopathic practice treats *symptoms*, not diseases, nor does it alternate remedies. These three remedies are invaluable in treating cases of croup, but they should be prescribed, as in other diseases, only when indicated by the patient's symptoms.—EDITORS.

THE FATTY HEART.

PROFESSOR E. H. KISCH, MARIENBAD.

Macroscopically we see the fat penetrate, in the form of yellow streaks, the intermuscular tissue of the myocardium, which turns into a yellowish-brown color, and becomes soft and friable.

Microscopical examination reveals the cells of the subpericardial fatty tissue appear larger than normal, containing more arterial and venous blood-vessels than in the normal state. One sees the fat-cells around the blood-vessels and in the pericardium accompanying them in their course and penetrating the muscular substance; the muscular fibres are pushed asunder, they proliferate between them, and enlarge the interstices between the muscular fibrillæ, which thus become compressed. It can be seen best on the right ventricle, where, between the muscular fibres, larger or smaller diffused fatty foci are situated. The muscular fibres are commonly well preserved, with normal horizontal striation, and only degenerated where the interstices are greatly enlarged by fat. With stronger lenses, the lines are then only observed in very fine granules, strongly shining. In some muscular fibres the horizontal striation is lost, one sees only longitudinal fibres consisting of strongly shining fatty drops.

We have, therefore, as the anatomical result of a fatty heart: *Fat penetrating the subpericardial connective tissue, lesion of the structure of the heart during its further course, decrease of the contractile substance and molecular changes of the muscular fibres.*

The function of a fatty heart becomes mechanically obstructed, because the layer of fat proliferating from the subpericardial connective tissue and nearly surrounding the heart prevents the motions of the heart. Another functional disturbance is also caused by the penetration of the fat into the interstitial connective tissue of the myocardium; thus the mechanical formation of the heart is lessened and its power diminished. A further increase of fat causes a partial atrophy of the muscular walls of the heart by pressure. In consequence thereof, the structural firmness of the heart is shaken, and its result is dilatation of one or more cavities or of the whole heart, and with increased labor the heart may become insufficient. In all cases of obesity,

much more is required from the heart than in the normal state. The increase of the fatty tissue in the panniculus adiposus, mesenterium, omentum, etc., causes new blood-vessels to spring up, which, corresponding to the increased weight of the body through the formation of fat, necessitates increased labor for the circulation of the blood.

Where the increase of fat in the body is only a gradual one, and where its accumulation does not reach extreme degrees, the fatty heart, only moderately surrounded by fat, may still be able to perform its increased labors for some time. The *first stage* of the fatty heart shows only slight troubles. Only when the patient over-exerts himself bodily by running, ascending, stooping, and similar locomotions, or after a copious meal, some dyspnœa and slight palpitation may set in. He still sleeps good and has no asthma. Objectively the examination of the heart shows nothing abnormal, only the sounds of the heart sometimes appear rather dull, and the dullness may extend over a larger space than normal, and the beat of the apex is found lower. An intensive dullness over the sternum shows a copious accumulation of fat in the mediastinal cellular tissue. In its further course, and by a more copious increase of fat throughout the body, the increased activity of the fatty heart, in connection with increased resistance from the extension of the abdomen, pushing upward of the diaphragm and diminution of the thoracic space leads to thickening and dilatation of the left ventricle, and when this hypertrophy and dilatation do not suffice for compensation, it must lead, in consequence of the over-filling of the venous system, finally to dilatation and hypertrophy of the right ventricle. During the *second stage* of the fatty heart, we meet palpitation and increased dyspnœa in ascending or longer bodily exercise. Severe dyspnœa and vertigo appear; at night asthmatic attacks. The fat patient wakes up several times during the night, must rise from his bed to breathe. Objectively we find the dullness of the heart increased in length as well as in breadth, the impulse of the heart is mostly diffuse, and the apex felt more outwardly. Auscultation reveals pure, but dull, sounds, sometimes they are loud and clear, or we may hear with the systole a short blowing or a double sound. The pulse may be frequent or retarded, or full, large, tense. The more difficult circulation of the blood, in consequence of the diminished propelling power of the heart, shows itself all through the venous system, as by dilatation of the superficial cutaneous veins, by varicose in the lower extremities, and especially by hemorrhoids. When such a lipomatosis universalis is not kept

within bounds by rational treatment, the *third stage* sets in, fatty degeneration of the myocardium takes place, with all the symptoms of insufficiency. Dyspnœa is now nearly constant, with palpitations and præcordial anguish. The dullness of the percussion sound is heard over a wide extent, the impulse of the heart weak, the sounds of the heart dull, the second sound of the aortic valve more strongly marked. The weakness of the heart shows itself by stagnation of blood in the lungs, and from there backwards in the large veins of the body, and cyanosis follows. We meet now cardiac asthma, torturing cough, seething in chest with foaming, bloody mucus. Paroxysmally angina pectoris, with other neuralgic pains, often a pain radiating from the cardiac region toward the left shoulder. Finally, this stagnation in the larger circulation leads to cerebral symptoms, to serous effusions in the subcutaneous cellular tissue, to affections of the liver, spleen, and kidneys. Albumen in the urine and œdema pedum are usual manifestations, and a fatal issue might be expected, often with the symptoms of œdema pulmonum or a pneumonia by stasis. Paralysis of the heart may also suddenly set in, and the patient succumbs.

REMARKS.—Professor Kisch, in his Marienbad, has many opportunities to treat obesity, and thus, also, the fatty heart, and with his patients the *cur*, as the German call the strictly prescribed diet and the regulation of the drinking of the mineral waters of this celebrated spring, will certainly benefit them during their sojourn; but how few keep up this regular mode of living after returning home, and thus necessitate a yearly pilgrimage to that shrine, which reduces the amount of fat which they are obliged to carry about. The same may be said of Professor Oertel's treatment at Meran, Tyrol, who relies on active exercise, regulated by the physicians, and ascending hills and mountains in this Alpine region, so rich in oxygen, and thus quickening respiration and consuming heat-producing tissue.

Arndt has a very good article on this fatty heart in the first volume of his *Encyclopædia*, and as Phosphorus, Arsenious acid, Sulphuric acid, Plumbum, Antimony, and Alcohol have the power to produce *fatty degeneration of the heart*, he recommends them in the treatment of this disease; but the *fatty heart* in its first and second stage will hardly be benefited by these powerful drugs, and its third stage is nigh incurable. He mentions Calcareæ, Graphites, Lycopodium, and Ferrum phosphoricum, in minute doses, to antidote the tendency to adiposus, and we agree fully with him that more can be gained by constitutional treatment than by drugs whose abuse lead to degenerative processes.

Leucophlegmacy, malassimilation, and obesity are all found in the pathogenesis of the salts of Lime, and especially under *Calcareæ ostrearum*. Hahnemann, in his *Chronic Diseases*, II, 255, makes here a valuable remark: "In affections of persons advanced in age, Calcareæ, even after other intermediate remedies, can scarcely be repeated with advantage; a dose which is given after another, without any previous intermediate remedy, is almost always prejudicial. In cases of children, however, several doses may be given in succession, provided the remedy continues to be indicated, the younger the children the more frequently the remedy may be repeated. And when we look with its dyspeptic and flatulent symptoms to such indications as interruption of breath when walking in the wind, then in the rooms dyspnœa, which increases as soon as he walks a few steps; frequent necessity of deep breathing; shortness of breath, worse when sitting and in motion; the breath becomes short upon ascending the least height; the whole chest is intensely painful when touched or during an inspiration; pain in front of the chest, as if it were pressed upon; oppressive anguish in the chest; palpitation of the heart, with excessive anguish, etc., we get here a full picture of the first stages of the fatty heart, and its judicious use will prevent it reaching its third stage." But remember Hahnemann's advice of Calcareæ when prescribed to people old in years, for there is also a precocious old age, and many a one who ought to be in the zenith of life has used up his life-force prematurely, and I doubt whether for such senility Calcareæ will be the remedy.

Here the *salts of Barium* come in, which is considered a valuable remedy for senility, so far as this is *premature, and therefore morbid*. Hughes's *Pharmaco-dynamics*, fourth ed., and Noack and Trinks teach that Baryta is especially suitable for the affections of first childhood, and more particularly still for those of old age, when there is mental and physical weakness—a *marasmus senilis*. We meet here many symptoms similar to Calcareæ, as fullness of chest, with short breath, especially when ascending a height, and with stitches in the chest when inspiring; the pain in the chest is partly relieved by eructations; pres-sive heaviness across the chest, increased by inspiration and then causing painful stitches under the upper extremity of the sternum; throbbing in the left side of the chest, commencing at the pit of the stomach and ascending; palpitation when lying on left side.

Whereas we meet in Arsenicum and Phosphorus fatty degeneration and destruction of the muscular fibres of the heart, we

prefer *Aurum muriaticum* for the atheromatous condition of the arteries (coronary) so often found in ripe old age, with an obesity of the heart, the fat being imbedded in the connective tissue around and through the heart between its muscular fibres, but without destroying its structure; frequent attacks of anguish about the heart, with tremulous fearfulness and faintings; violent heart-stroke, not synchronous with the pulse; constantly compelled to be in motion, but, when riding or walking, palpitations compel him to stop, sometimes with irregular, intermittent pulse and dyspnœa.

Under *Bromide of Potassium*, we detect some symptoms which hint at a fatty heart, as, feeble and intermitting action of the heart, partly relieved by walking; heart's beats wanting in energy and its sounds distant and feeble; action of heart slow and fluttering; pulse small and slow. We know that Brom. and its preparations are more suitable to persons with blue eyes and light hair, and it is a well-known fact that blondes are more given to obesity than brunettes, and the fatty heart in young persons may thus find its simillimum in the Bromides.

We have often remarked that the salts of Magnesium are too often neglected, and only since Schüssler led our attention to their great value, we find them more frequently reported. We have often heard of cases where the salts of Lime failed to eradicate that unknown psora, while the salts of Magnesium acted splendidly. We find in both slow dentition, with bloatedness in abdomen, but in the former more diarrhœa, whereas the latter has constipation. *Magnesia muriatica* has oppressed breathing, greater after a meal, constrictive pain in chest and scapulæ; stitches in the heart, arresting the breathing; palpitation of the heart, when sitting, better from motion; violent palpitation, with pulsation in all the arteries; tension across the chest, coming from the pit of the right axilla. Guernsey gives as characteristic indications: sleeplessness, knotty, hard, difficult, and insufficient stools, crumbling to pieces as they pass the anus, and frequent fainting attacks, which seem to start from the stomach. Its uterine symptoms prove that it is worth our consideration in the fatty heart of women with the three F's—fair, fat, and forty. Where the second stage merges into the degenerative one, *Magnesia phosphorica* of Schüssler might do something, and it is a pity that we have no proving of it.

Will *Ferrum phosphoricum*, the Aconite and Belladonna combined of Schüssler, do something in such cases of obesity? Arndt and Kane mention Ferrum, and we know there is such a

thing as a plethoric chlorosis as well as an anæmic chlorosis, with great palpitation of the heart and dyspnœa and cardialgia. Such chlorotic women sometimes show a false plethora, may even develop a pretty good panniculus adiposus, and, in spite of all their wailing and ailing, they get no commiseration, for they look so well. In correspondence with other symptoms, we ought to think here of the Phosphate of Iron.

Kapka recommends Arnica ; Arndt, Lycopodium and Grapite ; Kane, Arsenicum, Calcarea carb., Aurum mur., Digitalis, Ferrum, Phosphorus, and Sulphur, and we acknowledge our blindness that for many of these drugs we fail to see their applicability to the fatty heart.

At any rate, poor people need not go to Marienbad. Hygienic rules can be everywhere observed, and our materia medica does the rest. S. L.

HOMŒOPATHIC PRESCRIBING.

HAYES C. FRENCH, M. D., SAN FRANCISCO.

The November number of the *PHYSICIAN* was as usual replete with good things, and the discussion of Dr. Gee's paper upon "Peculiar Symptoms" touched practical and vital points on the question, not only of the successful selection of a remedy, but also the ability to hold the confidence of patients and their influential friends while that remedy is being applied. Having been won to Homœopathy from a life-long antipathy to its tenets, my own struggle into faith gives me some authoritative conception of the honest doubts with which the new convert scans the first approach of the priests of Hahnemann. It must be remembered that the multiplying thousands of homœopathic physicians in the land, means a rapid and constant conversion of the people from the old to the new method of practice, and the question of the advisability of the physician making a peripatetic library of himself, may have a vital bearing upon the confidence of an inquiring convert, to whose mind the seeming dependence upon his books may suggest a lack of practical familiarity of his new doctor with the doctrines he advocates. The world is suspicious of medical students, and lavishes its fondest trust upon fossilized antiquarians, to whose hoary craniums it credits all book-lore, though they be in fact but the cephalic grave of scantest memories.

Dr. Hitchcock's modest estimate of his knowledge of materia medica, while betraying a refreshing candor, we will venture to

pledge, can be refuted out of his own mind and mouth, and that he could readily give the characteristics, not only of "a dozen remedies," but of a dozen dozen, if put to the test. Without his confidence we have no patient, and frequently that confidence will depend upon the doctor's ability to make an off-hand prescription. The best homœopath we ever knew, failed utterly for want of tact in the matter of using books at the bedside. The successful settlement of this question demands a keen discrimination, and if this be used, the man who to-day would attribute your devotion to your tomes to ignorance, will to-morrow, in the light of his new-found faith, boast that *his* doctor, like his lawyer, studies his case before venturing a remedy; hence, we cannot see any hope of true success as prescribers without a general and constantly growing knowledge of the leading characteristics of our principal remedies. If the call is urgent, we must have an instantaneous grasp of its salient needs, and act with correspondent promptness. Afterward we can obtain the best possible details of the symptomatology, and retire to meditation and the books, and we have no doubt but that the most rigid adherents of the book method would much less frequently, than in their modesty they now suppose, be compelled to change the remedy thus selected.

There is a sort of unconscious cerebration accompanying the process of acquiring *materia medica*, which impresses facts upon the mind, not always in the scope of language to express, but which give their possessor unconsciously, a physiognomy (so to say) of the remedy in relation to the disease to which it is adapted, and many a successful prescriber follows what he has fondly denominated his "intuitions," which are nothing more than the stored-up fruits of legitimate mental labor. Now does not slavish adherence to text-books, on all occasions, and in all places, have a tendency to obtund this inspirational gift?

TOTALITY OF SYMPTOMS AND CONCOMITANCE.

STUART CLOSE, M. D., BROOKLYN, N. Y.

In all discussion, definition of terms is of the first importance. This is generally acknowledged, but often overlooked. Hence we too often see the pages of our journals filled with what might better have been left unsaid.

A correct understanding of certain words and phrases in common use would clear up all difficulty, and we should be

spared the pain of reading unjust criticism, denunciation, and ridicule of men whose work has stood the test of continual and effective use for nearly a century.

These remarks are inspired by an article contained in the last issue of *THE HOMŒOPATHIC PHYSICIAN* (Dec., 1888), entitled "How to Find the Drug."

The line of argument adopted in this article leads to the conclusion that the qualities expressed by the words, "peculiar and uncommon," as applied by Hahnemann to symptoms, are *not* to be found in the symptoms themselves, but in their *concomitance*, and that *this* is essential to correct prescribing.

This conclusion is made to serve as a point from which to attack the Hahnemannian arrangement of the materia medica, which is denounced as "absolutely destroying this relation of concomitance," and ridiculed as being inextricably confused. What must be the inference as to its value, in the estimation of one who holds such views?

If such were the fact, it seems a little strange that so much could have been accomplished in the way of curing sick people since the days when Hahnemann gave his *Materia Medica Pura* to the world.

How shall we account for the position of our author, whose honesty and desire to arrive at the truth will not be questioned? Simply by pointing out his misapprehension of what a "symptom" really is, as manifested in his article.

On this point, which is of supreme importance, I quote from the inaugural address of President P. P. Wells before the International Hahnemannian Association in 1881, reprinted from the *Transactions*, in *THE HOMŒOPATHIC PHYSICIAN*, vol. I, p. 279.

These golden words should be studied, mastered, and kept continually in mind by every homœopathician, the more so as this misapprehension is very general:

"Let us see what is contained in the expression, '*totality of symptoms.*' As prescribers, it is with these we have our starting-point. Until we have these in our possession, we have no concern with the other factors of the problem we are about to try to solve. A right understanding of this fundamental expression is necessary before we can take the first step in a true homœopathic prescription. '*Totality of symptoms.*'—what does it mean here? All the symptoms of the case, is it answered? It means this and more. The '*totality*' here means not only the sum of the aggregate of the symptoms, but also this other and most important fact of all, in true homœopathic prescribing,

the totality of each individual symptom of the aggregate group. A SINGLE SYMPTOM IS MORE THAN A SIMPLE FACT; IT IS A COMPOUND, MADE UP OF A FACT, WITH ITS HISTORY, ITS ORIGIN, PROGRESS, AND CONDITIONS ATTACHED. If it be a cause of suffering to the patient, then in it are included all the circumstances of its aggravation or amelioration; as to the time of its greatest intensity, position, motion, rest; how affected by eating, drinking, or the performance of any bodily function; how affected, if at all, by different mental emotions; or by any other cause of increase or relief of suffering. All this is included in the 'totality' of each single symptom, and without all this the prescriber is ignorant of the intimate nature of the symptom for which he is to find a simillimum."

A fact, then, *is not a symptom without all its concomitants.* The concomitants are an integral and necessary part of a symptom.

If, now, the symptoms of the *Materia Medica Pura* be examined in the light of this definition, it will at once be seen that they comply with the requirements. They stand out in symmetrical proportion, complete and rounded. There is no breaking up of the symptoms into fragments and scattering them here and there, as one would infer from the article under consideration, but they stand recorded, under their proper headings, exactly as they occurred in the prover. One would not naturally look for a symptom of the mind under the heading "Abdomen;" but if "anxiety" occurred in connection with "a sensation as if the abdomen were hollow," *you will find it so stated.* (*Vide Materia Medica Pura*, article Chamomilla, symptom 183.) This symptom may serve as an illustration of the truly Hahnemannian method. Of its ignorant and incompetent imitators nothing need be said.

The symptom referred to reads as follows (Dudgeon's translation): "Sensation as if the whole abdomen were hollow, and at the same time a perpetual movement in the bowels (with blue rings around the eyes), and when the attack comes on in the evening, it is for a short time combined with anxiety." We have here the statement of a fact, with its elements and concomitants of time, place, and circumstances, and all these together make up one, and only one, symptom, which is classified, for convenience of reference, under the general heading of "Abdomen."

The article under discussion would lead us to infer that Hahnemann's plan would not only separate the several elements of which this symptom is composed, but would scatter them

about under wholly arbitrary and inappropriate heads, to the total confusion of the true drug-picture. In the elegant phraseology of the article, "Instead of getting a clear picture of the drug-sickness as actually caused by that drug, the beginning is placed at the end, the middle is at the beginning or anywhere else, and the end comes first or middle or wherever chance falls."

Simple reference to the *Materia Medica Pura* of Hahnemann is all that is needed to confute such a statement.

PROCEEDINGS OF THE ROCHESTER HAHNEMANNIAN SOCIETY.

The regular monthly meeting of the Rochester Hahnemannian Society was held at the office of R. A. Adams, M. D., October 16th, President R. C. Grant, M. D. in the chair.

Members present: Drs. Grant, Biegler, Schmitt, Adams, Carr, Baker; Dr. W. G. Brownell, of this city, and Dr. Walter Johnson, of Pittsford, N. Y., were present as visitors.

Minutes of last meeting were read and approved.

Sections 164 to 169 of the *Organon* were read, with discussion as follows:

Dr. Grant—The sections read are some of the most important and interesting of the *Organon*.

Dr. Schmitt—I think the sections read explain why there are cases where the high potencies do not act, and the low will. I do not agree with Dr. P. P. Wells, that a high potency will act if a low will. I make the point that we can have a remedy, according to Hahnemann, very similar to the case—not simillimum—where a single dose or repeated, of a high potency, will not do anything for you, but in a lower potency we get an effect, although transient, and not a cure. The case I will give will illustrate the point. It is a case of chronic diarrhœa where the indications were for Sulph. I gave it in the MM, CM, 200, in single and repeated doses, without any effect whatever, then gave the 30th potency, a dose for two or three mornings, which controlled the diarrhœa, but did not cure. I knew I had only the similar, not the simillimum; after a time the patient developed a cough, that came on at four A. M. with retching, blueness of the face, cold sweat, and *trembling*. Ant-tart.^{cm}, one dose cured cough and diarrhœa. Sulph. was the similar remedy and Ant-tart the simillimum.

Dr. Biegler—This case of Dr. Schmitt's does not invalidate

the principle, that we must find the simillimum to cure. I think that his case helps to prove the fact, that *we must prescribe the simillimum to cure*; his stating that Dr. Wells never knew of a case that could not be relieved by a high potency, if the low would relieve, leads us to think there are exceptions; there are cases where the symptoms are obscured and do not come up until developed by some remedy, and I believe that Sulph. developed this case. The fact still stands, that disease is only cured by the true remedial agent (the simillimum), and will cure in a high potency; a low is not required.

Dr. Johnson—Does it not illustrate the palliative effect of remedies?

Dr. Biegler—I do not believe that a high potency will fail if it is the simillimum. I prescribed last year Rhus-tox, for a case of eczema, the indications I do not remember; it disappeared quickly, and I thought it was cured; a few weeks ago it came back worse than before, and in her letter, begging for the remedy of last year, without any indication of the present condition, I informed her it was a mistake to give the remedy of last year, but did send it, and asked her to write me a true description of her case, which she did, and I sent Pulsat. Among the chief indications were: want of fresh air; aggravation from cold drinks; this relieved for ten days, and to-day she sends me a letter, every indication calling for Sulph.

Another case, of a child seven weeks old, diarrhœa since birth; two weeks ago the stools began to be watery, gushing, and yellow; would saturate everything. I gave Podo. which relieved for a few days; then the mother's nipple became sore, with a shooting pain from nipple through to back. I gave Crot-tig. to the mother, with improvement in the child; in twenty-four hours there was a great disturbance, stools worse and more frequent, almost hourly. Sac-lac. Improvement followed, lasting three or four days, then worse, with the same yellow, watery, gushing stools, *with wind*; mother's nipple growing better.

I have known the mother a long time, also her father, and that there was sycosis in the family, the mother bears traces of it; three days ago I gave Thuja^{em}, one dose, and to-day the child is much better; two stools last night, and up to noon to-day only one; if you will compare the stools of Thuja and Crot-tig. you will find it difficult to distinguish the difference between them. Here we have a case where it is difficult to select between two remedies that are similar to the case.

Dr. Grant—You gave the Crot-tig. to the mother and Thuja to the child?

Dr. Biegler—Yes; was tempted to give the Thuja to the mother, too, but for some reason I do not now remember I did not; this child was feeble from birth and remained so for over a month. We are assembled to learn of the best treatment for disease surrounded by those that shut their eyes, guided by the “scientific,” and will not study the principles of Homœopathy; under their treatment the stools would have been checked, and the child would have died.

Dr. Grant—There is still another point, that if their treatment did not kill, if your supposition is correct, the suppression would complicate any sickness that would follow.

Dr. Biegler—This case illustrates how a remedy will come up, seem to be indicated, and not cure. It is not Homœopathy that is at fault.

Dr. Johnson—Can you get an aggravation from a high potency not the simillimum? The question was suggested by your statement of the action of Crot-tig.

Dr. Biegler—That is a great question; it looks to me that the disturbance that followed was caused by the remedy, although it was not the simillimum. In acute diseases not complicated with a miasm, we expect a cure after an aggravation.

Dr. Schmitt—Hahnemann says, that if you give a similar remedy you may get an aggravation of some symptoms, but not the true aggravation as from the simillimum.

Dr. Johnson—We are taught that when we get an aggravation we have the right remedy.

Dr. Biegler—I should add the other symptoms for which I prescribed Thuja: The nurse told me *that when the child sneezed a mass of mucus would be blown from the nose; child had a loose cough with much loose phlegm in the throat.* Under Thuja you have, “Blows out thick, gum mucus, mixed with blood and pus.” There was no blood or pus in this case. “Much mucus in the throat, hawked up with difficulty.”

Dr. Brownell—I have noticed the comparison is very close between the stools of Thuja and Crot-tig.

Dr. Schmitt—I do not think Crot-tig. has any wind with the stools.

Dr. Brownell—I would like to relate a case, where sugar in the urine is a persistent symptom; *foul taste in the mouth; cold sweat on the lumbar and sacral region, worse during stool; burning of the soles of the feet; burning of the skin from the knees down, wants them rubbed, which does not relieve.* Gravity of the urine was 1040 July 6th. Kali-bich. has the symptom, “sweat on the back during the effort of stool,” also “large

quantities of colorless urine." Under this remedy the sp. gr. was reduced to 1020, with no relief of other symptoms, except sweat was partially relieved. I gave Sulph. which relieved, but the gravity went up. There is no doubt in my mind that I did not have the simillimum. There is another remedy that has sweat on the lower region of the back, and he is now on that remedy—*Plantago*^{im}.

Dr. Biegler—I would give weight to those remedies that have sweat in the region mentioned, and remedies for cold sweat—you will find them in Bœnninghausen or Allen on fevers.

Dr. Adams—In speaking of *Thuja*, it reminds me that "sweat on uncovered parts" is characteristic, and always leads me to that remedy.

Dr. Brownell—There is another symptom: he cannot sign his name if any one is near him, he is so nervous. *Plantago* seems to cover all of his symptoms better than any remedy I know of.

Dr. Biegler—There is another point from which we must look for help, and that is family dyscrasias. I was in consultation in a case of vomiting of pregnancy; remedies relieved for a time, and *Pulsat.* better than any other; several remedies were well chosen by the physician in charge, but none would hold the case.

I had been prescribing the past year for the sister of this lady, and had hard work to keep her from going down—had spent hours over the case. During her menses she would have a severe jerking pain over the right eye, would jerk the whole body; she kept going down, looking pale and yellowish-green, difficult to nourish. I had inquired particularly about the menstrual flow, but without any light. After a few times, the mother told me that she had noticed that the color of the menses was green. On the head symptoms and green menses I gave *Lac-can.*, with a very happy result; there is nothing much to do now in the case. Now, when we attend the sister for vomiting of pregnancy, remedies do not relieve for any length of time. On looking over the case I found one symptom that pointed very strongly to *Lac-can.*, and I mentioned this to the attending physician, together with the fact that this remedy had done so much for the sister. On questioning the mother, we found that this lady had been troubled with green menses too. Dr. Schmitt will tell you the result.

Dr. Schmitt—She was doing fairly well on the remedies given, and that night after we were there the husband came to my office, stating his wife was suffering with headache. *He had to hold her head so she might get relief*; shooting pain up

the spine and in the ovarian region. I sent Lac-can.^{em} one dose, which relieved *all* her symptoms, and during the last parade she wanted to ride down-street.

Dr. Biegler—This case illustrates how difficult it is sometimes to find the simillimum. Family dyscrasias need remedies, and we will often stumble until we know them.

I would like to read a letter I received from a physician of Albany, not a true homœopath, and my reply. Although it does not state the case in full, it gives it very well. An old gentleman of this city traveled to Albany, and there suffered with retention of urine from an enlarged prostate gland. The doctors there failed to relieve him, he called in a prominent member of the *old school*, who aspirated five times, then sent him home, no doubt thinking that he was going to die, with his physician of that city, who flung at me all of the “scientific nonsense” that had been used, such as Morphine, Cocaine, etc. I thought the best thing that could be done for the patient was first to rid him of his physician, so I assured him that he could take the first train home, as we would take care of the case.

“ALBANY, N. Y., Oct. 1st, 1888.

“MY DEAR DR. BIEGLER:—Mrs. G. H——, who just left my office, tells me that she is much improved since seeing you, and also tells me that the gentleman, whom our Albany doctors failed to relieve, has found relief at your skillful hands. To be more exact, she said ‘you were very busy the day she saw you, and had a desperate case from Albany.’ I knew of the case here and of the failure to relieve him, and inquired how he was, and she said ‘that he was better and going to get well.’

Now I am an honest inquirer about high potencies and *not a scoffer*, and yet not a full believer. Would it be too much to ask you to drop me a line saying what remedy and what potency relieved such a desperate case?

“Very truly yours,

“GEO. E. G——.”

“ROCHESTER, N. Y., Oct. 7th, 1888.

“GEO. E. G——, M. D.:—

“DEAR DOCTOR:—As it is often the case with me, several days elapse before I can find time to reply to letters, and I am disappointed in being in that situation since the receipt of your letter of the 1st inst. I gladly give the information you request concerning the case of Mr. Sperry, who was taken sick in Albany and returned to his home in care of Dr. J——.

“When I saw him on the night of his return, I found the urethra in such a condition as to prevent the insertion of the catheter. I then prescribed *Nux vom.*²⁰⁰, for the purpose of doing away with the effects of the previous drugging—Morphine, Cocaine, etc., and toward morning, Dr. Carr, who had charge of the case, relieved him with the aspirator. The next morning I advised the use of the aspirator for another period of twenty-four hours, and prescribed Benzoic-acid^{cm} one dose, the indications for this remedy, or rather for those upon which I selected it, you will find in Hering’s *Guiding Symptoms*, also in the *Condensed Materia Medica*. In thirty-six hours after the dose of this remedy, I found the prostate gland retracted, I may say at least one-third from its former size; before that it seemed to fill the cavity of the pelvis; now at this time the flatus, which was before incarcerated, passed readily, and I also passed a No. 7 elastic catheter without difficulty; this catheter was retained in the bladder three days. After its removal, the urethra was very sensitive, and the following symptoms were very pronounced; unsatisfied feeling after micturition (by means of catheter); *urging continued for considerable time; the slightest touch with the fingers at the tip of the penis would give severe pain and bring on spasm*. Pain at tip of the penis, you will find under *Cantharis*, although not given as here described. We gave him *Cantharis*^{cm} one dose dry on the tongue, and in twenty-four hours the symptoms for which it was given were entirely relieved. The patient now kept very comfortable, and gained in strength daily for four or five days, requiring the use of the catheter twice in twenty-four hours, during which time remedies were not given. At this time, however, fearing that the continued use of the catheter might be required, and not desiring to dance an indefinite attendance, I tried several elastic catheters preparatory to instructing him in their use, and by so doing I again inflamed, or at least congested the urethra to the extent of producing the following symptoms: *Urethra inflamed and sore along the whole length; burning while urinating, worse after; burning, smarting in the urethra in its whole length; jerking, stitching pain in the urethra*. For these symptoms we gave him *Cannabis-sat.*^{cm} one dose dry on the tongue, and in solution, every four or six hours; all this was relieved, and he commenced to pass water naturally, so that the catheter was used only once in twenty-four hours for a few days, not necessarily, but as a matter of precaution to avoid accumulation in the bladder.

“In justice to myself I must say that I did not volunteer the

information relating to the case to Mrs. H——, but that some one in my office spoke of it first; in fact, I am not aware of having said anything.

“I am thankful for your letter, as it is gratifying to come in contact with a man who is willing to inquire into the true method of cure, and when I do, I not only appreciate the honest disposition, but would do a great deal to help him, as I can well remember how I groped in the dark during the first ten years of my professional life, without a ray of light afforded from any source except my books.

“Let me now, for the present, ask you to cease looking through your microscope for the evidence of the remedial power of drugs and for the cause of disease, for there is nothing material about either—they are both imponderable powers; you doubt this I know, but do not say you will not believe before you have done what is only reasonable—that is, to investigate honestly and prove it to your satisfaction. In doing this you must conform to the law of cure, as it is exacting, and will tolerate no deviations; and I would here remind you that this law does not require a high dynamization, but absolutely the simillimum of selection to the case, and this cannot be done by multiple prescription.

“The alternation of remedies may sometimes be practiced, but that requires the ability of a master, and in ordinary practice it is destructive to an intelligent understanding of the peculiar or special action of remedies. As to the efficacy of the higher powers, this knowledge is obtained only when a thorough realization of the law is acquired; they are preferred by those only who, by long practice, have conformed to the law of cure. Since writing, I have called on Dr. Carr to ascertain the condition of the patient to date, and the result I can give you in a few words: *he is well*, passes his urine naturally and perfectly freely, which he had not done in the year past. He has had no other medicine since I discontinued my visits, which is now more than a week.

“Very truly yours,

“J. A. BIEGLER.”

Dr. Brownell—Was there any history of gonorrhœa in the case?

Dr. Carr—None that I am aware of. I have known him a long time, and believe would have found out if there was any such condition. He now passes his urine better than for some years back, and the water is clearer. Seven or eight years ago he rode all day in the wet, and had an attack of inflammation of the prostate gland, from which he never fully recovered.

Dr. Schmitt—This is an immense case and should be published.

Dr. Biegler—The lady spoken of in the letter came to me for treatment from the hands of a mongrel, and I made the following notes from what she told me: A year ago she had sea-bathing which was followed by rheumatism, and has not been well since. She was dosed by a mongrel in Albany, who finally thought her anus needed attention, and this he stretched to the extent of nearly killing her. Then he thought that the uterus needed special attention, and in order to treat her "scientifically" he explored the uterus with a steel sound, and in this way he cut her so badly that he became alarmed, and finally peritonitis followed. After this she was treated by the additional assistance of another physician of "scientific notions," with ponderable doses of Quinine "for chills." Since then she has been dosed by all kinds of drugs.

Adjourned to Dr. Biegler's office in one month.

W. H. BAKER, *Secretary.*

PROCEEDINGS OF THE LIPPE SOCIETY.

The 127th meeting of the Lippe Society was held on Tuesday evening, December 11th, 1888. After the minutes of the preceding meeting were read and approved, Dr. C. Carleton Smith read an instructive paper on "Sticta Pulmonaria," illustrating its action in a case of nasal catarrh. The paper will be published in this journal. Dr. Farley then said as far as he had observed, the nasal discharge characteristic of Sticta dries up very speedily. In reply to Dr. Lee, Dr. Farley said that the remedies having stopped feeling at root of nose, worse lying down at night are, Amm. carb., Lycop., and Puls. Amm. carb., child awakens from sleep crying for want of ability to breathe through nose. Lycop., he awakes rubbing the nose, because of the stoppage.

Dr. Lee related the case of a child in which the annual attack of hay-fever had been kept off by having a sliced onion on the mantel in the room in which the child slept. Previous to this both the child and his mother had an attack of hay-fever unless they crossed the ocean. Dr. Lee also mentioned a case in which a lady took several doses of Acon. to check a cold. She succeeded in checking the cold, and she also succeeded in getting a proving of Aconite.

Dr. Farley had found that Allium cepa will rapidly cure cold

that begins with the usual violent nasal and conjunctival symptoms of that remedy : fluid coryza, bland discharge. Dr. Clark spoke of a case of tertiary syphilis, in which the characteristic of Sticta : constant desire to blow nose, without discharge, was present. Sticta cured not only that symptom but others that were present.

Dr. James then read a paper entitled, "Metastasis of Disease." The paper being opened to discussion, Dr. Lee said that there could be no question that what the allopathists usually term the sequelæ of disease, are nothing but metastases. He then spoke of his own case. Fifteen years ago he had an attack of ophthalmitis of the right eye. The inflammation was severe ; there was great photophobia ; much pain, and lids were agglutinated in morning. Knowing nothing of Homœopathy, he was advised to apply Croton oil back of the ears. The inflammation disappeared in three days. He never discovered the bad effects until some years after, when he found vision of right eye almost nil. The practical question is, can we do anything for such cases ? That is, cases in which disease has been suppressed, and some chronic affection arises. The experience of all present goes to show that Hahnemannian Homœopathy can, after a time, turn aside the ill effects of badly treated disease.

Every member gave testimony to the effect that the worst, and most troublesome cases met with are uterine affections, in which modern gynecologists have been tampering with the uterus by making various applications. Horrible suffering, and frequently incurable mania often result from such treatment. Dr. Lee said he knew of a lady who was now an inmate of an asylum, who had ligatures applied to hemorrhoids, previous to which her health had been good.

In gynecological cases the cautery was less powerful for harm than drugs ; as is also the knife.

Dr. James spoke of a lady who had been under Dr. Lippe's care. Before she knew of Homœopathy, she had been in the hands of the regulars (?). Her old-school physician said her troubles were due to ulceration of the lining membrane of the uterus, and that the mouth of the uterus would have to be dilated. He introduced several sponge-tents for this purpose, and, after having his patient suffer much agony, he found nothing. The lady then went abroad and was under the treatment of a celebrated London gynecologist, who said she had ulceration of the neck of the womb, and who applied Nitrate of Silver, and converted the neck into a callous mass. After this she went to Paris, where the neck was amputated. On her return to this country she applied to Dr. Lippe for treatment, and afterward

Dr. James treated her, together with Dr. Lippe. Dr. James had never seen a more terrible case. After many remedies, which gave only temporary relief, she finally developed lung trouble, from which she died. One of her most prominent symptoms, and which was present in an aggravated form, was great goneness in region of stomach. Stannum and Phos. were the only remedies which controlled this symptom, after Sepia had failed. The remedies were given simply according to indications.

Dr. Clark stated that he had found, in cases coming from old-school hands where goneness of the stomach was present, Digitalis had been given.

Dr. Farley then presented the following case: Mrs. J. Y., æt. forty, married, dark and spare. Has suffered for twenty years with palpitation, pain, dyspnœa, and anxiety in cardiac region. She has "suffered much from much doctoring." On examination the following symptoms are elicited:—Smothered feeling in cardiac region, with terrible anguish and fear of death; this is produced or aggravated by the least hurry, excitement, unexpected noise, or on being suddenly spoken to. Sensation of a huge hand grasping chest in cardiac region. Rapid, forcible beating of heart, felt throughout the body; worse lying on left side; excluding from crowds and from friendly callers. Weak, trembling feeling for days after a severe attack. Pain goes through to left shoulder and down arm.

Perturbed state of mind, *can't help thinking of her state, and deems it hopeless*. Worse from thinking of it; better if she can keep her mind occupied from self. Continual dread of immediate death, and also of death in next attack. Sense of shock, like from fright, in cardiac region, and in solar plexus. May feel perfectly well for a short time—an hour or two—then, suddenly, without warning or provocation, or from emotion, will feel at her worst. Sleeps well, and when first opening the eyes feels perfectly well, but just as soon as she is fully awake and collected mentally, the awful gloom creeps over her like a cloud.

Sinking in solar plexus and cardiac region. Waves of heat going from nape of neck to forehead. Weakness and dejection after coitus; absence of all desire. Cramping, drawing pain in right ovarian region, better from doubling up or from hard pressure; must sit down. Weak, all-gone feeling in abdomen, must wear a bandage to support abdomen.

Agnus cast., and Lycop. were suggested for study in connection with this case.

After suggestions from several members as to the order of papers to be presented, the society adjourned.

GEO. H. CLARK, *Secretary*.

STICTA PULMONARIA.*

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

As we are entering upon the season in which catarrhal diseases are very rife, I propose to call your attention to a remedy which has a most marked action upon the mucous membrane, viz., *Sticta pulmonaria*, which, when judiciously employed, has displayed marked curative effects in nasal and bronchial catarrhs, whether administered in the lowest, highest, or medium potencies. It is an indigenous plant, and, therefore, meets many of those cases of sudden colds ending in catarrh of the head and chest, which are so common during our changeable winter weather. And not only do we find it frequently indicated in acute attacks of the character just mentioned, but also equally efficacious in chronic nasal catarrh which has lasted many years.

All the provers felt a dull, heavy pressure in the frontal region and at root of nose, similar to that occasioned by *Nux vom.* This was followed by darting pains in the temporal region, burning in the eyelids with soreness of the balls in closing the lids or turning the eyes, and also marked inability to concentrate the mind. These symptoms continue to increase in severity until a cough is developed, which is very severe in its nature, hard and racking, provoked by constant tickling in the larynx, and finally extending into the chest. These symptoms, given in a general way, are the result of various provings, which, though fragmentary in their nature, have, nevertheless, enabled our school to make some important cures. But, to be more specific, and in order to get a clearer idea of the remedy, let us place the symptoms in a group as far as we are familiar with them.

Under mind we find a general confusion of ideas, the patient must talk, even though no one is listening to him. Under head we find sensation as if scalp was too small, or drawn too tight over the skull. Pains* in right side of head of a darting and shooting character. Catarrhal headache, even with nausea and vomiting. Under eyes we find severe burning in the lids, with soreness of the balls, worse on closing the lids or looking from side to side. Under nose, we find that the patient wants to blow that organ constantly, but no discharge results. And the mucous membrane becomes so dry as to be quite painful, while scabs form quite rapidly, which are difficult to dislodge.

* Read before the Lippe Society, December 10th, 1888.

Under throat we find that the soft palate becomes so intensely dry patient cannot swallow without great pain. Now, take this group of symptoms as we have recorded them, and you cannot fail to observe a vivid picture of influenza as we so frequently meet with it in this latitude.

The cough of this drug is always dry, and invariably worse at night, preventing sleep. It is noisy and racking, accompanied with a splitting headache in frontal region. The tickling which causes the cough is so incessant that the patient soon shows sign of being completely worn out, and if not speedily controlled in some cases, becomes croupy in sound; can neither lie down* nor sleep on account of it.

There are several remedies which we may compare with *Sticta*, and observe at the same time the points of difference.

The stuffed feeling at the root of the nose we also find prominently under *Nux vom.*, but this latter drug has the fluent coryza by day, and the dry coryza at night, and the three A. M. aggravation, which do not obtain under *Sticta*. The *Sticta* patient feels better in the morning and worse in the afternoon. Sensitiveness to the inspired air we also find under *Rumex*, *Kali-b.*, *Phos.*, and *Dulcamara*. But under *Rumex* the parts are so exquisitely sensitive to even the *warm air* of the room that the patient is forced to cover his head and face with the bed-clothes or stuff a handkerchief in his mouth; while under *Kali-b.*, *Phos.*, and *Dulc.*, the patient must needs be exposed to the cold, damp outer air in order to bring about this aggravation.

The inspired air in the case of *Actea racemosa* does not affect the larynx as we find under the remedies just alluded to, but the air seems to penetrate into the skull and upon the brain, causing a cold sensation.

As to the dryness of the nostrils, we must compare with *Sticta Arum triphyllum*, which is very important. The patient who requires *Sticta*, constantly blows his nose, but no discharge follows the repeated efforts. While the *Arum tri.* patient has a stuffed and perfectly dry nose (breathing through his mouth), yet there is a constant discharge, which excoriates the nostrils and skin of upper lip. A similar symptom is found under *Nit. ac.* And in differentiating further with regard to excoriating discharges, I would add just here, that *Cepa* excoriates the *upper lip*; *Mercurius* the *alæ* and *columnæ* of the nose, while *Arum tri.* excoriates *both nostrils and upper lip*, the *left* nostril generally the worst.

* Must lie down with the headache, but cannot with the cough.

There are several peculiar symptoms belonging to this drug which we will enumerate together, viz.: 1. The patient feels as if her legs were floating in the air. 2. Pain passing through from sternum to spine, with sensation as if abdomen were full of yeast, fermenting. 3. Pulsation, right side of sternum down to abdomen.

REMARKS.—A great many persons who have had sad experiences with the old school fully believe that nasal catarrh cannot be cured by any method. But, by showing our skill in the use of carefully selected homœopathic remedies, we will win many a patient over to Homœopathy. Shortly after the first fragmentary proving of *Sticta* was published many years ago, I obtained a vial of the tincture for the purpose of potentizing it, but, before I had the opportunity to do this, I came across a lady who was suffering most intensely with all the acute symptoms of a fully developed attack of influenza. I remarked to her that she ought to be treated for it, to which she replied that it would be of no avail, as all previous attacks had to get well of themselves, her physician being unable to afford her the slightest relief, besides informing her that catarrh could not be cured. I urged Homœopathy upon her, and, after a little persuasion, she consented to try my prescription, which consisted of a drop or two of *Sticta* tincture in half a glass of water, a teaspoonful once in two hours. The result was a speedy cure, to the patient's great astonishment.

A gentleman consulted me with regard to a chronic catarrh of fifteen years' standing. He explained that he was constantly blowing his nose, but no secretion took place. Besides this, dry scales frequently formed upon the mucous surface, which not only added greatly to his misery, but also prevented his smoking with any degree of comfort, on account of the obstruction to his breathing. If, said he, you can improve my condition so that I can hold a cigar in my mouth and smoke it without the necessity of removing it every moment, I will be satisfied. I put him upon *Sticta*, and when I was through with him he could hold a cigar between his teeth until it was reduced to the merest stump. He expressed himself as well pleased with the result. To anticipate a question which is no doubt in some of your minds, I would say, that my favorite potency in prescribing this remedy is Fincke's 6M.

December 11th, 1888.

A DIAGNOSTIC HINT:—The absence of tears in children four months old or more suggests a form of disease which is usually fatal.

A CASE TREATED WITH THE TISSUE REMEDIES.

E. H. HOLBROOK, M. D., BALTIMORE, MD.

November 21st, 1888, I was called to see Miss B. J., a young lady about sixteen or eighteen years of age. Her mother told me she was taken sick on the 16th with severe pains in the knees, which changed to the heel, and from there to the region of the heart. These changes had been caused by the application of some proprietary medicine with which she bathed the parts. For a few days previous to her sickness she was perceived by her mother to be very languid, and would stop her sewing and lay her head down on her arm and go to sleep. Together with the pains there were profuse hemorrhages from the nose.

Her mother, failing in her treatment, and becoming alarmed at the unpleasant symptoms which had become developed, called in a physician in the neighborhood, who prescribed Comp. Licorice Mixture, with the addition of Paregoric, to be given in tablespoonful doses every three hours. After a few days' treatment and no relief being obtained from his medication, the young lady told the physician she would not take his medicine any longer, and dismissed him. I saw her between three and four P. M. on the 21st, and found her suffering very much from an agonizing pain in the region of the heart, which was beating as if it was trying to force itself through the walls of the thorax. She also labored greatly in her breathing, complaining of a smothered feeling. Tongue was coated dark-brown, and as dry as a chip; tenderness in ileo-cæcal region, pulse full and strong, high fever, and when she falls asleep she begins a rambling talk, which continues, especially throughout the night.

I gave at this visit *Fer. phos.*²⁰⁰ in water, a teaspoonful every hour. Between eight and nine P. M. I saw her again. The pulse had diminished considerably, and the face and forehead were covered with perspiration. But she said the pain about the heart was worse. I now stopped the *Fer. phos.* and gave *Kali phos.*^{cm} (Swan) in water, a teaspoonful every hour, except when sleeping quietly. The next morning I found her sitting up in bed reading a book, greatly relieved in every way, except that a diarrhœa had set in. Thinking the remedy might stop that, I continued it that day, but found it had not the next morning. After examining the movement and questioning the mother, I found she was not disturbed through the night, but

had her first movement about four A. M. It was green and of a granular nature. I now gave *Nat. sulph.*^{cm} (Swan) in water, a teaspoonful every hour until diarrhœa is better, then every two hours. The following morning I found the diarrhœa checked, tongue becoming moist and cleaning, and the young lady in fine spirits. The diarrhœa stopped soon after commencing the last remedy. From this time there was a steady improvement, and on Monday, the 26th, she was able to sit up, all soreness in the bowels was gone, and she had a desire for food. (Was this a case of typhoid fever thus cut short, or what might it be called?)

BUREAU OF SURGERY, I. H. A.

THE HOMŒOPATHIC PHYSICIAN of August, 1888, says of this part of our work: "This is an important bureau in the I. H. A., as it endeavors to show how the law of similars aids the surgeon; how it removes in many cases the necessity for the use of the knife, and also how, in cases where operations must be performed it saves the patient from dangerous sequelæ. It is an important work, and should not be slighted. Under homœopathic medication many surgical operations are rendered needless, and many operations are made possible, when under allopathic treatment death must surely follow."

The whole paragraph quoted above may serve as an excellent introduction to the surgical work of the I. H. A. for 1889.

It shows how the work appropriated to this bureau is not confined to those who operate more or less, but that any one who tends a case of cancer, tumor, syphilis, gonorrhœa, ulcer, aneurism, osteitis, caries, necrosis, gangrene, cystitis, enlarged prostate, hemorrhoids, anthrax, ascites, fissure of anus, condylomata, warts, corns, coccydynia, acne, comedones, impotence, lockjaw, lupus, orchitis, vaginismus, enlarged tonsils, white swelling—as well as many other affections of the eye, ear, teeth, nose, and male and female genito-urinary organs, rectum, etc., etc., is practicing homœopathic surgery, and will be able to report "how it removes in many cases the necessity for the use of the knife."

There is not a member of the I. H. A. who is not practicing such excellent surgery as this, and every one should make some report of it. Look over the best allopathic surgical text-books and see how many surgical cases you are treating, and how much better you are doing it than the allopaths, and give us

your experience for the benefit of the world. Bear it in mind from this time on, and you will surely observe something worth recording. Have it ready by June 1st, and send to any of the following members of the Bureau.

E. CARLTON, M. D., 58 W. Ninth St., New York.
 GEO. H. CLARK, M. D., W. Walnut Lane, Gtn., Phila.
 C. H. LAWTON, M. D., Wilmington, Del.
 T. M. DILLINGHAM, M. D., 134 Boylston St., Boston.
 J. H. PAYNE, M. D., 415 Columbus Ave., Boston.
 F. L. MCINTOSH, M. D., Melrose, Mass.
 A. MCNEIL, M. D., 220 Turk St., San Francisco, Cal.
 JAMES B. BELL, 178 Commonwealth Ave., Boston,
Chairman.

THERAPEUTICS OF THE THROAT.

DIOSCOREA.

THROAT in general. *Dryness, soreness, smarting and burning* in the whole throat. Belching of gas, but the throat is so dry it stops the gas. Pain extending to both ears. Constant desire to swallow, but it causes nausea and shuddering.

Sharp, aching pain in both parotid glands. Constricted feeling in throat, as from something tight about the neck, makes breathing difficult.

MOUTH.—Bitter, clammy, dry, but no thirst.

LARYNX.—Constant tickling in the larynx, causing cough. Tickling in the larynx and bronchia causing a hacking cough.

COMMENTS.—The best time to cure "a cold" is in the beginning. If we can select the right remedy when the first smarting in the fauces appears, we can prevent the later development of coryza and cough which will otherwise follow with most patients.

The importance of Diosc. consists in its resemblance to this first stage of many colds. We do not get to know its modalities in this connection, but will have to compare it with *Æsculus h.*, *Berb.*, *Cistus*, *Euph.*, *Merc.*, *N-mos.*, *Phell.*, *Phyt.*, *Sabad.*, *Sang.*, *Seneg.*, *Sinapis*, *Tellur.*, and others.

INDIUM.

THROAT.—Uvula greatly enlarged. Back part of pharynx covered with thick, yellow mucus, very hard to dislodge.

Left tonsil swollen, pain and difficulty in swallowing. Throat

sore on the right side. Dryness, throbbing, stinging, soreness, swallowing painful.

Throat—In the evening, and morning—*eating and drinking cold water.*

Tickling in the throat, inducing continued hawking.

Destructive ulceration of the uvula, soft palate, and tonsils.

LIPS.—Cold sores. Cracks in the corners.

COMMENTS.—Indium is indicated in rather sub-acute catarrhal sore throats, and possibly some specific tertiary ulcerations, after the usual abuse of Mercury. For post-pharyngeal catarrh, with a *tough, leathery streak of yellow mucus* down the back of the throat, it suits very well. In the relief from eating and drinking, it resembles *Æsculus, Benz-ac., Cistus, Lach.*

JAMES B. BELL.

IN MEMORIAM.

On Sunday, the eleventh day of November, 1888, death suddenly removed from this earthly existence Dr. William R. Childs, one of the most faithful and highly esteemed members of this Board, and for many years its Secretary.

It therefore is fitting that the Medical Board of the Homœopathic Hospital of Pittsburg, Pennsylvania, give expression to the profound grief felt at this sudden taking off of one of our most valuable members—one of the most regular and punctual in his attendance at the meetings of the Board—nothing but sickness ever kept him from his place at the Secretary's desk; one of the most faithful and kind in his attendance on the sick and injured under his care in the hospital, and one of the most genial and friendly in all his intercourse with his fellow-members on this Board; and that we place on record a lasting testimonial of our regard for, and love of Dr. William R. Childs. Therefore

Resolved, That by his death the Medical Board of the Homœopathic Hospital has sustained a loss that words fail to express; that the surgical staff has lost one of its most skillful, careful, and successful operators; always punctual, exact, and methodical in every detail; gentle but firm, kind but impartial, true to the trust reposed in him; that the medical profession has lost a scholarly, dignified, and conscientious physician, and a brave, skillful, and successful surgeon; that his orphaned children have lost a kind, loving, and indulgent father; and that the community has lost a whole-souled, unselfish, genial man.

Resolved, That we tender to the bereaved family of Dr.

Childs, in this their hour of affliction, our sympathy and our condolence.

Resolved, That this testimonial be entered upon the records of the Medical Board of the Homœopathic Hospital of Pittsburg, and a copy thereof, suitably engrossed, be placed in the hands of the family of our late fellow-member; and also copies be sent to the medical journals of our School.

Resolved, That as a final tribute and token of love and respect, the Medical Board attend the funeral in a body.

“He was a man, take him for all in all,
We shall not look upon his like again.”

W. J. MARTIN, M. D.,
M. J. CHAPMAN, M. D.,
W. F. EDMONDSON, M. D.,
Committee.

A CASE OF TYPHOID FEVER, WITH COMMENTS.

In reporting this case of typhoid fever, I have nothing very new to offer; the case is reported to illustrate the use of a remedy not frequently called for in this disease, and further to show the wonderful curative powers of our drugs, when properly given, even in the most extreme cases.

March 6th, 1888.—Was called to see E. F. W., aged eighteen; a tall, slim young man with a badly developed cranium, it being almost flat on the sides. He had been complaining of various aches and pains for some days, perhaps for two weeks. For these prodromic symptoms of typhoid fever he had been treated by an allopath. The young man was away from home at school; his mother was immediately summoned; on her arrival, seeing the gravity of the case, she telegraphed to her family physician, Dr. Elliott, of Brooklyn, to recommend a Philadelphia physician. He kindly sent her my name.

When I first saw the patient, he had been in his bed for three days, and, what was much worse, for ten days under the Gatling-gun-like prescribing of this country allopath! Fortunately for the young man, his mother was a staunch believer in Homœopathy; had he remained a few days longer under the scientific treatment of the regular, his end would assuredly have been death. Before I called he had given the principal of the school to understand that there was very little hope of recovery.

However, the allopath very kindly consented to meet me, and he gave me an outline of the case; premising it by the

statement that the patient would not respond to his medicines. He was honest at least; he probably meant to say that his medicines would not act as he desired them to act. But, as he had been practicing for a good many years, he ought to have gotten accustomed to this, as their drugs never do act as they are labeled to act. He said he had given the boy, in the last few days, Morphia, Quinia, the Bromides of Sodium and Potassium, and lastly the tincture of Jaborandi had been given, since five A. M. that morning, for the purpose of making the patient sweat. The boy's mother told me he had been growing worse since taking the Jaborandi, had had no sweat nor any urine. At the time of my visit the following was the condition of the patient. No urine for some hours, exact number could not be ascertained; the patient was lying on his back; his face was very pale; it was hot and dry; the tongue thickly coated, white in the centre, edges and tip red, also dry and cracked; patient could scarcely protrude tongue, when asked to do so, it trembled and oscillated; had to be told to put it back again. The teeth and lips were covered with sordes; the mouth was wide open; the patient was in a stupor, totally unconscious of all that was going on around him; could be aroused, but would immediately sink again into this stupor. The urine had been passed unconsciously, before its suppression.

The worst feature of the case was the violent convulsive movements of the limbs; the feet and hands were continually jerking and twitching; the motion of the hands was peculiar. The elbows rested on the bed, the arms and hands waved and jerked from the rested elbows as from a fulcrum, the finger-tips were bunched together and the wrists were flexed on the forearm and slightly rotated. The movements were continuous and violent, unconsciously preformed; *but they ceased whenever the patient seemed to be sleeping.* The eye-lids were half open; the eye-balls were turned up, so that only the whites could be seen, and were immovable; the pupils were dilated and insensible. On lifting the patient, to arrange the bed, it was discovered that his back and neck were so rigid that he could be lifted up by the head without a bend from head to feet.

This condition, together with the previous dosing, did not indicate a very favorable prognosis. The appearance of the patient's face, the *cessation of the convulsive movements on his sleeping*, and the peculiar choraic-like motions, led me to give him Agaricus^æ, four doses in water. The first dose was given about twelve; at quarter of one P. M., he passed urine, or, as his mother expressed it, he just flooded the bed. This was, of course, an evidence of improvement.

March 7th.—At nine A. M., found the boy conscious ; that he had had frequent passages of both stool and urine during the night, both involuntary. The jerkings were less frequent and violent. The stools were liquid, but of natural color and odor ; the temperature and pulse were improved. Gave Sac. lac. every hour ; milk the only nourishment allowed. The allopath had been giving whisky and milk “ to keep up the strength.”

March 12th.—Patient improved steadily during last five days, the urine became lighter in color, the bowels moved less frequently and stools were more solid ; temperature lower, the pulse firmer and slower. Small boils forming on lip, over sacrum, and on leg.

March 13th.—Found patient had been more feverish, with greater delirium. Tongue was heavy coated and dark in the centre ; the lip, in right corner, was much swollen from the boil. Boils on leg and over sacrum were increasing in size and number ; action of bowels had changed to a morning diarrhœa of watery stools. The relapse from previous improvement, the morning diarrhœa, the boils, and the drowsiness led me to give one dose of Sulphur^{cm}.

March 14th.—Patient no better ; gave another dose of Sulphur^{cm}.

March 15th.—Mother says patient has been worse since last visit, has been delirious most of the time, but the delirium is of mild type. Lip is less swollen, tongue gives signs of clearing, and is more moist ; had three pappy stools ; urine clearer and more profuse.

March 16th.—Found patient improved ; temperature lower, pulse again firm, less delirium ; tongue clearer and more moist ; since last visit has had one or two spells of vomiting of sour milk with a little blood in it. The boils seem to be drying up. Continued the Sac. lac. and milk. The second dose of Sulphur was an error ; it served only to retard improvement. From this date the patient slowly improved in every way, the mind became clearer ; the stools and urine more normal.

March 29th.—The patient having been troubled lately by copious night-sweats, and being despondent as to recovery, one dose of Psorinum^{5c} was given, with the effect of stopping the sweats and seemingly establishing convalescence. From March 29th to April 6th, the patient seemed to improve steadily, therefore no medicine was given ; the diet was chiefly milk, with an occasional spoonful of Valentine's beef extract, diluted in water. Perhaps from over-feeding or from such cause, a decided relapse was produced. Patient became much worse ; had more fever,

with great thirst; was very restless, yet complained of being tired all the time; had frequent yellow stools, tongue was dry and red; licked his lips; had red spots on each cheek, was drowsy. Arsenicum^{5c} was given April 6th. This was, as afterward proven, a bad prescription. The patient grew worse for the next two days.

April 9th.—Patient worse; more delirium, greater tendency to comatose sleep; lies with eyes half-open, has delirium on closing the eyes; talks in sleep but can't remember, on waking, anything he has said or dreamt; tongue dry, heavily coated, dark in the centre; has disposition to frequently raise the head from the pillow. For the last two weeks this patient had been troubled by the delusion that there was "another fellow" in bed with him; whenever the bed-pan was used, he would ask that it be given to the "other fellow" too. As the patient was improving when this symptom was first noticed, no change was made in the prescription. It is not given under any of the remedies mentioned so far in this case; had this mental symptom been taken into account when the Arsenicum was selected, probably a better prescription would have been made. This delusion, with the peculiar coating of the tongue, indicated Baptisia, which, as it was at least not contra-indicated by any of the other symptoms, was given. A dose of Baptisia^{5c} was given, one dose on the 9th, and a second on the 10th. After events proved this also to be a bad prescription. Stramonium would probably have been the proper remedy; but it is much easier to see our errors after they are made than it is to prevent making them.

April 11th.—Patient had a bad night, high fever, violent delirium, temperature again high; deep coma, patient in almost profound stupor, urine and stool passed involuntarily and unconsciously. As patient had had a copious warm sweat during the early morning hours, it was thought best to wait until evening to see if this sweat would relieve. Called in the evening and found the patient still worse; no urine since early morning; stupor deeper. Decided now that another remedy must be selected. A careful examination of the patient revealed these symptoms: Stupor with delirious muttering; constant raising of the head from the pillow or boring into the pillow, so that he would finally push his head against the head-board of the bed; he would raise his hands to his face, ears, etc., or wave them in the air or scratch on the wall; there was violent twitching of the muscles; rigidity of the back and limbs; the masseter muscles were rigid, clenching the jaws; pupils were dilated, the

eyes injected and staring; frowning; moving of lips back and forth; coldness of face, nose, ears, chin, hands, and feet; involuntarily, loose, but small stools; no urine; hot sweat on the body; tongue, when last seen, was red on edges and tip, dry and heavily coated in the centre. The delirium was constant; the patient entirely unconscious, yet he wanted to get up and dress or to walk about the room, etc., fever and delirium worse from four P. M. to midnight. These very grave symptoms, occurring in the sixth week, made a fatal termination very probable. Realizing the gravity of the case, I retired to another room with a repertory and a copy of Hering's *Condensed*. After some study, I concluded that the sole hope of that boy lay in Stramonium, which was accordingly given in the 200th potency, a dose every two hours, six doses in all. The first dose was given about seven P. M.; the first effect of this remedy was to warm up the cold extremities; the second was the passage of a little urine, and the third was the opening of his eyes at six A. M., and asking for a drink. Sac. lac. was now given, with milk as desired.

April 12th.—As the urine was very scanty, another dose of Stramonium, this time the CM, was given; the patient recovered without another dose of anything save Sac. lac. He was five days regaining consciousness; but, from the first dose of Stramonium, given that night, when death seemed so near, until leaving his bed, April 26th, to take the cars for the sea-shore, his improvement was steady and continuous. No stimulants were used; the diet was chiefly of milk, with occasional doses of beef extract, yet this boy was able to travel some forty miles the first day out of his bed; the second day he walked into the dining-room at his hotel for his breakfast, and so on. But I was severely criticised by the allopathic doctor and by his friends at the school, for not using stimulants to give the boy strength.

Thus it will be seen that this case began and ended with suppression of the urine and consequent convulsions. The Agaricus was given for the peculiarities of the patient, and also as the convulsive motions ceased on his going to sleep; Hellebore has this also. It will be noticed that no antidotal remedy was given for the previous dosing; none was given, simply because none was indicated. Opium also covered a great many symptoms of the case; but Agaricus not only covered the symptoms of the disease but also fitted the peculiarities of the patient's constitution. The use of Psorinum, which perhaps stopped too quickly the sweats, may have been an error, for, had these sweats continued, the subsequent relapse might never have occurred.

The use of both Arsenicum and Baptisia, later on, were certainly improper, and came near causing a fatal termination. The action of Stramonium was most prompt and thorough, even in face of such a grave case; for the end of that boy was certainly not far off when those few dried pellets of Stramonium were given him.

E. J. LEE.

COMPLIMENTING DR. KENT.

After the closing lecture of the Post-Graduate Course on Hahnemannian Philosophy and Materia Medica, delivered by Professor J. T. Kent, M. D., at the hospitals of the Woman's Homœopathic Association, Twentieth Street and Susquehanna Avenue, Philadelphia, Dr. G. B. Ehrmann was called to the chair.

The following resolutions were offered by Dr. A. G. Allan and unanimously accepted by the class of physicians and students:

WHEREAS, We the members of the first Post-Graduate Course of Hahnemannian Homœopathy known to the world, have kindly and faithfully received of Professor Kent the wonderful truth of Hahnemann's philosophy as given in the *Organon*, be it

Resolved, That we as a body tender our thanks to Professor Kent, wishing him long life, good health, and continued usefulness.

Resolved, That we offer him our hearty co-operation in all things to advance our common cause, Hahnemannian Homœopathy.

Dr. R. B. Johnstone offered the following resolutions, which were also adopted:

WHEREAS, The true homœopaths of Rochester, N. Y., as represented in the Hahnemannian Society of Rochester, have seen fit to sever their connection with the so-called Homœopathic Society for the reason that the said society is no longer homœopathic, but mongrel, and

WHEREAS, The said true homœopathic physicians have organized a true homœopathic society, called the Hahnemannian Society of Rochester, and are now engaged in an endeavor to erect a homœopathic hospital in that city, be it

Resolved, That we, the members of the Post-Graduate Course of Homœopathic Philosophy and Materia Medica, now just closing, do extend to the above true homœopathic physicians our most hearty sympathies and support. That a copy of these resolutions be sent to the Rochester Hahnemannian Society, the Central New York Homœopathic Medical Society, Rochester *Union and Advertiser*, *Homœopathic Physician*, *Medical Advance*, and the Philadelphia daily papers.

PHILA., Dec. 15th, 1888.

ASPASIA E. RAMBORGER, *Secy.*

MINNESOTA STATE HOMŒOPATHIC SOCIETY.—The Twenty-third Annual Meeting of the Minnesota State Homœopathic Institute will be held at St. Paul, May 21st to 23d. A full and useful meeting is expected. The programme of the work to be done gives promise of this.

NOTES AND NOTICES.

A WIDE-AWAKE SUBSCRIBER.—“EDITORS HOMŒOPATHIC PHYSICIAN: Please accept my \$2.00 for '89. My new subscriber is, or will be very soon, Dr. J. F. F., who has promised to write to you at once. My MSS. will be along after the first of March. Yours truly, E. C.” (We hope many—nay, all—of our subscribers will as promptly and fully answer our December editorial as has our friend E. C.)

REMOVAL.—Dr. Eliza Lang McClure, from 811 N. Twentieth St. to 1919 Wallace St., Philadelphia.

THE I. H. A.—Dr. Kimball has sent out a circular calling upon the members of the I. H. A. to send papers to the various chairmen. The next meeting will be held at Toronto, and should be an exceptionally excellent one.

THE A. I. H.—Dr. Dudley, the Secretary of the American Institute, is also active. He, too, has issued a full circular calling attention of members to the forty-second meeting of the Institute, which will be held June 24th to 28th, at Lake Minnetonka, a few miles from St. Paul. The object of Dr. Dudley's circular is to urge activity upon chairmen of bureaus and their members, to warn them that six months of their year of preparation has gone, and that they must be up and doing if they would be prepared for the meeting. Active secretaries make useful societies.

THE ROCHESTER HAHNEMANNIAN HOSPITAL.—The members of the Rochester Hahnemannian Society are actively prosecuting their work for the establishment of a genuine Hahnemannian hospital in their city. They are opposed by the “liberal” homœopaths, who desire to build one also. We have a sufficiency of these eclectic-homœopathic hospitals; they are no better than a full-fledged allopathic institution. The good people of Rochester are naturally puzzled to know why these two bodies of *professed* homœopaths should be building separate hospitals. To fully explain this is difficult. In answer to this curiosity, the members of the Rochester Society desire to collect facts and opinions from Hahnemannian physicians. If our readers have notes of chronic and incurable cases relieved by the single remedy, etc., this Committee will be glad to hear from them.

BOOK NOTICES AND REVIEWS.

FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS, WITH NOTES ON TREATMENT. Edited by B. W. Palmer, M. D., pages, 256, price, \$2.75. New York: E. B. Treat & Co., 1888.

In this compilation we find prescriptions for almost any form of disease, and as they are recommended by celebrated physicians, they must be good! Can any one imagine a profession so silly as to use such prescriptions? Nothing could better illustrate the *science* of the old school than the demand for such works as this; patients are treated for *diseases* and in routine fashion. This method makes the practice of medicine easy enough for the physician, but it is rather rough on the patients.

REPORT OF THE HOMŒOPATHIC HOSPITAL AT MELBOURNE, 1888.

Our thanks are due to Dr. Bonton for a copy of this report, showing an active, useful hospital; its building is soon to be enlarged, means for this purpose having been donated by a generous friend.

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

"If our school ever give 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. IX.

FEBRUARY, 1889.

No. 2.

EDITORIAL NOTES.

THE USE OF BOOKS AT THE BEDSIDE.—FOR one to place his whole confidence for the curing of the sick in his ability to properly use books at the bedside is very much like death-bed repentance; it may be done, but it is very unsafe to trust to it.

The discussion of the proper method of studying and using the materia medica is a very useful one, and a continuation of the subject, if conducted in a proper spirit, cannot fail to be of great advantage to us all. Some tell us that it is not necessary to study our materia medica; that it is no use to try to commit these long lists of symptoms to memory. In place of this study we are to carry with us to the sick-room such books as we need, and there to study out our case. Others, again, advise us to try to learn and to remember the leading symptoms of our drugs, and from such knowledge to select our remedies as we need them without any reference to books. We respectfully submit that both of these advisers are right to a certain degree. We should carefully study our drugs until we know them; each drug has a certain character, an individuality; this we should know. We cannot remember all the symptoms of each drug, but we can remember the peculiar traits (so to speak) of each, and its general range of action. When, in an emergency, we desire to know more we can consult our books. When we carry books with us to the sick-room, they are intended to assist our memory, not to replace it; we merely use them to refresh our memory.

When visiting patients, it has always been our habit to carry

some book or other to assist us in case of need, yet the cases where any real assistance has been derived from such use of books have been very few indeed. The sick-room is no place for proper study; all the surroundings of a sick-bed tend to distract and disturb one's thoughts. Our rule has always been to take down the case, and if no remedy was clearly and safely indicated to give the patient *sac. lac.* Then the notes are taken home, and the case is quietly and carefully studied out in the office, where books are plenty and no one present to disturb. If the case be an urgent one, the next visit can be made as soon as the remedy is chosen. Any excuse may be made for this second visit, and the time spent at the office in searching for the proper remedy *will not be time lost.* This course can be pursued even in the most urgent cases; yes, even in moribund cases. We quote a case from Dr. Dunham's practice to show the timid physician that he has, even in the most urgent cases, plenty of time to study out his remedy, and that when the true simillimum is found it will act so promptly as to quickly regain all time spent in studying out the case.

The case we refer to was quoted in our January issue by Dr. Wells (see page 9). This patient, a child, had been sick at least twelve hours when first seen by Dr. Dunham. At the end of this twelve hours the child was in a condition which Dr. Dunham considered "exceedingly ill," and, as the doctor acknowledges, about ten more precious hours were lost, yea, more than lost, by two bad prescriptions, and yet this moribund child rallied in two hours after being given the true homœopathic simillimum! Should not such experience as this teach us to make haste very, very slowly? Does it not tell us that no length of time properly spent in seeking the true homœopathic remedy is lost time? Let us suppose that Dr. Dunham had, in this case, spent these ten hours in studying out his case rather than in trying experiments with two prescriptions, would not the patient have been in better condition to be promptly acted upon by the simillimum?

One of the best homœopathic physicians America has ever produced was recently discharged by a lady patient because he consulted a book at her bedside. She said she could not have confidence in any doctor who had to consult a book when prescribing for her, yet this doctor had done her more good in a few weeks than her previous old-school doctors had done in several years.

We would sum up our advice upon this subject in a few words. First, learn all you can of the true indications for each remedy; especially learn to discriminate between related drugs.

And this can be better and more easily done by studying cases than by studying the materia medica drug by drug, for in this way we get an idea of drugs in their relation to diseased conditions.

Secondly, don't be afraid to give your patients *sac. lac.*, nor to take time—to take all the time needed for the thorough studying out of your cases. This, once done, you will find the rest of the case very easy to treat.

Thirdly, take with you in your daily visits a repertory or a materia medica, as preferred, to help you in cases of urgent need. But never neglect the study of the materia medica nor believe you can do without this study if you carry books with you.

TELLING THE WHOLE TRUTH.—In a recent editorial we alluded to the teaching given students at the so-called Hahnemann College of this city in the materia medica and in the study of the *Organon*. We remarked that the students were certainly fed on very light diet in these branches. The editors of the *Medical Institute of the Hahnemann Medical College* seem to be very much hurt at this reflection upon their college. In their December, 1888, issue, we read this stinging retort:

“While we defer to any facilities that the ‘so-called’ HOMŒOPATHIC PHYSICIAN may have for judging light diet, we are nevertheless sure that the diet furnished by Dr. Mohr in his lectures on *Materia Medica* and *Therapeutics*, and Dr. Morgan in his lectures on the *Organon*, is sufficiently strong to tax to the utmost the digestive functions of *all* who listen to those persons and *many* who ought to listen to them.

“In Hahnemann College, which is not only ‘so-called,’ but so characterized, every lecturer on the principles of Homœopathy makes a direct effort to implant those principles in the minds of his pupils, and to imbue them with the truth of the science they are studying.”

In reply to this, we would say that our knowledge of the light diet given students at this so-called homœopathic college is derived from men who have studied there in the past or who are now studying there. Moreover, that these students tell us the lectures on materia medica are generally read to the class from Dr. Wood's text-book; that the lecturer will spend almost all of his lecture hour thus quoting to them the allopathic uses of the various drugs, and, when his time is nearly all spent, he will briefly and very hurriedly allude to a few homœopathic uses. This lecturer recently told his class that any man who called the hypodermic syringe a “squirt gun” (as the late Dr. Lippe always called it) was either a bigot or a fool, or he had no practice. So much for the light diet in materia medica.

As to the lectures on the *Organon*, there are none, at least, so we are told. The learned lecturer begins his course at the commencement of the session at old Father Hippocrates, and wends his way so slowly down the centuries that at the end of the session he will be one or two centuries away from Hahnemann's time. We are told this lecturer has never been known to reach Hahnemann. We have also been informed that the class often ask him when they are to hear some news of Hahnemann, and are always put off for a more convenient season. So much for the diet in the study of the *Organon*. Yet, in spite of these complaints we are told "every lecturer on the principles of Homœopathy makes a direct effort to implant those principles!" Tell the truth, the whole truth!

IS HOMŒOPATHY SUFFICIENT IN ALL CASES.

ROCHESTER, N. Y., December 24th, 1888.

DEAR DOCTOR:—As chairman of a Committee appointed by the President of the Rochester Hahnemannian Society, to prepare a paper for publication on the theme, "Is the homœopathic remedy always sufficient to relieve suffering in incurable cases?" I come to you for information. Your name has been suggested as one who must have record of cases in which euthanasia has been produced by the simillimum, and as one who never resorts to allopathic measures for palliation.

The Committee referred to above is composed of Julius G. Schmitt, M. D., W. H. Baker, M. D., and myself. We believe that the question can be answered affirmatively, and we have some evidence to that effect, but more cases of all the classes of incurable maladies that have been relieved by the simillimum are desired, notably such serious cases as the different cancerous diseases of the uterus, and diseases of the kidneys and lungs. Of course, it is evident that cases in which a post-mortem examination has followed such treatment are especially desirable.

We feel encouraged to ask you for such evidence or facts, knowing through your utterances published in our journals and the *Transactions of the I. H. A.*, of your intense love for the truth in Homœopathy. You are, no doubt, aware that the Rochester Hahnemannian Society has taken such a step recently as to precipitate a crisis here. Many laymen are inquiring as to the division thus established, and some of our eclectics, calling themselves homœopaths, have publicly stated through the medium of the daily papers that the only difference between the

two factions is that they "employ more powerful measures to relieve cases sick beyond recovery," thus, as you will readily see, "begging the (real) question." Our position has been taken after much thought, and to advance the interests of pure Homœopathy, and consequently we cannot shirk any of the responsibilities following such a move. The publication of an affirmative answer to the question has become imperative. We desire that the answer shall be a most emphatic one, and backed by the most positive evidence, so we are placing ourselves in communication with all the representative Hahnemannians in the United States.

Will you kindly send, as soon as possible, any cases you may have that you consider important; also a statement of your ordinary method of handling incurable cases; may we use your name in connection with such treatment? We inclose a circular letter, recently published, which will state our position to you more fully.

Fraternally yours,
W. G. BROWNELL, M. D.,
Chairman,
122 North Avenue.

OUR ANSWER: In reply to the above circular, we would briefly say that in our experience Homœopathy strictly practiced, is capable of giving the fullest peace, comfort, and rest to the incurable patient, whether it be a case of cancer, of tuberculosis, or what not. Secondly, that in *all* curable diseases, Hahnemannian Homœopathy cures most speedily and effectively.

The method of applying the law of similars is always the same, whether the case be curable or incurable. Prescribe carefully for the symptoms of the *individual*; pay no attention to the name of the disease. Many a doctor will prescribe carefully and hopefully for a patient suffering from a disease generally considered curable, but when treating a patient who has a disease *called incurable*, the same doctor will become demoralized, will prescribe carelessly, believing "there is no use trying."

The question at issue here is not one of dose, of quantity, but a question of law and principle *versus* haphazard carelessness. On the one side are men who try to relieve and to cure all cases of sickness; on the other, we find men who palliate their cases, giving a present temporary relief with a permanent aggravation later.—EDITORS.

THE RESURRECTION OF A CHILD*—AN INCIDENT OF HAHNEMANN'S PRACTICE.

Samuel Hahnemann was one of the grand innovators of the nineteenth century. He inaugurated, about the year 1835, a medical revolution the effects of which are still felt. I do not discuss the system, I only state the fact.

* * * * *

A happy chance, for which I can never be grateful enough, put me in communication with him at the time when his reputation was most glorious. I did not fail to profit by this acquaintance, and the description of some incidents which passed during our intimacy may serve to make known this man, so extraordinary and superior.

* * * * *

My daughter, aged four, was dying; our doctor, Physician of l'Hôtel-Dieu, the Docteur R., had declared in the morning to one of our friends that she was irretrievably lost.

We were watching, her mother and I, as we believed, for the last time, by her cradle; two of our friends, Schœlcher and Gouboux, watched with us; there was also a young man in full evening dress, whom we had not known three hours before. He was one of the most distinguished pupils of M. Ingres, and was called Amaury Duval.

We had desired to preserve at least a souvenir of the dear little creature whose loss we already deplored, and Amaury, persuaded by Schœlcher, who had gone to seek him at a ball, had consented to come and make her portrait.

When this charming artist (he was then twenty-nine years of age) entered, troubled and moved, in the midst of our despair, we little expected that some hours later he would render us the greatest service that we had ever received, nor that we would owe to him not only the counterfeit presentment of our daughter, but her life as well. He placed at the foot of the cradle, on a

* EDITORS HOMŒOPATHIC PHYSICIAN:—The following sketch is translated from Paris *Figaro*, 19th March, 1887, being an extract from a volume of "Memoirs" then in process of publication. The author, Ernest Legouvé, Vice-Doyen of the French Academy, evidently appreciated the life, character, and works of Samuel Hahnemann. Knowing well what interest attaches to all which concerns the master of our art, I have essayed a translation, which I offer you in the belief that others will read it, and share the pleasure it affords me.

Very truly yours,

TRANSLATOR.

high chair, a lamp whose rays fell upon the face of the child. Here eyes were already closed, all movements had ceased. Her thin hair laid in disorder on the pillow, which was not whiter than her cheeks; but infancy has in itself such a charm that approaching death seemed to lend but an additional sweetness to her face.

* * * * *

Amaury passed the night at his sketch, often wiping his eyes to prevent the tears from blotting his paper. At daybreak the portrait was finished. Sympathy aiding, his genius had achieved a masterpiece.

At the moment of quitting us, when we were mingling our tears and our thanks, he said, suddenly, "But, since your doctor declares your child beyond help, why do you not seek the aid of this new method, which commences to make such a stir in Paris; why do you not seek the aid of Hahnemann?"

"He is right!" exclaimed Gouboux. "Hahnemann is my neighbor, he lives Rue de Milan, just opposite; I do not know him, but that does not matter; I will go and I will bring him back with me."

Arrived at the house of Hahnemann, he finds twenty persons in the waiting-room. The domestic explains to him that he will have to wait. "Wait!" exclaims Gouboux; "the daughter of my friend is dying, the Doctor must come with me."

"But, sir!" exclaims the domestic.

"Yes, yes, I understand; I am the last. What matter? The Scriptures affirm that the last shall be first." Then turning toward the Doctor's waiting patients:

"Is it not so, ladies? Am I not right? You do, indeed, wish to give me your places, do you not?" And, without waiting a reply, he goes direct to the door of the consultation-room, opens it, enters in the midst of a consultation. "Doctor," says he to Hahnemann, "that which I have just done is contrary to all rules, but you must quit all and come with me. It concerns a little girl of four years, daughter of my friend; she is dying. She will die if you do not come. You cannot let her die; it is impossible."

The invincible charm of the manner of Gouboux operated as usual, and an hour later Hahnemann and his wife arrived at the bedside of our little patient.

My mind distracted by grief, and my head reeling from loss of sleep, I fancied, at the first glance at Dr. Hahnemann, that I was regarding one of the personages newly descended from the pages of some of Hoffman's fantastic tales.

Small of stature, but robust and firm of step, he advanced, enveloped in a pelisse of fur, and supported by a heavy cane, gold-mounted. He was nearly eighty years old, his head was admirable; his white, silky hair was thrown back and neatly arranged in curls around his neck (nape).

The centre of the eye was of a profound blue, with a circle almost white around the circumference of the pupil; the mouth was imperious and commanding, the lower lip slightly advanced; the nose was curved like the beak of an eagle. As he entered, he went straight to the cradle of the child, cast upon the patient a piercing glance, and demanded the details of its illness, to which he listened, without once withdrawing his gaze from his patient.

As he listened, his cheeks became flushed, the veins of his forehead swelled, and he exclaimed, in a tone of anger, "Throw, for me, out of the window all that mass of drugs and vials which I see there; carry this patient out of this chamber, change everything, pillows, sheets, etc., all; give her as much water as she will drink; they have thrown live coals into her body; we must first extinguish the fire."

We hazarded the observation that this change of linen, change of temperature, etc., might prove dangerous for the child.

"That which is mortal for her," he replied, with a tinge of impatience, "is this atmosphere and these drugs; take her into the drawing-room, I will return this evening. And above all, give her water, water, water!"

He returned in the evening, but not till the following day did he commence medication. At each visit he contented himself by saying, "Yet another day gained."

The tenth day the peril again became suddenly imminent. The child was cold to the knees. He arrived at eight in the evening, seated himself near her, and remained there, motionless, during a quarter of an hour, watching the child with the air of a man who was the prey of the most poignant anxiety. At last, after having consulted his wife (who always accompanied him), he gave us a medicine, saying, "let her take this, and watch well her pulse; see if it be not stronger an hour from now."

At eleven o'clock, while I was holding the wrist of the child, I suddenly seemed to be sensible of a slight modification of the pulse-beat. I called my wife, then Gouboux, then Schœlcher. We felt the pulse in turn, counted the pulsations, compared our counts, one scarcely daring confirm the observation of the other, until after some minutes we discovered so marked an increase of strength in the pulsations that we embraced each other joyfully,

though tearfully. Toward midnight my friend Chretien Ubran entered the chamber, he came toward me, and said, with an air of profound conviction, "My dear M. Legouvê, your daughter is saved."

I replied, "She is slightly better, but the distance from that to a cure is very great."

"I tell you that she is saved," he said, and approaching the cradle where I watched alone, he kissed her on the forehead and departed.

Eight days later the child was fully restored to health.

* * * * *

The manner in which Hahnemann conceived his system of medicine paints his character at a single stroke. Was it on his part calculation? interest? desire of renown? or a conception purely scientific? No! His system came from his heart! Physician of the first order, at the head of one of the richest *clientèles* of Germany, he asked one day the assistance of one of his brother practitioners for his last child, gravely ill; the case was indeed grave, the remedies ordered were heroic, energetic, violent, painful; moxas, cuppings, bleedings, etc.

Suddenly, after a night of terrible suffering for the child, Hahnemann, seized with pity and horror, exclaimed: "No, it is not possible! God has not created these dear little beings in order that they should be submitted to such tortures. No! I *will* not be the executioner of my children."

It was then that, aided by his long and profound studies of chemistry that he set himself to the task of seeking a new physic. It was then that he commenced the construction of this medical system of which paternal love was at once the foundation and the incentive.

Behold the man! As he was then so he was always. The strong structure of his face, his square jaws, the almost continual movement of the *alæ nasi*, the mobile corners of the mouth slightly depressed by age; everything in him breathed conviction, passion, authority.

His conversation was like his person, original and unique.

"Why," said I to him one day, "do you prescribe, even in health, the continual and habitual use of water as a beverage?"

He replied: "Of what use are the crutches of wine when one is sound of limb?"

(A quoi bon quand on est ingambe les béquilles du vin?)

Again, it is from him that I heard this phrase, so strange if taken in its absolute sense, but so profoundly true for those who

know and understand. "There are no diseases, there are only diseased persons."

(Il ny a pas de maladies, il y a des malades.)

His religious faith was not less lively than was his medical.

On arriving at his house one day in spring-time, I remarked: "O M. Hahnemann! what a beautiful day!"

"All the days are beautiful," he replied, with a voice calm and grave. Like Marcus Aurelius, he lived in the bosom of the general harmony.

* * * * *

My daughter being cured, I showed him the beautiful design of Amaury Duval. He contemplated for a long time and with emotion, this image of his little resuscitated patient, as she was at the time he had first seen her, so near death; he then asked for a pen, and wrote on the margin of the sketch, these words:

"God has blessed her and saved her. SAMUEL HAHNEMANN."

* * * * *

His portrait would be incomplete if I did not add that of his wife, who never quitted his side. In his studio she was always seated near his desk at a little table, where she worked like himself. She assisted at all consultations, no matter what the malady, or of which sex the patient. She wrote all the indications (symptoms?) of the malady, gave her opinion in German to Hahnemann, and prepared the medicines.

If, in exceptional cases, he made visits at the houses of patients, she accompanied him always.

This singular fact remains to be recorded, viz., that Hahnemann was the third illustrious old man to whom she had attached herself as wife and helpmate.

She had commenced with painting, passed to literature, and finished with medicine.

At the age of twenty-five or thirty years Miss d'Hervilly (her maiden name) was beautiful, tall, elegant, with a clear, fresh complexion; her face framed in a mass of waving, curling, blonde ringlets, her eyes were blue, small, and with a regard as piercing as black eyes generally have. At this age she became the wife of a celebrated painter, a pupil of David, a M. L—. In espousing the painter she married also his paintings, and it is said that she earned the right to sign her own name to more than one of his works, even as later she signed the prescriptions of Hahnemann. After the death of M. L— she turned toward poesy, as represented by a poet of seventy years, for,

the farther she went, the more she loved the aged. This poet was M. A——. She then threw herself with as much ardor into poetry as formerly she had into the great historical paintings of M. L——.

M. A—— being dead, the *septuagénaires* sufficed her no more, and she married Hahnemann in his eightieth year! becoming at a single step as revolutionary in medicine as she had formerly been classical and orthodox in painting and literature. Her "*culte*" was almost a fanaticism. One day I complained in her presence of the thieving propensities of one of my domestics, whom we had been obliged to dismiss. "Why did you not tell me sooner," said she, quickly and with animation, "we have medicine suitable for such cases."

It would, however, be unfair not to admit that she was of an intelligence really rare, with the soothing address of a born nurse. None knew better than she how to invent the thousand and one devices to comfort the suffering. And more, she united in herself the pious ardor of a Sister of Charity with the thousand fascinations of a woman of the world. Her care for Hahnemann was past praise. He died, as he wished, surrounded by all her tender cares.

* * * * *

Until his eighty-fourth year he lived the most eloquent demonstration of the goodness (*bonte*) of his doctrine. Not a weakness, not a lack or tremor of intelligence or memory! His diet was simple, but without any affected rigor. He never drank either pure wine or water; a few spoonfuls of champagne in a carafe of water, this was his only beverage. For bread, he ate every day a "*baba*."*

"My old teeth," said he, "find this bread more tender."

During the summer on every clear evening he took a little stroll as far as "l'Arc de Triomphe," stopping habitually at Tortini's to take an ice.

One morning on awaking, he found himself less well than usual; he prescribed for himself, and remarked to his wife: "If this medicine does not have the desired effect, the matter is grave."

*"Baba" is a species of bread where fruits are introduced. It is of Polish origin, and is supposed to have been introduced at Paris by King Stanislaus, of Poland.

This "bread" is made fresh every day, and resembles much the ordinary "petit pains" of Paris.

Ingredients: currants, raisins, citron, saffron, cream.

The next day his strength diminished, and twenty-four hours later he died peacefully, recommending his soul to God.

His death was to me a great sorrow; few men other than he have impressed me as he did with the idea of a superior being. You ask, then, "why have you abandoned his doctrine?" I answer, "Through admiration for him."

It seems to me that to follow Homœopathy it demands more than confidence; it demands faith. The theory of infinitesimal doses shocks so rudely our good sense that one must believe blindly in the man in order to believe in the thing. So, Hahnemann having disappeared, my "*culte*" fell with the object of my *culte*, and his successors appeared to me to be so far beneath him that, little by little (a new friendship aiding), I returned to the medical religion of my fathers, under which religion I will die.

I owed, nevertheless, this homage to Hahnemann, and my *ex voto* can only be the more valuable from having been offered by an apostate.

ERNEST LEGOUVÉ.

FRAGMENTARY PROVINGS.

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

1. *Murex Purpurea*.—1877, January 15th, Mrs. M. B. P. took two doses of 200th (Swan) under Dr. Swan's supervision.

Third day.—Felt very miserable, very fretful, irritable; no patience.

Fourth day.—On awaking had a swelled upper jaw—right side—as if there was an ulcerated gum, but there was no pain in it on pressure; accompanied with soreness of the median line under the nose, and also in right nostril; sensation as of an eyelash in right eye under upper lid—outer end. About four P. M. it became like a grain of sand, and was extremely painful; found a small ulcer in the lid about size of pin-head.

Fifth day.—Last night the pain extended to region of head, over and around the eye, with lachrymation; swelling under right angle of jaw.

Sixth day.—Eye better, face same, and about region of upper lip, right side is very sensitive to touch; submaxillary gland still swollen; stiffness in both legs, most in hip-joint, as if in the socket; stiff on first starting to walk; goes off on walking.

Seventh day.—On rising, nausea; nearly to vomiting, with great sickness all over. Relieved by breakfast. Face swells

at night, and goes down during the day. Eye gets worse at night.

Eighth day.—In morning, despondent, low-spirited, irritable; better during the day. Urine flows very slowly, seems as if it would never stop dribbling.

Dr. Kent has made provings of Murex, which I hope he will publish.

2. *Culex Musca* (mosquito).—[Compare provings in *Transactions of I. H. A.*, 1886.]

Mrs. M. B. P. took about fifty pellets of 200 (Swan), two or three at a time, under Dr. Swan's direction; commenced September 7th, 1881. No symptoms for three weeks, then in afternoon felt hot all over, at the same time a sensation of an internal chill, which sometimes came in reality. Inclined to be hoarse; feels as if she had a cold, but has none; voice is rough, without reason; wakeful in early part of night.

September 26th.—Menses on time—afternoon—scanty at first; next day at eleven profuse, flow natural; pain in left groin in ovarian region; pain in back; flow mixed with mucus all through; fretting over anything which went wrong.

September 27th, 28th.—On the eve of a hysteria; headache in afternoon in forehead and right temple; blur before eyes and pain through them; aching in nape, relieved by lying flat on back without a pillow. Absolute sleeplessness till near morning.

3. *Gemiasma verdans* (*Salisbury*).—October 1st, Dr. S. Swan took three doses of 30th potency.

On October 7th and 8th, very sleepy in daytime. After breakfast on 8th, felt lassitude and heaviness in forehead; felt slightly chilly, as if it would not require much to bring on a chill. At noon had to take a nap, which continued till one P. M.; felt chilly all over, very slight; went to lunch, but had no appetite; no thirst. Began to grow warm all through; pulse 96, respiration 32; forehead felt hot inside; heat in face over malar bones; heat in eyes, and especially in lids; eyeballs hot and slightly congested; tongue slightly coated white, urine golden—sherry color—not very frequent. Stool after chilly feeling commenced, loose, lumpy, with large amount of flatus. During fever still sleepy; saliva has a metallic taste; taking hold of anything cold causes a chilly feeling. Dryness of throat, with slight soreness all round, as a ring below glottis, felt when swallowing, but the heat and dryness are felt all the time. Sound sleep from five to six P. M. No appetite for supper, but after a piece of toast and some grapes took a fair meal and felt much better afterward, though the heat continued.

4. *Lemon Juice*.—April 5th, Mrs. L. took 30th potency under Dr. Swan's direction.

April 6th.—During last night severe pains in chest woke her; could not take a long breath; it kept her awake about thirty minutes; relieved when sitting up.

April 18th.—All black before eyes; soon afterward sick at stomach. Dull ache in left arm and shoulder.

April 20th.—Left leg, from just above knee to ankle, ached so that it was impossible to keep quiet.

April 21st.—Pains in left leg the same, but only during evening. Short breath all day.

April 25th.—Short breath. Stitch in left side between ribs.

5. *Gallinæ stomachi tunica interior* (Ingluvin or fowl's gizzard).—1870, October 28th, Dr. Swan took one dose of 200th at five P. M.

October 29th.—Soreness of tongue, right side and edge. Hard, difficult stool, which is unusual. At ten A. M., took another dose of 200th. Increase of saliva; tingling of dorsum of tongue. Dryness and sense of heat in eyelids, without redness. Tongue indented by the teeth. At five P. M. repeated dose of 200th.

October 30th.—Dryness and stoppage of nose at night toward morning; dry scales in nose. Dry, hard stool, requiring straining to pass it. At ten A. M. took dose of 200th. At two P. M. soft stool. At five P. M. soft, lumpy stool with tenesmus, and the peculiar thrill and painful pressure on anus as in dysentery, and as if rectum would protrude; after stool, slight colicky pain in lower part of bowels; unpleasant sensation, slightly painful, in rectum sometime afterward.

6. *Liquorice*.—Dr. Swan took 6th potency. It caused fullness in nose as if he had taken cold; slight chilliness; pain in forehead, especially over right eye; sleepy.

7. *Poisoning by fish*.—Mrs. K., after eating scalded fish, especially mackerel. Redness and swelling of ears, nose, hands, elbows, knees, and shoulders, with intolerable itching. Dr. Swan cured her with one dose of *Scomber*^{10m} (Swan).

8. *Poisoning by egg*.—A lady had intense cramps in stomach and umbilical region doubling her up with the most excruciating pain; relieved by brandy. Dr. Swan cured her with *Yelk of Egg*¹⁰ (Swan).

9. *Gettysburg*.—In the *Hahnemannian Monthly*, VI, 389, Dr. Swan published a valuable proving of this mineral water, which has been clinically verified in spite of the *dictum* of a skeptic that it was a natural attack of rheumatic fever. Here is another verification sent me by Dr. Swan April 16th, 1882:

“ A few days since I woke with a painfully stiff neck when I brought any strain on the left sterno-cleido-mastoideus or its attachment to the head ; when quiet there was no pain. Took one dose of *Gettysburg*^{mm} (Swan). Was entirely well on third day, but on second day had burning pains in pisiform bones of both hands.”

In the report in the *Hahnemannian Monthly*, Vol. VI, the following corrections should be made :

Page 391, line twenty-five, for “ *hands* ” read “ *hand.* ”

“ 391, line fifteen, after “ *in* ” read “ *throat and posterior nares.* ”

Page 393, line sixteen, for “ *joints* ” read “ *spots.* ”

“ “ line eighteen, after “ *painful* ” read “ *on motion.* ”

“ 395, line four from bottom, for “ *5th* ” read “ *7th.* ”

PROCEEDINGS OF THE REGULAR MEETING OF ORGANON SOCIETY, BOSTON, MASS.

The first meeting of the Organon Society of Boston, Mass., since the adjournment last May was held at Dr. Bell's office, Thursday evening, December 20th. There were present Drs. Cobb, Bell, Davis, Dike, Dillingham, Dutton, Harvey, Hastings, Harris, Kennedy, L. H. Kimball, G. A. Kimball, Plummer, Stewart, Tompkins, Winn, and W. F. and W. P. Wesselhæft.

Dr. Bell read, beginning at Section 61.

Dr. Bell—Because some physicians have not “ correctly observed and considered the deplorable results ” of such treatment, we hear of such things as the following :

An old patient of mine, a lady seventy years of age, in an adjoining town, was accustomed to call in the physician there whenever she needed a little attention. He was supposed to be a homœopath, and generally did very well for her.

She complained so bitterly of constipation that he gave her some sugar-coated pills, which proved to be composed of *Podophyllum*. She would take one of these daily and have a natural stool each day when taking them ; as a result, she was soon worse off than before. He was not a correct observer, or he would have known that the regularity of the stool would not continue long when produced by the *Podophyllum*.

Dr. Wesselhæft—Sections 64 and 65 illustrate the primary

and secondary effects of drugs, and show the bad result of the anti-pathic method on account of the secondary effect. The secondary effect of Opium in large doses has often been observed to produce a diarrhœa, and in a case that has recently come under my notice, this was particularly marked.

Dr. Bell—We have all seen the secondary effects of the action of drugs, especially in patients coming from allopathic hands.

I think we can add to foot-note 63, the effects of anæsthesia and surgical shock, although Arnica is as valuable in surgical shock as brandy and that sort of thing.

Dr. Bell—In the first paragraph of Section 70 are we to include in our thought morbid influence?

Dr. Harris—Does it not refer to the pathology of the case which must not be considered, but we must treat the symptoms of the patient only?

Dr. Wesselhœft—I think Hahnemann means that we are to have no theories to prescribe for, nor should our minds be biased by any morbid or material working that would confuse us in the selection of the remedy, but we should depend on what we can see, hear, and feel. We should not theorize as to the cause of the disease. Of course, if we get a history of psora, syphilis, or a bad vaccination, that is to be considered, and enters into the symptomatology of the case.

Hahnemann was probably thinking of the theories that might come up in regard to disease.

Dr. Bell—We should not prescribe Mercurius for syphilis, or Sulphur for psora, unless they are indicated.

Dr. Kennedy—In the third part of Section 70, the words "According to experience" express a great deal, and seem to cover the ground. It is not from theories that Hahnemann draws these conclusions, but from actual experience.

Dr. Bell—According to some of our friends, experience is of no account, when we talk of cures made by high potencies. They say such experiences are of no value! In Section 73, where Hahnemann speaks of the second class of acute diseases, sporadic diseases, as being engendered by meteoric or telluric agencies, it is interesting to note that Dr. Lawson in the Milroy lectures, at the Royal College of Physicians of London, on Epidemic Influence, takes the same ground as Hahnemann concerning cosmic or telluric influence in the causation of epidemics. He says that the epidemic factors embrace large portions of the earth's surface at the same time, and that their course from year to year is somewhat definitely defined. Febrile epidemics pass uniformly to the northward, till they finally disappear. They

occur periodically, every second year, or some multiple of two years, and like a series of waves pass over a greater or less portion of the earth's surface. The form of fever may be determined by local causes. He calls these influences "pandemic waves," and thinks they coincide with a greater dip of the magnetic needle.

Section 75 ought to modify our prognosis in cases that come to us after prolonged old-school treatment.

Dr. Wesselhœft—I can second that with all my heart, and I think that in many of our failures in chronic cases, which seem so simple when compared with others that have been cured, it will be found that such cases are almost always those that have come to us after being under palliative treatment for years and years. When a patient comes who has been taking *Digitalis* for a long time, little can be done. Something may be accomplished if the *Digitalis* has been left off for sometime, but they usually come after a long-continued use of the drug. When we get a history of the abuse of Iodine, *Digitalis*, *Mercurius*, or *Quinine*, in continued dosing, in such cases we must make our prognosis very carefully.

Dr. Bell—I would add to the drugs just mentioned *Salicylic acid*. Homœopathic physicians are not alarmed by serious heart lesions, and if *Digitalis* has not been given, the patient will often live a long time in comparative ease.

I once had a patient who, before he came to me, was continually taking Iodide of Potassium or *Colchicum* for a rheumatic trouble; he had both of these drugs at home, and if he did not happen to feel just right before going down-town, he would take a dose of one or the other as it happened. But whenever there were signs of a rheumatic attack, then the dosing was *ad libitum*.

When he came under my observation, of course all that was stopped, and he became very much better in his general health; but, because I did not relieve him quite as quickly in one or two acute attacks as he thought his *Colchicum* did, he returned to it and his Iodide of Potassium. That was two years ago. I heard of him the other day; he is a complete wreck and has just returned from some European baths where he had gone in the vain pursuit of health.

He could not wait for the complete action of the homœopathic remedy, although he was getting better generally, but that was no trial of Homœopathy after years of such drugging.

Dr. Davis—We ought to tell such patients that the reason we cannot cure them is not because the case was incurable at first but because they were so drugged.

Dr. Wesselhœft—I do not think it is so much the effect of the drug itself as it is due to the reactive powers of the system being so weakened that they will not respond. My father, years ago, said he did not know what to do with cases of Iodine poisoning—that was when they used Iodine for everything. He got some good results by giving Iodine high at first. I recall a case of Digitalis poisoning that we had some time since; the patient came in a day or two ago, perfectly restored. It was a case of peculiar heart's action, and he had been dosed with Digitalis for some weeks. Dr. Bell saw him the second or third time he was visited, and because he had some marked Digitalis symptoms, particularly the great sinking at the stomach, he gave him Dig. in a high potency, and from that time he began to improve, and required no other medicine. The incurable Digitalis cases are found in organic heart-diseases, which have been fed on Digitalis for a long time. When we get cases after long-continued drug-ging, the same remedy in a high potency may help us out of a tight place.

Dr. Kennedy—May not that be so in cases of Rhus poisoning?

Dr. Wesselhœft—Yes.

Dr. Davis—Did not the patient in the case just mentioned recover because he had no heart-disease?

Dr. Wesselhœft—There was no organic lesion, but he had a very slow pulse, and was spitting a good deal of blood. He had no other remedy after the Digitalis, but it was repeated several times.

I wish now to show by the following case the results of repressive treatment, and what can be done by the indicated remedy in a few weeks after a suppression of five years' duration; it is not a case of drug influence but of suppression:

Miss —, age forty-one, has had hemorrhoids as long as she can remember. Five years ago the external tumors were ligated. Before ligation they were very painful and tender, but did not bleed; she could not sit without great inconvenience. For two years after the operation she thought herself perfectly well.

The tumors gradually reappeared higher up in the rectum. For the last six months she has had profuse hemorrhages, coming on in spells lasting from two days to a week, with intermissions of never longer than a fortnight. With this there has also been prolapsus ani, even with moderate effort at stool, which reduces itself spontaneously.

The bleeding only occurs during stool; blood clear, bright-red, occasionally it spurts out so that it is heard to strike against the side of the vessel.

These attacks of bleeding are accompanied by great exhaustion. While the bleeding lasts she has no pain, but in the intervals the hemorrhoids swell and she has a dull, aching pain, which is again relieved by the bleeding. The aching is especially aggravated by walking, the stools are daily and rather soft; menses regular—painless. Has palpitation on ascending, is very anæmic, and has a profuse thick, yellow, non-irritating leucorrhœa. Her mother died thirteen years ago, at which time there was much sickness in the family, and she went through great anxieties and griefs. Her constitutional hemorrhoidal trouble has been much worse since then. Ignatia^{cm} one dose, dry.

A week later—Stools harder, less bleeding, has still to rest after stool on account of dull ache, which lasts for hours. Walking aggravates the pain more than any other exercise. Sac. lac.

A week later—No bleeding, thinks prolapsus is better. Sac. lac.

A week later—No bleeding, scarcely any trouble with prolapsus, can walk after stool without aggravation. Palpitation much decreased, feels stronger, looks much better. Sac. lac.

A week later—No bleeding, no prolapsus, walks up-stairs with very little fatigue or palpitation, is not obliged to rest after stool, color in cheeks and lips, and is so much improved that her friends all remark it. One dose of Ignatia^{cm} was all she received.

Dr. Kennedy—Do we not often attribute the causes of disease to operations when this is not so? I have a patient now who had his piles cauterized with the thermo-cautery two years ago. He now has locomotor ataxia. The trouble began about a year after the operation. Was that the cause of it?

Dr. Wesselhœft—I should take it as the cause. I have known removal of piles to cause intense congestion of the chest after a fortnight.

Dr. Bell—I recall two cases of rheumatic fever which, I think, were caused by excision of the tonsils. When we suppress a psoric thing we run a great risk.

Dr. Wesselhœft—If we remove the outward showing we have a metastasis of an expression. It is fortunate, very fortunate, if the expression returns in the same place as in the case I just read. Subjects with a bad family history are dangerous ones in which to suppress any manifestations.

Dr. Bell—A surgical line, however, must be drawn somewhere. In ovarian tumors it is often necessary to operate on account of the mechanical pressure.

Dr. Wesselhœft—Of course, surgery is a very necessary thing,

but things that can be cured medicinally should not be suppressed surgically.

Adjourned to Thursday evening, December 27th.

MEETING OF ORGANON SOCIETY, DECEMBER
27TH, 1888.

Dr. Wesselhœft being absent, Dr. Bell read, beginning at Section 75.

Dr. Bell—In regard to this paragraph, I think we hardly realize its truth, and do not impress it enough upon our patients.

I should like to have an expression from each of the members present on this subject to see what your experience has been with patients who have been drugged.

Dr. Dutton—It often seems to me to be due to a lack of recuperative power on the part of the patient, for while some will not respond, others, after having been severely dosed, will come out all right in response to the indicated remedy.

Dr. Bell—How is it with certain drugs; Quinine, for instance?

Dr. Dutton—I do not at present recall a case of Quinine dosing.

Dr. Cobb—I am more and more convinced that such is the case, that patients that have been drugged will not respond to homœopathic remedies; but there are some exceptions, and some times we do get a reponse.

Dr. Bell—Do you ascribe it to a lack of constitutional susceptibility or to the effects of drugs?

Dr. Cobb—Some cases will respond to a certain extent, although they cannot be made strong and vigorous, but others won't respond at all to well-selected remedies. These cases are always those that have been drugged abominably.

I am always discouraged with Quinine patients, but there is one that I recall who was drugged with Quinine for years. He had always been treated allopathically with Morphine and such drugs. After being under homœopathic treatment for some time, he now considers himself a well man. He is a young man, however.

Dr. Plummer—We seem to get quicker responses to our remedies with young children, and is it not for the reason that they have not been drugged? It seems to be more satisfactory to prescribe for young children.

Dr. Hastings—I recall a case of malaria which had been treated for some time with thirty grains of Quinine daily, but it was cured with Gelsemium²⁰⁰. There was a complete cure in this case.

Dr. J. H. Payne—I remember a case of malaria under the influence of Quinine which yielded at once to a high potency of Ignatia, and permanently.

Dr. Davis—I have met a good many cases that have puzzled me, cases especially that had been in the army during the war. I did not know whether it was due to the drugging they received there or to their constitutions being affected by the exposure and hardships.

Dr. Jameson—I do not know that I have found patients that have been drugged particularly unresponsive. I recall a case in which a patient had a cancer removed from her breast about a year ago. Last summer she had pains in the region of the stomach, and vomited more or less daily for nine weeks. She took a good deal of Morphine and other drugs for the pain and vomiting. Six weeks ago I was called in, and gave her one dose of Hydrastis on account of great sinking at the stomach and other symptoms that I do not now recall. The first night was a good one; the second night she suffered considerably, but the vomiting stopped the third or fourth day and she has only vomited once or twice since. She responded very quickly to the remedy, and has been comfortable ever since.

Dr. Harvey—I have known cases that have been drugged—chronic cases—to respond to remedies for a time and then fail to respond. I recollect a case of cancer of the rectum that came to me after being under Morphine for a long time. I kept him comfortable for a time, and then, the pain getting worse, he returned to his Morphine physician, and after being under his care for a while he came back to me for relief, which was afforded him again for a time; he finally died under the care of the other physician.

Dr. Nichols—Patients who have taken homœopathic remedies indiscriminately are also hard to prescribe for, and we must select the remedy with great care after a good many remedies have been taken.

I have an interesting case now of cancer of the breast, which had been drugged for some time before coming under my care. There had been no cutting, and the patient has always been in good health; there is no history of grief or of a blow.

The most peculiar thing about it was the tubercular character of the growth—very hard, small nodules in the substance of the

breast and a more superficial line of them to the axilla and out to the middle of the back. The only other important symptom was that she had had very severe headaches; since the cancerous growths appeared she has had no headaches. The nipple was retracted, and it had been pronounced cancer by the best allopathic authority here in the city. On account of the tubercular character of the growths and the former headaches, which were very similar to the ones that Dr. Swan says are an indication for Tuberculinum, I gave one dose of Tuberculinum. In forty-eight hours she began to have burning, lancinating pains in the growths. She had had some burning pain before, but the sedatives given had kept down most of the pain. The burning, lancinating pains lasted two or three days, then gradually disappeared. The tubercles have softened—becoming a little larger as they grow softer—the retracted nipple is not so much retracted; she is very nearly free from pain, and her general health is excellent. Of course, we do not know how it will come out, but the progress so far is very satisfactory, and the case is interesting, both on account of the diagnosis and the remedy given.

Dr. Bell—You do not always have pain in scirrhus. I have removed two cancers lately in which there had been no pain.

Dr. Nichols—I also recall a case of ascites, which had been allopathically abused, in which the relief was so quick from Apis the ascites disappearing as if it had been baled out, that Dr. Wesselhoeft said at the time that he did not think the case would recover, the quick result being probably only a palliative effect. He was correct, the ascites gradually returned, and the case would not respond again.

Dr. Kennedy—When cases that have been drugged come to me, and where there is no remedy indicated, I give an antidote or Sac. lac., and wait for something to develop.

Dr. Bell—The general opinion seems to be that cases will respond even after prolonged drugging. I will now ask Dr. Kimball to read a translation by Dr. Wesselhoeft from Boëninghausen's "Aphorisms."

Dr. Kimball—"Those who without visible causes are subject to severe attacks of syncope usually die unexpectedly. (Hippocrates.)"

"When we consider the low stage of anatomical knowledge at the time of Hippocrates, it is not surprising that he should have been ignorant of the probable cause of such fainting spells, which may be due to organic lesions of the heart or its large blood-vessels.

"A word of warning may not be out of place here against the

use of heroic antipathic drugs for the frequently occurring palpitations, which use often induces such lesions as aneurisms and ossification, or largely promotes their development. We have observed this fact most frequently after the use of the favorite and popular *Digitalis purpurea*, which in these days is given for *every* palpitation of the heart, in excessive doses, and is so deceitful and seductive on account of its antipathic primary action. It may not be superfluous to repeat our advice given twenty-seven years ago to the younger homœopaths, viz.: to be cautious about accepting such patients who are now for the first time ready 'to make a trial of Homœopathy.' It will be wiser to refer them back to their former physicians. Nothing can be gained in the way of reputation, or reverence for Homœopathy with this class of cases, as the most carefully selected remedies prove impotent, and the usually sudden death is charged to Homœopathy."

Dr. Hastings—What is meant by "invented" in Section 70?

Dr. Bell—The original is "thought out"—that is, a distinction is to be made in the selecting of drugs to be proved.

Dr. Cobb—Speaking of the effects of drugging, I now recall a case of a man who is a hopeless wreck from the effects of overdrugging; he may live, but he can never be cured. Years ago he was mercurialized, then he went through a course of Thompsonian treatment, then he took sulphur baths, and then he was treated by electricity and the needle would be passed into him to the depth of three inches to relieve him of pain. He has now a constant pain in one spot that troubles him a good deal. Last year he had a severe attack of sciatica, and he would sometimes respond almost immediately to well-selected remedies, but the effect would not last long, the pain would soon return, and the attack seemed to wear away of itself; the remedies did not cure him.

Dr. Bell—Since Hahnemann's time they have more weapons of danger, such as strophanus, convallaria majalis, antipyrin, antifebrine, etc. A physician told me recently of a case of typhoid fever that had been treated with antipyrin, in which an arm and leg had to be amputated on account of gangrene. He thought the gangrene was due to the antipyrin; he is quite a doser himself, and if he thought so, I may think it might have been due to the same cause.

Dr. Davis—In regard to Section 77, rest will certainly relieve an overtaxed mind.

Dr. Bell—We often have cases from grief or an overtaxed mind, and we must tell them that medicine will not take the

place of rest; they must get that, and then the remedy will relieve them much more quickly. Rest is especially needed in cases of continued worries and griefs.

Dr. Payne—Medicine will certainly relieve cases of grief.

Dr. Hastings—I have a case of a mother who lost her daughter four months ago, and her grief is as fresh now as ever in spite of remedies.

Dr. Bell—I have now the case of an old man who has been going to business regularly, but only for a short time daily, because he liked it. I had told him he must not go, but as it was a pleasure to him to go and sign a few checks, he thought it could do him no harm. The other night he had an attack of aphasia, and now, of course, he must have absolute rest.

Dr. Davis—Does Hahnemann mean that we are not to give a remedy?

Dr. Bell—Certainly not, but rest or change must be insisted on. In regard to the disease mentioned in Section 80, as arising from psora, perhaps nervous debility might be questioned as always being caused by psora. I think it is, however. I have a case of nervous debility in a very healthy looking woman of about forty years of age, and it is all traced to a bad vaccination in childhood, where the matter was taken from the arm of another child. That child was undoubtedly psoric. Psora does not always retard development. We cannot always explain these things satisfactorily to patients, but as blood-poisoning is quite a common expression now, we can tell them that these things are due to deeply-acting blood-poisonings, and that is always very satisfactory to them.

Adjourned to January 10th, 1889.

S. A. KIMBALL, *Secretary.*

REPORT OF ROCHESTER HAHNEMANNIAN SOCIETY.

The regular monthly meeting of the Rochester Hahnemannian Society was held at the office of Dr. Biegler, November 20th, 1888, President R. C. Grant in the chair.

Members present: Drs. Grant, Biegler, Schmitt, Brownell, Johnson, Hoard, Hermance, Baker, Carr.

Minutes of last meeting read and approved.

Sections 169 to 180 of the *Organon* were read, with the following discussion:

Dr. Johnson—These sections explain the sections read at last

meeting, also give explanation of the case that Dr. Schmitt reported.

Dr. Schmitt—All of us have had cases where symptoms have been developed by a remedy, and leading us to the curative drug.

Dr. Brownell—I think the first section read a little confusing. It speaks of a remedy being homœopathic to one portion of the symptoms, and another remedy homœopathic to the other portion. As I understand it, we can only have one homœopathic remedy—the simillimum.

Dr. Schmitt—I think that the point Hahnemann wants to make is, that if you have two remedies that are seemingly indicated, one remedy covering a portion of the symptoms, and a second remedy covering the remaining portion, you are not to give the second remedy after the first before you have examined the case again.

Dr. Grant—It is customary with me to make a note of a remedy to see next, but I seldom select that remedy. A second examination generally brings out a different drug.

Dr. Biegler—That has been a practice with me for a long time, and my experience is the same. I seldom select the remedy that I note to see next.

Dr. Johnson—I would like to ask Dr. Brownell the result of the use of *Plantago* in the case reported last meeting?

Dr. Brownell—It did not affect the case any; further inquiry developed a history of suppressed foot-sweat, so I gave *Silicea*, which caused a partial recurrence of the foot-sweat. There is no sugar in the urine now, but he is not well; at present he is on *Chelidon*. I would like to ask Dr. Biegler if he uses a knife in the treatment of a carbuncle?

Dr. Biegler—I do not; it is bad treatment; with the indicated remedy you will do more for your patient, quiet the pain attending the disease, and make him comfortable. I believe the use of the knife will make matters worse.

Dr. Carr—I have now a case of carbuncle under treatment. It first appeared as one large pimple surrounded by a number of smaller ones, that finally coalesced into one; the opening was as large as a half-dollar. I gave first *Hepar-sulph.*, followed by *Lachesis*, the color having changed to a purple, with great pain. I have found the yeast poultice one of the best dressings for diseases of this kind—it allays the irritation and has a soothing effect, which is very gratifying to the patient. I look to my remedy for relieving the pain, and *Lachesis* kept this case comfortable.

The poultice is made from one teacupful of bran, one table-spoonful of flour; add water to make a paste, then add two teaspoonfuls of brewer's yeast (a yeast cake may be used), place in a linen bag and apply; it should be changed about every eight hours.

Dr. Schmitt—I was taught to cut a carbuncle and apply caustic. The first case I treated homœopathically was with six doses of Sulph³³, and the yeast poultice.

Dr. Brownell reported sequel to case of diphtheria reported by him at the July meeting, and published in the October number of THE HOMŒOPATHIC PHYSICIAN.

SEQUEL TO A CASE OF DIPHTHERIA TREATED BY LAC-CANINUM.

Tommie H——. About three weeks succeeding the manifestation of the diphtheritic disease in the case reported to this Society in which Lac-caninum^{cm} proved curative, I was consulted for a condition of paralysis of the muscles of the neck, which has become quite marked, so much as to cause a falling forwards of the head so that it rests on the upper portion of the sternum. There is return of fluids through the nose, and an evident weakness of the muscles of the upper part of the back. Phos. on general principles.

August 6th.—His father brings the boy back in a much worse condition than before, the paralysis being more pronounced, and some staggering in his walk. Complains of stiffness and soreness of the muscles of the neck, on which I prescribed Rhus-tox.^{cm}.

August 16th—The family has become anxious at the constantly increasing paralysis, and insists that something further be done, and asked in regard to electricity. I advised one more trial and gave Lac-can.^{cm}, of which he received one dose, which restored the use of the muscles, and the boy remains well.

Dr. Carr was appointed essayist for the next meeting. Adjourned to the office of Dr. Schmitt in one month.

W. H. BAKER, *Secretary.*

SULPHUR AND LYCOPODIUM: It is rarely advisable to begin the treatment of a chronic case with Lycopodium, as is well known. The late Dr. Fellger used to say that Lycopodium did not follow Sulphur well in these chronic cases. Have any of our readers had any experience in this connection?—EDITORS.

PROCEEDINGS OF THE LIPPE SOCIETY.

The 128th meeting of the Lippe Society was held on Tuesday evening, January 8th. After the minutes of the last meeting were read and approved, an election for officers was held. Dr. C. Carleton Smith was elected President; Dr. F. Powel, Vice-President, and Dr. George H. Clark, Secretary-Treasurer. Dr. Preston, commenting on metastasis of disease, said, a few years ago a lady came to him with an attack of sciatica. The pains were of an excruciating character, commencing in hip, going half-way down the thigh, skipped the knee, and then went to the ankle and foot. The leg was shortened to the extent of six inches, due to muscular contraction. She had been under the treatment of an allopathist for a number of weeks without relief. After a few days of study, Dr. Preston gave three doses of Kali-hyd.^{10m}, as he learned that the same allopath had treated her in infancy for an eruption, and had suppressed it with red precipitate. In one week after taking the Kali-hyd. she was well. The point of the case is, said Dr. Preston, this: When I left her, I advised her never to have an external application made for any disease. Marrying a few years after, and after her first delivery, she was subject to leucorrhœa. She was attended by her old allopath. He gave her an injection of Alum and stopped the leucorrhœa. In a few months she was an inmate of an insane asylum. While there the leucorrhœa reappeared, and the insanity disappeared. She became pregnant the second time, went through the same routine, and was again sent to the asylum; the leucorrhœa again appeared, and her mind became clear. This case, and all similar cases go to show the bad effects of suppressed disease manifestations.

Dr. Lee then proposed, and the proposition was accepted, that, at each meeting, instead of having two or more subjects for discussion, one member be appointed to prepare a paper on some special disease, and one member appointed to lead in discussing the subject.

Dr. Farley then presented the following case, having the patient present:

Mr. I. T. E., forty-eight years of age. Bilio-nervous temperament. Has suffered for five or six years with recurring attacks of severe pain in abdomen, epigastrium, and chest. Seemingly indicated remedies have given him relief for periods varying from two or three days to as many months. Pain at present is

located at about centre of left hypochondriac region, extending downward and posteriorly to lumbar region; is stabbing and burning in character, and sometimes a dull pain gradually expanding and as gradually retracting, and again a "pressing-out pain," as if a blunt instrument were forcing itself to surface, anteriorly, in location named. Occasionally a painful feeling, as if an apple-core had been swallowed, from fauces to stomach. On two occasions during the past year, has passed renal gravel with much suffering, severe, but quickly relieved by indicated remedy. First from right kidney, and later from left. Suffers from attacks of "sick headache," preceded by blindness, that are speedily relieved by Iris-v. The attacks of headache are becoming much less severe and frequent. *Pains are in P. M., about four o'clock; ten P. M. if not in bed asleep, and when stomach is empty; SEVERE FROM EATING FULL MEAL.*

Last remedy given was Phos. Remedies recommended for study are Phytolac., Hepar, Phos., Lycopo.

Dr. Smith thought Phytolacca approached the case. The characteristics of that remedy are burning pains; red-hot pains, especially in the throat, and sensation of apple-core in throat.

Dr. James—There are only three remedies mentioned by Bœnninghausen having relief after eating enough: *Ars.*, *Iod.*, *PHOS.*

Dr. Powel—Hepar always better after a hearty meal. And Anacardium, said Dr. Farley.

Dr. Lee advised the continuation of Phosphorus in a higher potency.

Dr. Powel once cured severe pains in epigastrium, where patient had to hurry to get his meals, in order to relieve the pain; particularly dinner and supper. Graphites was the remedy.

Dr. James said that Dr. Lippe had given him that symptom some years ago as belonging prominently to Graphites.

Dr. Lee then read a paper on "Acute and Chronic Tonsillitis." (See page 77.) Dr. Preston made a motion, which was adopted, that Dr. Lee be requested to prepare a repertory of the remedies mentioned in his paper.

After several remedies were suggested in addition to those named in the paper, Dr. Preston related a case of malignant diphtheria, in which the child was unable to swallow anything. Being unable to speak, she motioned that she wanted ice-cream, which, on being given, it was found that she could not swallow a small particle, but larger pieces were readily swallowed. Although moribund at the time, Lach. brought her up.

Dr. Farley then asked for a remedy with the symptom, must stand up to eat. A case of angina pectoris. Alumina was suggested for study.

Dr. Powel asked for remedy for nervous tremor and twitching about right eye and right cheek. Dr. Smith named Magphos. Dr. Powel had given Agaricus without effect.

Dr. Lee then related a case of a young girl who has swelling on neck; sebaceous tumor on head; much dandruff, and hair falling out. Menses too early and scanty. If menses first appear in the morning, she has three or four normal stools; if the flow comes on in the evening or night, she has no trouble. Dr. Preston suggested Bovista.

After deciding upon diphtheria as the subject for next meeting, the President appointed Dr. Still, of Norristown, to prepare the paper, and Dr. Powel to lead the discussion. The Society then adjourned.

GEO. H. CLARK, *Secretary.*

ACUTE AND CHRONIC TONSILLITIS.

In the treatment of this affection, it is always our desire to abort those cases which are seen early enough to make this possible; and in cases seen too late for the accomplishment of this desirable end, to at least prevent any profuse suppuration. Of this disease, Flint says: "Acute tonsillitis generally ends in suppuration; an abscess forms, and purulent matter, sometimes fetid, and nauseous to the taste, is discharged after a period varying in different cases from two to ten days."

Many persons seem to be predisposed to this affection, and have their tonsils more or less swollen and inflamed all the time; others suffer from a chronic enlargement of the glands without much pain or discomfort; sometimes this swelling is so great as to threaten the respiration. We have, then, two purposes in our treatment of this disease, one to prevent and to ward off the constant recurrence of these attacks, and to cure the predisposition to this chronic swelling; the other, to cure as quickly and as easily as possible the acute attacks, aborting the inflammation whenever possible.

In prescribing for this, as well as all other disease, we must remember to take into consideration all the symptoms of the patient—that is, we must consider both the symptoms of the disease and of the patient. The disease presents symptoms which are common to nearly all cases of that disease; the pa-

tient presents symptoms which are peculiar to the one individual now suffering from that disease. The true homœopathic similimum should, therefore, cover the symptoms of the disease plus those of the patient. Let me illustrate this proposition by supposing we have a case in which the individual symptoms are covered by a drug which has not the symptoms of the disease, we then search further until we find a drug which covers both features of the case; neither would we give a drug which covered only the symptoms of the disease and failed to cover those of the individual; this would be a very grave error. We should strive to cover all the symptoms of the case, and if a choice had to be made between the generic symptoms of the disease and the peculiar symptoms of the patient, then preference should always be given the peculiar and individual symptoms of the patient.

Tonsillitis is an inflammation of the glands accompanied by more or less inflammation of pharynx; great soreness on swallowing, or talking and opening jaws, or moving the neck; sometimes with fever, headache, flushed face, even convulsions in children. These are the symptoms of tonsillitis as it is generally met; they are the symptoms of the disease, and vary only with the severity of the attack. The symptoms of the patients, on the other hand, are very variable, differing as they do in each person, and these are the most important symptoms in deciding our choice of the proper remedy. In a dozen cases of tonsillitis of equal gravity, the symptoms of the disease would not vary much; but in this dozen cases the individual (and hence the peculiar) symptoms of the patient would vary in each case. In prescribing, it is our duty to find out these peculiar symptoms; they will be found in each case if searched for carefully and diligently. Physicians who do not find these peculiar symptoms, and say they do not exist, are the ones who do not cure tonsillitis. They claim that one must resort to anodynes, to poultices, and finally to the knife.

In considering the homœopathic therapeutics of tonsillitis, we shall confine our attention almost entirely to the local therapeutics; if we considered all the many symptoms which might be concomitant to this or any other disease, we would simply have to take into our paper the whole materia medica. Even when thus confining our work, we must of a necessity speak of many symptoms which belong to diphtheria, angina, etc. Jahr's advice is too brief and of a routine character, but we give it for what it is worth!

He advises the use of Aconite whenever the case is ushered

in with fever, dry skin, restlessness, etc. ; next, he changes to *Belladonna*, if the patient complains of a good deal of headache, and rush of blood to the head. If this does not help, give, according to circumstances, *Hepar*, if the pains during deglutition are very severe, glancing and dart to the ear and cervical glands, with severe drawing pains in the nape of the neck ; or *Lachesis* if the neck is very sensitive to the least touch, and the symptoms are much worse, after the patient wakes from sleep ; or *Silicea*, if the throbbing and lancinating pains and the swelling of the tonsils continue to increase in spite of *Bell.* and *Hepar*. If an abscess begins to form, which *Bell.* had been unable to prevent, at once resort to *Merc.*, which generally causes the abscess to discharge in less than twenty-four hours, but which must never be given prematurely ; for, if the abscess is not yet sufficiently ripe, this agent often increases the inflammation and renders it more obstinate. If the tonsils become indurated, *Ignatia* often helps, which will likewise be found indicated by flat, open ulcers on the tonsils ; although ulcers that break out rapidly and spread extensively, most commonly require *Bell.* ; slowly-arising and rather painless ulcers finding their chief remedy in *Merc.* If in this kind of phlegmonous angina with swelling, the velum palati is swollen rather than the tonsils, prefer *Phosph.*, *Arsen.*, or *Bry.*, if neither *Acon.* nor *Bell.* helps ; or, if the uvula is the most swollen part, give *Coff.* or *Laches*. Chronic swelling of the tonsils requires particularly *Baryt.*, *Sepia*, *Sulph.*, or *Calc.* Aphthous angina faucium. These inflammations are characterized by small, whitish, flat ulcers on the tonsils ; if they are not soon relieved by *Ignat.*, *Merc.*, and *Carbo-veg.*, *Nitr-ac.* is often an indispensable remedy ; likewise *Caps.* in many cases, especially if the ulcers burn, with pressure in the fauces as if caused by spasm. We will now take up each remedy in detail, and give its chief symptoms bearing upon tonsillitis :

ACONITE is seldom called for in this disease but may be needed in cases caused by exposure to cold, dry winds, exhibiting the fever, the restlessness, and anxiety of this remedy, together with dark-red swelling of the parts ; pricking, burning in the throat and along the eustachian tube, compelling the patient to swallow. Stinging pains when swallowing. Pains worse at night, when they seem to become unbearable.

AMMONIUM-CARBONICUM. Under this remedy we find these symptoms : Pain in the throat as if right tonsil were swollen when swallowing. Burning in throat ; tendency to gangrenous ulceration of the tonsils ; tonsils enlarged, bluish, and much

offensive mucus. Symptoms worse night and morning. These symptoms are frequently met with as concomitants of grave cases of scarlatina.

The symptoms of Amm-carb. seem to be often given as those of Amm-mur. ; both Johnson and Lilienthal give under Amm-mur. this symptom : " Both tonsils swollen, patient can neither talk, swallow, nor open mouth, after taking cold." Dr. Johnson adds, " tendency to gangrenous ulceration." Hering tells us that the tonsils and glands of the neck throb but are not swollen. Farrington says : " The throat is swollen so that the patient cannot open his mouth. The mouth is filled with a viscid phlegm, which the patient expels with great difficulty." The true symptom of Amm-mur. seems to be about thus : The throat, inside and out, is swollen and is very sore, with much viscid phlegm in the mouth, which cannot be easily expelled ; the tonsils and glands of the neck throb, there is also uneasiness and anxiety.

AMYGDALA PERSICA. Of this remedy Farrington said : " This drug causes a dark-red injection of the fauces, uvula, and tonsils, with sudden, sharp pains, causing considerable difficulty in swallowing ; sometimes these pains are so severe as to make the patient cry out."

APIS. The pains of this remedy are burning, stinging, often accompanied by dryness without thirst. The tonsils are inflamed, swollen, and bright red, smarting or stinging on swallowing. Sometimes we see deep ulcers on the tonsils and palate, with sloughing abrasions, and an œdematous or erysipelatous appearance around them. Swallowing is difficult, especially of solid, hot, or sour substances. Worse from heat or hot drinks, better from cold and cool drinks. The restlessness, the raw, scalded feeling in mouth and throat with the puffy swelling, are peculiar to Apis.

AURUM, has red, swollen, and ulcerated tonsils ; after abuse of Mercury or from syphilis.

BAPTISIA. The indications for this drug are these : Putrid ulceration, with salivation ; tonsils and parotids swollen, with but little pain ; fauces dark red. Tonsils and soft palate very red and swollen, with constant desire to swallow ; no pain. Patient can swallow only liquids, the least solid food gags. (This dysphagia of solids is also found under Baryta, Bell., Bry., Ign., Lach., Lye., Natr-m., Stram.) The patient will generally be found in a typhoid state with this condition of mouth and fauces, and we are apt to wonder that such a bad-looking throat causes so little pain.

BARYTA-CARB. In every case of this disease, where a predisposition to the disease seems to exist, we think of this remedy, and it will not disappoint us if used properly. In acute tonsillitis or in chronic indurations of the tonsils, occurring after every little exposure to cold, or after checked foot-sweat, with these symptoms, we expect to relieve with Baryta.

The tonsils are inflamed and swollen, with smarting pain when swallowing; is worse when swallowing food or saliva. Sometimes cannot swallow at all and fluids will be ejected through the nose. Symptoms going from right to left. (It is well to remember that under Lachesis we find this ejection of fluids through the nostrils, also under Lyc., but the Lachesis patient swallows solids easier than either fluids or simple saliva; Lachesis and Sabadilla have their throat symptoms going from right to left.) Under Baryta, we also find a sensation as if the food on being swallowed passed over a sore place; also a feeling as if there were a morsel of food lodged in the throat. Baryta is the better indicated if the patient be of a scrofulous habit; or if a child, it is dwarfish, or in old fat people. The patient has viscid phlegm in mouth in mornings, is thirsty. Hering tells us that the Baryta throat is much paler than that of the Belladonna patient, and that in cases where the tonsils are inflamed in small-pox or scarlatina, especially when Mercurius has failed, then Baryta may be needed.

BARYTA-MUR. is also often indicated in scrofulous persons with chronic enlargement and induration of the tonsils; there is profuse salivation, the pain seems to be worse on the right side.

BELLADONNA. Dryness of mouth and pharynx, with sense of constriction and difficult swallowing, especially of liquids or saliva. Constant burning and pressing. Deep crimson color of the throat and enlarged tonsils, with throbbing; worse on the right side (also Baryta) and on swallowing. Soreness extending to ears. Rapidly forming aphthous ulcers on tonsils, intense congestion and throbbing of carotids. During deglutition there is a sensation as if the throat were too narrow, and as if nothing would pass properly. Externally the throat is painful to touch and on motion. Constant inclination to swallow or to hawk. The peculiarities of Bell. are its sudden pains, deep redness and throbbing, and its signs of intense active congestion.

BROMINE may be called for in the chronic forms of tonsillitis in persons of a scrofulous habit, blue eyes, and fair complexion. There is constant pain in the throat, the tonsils are deep red and swollen, with a net-work of dilated blood-vessels spread over them (see Ham.); the right side of fauces dark red and dry

with pain on swallowing. Scraping in throat. Aggravation on swallowing, especially of liquids. This condition will generally be accompanied by swelling, hard swelling, of the external glands.

CALCAREA in persons of a psoric habit, who exhibit the peculiar general symptoms of this remedy with the inflammatory swelling of palate and uvula or tonsils, with a sensation as if the throat were constricted on swallowing. Ulceration of tonsils. Pains in throat extend to the ears. Sensation of swelling or of a lump in the throat cause constant desire to swallow (see Plumb.).

Calcarea-iod. and Calc-phos. may also be needed in the chronic form of this complaint; in the latter the throat does not pain so much on swallowing food or warm drinks as from saliva.

CANTHARIS, intense burning, burning as from fire (see Iris.); sometimes with a scraped sensation and spitting of blood. Aphthous ulcer at back part of fauces, covered with a whitish adherent crust; also on right tonsil. Tonsils inflamed or suppurating; swallowing very difficult. Throat symptoms are worse at night, when drinking, and from wet poultices; are better when lying down. Especially indicated when accompanied by the urinary symptoms of this drug.

COLCHICUM. Throat is dry yet there is a flow of watery saliva, with nausea and discomfort in abdomen. Tonsils inflamed and swollen; here and there spots covered with pus; swallowing is difficult.

COCCULUS has a pressive pain in tonsils, worse when swallowing saliva than when swallowing food. Burning in palate and dryness in fauces. Choking constriction in upper part of fauces, with difficult breathing and irritable cough or disposition to cough.

CROTALUS. Quinsy, with much venous congestion, dark, bluish color of surrounding parts, much œdema, tonsils bulge and are tender to pressure at angles of lower jaw; pain worse from empty deglutition. Especially indicated when occurring with scarlatina or diphtheria. Also angina tonsillaris, constriction of throat, tongue yellow. Great prostration, etc.

CUPRUM, sense of constriction in throat. Tonsils, palate, and fauces red and inflamed; dull, piercing pain in left tonsil, aggravated by touch.

CYCLAMEN presents an opposite condition to enlargement, etc., of tonsils, but may, nevertheless, be mentioned here. Under this drug the tonsils and palate are shriveled and white.

DIOSCOREA. In the last number of *THE HOMŒOPATHIC PHYSICIAN*, Dr. J. B. Bell calls our attention to the resemblance of this drug to the first stage of many colds, premising that it may be found of use in some of these cases. We find, under this drug, *dryness, soreness, smarting, and burning* in the whole throat. Left tonsil smarts and itches, with inclination to cough. Sharp, stitching pains, seemingly in the tonsil to ear. Mouth dry, yet full of sticky mucus; no thirst.

DULCAMARA probably covers some of the cases for which Baryta has been given, and failed. For it, too, has a tendency to "tonsillitis" from taking cold. But, under Dulcamara, we find the patient is affected by every cold change in the weather (see Hepar), as well as by actually taking cold. We have, under this drug (like Gels.) catarrhal angina, hyperæmia of soft palate and uvula, swelling of tonsils, difficult deglutition. Constant hawking of very tough saliva, with rawness in the fauces. Baryta and Dulcamara are complementary to one another.

ELAPS. Deglutition of solids and liquids almost impossible; throat exceedingly sensitive to touch (like Lachesis and Lacca.); tonsils swollen so that no passage is visible. Pain goes to ears when swallowing. Nasal discharge, when present, is very offensive, smelling like putrid herring brine. Aggravation from wet weather; never feels happy in wet weather. Elaps has a peculiar throat symptom, which may sometimes be noticed as a concomitant of its throat or nasal diseases; it is this: The posterior wall of the pharynx is covered with a dry, greenish-yellow membrane, wrinkled and fissured, extending into nares; sometimes portions of this membrane are expelled from nose or mouth, leaving a raw, corrugated surface.

FERRUM-PHOSPHORICUM. Under this remedy, we find constant inflammation of palate, tonsils, and pharynx, with dryness, redness, and pain. Pulse full, round; fever, red face, glistening eyes, etc.; inflammation from relaxation of the blood-vessels, before any pus is formed.

FLUORIC ACID. In cases where syphilis is a probable factor, with these symptoms, Fluoric acid may be useful. We find tonsils, uvula, and soft palate of a livid color, and greatly swollen. Excessive suffering on swallowing or talking. Sleep is disturbed by the accumulation of mucus in the fauces. The throat is irritable, and particularly sensitive to cold; the slightest exposure causes inflammation, with pain and impeded deglutition. Tongue tender, and pains when talking. A peculiarity of this remedy is the lack of susceptibility of the patient to the extremes of heat and cold; yet we find aggravation from cold, wet weather.

GELSEMIUM in cases of catarrhal inflammation of pharynx and tonsils; dryness, and burning in the throat; throat feels filled up; chilly creepings up the spine; headache, fever, aching in back and limbs, etc. Sometimes the tonsils are swollen, and covered with diphtheritic patches.

GRAPHITES has swelling of tonsils, with pain when swallowing. Also roughness and rawness in throat. The peculiar symptom of this drug, in this connection, is the feeling as though food could not be swallowed; it "will not go down." On swallowing, there is always a sensation as of a lump, or plug, or elevation in the throat, which prevents the passage of food or saliva. (With Hepar, there is pressure or swelling, which causes fear of choking.)

GUAREA-TRI. Swelling of tonsils, rendering swallowing difficult. Sensation of constriction and burning in throat. Warm drinks ameliorate throat symptoms. This remedy is to be compared with Merc. and Silicea in bone pains and suppurations.

GYMNOCLADUS. Inflammation, and purple color of right tonsil. Sore throat, dark livid redness of fauces and tonsils. Mucus in throat, and frequent hawking. Shooting, sticking pains in throat. Aversion to motion.

HAMAMELIS. Hering tells us this remedy is useful for the sore throats of those predisposed to fullness of their veins, with aggravation in warm, moist air. We find sore throat worse on right side; right tonsil more swollen than left, reddened, and veins enlarged. (See Bromine and Crotalus.) Tonsils and fauces congested; the parts look bluish from the distended veins.

HEPAR-SULPH., chronic tonsillitis, especially when accompanied by deafness (see Kali-b.), or by a sensation of sticking in throat, as if from a fish-bone, or splinter (see Nitr-ac.) when swallowing; has a tendency to suppuration, after a week or two; tonsils swollen so as to leave no opening visible; swollen with hard glandular swellings on the neck (like Bromine). Hering gives this case: Tonsils enlarged, red; throat and pharynx raw, and studded over with enlarged reddish follicles; could not venture out in the slightest damp weather (like Dulc.) without being in fear of inflammation of the throat, which at last produced a nervous terror of being choked. This patient could not work in damp clay, as the dampness affected him with hoarseness and irritability of the chest. Especially useful for patients who have been abused by large doses of Mercury. (Also Staph.)

IGNATIA. Follicular tonsillitis. Acute paroxysms in chronic cases, with a feeling of swelling in the throat; painful soreness during deglutition. Inflamed, hard, swollen tonsils, with small ulcers. Whitish, tough mucus in spots on tonsils, simulating diphtheria. Tonsils greatly swollen and inflamed; several small openings filled with pus; stitching pains in throat. The sticking pain of this drug is peculiar; it occurs when not swallowing (see *Ledum*), also somewhat when swallowing; but the more he swallows, the more it disappears; swallowing anything solid, like bread, seems to cause the sticking to disappear entirely. Patient is chilly, is despondent, tearful, etc.

INDIUM-MET. may be called for in cases where there is destructive ulceration of tonsils, uvula, and soft palate, with thick yellow mucus in the ulcers. There is dryness, throbbing, stinging soreness in the throat; apt to be worse on the right side; worse on swallowing. Uvula greatly enlarged; back part of pharynx covered with thick yellow mucus, very tough, and hard to remove (see *Elaps*). Throat symptoms are worse in the evening; are better after eating, and from drinking cold water.

IODIUM must not be forgotten in cases where the tonsils are swollen, and are covered with little patches of exudation. The palate and tonsils are covered by a thick, grayish-white exudation; there is much pain in the throat, very painful deglutition, some salivation, very offensive odor from the mouth; the external glands of the neck are swollen. These are rather the symptoms of diphtheria than of tonsillitis, but as the two often resemble one another, they may be appropriately mentioned in this connection.

IRIS-VERS. In a patient whose mouth and fauces felt as if on fire (see *Canth.*), or as if they had been scalded; from whose mouth there was a constant discharge of saliva, maybe aropy saliva; who complained of a smarting, burning in throat, with a feeling of enlargement, like a burning cavern (see *Phyt.*), while his throat was dry, injected, and of a bright-red color, also pain in tonsils shooting to the ears.

JACEA for cases of syphilitic ulcers, where there is a prominent yellow-greenish ulcer, with adherent pus, in left side of throat, extending from velum palati over the entire left tonsil. Much phlegm; swallowing is very painful.

KALI-BICHROMICUM is especially useful in syphilitic or diphtheritic affections of the throat. We find recorded under this drug these symptoms: Swollen tonsils, with deafness in children (see *Hepar*) Tonsils swollen, neck thick below the angle of the lower jaw (see *Crotalus*); the eustachian tubes seem to

be blocked up; is very deaf, could not hear a watch ticking unless very close to the ear. Also sharp, shooting pains in left tonsil, extending toward ear, better after swallowing; suppuration of tonsils. Indolent enlargement of tonsils, where there is little fever or inflammation, but there is a tendency to the formation of small ulcers on tonsils and the velum (something like Ign.). The ulcers on the tonsils and throat seem to be covered with an ashy slough; the surrounding mucous membrane is dark, livid, and swollen. The uvula and tonsils are red, swollen, and painful; finally become ulcerated. There is hawking of much tenacious mucus, which is difficult to get up; is so very stringy that it sticks. The throat pains are worse when protruding the tongue (see Sabad.), and are generally aggravated on swallowing. The ulcers of this remedy eat deeply and quickly.

KALI-BROMATUM. With this drug the tonsils are swollen and purple; the exudation (diphtheritic) is thick, and looks something like patches of washed leather; there is a distinct, but crooked line of demarcation between the healthy and the affected tissue. There is often dysphagia of liquids; patient can only swallow solids (see Lachesis).

KALI-MURIATICUM. Catarrh of the mucous membrane of the fauces, tonsils, and pharynx, with a white exudation. Angina beginning with white points on the openings of the ducts of the glands; fever, chilliness, dirty, coated tongue, suffering expression of the face. Tonsillitis, with much swelling. Tonsils swollen, and covered whitish or whitish-gray. Hawks up little cheesy lumps having a disgusting odor and taste.

LAC-CANINUM. Tonsils inflamed and very sore, red and *shining*; almost closing up the throat; dryness of the fauces and throat; swelling of submaxillary glands. Also right tonsil red and swollen; pain in the tonsil of a gnawing kind, worse at night, and after sleep. The pains and the inflammation of this remedy continually change from side to side, and back again. The sore throats begin with a tickling sensation, which causes a constant cough; then comes a sensation of a lump on one side, causing constant deglutition; this condition then ceases entirely, only to begin on the opposite side, and often alternates, returning again to its first condition; with women, these sore-throat symptoms are very apt to begin and end with the menses. Suppuration begins in one tonsil, and then in the other, finally returning in the first one, etc. The exudation is generally of an ashy-gray color. Aggravation on swallowing. Externally, the throat is sensitive to touch, like Lachesis and Elaps; there is aggravation from empty swallowing, like Ignatia.

LACHESIS. Swollen, congested tonsils, with a yellow, small patch on each; great difficulty in swallowing, with constant desire to do so; pain begins on the left side, goes to the right, and upwards toward ear on swallowing; heat and chills alternating. Sensation of fullness and rawness in throat; frequent desire to swallow, which causes pain, extending deep into the ear; fluids are ejected through the nose, with great fear of suffocation; gums, tonsils, and uvula dark-red and swollen, the latter looks as if squeezed and crowded back; large collection of mucus in the mouth, which forms large bubbles when the mouth is opened. Aggravation after sleep, from hot drinks, and from the slightest touch, cannot bear even the sheet to touch his neck. Chronic enlargement of tonsils. Hering says there is no remedy so effective either for aborting tonsillitis, or for promoting resolution in later stages.

(Dysphagia of liquids is found under Bell., Brom., Bry., Canth., Hydro-ac., Hyos., Ign., Kali-brom., Lach., Lyc., Podo. Dysphagia of saliva, Calc-ph., Cocco., Ign., Lach., Merc., and Crota-lus.)

LYCOPIDIUM. Under this drug we find almost an opposite condition from that presented by Lachesis; the symptoms go from right to left, and are generally aggravated by cold drinks, especially by other cold drinks than water.

It is useful, when properly indicated, in cases of ulcerated tonsil, or for chronic enlargement of the tonsils. We find soreness of the throat commencing on the right side, going to the left side, with whitish ulcer on right tonsil, also tonsils studded with many small ulcers, sharp pain on swallowing, especially cold drinks; pain, as if bruised, all over limbs; frontal headache; sometimes a sensation when swallowing as if the head opened, and as if a pain shot down into the abdomen. Stitching pain, with sensation as if a hard body had lodged in back part of throat. Inflammation and enlargement of tonsil, with yellow, small patches on each tonsil. Although this drug generally has an aggravation from cold drinks, it has also a smarting pain in throat from hot drinks; this should be remembered as an exception to the rule. If the case be a severe one, we will find great prostration, fan-like motion of the alæ nasi; dyspnoea, etc.

MANCINELLA has great swelling and suppuration of the tonsils, with danger of suffocation; whistling breathing. White, yellowish ulcers on tonsils and in throat; with burning pain. Thirst for cold water, but unable to swallow on account of a choking which rises up from the stomach; this choking sensa-

tion also rises when speaking. The breath, when offensive, is noticed by the patient.

MERCURIUS, soft palate, and tonsils greatly swollen, dark, coppery-red, and pressed forward; stinging pains on empty swallowing, at night, and in cold air; worse in fall, spring, and in wet weather. Tonsils enlarged, dark-red, studded with ulcers; mostly useful after pus has been formed to hasten maturation; small, flat ulcers.

MERCURIUS-CYANATUS. The tonsils are greatly inflamed, are dusky-red, and swollen, with whitish spots on them; later, deep ulcers, with yellowish-greenish pus. Right side apt to be the worst. Eyes heavy, fever, headache, and nausea; great redness of the fauces, and difficulty in swallowing; the submaxillary glands are swollen.

MERCURIUS-IOD-FLAVUS. Under this preparation of Mercury we find the tonsils, uvula, and pharynx red and congested; generally worse on the right side; also worse from warm drinks, and on empty swallowing. This case, given by Hering, well illustrates the indications for this remedy: "Stiffness of the jaws, difficult to open the mouth; altered voice, speaks as if had pebbles in the mouth; right side of the throat and tonsil inflamed; soreness in right ear, and over right side of head and face; enlargement of cervical glands; sensation of a lump in right side of mouth; soreness in right ear, extending into throat; pain when swallowing, burning; desire for sour things; hawking; tongue coated yellow at back part, clean in front; later, soreness and swelling attacked left ear and tonsil." Very fretful and restless, as if from pain; refuses to eat or to drink. Cannot sleep. Sometimes the nostrils are dilated with every inspiration.

MERCURIUS-IOD-RUBER. With this preparation the throat symptoms generally begin, or are worse on the left side; are aggravated by swallowing both food and drinks. The patient hawks much; spitting up a tough, white phlegm. Painful swelling of tonsils, and submaxillary glands. The deglutition is painful, with many ulcers in throat; the tonsils suppurate. Patient must breathe with the mouth open. Pain in throat, tonsils swollen, and covered with a slimy, speckled coating; back part of throat red; slight pain on swallowing; prostration; two days later, tonsils, uvula, and back part of pharynx are covered with a coating looking like dried starch.

MURIATIC-ACID. In cases of diphtheria or after scarlet fever, accompanied by great prostration, we sometimes find the tonsils and fauces covered with a dark exudation, the submaxillary

glands swollen as large as pigeon's eggs; patient can only hold the head bent forward; continual desire to hawk, with difficult expectoration of tough mucus; swallowing is almost impossible. Œdema of uvula and swelling of tonsils.

NAJA. Right tonsil swollen, with sharp pains in it as from needles, short, hard cough; worse at night; pain up right side of neck; the larynx is tender to touch, with inclination to cough from any pressure on it. Patient grasps at throat with a sensation as if choking.

NATRUM-ARSENICUM. Tonsils, fauces, and pharynx œdematous and purplish; surface irregular, covered with a yellowish-gray mucus which is hawked out. This chronic case is given by Hering. After an acute attack of tonsillitis, which occurred three months previously, the throat remained very much swollen; the whole fauces and upper part of pharynx swollen and of a dark hue, the tonsils greatly enlarged, the uvula elongated; parts covered with a dirty-looking mucus; constant dry sensation as if something lodged in the throat; at times a feeling as if a pin were sticking in the throat, at others a feeling as of a lump; always worse in the morning. There is prostration, swelling, etc., but not much pain; therein resembling *Baptisia*.

NITRIC-ACID may be useful in mercurial or syphilitic persons, with red, swollen, uneven tonsils, having small ulcers on them. The ulcers bleed readily, have stinging pains in them, their edges are hard, irregular, and everted. We have also soreness of the palate, tongue (the mildest kind of food causes smarting), and the inside of the gums, with stinging pain and ulceration of the corners of the mouth. Pricking in the throat as from a splinter (like *Hepar*), worse when swallowing.

PHOSPHORUS. Dryness of the throat, day and night; it fairly glistens. (Under *Lac-can.* we find the throat shines or glistens very markedly.) Tonsils and uvula much swollen, the uvula is elongated, with dry, burning sensation; mucus in throat, removed with great difficulty, is quite cold as it comes into the mouth. The mucus is white, nearly transparent, and in lumps.

PHYTOLACCA. Tonsils large, bluish, ulcerated; dry, rough, burning, smarting fauces; throat feels like as after a choke-pear. Pharynx dry, rough; feels like a cavern (see *Iris*). Sensation as of a plug in throat; worse left side. The sore throat is generally worse on the right side; the fauces are dark bluish-red; pain worse on swallowing saliva; sensation as if a red-hot ball had lodged in fauces when swallowing; cannot bear the touch of clothing about the neck; cannot drink hot fluids; is prostrated.

PLUMBUM has inflamed tonsils covered with small, painful abscesses; constriction in throat when trying to swallow with great desire to do so. Angina granulosa going from left to right. Fluids can be swallowed, but solids come back into the mouth.

PSORINUM has tonsillitis with swollen submaxillary glands, fetid otorrhœa; the throat burns, feels as if scalded, pains when swallowing saliva; ulcers on the right side with deep-seated pain and burning in the fauces; mouth is inflamed and sore; worse from warm food, but not annoyed by cold. This remedy is especially useful for pale, sickly children, and for those who have a dirty, greasy, or scaly skin. Body always smells badly.

RANUNCULUS-SCCL. has swelling of the tonsils with shooting stitches in them; there is burning and scraping in the throat. (This sticking pain we have seen occurs prominently under Amygdala, Hepar, Kali-bi., and Nitric-acid.)

RHUS-TOX. Sticking or stinging pain in tonsils, worse when beginning to swallow; the right tonsil is covered with a yellow membrane. Throat sore, feels stiff after straining the throat. Feeling of swelling with bruised pain; erysipelatous inflammation, parotids swollen, cellulitis of the neck, drowsiness.

SABADILLA. Under this drug we find the tonsils swollen and inflamed, nearly suppurating; goes from left to right; stitches in throat only when swallowing. Tonsillitis after coryza; right tonsil remains somewhat swollen and indurated. Cannot swallow saliva on account of the pain, must spit it out. Continual desire to swallow, deeply cutting pains, whole body writhes. There is much tough plegm in the throat, must hawk; also a sensation as of a skin hanging loosely in the throat, must swallow over it; cannot protrude the tongue with sore throat (see Kali-bichr.); can swallow warm food easily; there is often a desire for hot drinks.

SANGUINARIA, we have ulcerated sore throat, burning, especially after eating sweet things; throat feels swollen as if to suffocation, with pain when swallowing and aphonia. Tonsillitis; promotes suppuration.

SILICEA. The tonsils are swollen and each effort to swallow distorts the face. In cases where the suppurating gland does not heal, pus continues to flow, but gets thinner, less laudable, darker, and more fetid.

SULPHUR. Sore throat, great burning and dryness, first right then left side. Swelling of palate and tonsils, elongation of palate. Sometimes the whole back part of pharynx appeared to be in a state of ulceration or sloughing; much nauseous saliva; sometimes needed to aid recovery when after suppuration the parts heal very slowly.

ZINCUM has herpetic-like eruption on tonsils, soft palate, and root of tongue; whitish, somewhat elevated, ulcerated spots in mouth (sequelæ to gonorrhœa), also dryness of throat evening; mucus collects from posterior nares; soreness in throat, tearing in posterior fauces; more between the acts of empty deglutition or after eating.

E. J. L.

SOME POINTS ON TONSILLITIS.

It is always well to note the objective symptoms when prescribing for tonsillitis, for this reason: The patient may complain of aggravation from anything coming in contact with the throat. And on the strength of this symptom we may be led to prescribe Lachesis, but on this single indication alone we could not proceed with safety, for the reason that Apis-mel. and Kali-bich. each have the same symptom in their pathogenesis. Now, if we examine the tonsils and find one or both of them looking like transparent sacks filled with water, and the neck of the patient sensitive to pressure, Apis would be the remedy. On the other hand, if we find the fauces and tonsils covered with a tenacious mucus which the sufferer vainly tries to get rid of by hawking, on account of its sticky, ropy nature, Kali-bich. will be the remedy. When Merc-iod. is indicated, we will find the *root* of the tongue thickly covered with a *bright-yellow* deposit, the breath extremely fetid, and in place of tenacious mucus decided ptyalism will be present, with tonsils ulcerated and deglutition impossible. Lachesis has feeling as of a fish-bone sticking in throat. Hepar a sensation as of a splinter. When Lachesis patient swallows, a sharp pain shoots up into the ear of affected side, while with Kali-bich. the pain shoots from ear down into throat. The Lachesis patient fears he will choke to death when attempting to swallow, all fluids taken returning through the nostrils. This latter symptom is similar to Belladonna, but not in such a marked degree, I think, as under the former remedy. It is easy to choose, however, between the two with regard to this symptom, as under Bell. the patient's face is very red and hot, with some sweat, while under Lach. he is pale and anxious looking, with blue rings around the eyes, and there is no moisture. Lach. has aggravation from hot drinks; Lyc. aggravation from cold drinks; the former acting on the left side, the latter on the right.

Baryta-carb. will be found useful in those cases which are troubled with chronic enlargement of the tonsils, and when the

attacks of quinsy tend speedily to suppuration, and where scrofulosis is a prominent factor. Hepar is the best remedy of the two, when this tendency to speedy suppuration obtains, if the patient complains of feeling acutely every little draft of air, and hence constantly calls out to have the doors kept shut. A very safe guide for the exhibition of Merc-sol. is perspiration quite profuse during the night of a sour odor, but which brings no relief; the saliva pouring from the corner of the mouth, wetting the pillow. The Phytolacca patient complains of intense dryness of the throat, so intensely dry that he feels it is impossible for him to swallow, though if he accomplishes it after persistent effort, he is rewarded by the most excruciating pains shooting up into both ears. It must not be forgotten that both Lach. and Kali-bich. have aggravation after sleep; but under the former remedy the patient sleeps *into* the aggravation, which awakens him each time to renewed suffering, while, under the latter remedy, the patient is worse after he gets his full quota of sleep.

Cases of tonsillitis that are tardy in clearing up, especially where suppuration has taken place, Sulphur is the proper remedy.

The tonsils should never be lanced, for such a procedure simply multiplies the attacks in the individual until he becomes subject to them both summer and winter. The law of similars is always equal to the emergency in these cases, provided the remedy selected is adapted to the individual case in hand, accordingly as the disease affects said individual case, always bearing in mind that there is no remedy for tonsillitis, but that there is a remedy for each and every individual suffering with tonsillitis, and that remedy will bring to him speedy and permanent relief.

C. CARLETON SMITH.

A REPLY TO THE CRITICISM OF DR. HOLMES.

EDITORS HOMEOPATHIC PHYSICIAN:—In the December number of your excellent journal I find a criticism of myself, and have been asked by postal card and letter from the author to reply to it. This is the first time I have ever been called upon to enter into a controversy through the columns of a journal. I shrink from imposing such an uncalled-for infliction upon the readers of a medical publication, and would rather let the criticism go unanswered, if I were certain this erudite

gentleman would not do the same thing over again the first opportunity that offers.

That I may be plainly understood in this matter, and my position exactly shown to all, I will go back to the original statement which has caused all this discussion, viz. : "*I think a great error in our method of prescribing is to memorize the materia medica. I have made it a point never to memorize any remedy, and I do not believe I could give you the characteristics of a dozen remedies.*" The advice given as to the better way was to be so armed with books as to be able to study the remedy up at once, and so prescribe accurately. To be certain that I had not misunderstood the statement, I asked a question, and the answer and the following discussions clenched the method as I had understood it.

This method struck a killing blow at one of my long-cherished ambitions, and one that I have struggled harder for than any other thing in my medical practice—that of being a brilliant prescriber. Not that I may ever attain that reputation, but I should like to. In the discussion which followed I am willing to admit that many of us said things we did not mean literally, and which had little bearing on the question. But as for myself, I was sincere in my objection to the above statement in its *literal* meaning as given and emphasized.

For the stand I took I have been pretty roughly handled ; have been called, inferentially and directly, a *mongrel*, *conceited ass*, and *fool* ; have been told by my able criticiser that my language was *offensive*, that I was *negligent* and *lazy*, and that a certain inferred confession was *criminal*. Now, I will ask any fair-minded person if it is not utterly hopeless to attempt to sincerely discuss a question with such a peculiarly-minded person as is plainly manifested by the above epithets? If, in order to be considered a strict Hahnemannian, it is necessary to resort to blackguarding my opponents by way of argumentative intelligence, then I must say I wish to withdraw from the controversy. If he wishes to discuss this question in a serious, candid manner, with the good of our grand school in view, and the wish to help one who is honestly trying to better himself in his professional standing, then I am with him.

My article in your November issue was written in a spirit of fun to show my position by stating a perfectly simple case where the remedy was plainly indicated, and where one could easily prescribe the correct remedy without resorting to repertories, provided he had anything like a smattering of the characteristics of some of the leading remedies. It was only in these

simple cases that I asked the right to prescribe off-hand. There was no idea of insulting any one, and no one, unless he has a disordered liver, will think of taking such a malicious view of it as has my would-be director.

Well, my criticiser fell into that little thing all over. As Uncle Remus said of Brer Rabbit when the pail of honey fell on him, "he wa'n't dесс only bedobble wid it, he was dесс kiver'd." He has drawn all sorts of false inferences from my report, and then with remarkable boldness has gone to work and thoroughly demolished the vagaries of his own disordered fancy. It is impossible to find out just what he is driving at. He admits that the prescription was a good one, and then says, "we have no evidence that the prescription cured." The gentleman should have inclosed this remark with quotation marks, as the old school have been using it against all homœopaths for nearly a century, and the so-called "mongrels" against Hahnemannians for nearly the same length of time. It is hard for some men to forget the influence of their early teaching. With the above illiberal spirit what *can* we hope from such a man? The peculiarity of his position will be more apparent when I say that I wrote to the honorable gentleman begging him not to make this a personal controversy, and that he perfectly understands my position. He writes me that he does not use a book more than three or four times in making forty prescriptions. Why did he not say so last summer, and so put himself in a true light? His inferences regarding my non-use of books is also overdrawn and wilfully untrue, for I had written him just how and when I used them, and he virtually admitted that our methods were the same. When a man in his position thinks there is any physician in active practice who does not study his difficult cases until heart and brain grow sick and weary with the responsibility and labor, it shows him sadly wanting in that broad charity so necessary to be shown toward his brother physicians.

The most glaring fault in his paper, from a literary standpoint, and the first one to catch the reader's eye, is the continual repetition of my name. Ten times he enters upon the unnecessary task of spelling it out in full, and for a wonder gets it right every time. If a would-be instructor makes such an egregious blunder in so short a controversial article, what must we think of his other abilities? It would seem as if his ignorance of the most common rule of discussion must be taken as an evidence of the depth of his abilities in his professional teachings.

He questions my right to leave six powders to be given every half hour, if necessary, instead of relying upon one. If the gentleman will turn to the *Organon*, paragraph 247 (and by the way, he is lecturing on the *Organon*), he will find my authority for the frequent repetition of the dose, viz.: "In the most acute diseases, at intervals varying from an hour to five minutes." It must be exceedingly irritating to the shade of Hahnemann to know that our Philadelphia friend does not agree with him in this paragraph, and even criticises an earnest disciple of Homœopathy who is guided in his practice by the above plain instruction. Well, it is to me too!

If this gentleman would have a broader, more liberal view of his profession, more charity for his fellow-workers, and more respect for their methods, their beliefs, and their abilities, it would be better for him and certainly better for the great school he represents. It would place him less in the light of a homœopathic anarchist.*

H. P. HOLMES.

DR. MOHR'S CASE OF CANCER.

MESSRS. EDITORS:—You will do me the favor to set me right before your readers. In the December number, your report concerning the case of carcinoma I related to the Homœopathic Medical Society of Pennsylvania, is far from correct. You say: "The patient, a woman, was being treated with Arsenic. Erysipelas broke out and cured the cancer. This accidental cure, Dr. Mohr declared has possibly opened up a way by which cancer can be cured by the virus of erysipelas. * * * Dr. Mohr's report illustrates the haste physicians make to form theories; presuming upon this case, Dr. Mohr thinks the virus of erysipelas may prove a specific for cancer."

I made no declarations, formed no theories, but related simple clinical facts, and propounded a question to elicit discussion. My paper was published in full in the *N. A. Journal of Homœopathy* for November. If you will read it, you will find that the conduct of the case shows good homœopathic treatment, and that *Arsenicum* was prescribed *after* the supervention of erysipelas on well-known indications.

Yours respectfully,

C. MOHR.

* We cannot see any advantage to be derived from such personal discussions, therefore we hope this one will end with Dr. Holmes's answer.—EDITORS HOMŒOPATHIC PHYSICIAN.

[We have no desire to misrepresent Dr. Mohr, and are very sorry if we have inadvertently done so.

But, to show that we really did *not* misrepresent him, we quote from the closing paragraph of his paper. The Doctor writes: "I am not quite satisfied that the erysipelas alone cured the cancer; the Arsenicum may have had something to do with the result. * * * And now for an important question: In the light of this case, would one be justified in inoculating a patient suffering from cancer, where operative measures were contra-indicated, with the virus of erysipelas, to bring about a possible obliteration of the neoplasm?"

Dr. Mohr does not consider the asking of this "important question," a method of suggesting a theory! And a very hastily formed theory at that!—EDITORS.]

SPINAL PARALYSIS.

A. McNEIL, M. D., SAN FRANCISCO, CAL.

Jan. 25th, 1888, I was called to see Fred. Greenland, of No. 1 Jackson St. He is about thirty-five years of age, German, tall, muscular, and fair, but now reduced. In February, 1885, was thrown from a horse, and the upper part of femur split. In three months after the accident returned to his work, but was compelled to give it up in a week. In fourteen months after his fall his back became sore and painful, which continued till a well-marked antero-posterior curvature forming an angle about midway of the scapulæ formed. This no longer is painful. He is compelled to walk on crutches, on which he bears heavily and moving one leg forward at a time. He suffers so much as to almost deprive him of sleep from pain in lumbar region around to the right groin and in both legs; sensation unimpaired. He is a hard drinker. His pains are aggravated by rest, although motion is painful.

I gave him Rhus-tox.³⁰ in water for twenty-four hours, a teaspoonful every two hours; next day Sac. lac.

February 2d.—Rhus-tox.⁶⁰ a powder dry. He has improved, but is again suffering more from the pain.

February 10th.—Rhus-tox.⁶⁰ one powder dry.

On the 21st, Rhus-tox.⁵⁰⁰ dry, one powder. He has improved, but the improvement has stopped.

March 6th.—Rhus-tox.^m in the same way.

Did not see him till May 13th. He has improved remarkably. Gave him Rhus^{35m} one powder.

He turned up on September 18th. Walking with a cane. Still has some stiffness on sitting or lying quiet for a time.

Rhus^{75m} one powder, but otherwise walks nearly in a normal manner. He carries a cane, but shouldered it and marched like a soldier. During all of this time he has kept up his drinking in spite of my remonstrances.

Is he cured or was it a case of recovery? A reputable allopathic physician said before I began with him that he never could stand unaided on his feet. And then the long continuance of the disease and the immediate improvement on my assuming his case and the beneficial effect which followed in every case after I renewed the medicine proved it. His drinking, too, was almost certain to stand in the way of the efforts of the *vis medicatrix naturæ*.

That Rhus-tox. was indicated was evident, although, from its aetiology, Arnica might be thought of; yet the modalities pointed to Rhus and not to Arnica. But it may be asked why did I give the potencies I did. I began with the 30th, and did not repeat until the action was exhausted, and then gave a higher potency. Not very long after I began to practice scientific therapeutics, I found that patients ceased to respond to the potency of the remedy which I had given with good effect before, although the symptoms still indicated that remedy. But, on going higher, the remedy would again do good work. I afterward learned that Lippe and other Hahnemannians followed that rule in the administration of remedies. I now save much time by never repeating a potency, but always going higher.

OTORRHOEA.

December, 1887.—The child of Mr. A. Skinner had diphtheria a month ago, which left her with running of the ears, which the attending physician said to let alone, as it was incurable, but she might outgrow it. There was an eczematous eruption behind the ears. The discharge was very fetid. She disliked to have her toilet made; mucous discharge from the nose.

Gave her two powders of Sulph.^{cc}, which produced a decided improvement for six weeks, then Sulph.⁵⁰⁰, one powder, completed the cure, and she has continued well for nearly a year.

SUBACUTE BRONCHITIS.

October 21st.—Captain Erickson, æt. fifty, just returned from a voyage to Alaska. He was short-handed, and had to be

exposed very much. For last three months has had a frightful cough, so constant as to leave him but little sleep, and took away his appetite, so that he was much reduced in flesh and strength. It was so constant that he could not give me any modalities. The irritation to cough was a constant tickling in the upper third of the chest on both sides. The cough was attended by a great deal of dyspnœa, much anxiety; coughed a long time and then raised a little mucus; some soreness in the chest. He has a hernia, and every cough presses down on the sac and testicles.

Gave him Zinc-met.³⁰, one powder. This was followed by prompt relief until November 20th, when the cough became worse. Gave Zinc²⁰⁵, one powder, but no relief followed, and I gave him Rhus, Lach., Arsen., Phos., and Iodium, but he went from bad to worse till he scarcely slept or ate; was feverish; anguish and dyspnœa increased till I became apprehensive that it would end in chronic bronchitis and death. The symptoms still remaining the same as first helped by Zinc., I concluded to return to it, and gave two powders of the 500th on December 4th. Next day a trifle better, and so till now he is almost well. Did the Zinc.²⁰⁵ possess any virtue? I think not. And its worthlessness nearly cost a human life.

HYDRASTIS CANADENSIS.

A. McNEIL, M. D., SAN FRANCISCO, CAL.

This drug is one of the new remedies, and is an antipsoric. Its most characteristic symptoms it has in common with Kali bichrom., viz.: discharge of tough, stringy mucus from any of the mucous membranes. This mucus, like that of the Kali, may be either white or yellow, and like the bichromate, it affects all of the mucous membranes. To differentiate between these drugs we must carefully compare all the other symptoms.

Like nearly all remedies which affect the digestive organs, it has a powerful effect on the mind and disposition. The Hydrast. patient is forgetful, irritable, or despondent. It also has characteristic symptoms which show its close relation to the female generative organs. Immediately after the cessation of the menses she has a leucorrhœal discharge like the white of an egg, which continues for ten days or more and ends by becoming red and bloody; during this time, although coition is very painful, yet she has an almost constant desire, sometimes reaching a sexual fury. After this is gratified she is prostrated and distressed at the stomach, and spits up her previous meal or tastes

it in her mouth. But after this discharge like the white of an egg has passed away, she becomes irritable and disposed to anger, and any reference to coition provokes her to wrath. Ammonium mur. and Bovista have a leucorrhœal discharge like the white of an egg, but neither of them have the other features of the case. There are other characteristic mental symptoms connected with the digestive and generative organs. She regurgitates her food by mouthfuls without any nausea, but if the food is not thus thrown off, she becomes despondent and gloomy, has headache, is nervous and restless. Another mental characteristic showing itself in connection with either the digestive or generative organs: she becomes nervous and irritable after dinner, and cannot bear to be spoken to, and her head aches intensely.

The characteristic discharge flows from the eyes, ears, and nose.

In the derangements of the stomach which are caused by Golden Seal, sometimes the tongue is large, showing the imprints of the teeth on its edges, precisely as with Mercurius. Sometimes the tongue feels as if it had been burned or scalded as in Sanguinaria. This remedy is indicated in the sore mouth of nursing women and of infants, when there is the characteristic mucous discharge, and more particularly if Mercury or Chlorate of Potash has been abused, and the latter drug is very often thus abused by the profession and laity alike.

In patients we sometimes find a weak, gone sensation in the pit of the stomach. If it is worse at ten A. M., it indicates Muriatic acid; at eleven A. M., Sulphur; with Sepia it is not relieved by eating but ceases after supper; with Digitalis it is so much aggravated by eating that it seems as if life would vanish; with Ignatia it is not relieved by eating, and is attended with sighing. With Oleander it is accompanied by a feeling of fullness of the abdomen, etc., is relieved by brandy; with Hydrastis it is constant and is attended by violent palpitations of the heart. This remedy is required in all gastric complaints, from simple dyspepsia to cancer, when there is vomiting of everything taken into the stomach *except milk and water mixed together.*

Give Hydrastis in constipation when the stools are hard balls covered with yellowish tough mucus. Graphites has stools of lumps connected together by threads of mucus. In hemorrhoids, when a small loss of blood is followed by excessive weakness, Hamamelis has the same condition; the choice must rest on the remaining symptoms. Hydrastis has soft stools, followed by faintness; Conium and Sarsaparilla also.

I have already described a peculiar leucorrhœa which meets its simillimum in this remedy, and the resemblance of the discharges from mucous membranes to those of Kali bichrom. Hydrastis has been lauded as the specific in cancer wherever situated. This is only partly true. There is no specific for any disease. But carcinoma, with symptoms the totality of which corresponds to Hydrastis, have been cured by it, and it is one of our cancer remedies.

In common with Lachesis and Phosphorus, it cures that condition in which small wounds bleed much.

A NOTE UPON CARBO VEGETABILIS.

Carbo vegetabilis is one of those grand remedies which owes its development to the genius of Hahnemann. It is not a little curious to note how valuable and how deeply acting are many of these Hahnemannian remedies. Calcareo, Silicea, Graphites, etc., are a few of these grand remedies, without which Homœopathy would be much weaker, and many diseases, now curable, would be beyond our curing. Let us then be duly thankful to Hahnemann for his wonderful discovery of drug potentiation.

Carbo vegetabilis is most frequently called for in diseases of those persons who are of a scrofulous or bilious constitution, and who are "run down," as the phrase is, or whose vital powers are weakened by disease or from excesses. This debility may be of the kind known as the "typhoid" condition or go so far as to be called "collapse;" in both of these conditions Carbo vegetabilis is one of the remedies to be studied. In this collapsed condition the patient will be found to be cold, especially the extremities, also the face, nose, ears; even the breath is cold to the hand, the skin is blue, lips also, the pulse weak and intermittent; in some cases the patient may want to be fanned. This condition, occurring after a long illness or after severe hemorrhage, is apt to be best met by Carbo vegetabilis; but China must not be overlooked. If the patient has been previously drugged by Quinine, then, of course, we should use Carbo-veg. for this collapse, otherwise the choice between these two drugs must be decided by the other symptoms. With China the debility is said to be of functional origin; with Carbo-veg. it is of organic origin. Both remedies have hemorrhages and both have them from almost any orifice of the body; with China the flow is more active and is apt to be clotted; with

Carbo-veg. the flow is slow and passive and more liquid than that of China.

The Carbo-veg. patient has been very sick ; he is run down, is very weak from his disease, his blood and tissues are about disorganized, hence the tissues of the parts from which the discharge comes, whether blood or pus, are diseased. The patient is, therefore, weak both from his low condition and from the discharges. The China patient, on the other hand, is not so low or weak previous to the occurrence of the discharge ; he is weakened by the excessive loss of the vital fluids, which is apt to have suddenly occurred.

In chronic cases, where a cure is impossible, these two remedies are often able to bring some relief to the sufferer. Two instances of this may be appropriately related here. A thin, lean man of about sixty years had suffered from heart disease, caused most probably by constantly lifting heavy boxes ; he could not lie down, had to spend his days and nights sitting up in a chair. Large, flat ulcers formed on his swollen legs, which constantly discharged clear water. Occasional attacks of very severe dyspnœa would occur, when patient would seem to be fairly gasping for his last breath, the skin would get cold and clammy, nose and ears very cold, yet he would constantly demand to be fanned and to be fanned very rapidly. Carbo-veg. would relieve these attacks promptly and sometimes to such a degree that the poor fellow could lie down for awhile—a most welcome respite to a man condemned to spend months sitting in a chair.

The other case was in a young man, far gone with phthisis. We had been traveling and were delayed over twenty-four hours. During this time this consumptive had not had one good meal ; to make up for this he made quite free potations from a bottle of whisky. At the end of this twenty-four hours we stopped at a hotel for supper and to await the next train. At the table this patient ate some pickles, which made him sick and he vomited all the supper he had just taken. About a half-hour after this vomiting I was asked to see the patient, as he was thought to be dying. I found him wrapped up in his overcoat sitting before a blazing wood fire, his face cold, chin and ears ditto, lower jaw dropped, breathing rather heavily. He said he was dying and wanted me to send messages, etc., to his family. In two hours our train was due. He wanted to travel on it if possible and so did I. One dose of China²⁰⁰, was given that man. The result was that he *did* travel on that train and moreover he traveled all that night and until twelve o'clock the next day without eating or having any proper sleep, as the train was largely overcrowded and accommodations

could not be obtained. When I again saw that man, twenty-four hours later, he was as lively as a cricket.

A prominent symptom accompanying the discharges of Carbo-veg. is a burning pain. We find this burning across the sacral region in women who have hemorrhages from the uterus; we find it in the ulcers; the stool is burning; in the chest we find it even more markedly, being described as "burning as from glowing coals;" we also read of burning in the "stomach, spreading down to small of back and up to the shoulders;" in the abdomen it is "burning, lancinating in epigastrium and deep in abdomen." This burning reminds us of Arsenicum, which has it so markedly; Arsenic has more restlessness than Carbo-veg.; the Arsenic symptoms resemble those of Carbo-veg. at many points, as in the hemorrhages, in gastric ailments, in diarrhœa, etc. The general distinction between the two drugs is in the restlessness, the irritability, the anxiety, the thirst, etc., of the Arsenic patient.

The discharges, the diarrhœa, etc., of this drug are apt to be fetid; ulcers which are flat, not deep, with a mottled skin around them, discharging a thin, ichorous, burning fluid; these ulcers burn so at night that the patient cannot sleep.

When we find loose, rattling rales in the chest of debilitated persons, accompanied by signs of that cold, weak, collapsed condition just mentioned, then Carbo-veg. is probably the remedy; also in the "asthma" of old or otherwise debilitated persons. They are weak and trembling; look as if they were dying; maybe they are cold in legs, ears, etc., yet want to be fanned; maybe the abdomen is packed full of gas, and they cannot belch it up. Antimonium-tart. also has this loud rattling of mucus in the chest, which seems to be full of mucus, yet little or none is expectorated. The patient may finally show signs of cyanosis from this mucus filling up the air-passages; the patient gets cold and blue and maybe drowsy. This is a case for Antimonium-tart.

In dyspeptic ailments, Carbo-veg. is very frequently called for, especially when they are due to indulgence in rich food or in wines, etc. There is great flatulency, constant passing of flatus, frequent eructations, which relieve; has protruding, blue hemorrhoids which burn. In these cases this remedy is apt to be indicated after Nux vomica. With rheumatic pains in the limbs we find this flatulency.

Carbo vegetabilis symptoms are generally better from cold and worse from heat; Carbo animalis has just the reverse. Carbo-veg. acts chiefly upon the upper right and lower left sides; Carbo-an. acts chiefly upon the upper left and lower right sides.

E. J. L.

EXPLANATION WANTED.

DEAR HOMŒOPATHIC PHYSICIAN:—In your issue for January, 1889, p. 25, I find my friend Dr. Julius Schmitt saying :

“I do not agree with Dr. P. P. Wells, that a high potency will act if a low will.”

As I do not remember having said anything like this, and am certain I never thought it, will Dr. S. kindly give the time and place where he understood me to have said this ?

I have said several times, and the last time, I believe, was in June last, and the place Niagara Falls, that I had in my own homœopathic practice of more than forty-five years, never gained for my patient, by going from a higher to a lower potency. At the same time I believe I added, as I have been accustomed to do, “I have neighbors of intelligence and veracity who have had a different experience, and I accept their testimony as to their gain from low numbers after the high. This does not sound like the utterance attributed to me by Dr. S. Will he explain?
P. P. WELLS.

BROOKLYN, January 9th, 1889.

WHAT SHALL WE DO TO ENTER THE KINGDOM OF MATERIA MEDICA ?

Every earnest student of the materia medica has asked himself the same question over and over, and the thanks of all of us are due to Dr. Vandenburg, who, in the December number of THE HOMŒOPATHIC PHYSICIAN took the bull by the horns and angered it at once by the word “concomitance;” for, though each drug has its particular symptoms, they, *taken collectively*, surely indicate the drug class! Hahnemann’s arrangement absolutely destroys this relation of concomitance.

It is true, the British Homœopathic Society and the American Institute of Homœopathy have published two volumes of the *Cyclopædia of Drug Pathogenesis*, and two more volumes are promised. My criticism on the first two volumes has been severely attacked, and still I cannot retract one iota; and it is not the fault of the editors that it is only fragmentary for the microscope dictated harsh rules from which to depart the permission of the Societies must first be gained. I looked through several of the provings, as given in the pathogenesis, and I just

missed the uncommon and peculiar symptoms, which, with their concomitants to this symptom, would give us the corresponding picture.

We must have a full and exhaustive *Cyclopædia of Drug Pathogenesis*, no matter whether the proving was made with the or the MM. *Such work must be paid for.* Who will open the subscription list, not for the finished work, but for the making of it? Put my name down for the first one hundred dollars. I think it should be easy to get three or four thousand dollars together for such a plan, especially as it does not interfere with the work of the Societies. With a full drug pathogenesis combined to Litten's ten volumes and Lee's promised repertory, the kingdom of the materia medica would be opened to saints and sinners.

S. LILIENTHAL.

ON THE APPLICATION OF THE HOMŒOPATHIC MATERIA MEDICA.

May I ask Dr. Hitchcock what he means when he says, in the November number of *THE HOMŒOPATHIC PHYSICIAN*, page 587, "I find it the best way not to attempt to memorize, but to absorb," what? I do not believe the worthy Doctor when he asserts he could not give the characteristics of a dozen remedies, as he certainly fairly earned his homœopathic diploma by passing a thorough examination of materia medica and clinical medicine. Materia medica is one of the four branches (materia medica, clinical medicine, surgery, and obstetrics) which has to be passed with seventy-five per cent. to earn a diploma, and some students failed to pass on account of their deficiency in materia medica. We all know it is an impossibility to memorize our materia medica, and if one had such a prodigious memory, it would be of very little use to him. This branch of medical art and science must be studied in such a manner that the student or practitioner grasps the pivotal spirit of the drug in order to make a remedy out of it; we must find out the peculiarity of such drug, its uncommon, characteristic symptoms, by which it differs from every other drug, and through which it becomes an individuality, an entity, and all the other common symptoms will naturally find their place around that key-note. This is the science of materia medica, and to be enabled to grasp this spirit in our drugs, we must be well versed in all other branches of our profession. If Dr. Hitchcock calls this absorption, well and good, or otherwise I

would beg to be shown the way for a better study of our materia medica.

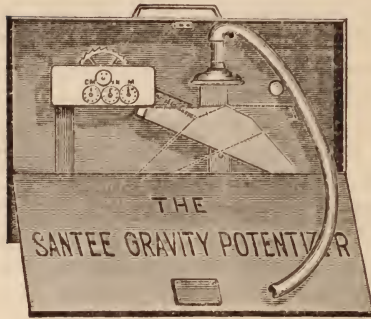
The art of prescribing is the most difficult part, and Hahnemann teaches justly that we must be fully convinced of our selection, hence the use of a repertory at the bedside cannot be too highly recommended; but when one has to make from twenty-five to thirty visits in the city, or where the country practitioner rides daily a circuit of many miles, he has hardly time enough to study up every case thoroughly at the bedside, nor has he space enough in his buggy to carry a little library and a small drug-store from the θ to the MM. Let us be candid, and do not mislead or frighten the young beginner. Chronic cases can be fully studied out at the midnight lamp, and Saccharum lactis will not spoil a case. In acute cases, even the most strict Hahnemannian sees his way from the very start by taking up the corresponding symptoms of the case and of the drug. Seasons, epidemic and epidemic peculiarities have to be taken into consideration, it is often wonderful how one remedy at a peculiar time covers so many different cases. Grauvogl's constitutions are no idle dreams, and this peculiar, uncommon state of the patient has to be taken into consideration, though our repertories fail to give the remedy suitable to their use. In fact, our repertories are still more than imperfect, and for the same symptoms they differ in not naming the same remedies. Perhaps salvation will come from Kansas City.

Alas! we must, also, individualize our patients. A lady of one of the wealthiest families in the State and suffering from a host of chronic ailments, was brought to me for treatment. Every symptom was carefully noted down in my case-book, and I promised to study out her case to the best of my ability. I never saw the case again, for my good lady told her friends, if that old man does not know enough to prescribe, she had no use for him—and I made a note of it in my cranium, and Saccharum lactis rose still higher in my estimation.

The key-note system has been misused and abused, and too often the totality of the symptoms on that very account neglected. What one considers the prominent, peculiar symptom of a case, may be, after all, an error of judgment, and prescribing for this prominent peculiar symptom, though studied out at the bedside, may lead one astray. I never felt more pleased in my life, when I heard a Hering acknowledge his failures; and when he with his stupendous memory made mistakes, may we not in humility acknowledge: *in omnibus caritas* and may the good Lord forgive our shortcomings.

S. L.

A NEW POTENTIZER.



While talking with my student, Dr. Ellis M. Santee, one day last summer, the subject of potencies came up. The young doctor had observed enough of my practice to become convinced that the CM potencies were wonderfully efficacious, when closely prescribed. I always try to satisfy a student upon this point, before I let him into the secret of their preparation, lest he should fall into the error of the American Institute of Homœopathy—that there is no efficacy in anything above the 12th, because they cannot discover any of the *substance* of the drug with the microscope. Of course he had read the *Organon*, and knew that Hahnemann used to recommend the 30th. That is the first book my students read.

In the conversation about potencies, I explained how the very high potencies of Swan, Fincke, Skinner, and Johnstone were made; the difference between fluxion and succussion potencies, etc.

The question finally arose, Why could not a potentizer be made that would be so cheap and simple that each physician could make *his own* potencies? This was among physicians a “long-felt want.”

A full set of potencies now in the market is quite expensive for most young men beginning the practice of medicine, and if they do not possess a full set, they are very liable to want first the one they do not have. It is quite a long and tedious process to run up by hand a remedy, even to the 200th, which is not, when done, very high.

Then, again, one may have used the highest he has, and want to go higher, when he must wait until he can send for it, which he cannot often do, and thus he is obliged to lose the benefit to

himself and patient, which he might get if he had a rapidly potentizing machine with which to run it up then and there.

It would be interesting to note the steps by which we came to the very perfect instrument which is now offered to the profession. The accompanying cut is very easily understood. The machine is accurately measured, making as you please, the centesimal potency on one side or the decimal on the other.

It can be set going and left, and accurately registers from the 1st to the CM.

It potentizes at the rate of about 2m per hour, but this varies according to the water present.

The tube furnishing the water for the running of the machine is easily attached to any ordinary faucet, and the stream being forced through a cap perforated with thirty fine holes, more thorough succussion is really accomplished than could be by the ordinary hand-shake of ten strokes.

The weight of the potentizing menstrum accomplishes the emptying of the cup as the required amount for each potency is added, and the side of the machine containing the medicine is immediately brought into position for refilling, to complete each succeeding potency by the same power which empties it, the water falling on the opposite side of the partition which divides the gravitating vessel.

I had thought that when this potentizer was perfect, and we should bring it the notice of the profession, I would publish cases cured by the remedies prepared by it.

But that is unnecessary, for, as the Irishman says, "the proof of the pudding is in the eating of it."

In price it is within the reach of every one, and if physicians would potentize their own remedies (so they know what they are) and apply them in the cure of the sick, according to the rules laid down in Hahnemann's *Organon*, there would be less scoffing and more homœopathic cures.

But let no man imagine that a potency can cure, unless it has been properly selected.

No amount of potentizing or materializing can make one un-homœopathic remedy the simillimum.

Dr. Santee is at present in the Hahnemann Medical College of Philadelphia, where inquiries can be addressed until April 1st, after which his address will be Cortland, N. Y.

Dr. J. T. Kent has been running one of the potentizers for some time, and can add his testimony as to their merits.

CORTLAND, N. Y., Jan. 19th, 1889.

E. B. NASH, M. D.

TESTIMONIAL.

"I have used the potentizer invented by Mr. Santee, and know its potencies to be perfectly fluxion centesimal. I have also used the potencies with proper effect."—J. T. KENT.

APPRECIATIVE FRIENDS.

In our December issue this request was made: Let each of our present subscribers resolve to write *one paper* for our pages, and also to secure *one new* subscriber for 1889; before the end of the year he will feel himself amply repaid for his labor.

The responses to this request have been numerous; much more general than we had dared to hope for. To all of these friends we return our thanks, both for their new subscribers and for their promised manuscripts.

Amongst the responses to our request one is unique, both for its kindly expressions of interest and secondly for the *practical* work done in our behalf. The writer, Dr. W. J. Martin, of Pittsburgh, says: "I presume you will wonder what you ever did to me that I should send you such a list of new subscribers as the inclosed! I will tell you. I have been reading **THE HOMŒOPATHIC PHYSICIAN** ever since its first number was published; I would like every homœopathic physician to be a reader of it for the good I feel sure it would do them. * * * Last evening at the regular monthly meeting of the Allegheny County Homœopathic Medical Society, I took occasion to call the attention of the members to the character of **THE HOMŒOPATHIC PHYSICIAN**, as being the truest homœopathic journal in the land, and read to them the important announcement concerning the *Repertory of Characteristics* to be published as a supplement to the journal. Then, after a few closing remarks, I called upon every one, not already a subscriber, to give me his subscription. The result is the fifteen new names and thirty dollars inclosed."

The editors of this journal desire to return thanks to Dr. Martin for his letter and for the new subscribers; he is a man after our own heart! May many more of our friends "go and do likewise."—EDITORS.

SANGUINARIA: Neuralgia in upper jaw extending to nose, eye, ear, neck, and side of head; shooting, burning pains; must kneel down and hold head tightly to the floor.

A KALI PHOSPHORICUM CASE.

On evening of December 18th, 1888, I was called to see a child that had been vomiting every little while since the day before. I was informed that she had fallen down two or three steps and commenced vomiting soon after. From the information received, I hardly thought the fall the prime cause of the vomiting, and as it was of a bilious nature I prescribed according to the vomit. The next day she was no better, and the vomited matter was now green and flocculent. I now gave *Nat-phos.*^{cm}, in water, teaspoonful every hour. When better, every two hours. Was called again that evening. Child was evidently growing worse, and the vomiting increasing in quantity. I was now convinced that the fall was the cause of it, and that the brain had been more severely shocked than was at first supposed. When she falls asleep she lies with the eyes half open; groans a great deal, and is restless; the face is greatly flushed; awakens with a start as if frightened; when awake she complains of pain in the head. She now had a dose of *Kali phos.*^{cm}, in water. Soon after taking this she went to sleep and slept for about two hours, when she received another dose, which was about ten o'clock. I ordered, when I found her sleeping quietly after the first dose, that she should not be aroused, but if she awoke or was restless to give it every two hours, but not oftener, and not that often unless necessary. The next morning I saw her about eleven o'clock, and I found her better in every respect—quite bright and sitting up in bed. The mother said she gave the medicine at ten, twelve, three, six, eight, and ten o'clock. There was no more vomiting after giving the remedy until about ten o'clock the next morning, after giving the last dose, and that only a small quantity and greatly changed in character. I now gave *Sac. lac.* every three hours, for the mother to be doing something, and this morning (21st), I found her up and dressed and comparatively well. I found out the child fell farther than was first supposed, and struck the temple probably against the side of the stairs or wall.

E. H. HOLBROOK, M. D.

THE INSTITUTE SESSION OF 1889.

EDITOR HOMŒOPATHIC PHYSICIAN:—As a further announcement respecting the Institute session of 1889, I have to report as follows:

The Bureau of Surgery has received assurances of aid from a number of our distinguished surgeons, and will present a series

of papers on "Surgery of the Brain," including Cerebral Localization; Symptoms of Cerebral Tumor—its Diagnosis and Treatment; Abscess; Gunshot Wounds; Tumors of the Dura Mater; Compound and Depressed Fractures; Epilepsy from Fractures, and indications for Trephining.

The Bureau of Pædology has promise of active aid from several co-workers in that department, and are encouraged with prospects of a good report on "Preventive Medicine in Pædology."

The Bureau of Obstetrics is engaged on a Report, which will embrace nine papers, relating to "Puerperal Complications." All these papers are to be the work of well-known obstetricians.

Encouraging reports are being received from individual members of the Bureaus of Clinical Medicine, Sanitary Science, Ophthalmology and Gynæcology.

The Committee on Medical Education will present a careful Report, embodying the views and suggestions of its various members. There will be no separate Papers.

Notice is also given that as the chairman of the Committee on Pharmacy has resigned—involving also his withdrawal from the Committee on Organization of Provers' Clubs, the President has appointed as chairmen of these Committees, Drs. T. F. Allen, of New York, on the former, and C. Wesselhœft, of Boston, on the latter. Those having business with these Committees should note the change.

PEMBERTON DUDLEY,
General Secretary.

BUREAU OF MATERIA MEDICA AND PROVINGS, I. H. A.

P. P. Wells, M. D., Thos. Skinner, M. D., Edward Mahoney, M. D., E. W. Berridge, M. D., J. V. Allen, M. D., C. C. Smith, M. D., H. C. Allen, M. D., E. B. Nash, M. D., H. P. Holmes, M. D., Alice B. Campbell, M. D., Flora A. Waddell, M. D.

It is to be hoped no one will feel slighted because he has not received a written invitation to become a member of this bureau. Every member not pledged to another bureau is hereby invited to send a paper for next June, unless he intends to be present. The bounden duty of every member is to be at the meeting loaded with a paper of practical value. If it is impossible for him to be there, he should see that he is represented by his paper.

E. A. BALLARD, M. D., *Chairman,*
97 Thirty-seventh Street, Chicago, Ill.

NOTES AND NOTICES.

REMOVED.—Dr. Thos. M. Dillingham, from Boston, to 46 West 36th Street, New York City.

ERRATA.—In Dr. Bell's notice of the Surgical Bureau of the I. H. A., in our January issue, page 39, line 15 from bottom, for *tend* read *attend*; page 40, line 8 from bottom, for *get to know* read *yet know*.

HOMŒOPATHIC INTERNATIONAL CONGRESS.—Our French *confrères* desire to have an international gathering of homœopaths at Paris, in August of this year. The French International Exhibition will open in May; many learned societies will convene at Paris during this Exposition. The time is, therefore, appropriate for a gathering of homœopaths. The Secretary of the Commission (of homœopathic doctors having this matter in charge) is Dr. Marc Jousset, 241 Boulevard Saint-Germain, Paris. Any physician who will be able to attend, or any who desire to contribute papers, should notify Dr. Jousset.

HOMŒOPATHY AGAIN VINDICATED.—The Westborough, Mass., Insane Hospital has been open for two years and under homœopathic management. Dr. W. Emmons Paine is the superintendent. A writer in the *Springfield Republican* devotes over a column to showing the good work done in this hospital; he finds the cost of maintenance is much less and the recoveries and general success greater than in allopathic asylums. To the homœopathic system of treatment, and to the diminished use of drugs for sedatives and stimulants, must be ascribed any real increase in the number of recoveries under this system.

BOOK NOTICES AND REVIEWS.

HEADACHE AND ITS MATERIA MEDICA. By B. F. Underwood, M. D. Pages 212. New York: A. L. Chatterton & Co. 1889.

As "headache" is met with so frequently and is often so difficult to relieve, we may well welcome any work which will aid us in curing this troublesome complaint. A headache promptly relieved will, perhaps, give a physician more reputation than the cure of a dangerous disease like typhoid or scarlet fever. It seems to be easier comprehended and more appreciated!

Dr. Underwood notices, first, the causes of headache as nervous, catarrhal, rheumatic, etc.; next, he gives indications for remedies. These are in the main well given; but it would have been better to have made a clear, succinct statement of the therapeutics of each drug, as stated in the materia medica, rather than give what physicians recommend.

After the therapeutics comes a brief repertory of head symptoms. As it is well to look at our therapeutics from all sides, it is probable that Dr. Underwood's monograph will be of assistance to some. It must not be forgotten, in prescribing for headaches, that we should prescribe for the whole patient, not for the head only; don't behead your patient!

THE CASE OF EMPEROR FREDERICK III; with full reports by the German Physicians and by Sir Morell Mackenzie. New York: Edgar S. Werner. 1888.

This volume gives a full and complete report of the treatment of this much-talked-of case. Taking either way, whether we credit the tale of Dr. Mackenzie or that of the German physicians, no fame is added to old medicine by this case. It illustrates both the poverty and weakness of the school and the littleness and meanness of its practitioners. The record is well worth a careful perusal, especially by those of the homœopathic school (particularly the surgeons) who would adopt allopathic means and measures. The record of this illustrious case, as well as those of Garfield, Grant, and Conkling in this country, has revealed to the world a profession lacking knowledge and ability for all curative purposes; they can issue bulletins couched in meaningless scientific phrases; they can talk learnedly; they can use microscope and scalpel, but cure—*never*.

HEADACHE AND NEURALGIA. By J. Leonard Corning, M. A., M. D. Pages 230. Price, \$2.75. New York: E. B. Treat & Co. 1888.

In this volume we have a review from an allopathic standpoint of the pathology and treatment of headache, neuralgia, and morbid sleep. The treatment is chiefly by means of "sedatives," by using electricity, etc.

HERING'S GUIDING SYMPTOMS TO THE MATERIA MEDICA.

Volumes five, six, and seven of this valuable work contain articles upon remedies from Cundurango to Natrum muriaticum, inclusive. This work is being edited by Dr. Knerr, assisted by others. Of its merits we have frequently written in the past. We cannot add more now except to say that no student of the homœopathic materia medica can afford to be without this work. It is a complementary work to Allen's *Encyclopædia*; the student needs both; he can hardly practice medicine without them. Both of these works contain errors, doubtless many of them; but, discounting all of these errors, they are invaluable to practitioners of Homœopathy.

Orders for the *Guiding Symptoms* may be sent to F. A. Davis, 1231 Filbert Street, Philadelphia.

TRANSACTIONS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION FOR 1888. Edited by S. A. Kimball, M. D., Secretary, Boston.

During the past six months we have published a large number of the excellent papers read before this Association, which are now published in this volume; our readers are, therefore, well acquainted with the character of its contents. In this volume will be found articles upon nearly every subject which the practitioner of Homœopathy needs to study. Those who desire to possess a copy of these transactions can procure one of the Secretary. At page 342 an article upon *Jottings of Cases* is given, attributed to Dr. B. L. B. Baylies, which the Doctor disclaims having written!

The delay in the appearance of this volume is due to causes over which the Secretary had no proper control; another year Dr. Kimball will do himself justice and the Association greater credit.

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

"If our school ever give 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. IX.

MARCH, 1889.

No. 3.

THE REPETITION OF THE HOMŒOPATHIC
REMEDY.

(Translated from the German by F. H. Lutze, M. D., Cheshire, N. Y.)

In the previous editions of the *Organon* I recommended the necessity of allowing the single dose of the well-selected homœopathic remedy, given at once, to exhaust its action before a new one be given or the previous one repeated. This doctrine originated in the positive experience that a larger dose of the remedy, though well chosen (as lately again proposed like a retrograde movement), or, which is the same, that several small doses repeated at short intervals, hardly ever can produce the greatest possible good in the cure of any but especially chronic disease. For by such a procedure the life-force does not accommodate itself quietly from the disturbance of the natural disease into a change to a similar drug disease, but revolts from a large dose, or even several smaller ones quickly and frequently repeated, even of a well-selected homœopathic remedy, so that the reaction is in most cases nothing less than curative, produces, on the contrary, more harm than good. Since then no procedure more helpful than the one previously taught by me could be discovered, the humane rule: "*Si non juvat, modo ne noceat*," commanded the homœopathic physician, who would make the greatest good to mankind his highest aim, to give for disease in general only one single dose of the carefully-selected remedy at a time, and that the smallest, and to allow this to act till its action is exhausted. I say the smallest, for it is and ever will be a homœopathic law

of cure, which cannot be refuted by any experience in the world, that the smallest dose of a high potency (X) of the correctly selected remedy, is its best dose in chronic as well as in acute diseases, a truth, the inestimable property of pure Homœopathy, which will separate by a chasm, across which no one can look, the false healing arts from pure Homœopathy, so long as the allopathy (and likewise the new mixed sect composed of both allopathic and homœopathic experience) continue, like cancer, to undermine the lives of the sick and to destroy them with larger or very large doses of medicine.

On the other hand, however, practice teaches us that a single one of these smallest doses will, perhaps, in some very light cases of disease, especially in small children and delicate and very susceptible adults, be sufficient to do all that medicine so far can do; that, however, in other cases, indeed in most cases of continued as well as too far progressed, often by previous drugging complicated, as also in grave acute diseases, plainly such a minimum dose of a remedy, even in our highly dynamized potency, is insufficient to produce all the curative effects which we can possibly expect to be produced by this same remedy; for here it is undoubtedly necessary to give several of such small doses, so that the life-force may be pathogenetically changed to that degree, and the curative reaction so increased that it may be enabled to eradicate all of the original disease, which the well-selected homœopathic remedy has the power to eradicate and completely obliterate the same through its counteraction. The best-selected remedy in so small a dose, given once only, would give in such cases some relief, but not by far enough.

To repeat the same dose of the same remedy soon again and again, the homœopathic physician would not dare to, since he has learned from careful observation that he did not derive any benefit therefrom, but that it resulted, on the contrary, oftenest in a great deal of positive injury. He generally noticed an aggravation, when, after giving to-day even the smallest dose of the suitable remedy, he repeated the same to-morrow and again the day thereafter.

Now, to benefit his patient more than could be done by administering a single small dose of the remedy, of whose most careful choice and homœopathicity he was fully convinced, the idea occurred to him naturally, since on account of above reasons it should be but one dose, to increase the dose, and, instead of a single one of the smallest globules moistened with the remedy in the highest potency, to give, perhaps, six, seven, or eight at once, or even one-half drop or a whole one. The

result of this, however, was almost invariably (or without exception) less favorable than it should have been, often even unfavorable, or indeed, very injurious, an injury which in a patient so treated is very difficult to make good again.

To give a large dose of the remedy in a lower potency is in such a case really a no better expedient.

An increase in the strength of the single dose of the homœopathic remedy, until it produce the desired and necessary degree of the pathogenetic stimulation of life-force toward a sufficiently curative reaction, does not fulfill the desired purpose by any means, as experience also teaches us. The life-force is in this way too suddenly and too strongly attacked, so that she has no time for an even and gradual curative reaction to accommodate itself to this change, wherefore she will try to reject the excess of the remedy assaulting her like an enemy, by vomiting, diarrhœa, fever, sweat, etc., and in this way she destroys and frustrates the aim of the inconsiderate physician for the greater part or entirely. Very little or no good for the cure of the patient is thereby accomplished; on the contrary, the patient is thereby visibly enfeebled, and we dare not think of it even for a long time thereafter, to give the patient even the smallest dose of the same remedy, lest it might prove very detrimental to him.

Likewise, a number of the smallest doses given for the same purpose in rapid succession accumulate in the organism to an over-large dose, with similar evil consequences, with few and rare exceptions; the life-force is in such cases oppressed and overwhelmed, and unable in the interval between the two, though small, doses to recuperate; incapable to react in the direction toward health, she is compelled to continue passively and involuntarily the too powerful drug-disease with which she has been overburdened, similarly, as we daily perceive, from the allopathic abuse of large, heaping doses of one and the same remedy, to the lasting injury of the patient.

Now, to attain our end with more certainty than heretofore, avoid the wrong methods indicated above, and give the chosen remedy in such a way that it may, without injury to the patient, reach its highest point of activity; and to produce in a given case of disease all the good possible, which it is able to produce, I have of late adopted a peculiar method.

I recognized, that, to arrive at the proper middle road, the nature of the different remedies, as well as the peculiar idiosyncrasy of the patient, and the severity of the disease would have to be considered; and, to give an example of the use of *Sulphur* in chronic (psoric) diseases, that the smallest dose of the same

(*Tinct. Sulph. X°*), even in strongly constituted persons and developed psora could rarely be oftener repeated with benefit than every seven days, an interval of time which ought to be prolonged the more when debilitated and excitable people are to be treated, for then it is better to give such a dose only every nine, twelve, or fourteen days, which should be continued to be repeated only so long till the remedy ceases to be useful. Then we will find (to continue with *Sulph.* as the example) that it requires in psoric diseases rarely less than four, but often six, eight, and even ten such doses in like periods one after the other (*Tinct. Sulph. X°*) to completely cure that much of the chronic disease, which *Sulphur* at best is able to cure, provided that no allopathic abuse of *Sulphur* has preceded this. Thus can even a newly formed (primary) itch eruption, in persons not too delicate, even if the whole body should be covered completely, be cured inside of ten to twelve weeks by a dose of *Tinct. Sulph. X°*, given every seventh day (that is, then with ten to twelve globules), so that it is hardly ever necessary to give a couple of doses of *Carbo veg. X°* (also one every week) as an auxiliary remedy, without the least external treatment, except clean under-clothing and proper hygiene and diet.

If, in other chronic diseases, after due consideration, eight, nine, or ten doses of *Tinct. Sulph. X°* are deemed necessary, yet in such cases it is to be preferred, instead of giving these in an uninterrupted succession, to interpolate after every three doses a dose of some other perfectly homœopathic acting remedy and to allow this also to act eight, nine, twelve, or fourteen days before beginning again to give a series of three successive doses of *Sulphur*. This intercurrent remedy is best such a one as would be thought prudent to give a couple of times in succession with intervals of eight to fourteen days, after the treatment with *Sulphur* is concluded.

Not very rarely, however, the life-force rebels rather than to allow several doses of *Sulphur*, given at intervals as stated above, quietly to act upon itself, though the same might be ever so useful for the chronic evil, and shows this antagonism by producing, during the treatment of the invalid, a few though mild *Sulphur symptoms*. Then it is sometimes advisable to give a dose of *Nux-vom. X°*, and allow this to act for eight to twelve days, so that nature may be induced to allow the *Sulphur* in continued doses to act again quietly and with the greatest possible benefit. In suitable cases, *Puls. X°* may be preferred.

The life-force shows itself, however, most averse to allow *Sulphur*, though decidedly indicated, to act upon it, shows

even visible aggravations of the chronic disease, even after the smallest dose of *Sulphur*, yes, even after the smelling of a globule no larger than a mustard-seed, moistened with *Tinct. Sulph. X°*, if *Sulphur* has been, even several years previously, in large allopathic doses abused.

This is, among many others, the most deplorable condition which frustrates almost entirely the best medical treatment of a chronic disease, and would cause us to deplore the common mal-treatment of chronic diseases by the old school if there were no remedy for this.

In such cases it is only necessary to allow the patient to inhale only once the vapor of a globule the size of a mustard-seed moistened with *Mercur. Metall. X°*, and to allow this inhalation to act for nine days. Thus the life-force is induced to allow the *Sulphur*, at least by smelling on *Tinct. Sulph. X°*, to exert again a beneficial influence upon itself, a discovery for which we have to thank *Dr. Grieszlieh, of Carlsruhe*.

Of other anti-psoric remedies (with the exception of *Phosph. X°*), it is necessary not to give so many doses with similar intervals (of *Sepia* and *Silicea*, when homœopathically indicated at longer intervals and without intercurrents) to see our expectations fulfilled, and cure with the indicated remedy all that possibly can be cured in a given case. *Hep. sulph. calc. X* cannot be given internally or by inhalation with shorter intervals than every fourteen to fifteen days.

It is obviously necessary that the physician who would undertake such a repetition of doses must be beforehand convinced of the correct homœopathic choice of the remedy.

In acute disease the repetition of the suitably chosen remedy must be regulated according to the more or less rapid course of the disease to be overcome so that it is to be repeated if necessary after twenty-four, twelve, eight, four hours, or even less in case the remedy causes improvement without causing new difficulties, but not quickly enough considering the rapid and dangerous progress of the acute disease, so that in the most rapidly death-producing disease of which we know—in *cholera*—at the outbreak of the same we must give every five minutes one to two drops of a weak solution of *Camphor* to render quick and sure assistance, but by more developed *cholera*, also doses of *Cuprum*, *Veratrum*, *Phosphorus*, etc. (*X°*), after every two or three hours, as perhaps, also *Arsenic*, *Carbo-veg.* in similar short intervals.

In the treatment of the so-called nervous fever (typhus) and other continuous fevers, the same rule as above must be observed

regarding the repetition of the curative-acting remedy in the smallest dose.

In syphilitic diseases of the pure type, I generally found a single dose of *Hydrargyrum metallicum* (*Merc -viv.*) X^o sufficient, yet not rarely were two or three such doses necessary to be given in intervals of six to eight days if there was but the least complication with psora visible.

But especially in the form of vapor by smelling and inhaling the continuously evaporating remedial vapors from one with the dilution of a high potency, moistened globule, lying dry in a vial, do the homœopathic remedies act with the greatest certainty and power. The homœopathic physician will let the patient hold the mouth of the uncorked vial, first in one nostril to inhale with the act of inspiring the air out of this, and then, perhaps, if the dose is to be stronger to inhale likewise through the other nostril more or less strongly, as he may order the dose, and then put it carefully corked again in his pocket-case, so that no abuse can be committed with it, *and so if he does not choose he will require no apothecary any more for his cures.* A globule, ten to twenty of which weigh one grain, moistened with the 30th potency and then dried, retains its full power for this purpose undiminished for at least eighteen to twenty years (so far goes my own experience), even though the vial should have been opened in the meantime a thousand times, provided it is only protected from heat and sunlight. Even should both nostrils be obstructed by chronic catarrh or polypi, the patient may inhale by the mouth, holding the mouth of the vial between his lips. In small children you may hold it during sleep close to one and then the other nostril, and can be positive of the result. This inhaling of the vapor of the remedy affects the nerves in the walls of the roomy cavities through which it passes without hindrance, and so affects the life-force curatively in the mildest and yet most powerful manner, preferably to any other way of administering the remedy in substance by the mouth. All that can be cured by Homœopathy (and what diseases, except such as require actual manual surgical interference, can she not cure?), the most chronic, not by allopathy altogether spoiled and corrupted, as well as acute diseases will be cured by this inhaling in the most safe and sure manner. Among the many sick who sought for the past year and more mine and my assistants' aid, I can call to mind hardly one in a hundred whose chronic or acute disease we did not treat with the desired success by means of such inhalations. In the last half this year, however, I have arrived at the conviction (which no one could have made

me believe before) that the power of the remedy by inhalation in this way is exerted upon the sick in the same degree of force, yet quieter and fully as long as the dose taken by the mouth, and that, therefore, the time to repeat the inhalation should not be ordered shorter than when taking the material dose by the mouth.

SAMUEL HAHNEMANN.

KOTHEN, May, 1833.

EXTRACT FROM DR. C. v. BENNINGHAUSEN'S
PREFACE TO HIS REPERTORY OF THE
ANTI-PSORIC REMEDIES.

(Translated from the German by F. H. Lutze, M. D., Cheshire, N. Y.)

* * * As regards the proper size of the dose, I deemed it best at that time to be silent, since Homœopathy has especially of late years learned from experience, to prefer the highest potencies in the smallest doses. Therefore all the better homœopaths use of late only the smallest part of a drop of the highest potencies (*i. e.*, one, or at the most *two* of the smallest globules moistened with this potency), and not one of them has had occasion to return to larger doses. There are cases, however, where we are unable to penetrate with such a single dose the disease diathesis and to affect the life-force sufficiently lasting, so as to excite the same to the necessary reaction. To remedy this heretofore existing deficiency without producing by an increase of the size of the dose any untoward effects, and to establish a normal rule, whereby in such cases the smallest dose could be governed so that we might attain our aim with certainty—this remained to be discovered by the latest researches of our worthy and, even in his grand old age, ever busy Hahnemann.* To the noble, gray old man himself I am indebted for the [above] accompanying essay, regarding this nowhere else fully-taught doctrine, which will be none the less acceptable to every homœopath and likewise a great ornament to my humble labor.

*The now deceased Jean Paul Richter used to call him appropriately as well as deservedly, "*A rare double-head of erudition and philosophy*," but he forgot this great man's greatest merit, which, as that of the immortal Linné, indisputably consists in this, that he opened a road, on which the sciences might progress uninterruptedly, daily to enrich the treasures of their experience and to transfer them afterward to the world to come, pure and useful. Just like the botanists, hereafter all physicians in the whole world will understand each other and all will prescribe one and the same remedy for the same symptoms (though not for the same name) of a disease.

HOMCEOPATHIC PRESCRIBING.

JULIUS G. SCHMITT, M. D., ROCHESTER, N. Y.

Lately there has been a great deal said and written about using books at the bedside of the patient, and with some physicians, who would not open a book in presence of their patient for fear of betraying ignorance, the belief seems to have taken possession that those who use books do not rely upon their memory at all, but, if they are called to a patient, sit down and study their whole materia medica, and if it were to prescribe but Aconite in a case of fever with chilliness when moving or uncovering and anxious tossing about.

The undersigned, a prescriber from materia medica and repertories at the bedside of the patient, should like to have a little to say in this matter.

Starting out on my daily rounds of visits, I carry in my satchel, like most of the followers of Hahnemann in this city, Hering's *Materia Medica*, Lippe's *Repertory*, and Bell's book on diarrhœa, not with the intention of using them in every ordinary case that may have to be prescribed for, but to be in readiness for the *extraordinary* demands that are often made on the prescriber.

A case of uterine hemorrhage, diphtheria, croup, pneumonia, scarlet fever, gastralgia, colic, etc., will seldom require us to have recourse to the books, since the more acute and dangerous a disease, the more characteristic are generally the symptoms, and a physician who has often consulted his books will be familiar enough with their contents to recognize the called-for remedy. Here, also, often so-called "intuition" comes in, which, however, should more properly be designated "unconscious cerebration." But this action can only take place in a brain where there is some storage.

Not long ago Dr. J. A. Biegler saw a case with me that had baffled my endeavors so far. The morning we met at the patient's her symptoms had cleared up remarkably, and were as follows :

Old lady, about sixty-two years of age, complains of heaviness of lower extremities, so that she can only walk by the help of a cane ; worse evenings. Itching of canthi, better from rubbing. Oppression of chest, worse lying down. Borborygmi in left hypochondrium ; red sand in the urine.

We both had our satchels with books, but did not think of

looking at them when there was *Lycopodium* so plainly indicated.

A child, twenty-two months old, getting his last bicuspids, is fretting day and night, wants to be carried all the time. Cough with gagging, especially when excited; mouth hot, palms of hands hot. Afraid of falling, when mother lays him down in the cradle. Now, who ever claiming to be a student of *materia medica*, could prescribe anything else but Borax?

Examples after examples could be cited, where even the book prescriber never resorts to his books, and yet he often meets cases where he would do a great deal of harm by wrong prescriptions were it not for the books he has ready for use. Permit me to quote again from practice.

A girl, ten years old, sick with typhoid fever for three weeks, presents the following condition: Paralysis of left side of face, loss of speech, grinding of teeth as if they were going to be crushed to pieces. Stiffness, pain and tenderness of right side of neck and nape. Vomiting of brown fluid every evening from six to eight o'clock. Pulse 120, temperature 101.4.

Lippe's *Repertory* helps us in the following manner:

Grinding of teeth (which was the latest symptom) we find under: Acon., Ant., Apis, Arn., Ars., Aur., Baryt-c., Canth., Caustic, Cham., Cic., Cin., Coff., Con., *Hyosc.*, Igt., Lyc., Merc., Phosph., Plb., Pod., Sec-c., *Stram.*, *Verat-alb.*

Loss of power of speech: Ars., *Caustic.*, Cic., Con., *Hyosc.*, Merc., Plb., *Stram.*, *Verat* (and others, which, however, have not the grinding of the teeth).

Stiffness of nape of neck: Ars., *Caustic.*, Merc., *Verat-alb.* Brownish vomiting we only find under Ars. and Bismuth, but Arsenic had been given, especially on account of the periodicity of the vomiting, but without any response.

Paralysis of half of the face is a symptom belonging to *Caustic.* and *Graphites*. Under *Causticum*, we read in Hering's *Materia Medica*, "Heat from six to eight P. M.;" the question arose: Could not vomiting, appearing at this time, be also cured by *Causticum*, that has the heat at this time, and which covers all the other symptoms? Such analogies often having proved correct. *Causticum* was prescribed and cured the case.

This patient lived half an hour's ride away from my office, and it seemed to me a great saving of time to have my books along. Besides, the above work was done in ten minutes.

Mr. Tr., twenty-eight years old, has had intermittent fever while in the Prussian army five years ago, which, of course, had been suppressed by Quinine. He was seen at half-past eight

P. M., and presented the following symptoms: Chill at three P. M., without thirst, with painful swelling of varices; at five P. M., heat with thirst and chilliness from uncovering; at half-past seven P. M., perspiration with general alleviation of symptoms. Now, I was not prepared to prescribe then and there from memory for the uncommon and peculiar symptom "*of painfulness and swelling of varicose veins during chill,*" and there are many remedies that have chill at three P. M., thirstlessness during chill, and thirst during heat. Therefore, Allen's book on intermittent fever, second edition, which had been taken along for this occasion, was consulted. Five minutes sufficed to find the correct remedy, viz.: Chinium sulph., and one dose of the CM potency cured right away; there has been no repetition of the fever since.

In my practice almost every case is taken down in writing, according to the rules of Hahnemann, and it is astonishing how often a seemingly simple case turns into a hard nut when proper care is taken to elicit every symptom. This procedure has been such a help to me in correct prescribing that I cannot understand how any man can undertake the cure of any case, especially, however, of a chronic one, without following this dictum of the master, who always knew what he was about. And yet there are many true followers of Hahnemann who never think of taking down a case in writing; if they ever would try it, they would find it to be a great saving of time, although I know they claim just the contrary.

But, even if it were so, shall time play any consideration when we are engaged in curing the suffering sick? It is the mongrel that flies from patient to patient, and is satisfied with a trifling compensation for the effort of jumping in and out of his carriage, for his legs certainly suffer more than his brain.

PROCEEDINGS OF THE REGULAR MEETING OF THE ORGANON SOCIETY, BOSTON, MASS.

The regular meeting of the Boston Organon Society was held January 10th.

Dr. Wesselhœft read from the *Organon*, beginning at paragraph 82.

Dr. Wesselhœft—I will only remark after paragraph 83, that if, after the examination of a chronic case, we give a remedy and it does not do what is expected of it, and we give a second remedy and are still disappointed, what are we to do then? In

such cases I shall never forget what Dunham once told me of Bœnninghausen, with whom he had been for more than a year. He said it was the rarest thing for him to make a mistake in his first remedy, and this was especially true in intermittent fever, which was very prevalent in Munster. If he did make a mistake and the first remedy did not help, he would cross out the last examination and make a new one, starting again as if he had never seen the patient. I am reminded of this by an instance that occurred in my own practice not long ago. A patient, who had been off and on under my care since she was five years old, had a very peculiar anæmia come on after living in Paris two years. She is now twenty-two years old. After the anæmia, hysteria developed which was characterized by a left-sided paralysis, this would get better and then return. I thought the first examination was a most excellent one, but as she was going to New York for a time, I had her see a physician there, to whom I wrote a short history of the case and asked him to make a careful examination. He made a most masterly record, in which appeared an entirely new history of the beginning of the case: he found out the cause, which was a deep mental one, and I think she will now be cured. If I had crossed out my first examination a long time ago, I might possibly have come upon the same history.

We are now coming to a very important part of the *Organon*, and we must pay strict attention to every word Hahnemann has written.

Dr. Kennedy—How many physicians, homœopathic physicians, follow these directions?

Dr. Wesselhœft—Perhaps one in fifty. This part of the *Organon* is the foundation of all homœopathic prescribing; without following these directions it is impossible to prescribe accurately or homœopathically. Of course, we all slur over our work occasionally, and are not as careful as we should be. My preceptor would never let me approach him with a verbal statement, it must all be written down, if it were only a case of toothache.

Dr. Tompkins—How many patients can one see daily, if he is to make such a careful record in each case?

Dr. Wesselhœft—This is an important point. Probably none of us see more than two or three new patients daily. Now, instead of making a hasty examination, I think we would all feel better if, after studying for some time and not being satisfied, we should give them a few powders and ask them to come again in a few days, and when we could devote another hour to them.

This would be much better than to be in haste and give a wrong remedy. I know of a successful physician who never prescribes for a rose cold until he has watched the case for some time. This is much more honorable than hap-hazard prescribing. After the first prescription it is easy enough to wait.

Dr. Bell—Hahnemann used to see a great many patients daily when he was in Paris, so he is giving directions that he probably followed.

Dr. Wesselhœft—I do not think one can see many chronic patients daily. I do not think that Dr. Wilson, of London, will see more than twenty, and he devotes nearly the whole day to them.

Dr. Bell—It is a question if we should wait for each patient to go through their whole history, especially when it is of no importance. Of course, a patient should not be interrupted while relating his symptoms intelligently, but they do not always do that, and every one finds his own way of shortening an examination while getting the essential facts.

Dr. Wesselhœft—It depends largely upon the patient, an intelligent patient can tell you in his own words. There is nothing so bad as to tell a patient to keep still and you will ask him questions. Some patients cannot express their symptoms, and you can get nothing out of them. Patients often ask how they shall report by letter, I usually tell them never to give me a symptom without its conditions.

Dr. Bell—I have here a letter which shows how a report should be made, and will read it :

“DEAR DR. BELL:—I have been suffering for the past week with a severe faceache. It does not seem to come from any special tooth, as they are none of them sore to the touch. It is on the *left* side, both upper and lower jaw, the pain in the lower jaw running forward into the chin, the jaw feels stiff when I move it, pain sharp, and going from back of upper to front of lower jaw and then back again. Outside of cheek feels *cold* to the hand, but neither hot nor cold applications relieve the pain. The pain is intermittent. It came from sailing on a very cold day, and driving in cold wind makes it much worse. It is better when I move and walk than when sitting, worse when I lie down. The pain is not the unbearable kind, but very wearing, and I find after eight days of it the world looks very cloudy.”

Diagnosis of the remedy.

Left side : *Cham.*, *Nat-m.*, *Phos.*, *Rhus.*

Whole row : *Cham.*, *Merc.*, *Rhus.*, *Staph.*

Intermittent : Bell., Bry., Cham., Coff., Chin., Merc., Nux-v., Puls., Rhus, Sil., Staph., Sulph.

Caused by cold wind : Acon., Puls., Rhus, Silicea.

Worse from cold wind : *Bell.*, *Hyosc.*, *Nat-m.*, *Nux-v.*, *Sabin.*, *Sil.*, *Staph.*, *Sulph.*

Better moving : Puls., Rhus.

Worse sitting or lying : *Ars.*, *Bell.*, *Bry.*, *Cham.*, *Hyos.*, *Ign.*, *Merc.*, *Nux-v.*, *Phos.*, *Puls.*, *Rhus*, *Staph.*, *Sulph.*

As it was caused by the cold wind, and because she was of a mild, gentle disposition, I sent Puls., and in five days received the following :

“DEAR DR. BELL:—My face has been much better, although I have felt it a little at night.

“Yesterday I ventured out, and the cold air brought back the pain, not at the time, but it came in the night and continues this morning. The pain is worse or centres in the jaw-joint near the ear, running down through the jaw and up into the temple. The pain is sharp but does not last long at a time. The upper part of jaw, and the joint feel *numb* all the time.

“It is still entirely on the left side, other symptoms the same as when I wrote last, indeed, the only change seems to be that it has settled higher up in the jaw, the feeling of numbness in the joint is very marked, although it is *not stiff* when I move it.”

On account of the numbness I sent a dose of Mezereum, which speedily removed the whole trouble.

Dr. Winn—Perhaps it is not exactly appropriate, but this report of the toothache reminds me; I would like to ask about amalgam fillings in teeth.

Dr. Wesselhœft—We are told there is no appreciable oxidation of the mercury in an amalgam filling, but I think there is enough to affect the patient, and in affections of the mucous membranes I have patients take out their amalgam fillings and take off their woolen under-clothing. I was first led to see the harmful effects of amalgam fillings by an ulcer on the tongue of a patient, a number of years ago. It was a terrible, punched-out ulcer with high edges, and had been going on for some time. It was very obstinate; I treated it for several weeks without much change. At last I discovered that this ulcer fitted right over an amalgam filling of a built-up tooth. I had this amalgam taken out and a soft filling substituted, then the ulcer healed in a surprisingly short time. The amalgam filling had been in many years.

Dr. Tompkins—How about the red rubber plates for false teeth; is there not cinnabar in such plates?

Dr. Wesselhœft—I always have them taken out if possible, and black rubber substituted.

Dr. Davis—How is it best to keep records?

Dr. Wesselhœft—My father used to have a large folio, and, as he wrote a very small hand, he could use one page to a case. I used to use separate slips; they are very convenient when you have to visit chronic cases. Now I use medium-sized books, indexed, one volume from A to J, the other K to Z. The important point is to keep a record that you can refer to, for it is very reassuring to a patient to have you refer back to a record made five, ten, or twenty years before, and compare his present condition to the previous one. Bœnninghausen's practice was altogether an office one, and he kept his records in large folios.

Dr. Hastings—I find after a patient has been carefully examined that there are often symptoms given that we cannot find in the *Materia Medica*.

Dr. Wesselhœft—We often cannot find the symptoms, but we can find the conditions.

Dr. Davis—Are not the concomitants more important than the symptoms?

Dr. Kennedy—We often find patients giving symptoms in regard to their eyes and ears, for instance, that we cannot find in the books.

Dr. Wesselhœft—That is where the modalities come in, and we have to go by them.

Dr. Tompkins—Provers were not always questioned as carefully as patients are, except by Hahnemann.

Dr. Wesselhœft—A good way to do is to ask in the line of a remedy if you get a cue. That is, ask some of the leading characteristics of a remedy that the patient's answer may suggest, and if you find that his case does not correspond to that remedy, you can try another.

Dr. Dike—Are we not apt to be biased in favor of remedies that we know best?

Dr. Wesselhœft—Yes, I think we are, and we must be careful not to ask leading questions.

Dr. Kennedy—A point that is sometimes overlooked is, that the peculiarities of a patient in health are often not taken into account enough. I think we are often led to the remedy by the ameliorations or aggravations of the patient's general condition when he calls himself well.

Dr. Wesselhœft—We often know when a patient comes in and before he has talked much that some remedies are excluded.

Dr. Bell—The making up of a record stamps the physician

as a careful man ; the patient feels better for it, and it gives him great confidence, particularly if he comes back after five or ten years and finds that you still have it.

Dr. Wesselhœft—Patients can be held by a fortnightly or monthly examination of which a record is carefully taken, but you cannot remember without a record.

Dr. Hastings—Patients often say they are no better, but on going over the last examination you find they are very much better.

Dr. Wesselhœft—We often hear chronic complainers say : “I don’t know that I am any worse.” That always means that they are better. We can tell by the record if we get an aggravation, and those aggravations that last a long time are very important.

Dr. Tompkins—Patients should be educated in regard to hay fever, etc., so that they will not try to obtain temporary relief from patent medicines and such things.

Dr. Wesselhœft—How much relief do they get? Of course, they must be educated. I think if you explain to patients the necessity of their coming to you before the attack comes on, they will understand it.

Dr. Bell—I believe if Beecher had been treated homœopathically for his hay fever instead of running all over the country, he would not have died of apoplexy.

Dr. Wesselhœft—Apoplexy is always of a deeply psoric origin.

Dr. Tompkins—Could not the people be educated by popular tracts of the right sort?

Dr. Wesselhœft—I think it would be a good idea to have a popular treatise on Hahnemann’s psoric theory and the metastasis of disease. It would have to be carefully done, but would be an important factor in educating the people up to these things.

Dr. Winn—Do not the allopaths admit of chronic diseases?

Dr. Wesselhœft—They talk of a diathesis, the word is getting more and more common. Syphilitic diathesis, they are up on that now ; that is because it is more acute than the other miasms, sycosis being less acute and psora least acute. They will come to these, however ; look at syphilis, what does it not do now? What did it do forty years ago? The next thing will be no local treatment for the original cause.

Dr. Bell—It is a good idea to tell patients that such things are constitutional.

Dr. Wesselhœft—Don’t tell them that the suppression of such

things by local measures will produce the same thing internally, but it will disarrange the internal organs.

Dr. Tompkins—I think we can tell patients that they will be better after an acute disease when it has been carefully prescribed for and so cured.

Dr. Bell—I have now under my care a singer with a bad cold; she will probably get over it in a week, but she will be better after the cold is cured, and I told her that she would not take cold so much after one or two of them had been cured homœopathically.

Dr. Wesselhœft—Most professional singers are homœopathists; they know what helps them. I tell them they must not take cold, that shows that something is the matter with them. It is better for them to take the remedy for a cold, even if they recover no quicker than without it; it will prevent their catching cold so easily again. Colds often indicate the psoric remedy, but when a patient is under treatment for a chronic disease, and under the influence of a remedy, I never prescribe for a cold, always give them sugar, the cold often shows what the remedy is doing.

Dr. Tompkins—The allopaths never think of the future health of a patient.

Dr. Wesselhœft—That shows the beauty of Hahnemannian philosophy. A patient under allopathic treatment for mucus in the throat, will be sent to an eye doctor for anything the matter with her eye, or to an ear doctor for her ear, and all these may be prescribing for her together. Hahnemann's idea is so much more beautiful than such cobbler's work, and after we have met such things and have overcome them, then we can realize something of the beauty and grandeur of Homœopathy.

Adjourned to January 24th.

REGULAR MEETING, JANUARY 24TH.

Dr. Wesselhœft read from the *Organon*, beginning at paragraph 92.

Dr. Bell—We may find a patient under the influence of Morphine with contracted pupils, it may be necessary to interfere. When such drugs are stopped, we are going to get their secondary effects, and these we have to meet without waiting for them to pass off.

Dr. Cobb—Would the effect on the system be better to allow the drug effect to pass off without medicine? Now I had a case before coming here this evening, where the symptoms were due

to over-indulgence in coffee. Ignatia seemed indicated, and I gave it.

Dr. Wesselhœft—I think in such cases if we find a remedy indicated we should give it. But, if you have given a carefully selected remedy in a chronic disease, and the patient comes in with symptoms from some indiscretion in diet, it is much better to let it pass off than to interfere with another remedy; such is my experience.

Dr. Bell—You may be called to a case of typhoid fever where the temperature has been kept down by antipyrin, and you may have a drug effect when the antipyrin is stopped. Dr. Duke, in his book, speaks of a man with a congestive headache whose feet were put in hot water, and he was much relieved. But, later, the congestion returned with much greater severity, resulting in unconsciousness and death. That was not a drug effect, but it was a secondary effect of applying the hot water to the feet.

Dr. Wesselhœft—Note seventy-nine is very important, particularly that part concerning mental causes and influences. It is a most important thing in chronic diseases.

Dr. Bell—How do you get the confidence of the patients so that they will tell you their mental symptoms?

Dr. Wesselhœft—I usually tell them, if I have a suspicion that there is a mental cause in the case, that this examination is entirely different from any other examination they ever had, that often mental influences have a serious effect upon a patient, and that the examination is entirely confidential, and then I ask them if they have had great griefs or troubles. I often feel in the examination of a patient that there is something at the bottom of the case, some mental disturbance. I had an instance to-day in a case that I have been treating three months without success. I have had a suspicion that some mental trouble was at the bottom of it all, so I obtained her confidence and found an enormous mental history. We often know by the way a patient reports that there is a mental cause for the trouble.

Dr. Bell—Sometimes they will conceal the history of mental grief, sometimes they will tell it.

Dr. Wesselhœft—I have found that infectious diseases are more often concealed than emotional ones. I recollect a case I treated a long time without success when a friend of the patient said one day, "You will never get her well until she gets over her jealousy." The next time the patient came in I found on careful inquiry that she was very jealous of her husband, with no reason for it. This note is very instructive, especially in its list of emotions.

Dr. Bell—All such causes are practically overlooked by the old school.

Dr. Wesselhœft—How much Ignatia, Hyoseyamus, Staphisagria, Phosphoric acid, and such remedies help us, and by carefully comparing them we are often lead to the remedy necessary for the cure.

Dr. Tompkins—What are the mental indications for Phosphoric acid?

Dr. Wesselhœft—A condition of apathy, resulting from mental griefs and such causes. How many griefs have been helped by Ignatia!

Dr. Dike—Can we always trace the connection between the cause and the result? I have a patient, the insanity of whom I think is due to a fall, but Arnica does not help.

Dr. Wesselhœft—The fall may not have been the cause, but many complaints date from the time of a fall, so with mental emotions they may be a cause. Of course, the majority of cases are not traced to mental causes, but when it is so, it is of great importance.

Dr. Bell—I had a case of a young man suffering from delusional insanity, he could not sleep, and he had been to a so-called homœopath who had given him remedies, also sleeping powders without avail. I found on careful inquiry that he had had a severe disappointment in love. He was very suspicious, thought he was being followed, fearful of bodily injury, sleepless. He got Hyose., and in a short time was practically restored.

Dr. Tompkins—Do you give the preference to the drug covering the symptoms present, or to the drug covering the cause?

Dr. Wesselhœft—I am apt to question in the line of the drug covering the cause, such as griefs, anger, etc. If I find nothing in the line of one remedy I drop it and try another, if I find nothing after trying several remedies I then make up my mind that the element of grief or anger, etc., had nothing to do in the causation of the case, and take the present symptoms as the only factors. How many times it happens that after writing down a whole list of symptoms you find out that all this trouble has dated from a certain mental shock; then you can go back and supplement your examination by asking for symptoms in the line of certain remedies.

Dr. Bell—I think the cause sometimes overrides everything. I recall a case of colic where Bell. was indicated but did not help. I found the patient had been very indignant and the colic

followed. I then gave him Coloc., which relieved him at once. It was not a Coloc. colic with doubling up and relief from pressure, etc., but the cause pointed to the remedy.

Dr. Tompkins—I recall a case of so-called gall-stone colic, where the patient had had several attacks treated by Morphine by a so-called homœopath. I found out that these attacks always came on after domestic disturbances. I gave her Staph., and she has never had an attack since, that was a year or more ago.

Dr. Wesselhœft—Hahnemann's genius in this particular discovery has always been to me most wonderful in my own experience, that he should have found not only remedies for mental emotions, but that these emotions of themselves are the exciting cause of chronic ailments shows a wonderful genius. It is easy for us to follow him. We know that an angry mother's milk will kill a child, and we can find no microbes or anything else in the milk to account for it, but to have discovered that chronic troubles date from griefs and mental emotions, shows a power of observation never before equaled. Ignatia and Nux vomica both contain the alkaloid Strychnia, and are opposites in temperament. Dr. Hering once told me that Hahnemann did not know that Ignatia contained Strychnia, and yet Hahnemann said not to follow Ignatia by Nux because they were so nearly allied. In regard to note eighty, the symptoms before dining and after any function are of the utmost importance.

Dr. Kennedy—I have a case now that illustrates that point, a case of mania in a young lady who says she has lost her mind, says she lost it a year and a half ago. She can talk rationally enough before strangers but is always sad before her family; says she takes no interest in anything. One of the things that suggested the remedy was the general disturbance before menstruation—pains, headache, etc.—all of which were relieved by the flow, another thing was that she was always worse after sleep; these led me to the remedy, from which I hope to get a good result.

Dr. Wesselhœft—That is very nice. I hope to hear how it comes out. That is the way that remedies often have to be selected; we find the indications for the remedy in an entirely different sphere from that for which they expect to be treated. Another thing occurs to me about giving a remedy for difficult menstruation. If the menses are at hand, wait until menstruation is over before giving the remedy. The most mischief is done by giving a remedy at the time of an agonizing dysmenorrhœa—that is, if the patient is under treatment. The curing must be done in the intervals between the menses; such has been

my experience with most of the cases that have been relieved. Hahnemann speaks particularly of menstruation as an important consideration in the selection of a remedy.

Dr. Kennedy—In regard to Section ninety-five, I think we often find at the second or third examination that patients have troubles that they have never mentioned, because they have had them so long and have become so accustomed to them that they think it is no use to bother about them.

Dr. Wesselhœft—This is a very important paragraph; we often have just such cases to deal with. There is another class of patients, and usually a very intelligent class, who say they do not wish to complain any more than they are obliged to; they think it is wicked to complain too much. But when you explain to them and show that often things they think of the least importance are of the greatest value in selecting a remedy, they realize the importance of the symptoms and often help you very much.

Dr. Tompkins—The most unimportant thing in their opinion often leads to the remedy.

Dr. Bell—Yes, and you often get that very important thing just as they are going out of the door.

Dr. Wesselhœft—These things are usually of no importance in the diagnosis of the disease, the homœopathic physician has to go to work in an entirely different manner in the diagnosis of his remedy.

Dr. Bell—There is still another class of patients who do not want you to care anything for any other symptoms except what they come for. Those are the symptoms they wish cured, and they do not want you to ask about any others.

Adjourned to February 7th.

S. A. KIMBALL, *Secretary.*

REPORT OF THE ROCHESTER HAHNEMANNIAN SOCIETY.

The regular annual meeting of the Rochester Hahnemannian Society was held at the office of Dr. W. G. Brownell, January 15th; President R. C. Grant, M. D., in the chair.

Members present: Drs. Grant, Schmitt, Carr, Hoard, Hermance, Baker, Brownell, Johnson. W. S. Lanning, M. D., of this city, was present as visitor.

Officers for 1889 were elected as follows: President, Allen B. Carr, M. D.; Vice-President, Julius G. Schmitt, M. D.;

Secretary and Treasurer, W. H. Baker, M. D.; Censors, J. A. Biegler, M. D., Chairman; R. C. Grant, M. D., and A. C. Hermance, M. D.

Dr. V. A. Hoard was elected delegate to the next meeting of the I. H. A.

Before adjournment, R. C. Grant, M. D., the retiring President, made the following remarks:

“GENTLEMEN OF THE ROCHESTER HAHNEMANNIAN SOCIETY: I cannot resign the office you so kindly intrusted to me a year ago, to my successor, without thanking you for the kindness and courtesy with which I have been ever treated during my term of office. My shortcomings, which I fear have been many, have ever been passed lightly by; and my weakness ever supported by the strength of others, and in return it has been my aim to discharge my duties at least impartially, promptly, and regularly, if not with grace and wisdom. I thank you; I can say no more, I can say no less.

“I feel that this has been a red-letter year in the existence of this Society. We have gained in numbers, we have gained in earnestness and steadfastness of purpose, we have, I trust, gained in wisdom. The first subject of large importance that we had to meet the past year was one which I had the honor to bring before you, and which found ready response in the hearts of all; I refer to the establishment of a Hahnemannian hospital. I am asked almost daily, ‘is there need of another hospital in Rochester? we have already two in operation on quite a large basis, and another chartered.’ I answer always and promptly, yes; could a city be so full of allopathic and eclectic physicians that there would be no need of a homœopath? The two existing hospitals are allopathic; the newly-chartered institution—if it ever reaches a consummation—will be an eclectic hospital, with a homœopathic name only. We do need a hospital here where we can assure our patients and friends that they can have homœopathic treatment, and where we can demonstrate, as they are demonstrating daily in the noble Woman’s Homœopathic Hospital in Philadelphia, the undoubted superiority of absolute Homœopathy. With a hospital under Hahnemannian Homœopathy, if we succeeded in reducing the mortality, in curtailing the course of disease, or in alleviating pain without injuring the patient, or retarding recovery, we would be at once furnished with a weapon that the armor of allopathy or eclecticism could not withstand. Yes, gentlemen, we do need a Hahnemannian hospital in Rochester, and, unless all signs fail, our hopes will soon grow into full fruition.

“The next question was our withdrawal from the Monroe County Homœopathic Society. The only side I wish to view of this is, whether it was more calculated to help or harm our school (that there was any question of a personal nature in the move is not to be thought of).

“We hear the cry that this internal warfare in our school impedes our progress; that, notwithstanding our prodigious growth, we are still a weak minority and that we should forget differences, join hands and go forth together to meet the common foe. Thank Heaven, this cry comes chiefly from those who cry also good Lord, good Devil in their practice. Of course, we are glad to see our numbers increase; we would be glad to see every physician in the land in the active, honest practice of pure Homœopathy. But do we want men enrolled under our banner who teach their patients the use of the hypodermic syringe and directly lead them into a confirmed Opium habit? Do we want men who will assume our name and then say publicly and repeatedly that when they want to cure acute painful diseases they have to resort to physiological doses of empirical prescriptions? Do we want those with us who will sneer at the efficacy of the dynamized drug?

“Whom did the little handful of patriots who so earnestly desired the independence of these United States most dread (and I may add despise) the regular British army, with their open manly resistance and avowed enmity, or the sneaking Tory who professed friendship, that he might lead his unsuspecting brother into the hands of his enemies? And I might also add for whom did the British have the most respect?

“These Tory friends of ours say they are just as good homœopaths as we, that it is merely a difference in the interpretation of the laws. I say no; there can be no honest difference in the interpretation; it is simply and solely acceptance or rejection of the law. They say, too, that it is simply the potency question that divides us; that we are high and they are low. If they were honest, they would blush at this deception themselves; it is begging the question. We all know that the greatest latitude is given as to potency, if potency be used, but there is the rub; a crude drug is not and never was a potency; and an empirical prescription is not and never was an interpretation of the homœopathic law, under whatever circumstances it might be given. One Judas did more to injure our Lord than all His open enemies combined, and so I say, gentlemen, that the support or condoning of weak-kneed homœopaths is an impediment to our growth.

“Every homœopathist who makes an empirical prescription is putting off the millennium. On these grounds I think we were right in the action taken. I believe that there has been in the past five years a more rapid growth in pure Homœopathy than in any previous ten. Not only does the physician, but the layman also, take an interest in the question of what is and what is not pure Homœopathy, and when it is once honestly and earnestly studied and understood, the Homœopathy of Hahnemann is sure to be accepted.

“Even students where a very doubtful kind of Homœopathy is taught are bringing up the question for open discussion in their Societies, and Homœopathy has advocates among the undergraduates who should put many a practitioner to the blush. There is no doubt in my mind that the next decade will see our ranks pretty well thinned of the Tory element, the Judas element, and a vast army of loyal homœopaths upholding the banner of Hahnemann.”

PROCEEDINGS OF THE LIPPE SOCIETY.

The one hundred and twenty-ninth meeting of the Lippe Society was held on Tuesday evening, February 12th. There were present Drs. C. Carleton Smith, M. Preston, F. Powel, Lee, W. R. Powel, Farley, Clausen, James, and Clark. Dr. Smith occupied the chair. The minutes of the previous meeting were read and approved. Dr. Lee then read a communication from Dr. Berridge, of London, with some interesting cases, showing the proper method of selecting the remedy, for which the thanks of the members were tendered Dr. Berridge.

Dr. Clausen then read a paper (see p. 162) on Theridion, with a prelude upon the proper method of a Society's work and its decorum. After the reading, Dr. Clausen said he was very much interested in Theridion, and wished the members would give him any verifications they had noted. Dr. Smith had repeatedly verified it in vertigo on closing the eyes, and found one dose of the CM sufficient. Dr. Preston had often used it for violent frontal headache, with heavy, dull pressure behind the eyes. Dr. Lee called attention to the vomiting when closing the eyes. Dr. Clark spoke of the peculiar cough, which is a frequent, convulsive cough, during which the head is spasmodically jerked forward, and the knees jerked up toward abdomen. Dr. Farley said that with Therid.³⁰ he was always able to make happy a woman who suffered terribly from symptoms of spinal irrita-

tion with severe headache. The indication: she could not bear the least noise, and the jar of the foot on the floor was so aggravating that it made her cry out.

Dr. Clausen—Bell. has aggravation from jarring, and even touching the bed, particularly in uterine affections.

Dr. Farley—Bell. has the symptoms of congestion; Therid. extreme nervous symptoms. It is similar to Sulph. as an intercurrent in the psoric diathesis.

Dr. Clausen—Dr. Baruch ascribes to it marked antipsoric power.

Owing to the unavoidable absence of Dr. Still, who had been appointed to read a paper on diphtheria, that subject was continued for the next meeting after Dr. Lee read some notes of Drs. Hering and P. P. Wells upon the subject.

Dr. Farley then read notes of two or three difficult cases, and asked advice. The cases were studied and suggestions for the remedy given.

Dr. Lee then read the cases sent by Dr. Berridge. Dr. Preston, commenting upon the *Lactuca* case, said that some years ago he had been able to make a cure with *Lactuca* in a woman who had apparent disease of the pancreas. Patient could not retain food; and there was much pain in region of the stomach. From the *Symptomen Codex* he learned the value of *Lactuca*.

Dr. James then said that within a short time he had seen several cases which strongly confirmed what Dr. Lippe had frequently told him about the difficulty in getting the important, peculiar symptoms from some patients. How they will ignore the facts, or so answer that one is not able to get at the proper remedy. Dr. James related the two following cases in his own experience, illustrating this point: A young lady was seized with violent pains in the muscles in the region of the right hip. The indications were very obscure, and no remedy could be given. It was not until the third visit that the symptoms leading to the choice of the remedy could be obtained. On entering the room the doctor found the patient lying upon the painful side. On inquiring why she lay that way, she answered that it was impossible to lie in any other position. She added that she was worse from the slightest motion. Here were clear indications for *Bryonia*, which was accordingly given, and the pain began to improve immediately. That night she had a profuse perspiration, and the next morning she was well. The perspiration following the administration of *Bryonia* was a favorite indication with the venerable Dr. Lippe that *Bryonia* had been correctly prescribed. Dr. Lippe has spoken to Dr. James many

times of this sweat, and insisted upon the certainty of its occurrence when Bryonia was the true simillimum.

The second case spoken of by Dr. James was a case of consumption occurring in one of Dr. Lippe's patients. One afternoon a week ago the patient awoke from his afternoon nap with sense of suffocation. The cough had entirely disappeared and a terrible struggle for breath had begun. Every inspiration was followed by a groaning expiration. The symptoms given by the patient were indefinite, and it seemed impossible to select the remedy. Several hours passed without relief when accidentally the sister of the patient spoke of his being *wakened from his afternoon nap* by the dyspnoea, and that in great haste they had *cut away the collar* from his neck because *he could not bear the slightest pressure upon the neck*. The instant the doctor heard these statements, he gave Lachesis⁵⁰ (B. & T.) in water, and great relief quickly followed. In both these cases valuable time had been lost by the neglect of the patient to give the symptoms at first. The severe cross-questioning only seemed to puzzle the patient and attendants, and baffle the doctor in getting the correct indications.

Cases for consultation were then called, and Dr. Farley offered the following: Child *æt.* seven months. Eructates mouthfuls of food, and a sour, acrid, watery substance. Copious and frequent belching, which aggravates. Thirst for large draughts; worse in evening. Tongue coated yellowish-brown. Sour smelling, corrosive stool. Kreosote and Ferrum were suggested for study.

Woman *æt.* fifty-five years. Angina faucium for twenty-nine years. Constant aching pain in roof of mouth, and in post-nasal space, and at bridge of nose. Soreness of the sternocleido-mastoid muscle, left side; *worse soon as weather gets cool*. *No soreness on swallowing*. "Blind spells" come on occasionally—that is, temporary dimness of vision, as though a heavy, dark veil were before eyes. Aching, tired feeling over eyes in morning; passes off after she stirs around awhile. Very fond of salt; often excessive thirst. *Suppressed intermittent fever*. Suppuration in throat occasionally. Raw feeling from contact with *cool air*, and highly-seasoned food. Soreness disappears for a time only to reappear. Sometimes talking hurts much, and sometime only a little. Therid., Lachesis, and Lac caninum were recommended as bearing on the case.

Dr. Clark then suggested that the Lippe Society celebrate Hahnemann's birthday by a banquet. The suggestion was approved. The Society then adjourned.

GEORGE H. CLARK, *Secretary*.

“BENNINGHAUSEN'S TREATMENT OF CROUP.”

I can scarcely nerve myself to the task of criticising such men as Bœnninghausen, Carroll Dunham, and P. P. Wells. They are men whom no praise or blame from me can belittle. And I yield to none in my admiration of them. But it is only in defense of principles that I can even appear to differ from such illustrious men.

My objections to the prescribing of Bœnninghausen's powders are, 1st. It is treating a disease or for a name, not patients, thereby entirely ignoring treating the totality of the symptoms. 2d. It is an alternation of remedies, and 3d. It is not the most successful way of curing croup. It is a work of supererogation for me to prove that the first two are not the correct way of treating disease to the readers of *THE HOMŒOPATHIC PHYSICIAN*. And, moreover, it is to Bœnninghausen, Dunham, and Wells that the best expositions of the error of thus treating disease that we are indebted. I refer to vol. V, page 529, of the *American Homœopathic Review* for a masterly attack on the alternation of remedies, by Dunham. As for Bœnninghausen, he discusses all such points in his invaluable work, which has not been translated, *Aphorismen des Hippokrates*, and the readers of *THE HOMŒOPATHIC PHYSICIAN* need not be reminded of the ability with which the venerable P. P. Wells defends the fundamental principles of Homœopathy. I may, therefore, confine my attention to the last proposition, viz., that this un-Hahnemannian prescribing is not successful in curing croup or anything else. Permit me here to give my own experience in the treatment of croup. During the first five years of my professional life croup was my horror. Speaking from recollection, I think that half of my croup patients died. I used Bœnninghausen's five powders repeatedly, and I gave those drugs separately. I gave all remedies for croup that were recommended by those I considered reliable, and I used the different medicines, mostly in medium potencies (30th), and the result was the same. I assert that I never saw any good come from Aconite. I recall one case that I cured with *Spongia* alone. After five years of such practice, I worked my way up to prescribing homœopathically, viz., according to the precepts of Hahnemann. And in fifteen years I have not lost a patient that had not had another physician first. I had one die in San Francisco who had been given up by another.

What produced the change in results? A close following of the principles of Hahnemann, viz., prescribing for the patient and not the disease. I stopped all giving of "croup" remedies, and gave the simillimum, usually in the 30th or 200th, and as soon as improvement was perceptible, gave placebo. Speaking again from recollection, I cured with Mercurius, Tartar emetic, Lachesis, Bryonia, and Rhus tox., given according to the totality of the symptoms, and the remedy given was generally the one corresponding to the *genus epidemicus*.

But the question may arise in the minds of my hearers, Did Bœnninghausen, Dunham, and Wells give false reports when they relate such brilliant results? By no means. I have too great a reverence for those illustrious men to whom I am so much indebted, to even think it possible. I cannot turn to the passage of Bœnninghausen's works in which he gave those instructions, but I am of opinion that they were intended for the laity, and as many of the believers of Homœopathy in Germany then, and even now, would not avail themselves of the aid of good homœopathic physicians such was justifiable, and I also believe that at that time in Germany, and when Dunham and Wells had such results in the United States, Aconite was the epidemic remedy and Hepar followed it well, owing to the relation in which these drugs stand to each other, and for the same reason the Spongia did well after Hepar had done its work. I am confident now that, in San Francisco at least, Bryonia and Rhus given in that way would have caused equally as brilliant results as those celebrated physicians have recorded. And at no time has Aconite been the epidemic remedy since I began the practice of medicine. As to why Aconite, Hepar, and Spongia should make so many cures of a disease at one time and other drugs at another time, would require more space than the genial editor of THE HOMŒOPATHIC PHYSICIAN would be willing to grant or my kind readers time to read in addition to this long article.

A. McNEIL, M. D.

MEDDLESOME MIDWIFERY.

SAMUEL L. EATON, M. D., WATKINS, N. Y.

This term indicates a fault for which the laity is perhaps fully as much to blame as is the profession. I have often been surprised to observe the child-like glee with which people of years and discretion welcome the chance to "do something" for their sick friends, even when they are conscious that what

they are doing is useless or worse than useless. The physician instinctively recognizes this craving for action; and, yielding to it, is led into various kinds of meddling—obstetric and otherwise. It is the former variety that I wish to illustrate by a brief history of two of my patients.

Mrs. J., aged twenty-seven, mother of two healthy children of three and five years respectively, sent for me one morning last June. She had just been delivered of a three months' fœtus, and was very anxious about the after-birth, which, she informed me, had always been a source of trouble on similar occasions in the past. At one time the placenta had been forcibly removed by difficult and painful measures; at another time it had been allowed to remain, with the result of poisoning the patient by septic absorption. I found her flowing quite freely but not alarmingly, the mouth of the womb closed, the patient nervous. I prescribed Sabina, to be taken at half-hour intervals, and told her husband that I expected the placenta would come all right. He was quite incredulous, but allowed me to depart with the promise of returning in two hours. At the expiration of that time I found that the placenta had just come away, and the patient was comfortable. Nothing hindered her making a speedy recovery.

A single miscarriage ought to be enough for any one year, but in December the same accident happened to my patient. The fœtus was born as before, without much trouble, at about the third month. The placenta did not make its appearance, and the flow was very slight. I prescribed Belladonna on account of a throbbing headache, and went my way—this time without meeting with any opposition. On the following day the patient presented no headache, no hemorrhage, no symptoms of any kind. No medicine. On the third day I saw her about noon, and she was still perfectly comfortable. Prescribed Pulsatilla, to be taken every hour. Early on the morning of the fourth day I was sent for on account of a quite active hemorrhage. Found the placenta presenting at the os uteri and easily removed it with my finger. The patient again made a very rapid recovery, and has remained well up to the present writing.

The other case which I wish to cite was diametrically opposite in its important particulars. Mrs. X., aged twenty-nine, of nervo-bilious temperament and delicate constitution, approached her confinement last fall under circumstances which caused me some anxiety. In 1884 she had given birth to her first child, had gotten up too quickly, and about six weeks after its birth

had suffered from alarming hemorrhages. This was under old-school treatment. In the following year she had a miscarriage at the fourth month, followed by a tedious illness, with a long-continued flow, which, taken with her previous history, seemed to indicate a real hemorrhagic diathesis. In 1886 she was delivered of a healthy boy, and at that time did fairly well. In 1887, she was again pregnant and went to term, with a naturally delicate constitution much debilitated by the heavy drafts paid since her marriage. Labor was not specially rapid, but was remarkably easy. The pains were few and far between, but, owing to a roomy pelvis and the extremely lax condition of all the fibres, very little effort was required to bring the child into the world. A few minutes after its birth I endeavored to remove the placenta by combined traction and expression, without success. I then gave a dose of Pulsatilla, and, after ten minutes, made another unsuccessful effort. I then sat down to wait, but after waiting about twenty minutes, alarmed by the extreme pallor of my patient, I investigated and found her lying in a pool, I may say a lake, of blood. Directing the nurse to administer Chloroform, I forced my hand through the nearly closed os uteri, reached the placenta, which was still partially adherent, peeled it off the side of the womb, passing my hand up to the fundus, and extracted it. The doctor was nearly as much exhausted as the patient. But the result was favorable. The sluggish womb contracted under this severe stimulus, and the hemorrhage was no longer troublesome. For two days my patient was considerably troubled with after-pains, but she made, on the whole, a good recovery.

Was this "meddlesome midwifery?" To be sure. It was a case when active meddling was necessary. A few minutes more and she would have been beyond the reach of all meddlers. I have placed these two cases in juxtaposition because they illustrate the necessity of adopting different methods to different cases. In the first case, a *laissez faire* policy, combined with prescribing the remedies which seemed to me adapted to the condition, was attended with the happiest results. In the last case, active mechanical measures were necessary to save the patient. I am quite sure that she might have been saved by purely medicinal measures. But the knowledge of the *materia medica* which most of us possess is, unfortunately, finite, and the exigency was too instant and pressing to admit of consulting a repertory.—*Bureau of Obstetrics, I. H. A.*

MEDICINAL AID IN PARTURITION.

B. L. B. BAYLIES, M. D., BROOKLYN.

It would be superfluous and ridiculous to attempt the aid of a wisely constructed and adapted organ in the normal and healthy performance of its function. "Meddlesome midwifery is bad." Normal and healthy parturition requires no assistance; there should be no interference, digital or instrumental, with labor, which can possibly be avoided. By reason of the danger of disturbing the harmonious nervous and muscular action of the parturient organs, it is best, if certainly ascertainable, to determine the position of the child by palpation through the abdominal walls, and frequently better that the obstetrician, leaving the patient in charge of a well-chosen nurse, should only be within hearing distance, interpreting the utterance or cries of his patient, as significant of the stage of the process; ready to give aid, comfort, or encouragement when required. The physical system is, however, usually disturbed by the pregnant state, or the parturient function; its latent dyscrasias so awakened into activity, that homœopathic medication will often operate most *essentially*, to defeat the rheumatic, psoric, or other antagonist, and prepare the way for easy delivery.

How often has the suitable remedy, administered during gestation or parturition, imparted health, promoted the normal development of the fetus, aided labor, and sometimes prevented death of mother or child. I will present for illustration the operation of some of these remedies:

The woman is anxious, restless, fearful of death; predicts the time of death; face hot, flushed, with frightened expression; acute fever, pulse full, strong, and hard; giddy while sitting, pains of labor distressing; vagina hot and dry; violent labor-pains in rapid succession, especially with a large child; shrieking; red, sweaty face (Hering). A single dose of Aconite in such a case relieves the patient's terror, and composes her to assist the regular efforts of labor.

When the labor is powerless or irregular, as a consequence of excessive exertion or fatigue, with sensation of weariness; painful sensitiveness of the body to pressure; soreness apparently resulting from abnormal sensibility of the neck of the uterus to the pressure of the child's head; false pains will be removed, or the feeble action quickly rendered efficient by Arnica.

Belladonna for "violent pressing toward the genitals as if

everything would fall out there ;" or labor-pains deficient, cease, only periodical, slightly pressive on the sacrum (I quote Hering's *Guiding Symptoms*); amniotic fluid gone, yet the os seems spasmodically contracted; first delivery, muscles rigid. For two primiparæ, when the head, being in the inferior strait, pains had suddenly ceased, a dose dry of Bell.^{97m} (Fincke) induced powerful labor immediately, and the birth so instantaneously followed as to alarm me, with apprehension of rupture of the perinæum.

Chamomilla: Drawing pain in the back, and stitches in the back; sensation as if the lumbar region would be broken, with dragging and drawing pains extending from the region of the liver, over the abdomen, and deep into the pelvis, when lying in bed; dragging toward the ureters like labor-pains, with frequent urging to urinate; drawing from the sacral region forward, griping and pinching in the uterus, followed by discharge of large clots of blood (placenta previa?); flushed face, irascible and impatient temper; convulsions in the back, with throwing backward of the head, and stiffness of the body, as in tetanus (Allen's *Encyclopædia*, Jahr's *Symptomatology*). (Puerperal convulsions of tetanic character.) "Threatened abortion, with discharge of dark blood, great restlessness and agony," labor-pains press upward; she is hot, thirsty, and inclined to scold, labor-pains spasmodic and distressing, tearing pains down the legs; she is over-sensitive to the pain and wishes to get away from herself; hour-glass contractions; rigidity of the os; after-pains; powerful convulsions (Hering, *Guiding Symptoms*).

Pulsatilla: Drawing, pressive pain extending toward the uterus, with qualminess; contractive pain in the left side of the uterus, like labor-pain, obliging her to bend double; violent cutting pain low down in the abdomen, with a sensation as if a stool would occur (a common and annoying symptom in labor); cutting, dragging pains in the hypogastrium, extending around to the loins, and making her feel faint (verified) (Allen's *Encyclopædia*). In threatened abortion, when the flow ceases, and then returns with double force, ceases again, and so on, promotes expulsion of moles (Hering's *Condensed*). When labor-pains are irregular, deficient, or sluggish; excite suffocation, or faint spells; for retained placenta from inaction, or hour-glass contraction of the womb. It has also in numerous cases seemed to correct mal-presentation.

Nux vomica: Extreme pains, apparently constrictive, in the first stage of labor, impeding dilatation of the os; in the last stage, the expulsion of the placenta; crampy pains with flatulence, bruised feeling of the abdominal wall or intestines, with

frequent desire to defecate and urinate; each pain attended by sudden sharp cramps in the calves of the legs; the extremities cool; sensibility to currents of cool air. A dose of *Nux v.*^{25m} has often promptly removed these symptoms. I have given *Actea racemosa* for distressing and protracted pains in the region of the cervix, during the first stage of labor; with the apparent effect to arrest pain and postpone labor. Hering's *Guiding Symptoms* gives for it these indications: "Spasms of the broad ligaments; ovarian pains shoot up to the side; darting pains in the uterine region, from side to side; pains worse from motion; bearing down in the uterine region and small of the back; false labor-pains; sharp pains across the abdomen; fainting fits or cramps, with severe, tedious, or spasmodic labor-pains; cardiac neuralgia in parturition; in labor, rigidity of the os uteri; crampy and stitching pains in the limbs; limbs heavy and torpid. Given during the last month of gestation, it shortens labor." Stitching pains and torpidity of the limbs; and shooting transversely in the uterine region, distinguish it from *Caulophyllum*. The symptoms indicating *Caulophyllum* are: Sensation as if the uterus were congested, with fullness and tightness in the hypogastrium; prickings as from needles in the cervix, spasmodic rigidity of the os, delaying labor; accompanied by tremulous weakness; severe spasmodic bearing-down pains in the back and loins; labor-pains short, irregular, and spasmodic (Hering). Successful experience with *Caulophyllum* in dysmenorrhœa, with severe intermittent spasmodic drawing pains in the region of the broad ligaments, and nervous weakness, suggested to me their resemblance to symptoms sometimes occurring in indolent labor. I formerly gave it much in the 2d centesimal potency to promote expulsion of the placenta, but, with more discriminating selection, now rarely use it.

Lycopodium: During the labor-pains she must keep in constant motion, with weeping. Labor-pains run upward (Hering). After-pains, with sticking in the right or left iliac region, dragging toward the inguinal region; urging to urinate, but inability to do so, with constant bearing-down feelings; retention of urine.

Calcarea carb.: Jerk-like tearing down the sides of the abdomen; griping and cutting in the hypogastrium; dragging in the groin; burning, sore pains in the genitals. A case of excessive menstrual flow, twice in succession, occasioning the expulsion of a small fœtus; with a sort of labor-pain; cutting and bearing down in the hypogastrium, and violent desire for stool (Hahne-mann). Hering recommends it in threatened miscarriage in those who generally have profuse menses, or are subject to hem-

orrhage. A fleshy and lymphatic, clumsily-moving woman, subject to profuse general perspiration, and troubled also, during pregnancy, with anasarca, who formerly had several still-births at term, improved in health and bore a healthy living child after taking Calcarea at intervals during gestation. A colored woman whose previous children had died within a few weeks after birth from profuse hemorrhages per anum, and who was herself subject to exhausting hemorrhoidal flux, took Calcarea c.^{25m} (Fincke) during pregnancy and gave birth to a healthy child.

Secale cornutum : During labor, prolonged bearing down and forcing pains in the uterus; pains irregular, feeble, ceasing. Everything seems loose and open; retained placenta, with strong bearing down, or with relaxed feeling of the parts; after-pains long and painful (Hering). Aversion to heat and wrapping up. Sensation of remarkable coldness in the abdomen and back; horripilation of the abdomen, back, and limbs; diarrhœa, discharges from the vagina almost black, fluid, and very fetid. Puerperal metritis; miscarriage followed by tearing pains in the extremities. Tetanic rigidity. Epileptiform convulsions. The symptoms indicate its use in metritis, with septicemia.

Hyoscyamus : According to Dr. Hering, spasms during parturition, with nervous irritability. Every ten or fifteen minutes an attack of twitching of the limbs, and of the muscles of the face; unconsciousness; puerperal spasms; shrieks, anguish; chest oppressed, unconscious; after miscarriage or labor, hemorrhage of bright-red blood, flowing steadily; commences with spasms, single shocks; twitching and startings; with every start, more blood comes. Puerperal fever; no will to make water in child-bed. Watery, painless diarrhœa of lying-in women. Total suppression of milk or lochia (Hering's *Guiding Symptoms*). I have unfailingly used it to relieve retention of urine in child-bed.

Gelsemium : Great lassitude, complete muscular relaxation with motor paralysis; dullness of mind, relieved by profuse emissions of urine. Severe, sharp labor-like pains in the uterine region, extending to the back and hips. "Labor gone; os widely dilated, complete atony; drowsy. Albumenuria. Labor delayed by rigid os, or when pains go from before backward; the uterus seems to go upward; sensation like a wave from the uterus to the throat, ending with a choking feeling. This seems to impede labor" (Hering's *Condensed*).

Each of these, like many other drugs in a potentized form, is a beneficent agent, the characteristic features of which must be recognized, and its similitude perceived, to determine the sphere of its ministry.—*Bureau of Obstetrics, I. H. A.*

CLINICAL CASES.

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

(1) *Lactuca virosa*.—April 24th, 1883.—Mr. T., aged thirty-seven, has suffered since childhood from heart-burn; it is brought on by sherry, whisky, mustard, oatmeal porridge, toast, or even the plainest food. Lately has frequently had *bruised pain at anus*. *Lactuca virosa*^{cm} (Swan) twice daily for fourteen days.

May 17th.—Writes that the medicine effected wonders with regard to the heart-burn; does not remember to have ever been so entirely free from it. Bruised pain less.

February 11th, 1884.—Writes that he has been very well for some time, but has had more constipation, and sore, bruised pain at anus. *Lactuca virosa*^{cm} (Swan) twice daily for fourteen days.

February 27th.—The medicine proved to have been too frequently repeated, and caused a severe aggravation. He wrote that the constipation was less, but he had been greatly troubled with heart-burn, caused by brown bread or porridge. Anus feels very sore and bruised. I gave no medicine.

March 28th.—Wrote that he was much better; much less heart-burn.

April 17th.—Wrote that there had been no heart-burn lately, and when he wrote again, July, 1887, it had not returned.

(2) *Rhus toxicodendron*.—Mrs. C., aged fifty. October 10th, 1882, sprained her right knee three weeks ago when getting out of a carriage with a high step. After rubbing it with Pond's Extract it improved, but for the last week has been much worse. (Suggestion for Count Mattei, to add to his materia medica *Hamamelis*, under the name of *Anti-rheumatico*.) There is no swelling, but the hollow of right knee is tender, with acute pain there on moving; there is *pain there when knee is in bent position; relieved when it is stretched out straight*; the pain goes down calf; sometimes it shoots from hollow of knee to ankle. Acute pain in right calf on putting right foot to ground in walking, when the heel comes down; less severe if she walks on her toes. Pain in leg is *worse on beginning to walk; relieved by continued motion*. *Rhus toxicod*.^{101m} (F. C.) thrice daily for six days.

October 17th.—Pain less acute; more of a dull pain in calf, shifting toward heel occasionally. Cannot get in or out of carriage without severe pains. Repeat medicine for six days.

August 13th, 1883.—Knee became quite well in three or four weeks. Now at times has sharp pains in outer side of right knee, then it goes to inner side; sometimes sharp pains in right calf. Pain in right knee on going down-stairs, and sometimes in left. Pain is worse on commencing to walk. At times when walking, right patella seems to move out of place. *Rhus tox.*^{mm} (Fincke) twice daily for eight days.

August 21st, writes that the pain in knee is worse, and the giving way of the patella is very painful. *No medicine.*

September 24th, writes that the symptoms soon ceased; but has now strained the left knee, producing exactly the same symptoms as those of the right knee. *Rhus tox.*^{mm} (Fincke) twice daily for fourteen days.

September 27th, wrote that the knee was much better. She soon recovered, and has had no return of these symptoms up to present time (1888).

In this case, Fincke's millionth potency seems to have acted better and more permanently than Skinner's 101M.

(3) *Sarsaparilla*^{cm} (Fincke) cured swelling of spermatic cords after ungratified sexual excitement. This symptom I have verified in other cases.

(4) *Sulphur*.—The following case was communicated by a patient: September 14th, 1888.—A young lady had had for three days, on blowing nose, a stinging pain beginning in right side of nose and going up to forehead in the middle line; yesterday, at the same time, swelling of a vein in forehead just above nose was observed. For two weeks darting pain in right knee, worse when the right leg is lifted to step, or when it is off the floor while sitting, or if it is too far back in walking, or if she puts it too far back when sitting. She took one dose of *Sulphur*³⁰ at three P. M.

September 18th.—Pain and venous swelling on blowing nose quite gone; almost gone on 15th. Pain in knee very slight on 16th; quite gone yesterday.

(5) *Lactic acid*.—January 26th, 1886.—Miss D., knuckle of right forefinger red and painful, aching on touch. *Lactic acid*^{cm} (Fincke) thrice daily.

Took medicine for four days and was well; then pain came on in right great-toe joint, soon passing off.

(6) *Belladonna*.—Mrs. C., aged eighty-seven, November 22d, 1882, complains of paroxysms of darting pains in left lower jaw, *coming and going suddenly*; it has been worse since a mental shock; has been subject to it for thirty or forty years. *Belladonna*^{cm} (F. C.) every three hours for six days.

November 29th.—Neuralgia, less severe and less often. *Belladonna*^{cm} (F. C.) thrice daily for six days.

December 12th.—Neuralgia quite gone. She says the medicine acted wonderfully, and that it is the first time the result has given her any faith in treatment for it. She had been under the treatment of the late Drs. Quin, Partridge, and Hibbers, besides two living mongrels, but *Bellad.*^{cm} was the first medicine which ever did real good. She had no return of the neuralgia till April 19th, 1883, when a repetition of the medicine soon cured it. Subsequently she had other attacks, which, at her advanced age, is not surprising, but the same remedy again relieved.

(7) *Spigelia*. Miss S. H., aged forty-four. July 11th, 1888.—For fourteen days has had neuralgia, which increases, and last night was worse than ever. It comes on, between 11.15 P. M. and 11.30 P. M., about fifteen or twenty minutes after lying down in bed; beginning in left malar bone extending down face, sometimes to neck, and only on left side. The pain is shooting downward, with burning and throbbing and the part feels swollen. It continues till about 3.15 A. M. or 3.30 A. M., when she gets to sleep. It is worse lying, better directly she stands up. It is the same whichever side she lies on. It is temporarily relieved by hard pressure, and by either cold or warm applications. During day left side of face feels as if it had been scorched, but no actual pain; only a throbbing of it. Pain is better after eating.

She had tried to cure herself by "Christian Science," but she found that denying that she was in pain had no effect.* *Spigelia*^{5m} (F. C.) one dose at ten A. M.

July 12th.—The pain came on last night about 11.15 P. M., but not nearly so bad as before; much less throbbing and shooting; it was more a dull pain. Fell into a half sleep soon after 12.30 A. M. Woke at 2.30 A. M., and pain was worse, but not so bad as last night, and got better at 3.30 A. M., soon after which she slept much better than before. This morning some catarrh and cough, which passed off by afternoon.

July 13th.—The last two days have been very cold; was

* NOTE.—One of the high priestesses of this new faith is deeply pitted from smallpox, one eye is distorted and disorganized, and she is lame from disease of the bones of one leg. Nevertheless, she proclaims publicly the all-sufficiency of Christian Science, and looks forward to a time when it will overcome death itself. "Physician, heal thyself." I am informed by an Orientalist that whatever in "Christian Science" is true, was known ages ago to the Hindoo *yogis*, and comprehended much more scientifically also.

compelled to have a fire yesterday. Last night went to sleep as when in health, woke a little after three A. M., with throbbing but no shooting; it was not nearly so bad as before, and she did not have to rise; it lasted about forty-five minutes, when she went to sleep, and it did not return.

July 14th.—Yesterday weather was much warmer. Woke at about 3.15 A. M. last night, and left side of face felt stiff and tight, with very slight pain; it was much less than previous night, and lasted only fifteen minutes, and she then slept, and the pain did not return.

July 15th.—Went to bed last night at 10.45 P. M., woke as before at 3.15 A. M., but felt only a little soreness and stiffness of face, which did not keep her awake.

July 16th.—Last night no pain or other symptom. Quite well and has remained so (December, 1888).

(8) *Calcarea carbonica*. April 26th, 1887.—Mrs. C. since April 16th, has had "cramp" in hollow of right knee and right calf, but worse in the knee; she says it is like a dart from hollow of knee to calf, and once extended as far as ankle. It comes on if she bends leg; *must keep it straight when walking*. She can bend leg when lying, but it pains her if she bends it when walking. Yesterday she felt the pain in hollow of knee when stretching leg out. *Calcarea carb.*^{mm} (F. C.) one dose.

May 17th.—Reports that the pain went in a day or two, and did not return.

(9) *Cocculus*^{em} (Fincke) cured enlargement of liver after accouchement; the indication being that the liver was more painful *after anger* (Lippe's *Repertory*, p. 124).

(10) *Magnesia muriatica*.—Mrs. B., subject to gall-stones, had *burning in right hypochondrium* up to the right scapula; deep breathing on moving right arm, catches her in right scapula; pain in right hypochondrium *on putting right foot forward in walking*. If she reads much, or tries her eyes, the left eye seems to turn inward toward nose. *Magnesia muriatica*²⁰⁰ at first every four hours, then twice daily cured; she improved much in two days.

(10) *Sepia*.—The same patient, after seven or eight weeks, had two attacks of shivering, the last at three A. M. This was followed at seven A. M. by pain in liver, afterward going across to stomach and spleen, and round back; liver relieved by lying on it; pain generally *relieved by eructations*, and *she feels it would be better if she could pass flatus downward*. *Sepia*^{cm} (Fincke) every thirty minutes, till better, then every two hours. The pain decreased after first dose, commencing in

the spleen. Next day so much better that I stopped the medicine, and she soon recovered.

(11) *Cannabis sativa*.—November, 1882.—C. W. B., aged forty-five, consulted us for progressive locomotor ataxia. Among other symptoms, he had for five years been subject to pains from waist to feet, sharp, lacerating, jumping about, sometimes as if *red-hot pincers* were applied to upper-posterior part of thigh, giving the part a wrench; the pain compels him to hold on to something firmly.

Cannabis sativa^{cm} (Fincke), a dose every other day for about eight weeks very considerably improved these pains, with general improvement in his health. (See *Encyclopædia*, symptoms 371, 411.) This symptom of “pinching” seems to be characteristic of *Cannabis*.

(12) *Phosphorus*—*Calcarea*.—August 8th, 1881, Miss G. complained of constant aching in small of back for three weeks, worse when walking or *lifting*; back always weak. Sleepy at any time, but is unrefreshed on waking in morning. Feels worse in morning. For a day or two has had frequent diarrhœa. Giddy on rising. For some months pain at stomach-pit on leaning forward to write; it is sudden, sharp, moves up to top of central portion of chest and round to cardiac region. *Has studied much*, and the food at the college has not been good. *Phosphorus*^{cm} (F. C.), a dose daily for seven days.

August 17th.—Much better after second dose. Can now lift anything without pain. No pain in back since third dose, and no weakness there. The abnormal sleepiness ceased after third dose, and she sleeps well and naturally at night. No giddiness. Less diarrhœa. Stomach-pain returned of itself yesterday when leaning back in a chair. *No medicine*.

February 17th, 1883.—Reports that the pain in back returned within the same year, but passed away without treatment, and has not returned. For a month has had giddiness during school-work as if she did not know for ten minutes where she was. For over a year, has had pain in cardiac region when lying on left side at night, sometimes also in the daytime. For three or four weeks *cannot sleep from multiplicity of thoughts*. *Calcarea carb*^{cm} (F. C.) once daily for seven days.

February 24th.—No giddiness for last four days; no pain in chest for last two nights. Sleep improving. Feels weak. *Calcarea carb*^{mm} (F. C.) once daily for seven days, and needed no more medicine.

(13) *Lycopodium*^{mm} (F. C.) one dose, cured axillary perspiration *smelling of onions*, so bad that her mother could not use the same sponge.

(14) *Hepar*.—March 3d, 1882.—Miss W., aged seventeen. Never thoroughly strong since age of four. Twice has had pneumonia; the first time nine years ago with scarlatina; the second a year or two afterward. In the first attack was attended by the late Dr. Alabone (mongrel); in the second by an allopath. Two and a half years ago suffered from anæmia; consulted a dishonest mongrel who sneers at high potencies, and prescribes allopathic mixtures; afterward consulted an honest though mistaken allopath. Their treatment did no good; but she improved on going into the country.

Present state.—Tired, languid feeling, especially in morning. Pale. Appetite poor; dislikes fat; likes very strong tea. Unless she has a cold bath she catches cold in head, followed by tightness of chest. Feels worse alternate days. To diminish tea gradually and take pure solidified cacao; also to practice deep inhalations. *Hepar sulph.*^{cm} (F.C.) once daily for fourteen days.

March 17th.—Decidedly better this last week. Less tired. More color in face. Appetite better, but still dislikes fat. *Hepar*^{cm} (F. C.) alternate days for fourteen days.

Did not see her again, but subsequently she sent me a patient, who informed me that Miss W. had quite recovered.

I think it best to diminish tea, coffee, or alcohol *gradually*, not suddenly, if patients are very weak.

SOME PRACTICAL REMARKS.

Cases spoiled by the use of Aconite may often be got right again by giving Sulphur. Arnica is more apt than Aconite to spoil a case. Arnica makes a much more profound impression upon the system than Aconite. Its real culminating action is similar to typhus fever. Brilliant results have frequently been obtained with it in the worst forms of typhus.

Physicians who wear spectacles, and ride long distances in very cold weather, will find protection from freezing of the parts coming in contact with the metal, by bathing the skin with camphor.

Ranunculus bulb. is one of our most effective agents for the removal of bad effects from the abuse of intoxicating drinks.

At least one-half of the chronic diseases of women and children are developed by using too much sugar.

Aconite is rarely, if ever, of use in *scarlatina*, notwithstanding the "high fever" and the "dry skin," because, instead of the

agonizing tossing about of Aconite, the patients are dull and drowsy, the pulse is not hard, etc.

The water treatment: Wet bandages are often of great use in *scarlatina*, but never together with *Belladonna*. Either the one or the other ought to be omitted.

C. HERING.

ANALYTIC STUDY OF CANTHARIS.

<p>CANTHARIS,</p> <p>< Drinking cold water and coffee.</p> <p>> Rubbing, warmth, and lying down.</p> <p>^ Coffea.</p>	<p>URINARY TRACT.</p>	<p>1. Irritation, inflammation, <i>ardor urinæ</i>, <i>tenesmus vesicæ</i>, cystospasmus, <i>priapismus</i>, <i>chordee</i>, <i>dysuria</i>, <i>stranguria</i> (Caps.), <i>hæmaturia</i>, strong sexual desire (Phos.), cutting, burning in urethra before, during, and after urination (Can. sat.). Also stinging, dull aching, crampy, tearing, jerking, drawing, and pulsative pains; paroxysmal as a rule, either on the renal region, along the ureters, down to the bladder, urethra, and even to tip of penis; limited to the bladder, urethra, spermatic cord, and even testicles. <i>Scanty, bloody, albuminous urine, containing cylindrical casts, mucus shreds, or pus; or turbid, like loam water. It passes in a thin, divided stream. (Can. sat.) Discharge of dirty, purulent, or yellow fluid from the urethra, often mixed with blood. Swelling of the glands.</i></p>
	<p>DIGESTIVE TRACT.</p>	<p>2 Furred tongue, with red edges; swollen, <i>excoriated, trembling</i> (Lach.). Sponginess, dryness, soreness, and burning of the oral mucosa. <i>Thirst, with aversion to all fluids, especially water</i> (Ars.); even the sight of water makes the patient worse. <i>Dysphagia, Pharyngeal spasms, especially when attempting to swallow water. Vomiting, with violent retching. Sensitiveness and violent burning in stomach</i> (Ars., Caps.). <i>Burning, cutting, great distention and painful sensitiveness of the abdominal walls to touch. Pain in the bowels and heat in the intestinal canal. Dysenteric stools, consisting of white mucus and solid pieces, looking like false membranes or scrapings of intestines</i> (Colch., Coloc.). <i>Green or bloody-mucous stool, < at night. preceded by colic, attended by burning at anus, and followed by tenesmus, burning, and chilliness</i> (Merc. cor).</p>

RESPIRATORY
TRACT.

3. *Dryness and weakness of the air-passages, with feeble, timid voice.* Soreness of the larynx. Contraction, constriction, or burning heat in the larynx and trachea (Caps.). *Hoarseness.* Roughness of throat and chest. Early morning cough, with difficult expectoration. *Short, dry, hacking cough.* Bloody expectoration after a short spell of coughing. *Hawking,* with detachment of tenacious, viscid, or bloody mucus. Difficult breathing, even dyspnoea. *Pressure, tension, or stitches now here, now there, in chest, especially in the right side.* Sticking pain and stitches in lower right chest, extending toward the middle of the sternum, sometimes on inspiration (Bry., Kali c.). Stitches on the left side, at night, during inspiration, not permitting one to lie on that side, with arrest of breathing. Heat and burning in chest, with rising of little clots of blood, or darting pains in chest. Chest very sensitive to touch. *Exudation within the pleura.*

CANTHARIS.

SKIN.

4. *Tingling, heat, smarting, burning.* Reddened and raised papillæ. *Vesicles and blebs of various sizes,* filled with a yellow-white serum, rich in albumen, assuming later a purulent character. Redness and swelling of the underlying tissues. *Ulceration.* Gangrene. *Erysipelatous inflammation of vesicular type* (Rhus tox.). Principally in the nose, face, hands, arms, and chest. *In the dorsum of the nose spreading to both cheeks, but more to the right, with swelling, hardness, and subsequent desquamation.* Ulcerative pain in the affected parts when touched. Ulcers, with itching and lacerating pains, especially in the legs. Eczema. Erythema.

In order to study this drug advantageously, we must analyze the sections of the summary one by one, and commencing with the genito-urinary organs, we perceive at once how profound and marked is its action on that especial sphere. From a slight irritation it advances to violent inflammation, and even destruction of the parts involved. The accompanying symptoms are of an acute and painful character, bringing about great suffering and distress. This important group clearly reveals the applicability of the remedy to *urethritis, cystitis, nephritis, and other*

urinary difficulties. Even retention and suppression of urine, with uræmic coma, delirium, and convulsions are conditions often demanding this drug. But we must bear in mind that all the symptoms exhibited by this drug elsewhere are almost subordinate to the *urinary phenomena*, which are, we may say, its leading feature.

In *specific urethritis*, no matter in which stage, it is indicated when the inflammation threatens to extend, or does actually extend to the bladder. Its selection here does not depend so much on the character of the pain and discharge, as upon the *dysuric or stranguric symptoms*. *Painful erections, priapism and satyriasis*, as well as *chordee* and *hæmaturia* are complications which prominently point to this remedy. But the most dreadful complication is *cystitis*, either from acute or suppressed gonorrhœa, for in such cases the disease is prone to involve the prostate gland, and in severe cases extend to the kidneys. *The twisted or divided stream, the nocturnal urgings, and the difficulty of passing water, with discharge of a few drops of blood instead of urine*, indicate this remedy in *stricture of the urethra*, either the spasmodic or callous, especially after gonorrhœa. It may be even advantageously employed in *morbis Brightii*, if the symptoms agree. In *hæmaturia* the discharge is either of fluid blood, in drops, or coagulated, with violent urging and tenesmus. The scanty loss of blood is usually attended by cutting and crampy pains in the bladder, extending up to the kidneys and down the urethra. *Painful burning in the urethra after coitus* is a condition I had occasion to treat successfully with *Cantharis*. We must just here remember the *itching and burning of the pudendum and the inflammatory swelling of the cervix and os uteri*, symptoms to be considered in treating gonorrhœa of the female.

The various pains produced by *Cantharis* have been grouped together in order to study them more conveniently. The most prominent and constant are *cutting and burning*, which in the *urethra especially* are exhibited with characteristic persistence. They not only precede and accompany the act of micturition, but remain for some time after, decreasing and again increasing in gravity, and thus assuming a *paroxysmal character*. The *cutting especially* is sometimes so violent as to cause one to bend double. The urethra is not their only site, we find them in the renal region, running from kidneys to ureters and bladder; from the neck of the bladder extending to the fossa navicularis; along the spermatic cord to testicles, and down the penis, with drawing up of the testicles; in the ovaries, and even in the abdominal walls and viscera. But *burning and cutting* are not the

only pains produced and cured by *Cantharis*. In the *kidneys* we have also *stinging, tearing, pulsative, and pressing pains*. In the *renal region, a dull aching or jerking*. Along the *wreters, tearing and contractive pains*. In the *bladder, together with the burning and painful urging*, there is a marked *stinging sensation*, as well as *crampy pains*, the latter extending up to *kidneys* and down to the *urethra*. In the *neck of the bladder, pressing, tearing, and stinging, and at its forepart, stitching pain*. In the *urethra, tingling, jerking, biting, and tension*. The *tingling* especially after *micturition*. Also *itching before and after passing water*. In the *spermatic cord, drawing and jerking*.

The knowledge of the nature and site of so many painful phenomena is obviously important.

Passing now to the second group of the summary, a glance at it will suffice to value rightly its especial adaptability to *gastritis, enteritis, peritonitis, and dysentery*, and this would still become more patent should the bladder become involved in the morbid process.

In *acute gastritis, a thickly-furred tongue, with red edges; the aversion to all kinds of food; a great thirst, yet loathing of drink; sour eructations; nausea and vomiting of water drunk, of bile, or ingesta, with violent retching; occasional dysphagia and aphonia; chills or rigors, and, above all, the sensitiveness and violent excoriating burning pain in the stomach, especially if the patient tosses about, as if in despair, on account of the pain*, are all symptoms indicative of *Cantharis*. If the inflammation of the stomach is due to the ingestion of irritant and corrosive poisons, and after administering the proper antidotes there should remain *vomiting of shreds of mucous membranes and purging of the same nature, with an intense burning pain referred to the stomach; cold skin; clammy sweat; weak and timorous speech; death-like features; internal heat and thirst, with aversion to water; variable pulse, and finally weakness, prostration, and faintness*, *Cantharis* becomes again the remedy.

The *discharge of membranous shreds or casts from the bowels, with or without blood, being the characteristic feature of croupous enteritis*, we cannot well overlook *Cantharis* in this affection, especially since we know that in such cases the passage of necrosed mucous membrane is usually attended by cutting pains and tenesmus, and the abdomen is very tender to touch.

No less useful is the remedy in *peritonitis*, a disease which not only exhibits *marked abdominal tenderness, tympanitis, and violent cutting pains*, but which by extension may implicate the bladder, and produce *strangury and vesical irritation*. This drug

would still become more prominently indicated should the patient fall at once into collapse, a condition usually present in *peritonitis from perforation*.

But it is in *acute dysentery* or *ulcerative colitis* where *Cantharis* has been employed with great success. In the *sporadic variety* the *bloody stools*, the *over-production of mucus*, the *cutting pains in the abdomen*, the *burning in the rectum* and the *almost constant tenesmus* have been the leading symptoms for its employment; while in the *croupous* or *epidemic form* more than the pains and tenesmus, it is the presence in the stools of *blood* and *epithelial debris mixed with mucus*, that first led us to this drug in this painful affection. We must also remember that *nausea and vomiting*, *strangury*, *anxious countenance*, *expressing extreme suffering*; *sunken eyes*, *surrounded by livid circles*; *cold skin*, *feeble pulse*, *faintness*, *chilliness*, *prostration*, and *collapse*, all symptoms of *Catharis*, are usual concomitants of this disease.

Entering now upon the consideration of the *third group*, we can but admit that in this country we have not brought to advantage all the varied symptoms produced by *Cantharis* in the *respiratory tract*. French homœopaths, and among them Dr. Chargé, have not only employed this drug successfully in *pleuritis*, but in *pulmonary congestion* and even *aphonia*. The said Doctor, in his work entitled "*Traitement Homœopathique des Maladies des Organes de la Respiration*," recommends this remedy in *aphonia* following quinsy with hoarseness, when we can admit, as near causes, thickening of the mucosa of the larynx and atony of the nerves, or when it is sympathetic to an affection of the *urinary tract*. Also in *pulmonary congestion*, when there is *burning in chest*, *difficult and accelerated breathing*; *oppression*; *burning pain in the chest*, *with a little blood in the sputa*; *stitches in the chest from one side to the other*, which manifest themselves and usually become worse on inspiration; *precordial anxiety*, *palpitation and stitches in the heart*; *cough provoked by a tickling in the throat*, *with oppression and accelerated respiration*.

According to this authority, the most favorable time for its employment in *pleuritis* is when the fever subsides, and the exudation persists or increases. "It is counter-indicated when the *pulse is hard, strong, and about 100*, and when the *pain in the side is very acute*. The fever of *Cantharis* is attended principally by *coldness and chilliness*. The *pulse is small, contracted, hard, and somewhat frequent*, but there is no external heat. There is *paleness about the nose and mouth*, and *blue rings about the eyes*. The *dullness is complete*; *absence of vesicular murmur*; *tubular souffle*, *stronger on expiration than on inspiration*, in the

apex of the lung, front and back, intense dyspnœa; palpitation; wet skin or profuse sweat; restless nights."

"The cough is short, dry, and frequent. Painful stitches arresting the respiration, principally in the sides, right and left, attended by more or less dyspnœa."

"If, with all these signs of an exudation, which by itself is sufficient to determine the choice of *Cantharis*, the patient should exhibit as concomitants any of the following symptoms: *Tongue peeled off, very painful and covered with small flat ulcers; lower abdomen sensitive to touch; urine scanty, with painful and frequent emissions; great debility, and tendency to syncope*, we have then the complement for the perfect indication of this drug, which in such cases will prove to be the remedy *par excellence*. But, of course, no matter how real the beneficial results obtained by this new therapeutic agent may be, we should not extol it in detriment of *Sulphur*, which in pleuritic exudations stands uppermost."

It is an indisputable fact that whatever success the old school has attained by the local use of the *Spanish-fly* in the treatment of *pleuritis*, it has been due to its dynamic action, for blisters, if we are to believe those who are in the habit of using them, are only beneficial in pleuritis when the fever decreases, the pain lessens or disappears, or the exudation persists or threatens to increase. To consider even the fallacious notion that free vesication and the maintenance of the discharge by irritating ointment will drain off the fluid, as it were, from the water-logged pleura, would be unpardonable.

This barbarous treatment, says even Ringer, drains important nutritive material from the system and weakens the patient when strength is most needed. We might just as well bleed to the same amount, for the serum of blisters contains almost as much albumen as the blood itself.

It is very significant that many of our opponents admit the fact that blisters will redden and inflame the pleura, and condemn the practice of blistering to the point of vesication, asserting that it depresses the bodily powers in proportion to the amount of serum withdrawn from the vessels, and still they believe that by blistering in a milder way good results can be obtained. If this is the case, it must be by virtue of the dynamic action of the remedy.

How often have some of our men overrated the value of *Bryonia* by simply ignoring or forgetting the fact that in this acute affection the severe pain is of short duration and spontaneously lessens or disappears.

The phenomena developed on the *skin* and comprised in the *last group* are principally the effects of the local action of *Cantharis*. Its irritative action here results in an *erysipelatous inflammation of the vesicular type*. As soon as a blister is applied to the surface of the body we experience *tingling, smarting, and a sensation of heat*; the *papillæ* quickly become reddened and raised; next, in a variable time determined by the strength of the application, on these papular elevations minute vesicles form, which gradually enlarge, and by their lateral extension soon coalesce, so as to form blebs of various sizes, filled with a fluid rich in albumen, and generally contain some fibrine, later assuming a purulent character. If allowed to act for a long time, ulceration and destruction of the tissues will ensue, or in other words, if blistering is carried far enough to produce large blebs, the serum will not become absorbed and the blebs will at last burst. Should the air then penetrate the raw surface, a violent inflammation sets in, which may end in an extensive slough. Such effects should be borne in mind when treating deep, severe burns.

I could not close my remarks on this drug, without making even allusion to its applicability in diseases having their point of departure in the cerebro-spinal system, such as *rabies, spasm, tetanus*, etc. The congestion and inflammation of the brain, attended by *delirium, stupor, and dilated pupils*, advancing to *coma*, and ending finally in *death*, clearly show its powerful action on this region; while the *prostration, powerlessness, dysphagia, dread of liquids, frightful convulsions, tetanus, collapse, and death* point to its action on the cord.

Through this same system, this drug acts also upon the *heart and circulation*, first as a *stimulant*, secondly as a *depressant*, the order of these effects depending largely upon the dose. In the first case under its stimulus *the pulse is quickened, the arterial tension increased, and the temperature raised*; while on the second, *a lowering of the pulse and arterial tension and a decline of the temperature mark the advancing depression*.

Its action on the *mind* seems to be in harmony with its primary and secondary general effects. *Apprehension, anxiety, restlessness, irritability, nervousness, vehemence, insolence, contradiction, frenzy, and rage*, on the one side; *dullness, languor, confusion, distraction, and despondency* on the other. Of all these varied mental conditions, the most characteristic are the *rage and frenzy*; the former *paroxysmal in nature, commencing usually with an anxious restlessness, attended by crying, barking, and beating, and renewed by the sight of water or other bright, dazzling objects, when touching the larynx, and on attempting to drink*

water (a complete picture of *hydrophobia*); the latter, *amorous in character, with strong and persisting erections and an irresistible sexual desire*. Next in importance comes the *confusion, distraction, irritability, and despondency*. The *confusion is attended by pulsation in the forehead and occurs principally in the morning*. The patient is so distracted that he is unable to concentrate thought, so irritable that he is dissatisfied with every one and everything, so despondent, that she says she must die. And finally in *insolence and contradiction* compares favorably with the *Nux vom.* patient. With *Bell., Hyosc., and Stram., Cantharis* forms an important group to combat a *furious, almost frenzied delirium*.

The pernicious effects of *Cantharis* are readily neutralized by *Camphor*, with which it bears many points of resemblance. Its other antidotes are *Acon., Lauroc., and Puls.* The relation existing between *Cantharis* and *Coffea* is inimical. For profitable comparisons the student is referred to Farrington's *Clinical Materia Medica*.

EDWARD FORNIAS, M. D.

711 Pine Street, Philadelphia.

HAHNEMANN'S ESSAY.

Any words of advice upon the practice of medicine which come to us from the pen of Hahnemann must always be welcome to the lovers of truth. We, therefore, feel sure our readers will be thankful to Dr. F. H. Lütze for his translation of the essay upon "the Repetition of the Homœopathic Remedy," which we believe now appears in English for the first time. Dr. Lütze has given the German idea almost literally, thereby risking no chance of altering in any way the true meaning of the master's words. Dr. Lütze writes as follows:

"This essay was published by Dr. C. v. Bœnninghausen, as a preface from Samuel Hahnemann, to his (Dr. v. B.'s) repertory of *Antipsoric Remedies*, 2d edition, Münster, 1833. As very plainly appears from the accompanying extract (page 119) from Dr. C. v. Bœnninghausen's own preface to the same repertory, this essay was written and sent by Samuel Hahnemann himself to Dr. C. v. Bœnninghausen, who was anxious to give his brother homœopaths the benefit of it. I am not aware that it has ever appeared in the English language before, therefore, I have translated it, and offer the same through THE HOMŒOPATHIC PHYSICIAN to the English speaking part of the homœopathic profession."

MATERIA MEDICA.

THE PROPER SUBJECT FOR DISCUSSION IN MEDICAL-SOCIETY MEETINGS ; ALSO, A FEW REMARKS ON THE DECORUM THAT OUGHT TO BE OBSERVED IN SUCH MEETINGS.

DANIEL W. CLAUSEN, M. D., *lately of Auburn, N. Y.*

(Read before The Lippe Society, Philadelphia, Pa., Tuesday evening, February, 12th, 1859.)

MR. PRESIDENT AND GENTLEMEN OF THE LIPPE SOCIETY :
—I have brought with me, for the last time, a paper which had the ill-luck to be “crowded out” at our last meeting ; and hope that it may not share the same misfortune on the present occasion.

Materia medica—the nature of my paper—is, I believe, generally conceded to be the soul of Homœopathy ; and, in my opinion, just as the immortal soul of man gives individuality and character to his spirit, so should the soul of Homœopathy—materia medica—characterize the spirit of us who claim to be homœopathic physicians. This should be our force—our controlling spirit—when engaged individually at the bedside, and not less so when we are convened as a society for the purpose of mutual improvement in the attainments of our high and noble calling. To make our convention an opportunity for the discussion of “a paper on some disease, with the treatment,” is to favor the idea of those very principles which we, as homœopaths, strictly repudiate ; for, it is one of our most forcible tenets that we “treat *patients* and *not diseases*,” and it is none the less true that we cannot possibly think of “treating a disease,” without in some measure favoring the materialistic idea. It is, moreover, a fact worthy of note, that, however individual a so-called “disease” may seem, we cannot treat it *per se*, without generalizing—in violation of the scientific principle of individualizing, proper to us as the professed followers of the immortal Hahnemann. To speak of “the remedies for a disease” is an absurdity ; for he that would tell us of those “remedies” must, of necessity, as a homœopath, instruct us concerning *every remedy in the materia medica*, since any one remedy, never before given in a similar “disease,” may be indicated in any certain case, according to those individual peculiarities appreciated by the homœopath alone. We are not to have our knowledge compressed—narrowed down—confined to a few therapeutic

hints for the use of still fewer remedies ; but, on the vast breadth and extent of our elaborate materia medica we are to search for "the similar" to that something in any given case of sickness, never, perhaps, before seen in a case of the kind. Verily, the unprincipled devotion of our time during the convention, to the discussion of "a paper on some disease, with the treatment," is, to say the least, an outrageous waste of time that might far better be appropriated to our improvement in that knowledge which alone can secure to us our individuality as homœopaths—even a better acquaintance with the homœopathic materia medica. A good paper on materia medica, bringing out the genius and important features of a remedy, calls forth the most interesting and useful of all medical discussions. One member after another tells whether he has verified such or such a symptom ; and, in this way, not only our knowledge, but our faith also, is built up, we become enlarged, and not narrowed down to the gill-pot measure in the treatment of disease with a few remedies. At a recent homœopathic convention, a prominent member stated that he had cured a patient of gonorrhœa with *Colchicum*, to which remedy he was guided by the peculiar symptom : *Loathing the smell of food*. Now, it is not at all likely that *Colchicum* would be included in the list of those "remedies for gonorrhœa," by the gentleman who would read us a paper on that "disease and its treatment." Let us, therefore, strive to learn something more in that department of knowledge—the homœopathic materia medica—which no living homœopath will ever live long enough to thoroughly master.

There is another point of much importance, to which I would call your attention : it is in relation to the decorum that ought to be observed in our medical meetings. We presumably convene ourselves for the purpose of mutual improvement in the learning of our profession ; in other words, we come together as *students*. But while we come together as students, we do not properly do so with confusion and disorder. We have duly appointed officers who are entitled to our respect in the meeting ; each individual member of us owes not only to the other members, but also to himself, a degree of respect proper to a homœopathic physician ; and among the members of the assembly, individually and collectively, a due share of scholarly behavior and dignity should be observed, as becometh those who claim the title of homœopathic physicians. But, how far short of this order, when some useful and well-written paper is being read, and the reader is interrupted by the whispering and hubbub of others who thus show an utter disregard for both

his material and his ability, as if they "knew it all!" This inattention and hubbub is especially offensive to the reader who is fervent in spirit and enthusiastic in his profession; and it is a forcible illustration of the truth uttered by a colored preacher on a certain occasion, at meeting, when one member of the congregation after another was called upon for "testimony." The excitement was intense, and the interruptions provoking; and the preacher exclaimed: "Brudderen, it are a fact, dat we may all *sing* togedder; but, sure as you live, we can't all *talk* togedder."

The reader or speaker, also, at a medical meeting, should not forget the etiquette and dignity proper to the occasion and to himself. Due regard for the other members, and especially for the president, beside self-respect and a desire to call the more earnest attention to the subject of this paper, should prompt him to stand upon his feet, with parliamentary observance, and pour his utterances down upon the hearers. Men like Gladstone and Disraeli could never have made Parliament feel their full power, nor could the illustrious Daniel Webster with all his eloquence have shaken the Senate as he did, had they maintained the sitting posture while speaking. I tell you, gentlemen, the power of a man is in his legs, as well as in his tongue.

These remarks concerning the decorum to be observed in medical meetings, are by no means personal; they are kindly submitted to the Society, with an ardent desire for its welfare and progress.

THERIDION-CURASSAVICUM.

DANIEL W. CLAUSEN, M. D., *lately of Auburn, N. Y.*

(Read before The Lippe Society, Philadelphia, Pa., Tuesday evening, February 12th, 1889.)

MR. PRESIDENT AND GENTLEMEN:—I hold in my hand a paper which was very hurriedly written and intended to be read before the late Hahnemannian Association of Pennsylvania. On the occasion for which the paper was intended, however, the members of the Association failed to convene—and here lieth the paper unread to any one (save myself), unrevised, and with the same imperfections that covered it when written. Abiding under the shadow of your patience and indulgence, I shall read it as it appeared for the above-mentioned occasion:

Mr. President and Gentlemen of The Hahnemannian Association of Pennsylvania:

The present occasion brings me to an outlet of a strait or narrow passage in which I have been confined for several days past. Bound on the one hand by a sense of responsibility for a kindly requested paper as well as by a due appreciation of that request, and on the other hand by a feeling that I could not, under circumstances of domestic affliction, write a paper worthy of your esteem, I have at length concluded to occupy a small space on the broad back of that beautiful spider known as "*Theridion-curassavicum*," and allow it to waft me about the broad field of your wisdom and discussion that I may learn better things concerning the therapeutic value of this beautiful creature that I propose to ride—not as a "hobby," however.

Theridion-curassavicum is a small spider of the West Indies, well known among the people as very poisonous. It is found chiefly on the island of Curaçoa, and frequently among the orange trees, from which fact it is called the "orange spider." It may be found also in South America. The Arrowackians—the principal tribe that occupied the whole coast from the Oronoko to the Amazon—describe and call it 'Barra garru.' There has been some dispute, however, regarding the propriety of the name "*Theridion*," but it is retained as a sufficient identification until the matter is settled by a full scientific description.

As a therapeutic agent, *Theridion-curassavicum* is mentioned in Stapf's *Archives*, vol. XIV (1834), Jahr's *Symptomen Codex*, Allen's *Encyclopædia of Materia Medica*, in vol. III of the *Volksblätter* (1838), and in a German work where several cures of sheep are recorded (1843), but the best and most complete pathogenesis of the drug is to be found in Hering's *Materia Medica*, vol. I, wherein are contained some well-verified provings by the author on himself and others in 1832. The most remarkable and important circumstances corroborating all the characteristic symptoms have been contributed by Dr. Neidhard, of Philadelphia.

On the mind, and more especially on the sensorium, *Theridion* acts profoundly. The nerves of sight and hearing are in a high degree of exaltation, and are so sensitive as to be the media through which the sensorium is affected.

MIND.—To the mind of the patient time seems to pass more rapidly. Many provers experienced a great inclination to be startled. There is great aversion to work, even to professional labor.

SENSORIUM.—I would particularly call your attention to the profound vertigo, its conditions and peculiarities of aggravation as found under Therid. The vertigo is renewed by the least motion; increased by every noise or sound (sensitiveness to noise is a strong characteristic of Therid. [Farrington]), and one especial feature of its aggravation from sound lies in the fact that every penetrating sound and reverberation penetrates the whole body, particularly through the teeth, and increases the vertigo, which then causes nausea. Here we perceive a decided action of the drug on the sympathetic nerve. The jar of persons walking the floor, the motion of a vessel, riding in a carriage—these are among the aggravations of Theridion vertigo associated with nausea—deathly nausea and cold sweat. Let me just here suggest that if any of you should ever again have to prescribe for sea-sickness, or for that sickness to which some persons are subject when riding on the cars, please give Theridion a place in the cerebral lobe of your reflection when you are considering the stereotyped Cocculus and Petroleum. A bottle of Theridion (high) should be in the pocket of every homœopath when he is on board a ship, or on the cars. In the intoxication of beginning tobacco smokers this remedy ought to work “like a charm,” and probably in certain cases of cholera, where the profound nervous depression exists without the bowel evacuations, it would prove a useful agent.

But there is still another peculiar aggravation of Therid. vertigo: it is on closing the eyes (Thuja); vertigo and nausea when closing the eyes from weariness. Vertigo from stooping also (compare Bell., Calc-carb., Lyc., and many others). Alumina may be *contrasted* with Therid., in some of its mental and sensorial symptoms.

HEAD.—A word now on the headache of Therid. This also is aggravated by motion. Headache behind the eyes (compare Badiaga, Daphne-ind., and Lach.). Head feels very thick, as if it were another, strange head, or belonged to somebody else. Very thick in the head, with nausea and vomiting on the least motion, more particularly when closing the eyes.

TEETH.—Through the teeth Therid. exercises some influence, as I have already shown. Ordinary cold water taken into the mouth affects the teeth as if it were too cold. Every sound penetrates the teeth, *e. g.*, the crowing of cocks.

Please remember the peculiar conditions of aggravation in symptoms of the head, sensorium, and sympathetic stomach troubles, *viz.*: agg. from noise, every penetrating sound, the jar of persons walking the floor, closing the eyes, motion of the

vessel, and riding in a carriage. These are worthy of a place in your memory.

Moschus antidotes the nausea produced by Therid.; Aconite, the sensitiveness to noise and the violent paroxysms.

STOMACH.—Among the symptoms of the stomach we notice qualmishness and vomiting in the morning. Let us remember this in the “morning sickness” of pregnancy. Case.—A woman having had (in child-bed) a violent spell of sickness at the end of the first week, and apparently recovered, was, in the third week, after washing clothes, suddenly attacked with *nausea and fainting*; after it, very pale, and sick at the stomach as soon as she closed her eyes, with vanishing of her thoughts. Smelling of Therid.³⁰, she completely recovered (Hering’s *Materia Medica*).

NERVES.—From the foregoing statements, we must not wonder that Therid. should exercise a powerful influence on the nervous system generally. It seems analogous to Moschus in certain nervous affections. Hysteria at puberty and at the climaxis. The patient faints after every exertion. Tetanus after the bite of the spider has been observed by Dr. Hille. (There are stinging pains in various parts of the body, and a continuous aching in the left chest, near articulation of floating ribs. [*California Homœopath*, August, 1888.])

HYPOCHONDRIA.—Violent burning pain in the hepatic region, which grows more painful when touched. In abscess of the liver, Dr. Lippe highly recommends it for the relief of the vertigo and nausea. During the pains, retching, vomiting, and bringing up of bile. It has proven a wonderful remedy in the anthrax of sheep, with great tumefaction of the hypogastrium. It cured all cases where the swelling had not turned blue. (When the swelling turns blue, think of Lach., Ars., and Carboveg.) The violent burning pain in the hepatic region, other symptoms considered, may be a fine indication for Therid. in cancer of the liver; and in this symptom, *Tarentula-cubensis* may be favorably compared. For a knowledge of this comparison, I am indebted to my learned friend, Professor J. T. Kent, who has administered *Tarentula* with remarkable success, when the severe burning pain in cancer of the liver could not be controlled by any other remedy given. A most noted case of the kind was that of a lady, the daughter of a late homœopathic veteran of this city, who never, until death, ceased to thank Professor Kent for the prescription (*Tarentula*) that had produced so wonderfully soothing an effect upon his daughter, and had rendered her death a painless one.

But, gentlemen, in these few considerations we have, by no

means, exhausted all that may be discussed regarding the therapeutic value of Theridion; for, behold! even in that monster—"scrofula"—this valuable drug has been considered indispensable; and Dr. Baruch, of New York, confirmed the supposition contained in the *Archives* of 1834, that Therid. will often be found useful after Calc. and Lyc. have improved the case, but not finished the cure. I will now read an extract of a letter from Dr. Baruch to Dr. C. Hering:

"In cases of scrofulosis, where the best chosen remedies do nothing, I always interpolate a dose of Therid., which must act for eight (8) days; and I have seen the most surprising results from it, particularly in caries and necrosis. For phthisis Florida, Therid. is indispensable, and effects an entire cure if given in the beginning of the disease. In cases of rachitis, caries, and necrosis, I depend chiefly on Therid., which, although it does not seem to affect the external scrofulous symptoms, apparently goes to the root of the evil, and effectually destroys the cause of the disease."

Now, gentlemen, shall we dare presume Theridion-cur. to be an antipsoric remedy? Let us study it. The contents of this paper are by no means exhaustive; they are merely suggestive; but if they shall move any student of this Association to carefully and thoroughly study a drug which seems, to me at least, so valuable, I shall feel that my humble remarks have been awarded much honor.

AN EXPLANATION.

EDITORS HOMŒOPATHIC PHYSICIAN:—In your issue of this month, my revered friend, Dr. P. P. Wells, asks for an explanation how I came to quote him as having said: "A high potency will act where a low will." After looking over the proceedings of International Hahnemannian Association for 1886, page 248 and 249, I found that I had misrepresented Dr. P. P. Wells, who had then in substance made the same remarks as in your last edition.

I therefore beg his pardon for my error, made in an off-hand talk in one of our Rochester meetings.

JULIUS G. SCHMITT.

ROCHESTER, N. Y., February 6th, 1889.

BOOK NOTICES AND REVIEWS.

A MANUAL OF DIETETICS. By W. B. Pritchard, M. D. Pages 87. Price, 50 cents. The Dietetic Publishing Company, New York city.

This little volume is a compendium of useful information upon the management of infants and also for the proper selection of diet for the sick. The style is simple, technical terms being avoided as much as possible; it is a volume for the laity rather than for the professional man.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION. By the late G. M. Beard, M. D. Edited by Dr. A. D. Rockwell. Pages 254. Price, \$2.75. E. B. Treat & Co., New York city.

This volume is a reprint of Dr. Beard's work upon neurasthenia or nervous exhaustion. The subject is one we may all well study thoroughly, for the disease, in its many manifestations, is very often seen. The American is perhaps more prone to this nervous exhaustion than any other person.

THERAPEUTIC METHODS. By Jabez P. Dake, M. D. Pages 195. Otis Clapp & Son, Boston and Providence.

This is a second edition of Dr. Dake's little volume. It gives first a brief sketch of medical history from the time of Pythagoras and Hippocrates down to Hahnemann. Next follows a *résumé* of the requisites for a medical education. In part second we find *therapeutics* proper considered. Part third is devoted to the "Demands of Similia." These last are considered from Dr. Dake's peculiar standpoint. His well-known views upon drug proving and upon posology and pharmacy are given.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. Volume XXIII. 1888.

A neatly printed volume of 370 pages, with much of the same routine reports which characterize the "work" of most medical societies. The President, Dr. J. H. Paine, indulges in a tiresome harangue upon the iniquities of dynamization and of the deluded physicians who use such vagaries. The Bureau of Materia Medica, under Dr. Van Denburg, gives a study of Belladonna.

PROCEEDINGS OF THE 24TH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO. Drs. C. E. Walton and H. Pomeroy, Committee of Publication. 1888.

In this little volume of two hundred odd pages, some interesting and practical questions are discussed. Dr. H. C. Allen gives a partial proving of Magnesia phosphoricum, a remedy which is attracting attention and needs to be further developed.

Dr. R. N. Warren gives "an involuntary proving of Hellebore;" Dr. J. P. Hershberger attempted to report some provings of Cactus, but, as *potencies* had been used in the provings, the I-don't-believe fellows ruled out his report! Yet these potencies *do act*.

PAMPHLETS, ETC., RECEIVED.

The Sixth Annual Announcement of the Hahneman Hospital College of San Francisco; session of 1889.

The Report of the Pennsylvania State College for 1887; Agricultural Experimental Station.

Fourth Annual Report of the Trustees of the Westborough (Mass.) Insane Hospital.

The Eighteenth Annual Report of the State Homœopathic Asylum for the Insane at Middletown, New York.

Is The American Heart Wearing Out? By J. W. Dowling, M. D. Read before the N. Y. State Homœopathic Medical Society, September 11th, 1888.

NOTES AND NOTICES.

REMOVAL.—Dr. H. S. Phillips, from Canonsburg, to 328 Fifth Avenue, Pittsburg, where he will be associated with Dr. W. D. King.

THE CLINICAL RECORD is a new journal started by W. A. Chatterton, of Chicago. It is to give brief extracts of clinical data; volume began in January; price, one dollar per year.

THE ANNALS OF SURGERY began its ninth volume with its January issue. This is perhaps the only English journal devoted exclusively to surgery; it has an American and an English editor; it gathers its data from the surgical reports of the world. To those who devote time and attention to surgery, the *Annals* is a necessity. It is published by Messrs. J. H. Chambers & Co., 914 Locust Street, St. Louis.

BROOKLYN SUBSCRIBER.—A subscriber to this journal recently mailed (Feb. 20th) us from Brooklyn an *unsigned* subscription blank, with a two-dollar note inclosed. We shall be glad to have the name and address sent us.

MORPHIA vs. HOMŒOPATHY.—But, says the morphinist, when my patient is suffering, he wants immediate relief, and the hypodermic does it without wading through the intricacies of an overloaded *materia medica*. Granted—but do not claim to be a follower of Hahnemann's teaching. Low potencies and palliatives go hand in hand *versus* high potencies and strict application of the law of similarity. We do not infringe on your liberty, but please do not let it run to weeds in the form of license. Charity to all, but do not abuse those who pride themselves upon being strict followers of the father of Homœopathy.—S. L. in *Med. Institute*.

THE SCIENTIFIC AMERICAN, published by Munn & Co., New York, during more than forty years, is, beyond all question, the leading paper relating to science, mechanics, and inventions published on this continent. Each weekly issue presents the latest scientific topics in an interesting and reliable manner, accompanied with engravings prepared expressly to demonstrate the subjects. The *Scientific American* is invaluable to every person desirous to keep pace with the inventions and discoveries of the day.

FRENCH LIQUERS.—Absinthe, the favorite intoxicant of the French, is almost always manufactured with alcohols of industry, ill rectified, rendered green by the addition of sulphate of copper, and saturated with resin, so as to give it the beautiful greenish-white precipitate produced by pouring water on it, and which drinkers so much admire. "Vermouth," another favorite liquor, is adulterated with hydrochloric or sulphuric acid in order to give it a pungent taste. "Kirsch" is extracted from the leaves of the cherry-laurel. Rum is manufactured always with alcohol distilled from beet-root, to which is added ether and formic acid. The "bouquets" of brandies are manufactured by the action of sulphuric acid on castor oil. The coloring matters employed are extracted from logwood, the elder, sorrel, fuchsine, and coal. Such is the poison which is daily consumed by the Parisians.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

"If our school ever give 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. IX.

MAY, 1889.

No. 5.

QUESTIONS ASKED BY STUDENTS DURING THE COURSE OF LECTURES ON THE *ORGANON* AS GIVEN BY PROF. GEE, OF CHICAGO.

1. How does a drug cure by the law of similars? Why does it not increase the disease?

The process of restoration as brought about by the curative remedy is largely a matter of conjecture. Some theories have been advanced as to how it *may* be effected; as, for instance, by a change of polarity and repulsion resulting as with two negatives or two positives.

Hahnemann has given his theory in page 29 of the *Organon*: " * * * * somewhat stronger, similar, artificial morbid affection is implanted upon the vital power, deranged by a natural disease, * * * * but owing to its brief duration it will soon be overcome by the vital force, which, liberated first from the natural disease, and finally from the substituted artificial [drug] affection, now again finds itself enabled to continue the life of the organism in health."

He gives illustrations in the succeeding sections, but states an important fact in Section 28: "A scientific explanation of its *mode of action* is of little importance; I therefore place but a slight value upon an attempt at explanation."

2. When two remedies are markedly indicated, do you prescribe the one covering the greater number of symptoms, or the one covering the symptoms giving the greater distress to the patient?

This is a practical question, and the answer to it must be conditional. Ordinarily we should give the remedy covering the greater number of symptoms. Quality of symptoms must be considered. A remedy may meet a large number of common or unimportant symptoms, and not be the curative one.

The symptoms giving most distress to the patient must be carefully studied *and interpreted* in making the prescription. The more the nervous system is disturbed by them, if *peculiar*, the more likely are they to be guiding symptoms.

Section 153 covers this point very well: "The more *prominent, uncommon, and peculiar* [characteristic] features of the case are especially, and almost exclusively considered and noted; for *these in particular should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. The more general and indefinite symptoms, etc., deserve but little notice, etc." (Read it all carefully, and refer to it every week or oftener, especially if you have a troublesome case on hand.)

The difficult part is in taking the case. Number of symptoms cannot make up for quality. The key is the *interpretation* of the symptoms.

Remember the common ones in making the so-called "diagnosis."

3. When one remedy does not cover all the symptoms, and there is another remedy which will exactly cover the balance of them, why not mix the two drugs, if they do not act chemically on each other?

You are not likely to meet a case where a remedy will cover "all the symptoms;" in fact, too close similitude would lead us to suspect poisoning by that remedy. Nor is it necessary that the remedy should meet all of them. The *guiding* symptoms are the ones which should bear the closest similitude.

We do not know when a remedy will affect the human organism curatively until it has been "proved."

We must, then, give the remedy on those indications, and without interference, to expect curative results.

Give the remedy indicated by most of the guiding symptoms, give it time to act, and then take the case anew.

4. If we know our *materia medica* well, how can we help but associate remedies with the various symptoms as they are derived from the patient?

This is one great cause of failure, for the student who knows a great amount of *materia medica* is greatly tempted to prescribe hastily and spoil the case or make a failure. He does not wait to take the case fully, but frequently interrupts the

patient when a characteristic is touched, in trying to fit the patient to the remedy, instead of taking all the symptoms and suiting the remedy to the totality.

5. Is not clinical experience just as fallacious and liable to change in the hands of the homœopathic physician as in the hands of the allopath?

Most certainly. The experience varies constantly. No two are alike. No two cases of the same disease are alike. Our experience is helpful to us in many ways. A better acquaintance with remedies enables us to more readily distinguish the individuality of each, as the close acquaintance of a friend enables us to recognize him at a distance, in a crowd, and with exactness.

REPETITION OF THE REMEDY.

(From Bönninghausen's *Aphorisms*. Translated by A. McNeil.)

The foundation of all diseases rests on an internal, immaterial, purely dynamic affection of the vital power, which is either limited to one organ or the entire organism may be affected. And if heterogenous or effete matter is present in the system, with the exception of that which is introduced from without, it is to be considered as the result of that disturbance of the vital activity and not at all as the actual cause of the disease, the driving out of which is necessary to the restoration to health.

To oppose these natural diseases we employ those agents which are designated medicines, to differentiate them from the purely nourishing substances which we call foods. These medicines have purely dynamic, sick-making properties, whereby they have the power of reproducing such diseases in their external similarity as nature herself does, although they do not necessarily possess the same mysterious, intrinsic character which is and always will remain concealed from us by an impenetrable veil.

It has been proven by constant experience, although it cannot be demonstrated by logical reasoning, that medicines generally possess the property of curing certain diseases. In answering the question, Under what conditions is this done? the two schools diverge, although hitherto they have been in unison, as the allopaths accept as their guide the formula of *contraria contrariis*, and the homœopaths that of *similia similibus*. However, they again agree with each other that only by exciting the vital

power by suitable medicine can recovery be obtained, and that without this vital power and its reaction, every curative agent must be completely inefficacious.

In this active reaction of the vital power, we homœopaths perceive the foundation on which rests what we call the primary and secondary action of drugs. The primary action of a medicine is that which follows when its sick-making property makes its direct attack on the living organism. The secondary action consists in the reaction of the active vital power against the assault made on it. The two kinds of action stand in direct opposition to each other, and although each one is to be considered as the result of the mutual dynamic power of the vitality and of the medicine, yet they manifest differences in their struggle against each other which an experienced eye easily recognizes.

The complete cure of a disease is, consequently, the direct result of the secondary action in which the living and constantly reacting organism obtains more and more the upper hand in its struggle against the medicine, until it (the medicine) and with it the natural disease (in whose stead it appears) is entirely subdued and annihilated, and thereby health is restored.

From this it is easily perceived how careful the homœopathic physician must be not to interfere in the contest between the primary and secondary action, either by the administration of new doses of medicine to aid that already given and thereby to inevitably prolong the strife. Therefore, in our opinion, nothing is more dangerous and pernicious for the physician than impatience; and he will never repent waiting quietly as long as he sees the conflict in full activity, which he perceives by his accurate knowledge of the peculiar or characteristic symptoms, and that there is no change of the indications calling for another medicine. In this latter case, which does not often occur, there are the most positive criteria and cautions to guide him, and he will scarcely run the risk of either an injurious haste or of a hurtful delay.

It remains to be mentioned briefly that the period of waiting after the primary action of a drug is extremely different according to the nature of the medicine and the character of the case. While in the most acute diseases, as cholera, for instance, the time is measured by minutes, and in the most painful sufferings instant relief and a rapid removal is possible, yet, in chronic diseases often entire weeks pass before the health-bringing secondary action begins to manifest itself. And it is in just these old, long-continued chronic complaints that a too hasty repeti-

tion or a too early administration of a new remedy is the most injurious, often to such a degree that the harm can scarcely be overcome, and then only after a great loss of time. It is on this rock that the beginner in Homœopathy is most likely to be wrecked; and also those who have long served under the flag of allopathy, for *quo est imbuta recens, servabit odorem testa diu!*

IRIS VERSICOLOR.

This drug has been lauded as a specific for sick headache. Beware of this and all such delusions. There are no specifics for diseases, but every drug is a specific for a certain group of symptoms, and I will endeavor to show those which are curable by Iris.

It is indicated in sick headache which begins with a blur before the eyes. Kali bichrom. cures blindness, followed by violent headache; the vision returns as the headache increases. Gelsemium also has headache preceded by blindness. It cures another form of headache, in which there is dull throbbing or shooting in the right side of forehead, attended by nausea, is worse toward evening, from rest, cold air, and coughing, and is ameliorated by moderate motion. Ferrum aceticum is somewhat like it, being ameliorated by slight motion; while Sepia is directly contrary to it, being aggravated by moderate motion and relieved by continuous hard exercise in its headaches and other forms and complaints, as, for instance, asthma relieved by dancing is cured by it. Iris has a headache of sharp, cutting pains of short duration, and changing location often.

Iris is to be thought of when the mouth and tongue feel as though they had been scalded; Apis and Sepia also; while, with Sanguinaria the tongue alone feels as if scalded. Iris, with many other remedies, has salivation, but it has a symptom accompanying which differentiates it from that of all other drugs—viz.: the gums and tongue feel as if covered with a greasy substance. This peculiar feeling should be borne in mind in gastric conditions, including sick headaches.

Iris is indicated in any of the diseases of the throat, including diphtheria, when it smarts and burns, with a feeling of enlargement, as if it were a burning cavern.

We should remember this remedy when milk disagrees, it becomes sour, and is thrown up. In *Æthusa*, the milk comes up in clots, and the vomiting of milk, which is characteristic of *Mercurius* is, like that of Iris, sour.

Iris has a large field of usefulness in gastric derangements. It is useful in nausea and vomiting of sour food (*Calcarea carb.* and *Chamom.*), the whole person smells sour. *Hyperic.*, *Magnesia carb.*, *Rheum*, and *Sulphuric acid* all have the sour smell of the person. It is indicated in vomiting of thin, watery fluid of an exceedingly sour taste.

It is the remedy in a peculiar vomiting of an extremely sour fluid which excoriates the throat, with a burning in the mouth down into the stomach.

Iris is curative in diarrhoea of watery stools, the anus feels on fire: this burning may be either at the anus, or it may extend through the whole alimentary canal, from the mouth. *Arsenicum* is also characterized by this burning at the anus, but the other symptoms of these drugs are too different to embarrass you in your selection.

A. McNEIL.

CONSTIPATION OF BERBERIS VULGARIS.*

JOHN L. FERSON, M. D. PITTSBURG.

The constipation of *Berb.* is accompanied by hemorrhoids. The stools are pale in color, hard, and like sheep's dung; sometimes covered with blood. Much straining is required to expel them, due to a painful sensation of constriction in the rectum, which seems to prevent their escape. In consequence of this impediment there is a frequent urging to stool. The hemorrhoids are accompanied by itching or burning, particularly after stool. The anus is very sensitive to touch; the pressure on it when sitting causes pain, and there is pressure in the perineum. The absence of any statement as to whether the hemorrhoids protrude or are retained in the rectum, with the recording of the sensation of painful constriction in the rectum, and only soreness and sensitiveness of the anus lead me to conclude that the hemorrhoids of this drug are internal, and my comparisons will be made considering this as established. If any one knows differently let us know it. *Caut.*, *Chel.*, *Collin.*, *Mag-m.*, *Mez.*, *Op.*, *Plumb.*, and *Sepia.* all have stools similar in character to the one of *Berb.* under consideration.

The CAUST. stool resembling that of *Berb.* is "light colored, hard, knotty, like sheep's dung." In color and condition very similar to *Berb.* Under *Caut.* the color may even be white. There is frequent urging to stool with both remedies. With

* Read before the Farrington Club of Pittsburg.

Berb. the urging is in great measure fruitless because of the sense of constriction in the rectum. With *Caust.* the urging is ineffectual because of a spasmodic, painful contraction of the sphincter ani; with the straining there is anxiety and redness of the face. Both remedies have hemorrhoids; but with *Caust.* they are external, protruding painfully. Both have itching and burning; *Caust.* having also sticking and stitching pains. *Berb.* has pressure in the perineum. *Caust.* has the same, and pulsations in the rectum.

CHELIDONIUM also has a stool like sheep's dung in size and form, and, like both *Berb.* and *Caust.*, the color is light. There is itching in the rectum with both; but there is a crawling sensation present with the itching under *Chel.* The hemorrhoids are absent. Jaundice is present under both remedies, and, although the urinary symptoms are not very similar, yet *Chel.* affects the kidneys quite markedly. The burning so prominently present in any part effected by *Berb.* is absent.

COLLINSONIA CAN. and *Berb.* both have constipation consisting of hard balls like sheep's dung, and of light color. Both are accompanied by internal hemorrhoids. Both have itching in the rectum, which is accompanied by heat in *Collin.*, while there is pronounced burning with *Berb.* *Collinsonia* has to distinguish it a sensation as of sticks or sand in the rectum, which makes it resemble *Æsc. hip.* With *Berb.* there is sometimes a covering of the stool with blood, while with *Collin.* there are frequently decided hemorrhages of dark, tough blood. There is no constriction in the rectum as with *Berb.*; instead is a sense of weight. The frequent urging of *Berb.* is absent.

MAGNESIA MUR. has a hard, knotty stool, like sheep's dung. Its color is not given. There is no hemorrhoidal condition present, as with *Berb.* There may be "much pressure to stool," as there is with *Berb.*, but a more characteristic condition, in marked contrast is an atony of the bowel, without any desire, and this condition affects also the bladder, in which the urine accumulates without creating any urging to urinate, and its evacuation is only partly secured by great voluntary bearing down and pressure over the bladder. Both remedies have burning at the anus after stool, but there is no itching with *Mag-m.*

MEZEREUM causes a very hard, knotty, dark-brown stool in balls. In hardness resembling *Mag-m.* and *Plumb.* In a general way, aside from density and color, resembling *Berb.*

Hemorrhoids are not present, but there is an expulsion of the rectum with the straining which attends the efforts at defecation, weakness and laxity of the tissues being the cause both of the

straining and the prolapse. The straining is painless, but the expulsion of the rectum may be followed by a constriction of the sphincter about it, which will cause swelling and intense pain. A fissure of the anus may be present to complicate matters, and when so, there is painful constriction of and drawing and tearing in the anus, extending to the perineum and through the urethra. There is much fetid flatus discharged, especially before stool.

The OPIUM stool is hard, dark, and of balls like sheep's dung; differing from *Berb.* only in color. Instead of the frequent urging and straining of *Berb.*, there is a paralyzed condition of the bowel which allows the accumulation of feces to go on for days without either urging or inconvenience. In some cases there is desire for stool, but when such is the case there is a sensation as if the anus was occluded; same as with *Nux-v.*, but lacking the frequent urging of that drug (*Jahr*). There is marked dryness of the stool under Opium. The mucous membranes are likely to be dry from lessened secretion, this all through the intestinal canal, including the mouth. All the itching and burning, the constriction and sensitiveness, found under *Berb.* are absent.

PLUMBUM produces a very hard, dark stool, in ball like sheep's dung. Its resemblance to *Berb.* may even be closer, because under it the stool may lack bile, and be pale in color; and, to further heighten the similarity, jaundice may be present. Usually, however, the stools are dark with *Plumb.* The cause of the constipation is the same as with Opium—*i. e.*, paralysis of the muscular coats of the intestines, together with a dryness of the mucous membranes; but, unlike *Opium* and similar to *Berb.*, there is frequent urging to stool. This urging exists in spite of the fact that there is a paralyzed condition of the bowel, and is due to a constriction or spasm of the anus, even causing tenesmus.

A fissure of the anus may help along very materially in the way of pain. Note that the constriction is at the anus with *Plumb.*, while with *Berb.* it is in the rectum. With *Plumb.* there is a sensation as if the anus were being drawn up.

The abdominal symptoms of *Plumb.* are very characteristic of the drug, and, being so intimately associated with the symptoms of the stool, afford as easy a guide for the selection of the remedy in constipation as the urinary symptoms of *Berb.* do for that drug when they are present.

SEPIA has hard, knotty, scanty and insufficient stool, like sheep's dung. Unlike *Berb.* and indeed all the remedies con-

sidered, the stools are not dry, but are covered with mucus. The color is not mentioned.

As with *Berb.*, there is urgent desire to have a passage; attempts are unsatisfactory. Both remedies have straining in expelling the stool. With *Sepia* the weakness of the muscular coats of the rectum is such, that the expulsion of even a small quantity of mucous-covered feces requires great straining.

The scanty discharge from the bowels, in spite of the frequent urging and severe straining, gives slight if any relief; there remains so much of an accumulation that the urging continues, and there is present a sense of weight in the anus.

The straining causes, as with *Mez.* and *Plumb.*, a prolapse of the rectum, and the anus becomes swollen.

Sepia has burning of the anus like *Berb.*, but lacks the itching.

There is a constricting pain in the rectum and anus, which extends into the perineum or vagina (Dunham). This is similar to the constricting sensation in the rectum under *Berb.* Like *Berb.*, *Sepia* has hemorrhoids, but they are external.

Distinctively *Sepia* has a "weak feeling in the abdomen after a stool; constant oozing of moisture from the rectum; and soreness between the buttocks."

PROCEEDINGS OF THE LIPPE SOCIETY.

The 130th meeting of the Lippe Society was held on Tuesday evening, March 12th. Dr. C. Carleton Smith occupied the chair. The minutes of the last meeting were read and approved.

Dr. Farley then reported that the case published at p. 75, HOMŒOPATHIC PHYSICIAN for February was given one dose of Phos.^{cm}, after which there was one paroxysm of pain, and none since.

Dr. James—With the permission of the members, I should like to turn aside from the regular order of business, and offer a few remarks upon the question, Is the homœopathic remedy sufficient in relieving suffering? Allopaths and mongrels always maintain that we are unable to relieve pain without Morphia. They say Morphia is the great stand-by; is God's great gift, etc. In February, 1881, Dr. Lippe was extremely ill, and continued sick for over two months. I was in the charge of his practice at the time. A few weeks previously a telegram had come to Dr. Lippe, from a physician in Detroit, asking for a remedy for a case of renal colic. The patient was a

lady who had been under old-school treatment. She had then fallen into the hands of the homœopathist from whom the telegram came. She had been given Morphia and Ether by both the old-school doctor and a mongrel homœopath, without benefit. She had passed numbers of large calculi, and Dr. Lippe advised Lycopodium. She got almost instant relief. The lady thought it better to be where the physician resided who could give her relief so readily, so she came to Philadelphia. Owing to Dr. Lippe's illness, I took charge of her. The next attack came on one evening. I found her writhing. Her sister was on the bed pressing the right side of the patient, who was constantly crying for harder pressure. She was groaning horribly; although the pain was aggravated by slight touching, hard pressure would relieve. I gave her *Nux vomica*²⁰⁰, which made her quiet in a few moments. She then asked, "What makes me so quiet? the pain is no better. Did you give me Morphia?" "No, I am a homœopathician. I have given you a high potency of a homœopathic remedy." She said, "If you have given me Morphia I shall know it, and I shall immediately send you away, for it has such a bad effect that I shall never take it again." The relief from the *Nux vomica* was striking and singularly prompt. Eventually she had abscesses in the kidneys. Finally she went to Boston, where she was under Dr. Wesselhœft's care, and the *simillimum* always produced complete relief from pain.

Dr. Farley—Some years ago I had a similar case. I resorted to Morphia, of which I gave a grain within an hour. It was of no benefit. Then I did what I should have done before, looked for the remedy. *Nux vomica*¹⁵ gave relief in five minutes.

Dr. James—Some time ago I was called to see a boy whom I found on his knees in the hallway pressing his hands into his abdomen. He was bent double and could not get up, the pain was so intense. *Colocynth*²⁰⁰ was given. In five minutes he walked up-stairs and was in bed.

Dr. Powel—Occasionally I have just such attacks. *Colocynth*., high, always relieves in a few minutes.

Dr. Clark—Some years ago a man came into my office late one night suffering excruciating pain from renal calculi. I found he had had a similar attack the night before. An old-school doctor had given him Morphia and Chloroform. He had been subject to the affection, at intervals, for several years. I gave him *Lycopodium*^{em}. When he came in the pain was so great that he immediately laid down on the floor. In less than a

half-hour after the medicine was given he left the office and walked home, a distance of two miles. For over two years he did not have another attack. Afterward I lost sight of him.

Dr. James—I published a case in the *Organon*, in which a man had excruciating pain in left knee. The pain came suddenly, causing him to fall. I found he wanted to have his leg extended upward in order to get relief. The slightest motion aggravated, yet he was forced to move the leg; must get a new position, yet there was no relief. I gave Pulsatilla, and he was better in a moment.

Dr. Farley—That was a perfect picture of Bryonia.

Dr. James—Dr. Lippe had about that time taught me the difference between Rhus tox. and Bryonia and Puls., Rhus tox. must change to a new position, which relieves for a few moments. Puls., change of position does not relieve. Puls. is better from slow motion, while Rhus is better from rapid motion. Dr. Lippe said Mag. carb. patient is obliged to get up and move about slowly, to obtain relief; he cannot sit still. Mag. carb. has beating, pulsating toothache, pain goes up into cheek, jaw-bone, and eye, and into the neck; it is insupportable while sitting still.

Dr. Farley—Prosopalgia, with toothache, better from sweat, worse after getting in bed, is chenop. glauc. aphis.

Dr. James—The next case, with regard to relieving pain, was a little girl with a bad form of thrush, which seemed to indicate Merc., which did not relieve. Further study led me to Baptisia, which relieved in one hour.

Dr. Lee—A woman who was in the habit of using Morphia hyperdermically on herself, sent for me to relieve her of painful symptoms. I found her going from one bed to another; she could not keep still. She abused me for not giving her Morphia at once. I gave Ars., which relieved in ten minutes. She acknowledged that the medicine did her much good.

Dr. Farley—Some time ago I went to a dentist who used Arsenic to kill the nerve of a tooth. I became so restless that I could not keep still. I took Ars.^{40m}, and was all right in fifteen minutes.

Dr. James—A man took cold from sudden suppression of perspiration. Tonsillitis came on, and his suffering was terrible. His tongue was indented, and saliva ran from his mouth in drops, and he perspired profusely without relief. Merc.^{cm} cured him in two days. An old lady had erysipelas. The inflammation began on the right temple and spread to the left.

The cheek was much swollen and the eye appeared as though pushed back into the head, Lycop. was given. In six hours all pain was gone, and the next day the inflammation disappeared in reverse order to its appearance.

Dr. Farley—In facial erysipelas going from left to right, I gave Rhus tox., and the patient was well in forty-eight hours.

Dr. Lee—A woman had attacks of terrible itching of skin without eruption through three periods of gestation. In the last she complained of the same itching, when Dr. Lippe advised Psorinum. In two days erysipelas appeared. Her face was very much swollen. The child was born on the day after. On the second day the lochia stopped, for which a dose of Bell. was given, and there was no further trouble.

Dr. Farley then presented the following: a baby, æt. eleven months, has had a croupy cough since birth. I was called hastily, Jan. 21st, nine P. M., and found the little one gasping for breath, with harsh, sawing respiration, and clear, ringing, rasping cough. Gave one dose Spongia²⁰⁰ dry. In ten minutes the child was quietly sleeping, and the respiration was clearing rapidly. On the morning of Jan. 22d, the father called and said baby seemed all right. At six P. M. I called and detected slight rasping sound and cough, with harsh laryngeal sound. Gave one dose Spongia²⁰⁰ dry, and left powder of Hepar³⁰, to be given if child grew worse. Jan. 23d, father called and said baby slept nicely until midnight; after that breathing became labored and harsh, and cough ringing and rasping. He had given the Hepar at two A. M.; amelioration followed and continued until eight A. M. From that on the child grew worse. I saw the child at ten A. M., and found the breathing labored and gasping. All the voluntary muscles were being used to aid respiration. Respiration was noisy and rattling, the larynx and chest seeming to be loaded with mucus; cough harsh and rasping, worse from cold water; blood becoming carbonized, as was evidenced by lividity of the face. On examining throat detected small particles of membrane on tonsils, and during cough saw a mouthful of lemon-yellow, muco-purulent matter well up into fauces. The alæ nasi were expanding and contracting markedly at each respiration. I had given a dose of Ant. tart., to be repeated in an hour if not better. Called at twelve M. and found the patient worse, of course. I then went over the case carefully, and got the condition clearly, as above described; I failed to get a clear record at one o'clock. I now gave a dose of Lycop.²⁰⁰, and left Sac. lac., to be given every half-hour, and went away, confident of success.

At half-past three o'clock I was hastily called, as the child was said to be worse. Child seemed to be a little worse in every way. The cough was more violent and frequent, respiration more labored and obstructed. I told them she was doing just what I had reason to expect, and that I firmly believed she would get well. I felt sure it was the four to eight P. M. aggravation of Lycop., and determined not to call again until after eight o'clock. Called at half-past eight o'clock, and found the parents happy and the child sleeping peacefully. The breathing was still somewhat labored. Continued Sac. lac.

Jan. 24th, ten A. M., child playing in cradle and seeming perfectly well. Had slept well all night.

The 131st meeting of the Lippe Society was held on Tuesday evening, April 9th. Dr. Carleton Smith occupied the chair.

After the minutes of the last meeting were read and approved, the Secretary reported that Dr. Still had sent him a paper on diphtheria to be read at the March meeting; that it had miscarried, and was received only the day before this meeting. The paper was then read. Dr. Smith called special attention to the peculiar symptom of Ignatia in affections of the throat, the suffering worse when not swallowing. It belongs to no other remedy so characteristically, and is always relieved by Ignatia.

Dr. Preston—Some time ago I was called to see a boy aged five years, who had an attack of diphtheria. I had been preceded in the family by allopaths, who had lost two cases. The child was moribund, and his death was expected hourly. I found he was crying all the time except when swallowing. By this peculiar symptom I was led to Ignatia, and he recovered speedily. Ignatia is excellent in croup where the same peculiar symptom is present.

Dr. Powel—I have just successfully treated one of the worst cases of diphtheria I have ever seen. A child, æt. seven years, first taken with scarlatina. The fauces were completely covered with false membrane, also the posterior nares.

As the discharge was excoriating, I first gave Arum-tri., which did no good. Arsenicum^{4cm} was then given for the symptoms, which caused improvement. Laryngeal complications then appeared, and for the hoarse, croupy cough, and the characteristic loose, rattling cough I gave Bromine^{cm}, a few spoonfuls in water, with excellent results. There was almost total suppression of urine.

Dr. Clark then reported a very interesting case of dysmenorrhœa, calling special attention to the many contradictory symptoms, which seemed characteristic of several remedies.

Dr. Lee said that he knew of a somewhat similar case in old-school hands, in which there was anteflexion of the uterus. After the flexion had been reduced the symptoms were mitigated, but even then oöphorectomy was performed to "cure" the case.

Dr. Preston—I had a case of severe menstrual trouble, which prevented the patient from being out of bed for months. She got the idea that her uterus was displaced, but all that could be done to convince her she was wrong was of no avail. After she had had several attempts made to replace it, without benefit, Pulsatilla made her well.

Dr. Lee said we did wrong not to wait until several menstrual periods had passed before we change the carefully chosen remedy, if that has failed to relieve.

Dr. Farley thought that we should see some sign of improvement in the first period after the appropriate remedy was given.

Dr. Preston—I should wait for at least three periods. If at the end of that time I saw no change for the better I should study the case and choose another remedy.

GEO. H. CLARK, *Secretary.*

DIPHTHERIA.

HORACE STILL, M. D., NORRISTOWN, PA.

This is defined to be a specific, contagious, asthenic disease which sometimes prevails as an epidemic, and is endemic in some localities.

It is characterized by the exudation of a false membrane on the mucous surface of the soft palate, uvula, tonsils, pharynx, larynx, and trachea, or it may involve the posterior nares and eustachian tube, or it may appear in more remote localities. Together with this false membrane there is more or less marked prostration of strength, the appearance of albumen in the urine, sometimes a cutaneous eruption, enlargement of glands, and where the larynx and trachea become involved, the distressing croupy symptoms appear. These, together with other symptoms known to all, constitute the picture of the disease. But, rather than a description of the disease, it is the treatment which is of the most interest to the homœopathic physician. Right here, let me say, it is in this disease that some of the greatest triumphs of Homœopathy have occurred, while, on the other hand, the mortality on the part of the old school is large, the treatment

unsatisfactory, as is evidenced by the utter want of well-credited and successful measures, and their constant seeking after something which will destroy the so-called microoccus diphtheriticus, and thus, as they mistakenly suppose, cure the disease. There is only one true way of curing an individual afflicted with symptoms which are termed diphtheritic, and that is by strict adherence to the homœopathic law of cure, founded upon its three (3) fundamental principles :

1. The Similar Remedy.
2. The Single Remedy.
3. The Minimum Dose.

There is no one specific for diphtheria, but every case must be carefully and patiently individualized.

REMEDIES AND THEIR INDICATIONS.

Ailanthus g.—Diphtheria with scarlatinal complications : where there is a livid and swollen throat and tonsils studded with numerous deep, angry-looking ulcers, exuding a scanty, fetid discharge ; livid, purplish appearance of the skin ; semi-conscious condition, or entire insensibility.

Ammon. caust.—Especially in diphtheritic croup : marked hoarseness ; low, husky cough ; suffocative spells with great anguish ; breathing hurried ; pulse rapid, feeble, wiry. The whole throat covered with a white exudate, with intense pain in throat ; great difficulty in swallowing ; great weakness and prostration, not in proportion to the short duration of the disease.

Apis m.—This remedy, as you well know, is so highly recommended by Jahr in his forty years' practice as to lead one to believe it to be a specific for nearly all cases ; it does not, I think, occupy any such position in the homœopathic materia medica, but should be prescribed only according to well-defined indications.

There is marked debility from the beginning ; throat presents a varnished appearance ; the membrane is of a dirty gray color ; and, although the parts are highly inflamed, there is comparatively little pain ; uvula often becomes œdematous and looks as if filled with water ; the margins and a little beyond the membrane are fiery red and shining, and this fiery margin moves as the membrane increases ; pain in the ears when swallowing ; often a stinging pain in the throat between the acts of deglutition ; the throat, externally, is often swollen and puffy ; thirstlessness ; there is often a sensation of rapid swelling of lining membrane of throat ; sense of suffocation, can bear nothing about the throat ; skin perspires, and dries up in starts ; urine scanty, albuminous.

Arsen. alb.—Sometimes called for with the characteristic restlessness, thirst, prostration, aggravation after midnight and albuminous urine.

Arsen. iod.—Recommended where the deposit extends even to the outer edge of the lips; foul breath; short, difficult respiration; marked adynamic symptoms; glandular enlargements.

Arum tri.—Mouth burns and is sore, so that they refuse to drink; discharge of a burning, ichorous fluid from nose, excoriating the upper lip; nose stopped up and they can only breathe with the mouth open, this is the case with or without discharge from the nose; picking at lips and nose, making them bleed; fetid breath; sensation of something hot in throat; hemorrhage from nose, mouth, and throat; great restlessness.

Baptisia.—Very little pain, fauces œdematously swollen, with constant inclination to swallow; membrane has a dark appearance; breath offensive; suffocating spells; can only swallow liquids; prostration; stools dark and blood streaked; mind wandering; low, muttering delirium.

Bell.—Useful sometimes in beginning; restlessness; desire to swallow, and sensation as if he would choke if he did not swallow; great difficulty in swallowing solids or fluids; throat highly congested, bright red; right sided aggravation; sleepy but cannot sleep; pupils dilated; red face, etc.

Bromium.—Croupous symptoms; recommended for diphtheria apparently commencing in larynx and spreading upward; stiff neck with diphtheria; hoarse, croupy cough.

Cantharis.—Burning in throat, with scraping sensation and spitting of blood; spasmodic constriction and intense pain at the back part of the throat; dysuria; urine albuminous and shreddy; extreme prostration; sinking, death-like turns; rash on skin or shining through.

Capsic. an.—Burning and soreness in mouth and throat; fauces covered with a considerable deposit, with smarting, beating, and throbbing in the head; rapid pulse; vertigo; epistaxis; chilliness in the back.

Ignatia.—This remedy, as you are aware, was first introduced in the treatment of diphtheria, by Dr. Boskowitz, of Brooklyn. It was subsequently used by Dr. W. C. Slough, in an epidemic in Lehigh County, this State, with marked success, and that, too, with the 200th trituration. The symptoms characterizing this epidemic were "green vomiting; putrid throat, seldom painful (the painful cases were less likely to prove fatal); greenish-yellow patches; delirium, headache; green stools; suppression of urine, sometimes chilliness, sometimes high fever."

This remedy, also, is most likely to be useful where the right side is affected, although the exudation may be on both sides; high fever with delirium, characterized by fearfulness or dread; soreness of throat, worse between the acts of deglutition; pain in the back of the head, trachea, and sometimes in the ears.

Aggravation.—When not swallowing (between the acts), and when swallowing liquids.

Amelioration.—When swallowing food.

Kali bich.—Tough, stringy discharge from the nose, which is often fetid; pharynx red, swollen; thick; tenacious, ashy-gray membrane, which has a strong tendency to spread downward to larynx; smell from the mouth as of decayed meat; uvula looks like a bladder; parotid glands swollen; harsh and stridulous breathing; voice partially suppressed; an almost unconscious condition when aroused from it or when awaking from apparent sleep; marked aggravation; awakens with desire to cough or to hawk up detached portions of the diphtheritic deposit, and throws off tough, ropy, yellow mucous expectoration, frequently streaked with blood; extreme prostration.

Kali permang.—Fauces covered with a peculiar wash-leather, grayish membrane, breath offensive from the beginning; thin, watery, sanguinous discharge from nose, excoriating the upper lip; fluids taken by the mouth return through the nose; vomiting; dark-colored, offensive diarrhœa; general prostration; sometimes a comatose state.

Kali phos.—Has been recommended where there is a marked putrid, gangrenous condition and a fearful stench from the mouth.

Lac can.—One side of the nose stopped up, the other free and discharging thin mucus at times and thin blood, these conditions alternate, first one nostril is stopped up and the other fluent, and *vice versa*; fluids escape through nose while drinking; on swallowing, acute pains at one time on right side of the throat, and at another on the left side; diphtheritic membrane, white like china; mucous membrane of the throat glistening as if varnished; membrane changes sides repeatedly; desires for warm drinks; there may be difficult breathing, suffocative spells; pulse weak and rapid; tongue dry and coated grayish-white. This remedy is often useful after *Lachesis*.

Lach.—Commences on left side and goes to the right; aggravation from empty swallowing, less from liquids, relief from solids. Fluids return through the nose; spasmodic constriction of throat worse after sleep or arousing from sleep; intolerance of anything touching the throat; fever marked; pulse

weak and rapid; great restlessness and prostration; sometimes delirium, with great loquaciousness and changing from subject to subject; useful in diphtheritic croup.

Lachnanthes t.—Useful in cases with stiffness of neck and head drawn to one side during or after the attack.

Lycop.—Disease commences on the right side or beginning in the nose; nose stopped up; not able to breathe through the nose, so that they are obliged to keep the mouth open, with tongue partly projecting, producing a silly expression on the face; wring-like motion of *alæ nasi* on awaking out of a short sleep, patient is often cross or will jump up in bed and stare and not recognize anybody; aggravation from hot drinks, they make the throat smart.

Merc. cy.—Useful in putrid forms of diphtheria; likely to commence in nostrils and spread downward; grayish-leathery exudation; much salivation; great fetor; excessive prostration and danger of collapse from commencement.

Merc. jod. flav.—Worse on right side; thick, dirty-yellow coating at base of tongue, tenacious mucus in throat; offensive odor from mouth; glands swollen; aggravation from warm drinks.

Merc. jod. rub.—Worse on left side; swallowing both of fluids and solids painful; exudation limited, transparent, easily detached; gums and tongue swollen and sensitive.

Naja tri.—Patient grasps at throat with sensation of choking; must sit up; breath fetid; short, hoarse cough; raw-feeling in the upper part of trachea; blue appearance of the skin; pulse intermittent, thready; threatening cardiac paralysis.

Nit. ac.—Membrane on fauces and tonsils extends to the nose; stoppage of nose or corroding discharge from the nose; terrible fetor; swollen parotids; pain as from a splinter in the throat, worse when swallowing; intermittent pulse.

Phytolacca dec.—Dirty, wash-leather membrane; mucus hawked with difficulty from posterior nares, from which it hangs down in strings; excessive fetor of breath at times; severe aching of head, back, and legs; great prostration, with faintness on rising.

Sul. ac.—Thick yellow membrane on fauces and tonsils, very tenacious; deglutition impeded; voice thick; swelling of parotids; marked fetor from mouth; much weakness; excessive paleness.

Sulphur.—Yellow deposit about posterior wall of pharynx; quick pulse; flashes of heat; faintness; sinking spells; complaining of closeness of room, in sluggish cases.

ORGANON SOCIETY OF BOSTON, MASS.

MEETING FEBRUARY 7TH, 1889.

On account of the absence of Dr. Wesselhœft, Dr. Kennedy read, beginning at Section 100.

Dr. Kennedy—In regard to Sections 101 and 102, they seem to me to state a very important feature of Homœopathy. How many physicians realize the value of looking carefully at the first two or three cases of an epidemic; if they did it might save them much trouble later.

Dr. Lincoln—Did Hahnemann express himself as he really meant? He speaks of specifics for epidemics. When speaking of the cholera, he said that two or three remedies would probably cover the majority of the cases.

Dr. Kennedy—I do not think he speaks of a specific remedy, but of the appropriate homœopathic remedy.

Dr. Bell—We must first ascertain what Hahnemann means. I think he refers to such epidemics as do not always retain characteristics, and would therefore exclude yellow fever, small-pox, etc. How much then will it exclude and include? I have always thought it applied to epidemics of influenza or winter diarrhœa, and these may differ in January, February, or March. I have tried to apply Hahnemann's teachings, and have seen evidences of the truth. Through last December we had coughs that called for Arnica, causing pain in the sides with desire to hold on. It was quite a severe cough, and, while Arnica did not help every case, it was the remedy for the majority of them. The winter diarrhœas have been characterized by vomiting with stool. Several cases called for Dulcamara. In one case Dulc. did not seem indicated as well as some other remedy, but that producing no result, it was much helped by Dulc.

Dr. Wheeler—I have had one case of diarrhœa this winter which was cured by Dulc.

Dr. Bell—We rarely use Dulc. in winter, but this winter has been rather warm and damp. Section 103 indicates the way Hahnemann got the picture of psora and discovered the anti-psorics.

Dr. Lincoln—Can you find a case that represents psora alone or syphilis or sycosis alone? There always seems to be a combination of two or more.

Dr. Bell—"Material," in Section 105, should be "instruments," as in the original.

Dr. Hastings—This should be understood thoroughly, as most of the so-called homœopathic physicians claim that the law is not always sufficient.

Dr. Bell—We should not search for some occult meaning in Hahnemann's language. It seems to me that he means we will find remedies for almost all our cases. We may fail to find the remedy for some case, for the remedy may not be known. He is talking now of the instruments, not of the law governing their use.

Dr. Davis—Does Section 108 exclude symptoms observed on the sick?

Dr. Bell—No, but that is left for masters in the art of observing. See Section 142.

Adjourned to February 28th.

MEETING FEBRUARY 28TH.

Dr. Wesselhœft still being absent, Dr. Bell read, beginning at Section 110.

Dr. Bell—Hahnemann is bringing out the theme expressed in Section 110, everywhere in the *Organon*. He has but two or three themes in the *Organon*, and is constantly referring to them. People often ask if "that little sugar" can do them any good. I usually tell them that a powder of Arsenic or Tartar Emetic would look exactly the same as the sugar powder, and that they cannot tell by the looks or the taste of drugs, but by the effect of the remedy after taking it.

Dr. Cobb—I usually ask them if they know what gave them typhoid fever.

Dr. Dutton—Do you use pellets moistened with alcohol for placebos?

Dr. Bell—I generally use dry pellets or powders with pellets in them. Sometimes I use tablets. In regard to Section 111, it is a very common impression that you can make the remedy suit by changing the potency, whereas no potency of a non-indicated drug is of any value.

Dr. Cobb—A friend who is a physician "out West" told me of a man who came to her one afternoon with a raging toothache. She gave him a remedy, and it helped him so much that the next morning he thought he would take home with him what was left of the solution—he lived some distance away, and happened to be in the town for the night. So he put the solution in an essence of peppermint bottle, and successfully relieved

himself of other attacks of toothache, and some of his friends also. The doctor knew of these facts by his bringing back the bottle to be filled again, and it was very strong of the peppermint then. The remedy was Merc. sol.²⁰⁰.

Dr. Bell—I have known a remedy to act perfectly when given to a man with his mouth full of chewing tobacco. What I gather from Section 117 is that, although few symptoms may be produced in some powders, the drug is just as valuable.

Dr. Eaton—Note 92; will only one drug be indicated in a given case?

Dr. Bell—One will certainly be more appropriate than the others.

Section 121—Dr. Bell—I do not think this was Hahnemann's latest thought. Lyc., Calc., Sil., Nat. mur. are certainly better proved in the potencies.

Section 129—Dr. Bell—Hahnemann says additional pellets may be taken. Have any of you seen any difference in the number of pellets given? I have not had much experience in proving, but in prescribing I never noticed that the number of pellets given made any difference.

Dr. Dutton—Are people ever injured by proving?

Dr. Bell—I do not think there is any permanent injury. Provers distinguish the symptoms of the drug from those of ordinary health.

When I was proving *Calcarea fluorica*, I had a backache from riding that I had never experienced before. I had ridden a great deal, but never had such a backache. Then another feeling that the remedy brought out was the fear of want; the feeling that I should come to want. I knew these symptoms as being entirely different from my feelings in ordinary health, as they were not natural to me.

Adjourned to March 14th. S. A. KIMBALL, *Secretary*.

VERIFICATIONS.

CASES FROM PRACTICE.

A. H. BIRDSALL, M. D., BROOKLYN, N. Y.

CASE I.—A young man came into my office complaining with what he termed a stabbing toothache. He said that he had taken cold the day previous in a tooth which was decayed, and since twelve o'clock that night had been suffering with severe *stabbing or jerking pains* coming at intervals of every half-minute—single sharp stabs from the tooth up into the temple and ear. This

was the peculiarity of his toothache, and I do not think it exaggerated as regarded the frequency of these pains, as I noticed that he would as frequently jump and jerk back his head, significant of pain. I spent some ten minutes in looking for the simillimum in the young man's case. When I found in Repertory, under Baryta carb., the symptom, *single jerks in teeth* and also in the provings "*Toothache in single jerks in decayed teeth from cold, the pain reaching to temple and ear,*" I gave him a single dose of Baryta carb. (Fincke) dry on the tongue. At the expiration of *four minutes* the pains had entirely ceased, and the swelling and slight soreness of face and jaw gradually disappeared in the course of the next twenty-four hours.

CASE II.—Miss L. took a heavy cold in the head, which latterly developed into a severe neuralgia of the entire *left side* of head and face, involving eye of same side; the pains seemed to start from left occipital region and extend forward, pains sharp and tearing, especially in and around eye (ciliary neuralgia), causing much lachrymation, constant feeling of nausea, and occasional vomiting of bile, the least noise—even talking—aggravates the pain, and light is intolerable to the affected eye. She had been suffering in this manner for about three hours when I saw her. One dose of Spigelia²⁰⁰ (B. & T.) stopped her pains in fifteen minutes.

CASE III.—Mr. R., aged twenty, while exercising in the gymnasium, accidentally received a severe bruise upon his right testicle. For a few minutes he suffered considerable pain, which gradually passed off, leaving a slight soreness for several days. Twelve days after the injury he sent for me in great haste, when I found him writhing in agonizing pain in his right (injured) testicle; the pain *sharp, cutting*, and running up spermatic cord to lower part of back and also *through scrotum to root of penis*. It was with difficulty that I obtained the latter and only characteristic symptom in his case, so great was his suffering. A dose of Conium²⁰⁰ relieved his pain in five minutes, and at the end of twenty minutes it had entirely disappeared.

CASE IV.—Mrs. S., seven months enceinte, was taken one evening with intolerable neuralgic pains confined mostly to *left side* of head and face, apparently emanating from some carious tooth, although she was unable to locate it, as the teeth and gums of the entire left side were sore and sensitive, especially to *anything warm taken into the mouth*. I found her about eleven o'clock in the evening, walking rapidly up and down the room, moaning and crying, extremely *irritable*, decidedly *uncivil*, if not disposed to be quarrelsome. A few pellets of Chamomilla^{cm}

(Johnstone) gave relief in a very few minutes, and in less than half an hour I had the gratification of leaving her entirely free from suffering, and completely transformed into a state of supreme complacency of mind.

CASE V.—A gentleman came in my office, saying that he had been troubled for nine months with a diarrhœa that had baffled all the old-school doctors he had consulted, and that he would like to give Homœopathy a chance. Examination for his remedy seemed to elicit nothing really characteristic in his condition. Stools watery; yellowish at times, accompanied with pain; again painless. Usually six or seven movements through the day, never at night; nothing particularly seemed to aggravate or bring on a movement. I was about to prescribe *Nux-vom.* and await development of symptoms, when he told me that he had noticed one thing throughout his trouble—that he invariably had a movement every morning *after* his *breakfast*, and also that if he ate no breakfast, he might have no movement for a couple of hours. One dose of *Thuja* and plenty of *Sac-lac.* cured this man in the course of five days, and he had no return of his trouble.

CASE VI.—Mr. L., aged forty-five, had been suffering with a severe, almost congestive type of chills and fever for two weeks, which he had been keeping partially under control with Quinine. His chill would usually occur every other day in the afternoon about four or five o'clock; the coldness, as he expressed it, seeming to penetrate every part of his body, causing him to shake terribly for nearly two hours, no amount of covering or external heat giving him any relief from the chill; his hands, feet, and face get very blue. Much restlessness and anxiety, and some thirst; drinking makes him feel more chilly. Fever follows, lasting most of the night, with *much thirst.* Chilliness during fever if moves or turns or raises covers; sweat with thirst follows heat, with desire to be uncovered. One dose of *Nux-vom.*²⁰⁰⁰ immediately after a severe paroxysm completely intercepted the next chill, and cured without repetition of dose or paroxysm.

CASE VII.—A little girl of ten years of age had been troubled with an eczema situated on back of neck at border of hair for a period of two years; would get better and worse at times, but never entirely disappearing. There constantly exuded from it a secretion having the appearance of peach-gum. One dose of *Natr.-muriat.*^{cm} (Swan) cured in two months without return—now one year since. Six years ago I cured a lady of hay fever (which had troubled her every summer for a number

of years) with several doses of the same remedy, solely on the strength of the above indications.

CASE VIII.—A theological student had been troubled with dyspepsia and chronic constipation for several years, at times giving him so much trouble that he would have to relinquish his studies. Appetite generally good, but slight errors in diet were apt to bring on an attack of gastralgia. Much tenderness, and at times bloating in the epigastrium, so that the clothing would be uncomfortable and painful; frequent spells of empty, weak feelings in pit of stomach. Food always lay heavy in stomach, producing sensation like a stone lying there, attended with good deal of belching. Generally awakens in the morning with dull feeling in head and pain across the forehead, bowels inactive—always had to take cathartics to get them to move. If not would use enemata, when the pain and straining would become almost intolerable, the stools being large, dry, and, as he expressed it, hard as though baked. He also complained at times of pain and soreness of right side, felt mostly in stepping heavily in walking, and deep breathing, coughing, or sneezing. Three doses of *Bryonia* 2000 (Jen.) at intervals of ten days cured permanently in three months.

CLINICAL CASES.

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

(15) *Sepia*.—August 27th, 1885.—Mr. B. wrote that he had been ailing for some time; aching in calves, extending up to knees, with a feeling almost as if the bones were decaying. The excitement and occupation of business during the morning makes him forget his aching limbs. Has had much worry lately. *Sepia*^{cm} (F. C.) twice daily for eight days soon cured.

(16) *Lac felinum*.—Mr. E., aged twenty-eight, March 26th, 1888, consulted me for iritis. I first prescribed for him August 18th, 1884, when he told me that he had had six attacks of inflammation of the eyes, alternating in either eye in the three previous years. It had been diagnosed as iritis at an ophthalmic hospital. The attack would last four or five weeks. The last two attacks had been five months apart; generally there was an interval of six months; never more than eight. He never had syphilis. I gave him according to the changing symptoms *Acon.*, *Natr-mur.*, and *Zinc*. He was well by September 15th, but had improved much sooner than usual; the attack having

lasted nine days when I first saw him. Two allopaths had told him he never would be cured.

On January 9th, 1885, he had another attack in right eye, which I cured with *Zinc*, followed by *Merc.* He was nearly well by January 31st, and said it was the shortest attack he had ever had.

On January 2d, 1886, had another attack in right eye, having remained well longer than ever before. I cured it with *Acon.* and *Merc.*

He remained quite well till March 17th, 1888 (more than two years), then the right eye was attacked during the excessively cold weather. I saw him March 26th. Right eye was much inflamed; aching in it at night; *shooting from right eye to temple* and eyebrow, worse at night between three and five A. M. Has been worse since 22d. Sight very hazy. Iris looks dull. Since 17th a black spot before right eye, moving with the eye, when in sunlight. *Lac. felinum*^{cm} (Fincke) every four hours.

April 4th.—Took the last dose last night; after the third day took it only thrice daily. He improved the first night, the improvement increasing each night; the third night the pain did not wake him at all. No return of the aggravation between three and five A. M. since commencing the medicine. The shooting pain, which was the last to appear, was the first to disappear. Sight not nearly so hazy; can see a red stone in a ring which he could not before. Eye looks clearer. Yesterday morning, feeling of grit in right eye on waking, lasting two or three hours (? effect of medicine). No more medicine given.

April 19th.—Has felt quite well for five days, and has gone back to his work, which is wheeling a bath chair. No black speck. Sight getting clearer daily; can read print now. Eye looks natural, and there has been no pain in it for eight or ten days. Since April 2d, and worse for the last two weeks, inner side of arch of right foot is swelled, with aching pain, worse at night if he wakes and moves, and he has to limp on first getting out of bed; the pain ceases after walking about ten minutes, but if he rests he feels it when he moves again; the pain is as if the muscles there were contracted.

These symptoms were like those of *Rhus*, but as the transference of symptoms from the eye to the foot was a curative effect, I gave no medicine. Invariably when symptoms pass from above downward, or from within outward, or from a more important to a less important organ, the medicine should be allowed to act without repetition or interference. It is only when the new symptoms persist that further medicine should be given. I

once greatly relieved a case of chronic headache with *Nux*; her feet became more painful, and to relieve them I prescribed *Kali*. The feet improved; but the headache returned as badly as ever, and the patient gave up treatment. I know better now.

June 13th.—No return of pain in eye, but black spot has returned. No swelling of foot or pain at night. Foot feels sore on first standing, and stiff after sitting, but not nearly so bad as before.

I have not seen him since; but as he was a free patient and had never been relieved before he tried Homœopathy, I conclude he is still well.

(17) *Sulphur*.—April 18th, 1885.—Miss A. says she caught cold in right eye about two months ago, which caused lachrymation and pricking pains. This she cured (?) by application of rose-water. About three weeks ago both eyes became affected, and this time rose-water did no good. She has now constant lachrymation, of a rather gelatinous character, all day, but worse morning and evening. In the morning sees a halo round artificial light, yellow inside, then green, then yellow outside; removed by washing. Gaslight looks dim. Smarting in external canthi, which are red and prick at times. *Sulphur*^{dm} (F. C.) once daily for seven days.

April 26th.—Writes that eyes are really better; symptoms continue, but are all less marked, and eyes do not pain nearly so much; the halo is thinner and smaller, and sight less dim in evening. No medicine.

May 11th.—Writes that she is almost well; eyes are only a little weak; a pricking sensation in them when exposed to wind; lids very heavy on first waking in morning. Halo quite gone for more than a week.

June 24th.—Reports she has remained quite well.

(18) *Natrum muriat.*^{cm} (F. C.)—Removed an inability to blow the nose, the mucus getting into throat.

(19) *Rhus tox.*—May 27th, 1885.—Miss C., aged thirty-eight, in November, 1884, had lumbago and neuralgia in neck from getting wet. It was treated with linaments and Morphia injections, and was followed by left sciatica. About three weeks ago had return of the neuralgia, for which she took Quinine and Iron, but without benefit. Present symptoms: The pain begins in nape like a rheumatic stiffness, worse on left side of neck; relieved by wrapping it up in woolen shawl, but worse by heat of fire; better by leaning back with head leaning on something. The pain comes on in daily paroxysms, except on 24th and 25th, during menses. The first came on in evening, but now in morn-

ing, and to-day she woke with it. The pain begins in nape, extending over occiput to vertex, and a little into ears. During the attacks, utter dislike to wine, even of the kinds which she likes. Has noticed the attacks *worse before damp weather*. Feet tender all over, worse on top and in left foot. Neck better by rubbing. Sometimes has several paroxysms of pain during day. Comes on little toes, worse on left, paling most in hot weather. *Rhus tox.*^{101m} (F. C.) thrice daily for eight days.

June 5th.—Paroxysms have not come on so frequently, nor have lasted so long, till yesterday, when they were very bad. Once has been free from the attacks for two consecutive days. Last dose was taken yesterday morning. Feet less tender yesterday; felt very weak with the pain. Since taking the medicine, and not before, palms have felt subjectively damp, but were not so; also once the same sensation on vertex. Soon after commencing the medicine, had on two occasions an aching in left arm. Yesterday there was great intolerance of noise. No medicine.

June 13th.—Has had threatenings of the pain, but no real attack since. Feet much less tender. No return of dead feeling of palms, or of aching of left arm. Corns have not troubled her much.

June 22d.—No more attacks of pain even from draft; has been altogether more free from pain than the previous week. Feet rather more tender the last two days.

July 22d.—Has been, on the whole, very well, and has been able to go out to entertainments, which she could not do before without a bad attack. Has only had a few threatenings of the pain. Feet have been tender again the last two weeks, since the weather became very hot. *Rhus*^{mm} (Fincke) twice daily for fourteen days.

August 1st.—Feet less tender. Has had a little of the old pains in the left hip and thigh. No medicine.

February 15th, 1887.—Consulted me for a catarrh. Has had no return of the old symptoms, except that the feet have been very tender for four or five months.

(20) *Sulphur*^{dm} (F. C.) cured an obstinate and regular desire for stool, at five or six A. M., keeping her awake for an hour or so, then she is obliged to rise to get relief; it came on daily for three weeks or more.

(21) *Sepia*.—July 5th, 1888.—Mr. W., aged fifty-five, caught cold six or eight weeks ago, followed by "inflamed pain" in abdomen, relieved by hot flannels. Now has loss of appetite; *cannot always swallow solid food, but must take it out of mouth; keeps turning it over in mouth, but cannot swallow it.* Driving

causes pain in hypochondria, abdomen, and lumbar region, with desire to lie down. Full feeling up from abdomen to throat; it comes on from eleven A. M., to one P. M., and then lasts all day; better by resting. *Sepia*^{cm} (F. C.) one dose.

July 21st.—Appetite better. Pains when driving altogether better. The full feeling went in three or four days, and has not returned.

September 22d.—Reports that he became quite well in two weeks, and has remained so.

(22) *Fagopyrum*.—Sept. 15th, 1888.—Mrs.——, for a week, on waking in morning, pain in top of left shoulder, rather posteriorly, extending up neck; it is a dull, bruised pain, worse on moving the part; it goes off after breakfast, but returns somewhat two or three times during day. Increased constipation for a week. For about two weeks, and worse for last week; nausea a little before eleven A. M., lasting thirty minutes, but without vomiting; with the nausea, and lasting afterward, has dull pain in left temple. Shoulder also feels painful if she wakes in night. For the last few days has felt hot all over, though the weather has been cooler. *Fagopyrum*^{1m} (F. C.), one dose.

September 21st.—On 16th the pain in shoulder on waking was much worse; much better by night. On 17th, less pain on waking, and none since till this morning, when she had a little on waking. No more constipation. Very little return of nausea, and no pain in temple. Still feels hot, but less. No medicine.

October 3d.—Reports that none of the symptoms had returned. This belongs to an interesting and complicated case of tumor, which I hope, when completely cured, to publish in full. In the meantime, I give this extract to illustrate the action of a comparatively new remedy.

Here is another verification:

Miss L., aged thirty-four, had chronic diarrhœa. On April 25th, 1888, she reported that it had increased; generally commencing about six or seven A. M.; also sinking in stomach, as if she wanted food, coming on suddenly about six P. M. *Fagopyrum*^{1m} (F. C.), one dose.

The sinking was much worse for about a week after the dose, then improved, and almost entirely ceased. The diarrhœa improved for some time, but afterward increased, and I had to prescribe *Lachesis*.

Symptoms 336, 426, 358, 602-6, 612-14, in *Encyclopædia* are thus verified: *Fagopyrum* has over eight hundred symptoms, but I have seen no cures reported by us.

(23) In a case of chronic metrorrhagia, occurring in a woman sixty-eight years old, and with weak heart, the following symptoms were removed. Each remedy I gave in this case acted promptly, and I hoped to cure her, but, after great improvement, the weak heart suddenly failed, and she died in a few hours. This is the only death that has occurred in my practice since May, 1885, and that case was a death at age of seventy-six from old age. Single doses of the following remedies were given :

Thuja^{cm} (F. C.) cured dislike to fresh meats and to potatoes.

Terebinthina^{cm} (Fincke) cured : warm drinks cause, in their descent, pain in sternal region, middle part, with tenderness to touch ; the pain is somewhat burning.

Colchicum^{cm} (F. C.) cured constipation, with constant, ineffectual desire, but only passes a little clear, transparent, colorless jelly with some froth ; the urging to start is accompanied with sharp pain in rectum and bowels ; better after the jelly has passed.

Sanicula^{cm} (F. C.) cured dirty-brown discharge from uterus, with horribly putrid odor, like a battle-field after a few hot days ; the discharge came in hot gushes.

Carbolic acid^{45m} (Fincke) cured an aversion to tea, of which she was usually fond ; and much improved a diarrhœa.

Sulphur^{dsm} (F. C.) cured uterine discharge, watery, whitish, copious, in gushes and scalding ; sometimes thicker, whitish-yellow, staining the napkins a mustard-yellow, with yellow granules like crushed mustard seed, and fecal odor.

(24) *Phosphorus*.—April 18th, 1887.—Miss W., aged sixty-three, has had *much brain work*. Constant fidgets since Christmas ; occur two or three times daily, *always at seven P. M.* whether she dines early or late. The attack begins either with sleepiness, or with *pricking* or irritation in *various spots on skin*, as if something had bitten her ; then a contractive feeling in one or other thigh, as if the parts were drawn together, *compelling her to walk*, or stand, or use the leg, which temporarily relieves it ; if she does not move the leg, it causes pain in sacral region and occiput. At seven P. M., she feels as if the day was over, and that she ought to go to bed. Sleep, sometimes long and heavy, sometimes only from two A. M. to five A. M. ; has lain awake till six A. M. With the contractive feeling, sometimes has palpitation. Often has shuddering, and cutis anserina, with the fidgets. Occasionally had these fidgets when young. A brother has them if fatigued.

Phosphorus^{cm} (F. C.) twice daily for one week, cured her speedily.

FRACTURE OF A RIB, WITH IMMEDIATE AGGRA-
VATION AND SPEEDY RELIEF FROM
HYPERICUM⁹⁰⁰.

A boy eleven years of age, while playing in the street was run down by a coupé, which was seen to pass over the lower portion of his chest. A neighboring physician temporarily prescribed for him. I saw him two hours after the accident, and found him prostrate, but quite conscious and intelligent; skin cool, much pallor of the face; pulse rather slow; respiration 46, inspirations partially repressed, painful and grunting; expectoration of blood; pains acute and pricking in the region of the lower ribs of each side, especially of the eighth rib, right side, which was very sensitive to pressure at about two and one-half inches from its cartilage. After applying the bandage to the chest, Aconite²⁰⁰ and afterward Arnica²⁰⁰ were given without relief. The shock and the pricking character of the pains, and probable puncture of the lung suggested Hypericum perfol., a solution of the 900th (Fincke) of which was given, and was only in the mouth when the patient quickly drew up his limbs, exclaimed oh! oh! and suffered much aggravated pain in the injured parts; this gradually subsided, and he slept at intervals; but pain returning, took another dose an hour and a half after the first, followed immediately by similar sharp aggravation, but subsiding like the former. In two hours from the first dose of Hypericum, respiration had declined from 46 to 33; he passed fairly well the latter half of the night, sleeping at one time an hour, having been turned, at his request, partially on the injured side. The following day, bloody expectoration continuing, he took, in solution, Millefolium²⁰⁰, which also has stitches in the "lower right ribs," "in the left false ribs," etc.; this seemed to arrest expectoration of blood. On the tenth day after injury, Symphytum was given. Fifteenth day, he feels quite well. Some callous swelling of the injured portion of the rib. Recovered without further trouble. The immediate aggravation from Hypericum⁹⁰⁰, and the rapid reaction, with the relief following it, were remarkable.

B. L. B. BAYLIFS.

THE APRIL NUMBER having been out long enough for our readers to examine it, they will readily understand that the great care required to avoid errors caused the delay in its appearance.

CLINICAL CASES.

C. N. PAYNE, M. D., PORT JERVIS, N. Y.

Adelphia W., age eight years. Peritonitis. First saw patient January 4th, 1889, at ten P. M. She had been sick for about thirty-six hours, with the following symptoms: First twelve hours, more or less chilliness, but no history of distinct chill; sharp pains in lower abdomen, causing her to draw her limbs up and scream. Terrible "bearing down" pain on urinating. Bowels had moved three times, and had vomited twice green and yellow mucus.

Present condition: Temperature 101.5, pulse 120. Lying with limbs partially flexed. Abdomen extremely sensitive to least touch, even of bed-clothes, and pain aggravated by any movement or jarring. Pain very sharp, comes and goes quickly. Some distention of bowels. Rumbling of flatulence, etc. Severe pain on urinating, a "bearing down," but no smarting, burning, or cutting sensation. Urine scanty, but of normal appearance. Pain begins and is most severe in ilio-cæcal region, and extends down to bladder and then up on opposite side of abdomen. Inside surface of knees "black and blue," from striking them together during paroxysms of pain. But little thirst.

Patient's mother had given her Hyos., Acon., and one dose of Bell.⁴, and then stopped it, as it seemed to aggravate all her symptoms. I prescribed Bell.³⁰ every fifteen minutes for four doses, and then every half-hour or hour.

At four P. M., summoned by telephone. Patient worse. Temperature 102.5. Mother said second dose of medicine aggravated, therefore had stopped it.

Intense throbbing headache, says "feels like hammers in her head." Eyes sensitive to light. Very sensitive to noise. Face very red and hot. Tongue, thin, white coating. More thirst. Cannot bear least touch of abdomen.

Prescribed Bell.²⁰⁰, one dose (spoonful) after every paroxysm of pain.

At half-past nine P. M., temperature 102, pulse 116. Slight general improvement soon after taking last remedy, and had slept about two hours altogether, since last seen. Continued remedy.

January 5th, nine A. M., temperature 99.3, pulse 88, great improvement. Little or no headache. *Very little* sensitiveness of bowels; no distention of them. Scarcely any pain on uri-

nating. Mother says, had considerable pain up to half-past two A. M., and some delirium, but had slept most of time after that hour until eight A. M.

At five P. M., found patient sitting in easy chair, dressed and able to walk about room without pain, in fact, well and very hungry.

POLYPUS OF RECTUM.

MESSRS. EDITORS :—The following may be of some interest ; it also shows how needless operations often are.

A gentleman, a few months since, came to me suffering from bleeding piles, for which I gave him Sulphur²⁰⁰, with marked good results ; all inconvenience of any kind disappeared.

At the beginning of November last he came complaining that the bowel protruded ; on examination I found the bowel to be prolapsed so much as to be very inconvenient standing or riding.

I prescribed Merc. sol.³⁰, and advised a rectum pad to prevent its slipping down when exercising ; in about a fortnight the pad could be entirely dispensed with, and was only worn on riding, as a precaution, but was needless ; a friend of this gentleman advised his getting a *good* opinion.

He went to one of the first surgeons of London (I give the name, but not for publication) who, after examination, said that apart from the prolapsus, there was a polypus high up in rectum.

I thought it not unlikely that the tumor (for I found there was a small one) was the cause of the prolapsus, and I pointed out that if such were the case, the prolapsus being apparently cured, that the polypus must be better also, but nothing would satisfy him, and it was arranged the operation should take place immediately. Accordingly, one week after examination by this specialist, he came to operate, but, to his astonishment, *found there was no polypus to remove ; he stated that it must have removed itself, and passed away, further, that the prolapsus also was gone ;* this we knew before ; accordingly not to lose his time, he removed three piles. Now as there had been no trouble from hæmorrhoids for some months, this was, probably, quite unnecessary, even from an allopathic point of view.

Yours truly,

ALFRED HEATH, F. L. S.

114 EBURY STREET, LONDON, January 19th, 1889.

CROUP.

MR. EDITOR:—I like your criticisms on the article by P. P. Wells, in January number, giving Bœnninghausen's treatment of croup. It is not homœopathic nor scientific. I also take exceptions to the cases cited as membranous. My experience has taught me that true membranous croup seldom, if ever, begins before midnight, and comes on so deceptively that the friends do not get alarmed until the membrane is well formed and has been two or three days growing. Usually, true membranous croup begins about four A. M., and the first night the child only coughs a few times and feels as well the next day as if the croup or cough had never occurred. The second night at four A. M. the cough is repeated, with aggravations, and the next day the child seems quite well. The third night and day the case becomes more alarming and the physician is called, to find either a Kali-bi., Brom., or Iod. case—seldom, if ever, a Hepar or Spongia case. There is no necessity for a mistake for the physician to make if he will observe his case, slowly, and be governed by the following brief points in selecting his remedy:

Cough before midnight remedies are Acon., Spongia, and Hepar.

Aconite. Dry, hot, feverish, thirsty, with labored breathing. The child awakens from sleep coughing; he turns over, goes to sleep, and is awakened with cough again.

Hepar. Hoarse, deep cough; child *chokes* when coughing with *rattling* of mucus in chest.

Spongia. Dry, hollow cough with wheezing or asthmatic breathing; *no rattling* as in Hep. The coughs sounds like a saw sawing a board.

Remedies after midnight, Sambucus and Kali-bi.

Sambucus. Wheezing, hoarse, suffocating cough; *child sits up in bed to breathe and cough.*

Kali-bi. Cough with metallic sound; wheezing or rattling in larynx; expectoration of a tough, stringy, viscid mucus.

Bromium. Great prostration; child white, delicate skin, blue eyes; hoarse, loose, *rattling cough.*

Iodium. *No prostration*; child with dark skin and eyes; a *wheezing, sawing respiration*, and the child grasps the throat when coughing.

In Bromium there is prostration and rattling.

In Iodium there is no prostration and no rattling, but wheezing and a difference in color of skin and eyes.

Phosphorus. Dry cough, with pain in larynx when speaking; the child says it hurts him to talk.

Other remedies may be indicated, but these are the more common ones called for, and I must say, since using the high potencies, my success far surpasses any treatment in former years with the low.

L. P. FOSTER, M. D.

MINNEAPOLIS, MINN.

PROF. MORGAN'S LECTURES.

EDITORS HOMŒOPATHIC PHYSICIAN :

I wish to be allowed a brief reply to your criticism of my lectures on *Institutes* in Hahnemann Medical College.

You are incorrectly informed as to the course; and I have to say, first, that I have only freshmen, or first young men in my class, who are unsuited to study the deep things of Hahnemann's *Organon* without a preliminary course of some extent upon the history of medicine, which the majority of the class have the good sense to perceive and profit by. If there be any individuals who fail to do so, it will surely prove a future disadvantage to them, as I think you will agree.

Secondly. Since Christmas I have lectured *only* upon the *Organon* and its teachings faithfully, and, if the earnestness of the students proves anything, most acceptably and profitably. In addition, some thirty of them have engaged in the proving of a new drug in the line of the year's work of our national society. If this be not homœopathic teaching, it seems hard to say what would be.

Very truly yours,

JOHN C. MORGAN.

PHILADELPHIA, March 9th, 1889.

DIARRHŒA OF CONSUMPTIVES.

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

Mrs. —, age twenty-two, in the last stage of consumption, was attacked in June last with a most weakening diarrhœa. She had been under the care of allopaths for several months, till last August, when I was called. Her friends knew the case was hopeless and expected her to die in the fall, but they were very desirous of having the troublesome and weakening diarrhœa

stopped. I gave Sulph.^{cm}, Podo.²⁰⁰, Lyc.^{cm}. I gave these three drugs from August to October, one dose of each about a month apart, without effect, yet they each at various times seemed indicated. About the middle of October they were expecting her to die every day, and I had given up all hopes, till one day in carefully looking over my interleaved Lippe, I noticed a line, viz.: "Diarrhœa of consumptives—Acetic acid." I determined immediately to try it. I gave three powders of the 30cm potency, to be taken dry, one each night, till the three were used; it acted marvelously; it not only stopped the diarrhœa, but gave her a natural and regular action. The patient got stronger and lived till February 15th. She was not troubled any more till a couple of days before her death. I had copied the idea from Dr. Kent's interleaved repertory, and have proved it in one case most effectually. I could not see, in the provings of Acet-ac., anything similar to my case, but it most certainly seems to act in this disease where the indicated remedy fails.

I. INTERCURRENT REMEDIES FOR CHRONIC DISEASES.

[Translated from Dr. C. v. Boëninghausen's Repertory of Antipsoric Remedies.—F. H. Lutze.]

COFFEA (X°R) *i. e.* (30) for over-sensitiveness and painfulness of diseased parts, fretfulness, and sleeplessness.

HEPAR SULPH. CALC. alternately with Nitric acid for over-excitement from abuse of Mercury.

MAGNES. ARCT. for over-excitement with trembling, fidgetiness of the extremities, great distention of abdomen, anxious irresolution; solicitous and great nervous debility.

MESMERISMUS. Nervous debility in general.

NUX VOMICA (X°R.), if the nervous system is too much affected and irritated; hyperæsthesia of the organs of special sense; fearfulness, anxiety, inclination to lie down, aversion to the open air, violent, stubborn, obstinate; also, if the menses appear too early or continue too long.

OPIUM (X°R). Lack of sensitiveness of the nervous system, deficient reaction of the life-force. (*Carbo veg.*, *Laurocer.*, *Mosch.*, *Nitr. ac.* or *Sulph.* (all in X°R.) may also be useful here.)

PULSATILLA (X°R) in some cases, with proper intervals, alternately with *Nux v.* to remove too great an irritability.

In rare cases, if there exists too great an irritability of the nervous system; *Asarum*, *Chamom.*, *China*, *Ignat.*, *Teucrium*, or *Valeriana* may have to be used in the same manner, if these remedies correspond better to the general condition.

II. REMEDIES FOR DISTURBANCES OF THE ANTIPSORIC CURE.

- Bruises and wounds : Arnica X°R.
- Burns, superficial : repeated applications of hot alcohol or oil of turpentine.*
- Cold, catching of, in general : Nux vom. X°R.
 followed by attacks of dyspnœa, Ipecac. III°R.
 followed by catarrh, with loss of smell and taste : Puls. X°R.
 diarrhœa : Dulcam. X°R.
 fever and heat : Acon. X°R.
 pain and inclination to weep : Coffea X°R.
- Debility, from loss of fluids ; as sweat and pollutions, etc. :
 China X°R.
- Fright, causing fear (immediately after) : Opium X°R.
 followed by grief : Ignatia X°R.
 with vexation : Acon. X°R.
- Homesickness, with red cheeks and sleeplessness at night :
 Capsicum X°R.
- Inebriation, bad effects of, from wine, etc. : Nux v. X°R.
- Love, unhappy with quiet grief : Ignatia X°R.
 jealousy : Hyos. X°R.
- Protrusion of hernia ; most generally : Nux v. X°R.
- Stomach, chilling of, as per example, with fruits, etc., : Ars. X°R, or sometimes Puls.³⁰.
 deranged, from fat, especially pork : Puls. X°R.
 with regurgitation of what has been eaten, nausea and vomiting : Antimon. crud. X°R.
 with gastric fever, chilliness and coldness : Bry. X°R.
 overloaded : abstinence and drinking a little coffee.
- Sprains and over-lifting, effects of : in some cases Arnica, but better : Rhus tox. X°R.
- Vexation, with anger, violence and heat : Chamom. X°R.
 causing quiet anger, grief, or shame : Ignat. X°R.
 with fretfulness, and accompanied with chilliness and coldness of the body : Bryonia X°R.
 indignation and throwing away of whatever one holds in his hands : Staphisagria X°R.

* Cantharis low externally and high internally. Transl.

CASE FOR COUNSEL.

A young woman, æt. twenty-four years, has been subject to dysmenorrhœa for several years. Her mother died of pneumonia, after inheriting a tuberculous tendency. Her father in his early manhood had rheumatism.

The menses are always preceded a day or two by pain of a sharp character in the lower abdomen. The pain is worse in the night, and she is sleepless. When the flow comes on the pain grows much worse, and is unendurable. It is a sharp, cutting pain, going from the front to the back of the pelvis, and running down the hips and thighs to the knees, and at times as far as the feet. During the pain she is obliged to sit up, as lying makes it much worse.

During the menses there is much heat and irritation in the vagina, particularly during the last two days, and the irritation gives rise to symptoms of nymphomania, but as she is very strong-willed, she is able to conquer the more pronounced symptoms of that condition. While this symptom is worse she cannot keep her legs still, but is rubbing them together constantly.

On the third or fourth day of the menses, she has paroxysms of opisthotonus, which usually come on about eight in the evening, and continues for two or three hours. Stramonium^c or ^{5c} is usually given for these paroxysms, and she then will be free until the next evening. This continues for three or four days, and does not reappear until the next menstrual period.

She is much depressed; very irritable. Everything seems unnatural; things and people seem so far off that the sensation of loneliness is terrible. This is during the first three or four days of the menstrual period. Before menses, dread of having the flow appear, because of the above. Feels as if she could not stand it. There is throbbing pain in top of head, drawing pain in back part that comes up from the back.

Head feels too full, and is hot internally. Across middle of top of head something pressing down hard, as if it would cut it. Soreness to touch over top of head. Wants to press head into something, but it hurts it to do so. Sharp pains all through head. Tight band around head. Trying to think makes all the symptoms worse, and she feels fairly wild. Head gets dull, feels perfectly blank. Bones in back of head feel knitted together.

Sharp pains through right eye, goes back into head, and at times goes down into cheek. When it is bad, there is a mist in front of the eye. Worse in high wind and in damp weather.

Ringling sound in ears; a far-off sound. Comes on when head

is very bad. Almost deafening at times. Feeling of pressure ; pressing out. Mouth gets very dry. Pain all through teeth ; at times sharp, at others a dull aching. Bites tongue, cheeks, and lips ; more when asleep. Throat is sore every night and morning. A sensation as of lump in throat ; wants to swallow.

It worries her to have anything close about throat.

Soreness in region of stomach ; cannot bear pressure about the waist.

Nausea that comes from head. Turning in stomach. Feels as if it were being stirred up.

Aching in abdomen, coming from the lower part, uterine region, and going through into back and down the legs.

This is constant, and is better from heat.

Dull, heavy pain in left ovarian region.

Feeling as if everything would be forced out of pelvis.

Abdomen very tender ; cannot bear the least pressure.

Dull pain across upper part of abdomen.

Constipation. Hæmorrhoids, bleeding when bad ; protrude.

Burning, throbbing pain in hæmorrhoids.

Soreness in left side of chest. Feels as if the ribs were running into her, or as if they were fast to something inside. K-ca.

Sharp pains in chest. Feeling of weight in chest, especially when falling asleep ; makes her feel as though she could not breathe.

Burning, throbbing pain the entire length of the spine, which runs up into head. Clothing feels too warm on back.

Tenderness of spinal column.

Drawing in back and head, which, when bad, goes all through body, and she feels as if she could scarcely breathe. End of spine very tender.

Arms ache and feel too heavy. Sharp pain in right shoulder, goes down into hand. Numbness of arms and hands ; they seem to go to sleep easily.

Legs ache, and feel heavy. Numbness of legs.

Sometimes feels unable to move arms or legs ; she feels as if she had no power in them. Dragging in legs.

Feet perspire a great deal. Corns very sore. Coldness of feet, extending to above knees.

There is numbness all over, which comes from back.

Feeling as of prickly heat, all over ; worse at night.

Feeling as if she could not move, as if all life had gone out of her ; worse just before menses.

The sharp pains all through her are worse in damp weather.

Symptoms all worse before, during, and after menses, and when tired, and in damp weather. GEORGE H. CLARK.

VERIFICATIONS.

EDITORS HOMŒOPATHIC PHYSICIAN:—Perhaps the few items I send you may aid you in your commendable work. If every homœopathic physician would contribute of his reliable knowledge and experience, what a valuable store-house of facts your Repertory would be—not that I am depreciating its value at all, but there is so much that is *garnered up* in the experience of most active and observing M. D's.

The “verifications” that I send are of symptoms less frequently noticed, and therefore worthy of record. Those symptoms that are the results of poisoning or large doses or experimental doses or continued or excessive use, are those that occur under *Æsculus hip.*, *Pastinaca sat.* (wild parsnip), *Acetic acid* (hard cider), *Atropia sulph.*, *Tabacum*, *Ruta*, *Vespa*, *Ars. iod.*, and were due, without doubt, to the drugs and substances named. “C. S.” following the name of a remedy indicated *cured symptoms*. These symptoms were prominent in the cases cured, and the cures were unquestionably due to the medicine. They are mentioned only where the single remedy was used and the result so prompt as to eliminate doubt.

PATHOGENETIC.

ACETIC ACID (hard cider, excessive use): Dark, bluish-red tumor as large as a good-sized chestnut on left verge of anus.

ÆSCULUS HIP. (child three years oldate several): Vomiting of a watery, colorless fluid. Posterior half of tongue covered with a thick, yellow fur. Anterior half coated thinly white, and studded with minute red points.

PASTINACA SAT. (wild parsnip; child two years old poisoned by handling and eating): Vomiting of milk in large, hard curds. Externally skin was red, hot, swollen. Scrotum, eyelids œdematous and translucent to lamp-light, seemingly distended with fluid. Blebs and blisters on hands and fingers.

TABACUM (excessive smoking): *Prolapsus ani*. Great drowsiness during day when trying to read or study.

VESPA (stung three times about head and neck): Trembling of hands whenever trying to use them. Dilated pupils. Vision indistinct. Head seemed to expand whenever moving it. This sensation of expansion began in nape. Sensation of constriction as though skull were too small for brain.

ATROPIA SULPH. (1-40 grain, experimentally): Great dryness of mouth, tongue and fauces, yet no thirst. Strong desire

to urinate, yet almost complete loss of expulsive power. In dreams, great contempt for religious and sacred matters. Headache worse when lying down. Vision for smaller letters impaired. Larger letters appeared as if printed with yellow ink, with a narrow border of black. While writing, pen seemed to have a double point.

RUTA GRAV. (after long-continued use internally of 3d dec.) : Ganglionic swelling on front of left wrist.

VERIFIED.

CINNABAR : Headache, frontal, commencing in the morning soon after getting out of bed, relieved by pressure of the hands upon the forehead.

BISMUTH SUB. NIT. : Pain in stomach relieved by bending backward.

NAT. MUR. : Painful eruption in border of hair on right temple.

NUX VOM. : Coryza, from left nostril. Fluent during day, dry at night.

KOBALT. PULS. Sep. ZINC : Pain in back relieved by walking.

ELAPS. COR. : Inflammation, soreness, and intense itching of left eye.

NAT. SULPH. : Pain in right hypochondrium. Worse lying on left side. When lying on left side, a dragging sensation in right hypochondrium.

SPIGELIA : Pains as if needles were thrust into right eyeball.

LACH. : During chill wants to be held close.

CALC. CARB. : Cough excited by least current of air, even by a person passing near.

CARB. VEG. : Soon after eating, belching followed by burning in the stomach.

THUJA : Cough during day. None after lying down. Pain on inner side of left arm from elbow to hand. Worse forenoon. Begins three A. M.

CACT. GR. : Sensation of a band of three fingers' width constricting the epigastric region ; felt especially before stool.

BORAX : Aphthæ inside of lower lip, on tip of tongue. Awakens very early in the morning. Hunger.

SANG. : Pain shooting from lower part of left chest to left shoulder.

AGAR. MUSC. : Yellow spots before vision when looking at anything white.

CLEMATIS : C. S. Crawling, creeping sensations in scrotum.

EUPHRASIA : C. S. Cough loose through day, dry at night.

SANG. : C. S. Headache concentrating in a small spot over right eye. The eye itself becomes red and sore, yet hard pressure upon eye relieves.

ARNICA : C. S. Frontal headache, aggravated by jar, noise, and moving. Pain extends to eyeballs. Pillow feels hard as a stone.

LAUROCERASUS : C. S. Stitching pain from left scapula through left side to infra-mammary region. Ache in forehead, with cold sensation as if cold wind were blowing upon it.

CARB. VEG. : C. S. Excessive hunger at night. Must eat to appease it. Desire to urinate whenever arising from sitting posture. Cheerful forenoons, despondent evenings.

CARBOLIC ACID : C. S. Excessive accumulation of gas in stomach. Belching.

BISMUTH SUB. NIT. : C. S. Eructations tasting of food eaten twenty-four hours before.

SANG : C. S. Red streak through centre of tongue.

MAG. PHOS. : C. S. Toothache, second molar, lower jaw, left side. Steady pain with shootings.

IRIS. VERS. : C. S. Purging and vomiting at the same time.

NAT. SULP. : C. S. When lying on left side pulling sensation in right hypochondrium.

CALC. PHOS. : C. S. Pains in the scars of old abscesses.

ACTEA. RAC. : C. S. Sensation as if her head was full of little beings that kept at work. Sensation as if she were in a cloud (mentally). Beating and fullness in sides of neck. Feels as if blood all left the heart and went to head.

ARG. MET. : C. S. Left inguinal region occupied with a hard red swelling. Very painful. Pain follows Poupart's ligament over top of hip bone to back and kidney. Marked sensation of tension and drawing in lifting region.

CINA. : C. S. Involuntary urination when under excitement or emotion. Wetting bed at night (child).

PHYTOLACCA : C. S. Hunger at the outset of a chill. During chill soles of feet become very cold. Sharp shooting pains in a broken leg. Pains begin in heel and shoot upward to hip. Leg jerks upward.

BAPTISIA : C. S. Numbness and tingling in the whole of left side. A distinct sensation of crepitation in left wrist when bending the hand. Shooting pains about the heart. Great anxiety and fear of an incurable heart disease. Tongue coated upon right side.

MERC-IOD-FLAV: C. S. Vertigo, with sensation as if he was walking upon the air.

SABINA: C. S. Uterine hemorrhage with pain in the back.

LACHESIS: C. S. Sickening pain in left hypochondrium going through to back, with a sensation as if a cord were drawn tight about the left side.

STAPH.: C. S. Sensation of stiffness and contraction in hollows of knees. Dribbling of urine.

CALC-CARB.: C. S. Cough with bursting pain in occiput; with loss of taste and smell; redness of tip of nose. Cough with soreness through lower part of abdomen; holds abdomen with hands when coughing. With cough, cutting pain in right side of throat, which aches afterward. Severe aching in left mastoid process, with severe shooting pains extending upward and downward when moving the head.

NAT-MUR.: C. S. Chill beginning in elbows and knees.

THUJA: C. S. Cutting, shooting, and squeezing pains in region of left ovary.

NUX-VOM.: C. S. Sensation under middle of sternum, like a lump of hot lead as large as two fists.

ORAN W. SMITH.

UNION SPRINGS, N. Y.

NUX-VOMICA.

EDITORS HOMŒOPATHIC PHYSICIAN:—I am induced by the idea that it will be of some benefit to Hahnemannians to say a few words in reference to Nux-vomica. We are told by the masters that it is a good idea to begin the treatment of a badly-drugged patient with Nux-v., that it will act powerfully as an antidote to allopathic or patent medicines, and leave you a clearer picture of *disease* without so much of the *drug* picture, and that it also often goes further even to the cure or partial cure of the case.

As I am the only homœopath (that I know of) in the north-east corner of Missouri, I have considerable experience with chronic patients who have withstood an enormous amount of drugging. I have followed the plan in numerous cases, and with astonishing success. When I get a bad old case I give Nux-v.³⁹ for four days, four doses a day. At the end of four days, I see the patient again and write up a second and altogether new history of the case, for which I prescribe according to the law.

We have repeated evidence that allopathy often defeats nature

in her strenuous effort to throw off disease. I will give one case to illustrate.

Mr. —, aged fifty-five, had been afflicted for six months with sciatica, and during the time took a great deal of strong medicine internally and various kinds of liniments applied externally. The disease was of a most tormenting nature. When I was called I gave Nux-v.³⁰, as above described, on account of the drugging he had had. I was greatly surprised in four days to find my patient almost well. The trouble got well "from above downward" (one of our famous laws of cure) but seemed to localize in the heel, for which I gave one dose of Sepia^{cm}.

My patient has been perfectly well for six months, and I got a great deal of credit for antidoting the medicine in the man and allowing him to *get* well—I say, *get* well, because I saw nothing in Nux-v. similar to his case. Nature was laboring for the cure, but allopathy and the disease combined were too much for her.

F. L. GRIFFITH, M. D.

EDINA, MO.

AN UNNOTICED SYMPTOM OF IPECACUANHA CLINICALLY VERIFIED BY DR. MOSSA, STUTTGART.

(*Allg. Hom. Zeitung*, No. 3, 1889.)

A young man suffered from a queer toothache—stitching pains in right cheek, radiating from the various teeth of the upper maxilla into the temples, ears, and nose, < at night. As Mercury failed, he had the offender extracted, but no relief followed, and he complains now, off and on, in the upper teeth, of a *painful wrench as if the teeth were pulled out*, especially in daytime, and it did not trouble him much at night. He received Ipec.^{3d}, three times a day, and a few doses cured him.

In Hahnemann's *Materia Medica Pura*, Engl. ed. 788, S. 41 (G. E. third v. 175) we read: "A pain in the teeth, as if they were pulled out, in fits (after eight hours); very violent pain in a hollow tooth when biting, immediately, as if it was pulled out, causing loud howling and crying out and thereafter constant tearing in it. In the first edition Hahnemann puts the symptom in (), as if doubtful, but Weber gives it in full and open. Hering mentions in his *Domestic Physician*: Arnica, Causticum, Nux-mosch., Nux-v., Phos-ac., Rhus for pulling, tearing pains, a symptom which we also meet in Coccinella, Cyclamen, Manganese, Mezereum, and the north-pole of the mag-

net. Raue does not mention Ipecacuanha, and we fail to read of it as a remedy for toothache in Burr, Jousaet, or Kafka. It may be, therefore, of interest to give a hint as to its use to the students of materia medica.

S. L.

ALLOPATHIC IGNORANCE AND ARROGANCE.

The building of the first German railroad (Nuremberg-Fürth) which was opened December 7th, 1835, was sternly opposed by the highest medical authority in the land, the "Obermedicinal Kollegium in München," in a plenary assembly, which decreed that "*the running of steam-cars had to be forbidden unconditionally in the interest of the public hygiene. The rapid motion produces without fail a disease of the brain of the passengers. However, if it should not be desired to prevent those who would not hesitate to expose themselves to such a danger of getting sick, yet it remains the duty of the government to protect all those non-passengers who might look at the cars, for the mere look at a rapidly-moving train of cars would cause exactly the same disease, and, therefore, it is required at least that every railroad ought to be inclosed in a tight fence at least ten Bavarian feet high.*"

This document is in the possession of the Direction of the Nuremberg-Fürth railroad, but was not printed in Hagen's book, "Die erste deutsche Eisenbahn" (*Hom. Mon. Bl.*, Stuttgart, March, 1889, p. 44).

The *Homœop. Monatsblätter*, Stuttgart, March, 1889, p. 45, gives the following letter :

"Treated for a complaint of the larynx (polypus of the vocal chord) without success for one and a half years, I finally went to Berlin for an operation. After examination by the most celebrated specialists, Professor Virchow stated that the disease was of a cancerous nature, and I was informed that the larynx must be cut open from outside and the diseased parts removed ; if I should survive the operation, my speech, of course, would be gone forever, and the duration of my life would be in God's hands.

"In this sad and hopeless time, I wrote to Dr. Volbeding, homœopath, in Düsseldorf, and now I am so fortunate as to be cured of a terrible complaint without any operation, merely by taking the medicine of the gentleman mentioned.

"D. ZÜLON, Master-saddler.

"HAGENON, MECKL.-SCHWER., December, 1888."

This case was published by Dr. Virchow in the *Deutsche Med. Wochenschrift*, No. 8, with the addition of a lengthy explanation, the end of which is here given literally :

“As I have learned from credible authority, the patient has not submitted to the partial extirpation of the larynx proposed at that time, but went home and has, by letter, sought the advice of the homœopath, who, in the same way, sent him advice and remedies without having seen the patient before or afterward.

“In the latter days a new examination of the patient has been made by Professor Krause himself, on account of sickness of the assistant. The Professor stated that a cure had not taken place, though the patient at present, therefore *more than fourteen months after the endo-laryngeal tumor has no subjective complaints whatever*, except a permanent hoarseness, yet the examination with the laryngoscope proved that the disease continues unchanged in its nature.

“RUDOLF VIRCHOW.

“BERLIN, February 14th, 1886.”

The disease, therefore, though not annihilated, has been so modified in consequence of the homœopathic treatment that the patient considered himself cured. More, indeed, cannot be expected in such a severe suffering and at the old age of the patient.

But Virchow and his followers do not seem to comprehend. (See *Die Münchener Nachrichten*).

ADDENDUM.

Dr. Zœppritz, of the “Hahnemannia,” has written to the gentleman above in regard to his alleged cure and received the following answer, which speaks for itself. It is literally translated :

“HONORED SIR :—Professor Krause has been here in his own interest, and has requested me to make an examination. He has here declared that I was perfectly healthy, but that I never entirely would regain my speech, since the right vocal chord had been destroyed by Dr. Friedländer (his assistant). He was pleased at my healthy appearance. In contradiction to this Professor Virchow writes quite differently ; I do not know what to say to it. * * *

“D. ZÜLON.

“HAGENON, March 7th, 1889.”

The cancer is in another place than in Mr. Zülön's larynx.
B. FINCKÉ.

CROUP, BÖENNINGHAUSEN AND McNEIL.

EDITORS OF HOMŒOPATHIC PHYSICIAN.

GENTS:—In your issue for March, 1889, your highly esteemed correspondent, whose name is given above, enters the field against the treatment of croup practiced by Bœnninghausen for many years, and with an unparalleled success, and by myself and colleagues for a shorter time, and, so far as I know, to this time, with no one failure to cure, and gives the following three reasons for his disapproval of the method:

1. "It is treating a disease for a name, and not patients, thereby entirely ignoring the treatment of the totality of the symptoms."

There is a seeming foundation for this objection in the fundamental principle which requires the treatment of the sick person and not of any name which fancy or *quasi science* may have given to the sickness to be treated. This principle has not been more clearly recognized and obeyed by any man than it was by Bœnninghausen, and yet he had treated "more than four hundred cases of membranous croup without a loss," when he told me how he had done it. We do not readily see how a better record could have been made by a different treatment. With myself the same treatment has been uniformly successful to this day.

Then, the above principle being admitted as binding in all clinical efforts under the guidance of the law of similars, and the above successes being *facts*, the question asks itself whether here the violation of the principle is not rather seeming than real. The question may be answered in this way perhaps. In our interchange of ideas of sicknesses, we are compelled to use *names* of so-called diseases, and there is no failure of duty to therapeutic law or to its cardinal principles when we so use them. There are names of sicknesses which, when spoken, present to the mind a picture which is so perfectly repeated in the successive examples of this sickness that the name contains in it, to the intelligent mind, a more or less complete expression of the totality of the phenomena of that sickness. No doubt Bœnninghausen's treatment was the outcome of the *facts* of croup, and not in the least of its name.

The Doctor says—

2. "It is an alternation of remedies."

This was certainly hastily spoken. Your correspondent is

surely sufficiently intelligent to recognize the difference between *succession* and "*alternation*." Bœnninghausen never alternated remedies, and in his method with croup he made no departure from his life habit in this respect.

And, further—

3. "It is not the most successful way of curing croup."

Has your correspondent a more successful record to present us of croup treated in some other "way." Between four and five hundred cases without a loss is certainly a remarkably good record, and this was given to me by Bœnninghausen himself in April, 1858, as the result of his then past experience with his method. But the Doctor says this "is not the most successful way." What is the better, and where is its record?

P. P. WELLS.

BOOK NOTICES AND REVIEWS.

ALCOHOLISME ET CRIMINALITÉ, TRAITEMENT MÉDICAL DE L'IVROGNERIE ET DE L'IVRESSE. Par le Dr. Gallavardin, de Lyon, en France. 1889.

In this brochure Dr. Gallavardin points out the well known evil effects of chronic alcoholism; to its baneful effects most of the crime and many of the current diseases are attributed.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX FOR 1889. Price, \$2.75; pages 580. E. B. Treat & Co., New York and London.

Medical annuals have of late years become a prominent feature in medicine. The *International Annual* gives the latest ideas and theories current in medicine, surgery, and therapeutics; thus, whatever there may be that is valuable is brought within ready reference for the busy practitioner. All reference to homœopathic literature is unfortunately omitted.

NOTES AND NOTICES.

DIED—MATTHES.—Dr. G. Felix Matthes, of New Bedford, Mass., died March 17th, 1889. Dr. Matthes was one of our oldest and most successful practitioners; he graduated at Halle, Prussia, in 1836.

REMOVALS.—Dr. L. R. P. Knox, from 1001 North Jefferson Avenue, to 3559 Olive Street, St. Louis. Dr. Charles S. Mack, from Boston to Fifty-seventh Street and Lake Avenue, Hyde Park, Illinois. Dr. F. M. Leitch has located at Campbell, Coles County, Illinois. Dr. L. L. Helt has located 284 S. Eighteenth Street, Columbus, Ohio.

PARTNERSHIP.—Drs. W. Capps and S. E. Chapman have formed a co-partnership and located at Watsonville, California. Dr. Chapman was formerly at Forest Hill, California.

MARRIED—Dr. L. L. Helt, now of Columbus, was recently married to Miss Frances E. Fenton, of Winchester, Ohio. Our best wishes for their success and future happiness.

SOUTHERN JOURNAL OF HOMŒOPATHY will hereafter be edited by Dr. G. G. Clifford and published at San Antonio, Texas. Dr. C. E. Fisher, who established the journal and has edited it for nearly six years, resigns the work on account of poor health, and will recuperate in Europe. Eventually Dr. Fisher expects to locate in California. **THE HOMŒOPATHIC PHYSICIAN** extends to the new editor a cordial greeting and best wishes for success in his new and difficult work.

A GOOD OPENING.—Dr. J. A. Hatzfield has removed from Hamburg to Pottstown, Pa. The Doctor writes that Hamburg offers a good opening for a physician who can speak both German and English, and who is "a man in the full sense of the word." Dr. Hatzfield offers to do all he can to aid such a successor. Address at Pottstown.

THE MEDICAL ANNUAL will be issued early in 1889 by E. B. Treat, publisher, 771 Broadway, New York. This will be the seventh annual issue of the English *Medical Annual*, a *resume* in dictionary form of new remedies and new treatment that have come to the knowledge of the medical profession throughout the world during 1888. The editorial staff will include articles or departments edited by Sir Morrell Mackenzie, M. D. (Laryngology), London; Jonathan Hutchinson, Jr., M. D. (Genito-Urinary Diseases), London; J. W. Taylor, M. D. (Gynecology), Birmingham; William Lang, M. D. (Ophthalmologist), of London; James R. Leaming, M. D. (Heart and Lung), New York; Charles L. Dana, M. D. (Neurologist), New York; H. D. Chapin, M. D. (Pediatrics), of New York, and others, comprising a list of twenty-three collaborators, widely known in Europe and America. In its enlarged and widened sphere it will take the name of *The International Medical Annual*, and will be published in one octavo volume of about 600 pages at \$2.75.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will meet at Toronto, June 18th–21st. Arrangements have been made for the accommodation of the members at "The Queen's," at rates of \$2.50, \$3.00, \$3.50, and \$4.00 per day, according to the location of rooms. The sessions will be held in the amphitheatre of the "Education Department," one of the chief objects of interest to visitors at Toronto, and easily accessible by horse-cars from the hotel. The first session will be held Tuesday, June 18th, at 10 A. M.

This early notice is given that members may have ample time to make arrangements for attending the meeting, and it is earnestly desired that there be a full attendance, not only on account of its influence in behalf of pure Homœopathy in Canada, but wherever Homœopathy is practiced. You are urgently requested to make every effort in your power to be present, to testify to the truths of the law of similars as seen in your daily practice, a duty that devolves upon every adherent of pure Hahnemannian Homœopathy.

S. A. KIMBALL, *Secretary I. H. A.*

THE JOURNAL OF HOMŒOPATHICS.—Dr. Harlyn Hitchcock has undertaken the publication of a new journal, with the above title, which is to be devoted to the teaching of the philosophy of Homœopathy. The subject certainly needs greater attention than it receives. We therefore wish Dr. Hitchcock all success in his arduous undertaking. The first number was issued in April. The journal is to be issued at No. 18 Broadway, New York, and subscription only *one dollar*. Success to you, Brother Hitchcock. There is always room at the top!

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

"If our school ever give 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. IX.

JUNE, 1889.

No. 6.

ON GONORRŒA IN ITS CONSTITUTIONAL
ASPECTS; WITH SPECIAL REFERENCE
TO THE SYCOSIS OF HAHNE-
MANN.*

J. COMPTON BURNETT, M. D., LONDON.

For years past I have thought that it would be a very desirable task to be undertaken, to investigate afresh those diseases that give the groundwork of the biopathology of the Seer of Coethen, and I have often wondered that the vigor and enterprise of some of our number of this generation have so long left this field of research comparatively untilled—that is, untilled in this generation. For, in our gropings after truth, each succeeding generation gains a little on its predecessor, by the general progress of knowledge, and by the slow movings of the human mind toward as much of certainty and of finality as seems attainable for the limited and finite.

And then, whether we believe in psora, syphilis, and sycosis or not—that is, as they are taught by Hahnemann—a large part of the work done by the homœopathic school during the past fifty years is more or less tinged with these doctrines; and, moreover, anything taught by so able an observer as was Hahnemann deserves serious investigation at our hands. And,

* Prepared to be read at the British Homœopathic Congress, held at Birmingham, September, 1888, and published in the *Monthly Homœopathic Review*, London.

whatever may be said of the therapeutics of general medicine, positive diagnostics has distinctly advanced during the past decade, and I submit that it is desirable that our own position should be reviewed in the light of this advance.

When I had given the First Hahnemannian Lecture, known as "*Ecce Medicus*," I certainly thought one of my followers in the orator's chair would have tackled the Coethen phase of Homœopathy, and exhibited it in the light of modern research and experience, so as to determine for us of this generation how much of it still holds good, and what part, if any, must be considered as no longer tenable. But, thus far, the work has not been done since then, and I, therefore, will proceed to consider the subject in part here.

Mr. Punch is a great authority for us in this country of spleen and gravity, and, as we all know, his reiterated advice in regard to things to be done is that if you want them done well, do them yourself.

Hahnemann, as is well known, spent his younger and more vigorous days in demolishing theories and hypotheses; indeed, he threw them all right out of his mental window, and made a fresh start altogether with medicine sans pathology, sans theories, sans everything, in fact, but the therapeutic law of similars, which is still for many a very filmy theory indeed. However, the law of likes is no more theory for us; for us it is the one thing common to our body; outside of the law we practically agree about nothing, and yet, notwithstanding this almost general disagreement amongst us, our friends, the enemy, will have it that we and the medical profession at large are not *solidaire*; surely the fact that we disagree about almost everything that is of vital importance should offer them sufficient internal evidence of their and our solidarity.

But, as I said, we agree on our fundamental law, except, indeed, that some of our number of late years have had sad searchings of heart about the law also! It is a rule, they say, not a law! Or, again, it is a method. So that, as a matter of fact, we do not quite agree about anything whatsoever! Therefore, we may at any rate claim still to be very professional to the full extent of the proverb, that "doctors differ."

And as to whether we should speak of the idea of similars as a law or as a rule, the contention that it is a rule rather than a law is, I submit, quite groundless. But as some have been captivated by the reasonings of those who pose as the champions of rule as against law, it might not be amiss to point out that the whole contention for the rule is based upon the

poor grammar of the disputers. I have, thus far, never known of a German or a Frenchman go in for "rule," and that for the very sufficient reason that they understand the use of the subjunctive mood, which cannot be said of all Britishers, no matter how learned they may be. In order to really understand Hahnemann on this point, it is absolutely essential that one understand Latin and German composition, more particularly in regard to the subjunctive. Those who contend for "rule" had better scuttle out of their position as quietly as they can, lest some one, some of these fine days, take the trouble to pour out a vial of wholesome ridicule upon their "rule." The same remarks apply in regard to the question of the noted formula of the homœopathic school—viz., whether should we say *similia similibus curantur*, or *similia similibus curentur*? Of course, the reply is that both are correct, they both express precisely the same thing, only one is in the indicative and the other in the subjunctive. I do not admit that it is in the imperative. In some of the old Hermetic works you will find it put *similia similibus curari*, which is, of course, precisely the same thing, only in another mood. You will also find *simile a similia curari*; hence, it is really, in more ways than one, merely a matter of mood.

However, everything in this world is comparative, and, comparatively speaking, we do agree that like cures like; and be it notion, principle, law, rule, or method, we so far agree to admit that these words, *similia similibus curantur*, express something positively demonstrable in clinical life. All this falls within that phase of the development of Homœopathy anterior to the sojourn of Hahnemann at Coethen. And this part has been really almost completely exhausted, so let us go over to Coethen and hear the oracular pronouncement that all chronic disease is primarily due to three somethings—*psora*, *syphilis*, and *sycosis*.

When a man comes out of the land of darkness of school teachings, and throws over school physic (I do not mean brimstone and treacle, which was *my* school physic), and passes into the comparative glare of Hahnemannic therapeutics, he is generally considered perturbed by the violent change of climate—*i. e.*, from darkness to light. He requires some time to acclimatize. At first he usually has an acute attack of homœopathic enthusiasm, a veritable fever that yields neither to Aconite nor to Pyrogen, and he makes a *tabula rasa* of everything, and a good deal besides.

But when a few failures have sobered him down a wee, he goes back into himself, and finds out a few things for himself.

He finds that *Belladonna* will cure the delirium of tuberculosis of the meninges, and other of its symptoms, but the patient in the end dies all the same. He gives *Baptisia*, *Arsenicum*, serpent poisons, acids, etc., in low fevers, but his patients are very apt to die in the end, all the same. He has a patient given to picking his nose, or things in general, and after considering the merits of *Arum triphyllum*, *Conium*, *Helleborus*, *Lachesis*, *Selenium*, *Stramonium*, and the like, and exhibiting them, he finds—the worms live on still!

In fact, he learns to discriminate, and to differentiate between true initial and all-along-the-line similarity, and that which is ultimate and superficial only. When a man in his homœopathics arrives at this stage of his developmental process, he is apt to do one of three things, viz.: he may, 1st, throw your Homœopathy clean overboard; or, 2d, admit the limitedness of its sphere of application; or, lastly, he may set about procuring a pathology to fit his therapeutic doctrine. I have gone through all these stages myself now, and am beginning to understand the Coethen ætiologic phase of Homœopathy. If space would allow, I would seek to encompass this ætiologic phase of Homœopathy in its entirety; but, as it will not permit of this, I have chosen only one of the three Hahnemannic, chronic, so-called miasms for consideration, and that sycosis.

I have a special reason for choosing sycosis. I mean the sycosis of Hahnemann, and not the *sycosis autorum*, viz., our knowledge on the subject has much increased of late years, for science has been shining upon it.

Now, leaving syphilis and psora quite out of consideration, I propose to inquire into the Hahnemannic doctrine of sycosis in the light of modern science and experience.

First of all, I would make a preliminary observation in respect of the word *miasm*, which is current in homœopathic literature in a very peculiar sense. Hahnemann himself calls the supposed causes of chronic diseases *miasms*, and his translators carefully and conscientiously translate the word by itself!

Now, in English *miasm* means an infection floating in the air; the effluvia or fine particles of any putrifying or noxious bodies rising and floating in the atmosphere—in fact, exhalations. Therefore it is hardly accurate to use the English word *miasm*, or its pure Greek form *miasma*, as the English equivalent of the word “miasma” as used by Hahnemann, or if you do, you must carefully define the use of the word first, for our word *miasm*, being derived from *μίαω* to soil, to defile, to pollute, to dirty, might etymologically stand as the translators of Hahne-

mann have it, but τὸ μίασμα means not only a defilement, a soiling, a befouling, but also an impure exhalation, in which restricted sense only it has come into use in English. Miasm in our vernacular means impure particles or effluvia in the atmosphere, and nothing else. What Hahnemann meant when he used the Germanized miasma was not at all what we understand by miasm, but was rather what we now understand by *virus* when applied to the primary form of a disease, and *taint* when used to denote the latter phases. If in speaking English in these days we talk of the syphilitic virus or taint, the gonorrhœal virus or taint, the virus of itch, the itch-taint, we are expressing ourselves, so far as the words are concerned, accurately, and everybody knows what we mean, but when we speak of the miasms of these diseases we are really, as I must submit, using jargon, and so gratuitously mystifying ourselves. Ague is supposedly due to a miasm, syphilis to a virus. So much, therefore, for the word miasm, as wrongly used in homœopathic literature. I say wrongly, because it tends to obscure, and in all conscience the thing is obscure enough without any verbal mystifications.

Now, let us go on to inquire what Hahnemann understood by sycosis. The highest English authority on the exegetics of Homœopathy is, I think all will admit, Dr. Dudgeon, and he says (*Lectures on the Theory and Practice of Homœopathy*, 1854, p. 300): "As regards the third of Hahnemann's chronic miasms sycosis, or the condylomatous venereal disease, the notion of its independent nature has been considerably contested, not alone by allopaths, but also by some of our own school. The disease always arises in consequence of impure coitus, and appears in the form of dry or nasty-looking, or soft and spongy excrescences in the form of a cockscomb or cauliflower, easily bleeding, and secreting a fetid fluid, and sometimes accompanied by a sort of blennorrhœa from the urethra. Their seat is the glans or foreskin in the male, the vulva and its appendages in the female. Their removal by the ligature or cautery, actual or potential, is, according to Hahnemann, followed by similar growths on other parts of the body or other ailments, the only one he mentions being shortening of the flexor tendons, particularly of the fingers.

"It is, Hahnemann alleges, the rarest of the three chronic miasms, and, as I before observed, it is very doubtful if it be a peculiar disease, and not rather a form of syphilis. The secondary effects Hahnemann describes as arising from it must certainly be rare, for I can state from my own experience that I know several persons who have had such venereal condylomata

burnt off many years ago, and who have never had the slightest trace of those after-effects Hahnemann alludes to ; though at the same time I am bound to admit that I think I have observed a connection of certain pseudo-rheumatic affections and inveterate gleet with the fig-wart disease." Thus far Dr. Dudgeon.

So the *only* after-effect of the fig-wart disease mentioned by Hahnemann is a shortening of the flexor tendons, particularly of the fingers, and yet Dr. Dudgeon speaks of "those after-effects Hahnemann alludes to!"

It can thus hardly be maintained that Dr. Dudgeon puts syccosis before us in a very clear light, though his remarks in regard to gonorrhœal rheumatism shows the accurate observer, and John Hunter had observed the same thing long ago. That people do get venereal warts admits of no doubt whatever, that they are a form of syphilis, as stated by Dudgeon, is not now generally admitted.

Hahnemann very clearly differentiated between syphilis and syccosis, because he found *Mercurius* helped to cure syphilis but not fig-warts, and modern experience and science are seemingly on Hahnemann's side on this point. Dudgeon very properly objects to consider diseases as syccotic simply because they can be curatively modified by *Nitric acid* and *Thuja*. But then we cannot entirely ignore the aid obtainable from this source ; for instance, a very bad chronic ulcerated sore throat that yields straightway to full doses of the *Iodide of Potassium* tells a tale we all understand without any commentator. I have long been puzzled with Hahnemann's divisions of drugs—*i. e.*, how he arrived at them—and I am beginning to suspect that he made them largely by an appreciation of the *ex juvantibus et nocentibus* teachings. And a number of his indications are, beyond any doubt, derived from the time-old *signatura rerum naturalium*. *Thuja* to wit.

Now, I complain that the great exegete of Homœopathy, Dr. Dudgeon, whom we all delight to honor, devotes too little attention to the doctrine of syccosis ; he neither establishes it nor does he demolish it. Dr. Dudgeon mentions it in passing, throws doubt upon it, and then leaves it. Dudgeon's doubt as to the separate nature of the condylomatous venereal disease is based upon his observations that he had known persons in whom the condylomata were burnt off many years ago, and yet the flexor tendons of their fingers had never become shortened ! I can say the same, and, no doubt, we all can, but we have equally seen plenty of people who had syphilis many years ago, and who have never had any later manifestations of the disease, but

that in no way militates against the specific nature of late, later, and latest manifestations of syphilis where they do occur.

Dungeon speaks with no great respect of those homœopathic practitioners who have regarded ordinary warts as evidence of sycotic infection, because Hahnemann distinctly declares such warts as of psoric origin. This looks like a formidable indictment, but one which vanishes when more closely examined. It is quite true that Hahnemann puts common warts, encysted and other tumors, down to the very large account of psora, but he does not say "all" warts, only some. And herein lies *des Pudels Kern*, as I will proceed to show.

Let us now go to Hahnemann's own account of sycosis and see if it tallies with Dudgeon's. Turning up the *Chronische Krankheiten* we come upon the chapter devoted to the subject, and find it is just as scant and unsatisfactory as Dudgeon's exegesis of it. Hahnemann only devotes one small chapter of four pages to it, and Dudgeon's account of it is quite correct, except that he fails to point out the strange statement by Hahnemann that sycosis is an epidemic affection, "*Nur von Zeit zu Zeit herrschend war*," and ever getting more and more rare.

Common gonorrhœa, Hahnemann says, does not appear to penetrate the whole organism, but only to irritate the urinary organs locally.

His remedies for sycosis are a few globules of *Thuja*³⁰ and *Nitric acid*³⁰. His remedies for the common clap are a drop of fresh parsley juice, if there is much urging to urinate, and *Copaiva balsam*; about one drop of the mother tincture when there is less inflammation, and if these do not do the trick, why you get a gleet which is *psoric*.

According to Hahnemann, therefore, there are two kinds of gonorrhœa, or clap; the one with condylomata, which is constitution infecting, and in which the urethral flux may occasionally but not often be wanting, and which constitutes his sycosis, and which must be monopsically cured by *Thuja*³⁰ and *Acid nit.*³⁰, leaving each from twenty to forty days' time of action.

I would here remark, with some emphasis, that Hahnemann very distinctly differentiates between local irritation and an organismic evil in regard to the dose; when he wants to treat the organ or the part, *topico*—specifically he uses the mother tincture—or simple juice of the plant—and when he wants to treat the organism he uses the higher dilutions; and I may say that my own observations tally with this view exactly, with this difference, viz., that for the topic action the small material dose has to be often repeated. Before we go any further, let us note

that Hahnemann uses the word *miasm* for the cause of the common non-condylomatous clap as well as for the other.

Let us now resume for a moment. According to Hahnemann there are two kinds of clap, the condylomatous, which is constitutional, and is to be cured monoposically by *Thuja* and *Nitric acid*; and the common clap, which is a merely local affection of the urethra, and is to be cured by the juice of *Petroselinum sativum*, monoposically also, if much urging to urinate; or a drop of the alcoholic solution of the *Balsam of Copaiva* when there is less inflammatory irritation.

This is, practically, all that Hahnemann tells us about his sycosis and his common gonorrhœa.

We have now considered Dudgeon as exegete and Hahnemann as the originator of the doctrine of sycosis, but we have herewith not overmuch light, and conceptions not too clear. During the past forty years there have been very numerous authors who have written on Hahnemann's sycosis. Bœninghausen, Wolf, Grauvogl, Hering, H. Goullon, and many others, and it would be very interesting to follow these thinkers in their yearnings and gropings after truth, in their desire to harmonize the facts of science with their veneration of the master.

But I am afraid the task is too great, and, moreover, I prefer another plan. I suggest that we take, first of all, Hahnemann himself, as likely to know most of his own mental offspring. I suppose the majority of us feel that we know most of our own children after the flesh, and a man may fairly, I should think, be considered an authority on his own mental offspring also.

I quite agree with the principal exegetists of Hahnemann that it does not follow that because *Thuja* and *Nitric acid* may cure a complaint that therefore said complaint is of a sycotic nature, as Hahnemann understands it; but, inasmuch as we conclude that grave ulcerations, which readily yield (at least temporarily) to the *Iodide of Potassium*, are in all probability of a certain specific nature, so in like manner it may fairly be conceded, at least for the sake of study and argument, that what can be cured by the two grand antisycotics may very probably be of a sycotic nature.

Let us take merely the standpoint of probability, that much may be safely conceded without any great danger to scientific truth. Therefore, I invite you to consult Hahnemann on the subject of sycosis under the headings of *Thuja* and *Nitric acid*.

Well, the Hahnemannian pathogenesis of *Thuja* does not help us a bit, and, oddly enough, *Nitric acid* is classified by Hahnemann as what? as an antipsoric! So we see that Hahnemann

classifies *Nitric acid* as an antipsoric after having mentioned it as second in order for the radical cure of sycosis. Then, again, although he classifies *Nitric acid* as an antipsoric, he mentions warts (of the psoric kind?) and also condylomata and inguinal adenomata as curable by *Nitric acid*, while the symptomatology of this acid clearly portrays gonorrhœa (S. 375 to 389).

Hughes tells us that our only pathogenesis of Nitric acid was first published in the second edition of the *Chronic Diseases*, containing 1,426 symptoms. This cannot be correct, for my edition is the first, 1828, and it contains a pathogenesis of Nitric acid, with 803 symptoms.

Well, with all this we get no clear conception of Hahnemann's sycosis, as an adequate basis for the huge structure which some of his disciples have built upon it, and which is the sycosis of the homœopathic authors, but I am not satisfied that it is Hahnemann's.

I propose now to consult Ameke's *History of Homœopathy* on the point, and on page 138 of Drysdale's Translation, read "Besides this 'psora' there were other fundamental causes, viz., 'sycosis,' the phenomena connected with gonorrhœa and 'syphilis.'" Though there may have been some substratum of truth in these views, Hahnemann nevertheless far transcended the limits of probability, and fell into a great error." Here, then, according to Ameke, as translated by Dr. Alfred Drysdale, and edited by Dr. Dudgeon, we find sycosis defined as "the phenomena connected with gonorrhœa." So, according to this, sycosis and the clap disease, the *Tripperseuche* are identical. This positive statement of the identity of the gonorrhœal disease in its entirety and the sycosis of Hahnemann so surprised me that I turned to the original and find the translator has interpolated the definite article *the*, which makes all the difference. Ameke's words are "ausser dieser Psora blieben noch als Grundursachen übrig die Sycosis, mit dem Tripper zusammenhängende Erscheinungen, und Syphilis," and these mean "sycosis, phenomena connected with clap," not *the* phenomena.

The words of Ameke, viz., "there may have been some substratum of truth in these views" (of Hahnemann) really pretty nearly epitomize the actual attitude of the homœopathic practitioners of the world at large. Speaking broadly, you to whom these words are addressed do *not* accept the ætiologic phase of Homœopathy, and yet almost every man of you is daily, almost hourly, influenced by it in his modes of thought, of practice, and of writing and speaking. You do not accept the doctrines of psora, syphilis, and sycosis, and yet you do not quite reject

them ; you seem to think there is something in them after all.

Now, to keep within the bounds of my plan, viz., of sycosis, surely we ought to be able to *know* whether the doctrine of sycosis is true or false. Indeed, I think it about time sycosis were elevated from the position of a scholastic doctrine to that of positive scientific demonstration, at least clinically, or else cast out altogether ; for it must be manifest that there either is, or there is not, a condylomatous venereal disease which we call sycosis.

At this stage of our inquiry we are encountered with a difficulty, for to my mind it is very questionable whether sycosis and the entire gonorrhœal disease are identical. We have seen that Hahnemann differentiates two kinds of clap, the one a local affection of the urinary organs, and the other sycosis, in which there may be no urethral pyorrhœa or blennorrhœa at all. And this quite coincides with what we no doubt have all seen over and over again, viz., condylomata, or *verruce accuminatæ*, in persons who have had no gonorrhœa at any time ; but in all the cases which I have ever observed, impure coition had probably taken place (the hereditary ones in children always excepted), and hence these warts are certainly venereal ; but are they always gonorrhœal ? To say that the principal exegetes of Homeopathy and the pro-sycosis writers, such as H. Goullon, and the various and numerous authors quoted by him in his admirable prize essay on *Thuja and the Lues Gonorrhœica*, accepts sycosis as synonymous with the whole gonorrhœal disease, which Autenrieth and other writers before and at the time of Hahnemann fully recognized and proclaimed as due to a constitution-infecting virus, and which they termed *Tripperseuche*, or clap disease, and which they also ascribed to a miasma or virus, as did Hahnemann. To say this does not satisfy my mind that Hahnemann thought the gonorrhœal virus the primary cause of fig-warts and other constitutional ailments. I think everything must hinge upon the answer to this question. I have weighed the matter carefully, and have come to the conclusion that sycosis for Hahnemann was the *condylomatous venereal disease* indeed, and nothing else, and *not* the *Tripperseuche*, or clap-disease, of Autenrieth in its entirety.

If you will take the trouble to read the greater medical writers of Germany of the first four decades of this century, you will find (and I am sure Drysdale, Dudgeon, Hughes, H. Goullon, to name no others, will all agree with me) that gonorrhœa was considered by very many of them as a *Seuche*, or constitutional

affection, and as the prime cause of many specifically gonorrhœal ailments or manifestations, only one of which is the condyloma.

The clap disease, *die Tripperseuche*, was a recognized prime cause of chronic disease years before our founder promulgated his sycosis, and if you admit that sycosis and clap-disease are synonymous terms, then sycosis is not the mental property of Hahnemann at all; this much is certain, either sycosis and clap-disease are not the same thing, or else if they are, there is no such a thing as sycosis to be attributed to the genius of the founder of Homœopathy.

We must not forget that Hahnemann differentiates two kinds of clap, the common variety and that of the condyloma, so he evidently did not include the whole clap disease in his sycosis.

It is seemingly no use for us to hunt about in Hahnemann's works for any real enlightenment on the subject of sycosis, as they contain none; and why? Simply because Hahnemann himself had but very little knowledge on the subject, as he practically admits on page 63, of vol. I, of his *Chronische Krankheiten*. I should not be surprised if he had set aside sycosis for study and consideration in a future time, but apparently that time never came—that is, it never came so far as we know; possibly the Paris MSS. may contain something on the subject.

We are then brought face to face with this primary question, Is the sycosis of Hahnemann identical with the gonorrhœal disease of Autenrieth? If so, then it is not the property of Hahnemann; and if not identical, what is it? syphilitic, gonorrhœal, chancroidal, or a separate and independent disease *sui generis*?

These points being settled, we could proceed to a comparison of gonorrhœa in its constitutional aspects, with the sycosis delineated in the original works of Hahnemann. For I for one cannot admit that the *sycosis autorum homœopathicorum* is the sycosis as painted by Hahnemann himself.

NOTE.—The above quoted paper of Dr. Burnett's was prepared by him as an introductory to an extended study of gonorrhœa and sycosis; the more practical consideration of the subject was prevented by sickness in his family. It is to be hoped Dr. Burnett will complete his essay at an early day, for all true homœopaths are interested in this subject, and would enjoy reading an essay upon it from the pen of such an interesting writer as the Doctor.—EDITORS H. P.

ON GONORRHOEA IN ITS CONSTITUTIONAL ASPECTS.

In reading the proof of the article having the above heading, by Dr. Burnett, in the present number of *THE HOMŒOPATHIC PHYSICIAN*, we were reminded of two or three interesting cases of gonorrhœa that have fallen under our own observation at different times.

One of these we recollect had a decidedly syphilitic aspect. There were chancroids along the tract of the urethra. There was contraction of the walls of the urethra, with consequent rupture and bleeding when spells of chordee occurred. A bubo started in the right groin, while a red line led to it from the end of the prepuce—which was rather long, and in a state of phimosis. The urging to urinate was very sudden and violent, and almost involuntary, with profuse flow as if from a force-pump.

All these symptoms seemed to call for *Mercurius*. We accordingly gave *Mercurius-vivus*^{cm} (Fincke), and the violent symptoms subsided in twenty-four hours. We were not so fortunate in controlling the flow of mucus from the urethra, which continued some weeks longer. It was finally cured by *Sulphur*^{2o} (B. & T.) in water.

Then followed a rheumatism which, rather singularly, was confined to the heels and mostly in the *Tendo Achilles* as far as we could discover. This was cured by *Pulsatilla*^{2o} in three or four days. No condylomata followed during six months of our subsequent knowledge of the patient. After that period we lost sight of him.

Another case that occurs to us was in a young man who had had repeated attacks of gonorrhœa. When he contracted his latest attack he decided that Homœopathy was too slow for him.

So, notwithstanding our warnings, he consulted a physician of the old school of medicine. Injections were administered, and the usual result followed—stricture and condylomata. His physician treated the stricture with bougies. He proposed to “snip of” with the scissors the fig-warts, which formed a complete Elizabethan ruff around the head of the penis, when the patient happened to mention that his homœopathic doctor could cure such things with medicine. “Can he?” exclaimed the doctor in surprise; “I would like to see that done. Go see him and ask him to do it.” The young man obeyed. He came to our office, told the facts, and desired treatment. He assured

us that the bougie treatment had practically ended. So we gave him *Sepia*²⁰ (Jenichen), and in two or three weeks they were all gone. The *regular* physician then sent the patient to our office again with a message inquiring what remedy it was that we gave, as he had a dozen men whom he "would put upon it to-morrow!"

Yet another case came to hand. A young man who had had gonorrhœa treated with injections, consulted us for "piles." We took his word for it and gave several remedies that had no effect. We then did what we should have done at first. We made an examination and discovered the anus encircled with a ring of condylomata. The young man said he had "caught the piles from a water-closet!" After this discovery we gave *Sepia*, and in three weeks the fig-warts disappeared.

Our own supposition from the limited number of cases we have seen, some of which are not sufficiently interesting to relate, is that the fig-warts generally result from suppressing the urethral flow with astringent injections.

W. M. J.

PROCEEDINGS OF THE BOSTON ORGANON SOCIETY.

Meeting held March 28th.—Before beginning the reading of the *Organon*, Dr. Wesselhœft gave a very entertaining and instructive account of his recent trip among the Caribbean Islands. He spoke of their advantages in regard to climatic conditions, especially the island of Martinique. Upon this island almost any desirable altitude may be obtained.

Unfortunately, owing to the lack of intelligence or to negligence of ordinary precautions, small-pox is rife there, and the island is now and has been in a state of quarantine for two years. The climate of the other islands is very fine, Barbados in particular, but the island being rather more flat than mountainous different altitudes cannot be obtained. If steamship communication is ever established between Florida and these islands in order to avoid the dangers of Hatteras, this will be an excellent place to send our phthisical patients. He spoke of two cases of wonderful recovery of phthisis at Barbados, one of which was carried on a cot from the steamer to the hotel, and who now were seemingly as well as anybody. They had been there about two years.

The reading of the *Organon* was then commenced by Dr. Wesselhœft, beginning at the 148th Section.

Dr. Wesselhœft—This explanation never satisfied me, and, in fact, I do not care how it is done, but the most satisfactory explanation is that the remedy acts antidotally to the disease and not with it. The remedy meets the disease symptoms, if it is a simillimum it cures them, if it is not a simillimum but a simile, it partially meets them or meets them at an angle, and another set of symptoms, the resultant of these two forces, is generated, and a remedy must be selected for these, and so the patient is zig-zagged into health as Dr. Lippe used to say. These things, however, are all theoretical, and will never explain how it happens any more than we can explain how life happens.

Dr. Bell—The only value of a theoretical explanation is in regard to the dose, whether a larger or smaller dose is necessary.

Patients often ask for a powerful dose. The remedy calls into action the vital force as the pressure on an electric button sets in action the forces that ring a bell, or cause a large explosion.

Dr. Kennedy⁴—We should separate the principle of selecting the remedy from the principle of its action. It always seemed to me that an imitation of the vital force causes disease. If the vital force is strong enough to overcome it alone the patient gets well without medicine. If it is not strong enough the drug helps it.

Foot-note, 101. Dr. Wesselhœft—What could be more scathing than this foot-note, and it is just as true now.

149. Dr. Wesselhœft—How quickly we relieve with the specific remedy in cases that last for weeks under other treatment! A follicular tonsillitis will recover in forty-eight hours with no after effects; it will never get well so quickly under mercurial treatment or swabbing with Corrosive Sublimate, etc. How often do we see in cases of recent wettings an inflammatory process cut short if we get there in time? I recall a case of sickness after eating pork, in which relief was obtained in two hours after taking Puls. The patient had always been sick days before in similar cases. Hahnemann makes a distinction between acute and long standing drug disease. There is great difficulty in finding the remedy in cases of drug complication. With patients that have been treated allopathically for syphilis, it is always a long story of wrongly applied remedies, and not the result of the disease. We have seen many cases come with the worst kind of primary symptoms that have been cured with no secondary symptoms.

Cases are often made incurable by a wrongly selected remedy, and a remedy partially homœopathic may do just as much harm

as an antipathic remedy. The disease is nothing compared to the ordinary method of cure.

Dr. Bell—I saw a case this morning that has been under treatment since last August. He came at that time with a primary hunterian chancre that he had then had for two months. He had been treated carefully out West before coming to us, had been given one dose of *Mercurius*²⁰⁰ and had been told to let the thing alone.

I examined him carefully to-day; he is perfectly free from disease; his glands are all free. He received about three doses of medicine and never had any secondary symptoms, but a few maculæ.

Dr. Wesselhœft—Now, when they are giving Corrosive Sublimate and large doses of Iodide of Potassium, it takes three or four years to get a patient rid of such a drug-complicated disease. That is what Hahnemann meant by a drug disease, and it takes three or four times as long to effect a cure after a drug poisoning. We have cases of fever and ague that after being cured homœopathically can return to malarial districts without contracting the disease again.

Now, old-school physicians have always said when we reported such cases that our diagnosis was wrong, they do not say so now; they know that we can make as good a diagnosis as they can. Some time ago I had a case of gonorrhœa that had been treated by injections, the urethra stretched for stricture, and as a last resort the urethra was to be cut; then the patient came to me. The injection had caused a prostatitis, and, in addition, there were several condylomata present. After a dose of *Pulsatilla* the difficulty of urination passed away, together with the prostatitis and the condylomata, and the discharge was re-established, proving effectually to the patient what had been the cause of all his troubles.

He told his former physician, in a few weeks, how much better he was, and how all the distressing symptoms indicative of stricture had disappeared, and all that worthy could say, was, "Well, he must have used some very powerful medicine!"

Dr. Bell—We would not have cases of tertiary syphilis if the patients were properly treated in the first place.

Dr. Wesselhœft—I recall a case of syphilis complicated with malaria, with profuse hemorrhages from the kidneys; he was very anæmic but is now perfectly well.

150. Dr. Wesselhœft—Hahnemann means that we are not to give a remedy for every little thing. Adjourned to April 11th.

PROCEEDINGS OF THE ONEIDA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The quarterly meeting of the Oneida County Homœopathic Medical Society was held April 16th, in Rome (N. Y.) Present, Drs. S. O. and N. C. Scudder, Southwick, Touseley, and Gifford, Rome; Brainard, of Little Falls, and Wells, of Utica.

In the absence of the President and Secretary, Dr. S. O. Scudder was elected President and L. B. Wells Secretary *pro tem*.

The Secretary read the letter of Judge Barrett to the *New York Medical Times* in relation to medical practice, which was fully discussed by all present.

Dr. L. B. Wells, of Utica, read the following:

“The answer (to a question by the editor of the *New York Medical Times*) if correct, has an important bearing upon all practitioners of every school of practice. The principal extracts will be found in the *New York Medical Times* for April 1st. This opinion has a direct bearing upon the organization of the homœopathic medical societies as to who shall be its members. In answer to questions of this nature, some few years since, Judge Davis, an eminent jurist of New York city, gave his opinion. He quotes the laws of this State in regard to the organization of homœopathic county medical societies. Homœopathic physicians, not less than five, may assemble at the county seat and organize a county society. He asks the question, ‘Who are homœopathic physicians?’ His answer is, ‘Those who practice Homœopathy according to the law of cure as promulgated by Hahnemann.’ He says ‘Not allopaths, not eclectic, not electricians, not hydropathists.’

“The County Homœopathic Medical Society of New York County was organized on the principles of pure Homœopathy, and after the opinion of Judge Davis was published, a large number of members who were eclectic in practice withdrew from the society. Our county society was organized on the same platform of pure Homœopathy. Our first State society was organized on the pure platform. In the transactions of the State society of 1872 you will find the Constitution and By-Laws of that and the Constitution and By-Laws of the new society. In the first you will perceive that the law *similia similibus curantur* was recognized, but not as published by the new, while Dr. H. M. Paine was Secretary. But let us

now refer to the facts that according to reports to boards of health those who practice pure Homœopathy have the most favorable results, showing the least mortality.

“Judge Barrett’s opinion leaves the impression that homœopathic treatment often fails, making resort to other means necessary by the knowledge and consent of the patient. This is an erroneous conclusion. The homœopathic physician who carefully and thoroughly studies the Homœopathic *Materia Medica*, the result of provings upon the healthy organism, and the characteristics of drugs will no more resort to Quinine, Morphine, Bromide of Potash, Chloral, etc., as used by our allopathic brethren of the old-school practice than the skillful, keen-eyed rifleman would to the old-fashioned, long-time-discarded blunderbuss. The failure is not, therefore, of Homœopathy but the practitioner. From this cause alone Homœopathy has suffered more injury from wounds in the house of its professed friends than from all the opposition and ridicule of its foes.”

He also read the following written by Dr. I. Dever, of Clinton :

“The *Utica Morning Herald*, of April 3d, contains an extract from the *New York Medical Times* which is intended to mislead the public in regard to the different medical practices. Judge Barrett is quoted as authority, and made to voice the opinion of the *Medical Times*. We do not take exceptions to the legal aspect of the question, but when Judge Barrett gives his opinion in regard to the relative merits of the different schools of medicine it is but the opinion of a layman, and not that of a learned jurist, as the *Times* would have it, from the fact that the evidence is not all in, and he is ruling in favor of the *Medical Times* without evidence. He presupposes a case in which the homœopath is made to fail with his remedies and fall back to allopathic drugging and blind stabbing, a hypothesis upon which the *Medical Times* and Judge Barrett base an opinion and rule against Homœopathy. But suppose we present a small amount of evidence from the other side? During the epidemic of 1849 and 1850 Drs. Pulte and Ehrman, of Cincinnati, Ohio, treated cholera with a loss of three per cent., while the regular practice lost fifty per cent. Dr. Rubini, of Naples, Italy, treated seven hundred patients in 1854 with a loss of only three. But we will see how Homœopathy succeeds in the dreaded disease of diphtheria. During an epidemic of diphtheria in Philadelphia, Dr. Neidhard (a homœopath) lost but two patients out of three hundred.

“Dr. J. P. Dake, of Pittsburg, Pa., lost seven out of one

hundred and ninety-three cases treated. Dr. J. N. Brigham, of Grand Rapids, Mich., lost one case out of fifty treated during the summer of 1887. Out of two hundred and fifty cases treated by Dr. DeForest Hunt, of Grand Rapids, Mich., during the summer of 1887, he lost eight patients. The average death rate in later years, under old-school treatment, is about twenty per cent. The *Medical Times* and its friends would create an examining board, fabricate a case against Homœopathy, and condemn all practitioners of that school without a hearing.

“Clinton, N. Y., April 4th, 1889.”

The question of using allopathic measures was called up and was ventilated. Dr. N. C. Scudder thought the regulation of doses should be according to the judgment of the physician to suit the constitution and temperament of the patient. Dr. Wells thought there was nothing in the system of Homœopathy to forbid the use of large doses of medicine—allopathy doses, so-called—if they should be deemed desirable in any case.

Dr. S. O. Scudder said that the law of *similia similibus curantur* was a very important discovery, and that the practice should be confined within that circle. He spoke at some length on the theory.

Dr. Brainard said that he believed in the homœopathic law of applying medicine, but he believed the size of doses should be regulated by the judgment of the attending physician solely. He thought many of Hahnemann's ideas and theories were fallacious. He cited some instances of proof.

The subject of Psora and Hahnemann's theory of the same was freely discussed, with reports of cases where suppression of itch by external means resulted in various forms of chronic diseases. Various cases of hernia were reported, with a discussion of the best means of reducing the same to avoid the necessity of resorting to an operation, attended often with danger. Adjournment.

NOTES FROM PAST MEETINGS OF THE LIPPE SOCIETY.

MESSRS. EDITORS:—In glancing over the minutes of some past meetings of the Lippe Society, I am constrained to compare the proper method of showing the value of our pathogeneses, and the way adopted by some self-styled teachers of materia medica.

The following remarks of Dr. Lippe are taken from the minutes of a meeting held February 17th, 1880. Although they contain nothing new, they are of permanent value,

and I am sure you cannot give space to anything of more worth : "Hahnemann was the first to prove Aconite. In reading this proving we should first read the preface. Hahnemann then gives us what we may properly call the key-note of Aconite. This, however, is not the modern key-note. Hahnemann's key-notes are very few. The last one is the most important.

"When Aconite is prescribed, the mental symptoms must be present, else that remedy is not indicated. The key-notes are : Irresistible restlessness, agonizing tossing about, thirst, and fever. In fevers (pathological) the above symptoms must be present.

"Why do the mongrels give Aconite in large doses ? Because they are looking for pathological conditions.

"Another mental symptom is to be found in the effects of fright and anger, and here it is a great remedy. Thus, for suppressed menses from fright and anger, Acon. is the remedy. The pathological people do not believe that fright and anger will stop the menstrual flow. Hence they miss excellent cures. Where the feet get wet, and there is suppression of menses as a consequence, Puls. is the remedy.

"In the winter of 1838, a young girl was baptized in a stream where the ice had to be broken for the purpose ; suppression of menses followed, and a condition giving a perfect picture of Acon. came on. Notwithstanding the clergyman's saying that no medicine was needed for such a case, I gave Acon., which soon brought about a normal flow.

"The pathological gentlemen do not believe in Acon. for the effects of fright, because they never read Hahnemann's preface to the proving.

"We never see Acon. indicated in typhoid fever. A young lady had been suffering with fever. Her mother gave her Acon. as directed by the domestic books, and the fever disappeared. The next day the fever reappeared and she was again given Acon. Thus it went on for a week, when I was called and found her advanced in typhoid fever. The Acon. was not indicated, and had retarded the cure.

"If the other symptoms correspond, and the mental symptoms are present, then you can successfully give Acon., and only then. The Acon. restlessness is agonizing. The patient does not *tumble*, he *tosses* about.

"We have another kind of restlessness in which the patient tumbles about like a kitten. He goes so fast and so constantly that we cannot get a chance to talk to or question him. This is *Apis*.

"*Arum tri.* has restlessness with picking of the lips till they bleed. In such cases *Arum* will cure both symptoms.

"In Rhus tox. cases the patient is restless and turns to a new position. He remains quiet for a few minutes and then changes. The Puls. patient cannot lie quiet, but must turn to a new position constantly. The very idea of moving is terrible, yet he *must* move; but he is not relieved by the change of position. The Rhus patient, on the other hand, does find relief for a few minutes in the new position.

"All that we know of Acon. is found in the *Materia Medica Pura*—thirst, fever, and the agonizing tossing about. That is the whole story.

"Acon. is useful only in the worst kind of acute cases. I do not touch my Acon. vial once in six months. It is useful in cases of hypertrophy of the heart. The patient cannot sleep because he is so restless and in such fear. This drug will not cure the heart trouble, but it will make the patient sleep regularly, sometimes for months. In labor, where there is the agonizing tossing about, with fear that she cannot stand the pain, Acon. is indicated. As I have said, I seldom find it indicated, but when it is given its results are wonderful.

"In the present epidemic of measles, Acon. is frequently indicated. In some cases Puls. follows.

"In brain diseases it is at times indicated. In children, when they are better from being carried about, Cham. is the remedy. Similar to Cham. are Ant. tart. and Ignatia. Where Bell. is indicated, the child may desire to be carried about, but the headache gets worse from the motion. The child may not be able to mention this fact, and it may escape observation, and we may then wrongfully prescribe Cham. To give Cham. to every child having a desire to be carried about is to make serious blunders in many cases. In the Bell. case the headache is worse from lying down. By noticing this we will not mistake and prescribe Cham.

"The Acon. headache is better from lying down. Acon. has very little that can be compared with any other remedy.

"There is some little similarity between Acon. and Bell. Acon. has cough which is short, as we find it in measles. A short, hacking, continuous cough. There is pain in the region of the liver, also stitches. The mental symptoms occur with the Acon. cough. The child will not lie quiet. If he does remain quiet Scilla is the remedy.

"It is a great mistake to give Acon. in measles merely because there is an eruption with fever.

"I recollect giving Puls. to a case of measles, thus bringing out the eruption. Vomiting then set in. The child vomited all day, but I decided to give it nothing else. Next diarrhœa

appeared. I left a dose of Sulph. with the mother, to give in case the diarrhoea did not disappear by midnight. Still, I felt certain the diarrhoea would soon cease, and it did. The Puls. brought out the eruption. Then came the symptom, involuntary stool while urinating. This symptom occurs in Mur. acid and Sulph.

“I have cured more cases of croup with Bell. than with any other remedy.”

From these few notes one can see how a master taught materia medica.

At a meeting held on March 16th, 1880, Dr. Lippe, in connection with a statement by Dr. C. Carleton Smith, of a case of fistula nine inches in length, in the knee joint, subsequent to a maltreated attack of typhoid fever, said that *Lycopodium* was a great remedy in the after effects of typhoid fever.

Dr. Lippe then described a case of pneumonia in illustration of the repetition of the dose. The patient was given Sulphur, which did not act promptly, and had to be repeated for three or four days. It caused him to perspire profusely; but as soon as he ceased to take the Sulph. the perspiration ceased. He had never perspired before—not even while living in the West Indies. Dr. Lippe was ready to give him up as a hopeless case, when suddenly the old man set to coughing. It was an incessant cough, day and night, and he stormed and swore at the doctor for not relieving him. It was not thought advisable to stop the cough, as it was necessary to his recovery, and he was given no medicine. The cough soon disappeared. Then a severe diarrhoea set in. Still no medicine. He shortly got well.

Dr. Lee thought that it was always dangerous to stop a cough in serious lung troubles.

Dr. Clark related the case of a woman whose father, mother, and brother died of tuberculosis. The woman had been running down for two years. With a violent cough, she had many other serious symptoms, which were conquered by appropriate remedies. Her cough still continued, and she was constantly begging for something to stop her cough, notwithstanding her general condition was all that could be desired. She was warned against having the cough stopped.

She was under Dr. Clark's treatment for three years, continuing well, with the exception of the cough. While visiting in Brooklyn she contracted a heavy cold. She was then treated by a so-called homœopathic physician, who gave her material doses of Opium. Much to her delight her cough stopped. In less than two weeks afterward she was in her grave.

Dr. Lippe said he had cut his eye-teeth many years ago in a case of typhoid fever, in a drunken Irishman. On the seventh day after the delirium was over his nose began to bleed. Without giving any remedy than that given previous to this symptom, he waited for fourteen days, the bleeding continuing for that time, and the man rapidly recovered.

Dr. C. Carleton Smith remarked that he could never see the use of prescribing medicine every two hours. It is a perfectly arbitrary period of time, and there does not seem to be any sense in it.

Dr. Lippe—It is a common thing to meet with so-called homœopaths who give several remedies at a time, in repeated doses. If you give Bell. in more than one dose, you will be sure to witness an increase of fever the next day at four o'clock.

Dr. Lee reported a case where there was pain in the right arm; must lie on the arm. The patient complained of being unable to raise the arm to the head. There was no particular reason why she should raise the arm to the head, but this spontaneous expression of the symptom led him to give a dose of Sanguinaria. It produced no effect, whereupon he gave it in water, and the patient was relieved in that arm, and the pain then appeared slightly in the left. This would seem to show the advantage of many doses.

He asked the question as to whether he should have let the one dose have more time to act.

Dr. Lippe answered that he probably did right; that the repetition of the dose was necessary in many patients with feeble vitality; that Dr. Lee's patient was a poor subject, and that there would be much trouble in curing her. In such cases it is necessary to repeat the remedy.

Dr. Lippe, in answer to Dr. W. M. James, said: In my paper (on the Repetition of the Dose) this evening, I wish the inference to be drawn that a remedy may not show its action for three days after taking it. Therefore we must wait. Dr. Jacob Jeanes, who was a very acute prover, used to say that when he took a remedy for proving, he could tell within a minute if it were going to act, by some slight symptom. Then it would lie quiet for three days before he could get symptoms.

Dr. James asked for a remedy having cough caused by tickling, with tickling increased by coughing, and extending up into the ears.

Dr. Lippe answered that *Cistus can.* is a remedy having this symptom.

[Ignatia : The longer he coughs, the more the irritation to cough increases. Marum Verum Teucrium : Short, dry cough from tickling in upper part of trachea aggravated by coughing. See Lippe's *Materia Medica*.—EDS.]

BRYONIA—SOME NOTES—SOME MISTAKES.

Last October was called to see Harry S., æt. six years. Found he had been taking Acon. and Phos. alternately every hour for two or three days—on general principles, I suppose.

His malady seemed to be of a periodic character ; there were fever (102°), intense thirst, excessive irritability, and a desire to lie perfectly quiet on the painful side (right). The least motion and even the respiratory effort greatly aggravated the pain. He was constipated, only meagre burnt stools had been secured for several days by assiduous repetition of enemata.

I diagnosed a Bry. case and prescribed accordingly ; instructing the mother to discontinue the medicine as soon as improvement was apparent. The following day I called, finding my patient much improved. The medicine had been stopped after the second or third dose, given at two-hour intervals. The bowels moved naturally without any injection.

Case No. 2.—Mr. S., a merchant, who had no use for little pills, got at outs with the local allopathic brethren, and sent for me to give him a hypodermic of Morphine. I don't own a hypodermic syringe.

The man had been suffering for several days with influenza, which had become complicated with pleurodynia. Of course, he was in that condition when relief from suffering was very essential. He had for some time been taking Aconite and Bry. alternately every hour, which remedies had been prescribed by a homœopathic (?) druggist. Well, I'm not a "faith healer," so didn't try to fathom his mental evolvments as I told him 'twas not Morphine, but a homœopathic remedy which he needed. He said he didn't care a — what did it so the pain was taken out of his side, that he might cough without killing him. I studied the case closely, and finally prepared some Bry. He took it, remarking, "Same old gag," and doubtless thinking he'd be obliged to get some Morphine on his own account at last ; but two days later he was attending to his business, which he had not done for a week. It is only fair to conclude, as he very sensibly did, that the *one* remedy cured him whereas *two* had failed.

Case No. 3.—Mrs. B., æt. thirty-five years, recently passed

through her sixth confinement. While making my first visit after the advent of the baby she said she never had had other than a "colicky baby," and that she was always constipated at such times. This constipation seemed to point to Bry., which was given in form of No. 30 pellets, six pellets to be taken three times daily when necessary, but to discontinue them as soon as relieved.

Some improvement was noticed after having taken them the first day; but I suppose she thought if a little was good more would be better. At any rate, she continued to take the pellets till she had a characteristic Bry. chill and many other pathogenetic features of the drug, among which were insatiable thirst, diarrhoea, and a desire to be perfectly quiet. Had I not feared disastrous results to the babe, I would have encouraged her to continue the proving; but she soon recovered on discontinuing the medicine, and now does not take a second dose of any medicine except as ordered. I do not know the exact potency of the remedy used in those three cases; I began with the 3x some two years ago and have been filling up since, till I suppose it now to be between the tenth and thirtieth. H. E. POTTER, M. D.

CLIFTON, KANSAS.

A PECULIAR CASE.

Mrs. G., aet. forty-five years, supposed herself undergoing the "change of life." When I first saw her, November 18th last, she had been flowing about a week—the first for four months. Before I was called she had passed two bodies, which they had not saved, resembling in shape and size the heart of a chicken. To myself I said "mole," and proceeded to arrest the hemorrhage, which was beginning to tell on the patient, who complained of coldness, faintness, and roaring in the ears. Internal medication was first tried but proved ineffectual, either from faulty selection of the remedy or because time enough was not allowed for its action. *Hot* water was next in order, and this was injected directly against the neck of the uterus till a half gallon had been used and the return stream scarcely tinged with blood.

I now left her quite comfortable, the flow having entirely ceased. Next day she was reported "comfortable," but on the following morning she sent in to tell me that she was again flowing slightly, and was in much pain, not having slept at all during the night because of backache. I sent *Cimicifuga* and visited her about twelve hours later. At this visit a more careful ex-

amination was made, revealing the womb in about such condition regarding size and position as would be expected at the close of the fourth month of gestation. I now made a digital examination, finding the os patulous and some stinking debris in the vagina, which latter very much resembled a miniature placenta.

I now determined to empty the uterus of whatever it might contain, so introducing a Brewer speculum I began a careful exploration with the sound. The point of the sound impinged on a yielding body, which was very easily ruptured, a quart or more of fluid escaping having the odor and appearance of amniotic fluid. Well, I expected something to follow this escape of water, and it has a sequel. All pain immediately subsided, and the lady rapidly recovered her usual health and strength under the influence of an occasional dose of *Ars. alb.* She has menstruated regularly every twenty-eight days since. To me it's something new, and according to the books, I think a very lucky finale.

H. E. POTTER, M. D.

CLIFTON, KANSAS.

A LILIUM TIGRINUM CASE.

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

June 23d, 1887.—A lady aged fifty or more consulted me for the following symptoms: Pain in apex of heart, as if grasped by the hand, preceded and accompanied by a cold feeling, extending from the apex of heart to under left scapula; a spot at apex of heart, size of finger-tip, is tender to pressure. This heart trouble has been very bad for a week, and for a longer time has had it less severely; she had it also years ago. The pain is excited by worry; it is worse on lying on right side, *better by lying on left side and when busy at work.* Constant hacking cough; every morning attack of asthma during breakfast, and lasting two hours, caused by feeling of hard pressure at lower end of sternum; she has had this asthma at intervals of six or seven weeks, daily for the last two weeks. Constant desire to draw long breath and sigh (the most recent symptom). When walking, and less often when sitting, the right leg from hip to foot turns in; with this symptom, she feels a weakness all down right side, right arm, and right leg, and at times slight tingling and burning in right upper arm and all down right leg; she has had this symptom for two weeks, and years ago used to have it. For a few weeks, dryness of vagina, the parts seem

to rasp together when walking, with occasional sharp, stinging pain. I gave *Lilium tigrinum*^{cm} (Fincke) one dose, and a few more doses to be taken if the symptoms returned in the same form and persisted.

I did not see her for about a year, when she told me the remedy had cured all the symptoms. She could not remember if she had to repeat the dose; but was certain that not more than two or three doses, at the most, were required.

The following symptoms were also cured in the same patient :
July 15th, 1885.—*Alumina*^{cm} (F.C.) relieved an intense dragging, burning pain in back of eyes, with intense photophobia; also a blaze of light before the closed eyes; attacks of pain worse at three A. M. The pain improved before the photophobia.

Nov. 2d, 1885.—Attacks of pain beginning in left side, sometimes going round to left side of back, on waking in morning; and when she begins to move, the flesh there feels torn from the bones, slightly relieved by eructations, though the eructations cause spasms across spleen and round stomach. *Thuja*^{cm} (F.C.) cured "like a shot."

Feb. 25th, 1886.—*Tellurium*³¹ in water, two or three times daily for four days, removed a feeling as if the lashes of lower lids were turned in.

LILIUM TIGRINUM AND PROLAPSUS UTERI.

THOMAS G. ROBERTS, M. D.

Some years ago Miss C., a brunette twenty-eight years of age, consulted me for relief from prolapsus uteri, that had severely troubled her for several years. She had been under regular treatment for a long time, and had been treated with pessaries, injections, tonics, etc., but, thus far, without securing the much-desired relief. She was much discouraged, and often felt like ceasing all efforts to recover her health; but, as she had never tried Homœopathy, she thought she would see if it could produce any better results than had been exhibited by the dominant school. She was so low-spirited that she could hardly keep from crying, and I have rarely seen one who looked so melancholic and forlorn. She was annoyed with a constant hurried feeling, as if she must immediately attend to important duties, and she manifested, in a marked degree, opposite and contradictory mental states.

Her greatest suffering was a dragging or bearing-down sensation, that extended from the chest and shoulders all the way

down to the vulva ; and this feeling was so intense that it seemed to her that all the pelvic viscera were being gradually forced through the vagina. There was a feeling that the abdominal and uterine regions needed support, and, to relieve the bearing-down sensation, she sometimes pressed with both hands against the vulva. In addition to the symptoms already given, she had, in the left ovary, a pain, running down. As every symptom was characteristic of *Lilium tigrinum*, that remedy was prescribed in the 30th potency, and the patient was requested to take a dose morning and evening for one week, and then report to me. At the end of that time a marked improvement was manifest ; and, giving a placebo for ten days, the same remedy, in the 200th, was given at increasing intervals for about three months, when not a vestige of her trouble remained. Not long after she married, and is now the happy mother of three children ; and, as I have been her physician ever since, I know that she never had a return of her ailment. No change was made in the dietetic or other habits of the patient, and no local measures of any kind were used. This was one of the first cases of chronic disease that I cured with the single remedy, and it made a great impression on my mind. Surely, nothing else is so curative as the simillimum ; and cases like this ought to stimulate every disciple of Hahnemann to use the utmost care in the selection of the remedy, for, when the simillimum is found and rightly administered, the results that follow seem almost miraculous.

ACTION OF ALUMINA IN INFANTILE PARALYSIS.

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

When in the United States, in 1880, Dr. E. M. Hale related to me a remarkable case, which at my request he wrote out for me. The following is a copy of his statement. It will be seen that *Alumina* has cured a symptom supposed to belong exclusively to *Causticum* :

“A female child, three years of age, formerly healthy, was observed by the mother to *drag or swing the left leg*. When this had lasted several weeks I was called. On inquiry the following concomitant symptoms were elicited : *The child could only evacuate the bowels when standing, and then only by hard straining efforts, as if the abdominal muscles or the rectum were paralyzed*. When straining, the face became red, the eyes suffused, and the child trembled as from fear or pain.

“The nearest simillimum appeared to be *Alumina*, of which six pellets of the 30c was prescribed, to be given morning and night. In a week there was great improvement. The *Alumina* was then given only at night; and in another week the patient was cured, and has remained well to this date (three months).

“*Observations.*—The symptoms above given point unmistakably to an acute inflammation or congestion of the anterior portion of the spinal cord, or, according to Hammond, the ‘anterior tract of gray matter.’ It is reasonable to suppose that, had the disease not been averted in its early stage, atrophy and complete paralysis would have resulted. This case proves that *Alumina* has a specific action (1) on the lower portion of the cord; (2) on the anterior portion of the gray matter; and (3) that it will act promptly as a curative agent in the high potencies.”

This is Dr. Hale’s report. Doubtless his pathology is correct, but of what therapeutic utility is it? Will the knowledge that a remedy acts on the spinal cord enable any one to cure unless the totality of the symptoms agrees with the pathogenesis of the remedy? And if the totality harmonizes, what do we want with theories as to the minute lesions of the tissues? How will pathology differentiate between the action of *Alumina* and *Causticum* with regard to the peculiar features of the stool? So far as the scanty literature of this symptom shows, I think the *Causticum* symptom is not attended with severe straining, whereas this is an important feature of the *Alumina* symptom.

THERAPEUTIC OBSERVATIONS UPON CARBO VEGETABILIS.

Carbo vegetabilis, though so often applicable in the abuse of Quinine, is still more so as an antidote to the injurious effects of Calomel, particularly for the sensitiveness to every change of weather by which its use is so frequently attended. A high state of atmospheric temperature often causes nausea and sickness of the stomach, which are greatly aggravated by partaking of the tepid or otherwise bad water of large cities. These symptoms (very often to be met with in persons who, by their profession, are exposed to the severest heat of the day) have been frequently relieved by *Carbo vegetabilis*, even in some cases where, by the palliating, but too sudden cooling effect of ice-water, asthenic fever had been induced. The latter was sometimes accompanied by diarrhoea, and in such cases *Bryonia* was admin-

istered, either previously, or subsequently to Carbo veg. It appears singular that Carbonic acid, so well known for its refreshing coolness, was of no avail in these affections. A third equally new observation we owe to one of the most zealous friends and advocates of Homœopathy, who, for want of a physician, was compelled to attend his own child. It was but a few weeks old, when, in spite of the utmost attention to cleanliness, it became excoriated to such a degree, that the epidermis was destroyed, not only at the usual places, but also behind the ears and about the neck, presenting raw surfaces of considerable extent. Sulphur and Lycopodium relieved the little sufferer in some measure, but Carbo veg. very soon effectually cured him. We have since had occasion to observe this effect of Carbo veg. in several other instances.

During the autumn of 1833, the whooping-cough prevailed epidemically in Philadelphia, and the usual remedies, such as Drosera, Cina, Veratrum, and Sulphur, had but little effect in relieving the paroxysms, which generally ended with vomiting; but upon administering Carbo veg. the disease soon yielded. The same beneficial effect was experienced by other practitioners in 1836, and we likewise found that in the catarrhal stage of the disease, as well as for its sequelæ, it could also be relied on. In catarrhs attended with a characteristic hoarseness in the morning or at night, Carbo veg. is often beneficial. The influenza in the autumn of 1834 generally yielded either to Hepar sulph. or to Merc. viv.; but when the hoarseness just mentioned remained or recurred after a new cold, it was removed by Carbo veg. We also succeeded in curing a considerable number of cases of "the mumps" with Carbo veg., though Merc. solub. is the usual remedy for that disease.

This observation, in conjunction with the one mentioned at the beginning of these remarks, indicate an affinity between Mercury and Carbo veg., whilst the curative effects of the latter in removing the injurious consequences of ice water appear, moreover, to confirm its affinity to Arsenic, which is already established by the fact that both remedies are often employed in intermitting fevers, and that they have characteristic burning pains, offensive and easily bleeding ulcers, and many other symptoms in common. When Carbo veg. thus appears to rank between two such different metals, it follows that its affinity with the two relates to different spheres of action, as we may see by the diagnostics of these remedies. Lachesis is one of the antidotes of Carbo veg., either when the latter has been taken in its crude state, or homœopathically prepared, particularly when

its effects are manifested by soreness of the gums, mouth, or throat.

From the effects of Carbo veg., we also see demonstrated the important truth that the pathogenetic and the therapeutic effects of medicinal agents perfectly correspond with their chemical action, which we see also exemplified in the effects of Arsenic, Causticum, Kreosote, Cantharides, and Lachesis, which remove symptoms similar to those produced by the bite of a snake. Dr. Franz, in treating of *Ranunculus bulbosus*, also remarks that the local symptoms occasioned by the external application, and those proceeding from its internal use are identical, and Y—— makes the same remark in regard to *Ranunculus sceleratus*. In order to become duly impressed with the practical import of this proposition, we ought to consider it in its connection with other doctrines and demonstrate its relation thereto, which our space will not permit us to do on the present occasion. We, therefore, only remark that Hahnemannism, or the pathogenetic action of certain substances, bears the same relation to general organic action that electricity bears to magnetism. This proposition is of the same importance in Homœopathy that Oerstedt's electro-magnetism is in natural philosophy. C. HERING.

"MENTAL DERANGEMENTS."

In states of exaltation we find an excited and mild state cured by Opium, Phos., Acon., Tabac. Raging, shouting, laughing, singing have been removed by Verat. Scolding and inclination to destroy by Hyos. Ready inclination to anger, to strike, or to tear one's clothing by Stram. *Mania in the highest degree*, with attempts at destruction and murder, by Bell.

Foolish imagination, by Anacard. Great talkativeness, confused talking of complicated things, by Cup., Opium, and Verat. When attended with active muscular motions, by Stramon. Talkativeness with delivery of speeches, by Lachesis. Thoughtless actions by Verat. and Hyos.; occasionally, by Bell.

Shameful conversation with sexual excitement by Stram. and Verat.

Religious mania has been cured by Verat. and Aurum. Seeing ghosts and devils by Opium and Cuprum.

Visions of animals by Bell., Hyos., and Opium.

False impressions about one's self and body by Anac., Stram. Among the states of depression, we find loss of will and

power to decide upon any action have been cured by Coccul. and Helleb.

An apathetic state with dullness, indifference, and brooding, and stupid expression, by Baryta., Helleb., and Opium.

The most numerous observations and cures have been made in the forms of melancholy, from dejection of spirits to the highest degree of anxiety and despair.

Depression of spirits by Conium and Petrol. With fear of death by Platina. Depression of spirits by Stram. and Sepia. Anthropophobia by Anacard.

Melancholic condition by Aurum, Ig., Nat., Sepia, and Rhus tox. When attended with weeping and occurring in connection with pregnancy and confinement by Puls. With desire for solitude, and fear of coming to want by Nux and Calc-c.

Feeling of being unfortunate by Verat. When occasioned by child-bed and misfortune by Bry. Melancholy from care and grief by Caust. Anxious solicitude and fear of starving by Sulph. and Calc-c. Fear of being alone by Stram. Of frightful forms and figures by Puls. Anxious conscientiousness by Lycopod. Anxiety about phantoms of the imagination and constant endeavor to fly from them, Bell.

Restlessness and desire to escape by Stram. and Helleb. and other remedies; despair about shattered health and fear of death by Calc.

Despairing anxiety with fear of approaching misfortune, attended with complaining and weeping, by Cuprum. On account of an unhappy position by Verat.

When the mental derangement assumed the form of fixed ideas we find expectation of approaching death during child-bed cured by Aconite.

The idea of having committed a crime with fear of the officers of justice indicates Cuprum and Zinc. When the physician is mistaken for a police officer, Bell.

The illusion of not being in one's own house indicates Opium. The belief of never being able to be happy in one's own house, Arsenicum. Notions about supposed intentional insult with scruples of conscience, Ignat., Nux, and Puls.

Fear of not being saved, Ignat., Sulph., and Calc-c. Fear of coming to want, Bry-alb., Nux, and Calc-c. Notion that one is composed of two persons, Anacardium.

Arsenicum has cured the inclination to suicide with clear consciousness, from an internal frightful anxiety, although the patient was not tired of life, but wished to be watched and restrained.

In delirium tremens a man in second story of a house was restless and anxious. Wanted some one to stay in the room with him. He was fearful that he would do himself harm by jumping from the window. Thirst, drinking little and often. Cured by Arsenicum.

Aurum has cured persons who thought seriously of taking their own lives; Nux will cure the melancholy with disgust for life, which drives one to commit suicide.

Aurum is most useful when there is a state of discontent with one's self from supposed bad behavior, or when there is excessive conscientiousness with anxiety, agony of heart, and longing for death.

Hellebore has cured a girl who attempted to drown herself. It is homœopathic when one is tired of life, feels unhappy when he sees others enjoying themselves, and is very envious.

Nux is homœopathic when there is anxiety, as if from a bad conscience or anxiety, with palpitation of the heart driving one to commit suicide, or when one regards his condition as insupportable, so that he would rather die. Pulsatilla, disgust for life, with inclination to drown herself. Anxiety in the region of the heart, with inclination to commit suicide. Veratrum has cured a woman who was about to drown herself on account of her unhappy position.

G. W. SHERBINO.

SOME CLINICAL CASES.

R. M. THEOBALD, M. D., LONDON.

(1) Miss R., aged thirty-three. December 28th, 1888.—Cracking in right ear when speaking; deaf from a cold; had discharge of pus and blood from ear some time ago; low spirits; styne in left-lower eyelid; very much wind. *Phosphorus*^{cm} (Fincke) one dose.

January 4th, 1889.—Better, but ear symptoms severe; hissing like wind going into ear. Has had two styes, which have now gone.

January 21st.—Says it cured like magic. Quite well. *Indigo*³⁰, twice daily for two days.

(2) Mr. N. February 11th, 1889.—Rheumatic fever. Old rheumatic case, with heart disease and mitral regurgitation. Very passive, quiet disposition. No swelling or redness. Pain

in moving, but afterward relieved by movement. *Rhus*^{cm} (F. C.), two doses in twenty-four hours.

February 14th.—Much the same. *Sulphur*^{cm} (Fincke), one dose. This cured; more progress in three days than in two months previously under allopathy.

(3) Mrs. H., aged twenty-nine. November 26th, 1887.—Thin, weak, emaciated. Leucorrhœa always profuse. Frequent diarrhœa. Menses delayed, scanty, painful. Appetite vanishes while eating. Heavy weight after food. Hysterical. Before any illness, sight becomes much clearer than usual—*i. e.*, things look bright. Giddy. Pain in left ovary. *Sulphur*^{cm} (Fincke), two or three doses for one day.

December 10th.—Cervical glands swollen and painful. General symptoms same. *Lachesis*^{cm} (F. C.), two or three doses, for one day.

December 17th.—Very much better and stronger. Glands less. Less diarrhœa or leucorrhœa. No pain in left ovary. Always heat at vertex.

December 24th.—Leucorrhœa has been very bad for one or two days. Other symptoms better. Repeat *Lachesis*.

December 31st.—Better. Repeat *Lachesis*.

January 11th, 1888.—Sick when beginning to eat. Diarrhœa three times daily. Cough with bits of tasteless mucus. Soon tired; very sleepy; low spirits; heavy headache; stomach feels swollen; pulsation in abdomen; hands burn and swell; feels cold. *Ignatia* for one day.

January 15th.—Giddy. Throbbing over right eye. Confused. More diarrhœa; sick and faint before and after it. *Lac caninum*^{cm} (Fincke) for one day.

January 21st.—Better. Violent pain one night in left ovary. All symptoms better.

January 28th.—Not so well. Repeat *Lac can.*

February 3d.—Better. Diarrhœa still. Menses this week, bad, dirty color. Tongue white in morning. Very much flatulence. Throat sore at menses. Repeat *Lac caninum*.

February 10th.—Stronger; better in all respects. *Lac can.* one dose.

February 24th.—All symptoms better. Very little diarrhœa. Less leucorrhœa. No pain in left ovary. Pulsation in epigastrium. *Iodine* for one day.

March 9th.—Better. *Lac. caninum*. Gradually got well, with occasional doses of *Lac can.*

CLINICAL CASES.

CLARENCE N. PAYNE, M. D., PORT JERVIS, N. Y.

Case (1).—Patrick M., age thirty-two, coal-heaver. First came to me Feb. 22d, 1888, with the following symptoms of many years duration, which had led him to apply to "every doctor in town :"

Symptoms always aggravated in winter. A gnawing sensation, aggravated, about half an hour after eating, or a feeling as if had not eaten anything. Is especially aggravated by potatoes, cabbage, and beans. Tasteless eructations sometimes relieve. No thirst ; fond of meat and fat food.

Alumina²⁰⁰ relieved him promptly for that year.

In April this year, patient returned to me with same symptoms, and was again promptly relieved by two doses of Alumina²⁰⁰.

Case (2).—Mrs. H., age sixty-five, Dec. 19th, 1888. Pain in left thigh, nature of sciatica, aggravated at night. Cannot stay in bed ; has to get up and move about, which relieves ; also relieved by heat, and wrapping limb up in flannel. Limb very sore and cold, no sweat, neck stiff, aggravated before storm.

Promptly and decidedly relieved by Rhus.

Case (3).—Baby K., age two and a half months. Dec., 1888. Constant crying since birth, but only during day ; sleeps well at night.

Cham.³ seemed to aggravate. Bell.³⁰, relieved very little. Cham.²⁰⁰ relieved entirely and at once all irritableness, so that "baby is as good as can be."

Case (4).—Mrs. Diantha B., aged seventy. Nov., 1888. Neuralgia of many years duration.

Pain in right lower jaw, and some pain above right eye. Of late has been getting much worse. Pain is also felt in side of tongue, and is aggravated by moving tongue. Jaw is sore. Pain is relieved by heat, and aggravated by cold air and cold weather. Cured by Mag. phos.³⁰, after the failure of many other remedies to give relief.

MORE "CROUP."

The controversy regarding the treatment of croup has been in the main interesting, and to some degree, profitable. My good old friend, Dr. Wells, would have placed himself in a better

position, if he had adhered to the law by telling us WHEN to give Acon, Hepar, and Spongia.

Surely something more than the name "croup" is necessary to make a homœopathic prescription.

No one is more conscious of this fact, probably, than the learned doctor, but he certainly talks pathology, diagnosis, and remedy in such close "succession" that one may easily infer a leaning to "pathological prescribing."

The statement that so many "hundred cases were thus treated without a loss," is the argument used to induce people to take a patent nostrum, and is not very convincing to a physician who is earnestly seeking for undoubted evidence that the *recoveries were due to the prescribed remedy*.

It is a very doubtful question to many of us whether any one physician ever sees "four hundred cases of membranous croup," or even half that number, in an average lifetime. Hence, to question this diagnosis is a natural sequence to such a report.

For myself, in a busy practice of eight years, but three cases have come under my care that were undoubted cases of membranous croup, uncomplicated with diphtheria. Fortunately, all recovered, but after many days and nights of anxiety. In one case, *Ars.*^{62m} was the curative remedy. In another, *Kali-bich.* was curative, and in the other I do not remember, except to say that neither of the trio was curative. My impression is that *Brom.* was the remedy, but am not positive.

It is conceded that the "diagnosis" which is, in many instances, at best problematical, *suggests* to our minds *certain remedies because they are most frequently indicated*, but this cannot help us in the case at hand if the *indications* are not present for the favorite remedies.

I am confident our venerable friend would not, for the same reason, give *Rhus*, then *Bry.*, then some other remedy, and then *Rhus* again, because these remedies have cured "between four and five hundred cases without a single failure."

Nor would he advise *Bry.*, then *Phos.*, then *Lyc.*, then *Bry.* again for "pneumonia," for the same reasons given above. No, I must think our friend has not said what he intended, for his many valuable writings which precede do not agree with the statements made in his last productions. It will be pleasing to see a further explanation of the matter in which his former teaching is upheld.

It is unnecessary to quote from Dunham, Lippe, Guernsey, Hering, and others, for no one knows better their teaching than Dr. Wells. May it not prove to be the case that Bønning-

hausen cured so many cases of the same disease with the same remedy, the cases *happening to call for that remedy*, that he stepped too far and considered the remedy almost a specific for that disease? Does not his statement regarding Alum—in spinal paralysis—rather confirm this impression?

None will question the greatness of the man, as a physician, yet even he made mistakes, and why not profit by trying to do better?

W. S. GEE.

LAC VACCINUM.

S. SWAN, M. D., NEW YORK.

(This is *pure* milk potentized, *not* skim-milk, which is the *Lac Vaccinum Defloratum*.)

Miss H. took one dose 1M (Fincke). It caused frequent profuse discharge of clear urine, no sediment, and nearly colorless. White, watery leucorrhœa; pains in sacrum; sensation of plug in throat or larynx; sour taste in mouth; acid saliva staining handkerchief yellow; contractive pressing pain in stomach-pit, relieved by external pressure.

The following are cures from high potencies:

(1) After drinking fresh cow's milk in morning, had short rheumatic pains in knee and tarsal joints when walking; passage of stinking flatus. (Cured by Dr. Fincke.)

(2) Fever at night, followed by profuse sweat all over; the fever was preceded by chilly feeling, commencing at shoulders and then running up from feet to head; headache. *Lac vaccinum*¹²⁰⁰ cured.

(3) Mr. H. L. had ulcers on tongue, flat, white, sunken; tongue swollen, exceedingly sensitive, covered with white, slimy mucus on the parts not ulcerated; breath extremely fetid; sores extend to inside of cheeks and tonsils; deglutition so painful he refused to eat. *Mercurius* having had no effect, gave *Lac vaccinum*³⁰, a drop every four hours. Improvement commenced in an hour. In about six days brown crusts appeared at the corners of mouth, when the medicine was discontinued. In two weeks from the first the disease had entirely disappeared, leaving depressions on tongue where the ulcers had been, as if the surface had been eaten away. It was nearly three weeks before it resumed its natural appearance. The disease has never re-appeared.

(4) Brown crusts, having a greasy appearance, especially in cor-

ners of mouth, similar to what are called "butter-sores," yield rapidly to high potency of *Lac vaccinum*.

(5) Fullness of head as if too large and heavy.

(6) Vertigo.

(7) Eructations and passing of much flatus.

FRAGMENTARY PROVINGS.

R. M. THEOBALD, M. D., LONDON.

*Cubeba*²⁰, one dose, produced in a lady patient numbness and coldness, all down right leg from hip to ankle when lying in bed at night; the coldness was objective and subjective.

*Argentum nitricum*²⁰⁰ produced in the same patient throbbing headache in vertex, and shooting across vertex.

*Sulphur*⁹⁰⁰, one dose, produced in the same patient dry cough, with pain in left lower chest like a stitch, with tenderness; worse when lying, especially on right side. This improved, but she then had constant headache shooting downward in vertex, aggravated by stooping or looking fixedly, and worse immediately after dinner. Shooting across forehead; eyeballs tender, painful when moved; compelled to close eyes, which relieves the headache. With these symptoms, improvement in the general health, especially a chronic diarrhoea.

A PROVING OF USTILAGO MAIDIS.

S. SWAN, M. D., NEW YORK.

Gave Mrs. — *Ustilago*^{1m} (Fincke), four doses for aching distress and extreme soreness of os uteri. After twenty-four hours she was cured, but had the following symptoms, never before felt by her: Headache in temples. Pains at root of nose, extending in toward canthi, and up and out at each eyebrow. Pain in back of neck. Great pains in bones all over body, and especially in calves, which are somewhat cramped. Pain in both shoulders, especially on raising arms. Stiffness in shoulder-joints on bringing down the arms on waking—the arms were extended over head when sleeping. Thirst for cold drinks. Felt chilly externally, but not internally. Frequent urination, with pain at meatus as the last drops were passing.

VERIFICATION OF A LACHESIS SYMPTOM.

I contracted a slight cold in the head from inadvertent exposure of the left side to the draught from an open window.

The effect was a gradually increasing sensitiveness of the whole left side of the head, which resulted in the most exquisite pain on the slightest movement of the head, while to touch the head with the hand was impossible; the bare approach of the hand to the head seemed to develop pain in each individual hair.

I thought it about time to interfere and modify its severity, and for that purpose took a dose of Lachesis, Johnstone potency CM.

In not longer than forty minutes thereafter I rose from my desk, and on turning the head suddenly discovered that I experienced no pain. I then passed my hand through the hair and over the whole left side of the head without there being a particle of sensitiveness or any pain.

I will merely say in closing that I had taken nothing for it previously, thinking it would pass away as other slight attacks had done.

I have seen the properly selected potentized drug do rapid work before, but have seldom seen as quick a response in so acute an attack as I experienced.

BROOKLYN, N. Y.

J. E. RUSSELL.

SOME PRACTICAL NOTES.

I received the first installment of the Repertory, and am delighted with it. I think every true homœopath should have this Repertory. Since you invite criticism, I am sorry you did not put down the rubric "Visions on closing the eyes." It is true you have this heading under "Faces" and "Spectres," but "Visions" embraces all, Faces, Images, Spectres, etc. The combined list of remedies under these two headings is not complete, if you mean *all* the remedies that have "Visions on closing the eyes." When you arrive at "Rectum and Stool" under the rubric, "Odor like rotten eggs," I hope it will be more complete than Bell's last edition, "Diarrhœa, etc." Under that rubric he omits Sulphur.

I cured four cases of diarrhœa (Sulph.^{cm} Fincke) a year ago where this was the principal and almost only odor. I

was raised on a farm, and have had rotten eggs to burst in my face, and I know what the odor is. One of the above-mentioned cases was of many years standing. I consider it (this symptom) almost as characteristic of Sulphur as of Chamomilla, and should be printed in italics. My list complete under this rubric is: Arsen. alb., Aselep., *Calc-c.*, Carbol. ac., Carlsbad, CHAM., Fagop., Hep-s., *Psor.*, Spruedel, Staph., *Sulph.*, Sulph. ac., Wiesbaden.

I am sorry you did not include Sanicula in your Repertory. I consider it the most valuable addition to our materia medica of recent years. It takes a place alongside of *Calc-c.*, Lycop., and Sulphur. It is of great value in the treatment of the diarrhœas and summer complaints of children. I cured last fall with the 50M (F.) a little baby of diarrhœa which had been sick the whole summer under the care of a mongrel. If I may so call it, Sanicula is the chronic of Chamomilla. A peculiar clinical symptom in the above case was that *he wanted to lie on something hard*, although as poor as a snake. I have been suffering since I was a lad from the effects of suppressed itch. I stated my case to Dr. Sherbino, who gave me Sanicula, and I am in better health now than for twenty years. Good prescribers had before failed to give me any lasting relief. I had the symptom, "felt as if he had on cold, damp stockings," but Calcarea would not touch it. Also "Sweat about the head and neck when asleep, wetting the pillow far around."

I have a case of chills, which has the symptom, during chill, "feels all over body as if packed in wet salt." Also chilliness (flashes of), starting from spine in lumbar region, and instantaneously like lightning, running up back to top of head, down the legs, and to the feet (same case).

I also recently had a case of gall-stone colic, with the following symptom: During the severest paroxysms of pain wanted to sit up (erect) and *pull* against something with all her might. Can you give me the remedies which cover them? If not, will you publish in the PHYSICIAN? I hope I have not imposed on you.

H. C. MORROW.

IN MEMORIAM—GEORGE F. FOOTE.

Many of our readers will hear with deep regret of the sudden death of Dr. George F. Foote, which occurred at Chicago, May 8th, 1889.

Dr. Foote has been practicing Homœopathy for many years, he being one of the earliest members of the American Institute. He was formerly a professor in the old Homœopathic College of

Penna. Later he established a sanitarium at Stamford, Conn., for the treatment of nervous and mental complaints. Upon the death of his wife, a few years ago, he gave up the sanitarium, and removed to the West. Dr. Foote was one of the organizers of the I. H. A., and always a firm believer in Hahnemannian Homœopathy. In 1884, Dr. Foote was chosen President of the I. H. A.; he always expressed great interest in its welfare, and entertained the most hopeful views of its success. A few years ago the Doctor became interested in investigating the so-called "Faith-cure," and recently published a brochure upon the subject.

G. FELIX MATTHES.

Dr. Gustavus Felix Matthes, who died in New Bedford, March 17th, 1889, was one of the oldest physicians in the city. Death resulted from paralysis, produced by a fall which he received about two years ago. For the past year he had been confined to the house. Dr. Matthes was born in Schwedt, Prussia, on the last day of 1809. Choosing his father's calling, he entered the united Universities of Halle and Wittenberg, from which he received his medical degree in March, 1836, but he continued his studies for two years longer in Vienna, Prague, and Berlin. He commenced practice in the latter place in 1838, but in 1840 he removed to his native place, Schwedt.

Notwithstanding he had bitter prejudices against Homœopathy, yet, in 1845, his attention was drawn to it by the favorable results obtained by the neighboring owners of the large and costly herds of merinos, who had entirely discarded their professional veterinary surgeons, and adopted the homœopathic domestic practice. He soon became a thorough adherent of the despised system.

In 1849 he came to America, arriving in New York in July. His stay there was short, for in the following autumn he removed to Boston, where he practiced medicine for about a year. Then he located in New Bedford, where he has since resided.

He was a true homœopath, kind and genial, ever ready to assist the poor, and in scores of households, where he was a trusted adviser for many years, he was regarded with an affectionate appreciation such as few physicians can command. Dr. Matthes was always devoted to the interests of his patients, and thoroughly realized the responsibilities of his profession; no man was more highly esteemed by all, both as a physician and as a man.

A NEW REMEDY, AND A NEW INDICATION FOR AN OLD ONE.

VITRUM (crown glass).—Bone diseases, when the discharge is thin, watery, and stinking, *much fine grinding, grating* pain, like rubbing from sand-paper or grit (cured in a case of Pott's disease after Silicea failed to make any impression).

THUJA (high).—In women who have a tendency to hernia on *left side* after labor, especially when the feet get sore and swell (sycotic history).

THUJA.—When babies cry much the umbilicus protrudes, grows red and sore, especially when the father has a sycotic history.

Infantile hernia on *left side*—inguinal—child cries all the time, and is only quiet when the left inguinal region is relieved from pressure or when the thigh is flexed upon the abdomen.

R. B. JOHNSTONE.

A HOMŒOPATHIC HOSPITAL IN ITALY.

The April number of the *Rivista Omiopatica*, a journal published in Rome, under the direction of Dr. G. Pompili, contains an article under the above heading, so interesting that we specially call the attention of our readers to it.

A benevolent and generous citizen of Verona, Joseph Camploy, died on the 12th of last February in Venice, at the advanced age of ninety-five years, leaving a will, in which he bequeathed the whole of his property to the city of his birth, for the purpose of founding a hospital, to be called "The Hahnemannian Hospital, Camploy."

According to the terms of the will, only Hahnemannian Homœopathy is to be practiced in it.

Dr. G. Pompili, of Rome, is appointed medical director for life. He will name his successor, who must be a Hahnemannian, and indorsed by the municipality of Verona as such.

This second director must in turn name his successor, and thus it is hoped the Hahnemannian character of the appointments will be maintained.

A resident-physician is provided for at a salary of 150 lire a month (less than thirty dollars).

The will concludes: "In giving such an institution to Verona, I hope and feel that it will bring a great benefit to my country-

men, as Hahnemann's method is the only method of curing simply, surely, and perfectly."

Dr. Mattoli, who contributes this article to the *Rivista*, adds the following comment :

"We here perceive that our good friend, Camploy, does not understand any deviation from the strict teachings of Hahnemann ; he recognizes no physicians who mix allopathy and Homœopathy, and calls all such mongrels." [EDS.]

WHAT ARE THE REMEDIES ?

What remedies have the following symptoms ?

1. Sensation as if he would creep into his own body ; he crouches together as much as he can, with pain in the thighs.

2. *After the chill*, thirst ; drinking causes headache ; tickling in larynx causes dry, continuous cough, which lasts through the heat ; oppression of breathing, heaviness in middle of chest, with anxiety, abstaining from drinking, ameliorates all these symptoms ; sweat relieves.

3. Sensation as if being lifted up high into air, tormented by anxiety, that slightest touch or motion would make her fall down from this height ; headache.

4. Tetanic spasms from swallowing tobacco.

5. Pain as if all the bones were being torn to pieces, with vomiting and pain in the bowels.

6. Sciatica, sudden shooting, causing lameness ; feels as if (left) hip-joint were wrenched ; pain and lameness extend to popliteal space ; worse from moderate, better from violent motion.

7. Pains shift about rapidly in phalanges and metacarpal bones.

8. Dares not remain fasting ; better from warm diet.

9. Pinching, grasping pain in left hamstrings ; worse at night, with night-sweat, and frequent urination.

10. Diarrhœa from drinking coffee ; sugar aggravates pain in stomach, and wine causes headache.

SCIATICA.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

I am collecting the characteristic symptoms of remedies useful in sciatica ; may I beg your readers to forward me any information they can on the treatment of this disease, so as to

make this attempt the more practically useful to those who individualize their cases. Only characteristic symptoms are asked for. The *Materia Medica* will contain all that refers to this malady that is published in Hering's *Condensed*, Lippe's, Cowperthwaite's, and Guernsey's *Materia Medicas*; then will follow a repertory of the same, with a few concomitants. There is, perhaps, no disease which so thoroughly tests the skill of the homœopathic physician as the selection of the simillimum in cases of sciatica, and it may be hoped that the publication of the above in your valuable pages may help the younger members of the profession to win more laurels for the homœopathic healing art. Old-school physic can do very little for sciatica, but the true simillimum, judiciously given, will act as promptly in this as in other intractable maladies,

I am, sir, yours faithfully,

B. SIMMONS, M. D.

30 ALBERTO TERRACE, SYDNEY,
NEW SOUTH WALES, April 12th, 1889.

A VERIFICATION.

In Gregg's illustrated repertory, one of the pains of *Kreosotum* is shown as starting at the centre of the sternum, extending to left shoulder and down arm. During the last weeks of his life the late Dr. Geo. F. Foster, who died of valvular disease of the heart, suffered a good deal with this pain on both sides, worse on the right. One dose of *Kreosote* (so-called MM), cured it, leaving the Doctor free from pain during his last days.

E. A. BALLARD.

EXTRACT FROM THE ADDRESS OF DR. GEORGE WIGG

BEFORE THE ANNUAL MEETING OF HOMŒOPATHIC MEDICAL SOCIETY, HELD IN PORTLAND, MAY 14TH AND 15TH.

Fellows of the Homœopathic Medical Society of the State of Oregon:—The days of another year of anxiety and toil have thrown their lengthened shadows athwart our pathway. Another twelve months have been from the old bell of time tolled into eternity. How swiftly have the sands run, and how rapidly the year has drawn to its close. It is gone; and on its pages are inscribed our every act; acts that are now beyond our control

to alter or amend, however much we might wish, not one line or syllable can we erase, for, as time past never returns, so an act once accomplished, no matter whether for good or evil, is done for all time.

The mighty waves of ages may continue to wash against the shores of the past, and throw oblivion over its pages, but are powerless to efface a single letter.

To-day brings us face to face with another milestone, and the inscription upon it informs us that the Homœopathic Medical Society of the State of Oregon has arrived at the thirteenth year of its existence. And on this anniversary day, we, the members forming this society, have assembled. I trust the object of our thus meeting is for the purpose of exchanging fraternal greeting, extending our acquaintance, and comparing notes upon the results of our experience in the art of healing, for the benefit of humanity.

We have met, not only to receive, but also to give, and in so doing we must not lose sight of the fact that a one talent may be to this society, at this time, of as much importance as a ten. No doubt, ladies and gentlemen, that, during the past year, you have met with both success and disappointment. Let the former inspire you with hope and confidence, and the latter urge you to investigate and improve. Again, some of you may have been compelled to bear heavy burdens and undertake great responsibilities alone, when you would have gladly shared them with a professional brother, but, owing to unkindness, you have been left alone with your patient, to battle with disease as best you could. But, thanks to the true spirit of inductive philosophy, found in Dr. Samuel Hahnemann, you have, by keeping your eyes fixed upon the pole star, *Similia similibus curantur*, passed through the trying moments, bringing your patients back to health, and their friends to a haven of joy.

A careful captain will often take his soundings, examine his chart, and note the needle in his compass. This he does to guard against danger, and that he may bring safe to land the charge intrusted to his care. Thus should we, as physicians, make this an occasion for observation and ascertain the condition of Homœopathy generally. As homœopaths, we must bear in mind that we are not like those brought up at the feet of Hippocrates, cast adrift on the great ocean of human affliction, with no pole star or beacon light to guide them to a haven of safety. They find themselves tossed in the surging sea of suffering humanity without compass or sheet anchor. They hear the groans and cries of a whole world of men, women, and children bowed down beneath the

curse of disease, and as they watch the craft as it drifts into the whirlpool of death they exclaim, in the language of Dr. Hufeland, "that more harm than good is done by physicians, and I am convinced that had I left my patients to nature, instead of prescribing drugs, more would have been saved." It was the opinion of Sir John Forbes that in a "considerable proportion of diseases it would fare as well, or better, with patients, in the actual condition of the medical art as more generally practiced, if all remedies, at least all active remedies, especially all drugs, were abandoned." And Dr. Good says it is his experience that "the science of medicine is a barbarous jargon, and the effect of their medicine on the human system was, in the highest degree, uncertain, except, indeed, that they had already destroyed more lives than war, pestilence, and famine combined."

These are wails from the very deeps of the souls of men who have not willingly drifted away from what was taught them in their college days, and launched out on an ocean of doubts and treacherous snags.

At the trial of Jesus Christ, the Jews exclaimed, "We have a law, and by our laws He ought to die." We, as homœopathic physicians, cry to every afflicted son and daughter of a fallen race, "We have a law, and by our law you ought to live." For ours is a law by which every curable disease can be cured. Thousands live to-day, standing monuments to the truth of this assertion.

The application of this law of cure consists in the search for a homœopathic, specific remedy, by the comparison of the totality of the symptoms of the natural disease with the list of symptoms of our tested drugs, among which a morbid potency is to be found. And it is necessary in making this comparison, the more prominent, uncommon, and peculiar characteristic features of the case are especially, and almost exclusively considered and noted, for these in particular should bear the closest similitude to the symptoms of the desired medicine that is to accomplish the cure. This is the homœopathic law or art of healing, of which Hahnemann says, "Is the only correct, the only direct, and the only possible means to be employed by human skill, as surely as it is possible to draw but one straight line between two given points." And we say to those who are antagonistic to this truth, you may as well try to control the blast of the hurricane, or the ebb and flow of the tide, as to try and control or prevent the onward march of this wonderful law of cure.

You may bind its discoverer in shackles never so strong, shut

him up in prison with walls as thick as masons can build them, and cells as dark as Egyptian night, but no sooner is he brought out into God's free sunlight, than he exclaims: "*Similia similibus curantur.*" And this "*similia*" is your beacon light, your sure guide in the discharge of your professional duties. This star came into life in Meissen, in the kingdom of Saxony, on the 10th of April, 1755, and year after year it has been growing brighter and brighter, and to-day its light shines over the whole civilized world. It will continue to shine, and its golden beams shall lengthen, and its halo of truth increase until it is lost in the effulgent glory of that Great Physician who dwells in that land "where there shall be no more death."

It will no doubt be gratifying to you all to learn that the past year has been the most prosperous one our school has ever experienced. The march of Homœopathy has been forward, every step taken has been a gigantic one. At no time in its history has the star of Hahnemann shone so brightly as it shines to-day, and its brightness is attracting the attention of the thoughtful in every department of medical science. One by one its professors are adopting the principles taught in the *Organon of the Art of Healing*. I venture the assertion that the day is not far distant when this mode of practice that our school has for the last century been contending for will be recognized as the only system of medical practice worthy the name.

Already it has deprived the prescription of "ye olden times" of its head and tail. And to-day we find the chemist and pharmacist vying with each other in the preparation of the smallest doses outside the homœopathic school, thereby trying to help the old school boys imitate the homœopaths in a crude and bungling manner. The time predicted by Hahnemann has already come. His system has indeed grown into an oak of God, which the winds and storms of our adversary can no longer shake. Its branches spread into all regions, and underneath them you may find the high and low, rich and poor, young and old drinking in its healing virtues which are being dispensed night and day by an army of twenty thousand physicians, while its laymen are counted by the millions.

In this mighty army we may see the leaven at work, bringing to the surface new thought and grand developments, and the working will go on until upon the law *similia similibus curantur* stands the grandest science of medicine the world will ever look upon.

Opposition we must expect. A kite will never rise with the wind, but against it; even a head wind is better than none. As

homœopathic physicians we must not expect to work our passage in a dead calm. I think it would do us all good to get a few such knocks and rub-downs as Hanhemann and his early followers received while at work sowing the seed which now yield the fruit from which we draw our supply.

BOOK NOTICES.

LECTURES UPON THE DISEASES OF THE HEART. By E. M. Hale, M. D. Third edition. Pages, 478. Price, \$3.25. Hahnemann Publishing House, Philadelphia. 1889.

The second edition of Dr. Hale's work was issued about six years ago; this new edition contains much new matter, both in pathology and materia medica. There are articles upon such subjects as "The Relations of Abnormal States of the Heart to Abnormal Conditions of Other Parts of the Body," "Oertel's Treatment of Weak Heart," "Is the American Heart Wearing Out?" "Cardiæsthenia," "The Effects of Tobacco on the Heart." In the line of therapeutics attention is called to such drugs as Adonis, Barium, Cereus, Convallaria, Caffeine, Nerein, Spartein, Strophanthus. The therapeutic measures recommended are, of course, chiefly such as are used by Dr. Hale, and are of little use to the strict Hahnemannian, who knows of no such drugs as "heart remedies." The Repertory, by Dr. E. R. Snader, is the most valuable portion of the work.

ELECTRICITY AND THE METHODS OF ITS EMPLOYMENT IN REMOVING SUPERFLUOUS HAIR AND OTHER FACIAL BLEMISHES. By Plym S. Hayes, M. D. Pages, 128. Price, \$1.00. Chicago: W. T. Keener. 1889.

The subject-matter of this brochure is fully described by its title. Electrolysis has been used for many years for the removal of superfluous hair, and in many cases successfully so. Dr. Hayes describes the operation, the necessary apparatus, etc., and lays all the blame for unsuccessful cases upon the unskillfulness of the operator!

ELECTRO-THERAPEUTICS, OR ELECTRICITY IN ITS RELATIONS TO MEDICINE AND SURGERY. By William Harvey King, M. D. Pages, 152. New York: A. L. Chatterton & Co. 1889.

The subject of Electro-Therapeutics has attracted the attention of the profession, during the past few years, to a very great extent. That electricity *has* a place in therapeutics none will deny; but to accurately locate this place is a difficult question at present. As Dr. King says (p. 74), "Electricity is not a cure-all, but has its special sphere of action and indications, the same as any other remedy; and the more closely these indications are studied and the treatment applied accordingly, the surer will be the success." This is true of all therapeutic agents, and if Dr. King can teach us the special sphere or the

true indications for the proper use of electricity he will certainly confer a favor upon the profession. Dr. King, as do all other electropaths, well describes his apparatus, and shows the motor points for the proper application of the electrodes, but (as it seems to us) fails to give indications for the use of the electricity as a proper homœopathic remedy.

The Cincinnati *Enquirer* of May 19th contains an exceedingly interesting article entitled "The Verification of Death," from the pen of Dr. William B. Clarke, of Indianapolis, Secretary of the Indiana State Homœopathic Medical Society.

Dr. Clarke thinks that "the verification of death is not carefully enough attended to by a majority of doctors." He therefore calls attention to the question of burial alive in this able paper, which was contributed to the society of which he is Secretary, and published in full in *The Enquirer*.

NOTES AND NOTICES.

ERRATUM.—In the May issue, page 199, second line, for *ten P. M.* read *two P. M.*

REMOVALS.—Dr. Edmund Carleton, from 58 West Ninth to 53 West Forty-fifth Street, New York city. Dr. H. W. Andrews has located at Chillicothe, Illinois. Dr. J. A. Tomhagen, from Sloan's Valley to Burnside, Kentucky. Dr. James F. Bruner, from Sedalia, Mo., to 2511 Chicago Street, Omaha, Nebraska. Mrs. M. J. Green, M. D., from Kansas City, Mo., to Chillicothe, Missouri. Dr. E. A. Smith from Uhrichsville, to South Solon, Ohio. Dr. Milton Powel from 1531 Walnut Street to 233 North Eighteenth Street, Philadelphia. Dr. W. H. Baker from 58 South Clinton Street to 77 Chestnut Street, Rochester, N. Y. Dr. J. C. White from Greenwich, Conn., to Port Chester, New Hampshire. Dr. Mary H. Baldwin from New York city to Asbury Park, New Jersey.

THE ANNALS OF SURGERY for May, 1889, has as its leading article a report by Dr. George R. Fowler, of Brooklyn, of a unique case of an air tumor of the neck caused by a hernia of the pleura in a case of pneumothorax. It is well illustrated by a lithographic plate and by a photo-engraving. The editorial articles, which are always invaluable, take up the topics of "Injuries of the Heart," "The Treatment of Cerebral Abscess," "Cancer of the Larynx," and the "Treatment of Enlarged Prostate by Electrolysis." The "Department of Index of Surgical Progress" contains an unusually copious and exhaustive series of classified abstracts of articles from foreign and domestic sources, under about forty different titles. The usual number of book reviews conclude the number. The *Annals* continues to maintain its position as a publication of the first scientific rank, one indispensable to every progressive practitioner.

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T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

If our school ever give 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. IX.

JULY, 1889.

No. 7.

PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

JUNE 18TH-20TH, 1889.

The tenth annual meeting of the International Hahnemannian Association was opened by the President, Dr. Wm. A. Hawley, June 18th, 1889. This meeting was the first one held out of the United States; Toronto was selected for this meeting as a tribute to the Canadian and other foreign members. This Association is international in its membership and catholic in its purpose—the support of truth in medicine.

It may be well for us to briefly recall, at this time, the history of this Association, for many, unacquainted with its earlier history and the causes which led to its organization, may wonder why there are *two* general associations of homœopathic physicians in this country. The reply to this supposed query might be tersely stated thus: The International Hahnemannian Association was started to carry on the work which the American Institute had neglected, namely, the study of Hahnemann's *Organon* and of the *homœopathic* materia medica. The Institute was also organized for this very same work; but, as it grew in membership, it also became more and more eclectic in its work, until, finally, little or no homœopathic work was done at its meetings. Any one who doubts this assertion may easily verify it by looking over the volumes of the Institute's annual proceedings. The first meeting of the I. H. A. was held June 16th, 1880, at Milwaukee; the venerable Dr. P. P. Wells was chair-

man; Drs. Pearson, Berridge, Foote, and Pomeroy were appointed a committee upon organization. The next day the Association was organized by the following physicians: Drs. Ad. Lippe, G. F. Foote, C. Pearson (all three now dead), H. C. Allen, O. P. Baer, P. P. Wells, E. W. Berridge, W. H. Leonard, T. F. Pomeroy, J. P. Mills, E. Rushmore, T. F. Smith, E. A. Ballard, T. P. Wilson, T. W. Poulson, and E. Cranch. That the I. H. A. has been the centre of a strong influence for creating an interest in the study of the *Organon* and of the homœopathic materia medica is very evident. One can see this in the character of the work done by our medical societies in the last few years, as contrasted with their previous work; the same change is noted in many of the journals; it is shown in the organization of numerous clubs for the study of the *Organon* and of the materia medica. It may be safely asserted that the organization of the I. H. A. was the beginning of a reformation in American Homœopathy, and that the Association is not only doing a good work itself, but is influencing other societies in the right direction.

The brief report which we give of the tenth meeting shows that the members of the I. H. A. are still working for the philosophy and practice of medicine as taught by Samuel Hahnemann.

The first session was held in the Educational Department of the Normal School, and opened at 2.43 P. M., the President, *Dr. Wm. A. Hawley, in the chair.*

The following gentlemen were present at the opening session: Drs. Wm. A. Hawley, J. T. Kent, W. J. H. Emory, E. T. Adams, S. A. Kimball, F. W. Payne, H. Hitchcock, E. A. Ballard, H. C. Allen, J. V. Allen, E. W. Sawyer, Wm. P. Wesselhoeft, C. W. Butler, S. Seward, J. B. Bell, B. L. B. Baylies, T. M. Dillingham, S. Long, Julius Schmitt, Allan B. Carr, J. A. Biegler, W. A. Foster, Mary F. Taft, H. H. Cobb, Dutton, McDonald, Sargent, Wm. L. Reed, L. H. Evans, J. D. Tyrrell, T. D. Stow, E. B. Nash, T. S. Hoyne, J. B. G. Custis, M. Preston, Wm. J. Guernsey, A. B. Eadie.

Dr. Wm. A. Hawley opened the session by reading the Presidential address, in which he recommended *incorporation* of the I. H. A. Dr. J. T. Kent in discussion opposed it, while Drs. Bell, Dillingham, and Butler with the President advised that it be carried into effect. The address was referred to the Publishing Committee after some further remarks.

Dr. Emory suggested that the Toronto papers be furnished with daily condensed reports of the proceedings. Dr. Kent

moved that Drs. Emory, E. T. Adams, and A. B. Eadie be appointed as a committee. *Carried.*

Report of Treasurer, Dr. J. D. Tyrrell, was postponed, Dr. Tyrrell not being in the room.

In his report, Dr. Kimball, the Secretary, mentioned the reception of letters from *Paris Exposition, Homœopathic Congress* inviting delegates.

Resignation of Dr. J. F. Miller.

Dr. Butler moved that Dr. Miller's resignation be accepted. *Carried.*

Report of Treasurer read; debt five hundred and forty-seven dollars reduced to three hundred and seventy-two dollars.

Dr. H. C. Allen moved the report be referred to the *Auditing Committee*, Drs. Hitchcock, Schmitt, and Carr. *Carried.*

Unfinished Business.—Secretary refers to Dr. Hussey's resolution to change the by-laws of last year, so that the Bureau of Obstetrics and Diseases of Women and Children should be divided and the *Diseases of Women and Children* be transferred to the Bureau of *Clinical Medicine*, and the Bureau of Obstetrics contain that subject alone.

Dr. Butler asked if it could be made a special bureau?

Dr. Kimball replied in favor of that.

Dr. H. C. Allen opposed the resolution, and said we would be in as bad a position as the A. I. H.

Dr. Butler suggested that in that case we would also have a Bureau of Pedology, and all kinds of things.

Motion that the resolution be laid on the table. *Carried.*

Secretary received a resolution from Dr. Clark that the meeting of the Association be held in August. Referred over to next year.

Dr. Allen moved that the session be held to-night at Queen's Hotel, to-morrow morning at Normal School, after at Queen's. *Carried.*

Dr. Ballard moved a vote of thanks to the authorities for the use of this hall. *Carried.*

Dr. Ballard objected to the resolution passed last year, of prohibiting members from serving on more than one bureau (discussion). Resolution rescinded.

Report of Board of Censors.—Dr. Biegler, Chairman, reports the following gentlemen recommended by the Board of Censors to the membership of this Society. (The Secretary casting vote for each): B. M. Banerjee, M. D., Calcutta, India; S. W. Cohen, M. D., Waco, Texas; Isaiah Dever, M. D., Clinton, N. Y.;

A. B. Eadie, M. D., Toronto; Robert Farley, M. D., Phoenixville, Pa.; W. H. A. Fitz, Philadelphia, Pa.; Rolla C. Grant, M. D., Rochester, N. Y.; R. E. Jamieson, M. D., Jamaica Plains, Mass.; Mary F. Taft, M. D., Middletown, Conn.; J. W. Thatcher, M. D., Philadelphia, Pa.; J. A. Tomhagen, M. D., Sloan's Valley, Ky.

Dr. Biegler remarked that a number of applicants had not complied with the rules of the Association in sending a "thesis" (this closed the bureau).

Bureau of Homœopathics.—(Chairman, Dr. Wm. P. Wesselhœft.) Dr. Wesselhœft being absent, President requested Dr. Kent to act in his stead. First paper read was one by Dr. Wm. P. Wesselhœft, entitled "Practical Hints in the Management of Chronic Cases" (read by Dr. Wesselhœft, Jr.).

Discussion by Drs. Butler, Bell, Long, H. C. Allen, Emory, Kent, Reed, J. V. Allen, Hitchcock.

Dr. Biegler advised one not to repeat the remedy as long as the patient's *mental* symptoms are improving, even though there may be aggravation of *physical* ones.

Drs. Butler and Reed were not agreed as to that.

Dr. Emory referred to homœopathic treatment of rheumatism; never knew organic heart disease follow it. Drs. Sawyer, Schmitt, and Ballard also took part in discussion, at the close of which Dr. Butler moved the adjournment of the session, to meet again at eight P. M. at the Queen's Hotel. *Carried.*

Meeting called to order at eight P. M., Dr. Hawley (President) in the chair.

President announced the Chairmen of Bureaus for ensuing year as follows:

Bureau of "Homœopathics"—C. W. Butler, M. D.

" "Materia Medica Provings"—W. L. Reed, M. D.

" "Clinical Medicine"—Julius Schmitt, M. D.

" "Surgery"—Thos. M. Dillingham, M. D.

" "Obstetrics"—W. J. H. Emory, M. D.

Secretary read telegram from Dr. Gee, of Chicago, regretting his absence, and letter from Dr. W. H. Leonard also regretting absence, and inviting Association to Minneapolis.

Bureau of *Homœopathics* reopened.

Dr. Kent presented second paper of Bureau by Dr. Wells, "The Revolution of Old School Physic." In the absence of Dr. Wells, paper was read by Mrs. Leberry. The paper confutes the Germ Theory and elicited discussion by Dr. Bell.

Paper by Dr. Hitchcock, "First Section of the *Organon.*"

Paper by Dr. McNeil, of San Francisco, "*Genus Epidemicus.*" Referred to Committee on Publication (read by title).

Paper by Dr. Nash, "Interrogations in Homœopathics." Dr. Nash being absent, paper referred to Committee on Publication, but afterward read by Dr. Nash next day.

Paper by Dr. Kent, "The Healing Principle." (The paper deals principally with idiosyncrasies); also gives theory of Rhus-tox. high curing rhus poisoning, etc.

Discussion by Dr. Long (says diseases are not contagious), Dr. Biegler (the contagion is the disease), Drs. Sawyer, Reed, Butler, H. C. Allen, Emory, Kent, Baylies, Kimball, J. V. Allen, and Ballard. (The discussion was very lengthy, and brought out many points of interest, such as treatment of toxical cases with high potencies of the same remedy, etc.) This paper closed the Bureau of "Homœopathics."

Motion to adjourn until ten A. M. next morning. *Carried.*

June 19th, ten A. M.—Session opened in the Educational Department of Normal School (Dr. Hawley in chair).

Address of welcome by Minister of Education, G. W. Ross; replied to by President.

Bureau of Homœopathics was re-opened to hear Dr. Nash's paper read, "Interrogations in Homœopathics."

Discussion by Drs. Butler, H. C. Allen, Stow, Nash, Kimball, Kent.

Dr. Biegler thought Dr. Nash's questions were best answered by turning to the *Organon*.

The discussion was a very exhaustive one, and the concensus of opinion pointed to the *Organon* for the answers to the paper.

Bureau of "Homœopathics" was then closed.

Committee on *President's address* reported (Dr. Kent in chair): Motion that the Association be incorporated, and committee appointed for that purpose. *Carried.*

Dr. Ballard suggested that, hereafter, the President's address be read as well to the laity; Dr. Kent objected, since the meeting was open to the public.

Treasurer's report read by Dr. Tyrrell, showing indebtedness of three hundred and forty-two dollars and seventy-two cents, and there was much discussion as to how to wipe out the debt. Report referred to the Auditing Committee.

Motion by Dr. Long, that when any member of this organization does not pay his dues within six months, the Treasurer draw on him at sight for the amount, and, if he refuses it, he be dropped from the membership of this Society. Motion was lost on division.

Motion for adjournment to meet at two P. M. in Queen's.

June 19th, two P. M.—President, Dr. Hawley, in chair.

Secretary announced proposition from Dr. H. C. Allen to print the "Transactions" in the *Advance*, as a supplement, so as to be bound separately afterward, for the cost of printing.

Moved and seconded that this offer be accepted. *Carried.*

Bureau of Surgery—Dr. Bell, Chairman.

Dr. Bell opened the Bureau by reading his paper, entitled "Histerism," which was very exhaustive and dealt well with the subject.

The paper was recommended by the Association to be printed in pamphlet form for widespread circulation (Dr. Allen offering to do the work).

Discussion by Drs. Stow, Custis, Ballard, Schmitt, and Long, all bearing testimony to the wonderful effects attained in the healing of wounds by homœopathic treatment instead of histerism. Antiseptics were entirely condemned by all.

Paper by Dr. Dillingham upon "Facts in Surgery."

Discussion by Drs. Dillingham: Don't use *Calendula* in wounds, unless indicated, not as Carbolic acid is used; use only hot water, the results are just as good. Dr. Hoyne always uses cold water, even in suppurations. Dr. Bell believed Dr. Dillingham was right, and promised to present at some future time report of thirty-six cases, three months' work in "Aseptic Surgery." In these cases the points observed were absolute cleanliness, perfect coaptation of parts, and rest of wounded part.

Paper by Dr. Stow, "Periorchitis with Abscess," and "a case involving amputation."

First case read by title and referred. The second case was read by Dr. Stow and discussed by Drs. Bell, Stow, and H. C. Allen.

Paper by Dr. McNeil, "Surgical Cases," was read by title and referred to Publishing Committee.

Paper by Dr. Thompson, New York, "Epulis," read by title and referred to committee.

Paper by Dr. Geo. H. Clark, "Sodium Ethylate in the treatment of *Nævi*," read and referred.

Paper by Dr. Campbell, "In praise of *Calendula*."

Discussion by Drs. Bell, H. C. Allen, Dillingham (*Arnica*, *Calendula*, and *Hypericum* for wounds, but used according to indications and not together as Dr. Campbell did in her case; *Calendula* for clean-cut wounds, *Arnica* for bruised and torn wounds); also Drs. Kimball, Nash, Schmitt, Long, Custis, Cobb, Stow, Biegler (had used these remedies in highly diluted form as local applications to wounds with good results).

Motion to adjourn, by Dr. Reed, until eight P. M. *Carried.*

Evening Session—eight p. m. (June 19th), President in chair. The first part of the proceedings was the reading by the Secretary of a report from the "Women's Homœopathic Association of Pennsylvania."

Motion that this report be accepted. *Carried.*

Dr. Bell—I think we ought to give some form of recognition to our friends in Rochester for their action in establishing a Hahnemannian Hospital.

Motion by Dr. Bell, seconded by Dr. Kent, that a committee of three be appointed to draft a resolution expressing the sentiments of this Association in regard to the action of our brethren in Rochester in establishing a Hahnemannian Hospital in that city. Drs. Bell, Kent, and Allen were appointed upon the committee.

The President appointed a committee, consisting of Drs. Wesselhœft, Bell, and Kimball to attend to the incorporation of this Association.

Bureau of Materia Medica—Dr. Ballard, Chairman of Bureau, presented the following papers: "Sanicula," by Dr. Gundlach; "Cantharides and Comparative Remedies," by Dr. J. V. Allen; "Verifications of Sanicula," by Dr. W. J. Guernsey; "Proving of Cocaine," by Flora A. Waddell, M. D. (This paper was an excellent proving of the drug.)

J. V. Allen read his paper on "The Urinary Symptoms of Cantharides," in which he compared it with many other remedies of same class, as Cann-sat., Lycopod., Hydrangea, Apis, Copaiba, Tarent., etc., giving the special indications for each remedy, with their points of difference. A good paper.

Discussed by Drs. Bell, H. C. Allen, Butler, and Kent, who all praised the paper very highly.

Dr. Ballard—I have a collection of all the symptoms of Lac caninum, by Dr. Berridge; he gives 1,009.

Paper by Dr. H. C. Allen—"Dr. Wesselhœft's proving of *Mag-phos.*" Also that by Dr. Taft, of the *CM* potency by olfaction, she being very susceptible to the action of that drug. Also a proving by one of Dr. Campbell's patients and Dr. Holmes, Sycamore, Ill.

Discussion by Drs. Bell, Kent (gave case of aggravation from *Mag-phos.* in a lady, producing among other symptoms a terrible cough which nothing could stop until he antidoted the drug by a dose of *Lachesis*), also Drs. Nash, Biegler, Campbell, Reed, Ballard, and J. V. Allen.

Dr. H. C. Allen also read a paper on the proving of *Mellilotus*, giving some mental symptoms, principally insomnia. Dr. Nash had considerable experience in its use.

Dr. Kent moved for the election of officers first thing in the morning. *Carried.*

Dr. Butler arose to a question of privilege, and, in a very suitably-worded address, presented Dr. E. A. Ballard, Chairman of Bureau of Materia Medica, with a gold-headed cane, on behalf of the Association.

Motion by Dr. Allen, to adjourn till ten A. M. next morning. *Carried.*

Thursday, June 20th, 10.15 A. M.—Session re-opened. Dr. Hawley in the chair.

Election of officers for ensuing year.

Motion to proceed by Dr. Kent.

Dr. Butler nominated Dr. J. A. Biegler, as well suited to fill the Presidential chair. Elected unanimously.

Vice-President—Dr. H. C. Allen nominated Dr. W. J. H. Emory, of Toronto. Dr. Kent nominated Dr. Dillingham, and Dr. Butler, Dr. Custis.

President appointed Drs. Nash and Carr as tellers to count ballots. First ballot showed Dr. Emory 8, Dillingham, 6, and Dr. Custis, 12. Upon a second ballot Dr. Custis was elected unanimously Vice-President.

Secretary—Dr. S. A. Kimball was re-elected. Good!

Treasurer—Dr. C. W. Butler, Montclair, New Jersey.

Board of Censors—Drs. Schmitt, Bell, Gee, Rushmore, and Wesselhøft.

Dr. Dillingham moved for an investigation by the Board of Censors in regard to the charges brought against Dr. T. T. Oliver, of Chicago, for irregular practices. Referred to Board of Censors.

Dr. Stow offered this resolution :

“The I. H. A. tenders its congratulations to its colleagues of Rochester for their efforts to establish a Hahnemannian Hospital in Rochester, and views it with especial pleasure and gratification as one of the first institutions devoted to the practice of pure Homœopathy.” Unanimously adopted.

Dr. Hitchcock moved that this resolution be furnished to the Rochester papers for publication. *Carried.*

Dr. Reed made a report in connection with the Homœopathic College of St. Louis, claiming that pure Homœopathy was being taught there, and the principles of the *Organon*.

Bureau of Obstetrics (Dr. Guernsey, Chairman) reported seven papers received from different members.

Dr. Butler read his paper, “Transverse Presentation,” relating

the extraordinary effects of Puls.^{1m} in rectifying the mal-position.

Discussion by Drs. H. C. Allen, Kent, Nash, J. V. Allen, Schmitt, and Long, relating other somewhat similar cases.

Dr. Custis read "An Interesting Case."

Dr. J. V. Allen read "Repertory of Labor and After-pains." Read by title and referred.

Dr. Schmitt—paper, "The Value of Strictly Homœopathic Treatment."

Discussion on Dr. Schmitt's paper, by Drs. Long and Schmitt.

Motion of adjournment carried. Report of Bureau postponed.

Two P. M.—Dr. J. A. Biegler in the chair.

Dr. Guernsey read a paper on "Mastitis;" recommended *Lac caninum* and *Phytolacca* in indurated and suppurative breasts, giving distinctions for their use.

Discussion by Drs. Allen (H. C.), Sawyer, Guernsey, Emory, Campbell. Dr. Baylies recommended also use of Graphites for old indurated cicatrices and breasts liable to frequent suppuration.

Paper by H. W. Brant, "Medicines in Parturition," read by title and referred to Committee on Publication.

Dr. Custis read paper entitled, "The Care of the Breasts," speaking principally of local application, to harden them previous to nursing.

Discussion by Drs. Biegler, Guernsey, Sawyer, Nash, H. C. Allen, Bell, Schmitt, Campbell, Emory. Dr. Reed disapproving of local applications, except the indicated remedy in high potency. Dr. H. C. Allen makes the local applications to the mother-in-law instead of patient!

Dr. Biegler recommended a memorial hour for report of Neurologist. *Carried.*

Bureau of Clinical Medicine (Dr. C. W. Butler, Chairman). Dr. Butler reported nine papers; the first on the list was "Contributions to Materia Medica," by Dr. Fincke, of Brooklyn.

Motion by Dr. Emory that Dr. Fincke's paper be read and referred to Publishing Committee. *Carried.*

Paper by Dr. Kimball on "Syphilitis," where Belladonna was indicated remedy, but produced no effect when given dry, though a good effect followed when taken in water.

Discussion by Drs. Biegler, Stow, Nash, Dillingham, Sawyer, Reed, Campbell, E. T. Adams, and Schmitt.

Dr. Baylies read Dr. Fincke's paper.

Discussion by Drs. Emory, Reed, Butler, Schmitt, Adams, Custis, Dillingham. It was moved that a vote of thanks be ten-

dered Dr. Fincke for his able paper, and a request be extended to him to become a member of this Society, and to present next year his further views and observations as to the results of the remedies and their potencies. *Carried.*

Paper by Dr. Butler, "Clinical Reports in their Relation to Homœopathy."

Discussed by Drs. Nash, Biegler, Emory, and Butler.

Evening Session, eight P. M. Dr. Biegler in chair.

Necrology.—Dr. Stow, Chairman, read the Report, which recorded the death of three members since the last meeting, held at Niagara Falls, viz.: Dr. Adolphus Felger, Dr. Theo. S. Keith, Dr. Geo. F. Foote.

Dr. Bell made some remarks in connection with the memory of Dr. Keith. The Report was very full, and showed the deceased members to have been of very high standing in their profession.

Bureau of Clinical Medicine then continued its report.

Paper by Dr. Sawyer relating to the action of *Nux vomica* in cases treated by "regulars," and Sulphur in cases of suppressed psora.

Discussion by Drs. Reed, Kimball, Evans, Butler (thought it a mistake to give *Nux-vom.*); Dillingham (gives it after mongrel treatment); Dr. Campbell (discarded that treatment, Puls. is often indicated); Sawyer.

Report of case of Dr. Oliver, of Chicago, referred to Censors.

Dr. Butler—He uses several remedies in rapid alternation; he is a spiritualist and employs two mediums.

Dr. Dillingham moved that Dr. Oliver be furnished with a copy of the charges, and, if not properly answered, to expel him, and that his name be referred to the Board of Censors, and if charges are not sustained to clear his reputation. *Carried.*

Place of next meeting not decided upon; the committee previously appointed was discharged and another, consisting of Drs. Biegler, Kimball, and Ballard, was appointed, and they were ordered to report their choice within thirty-five days.

Bureau of Clinical Medicine—Dr. Dillingham was appointed chairman of this bureau.

Dr. Butler moved for a vote of thanks by the Association to Dr. Tyrrell, late Treasurer, for the excellent work done during the past year. *Carried.*

Reports of Delegates.—Dr. Sawyer, delegate from the Indiana Institute of Homœopathy, reported their endeavors to obtain one of the State insane asylums but failed; another to be made.

There are about three hundred so-called homœopathic physi-

cians, and, possibly, half a dozen real "homœopathists," but there is a revival going on there.

Dr. Ballard referred to the report of Dr. Foote having gone into physical and mental science; he looked into it but did not practice it.

Resolutions.—Dr. Schmitt—Mr. President, I move that we pass a vote of thanks to the members from Toronto for receiving us so well, also to the host of this hotel for his kind accommodation. *Carried.*

Dr. Stow—I move that the thanks of this Association be extended to the officers who have so faithfully served us during the past year. *Carried.*

Motion for adjournment (*sine die*). *Carried.*

Ten P. M., June 20th, 1889.

S. A. KIMBALL, *Secretary.*

Per R. HEARN, *Assistant Secretary.*

TRANSVERSE PRESENTATION; A CASE WITH REMARKS.

CLARENCE WILLARD BUTLER, M. D.

[I. H. A., Bureau of Obstetrics.]

At ten o'clock P. M., September 15th, 1887, I was called by telephone to see Mrs. J. The message did not state the nature of the trouble for which Mrs. J. desired medical attention, and not knowing that she was, as the Germans say, "of good hopes," I found myself on my arrival at her bedside in attendance upon a case of labor, three miles from my office and with a pocket medicine-case as my sole armamentarium.

Mrs. J. was about thirty years of age, the wife of a mechanic in straitened circumstances, the mother of two living children, and has suffered from, and, as I afterward learned, was the procurer of four abortions. The means which she employed for this nefarious purpose she would not divulge. Since the first month after her marriage, ten years previous, she had been pregnant or nursing almost without intermission. Physically she was short, stout, and fat, especially about the abdomen.

Upon examination the os uteri was found dilated to about the size of the traditional quarter of a dollar. No presenting part of the fœtus was to be felt. Fearing an abnormal position, abdominal examination was made, but on account of the extreme adiposity of the abdominal parietes a diagnosis was impossible to me. Determining to wait for wider dilatation, I instructed the

nurse to call me in two hours' time, and went to bed in an adjoining room. You have all in your practice met the old woman who approaches a "laying-out" or a "lying-in" with the same morbid delight, and who in the latter class of cases beguiles the tedious hours of parturition with circumstantial accounts of all the cases of difficult and disastrous labor which have occurred within her wide experience and observation, duly embellished by her vivid imagination. Possessed of unbounded confidence in her own skill and knowledge in all matters tocological, the suggestions of the medical attendant she superciliously ignores, and his most explicit directions she willfully disobeys. Both advice and medicine, unless closely watched, she does not hesitate to administer, and it is impossible to tell which is the more baneful of the two. In short, she is the lineal descendant of the ancient witches, and chiefly renowned, like her more celebrated ancestors, for her pernicious activity in raising the Devil.

Such an uncomfortable old woman was the nurse and relative as well of my patient. Not trusting to her discretion, I did not inform her of my fears, while she, satisfied in her great wisdom that all was progressing favorably, did not call me until seven o'clock the next morning, and then only because the waters had broken nearly an hour before, and, although the pains were regular and quite severe, they were not expulsive. An examination now revealed a transverse position (right-iliac, dorso-abdominal), the side presenting at the mouth of the womb, with a point about corresponding with the angle of the scapula, over the centre of the orifice. The os being now widely dilated, podalic version was determined upon, but, upon attempting to introduce the hand, so irritable was the os and so violent its contractions, that after repeated attempts I desisted, deeming such manipulation even dangerous without anæsthesia. Accordingly, I determined to go at once to my office for the anæsthetic. Although this necessitated an absence of more than an hour, I did not apprehend serious results from the delay because of the excellent general condition of the patient. At a quarter to eight A. M. I dropped a dose of Pulsat. ^{mm} (Tafel) upon her tongue and departed.

At nine o'clock on my return I found the head and shoulders of the child already born, the nates and legs being still within the vagina.

The head had been delivered with the occiput toward the symphysis pubis. The infant, which was dead, weighed six and one-half pounds. Mrs. J. reported that the pains became more severe after my departure though less frequent, and in due time the head was born. Nothing else worthy of mention occurred.

She made a good recovery without complications.

There are some points connected with this case which seem to me worthy of consideration, and I shall refer to them. In the first place, I am satisfied that this was a case of criminal abortion, in spite of the protestations of the patient that such was not the case; indeed, this opinion was confirmed by the manner and vehemence of the protestations.

“The lady doth protest too much, methinks.”

The sensitiveness of the os uteri and the sharp and sudden contraction of the circular fibres at this part on touch, with the death of the child, make it probable that ergot of rye was the drug used for the purpose. Further examination of the preparturient symptoms revealed the fact that motion, which had been growing weaker for some days, had ceased entirely nearly a week before the commencement of labor. Indeed, there seems little doubt that foetal life had ceased some days before the birth, and this would favor the opinion held by most writers that viability is an important factor in the determination of the child's position within the uterine cavity.

There could have been no error in diagnosis in the case. The os was well dilated, the amniotic fluid had escaped, and there was nothing which could interfere in any degree with the easy recognition of the presenting part and its relations to the os, except the violent contractions of the unduly irritable uterus—a difficulty so insignificant and easily avoided that the veriest neophyte could hardly have blundered. Were it not true that there seems a disposition on the part of certain prejudiced critics to carp at all cases as insignificant, or to question the diagnosis where favorable remedial action is claimed for highly potentized drugs, the foregoing remarks would be unnecessary, but in view of such fact, an expression of the writer's confidence in his diagnosis may not be superfluous.

Here, then, was a case of trunk presentation converted by version into a cephalic and the second stage of labor completed in about an hour. Was this version spontaneous, or was it a direct result of the action of a single dose of a very high potency of Pulsatilla?

The case is unprecedented so far as I have been able to discover, and since no positive knowledge, perhaps no approximate estimate of the value of a drug in any condition can be arrived at from one case, only by further observation can this point be decided. It is not likely that such observation will occur, for, in the first place, the presentation of the trunk may be expected in

only one case out of every two hundred and thirty-one according to Swayne [*Obstetric Aphorisms*] while Velpeau, in tables collected from many sources, finds that in fifty-four thousand seven hundred and twenty-three cases the trunk presented on an average once in two hundred and thirty-four times, and in forty-eight thousand one hundred and sixty cases cited by Ramsbotham the trunk presented one hundred and fifty-eight times, or about once in three hundred and fourteen labors. Of these cases, the great majority were undoubtedly shoulder presentations or quickly became such, as experience amply shows, in which the probabilities of version are much less, since the shoulder from its salient form will usually be arrested at the superior straight, a position which favors spontaneous evolution, but not version. The proportion of cases then favorable to spontaneous version is a very small one, and from these must be deducted the large majority, since it will very seldom occur that accident will prevent the accoucher from performing podalic-version, which is his plain and undoubted duty. The settlement of the question of Pulsatilla's possible action then may be considered as practically impossible by repeated experiences. But I do not hesitate to avow my own belief in its efficacy, and my reasons for such belief will be given for your consideration. Let us, if you please, consider the natural processes necessary to spontaneous version. The muscular fibres of the uterus are arranged in three groups, the so-called circular fibres, but which are circular only at the lower part of the body of the uterus and at the os; they embrace the larger part of the cavity of the uterus at "low angles of intersection" [Allen's *Human Anatomy*, sec. 6, article Uterus]; the variously placed oblique bands, and the longitudinal fibres which, situated most largely on the posterior surface in the unimpregnated, become in the gravid uterus an important factor from the extent and amount of their development. The action of all of these muscles throughout the upper body and fundus of the uterus when provoked in labor to action, after the os is dilated, is to narrow the cavity of the uterus in all directions except from below upward. From the arrangement of these fibres, and from their greater development in the upper body and the fundus of the uterus, the pressure upon the uterine contents must be greater from the fundus toward the os.

The circular fibres intersecting at low angles, bring pressure downward though indirectly; the oblique bands, also, though much more powerfully, indirectly exert pressure in the same direction, while the longitudinal muscular fibres almost directly narrow the uterine cavity in its longitudinal axis.

During labor these muscles bring the uterus closely to that part of the fetus most nearly in contact with them. This "moulding" of the uterus to the contents is in accord with the laws of muscular action elsewhere, viz. : that muscular fibre is shortened under action in the line of its long axis.

If now for some unknown cause the long axis of the fœtus has not, as it naturally should, accommodated itself to the long axis of the uterine cavity, and instead of a breach or a head presenting, the position is transverse, what would be the natural action of the uterus in its endeavor to void its unwelcome contents? It can act but one way. Wherever a part of the child comes closely enough in contact with the muscular fibres to provoke them to activity, this muscular activity brings the uterus closely against that part, moulding it to it as if the position was a normal one, and since the greatest pressure would be exerted upon that part which from its size or position irritates to such natural action the greatest amount of muscular fibre, the tendency would be to press it toward the os as the point of least resistance, and, as well because the aggregate of uterine muscular pressure is as already stated, in this direction.

That part, then, will be subjected to the greatest amount of this muscular pressure which, from the position of the child, is highest in the uterine cavity, because it presents the greatest surface to muscular action and because it presents this surface to that portion of the uterus which is most muscularly developed. The natural tendency, therefore, would be by pressing either the head or breach as might be, toward the os uteri, to convert a transverse into a longitudinal position. The difficulties in accomplishing this are several and great, and it is no wonder that Richardson says [*Obstetrics*, 1887, p. 33] "it is certain that change of presentation after the escape of the waters is scarcely possible."

Of those difficulties the first and most important is the contra pressure brought to bear upon the extremity of the child which presents itself at the other side of the uterine cavity. The usual explanation, indeed the only one I have found, is that, while the muscles on the one side contract powerfully, those on the other relax, thus allowing the descent of the one extremity and the ascent of the other. I do not see how any such theory is tenable or can be entertained even for a moment. I know of no physiological law by which muscular fibre, under irritation from pressure, relaxes. There is none, and in all cases where version is commenced in one direction it is carried on by the superior force imparted by the muscles of the one side and in spite of an-

tagonistic muscular action on the other. The uterus, however, having moulded itself to one part, in some measure modifies this antagonistic action by changing the uterine outline, and accordingly the direction of the muscular fibres, so that there is less direct downward and antagonistic pressure upon the less active side. Indeed, it is probable that the lateral pressure exerted by this direction of muscular fibre may be in some slight measure auxiliary to the process already begun, although it must be slight as compared with the inimical action. It would seem that after a certain portion of the labor necessary to produce the descent of that part originally subjected to the greatest pressure, and, therefore, under that pressure carried toward the natural outlet, had been accomplished between the forces exerted by the two sides of the uterus, that further progress would be impossible. This does not occur, however, principally I am of opinion because of the original moulding of the uterus, because of the necessary change of the direction of the muscular fibres of the opposite side by this process; and because of the well-known fact that a muscle under continued stimulation to certain work becomes more irritable, and consequently more prompt in its action under the same stimulus up to the point of temporary paresis from exhaustion. Another difficulty to be overcome, and often one not possible to be overcome by nature's unaided efforts, is the arrest of the shoulder at the superior straight, but this accident, if it occur, introduces considerations wholly foreign to the subject now under consideration. I think, therefore, that it may be safely assumed that in all cases of transverse position the effort of nature unaided is to convert this transverse into a longitudinal position; in short, that the *attempt* of nature is always to accomplish spontaneous version. If this, then, is the natural process, and it seems to be, is it a matter of wonder that a remedy may have such effect upon the system as to further that process? No one thing in drug action is more certain than that drugs have the power, by their inherent affinity for certain tissues and organs, to modify their functions, and even to change their structure, and no one thing in remedial action is more positive than that certain remedies have a marked power in controlling and regulating muscular action—especially perhaps uterine muscular action. Of all drugs which have the power to change irregular and inefficient labor-pains into regular and efficient ones, none is better known, none more often needed, (indicated by definite symptoms, of course) than Pulsatilla. This is a fact so well known that no proof need be offered. If, then, the process accomplished in the case recorded was a natural one; if the drug used has an

undoubted and acknowledged power over the natural processes of labor ; if the version was accomplished more rapidly and more easily than any other on record, why should we doubt that the efficient factor in the favorable result was the action of the remedy ?

FISTULA IN ANO.

[I. H. A., Bureau of Clinical Medicine.]

MR. PRESIDENT, LADIES AND GENTLEMEN :—The following case, which came to my notice September 10th, 1886, illustrates so well the curative action of a similar drug in a high potency and a single dose, it also so well demonstrates the restriction which should always be put upon any surgical interferences in these cases that I deem it of sufficient interest to report it to you.

Mr. S., æt. thirty-five, a machinist by trade, acknowledging to intemperate habits, with a previous history of gonorrhœa and chancroid but no evidence of syphilis, presented himself at my office on the above date, complaining of soreness, itching, smarting, and burning about the anus. These symptoms were < by scratching, washing, uddressing, damp weather, warmth of the bed, and heat in general ; and > by cold clear weather.

He said there was a sensation at times as if a hot coal were placed upon the vertex, and that he had an occasional sudden sharp pain, like an electric shock, commencing over the left orbit and extending to the occipital protuberance, lasting about a minute ; these pains had become more frequent of late, particularly at any atmospherical change.

He also had a pain extending from the left shoulder to the left testicle with the sensation as if the testicle was being squeezed in a vise ; this pain was always < in bed.

There was considerable perspiration about the head, particularly the forehead, and vertex. There was also a profuse perspiration on the genital organs of a sour smell.

Upon examination, I found a complete fistula in ano, the probe entering about half an inch to right of the anus, and entering the rectum just below the internal sphincter. There was a constant slight discharge of bloody pus.

Around the anus and extending to the buttocks there were a large number of papules, bleeding quite profusely upon being scratched ; these papules were to be found upon the legs and scattered over the body.

I gave him one powder of Mer. sol.^{cm} and six powders of

placebo, one to be taken every second morning, requesting him to call at the end of two weeks, at which time the neuralgic pains had nearly ceased. I saw him at frequent intervals for about three months, when the fistula had entirely healed.

C. C. HOWARD, M. D.

THE USES AND ABUSES OF CLINICAL RECORDS.

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

[I. H. A., Bureau of Homœopathics.]

Hahnemann, in his *Materia Medica Pura*, Vol. I, preface, gives, in response to requests for his mode of cure, a warning and an example, the warning being that no satisfactory deductions can be drawn from one case as to how to treat another, except as to the method of study employed, since each case cured shows only that that particular case was so cured.

Then he proceeds kindly to record two cases, with their respective groups of symptoms, and illustrates his mode of arriving at the remedy, which involves a nearly perfect knowledge of the materia medica, combined with a faculty for isolating, noting, and comparing symptoms that we should all study to acquire.

For completeness of the present subject, "The uses and abuses of Clinical Records," a classification of such records may be made, and the most interesting class studied most closely.

First, then, we may divide all clinical records into three classes—viz.: business records, hospital records, and journal records.

"Business" records should cover *every case* prescribed for, and note the remedy, the dose, and repetition, the adjunctive rules for diet, etc., if any, leaving the rest to memory, though, if there be room, a hint of the chief conditions present will not be out of place. Such records will be of great value in retaining patients who return for that which previously helped, and will give information much needed; although, owing to the imperfections of the human mind, it often happens that the very remedy that does the most brilliant work will escape record!

"Hospital" records should be such as every hospital should keep, detailing every phase of the cases that can possibly be obtained, and from such records statistics of treatment of similar groups of symptoms, sometimes conveniently called diseases, can be elaborated.

“Journal” cases : cull out from private or hospital practice such cases or groups of symptoms as are of special interest, either detailing them at large, with comments and comparisons, or noting them more briefly as “verifications” or “clinical effects” of this or that drug ; then they furnish notes for our repertories and materia medica, and are, when reliable, the best material for study that we can have.

“Journal” cases should always be written with a view to their future usefulness in study, not merely for applause or wonder ; and they should be carefully divested of all extraneous matter, yet including sufficient vividness of personal description and anecdote to fix them in the mind.

Hahnemann’s two cured cases already alluded to belong to and exemplify the latter class of “Journal” records, and are chiefly useful for what they imply, rather than for what they directly teach.

Coming from the master, they show his wonderful knowledge of the materia medica, so largely his own creation, and his knowledge of what his remedies could *not* do, as well as of what they did. He first states, without a hint of what he *thought* or might have thought about *Pathology*, the exact symptoms that he observed, recorded singly, without apparent order or connection, concluding with the remark, “no other abnormal symptoms.” Then he gives remarks on each symptom, giving the nearest related remedies in each case, and showing that only *one* has the needed combination, excluding all others in a masterly way that shows his complete familiarity with repertorial work, especially in the valuable field of concordances and concomitants.

In short, he knew how to use his materia medica. He says, “In looking out a remedy, it is sufficient to note the drugs producing the first symptom, *recollecting* the *conditions* in which the symptom is produced. This same proceeding is followed with each of the other symptoms, and that drug which contains the most striking and characteristic symptoms of the group is the remedy.”

He goes on to advise young physicians to *prove remedies* on themselves ; and no physician should attempt to record a group of observed symptoms until he has acquired some experimental knowledge in his own person of what a group of symptoms is. All other knowledge is faith without works, and is dead for use.

The physician who attempts to practice without having made at least a few provings is like the performer who has never composed a single piece of music ; he may copy the work of others, in a fashion, but cannot do anything in new fields, or in the advancement of his art.

It is a fallacy that is sometimes taught that the best way to study the materia medica is to study out actual cases of sickness ; it is true that so the knowledge of it is *fixed*, but to best learn how to use the materia medica, one should edit a few chapters therein, either as re-provings, or as new investigation for which there is always room ; next, one must *study* some repertory, and be able to find a drug-picture by its aid ; then, having learned what symptoms really mean, he can record and compare them better.

Given complete clinical records, in acceptable journal form, how can we use them best ?

First, we can take down our text-books and compare the recorded symptoms, marking the old with renewed confidence, and setting the new in the margin for future verification.

Next, we can annotate our repertories to correspond ; and, lastly, if the reporter has given the name of the disease, we can set that information by itself with a view to forming what Bell, Minton, Perkins, King, Lee, W. J. Guernsey, and others have begun—special repertories for each specialized disease or pathological form. Or we can *abuse* this information by the writing of such hand-books as Lilienthal, Johnson, and Jahr have given us, wherein diseases are named first, and *conditions* subordinated thereto ; good stepping-stones for weak-kneed pathologists, but poor dependences for the Hahnemannian prescriber, who wants only complete “symptom-lists” in which he can find and compare each condition as it arises, without the uncertain task of translating it into pathology and back again. In short, the Hahnemannian most needs an accurate and copious materia medica, and its accompanying repertories, general and special ; and to the improvement of these and their living useful study his use of clinical records will always contribute, and all short cuts that would say “Dr. L. or Dr. D. gave this or that remedy in a case like mine, I will give the same,” he will view with suspicion, as tending to careless observation.

Cases that record the effects of single remedies and single doses are, of course, to be preferred, and such modes of prescribing, in the single remedy, the single dose, and the recorded case will stimulate the most careful observation, which all other methods will impair, and finally destroy, till it will be found that all power of accurate observation and useful study is gone forever.

MASTITIS.

WM. JEFFERSON GUERNSEY, M. D.

As mastitis rarely occurs except early in lactation, the care of the breast cannot be too soon observed after confinement.

First, last, and all the time see that there is ample protection from the air. Warmth is a wonderful factor in promoting glandular health and activity, and nothing answers the purpose better than a piece of soft flannel, secured at either upper corner near the shoulders and allowed to lay over both mammæ, and lifted up, (not let down nor removed), while suckling the child.

It is an important point also to have the child commence nursing as early as convenient to the mother. Chilling of other parts of the body, especially of the hands, is a frequent cause of trouble, and checked perspiration, mental irritation, and malnutrition are to be avoided at any time.

So much for general attention to health, yet in spite of gross carelessness, of poor food, or a combination of circumstances the homœopathic prescription will always prevent suppuration if taken in time, and there is little satisfaction to the physician in treating any abscess through suppuration to resolution, for he knows that it is a catastrophe that should indeed have been averted.

Medicines will do much to hasten suppuration when it is inevitable, and as to local measures I can see no reasonable objection to poulticing. Holding a basin of hot water under the breast, and sponging the upper part of the gland from it will be beneficial, especially if followed by warm wrappings, of which raw wool is the best. I believe that the breast should *never* be lanced. The opening which nature makes is smaller than that occasioned by the knife, is always made at the point nearest the surface, and a recurrence of the trouble is less likely from a natural evacuation of the pus, especially if a careful selection of the homœopathic remedy has been made.

As *Lac-can.* and *Phytol.* are far ahead of any other remedies in aborting this trouble, a comparison may be of service.

LAC-CAN.

Affects one breast as much as the other; as *Phytol.* acts particularly on the right and Lac-can. *either*, it may be given preference to the *left*. If there has been soreness or pain alternating from one breast to the other, or migratory trouble of any sort about the patient it should be used.

Much soreness, fullness, and pain, but not so much inflammation, although this latter should not rule it out of consideration.

Very much worse from least jar; has to support the breast in walking about, especially on going up or down-stairs. Even worse from inspiration.

Induration in small lumps like marbles. Considering the fact that its membranous exudation in the throat is in small specks, I have (on the rule of similars) marked this "nodulated breast" high under Lac-can.

Markedly worse *toward evening*—and EVENING.

PHYTOL.

Right breast.

Inflammation marked with soreness, fullness, and pain.

Not so pronounced.

Same in lesser degree, but it has cured for me many cases of a *single stony induration.*

Worse after midnight; better in afternoon.

REMEDIES

IN GENERAL AFFECTING THE

MAMMÆ.—*Acon.* *Æscul.* *Æthus.* Agar. AGNUS. All-sat. Alum. Ambr. Am-cb. Am-mur. Anac. Angus. Ant-cr. Ant-tar. Apis. Arg-nit. ARN. *Arsen.* Arum. Asaf. Bary-cb. BELL. Berber. *Borax.* *Bovist.* Brom. BRYON. Cactus. CALC. *Calc-ph.* Calad. Camph. Can-sat. Canth. CARB-AN. CARB-VEG. Castor. Caust. CHAM. Chel. China. *Cicut.* Cimicif. Cina. Cistus. CLEM. Cocul. Coff. Colo. CON. *Crot-tig.* Curare. Cycla. Dig. DULC. Fragar. Gamb. Gels. GRAPH. Gratiol. Guaiac. Ham. *Hep.* Ign. Ipec. *Iod.* Kali-bi. Kali-cb. Kreos. Lach. LAC-CAN. Lac-defl. Lactuc. Lauro. Ledum. Lepi. *Lil-tig.* Lyc. Mag-cb. Mangan. Merc-cor. *Merc-sol.* *Merc-viv.* Mezer. Millef. Mosch. Murex. Na-cb. Na-mur. Niccol. Nit-ac. Nux-jug. Nux-vom. Opi. Petrol. *Phellan.* PHOS. Phos-ac. PHYTOL. Plat. Plumb. Prunus. Psorn. PULS. Ran-bul. Ran-scel. Raphan. Ratan. *Rheum.* Rhod. *Rhus.* Ruta. Sabad. Sabina. Samb. Sang Sars. Secale. *Sepia.* SIL. Spong. Squil. Stan. Staph. Stram. *Sul.* Tarent. Thu. *Uva-u.* Verat. Zinc.

MAMMÆ, LEFT.—Æthus. Agar. Alum. Ambr. Apis. Berber. Borax. Bovist. Cactus. Calc. Calc-ph. Cistus. CON. Cycla. Gratiol. Lac-can. *Lil-tig.* Lyc. Mag-cb. Mosch. *Phellan.* Phos. *Phytol.* Plumb. SIL. Spong. Zinc.

MAMMÆ, RIGHT.—All-sat. Ambr. Calc. CON. Gamb. Gratiol. Kali-bi. Kreos. Lac-can. Mezer. PHYTOL. Plumb. Psorn. Sang. SIL. Zinc.

SUBJECTIVE SYMPTOMS.

ACHING.—Apis. Bovist. Con. LAC-CAN. *Lil-tig.* Mosch. Stram. Zinc.

AIR, streaming through.—Cycla.

BURNING.—Æscul. Ambr. Apis. Arsen. Bell. Calc-ph. Con. Iod. Laur. Led. Lyc. Phos. Sang.

COLDNESS.—Cimicif. Coccul. Dig. Rhus.

COMPRESSION.—Thu.

COMPRESSION BACKWARD.—Thu.

CONSTRICTION.—*Lil-tig.* Sang.

CONTRACTION.—Borax. Calc-ph. Stram. Verat.

CRAMP-LIKE pain.—*Lil-tig.* Plat.

CUTTING.—Bell. Lach. Lepi. *Lil-tig.*

DARTING.—Carb-an. Gratiol. Iod. Kali-bi.

DRAWING.—Calc-ph. Kreos. *Lil-tig.*

FULLNESS.—Bell. BRY. Clem. Cycla. LAC-CAN. Lactuc. Merc-v. Nux. PHYTOL. Secale. Sep.

GRASPING.—*Lil-tig.*

GRIPING.—Bovis.

GURGLING.—Crot-tig.

HEAVINESS.—Bell. Bry. Clem. *Lil-tig.* Thu.

ITCHING.—Agar. Alum. Anac. Ant-cr. Arn. Ars. Bary-cb. Berber. Bovist. Calc. Canth. Carb-veg. Caust. Con. Kali-cb. Ledum. Lyc. Mezer. Na-mur. Niccol. Nux-jug. *Phellan.* Phos. Plumb. Rhus. Sabad. Sep. Spong. Squil. Stan. Staph. Sul.

LANCINATION.—See CUTTING.

MILK flowing in, as from.—Kreos.

PAIN (undefined).—Ang. Ant-cr. Arn. Bary-cb. Bell. Borax. Bry. Cactus. Calad. CALC. Con. Crot-tig. Cycla. Iod. Kali-bi. Lach. LAC-CAN. Laur. *Lil-tig.* Merc-sol. Murex. Phel. Phos. Rheum. Rhus. Sang. SIL. Verat. Zinc.

PAIN EXTENDING BACKWARD (through chest, to lumbar region, to scapula, to spine).—*Lil-tig.*

PAIN EXTENDING DOWNWARD to NAVEL.—Agar.

PAIN EXTENDING DOWNWARD to SIDES.—Prunus.

- PAIN EXTENDING FORWARD to beneath sternum.—Sang.
 PAIN EXTENDING INWARD.—*Phel.*
 PAIN EXTENDING NIPPLE (from periphery to the).—Kreos.
 PAIN EXTENDING OUTWARD.—Gels. Mezer.
 PAIN EXTENDING UPWARD to ARMS.—Curare.
 PAIN EXTENDING UPWARD to NECK.—Lil-tig.
 PAIN EXTENDING UPWARD to SHOULDERS.—Lil-tig. Mag-cb.
 PAIN, LABOR, as though from.—Lach.
 PINCHING.—Agar. Calc-ph.
 PRESSURE.—Am-m. Calc-ph. Phos. Phos-ac.
 PRESSURE, ACUTE.—Phos-ac.
 PRICKLING.—Calc. Cimic. Ran-scel.
 PULSATION.—Bell.
 RAWNESS.—Merc-v.
 SENSITIVENESS.—See TENDERNESS.
 SHIVERING, as if.—Guaiac. Nux. Petrol.
 SHOOTING.—Calc-ph.
 SORENESS.—All-sat. *Angust.* Ambr. ARN. Arum. Bry. Calad. Calc. Calc-ph. Cicut. Graph. LAC-CAN. Merc-v. Na-mur. *Phytol.* Rhod. Sang. Sep. Sil.
 STITCHES. — Æthus. All-sat. Alum. Ambr. Apis. Arg-nit. Bary-cb. Berber. *Borax.* Bry. Calc. Carb-an. Cimicif. Clem. CON. Cycla. Gamb. Gels. Graph. Gratiol. Ign. Iod. Kali-bi. Kali-cb. Kreos. Laur. Lil-tig. Lye. Mag-cb. Mezer. Murex. Na-mur. *Phel.* Phos. Plumb. Prunus. Psorn. Rheum. Sang. *Sep.* Sil. Thu. Zinc.
 STITCHES, FINE.—Plumb.
 SUPPURATIVE PAIN. — CALC. Clem. Hep. Phos. Plumb. Sil.
 SUPPURATIVE SENSATION.—SIL.
 SWELLING, as if.—Berber.
 TEARING.—Am-cb. Am-m. Bary-cb. Calc. Calc-ph. Carb-veg. Con. Crot-tig. Gratiol. Kali-cb. Sang.
 TENDERNESS.—Calc. Cham. Clem. Con. Graph. LAC-CAN. Merc-v. Na-mur. *Phytol.* Thu. Zinc.
 TENSION.—Cycla. Puls.
 TINGLING.—Sabin.
 UNPLEASANT (indescribable).—Phos.

OBJECTIVE SYMPTOMS.

- ABCESS.—See SUPPURATION.
 ATROPHY.—Arsen. Con. Mag. Iod. Kali-iod. Kreos. Nit-ac. Nux-mos. Sarsap.

BLUISH, LIVID hue.—Lach. Phos. Plumb.

BLUISH, RED hue.—Kreos.

DISTENSION.—Cycla. Zinc.

EMACIATION.—See ATROPHY.

FEVER (milk fever).—Acon. ARN. BELL. BRY. Cham. Coff. Ign. Merc-v. Opi. *Rhus*.

FLABBINESS.—Bell. Camph. Con. Iod.

HEAT in.—Acon. Bell. Bry. Calc-ph. Mangan. Raphan. *Sul*.

INDURATION.—Arn. BELL. Bry. Calc. Calc-ph. CARB-AN. CHAM. CLEM. Coloc. CON. Cycla. *Graph*. Ham. LAC-CAN. Lepi. Lye. Merc-v. Nit-ac. Phos. PHYT. Plumb. Puls. Ruta. Sep. SIL. Spong. *Sul*.

INFLAMMATION.—Bell. Bry. Calc. CARB-AN. CARB-VEG. Cistus. Con. Hep. Lac-can. Merc-v. Phos. *Phyt*. Sil. *Sul*.

MILK BAD tasting.—Borax. Merc-v.

MILK BITTER tasting.—Rheum.

MILK BLUISH.—Lach.

MILK CHEESY.—Cham.

MILK COPIOUS (too).—Acon. Ant-tart. Asaf. Bell. Borax. BRYON. Calc. China. Con. Iod. Kreos. Lach. *Lac-can*. Lye. Nux-vom. Phos. PHYTOL. PULS. *Rhus*. Stan. Staph. Stram.

MILK PURULENT.—Cham.

MILK RETARDED by cicatrices.—GRAPH. *Phyt*.

MILK SALT tasting.—Carb-an.

MILK SCANT.—AGNUS. Asaf. Bell. Bry. CALC. Caust. Cham. Chel. China. DULC. *Lac-can*. Lye. Merc-v. Millef. *Phel*. Phos. Puls. *Rhus*. Samb. Secale. Sep. *Sul*. *Uva-u*. Zinc.

MILK SPOILED.—Bell. *Borax*. Carb-an. CHAM. Cina. Ipec. Lach. *Merc*. Nux. Puls. *Rheum*. Samb. Stan.

MILK STRINGY.—Kali-bi.

MILK THICK.—Borax.

MILK THIN.—Carb-an. Kali-bi. Lach.

MILK WANTING.—Agnus. Asaf. *Lac-can*. Urt-u.

MILK YELLOW.—Rheum.

REDNESS, RADIATING from centre.—Bell. *Sul*.

REDNESS, STREAKS of.—Phos. *Rhus*.

SUPPURATION, INEVITABLE.—HEP. *Sil*.

SUPPURATION, THREATENED.—Asaf. Bell. Calc. Cistus. Dulc. Kali-cb. Kreos. *Lac-can*. Merc-v. Na-cb. Phos. PHYTOL. Puls. Sep. *Sul*.

SWELLING.—Æthus. All-sat. Apis. Asaf. *Bell*. Berb. Brom. *Bry*. Calc. Cham. Clem. Con. Cycla. Dulc. *Graph*. Hep. Lach. LAC-CAN. Lye. Merc-cor. *Merc-sol*. Merc-v. Phos. PHYTOL.

Plumb. Puls. Ratan. Sabina. Samb. SIL. Sul. Tarent. *Uva-u.*
Zinc.

SWELLING LUMPS like marbles.—*Lac-can.* Phytol.

ULCERATION.—Phos. Phyt. Sil. Sul.

ULCERATION FISTULOUS.—Phos. Phyt. Sil.

AGGRAVATIONS AND AMELIORATIONS.

AFTERNOON, AGG.—*Æth.* Bell. Bry. Nit-ac. Phos. Puls.
Sang.

ASCENDING stairs, AGG.—Bell. Calc. Carb-an. LAC-CAN.
Lyc. Nit-ac. Phos.

BED (in), AGG.—*Murex.*

BENDING FORWARD, AGG.—*Gratiol.*

BREATHING in.—See INSPIRING.

COLD, AGG. from.—*Sep.*

COLD, TAKING, AGG.—*Acon.* Bell. Bry. Cact. Calc. Cham.
DULC. Merc. Nux. Phos. Puls. Rhus.

CONTUSION, AGG.—*Arn.* Carb-an. CON. Ham.

DAY, AGG.—*Con.*

EMPTY, AGG. when.—*Bov.*

ERECT, AGG. on becoming.—*Graph.*

EVENING, AGG.—*Arn.* Bell. Bry. *Con.* LAC-CAN. Nit-ac.
Phos. Puls. Spong.

EXERCISING, AGG.—*Angus.* Laur. Ran-bul.

EXERCISING ARMS, AGG.—*Angus.* Ant-cr.

EXERCISING, OPEN AIR, AGG.—*Am-m.*

FLOW OF MILK, AMEL.—*Cycla.*

HOLDING THE.—See SUPPORTING.

INSPIRING, AGG.—*Carb-an.* *Gratiol.* *Lac-can.* *Mag-cb.*
Plumb. Prun.

INSPIRING, DEEPLY, AGG.—*Prunus.* Sang.

JAR, AGG.—*BELL.* Calc. Carb-an. LAC-CAN. Lyc. Nit-ac.
Phos.

LIFTING.—See SUPPORTING.

LYING ON LEFT SIDE, AGG.—*Lil-tig.*

LYING ON PAINFUL SIDE, AGG.—*Lil-tig.*

MENSES, AGG. AFTER.—*Cycla.* Thu.

MENSES, AGG. BEFORE.—*Calc. Con.* *Cycla.* *Lac-can.* Sang.
Spong.

MENSES, AGG. DELAYED.—*Bry-cb.* *Calc. Con.* Dulc. Iod.
Merc-v. Phos. Rhus. Thu. Zinc.

MENSES AGG. DURING.—*Calc.* Carb-an. Caust. *Con.* Dulc.
Iod. *Lac-can.* *Lac-defl.* Merc-v. Phos. Sang. Thu. Zinc.

- MENSES AGG. SUPPRESSED.—Ratan.
MORNING, AGG.—Calad. Calc. Carb-v. Chel. *Lil-tig.* Nux-v.
Rhus. Sang. Zinc.
MORNING, AMEL.—Spong.
MORNING, BED, AGG. in.—Plumb.
MOTION, AGG.—Sep.
NIGHT, AGG.—Acon. Arn. Ars. Cham. Con. Dulc. Graph.
Hep. Iod. Merc-v. Nit-ac. Plumb. Sil.
NOON, AGG.—Mag-cb.
NURSING, AGG.—Borax. Carb-an. *Crot-tig.* Kali-cb. Phel.
NURSING OPPOSITE BREAST, AGG.—*Borax.*
PAROXYSMALLY, AGG.—Castor.
PERIODICALLY, AGG.—Ars. Kreos. Merc-sol.
POSITION AND CHANGE OF.—*Lit-tig.*
PRESSURE, AGG.—Ant-cr. *Calc.* Carb-v. LAC-CAN. Merc-v.
Murex.
PRESSURE, AMEL.—Kreos.
REST, AGG.—Rhus.
RIDING, AGG.—SEP.
RUBBING, AGG.—Con.
RUBBING, AMEL.—Castor.
SITTING, AGG.—Prun. Thu.
SNEEZING, AGG.—*Phos.* (compare JAR.)
STRETCHING BODY, AGG.—Thu.
SUPPORTING BREAST, AMEL.—Bell. Cactus. Calc. Carb-an.
LAC-CAN. Lyc. Nit-ac. Phos.
TOUCH, AMEL.—CALC.
WALKING, AGG.—Lac-can. Prun. Sep. Stram.
WM. JEFFERSON GUERNSEY, M. D.
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REPERTORY TO LABOR AND AFTER PAINS.

JOHN V. ALLEN, M. D., PHILADELPHIA.

LABOR-PAINS.

- Abdomen, with cutting pains from before backward and up-
ward, *in*—Gels.
“ “ “ “ *in*—Phos.
“ “ cramps in, and shooting down the legs—
Viburnum.
“ “ weak feeling *in*—Phos., Sepia.

- Air, must have fresh, cool—Pulsatilla, Cham.
 Amniotic fluid gone, with—Bell.
 Anguish, with—Nat. carb., Acon.
 Appearing and disappearing suddenly—Bell.
 Back, pains begin in, and pass off down the buttocks—
 Kali carb.
 “ go up to—Gels.
 “ cutting across lumbar region—Kali carb.
 “ worse in—Nux vom., Caust.
 Bear, which she can hardly—Cham.
 Belching, with relief by—Kali carb.
 Body cool, with—Arn.
 Bruised feeling in body, with—Arn.
 Breathing deeply, with—Ignatia.
 Ceasing—Bell., Cham., Carb. veg., Cauloph., Cimicif., Gels.,
 Graph., Kali c., Nat. mur., Nux-vom., Op., Plat.,
 Puls., Ruta, Sepia, Secale., Sulph., Thuja.
 “ from hæmorrhage—China.
 “ “ violent diseases—Carb. veg.
 Cessation of (entire)—Cimicif., Guare.
 Cervix, with needle-like pain in—Caul.
 “ “ shooting in, extending upward—Sep.
 Chest, go up to—Gels.
 Cramps in lower extremities, with—Cuprum.
 Contraction, hour-glass with—Bell., Cham.
 Convulsions, with—China, Secale.
 “ hysterical interrupt the—Mag. mur.
 Covered, will not be during—Camph., Secale.
 Cutting—Gels., Ipec., Phos.
 Darting—Ipec.
 Distress, with great—Acon.
 Distressing—Acon., Arn., Aurum., Bell., Cham., Cimicif.,
 Coffea., Con., Gels., Kali c., Lyc., Nux-vom.,
 Phos., Plat., Sep., Secale.
 Death, with extreme fear of—Acon., Coffea.
 Desperate, make her—Aurum.
 Drowsiness, with—Nux-mos.
 Dryness of parts, with—Acon.
 Dyspnœa, with—Puls.
 Endure, she cannot—Cham.
 Eructations violent, with—Borax.
 Eyes injected, with—Opium.
 Exhaust her—Verat. alb.
 “ “ she is out of breath—Stannum.

- Exhaustion, from long protracted labor—Caul.
 Face flushes up red, with—Arn., Ferrum.
 “ hot, with—Bell.
 “ dark red, with—Op.
 Fainting, with—China, Cimicif., Ipec. Mag. mur., Nux-
 vom., Nux-mos., Puls., Secale.
 Fainting, every pain causes—Nux-vom.
 “ from least motion, during—Verat. alb.
 Fever, with—Caul.
 Frantic, which render her—Cham.
 Foot against a support, and pushing and relaxing alternately ;
 relief by—Lyc.
 Forebodings, with Nat. mur.
 False—Caul., Nux-vom., Viburnum.
 Grief—Caust.
 Hands touched, cannot bear to have, during—China.
 Hæmorrhage, with—China.
 Hard one, with several light ones after long interval—
 Coceul.
 Head hot, with—Arnica.
 “ congestion to, with—Aurum.
 Headache throbbing, with—Bell., Coccul.
 Heart, palpitation of, with—Aurum., Puls.
 Ineffectual—Coffea, Plat., Puls.
 Inefficient—Acon., Bell., Caust., Gossypium, Ustilago.
 Insupportably—Coffea.
 Interrupted—Platina.
 Irregular—Æthusa cyn., Caul., Coccul., Cup., Nux-mos.,
 Puls., Secale.
 Irritability, with—Cham.
 Jarring of bed, sensitive to—Bell.
 Jerking, with—Opium.
 Lamenting, with—Coffea.
 Legs, with numb and paralyzed feeling in—Coccul.
 “ “ shooting down the—Viburnum.
 “ “ tearing down the—Cham.
 Light, sensitive to, with—Bell.
 Lingering, almost painless—Gossypium.
 Located, not rightly—Cimicif.
 Moaning, with—Acon.
 Motion, must keep in constant—Lycop.
 Nausea, with—Ipec., Mag. mur.
 Needle-like—Sepia.
 Noise, sensitive to, with—Bell., Cimicif.

- Os uteri. Contraction, spasmodic, with—Bell.
 “ Dry, with—Acon., Bell.
 “ Dilated, but patient has become tired and fretful,
 with—Caust.
 “ Dilatable with—Ustilago.
 “ Hot, with—Bell.
 “ Rigidity, with—Caul., Cham., Cimicif., Conium.,
 Gels.
 “ Soft, with—Ustilago.
 Painful—Platina.
 Pains similar to—Cham., Camph., Juni., Kreos.
 Perspiration, with—Nat. carb.
 Progress slowly—Caul., Nat. mur., Puls.
 Prolonged and forcing—Secale.
 Pulse weak, with—Secale.
 Relaxed, everything seems, during—Secale.
 Rapid succession, follow in—Acon.
 Restlessness, with—Acon., Arn.
 “ “ between pains—Cup.
 Rubbed, desire to be, which relieves, during—Nat. carb.
 Sacrum, with only slight pressure on—Bell.
 Sluggish—Puls.
 Severe—Cimicif., Coffea.
 Sharp—Kali carb.
 Short—Caul.
 Shivers, with (in first stage)—Cimicif.
 Shrieks, with—Cham.
 Shuddering during, wants to be covered—Sepia.
 Skin cold, with—Camph., Secale.
 Sleeplessness, with—Mag. mur.
 Sleepiness (drowsy) with—Nux-mos., Opium.
 Slow—Bell., Con., Nux-mos.
 Sopor, with—Op.
 Soreness all over, with—Arn., Ruta.
 Spitefulness, with—Cham.
 Spasmodic—Caul., Cham., Cimicif., Caust., Coccul., Conium,
 Cup., Nux-vom., Nux-mos., Plat., Puls., Stannum.
 Stool, with urging to—Nux-vom.
 “ retention of, with—Op.
 Strong, too—Bell., Cham., Coff., Con., Nux-vom., Puls.,
 Secale.
 Sudden—Bell.
 Suppressed—Nux-mos.
 “ from fear—Op.

Suppressed from fright—Op.

Tearing—Cimicif., Cham.

Tedious—Bell., Cimicif.

Tardy—Gels.

Tenderness of parts, with—Acon.

Thirst, with—Caul.

Touched, cannot bear to be, during—China.

Tumor, with—Nat. carb.

Twitching, with—Op.

Undilatable parts, with—Acon.

Umbilicus, cutting about, darting toward uterus—Ipec.

Upward, go—Lyc.

Urinate, with urging to—Nux-vom.

Urine, with retention of—Op.

Vagina, dry, with—Acon., Bell.

“ rigidity of, with—Ars.

“ sensitiveness of, interrupt—Platina.

Vulva, dry, with—Acon.

Vertigo on turning in bed, with—Conium.

Violent, but do little good—Arnica, Caul., Coff., Phos., Plat.

Weeping, with—Coffea, Lyc., Nat-mur., Puls.

Window, with desire to jump out of—Aurum.

“ “ “ “ have open—Puls.

Weak, too—Arn., Æthusa, Bell., Cann., Caul., Cimicif., Gels., Kali carb., Opium, Puls., Secale; *Also*—Borax, Camph., Carb-veg., Cham., Cocc., Graph., Ign., Lyc., Mag-mur., Nat-mur., Nux-mos., Nux-vom., Plat., Ruta, Sep., Sulph., Thuja.

Weak, patient very—Caul.

Women, in corpulent—Graph.

“ “ tall, slender—Phos.

“ “ cachectic—Secale.

“ “ blonde—Viburnum.

AFTER-PAINS.

Abdomen, spasmodic across lower, extends into groins—Caul.

“ violent in—Ferrum.

“ with sensitiveness of—Sabina.

Air, wants fresh—Cham.

Anus, with constant sense of weight in—Sepia.

Back, felt mostly in—Sepia.

“ with bearing down or forcing in—Sep.

“ stitching and shooting pains in, going down to gluteal region or hips—Kali carb.

Bearing down, with strong—Podoph.

- Breathing, excited by—Bry.
 Covered, aversion to being, though surface cold—Secale.
 “ relief by being—Rhus tox.
 Cramping—Cuprum, Coloc.
 “ in calves—Rhus tox.
 “ “ extremities, causing—Cup.
 Delirium, with—Hyoscy.
 Delivery, after instrumental—Hypericum.
 Death, with extreme fear of—Acon., Coff.
 Despondency, with—Ign.
 Distressing—Cham., Coff., Cup-met.
 Endure them, she cannot—Cham.
 Evening, worse in—Puls.
 Extending from left to right—Conium.
 Face fiery red, with—Ferrum.
 Faint, weak feelings, with—Sulph.
 Feelings changeable, now better, now worse, with—Puls.
 Fingers, causing cramp in—Cup.
 Flatulency with—Podoph., Nux-mos.
 Forcing, as if contents of pelvis would be forced through
 vulva—Bell.
 Groins, extends to—Caul., Cimicif.
 Headache agonizing, with sensation as though the face was
 drawn toward root of nose, then backward toward occiput, as
 if by a string; eyeballs painful and sore to the slightest attempt
 at motion—Paris quad.
 Headache severe in right side back of orbit, with—Cimicif.,
 “ with—Ferrum.
 Heat, with flashes of—Sepia, Sulph., Podoph.
 Intense, with imperfect contractions of uterus—Paris quad.
 Jerking, with—Hyos.
 Long, too—Puls.
 Lochia brown and thin—Secale.
 “ dark-colored, with—Cham.
 Lochial discharge which seems hot, with—Bell.
 “ “ increased with each pain—Bell., Xanthoxy-
 lum.
 “ “ scanty—Sulph.
 “ “ Suppression of, entire—Paris quad.
 Labor-like, with discharge of partly fluid and partly clotted
 blood—Ferrum.
 Loins, violent in—Ferrum.
 Low-spiritedness, with—Cimicif.
 Motion, excited by—Bry.

- Motion, relief by—*Rhus tox.*
 Multiparæ, in—*Cuprum.*
 Nausea and vomiting, with—*Cimicif.*
 Night, worse at, hardly any during the day—*Rhus-tox.*
 Nursing excites—*Conium, Arn.*
 Over-sensitiveness, with—*Cimicif.*
 Painful, too—*Acon.*
 Prolonged—*Acon., Secale,*
 Protracted labor, after—*Caul.*
 “ too—*Nux-vom.*
 Pubes, pains from sacrum to—*Sabina.*
 Restlessness, with—*Cimicif., Puls.*
 Sacrum and hips, with severe headache, violent in—*Hypericum.*
 “ to knees and ankles, thence up to sacrum, jerks
 here and there; from—*Phyto.*
 Sadness, with—*Ign.*
 Sensitiveness to the pains, with—*Cimicif.*
 Severe, too, and too long lasting—*Gels.*
 Shuddering, frequent, with—*Ferrum.*
 Sighing, with much—*Ign.*
 Sleep, cannot compose themselves to—*Gels.*
 “ prevented through sleepy.—*Coffea.*
 Sleeplessness, with—*Cimicif.*
 Soreness in uterine region, so that she dreads to be disturbed,
 with—*Nux-vom.*
 Spasmodic—*Hyos.*
 “ across lower abdomen—*Caul.*
 Stool, with desire for, with every pain—*Nux-vom., Paris*
 quad.
 Tenderness to pressure, uterus does not contract properly,
 with—*Cimicif.*
 Thighs, from sacrum around the pubes and down the—
 Sulph.
 “ shooting down the—*Lac caninum.*
 “ extending down the anterior of—*Xanthoxylum.*
 Toes, causing cramp in—*Cuprum.*
 Trembling feeling all over, sense of, without trembling—
 Sulph. acid.
 Twitching, with—*Hyos.*
 Vagina, with pains shooting upward in—*Sepia.*
 Vertigo with—*Ferrum.*
 Violent, too—*Nux-vom., Puls.*
 Warm room, like to have—*Nux-vom.*

IN PRAISE OF CALENDULA.

[I. H. A., June, 1889.]

On the night of July 4th, 1887, while riding on the rear platform of a car, on his way home from Astoria to Brooklyn, Chas. L., twenty-three years old, felt a trickling on his cheek, which on wiping he found to be blood. This was the first intimation he had that he had been shot in the right eye by a fellow-passenger who had been amusing himself during the trip by the repeated firing of a pistol. Charles L. was so frightened by the discovery—thinking if he had been shot he must surely die—that he fainted. He was taken to the police station, where his wound was dressed, then his home, meanwhile he had recovered consciousness.

I saw him the following morning about nine o'clock; he was suffering great pain in the eye, and was unable to sleep. I removed the dressings which were of the popular antiseptic order. Cleaned the wound of the iodoform powder and carbolic mixture. The part wounded had lost all resemblance to an eye, the eyeball being completely obscured by a mass of mangled, swollen conjunctiva which protruded so as to hide the lids, making the whole look like a lump of raw meat.

After applying diluted Calendula, and giving Arnica internally—the effect of the shock seeming to indicate it—I found him next day free from pain, and more quiet mentally. Continued the treatment minus the Arnica.

Next day the swelling was greatly reduced, no suffering, and only complaining of sleepiness, with inability to sleep, which a dose of Belladonna removed entirely. I made no more visits, gave no more medicine, only continuing the application of Calendula.

The patient saw me on the sixth day. Said he was perfectly well, and free from pain, but could not see out of the wounded eye. The eye was restored to the normal size, showing a dull surface over whole eyeball, the wound perfectly healed, but a horizontal line about a quarter of an inch long, was perceptible outside the iris. I sent him to the New York Ophthalmic Hospital, where the eye was removed on the eighth day from the accident. In the orbit was found a ball of 38-calibre. In three weeks from time of accident the patient returned to his work, and has suffered no inconvenience since.

The *Calendula* was continued at the hospital after removing the eye, and there can be no doubt that to its specific action on mangled and torn surfaces is due the freedom from pain, the rapid healing and quick recovery which characterized this case both before and after the ball was extracted.

ALICE B. CAMPBELL.

PROCEEDINGS OF THE ORGANON SOCIETY OF BOSTON.

MEETING OF ORGANON SOCIETY, APRIL 11TH, 1889.

Dr. Wesselhœft read from the *Organon*, beginning at Section 152.

Section 152—Dr. Wesselhœft—That is, the more acute a disease, the more striking the symptoms.

Dr. Bell—Sometimes they are not so characteristic as in typhoid, when the system seems overpowered by the disease.

Dr. Defriez—We often have to go by objective symptoms alone, when the system is so overpowered as in diphtheria.

Section 153—Dr. Wesselhœft—This is one of the most instructive paragraphs in the *Organon*. Often young beginners, in reading the *Materia Medica*, will say that one remedy is exactly like the others, that all the organs of the body are affected by every remedy. But the characteristics and conditions are what must be taken into consideration. For a diagnosis of disease these peculiar and individual symptoms are not essential, but in diagnosing the remedy, an entirely different process, they are most important. For instance, two cases of acute rheumatism, in one the patient cannot bear to have the limb remain in one position, must have it changed frequently; the other patient cannot bear to have his limb moved a particle one way, has little thirst, and during the sweat must be covered up; the other may be thirsty for large quantities, in a profuse sweat, and throws the clothes off. The diagnosis is the same, but the remedy in each entirely different. In diagnosing a disease we have nothing to do with diagnosing the remedy, and the diagnosis is important in regard to the prognosis, diet, etc., but for diagnosing the remedy the name of the disease has nothing to do with it.

Dr. Bell—I would not attempt to practice Homœopathy if this were not so. Every case is a new case, and the moment we get characteristic symptoms we have something to work from,

a patient that complains of sleeplessness, dizziness, presents nothing, and is a complete waste like a desert. Take vertigo, there is a list of remedies as long as your arm, but a patient, as in a recent case, that is dizzy going up-stairs and in the open air gives us the characteristics of the remedy. I sympathize with students; all remedies must seem alike to them, but any man or woman who accepts this paragraph will succeed even if they give the third potency, and they will go higher, but if they do not accept it they will only succeed by mistake. The real difficulty is that physicians do not notice these characteristic symptoms enough; the patient may not complain of them, and they do not reside in any special sphere. A child two years of age was ill with pneumonia, there was a constant rolling of the head; this led to the study of *Podophyllum*, which cured the case. We cannot have this paragraph enough impressed upon every one of us; it is one of the great fundamentals in the art of prescribing.

Dr. Defriez—I had a case of dyspepsia lately that had been patched up several times by so-called homœopathic treatment. A curious symptom was the sensation of a piece of ice in the pit of the stomach. He received *Bovista*, and the next morning had a good appetite, and there has been no return of the dyspeptic symptoms.

Dr. Wesselhœft—A great difficulty that young men have to contend with is that the patient says he don't want anything for his piles. He wants something for his stomach. Every young man who gives a remedy to such a patient without regard for this paragraph prostitutes his art every time.

Dr. Bell—Patients seem to be most disturbed by a disturbance of function; they want that cured and then they will get well afterward.

Dr. Wesselhœft—The patients are not so much to blame perhaps. They are taught this, "how can I get well until this hemorrhoid ceases to bleed, and my bowels move?"

The most harmful examples of this sort of thing, are the ideas that they must sleep; they must not suffer pain, and they must have a stool every day. These are three most tremendous lies, and have put more patients under ground than anything else. Homœopathy says you must suffer pain in order that we may get a remedy to cure it.

This is the sort of thing we have to contend with; every chronic patient needs a lecture, usually about the bowels.

What mischief the rectal diseases are doing now! Everybody is making an attack upon the piles; these are very in-

portant in the selection of a remedy, and if interfered with by operative measures will complicate the case very much. We often have to ask what the characteristics of the piles were before interference, and the suppressed symptoms will often help in selecting the remedy.

Dr. Bell—Dr. Wesselhœft's remark about the patient's wishing to be relieved from pain reminds me of a case of neuralgia that came in this evening. He wished the pain stopped to-night surely. I said it could be done; we could cut his head off.

Dr. Wesselhœft—Physicians will sometimes give a patient a remedy so he can "go somewhere to-night," but such physicians can have no love for their art.

Dr. Defriez—It seems as if homœopathic physicians did not talk enough to their patients of what Homœopathy really is.

Section 154—Dr. Wesselhœft—Hahnemann says that if we are fortunate enough to have a case with characteristic symptoms from which we have repeatedly seen results, we know that the remedy should be given, and should be let alone to do its work.

Dr. Bell—One portion of our school derides the observation of modalities, and are now trying to get a pathological *materia medica*, which would cut out these two paragraphs.

Dr. Wesselhœft—These two of the most important paragraphs are to be left out, and a *materia medica* made to suit pathological conditions.

Dr. Cobb—I had a case of colic in which I gave one dose of a well indicated remedy. The next day she was sitting up and soon recovered. She said that under Morphine treatment she was usually sick five or six weeks with attacks of the same severity.

Dr. Wesselhœft—How many of this class of cases do we have that do not recover as readily as this; what then? We must tell them that if they allow us to take them through the colic with strict homœopathic treatment they will not have the attacks as often or as severely hereafter; we can assure them of this with perfect confidence.

Dr. Bell—A recent case was that of a young lady with *dark* eyes and hair, pale, has been sick since an attack of measles two years ago. Her menses since then have been too early and profuse, and she had now been flowing seven weeks, bright-red discharge; painless, agg. on rising from a seat and walking about. Examination showed a perfectly normal condition. She had been taking hot douches with temporary relief; her appetite was poor. She craved sour things, and had been taking iron in con-

siderable quantities. I gave Puls.^{cm}. The flowing stopped the next day, and the next report was that the next menstruation was perfectly normal.

Dr. Wesselhøft—This is a very interesting case, as Puls. is usually thought of with scanty menstruation, but it is one of the most important remedies for the sequelæ of measles.

S. A. KIMBALL, *Secretary*.

BENNINGHAUSEN'S CROUP POWDERS.

“I appeal from Philip drunk to Philip sober.” I appeal from Dr. Wells as the apologist of doubtful practice to P. P. Wells, the valiant defender of true Homœopathy. In my first paper criticizing Dr. Wells’s advocacy of Bœnninghausen’s croup powders, I stated that I had received the impression that they were intended for domestic use. I will now quote from Bœnninghausen’s *Aphorismen des Hippokrates*, page 403 : “It is, therefore, advisable to keep the remedies always on hand, as they are always the same, *do not deteriorate in keeping*, and are for the commencement *always the same*, and more particularly because the disease (croup), is accustomed to make its appearance usually in the *evening*, late or in the middle of the night, when delay and loss of time are unavoidable. And it may be added, the remedies prepared in the most appropriate smallest doses can *never do any harm* if at first the true croup is not present.” In the next paragraph he mentions thirteen other remedies that may be indicated in neglected cases. In further confirmation I will quote Carroll Dunham, *American Homœopathic Review*, vol. III, page 536 : “It is well known that Dr. Benninghausen does not visit his cases, but prescribes chiefly in his office.” I admitted that, at that time, Aconite being the epidemic remedy, it was indicated in the beginning of all cases of croup. But it does not follow that it is *the* remedy now, any more than because Hahnemann cured a great many cases of typhus fever in 1813 with Bryonia and Rhus they are to be given in all cases of typhus at the present, and, moreover, it doesn’t follow that, because for *domestic use*, Aconite, Hepar, and Spongia were recommended that physicians should give nothing else.

The venerable Doctor says, “There are names of sickness which, when spoken, present to the mind a picture which is so perfectly repeated in the successive examples of this sickness, that the name contains in it, to the intelligent mind, a more or less complete expression of the totality of the phenomena of that

sickness." Let me place next to this a quotation of that staunch defender of true Homœopathy, Adolph Lippe, *American Homœopathic Review*, vol. III, page 148: "The true physician will never be guided by the name of the disease or by the pathological condition of the diseased organ in the choice of the remedy." And, on the next page, "no one familiar with Homœopathy can believe in specific medicines for specific diseases."

It might be embarrassing to the venerable defender of pure Homœopathy to employ the same phrases used by the polypaths, for that is the way they justify their unhomœopathic practices.

I will now describe cases of croup which I have cured by other remedies than are in Bœnninghausen's powders, and ask your venerable correspondent how he would treat them. The little patient lies perfectly still, owing to the pains caused by the slightest movement. He breathes very superficially and restrains the desire to cough as long as possible, and cries or at least distorts his face when he can no longer avoid it. Or a case in which the patient changes his position constantly, not from mental anxiety but because movement gives temporary relief, and, after the case has continued long enough for their development, herpes cover the lips; or when the saliva runs constantly from his mouth, or, if old enough, spits all the time. I might go on and describe other cases I have seen to which I gave Lachesis or Tartar emetic. In all of these cases the diagnosis of membranous croup was clear. But, for fear my testimony may be impugned, I will give the evidence of one whom Dr. Wells will not presume to deny. (See Guernsey's *Obstetrics*, third edition, page 816): "Chamomilla; with this unusual remedy I once cured a very bad case of croup, when all other medicines had failed to afford relief, and I despaired of the child's life, from observing very strongly marked in this case that characteristic symptom of Chamomilla, the child must be carried up and down the room for relief. I was led to give this remedy, which, much to my delight, was followed by speedy recovery." It is a fair presumption that Prof. G. had given Aconite, Hepar, and Spongia.

I ask your venerable correspondent if in the above-mentioned cases he would give Bœnninghausen's powders? I have too high an opinion of his skill and knowledge of Homœopathy to think he would. And I am of opinion that none of the four hundred cases cured were such as I have delineated or like the one mentioned by Guernsey, or they would not have all recovered. Hahnemann says, "Every time that Aconite is chosen

as a homœopathic remedy it is especially necessary to regard the moral (mental) symptoms, and be careful that they resemble those which belong to it." I have seen many cases of croup which did not have mental anxiety and restlessness which, Hahnemann says, is necessary to justify the administration of Aconite.

For the information of myself and others, will Dr. Wells be kind enough to give us the names of those diseases which are exceptions to Hahnemann's instructions that we must not prescribe for the names of diseases? as in a careful study of the works of Hahnemann I have never seen any mentioned.

I will now proceed to my second point, viz. : It (giving Bœnninghausen's powders) is an alternation of remedies.

I will quote Dunham as to the definition of alternation and succession of remedies, as the venerable Doctor says that "I am intelligent enough to recognize the difference between *succession* and 'alternation.'" *American Homœopathic Review*, vol. III, p. 530 : "*Alternation* and *succession* of remedies are not generally understood to be identical processes. By alternation we think practitioners generally understand the prescription at one and the same time of two or more remedies to follow each other at short intervals, the symptoms of these remedies taken *altogether* being thought to cover the symptoms of the case more completely than those of either remedy *alone* would do. The prescription is the result of one single examination of the patient and of one single comparison of the symptoms with the *materia medica*.

"But when a succession of remedies is given in either an acute or chronic disease, the understanding is that the first remedy, having been carefully selected, is allowed to exhaust its action alone, and then a collection of the symptoms which the patient *then* presents is made, and the case is prescribed for *afresh*, almost as if it were a new case, and this process is repeated, each new prescription being the subject of a new study until the case is cured. Such a process is equivalent to prescribing for a number of new and independent cases, and it is evidently not incompatible with the theory of a true homœopathic prescription."

I acknowledge that further on in that paper Dunham attempts to prove that the administration of Bœnninghausen's powders is "successive," but, with all my respect for him, I am of opinion that he makes a miserable failure of it. I ask Dr. Wells to make use of these definitions in deciding on whether or not such prescribing is alternation.

In regard to my third point, viz., "It is not the most successful way of curing croup."

The Doctor asks if I have a more successful record to present of curing croup. No, I have not so large a number—perhaps fifty without a death in Hahnemann's way—while with Bœnninghausen's I have had several fatal results. But, Yankee-like, let me ask the Doctor another question: Hahnemann cured one hundred and eighty-seven cases of typhus with Rhus and Bryonia without a death; has the Doctor a better way? I will give an answer he has already written in that monograph on "Typhoid Fever," which will carry his name down to the latest posterity. I quote from the *American Homœopathic Review*, vol. III, page 391: "We are not to alternate remedies * * * and are to neither give nor to alternate Bry. and Rhus because it is typhoid fever." But he now says we are to give Aconite, Hepar, and Spongia because it is croup. I ask your valued correspondent if that is not making a fine distinction, and I am willing that the many true Hahnemannians who read THE HOMŒOPATHIC PHYSICIAN shall decide whether or not Dr. Wells is consistent.

I owe much to your veteran correspondent for the many noble defenses he has made of true Homœopathy. His monographs on diarrhœa, dysentery, scarlet fever, typhoid fever, and other papers, with those of the genial Carroll Dunham, guided my erring footsteps into that path in which Hahnemann led. And I feel almost guilty of presumption in thus pointing out what I believe is not in accordance with the precepts which I have learned from him. And I would not have done it at all but for my failure with Bœnninghausen's powders in saving sweet young lives from going out in death, and which I believe might and ought to have been saved. And that I have since found a surer way, Hahnemann's way.

A. McNEIL.

OBITUARY.

MRS. WILLIAM A. HAWLEY.

Mrs. Elizabeth S. Willard, wife of Dr. William A. Hawley, after an illness of several months, died June 23d. Mrs. Hawley was born in Lancaster, Mass., June 2d, 1820. She spent several years in Kentucky as a teacher, and was married to Dr. Hawley in 1851. In 1861 Dr. Hawley came to Syracuse, and during all the years since that time Mrs. Hawley has been known and loved by a wide circle of friends. Mrs. Hawley

came of a well-known New England family of thoughtful and educated people, many of whom have been eminent as teachers and clergymen. She was a lady of fine endowments, good education, and extensive reading and observation, and has done, faithfully, her share in keeping up the standard of thinking and living among the people whom she knew. Three children survive, Mrs. Flora C. Howes, living in Holyoke, Mass., William A., of Pittsburg, Pa., and Miss Mary E. Hawley, of Syracuse.

SODIUM ETHYLATE.

GEORGE H. CLARK, M. D., GERMANTOWN.

[Clinical Bureau, I. H. A.]

The treatment of *nævi* and other vascular tumors by the knife, the cautery, electrolysis, and the common caustics is always unsatisfactory.

Aside from the pain caused, there is usually a more or less unsightly scar left.

It is desirable, particularly where such blemishes are found on the face and other visible parts, that these unsightly defects should be so treated as to cause a minimum of pain, with as little scarring as possible.

To Dr. Benjamin Ward Richardson, of London, we are indebted for two substances that meet these demands: Ethylate of Sodium and Potassium Ethylate.

These substances are prepared as follows: Ethylate of Sodium, or Sodium Alcohol, is made by treating absolute alcohol with pure metallic sodium. Put one-half ounce rectified alcohol into a two-ounce test-tube, set up in a bath of cold water, then add small pieces of pure metallic sodium. Hydrogen will at once escape. Add sodium until the gas ceases to escape, then warm in a bath of one hundred degrees, and add a little more sodium until the gas again ceases to escape, then cool down to fifty degrees and add one-half ounce alcohol. It can be made more active by adding more sodium.

Dr. Richardson says: "I find it good to increase the temperature gradually as the action declines. At last there is obtained a thick, nearly white product, which is a saturated solution of sodium alcohol. "From this solution ethylate of sodium crystallizes out in beautiful crystals, which are soluble in pure alcohol.

The composition of sodium ethylate is $\left. \begin{array}{l} C_2 H_5 \\ Na \end{array} \right\} O$.

"When it is brought into contact with water it is decom-

posed, the sodium becoming oxidized by the oxygen of the water to form sodium hydrate, and the hydrogen of the water going to reconstitute the common or ethylic alcohol.

“The change of ethylic alcohol into sodium ethylate transforms it from an irritant to a caustic. Laid on any parts of the body, the sodium ethylate is comparatively inert, creating no more change than the redness and tingling caused by common alcohol; but so soon as the part to which the substance is applied gives up a little water, the transformation I have described above occurs; caustic soda is produced in contact with the skin in proportion as water is eliminated by the skin, and therefore a gradual destruction of tissue proceeds, which may be so moderated as hardly to be perceptible, or may be so intensified as to destroy almost like a cutting instrument.”

Potassium Alcohol, or Potassium Ethylate. This is made in a similar manner to sodium ethylate, viz.: by bringing pure potassium into contact with pure alcohol.

“The action of the potassium is much more energetic than sodium. I prefer to immerse the potassium under the alcohol in a small glass bell, from which there is a tube to allow of the escape of the liberated hydrogen. When saturation is complete a thick and almost colorless fluid is formed, from which the ethylate may be obtained in solid crystalline state. Exposed to water the potassium ethylate is transformed, as is the sodium ethylate, into ethylic alcohol and hydrate of potassium. The composition of the potassium alcohol is $C_2 H_5 \left. \begin{array}{l} \\ K \end{array} \right\} O$.

“The action of this compound on animal tissues, living and dead, is the same as that of the sodium compound, but is more energetic.”

My experience is confined to ethylate of sodium. I began using it some eight years ago. The first case to which I applied it was a lady with an aneurism on the nose. The growth was about the size of a pea, and had been gradually increasing in size. The ethylate was applied with a camel's-hair brush. At first no sensation was experienced, but in a few minutes slight burning was felt. In forty-eight hours a light crust had formed. This was allowed to fall off, which occurred in four days.

The ethylate was again applied, and again the crust was allowed to form and fall off. After several such applications the aneurism had disappeared, and there was no mark left to tell that it had ever existed.

Since that I have used it several times, in cases of the same character, and it has always so acted as to leave nothing to be desired.

In some cases it may be necessary to make a slight puncture in the growth in order to have serum exude, and then the sodium will act more quickly.

As has been stated above, the potassium ethylate is more active than the sodium. In using potassium a glass rod is necessary, but a camel's-hair pencil or a small brush made of a wooden toothpick answers for using the sodium.

Dr. Richardson's latest experience with the sodium ethylate leads him to recommend it as a specific for the treatment of the ordinary raised circumscribed *nævus*. It is not applicable to the diffused *nævus*, commonly called *mother's mark*.

"In treating *nævus*," says Dr. Richardson, "I first dry the surface with a piece of cotton wool; then with a brush I thoroughly coat the dried surface with the solution. The application causes, always, some effusion and redness, accompanied by a little pain, expressed by those who are old enough to describe it as a burning sensation, like the sting of a bee or a nettle. After a short time there is an exudation of water, in drops, from the red surface, which exudation lasts for a few minutes, and is followed by dryness, and sometimes by pallor or duskiness of appearance. In the course of four or five hours a scab begins to form and continues until there is quite a hard crust, which completely covers the *nævus*, but through which the soft vascular character of the swelling can be detected. After the first crust is fully formed, I pass through it on the third day a fine needle with cutting edges shaped like an old cataract needle, and with this I break up the vascular surface underneath, and on withdrawing the needle make firm pressure with lint on the upper surface. A large drop or two of blood flows out freely, but further escape is easily controlled by a dossil of lint charged with styptic colloid.

"When the bleeding has quite ceased a drop of the ethylate solution is inoculated into the *nævus* through the punctured opening; a new layer of it is painted over the crust and the crust left as it was.

"The crust may be left four days more, and if, at that time, the vascular softness still remains under it, it must be treated by puncture and re-injection just as before. When at last the crust feels firm and dry beneath the cure may be considered as complete, and the crust may be left to scale off by itself, leisurely.

"In the treatment of raised *nævus* by this plan, I have never seen the least untoward symptom of moment, and, although some cases have been rather more tedious than others, there has not been one failure of cure."

From this it will be readily seen that in sodium ethylate we have a mild caustic which is capable of doing what nothing heretofore known can do: mildly and gently remove, without leaving a mark behind, unsightly blemishes that cause serious annoyance and discomfort.

BOOK NOTICES AND REVIEWS.

LECTURES ON BRIGHT'S DISEASE. By Robert Saundby, M. D. Edin., with fifty illustrations. New York: E. B. Treat, 771 Broadway. 1889. Price, \$2.75.

This book of 290 pages gives the present state of knowledge upon Bright's Disease. It is derived from an experience of thirteen years, devoted by the author to the study of the subject of kidney changes.

The work is divided into three principal parts, or sections: I, General pathology; II, Clinical examination of the urine; III, Bright's Disease in its history, classification, etiology, pathology, complications, and treatment.

The author very strongly insists upon the unreliability of the occurrence of albumen in the urine as a diagnostic sign of Bright's. He gives the list of diseased conditions other than Bright's in which albumen occurs:

Diseases of the heart, lungs, and liver; in peritonitis, pregnancy, abdominal tumors, in most febrile and inflammatory diseases, many cases of poisoning, in cancer, tubercle, and syphilis; in lardaceous disease, anemia, debility, dyspepsia, purpura, scurvy, after paroxysmal hæmoglobinuria, in gout, in delirium tremens, various diseases of brain and spinal cord, in epilepsy, some skin diseases, and in healthy persons after bathing, exercise, etc. [He might also have added after the administration of chloroform.] All these states may be arranged under the following groups: 1. Congestion of kidney * * * 2. Inflammation, acute or chronic, inflammatory, zymotic, and septic diseases, in gout, chronic lead poisoning, etc. 3. New growths, cancer, tubercle, or syphilitic deposits in the kidney. 4. Degenerations. 5. Alterations in the composition of the blood as in purpura, scurvy, etc.

He then adds: "Looked at in this way, the difficulties which have beset the discussion of the significance of albuminuria melt away; this result is attained by the absolute surrender of the doctrine that albuminuria signifies Bright's disease, and the acceptance of the view that it is simply the admixture of albumen derived from the blood serum with the urine." In another place he says: "Whatever may have been the case twenty years ago, it cannot be maintained now, and certainly will not be admitted here, that albuminuria and Bright's disease are synonymous." He asserts that many cases of Bright's disease go on to termination without the occurrence of albuminuria. What, then, does he depend upon for a constant diagnostic sign of Bright's? It is the occurrence of the three kinds of tube casts in the urine: (1) Blood casts; (2) Epithelial casts; (3) Hyaline casts.

In classifying the different varieties of Bright's disease, he abandons the arrangements of Virchow, Rosenstein, Grainger Stewart, etc., and gives the following divisions: (1) Febrile nephritis; (2) Toxæmic nephritis; (3) Obstructive nephritis.

"Lardaceous or waxy kidney is not made a special group because it is only when associated with chronic nephritis that it deserves to be called Bright's disease. * * * The lardaceous kidney of most authors is chronic nephritis as it occurs in chronic pyrexial diseases—*e. g.*, long-standing suppurations, phthisis, etc., in which lardaceous degeneration may occur just as it may in any form of chronic Bright's disease."

In chapter fourteenth the complications of chronic Bright's disease are dwelt upon and a table of them given. At the end of each chapter is given the bibliography of the subject treated in that chapter—an excellent arrangement for the convenience of those readers who wish to be fully instructed in all the authorities.

We can well recommend this book as giving, in a compact form, the latest views upon the subject of nephritis. Of course, the treatment advised will not particularly commend itself to a homeopathist, but that need not stand in the way of his getting a very excellent and clear idea of kidney diseases as at present understood.

W. M. J.

THE EFFICACY OF FILTERS AND OTHER MEANS EMPLOYED TO PURIFY DRINKING WATER. A Bacteriological Study. By Charles G. Currier, M. D. Reprinted from *The Medical News*, April, 1889.

This pamphlet is of such great interest to all physicians that we are induced to give a considerable résumé of its contents. The author made practical and exhaustive tests under the microscope of all the different materials used in filters with a view of discovering how far they acted in arresting the passage of harmful bacteria. His labors may be summed up thus:

When chemicals are used to destroy bacteria in water, they must be used in such quantities that the water cannot be considered wholesome for drinking.

Boiling is a sure disinfectant, strongly insisted upon by the author.

Freezing does not destroy the bacteria to any great extent. Indeed, the addition of ice to drinking-water is apt to introduce new forms of bacteria contained in the ice.

Filters of charcoal, sand, etc., of small area, passing large quantities of water, are not efficacious in arresting bacteria. They only stop the visible sediment and render the water clear to the eye; hence their popularity. Yet they do not prevent the bacteria from penetrating. Unexpectedly they actually increase the number of bacteria in the water that is filtered. The bacteria simply lie in the interstices of such filters and propagate their species, which then appear in the water in increased numbers. This is true of all substances used as filters—charcoal, sand, sponge, prepared cotton, filtering paper, porous stone, porcelain, etc.

Asbestos board was remarkably successful in almost completely arresting the bacteria. Its value seemed to depend upon the fineness of the surface of the board.

Stone and porcelain filters were successful for the first few days in arresting the bacteria; but they, too, became charged, and then the bacteria appeared in the filtered water in largely increased numbers. On the whole, no effective purification of water can be expected from filters on the small scale.

Though sand will not prevent bacteria from passing, yet if it be expressly covered with a layer of silt, organic and inorganic material arrested by sand from a large body of flowing water, a very successful filter can be made that will effectually eliminate micro-organisms. Such filtering beds have been successfully worked in purifying the water of large cities. The filtering beds of Berlin are a conspicuous example. They are constructed in the following manner:

“Above the base of the filtering tanks is a layer of a foot of stones, gradually becoming smaller in size toward the upper surface, upon which is coarse gravel to the height of a foot or more; then upon this a little more than two feet of sand, which at the top is as fine as can be procured. When the filter-bed has been freshly cleaned, as is found necessary for it after being constantly used for a week or so, purified water is slowly backed into the filtering mass from below until this water, carrying up all the air with it, has reached the top of the upper layer. Then the ordinary river (or lake) water is

made to flow very gently in to the depth of a metre. This is then allowed to stand for twenty-four hours. The nitrogenous or other particles, confervoid vegetation, and whatever else the water contains as sediment have then settled upon the upper portion of the fine sand without sinking deeper, and a delicate film is formed, which, with careful inlet and gentle pressure (never to exceed two metres of water), retains nearly all the bacteria of the water supplied, and prevents their passage, provided that the flow through is very regular and slow (never more than three metres in a day). Nearly all this separation of the bacteria is produced by the sedimental matter retained on the surface of the sand, so that when the filter slows from clogging, it is found that less than half an inch of the upper layer of sand need be removed."

Prof. Leeds is the originator of another plan of filtration on the large scale. He adds a small portion of alum to the water to be filtered. The alum causes the suspended particles of silt, together with the organic matter, to form a deposit upon very fine sand through which the water is forced. The alum is present in the proportion of one part to one hundred thousand parts of water (1 : 100,000), and could not be detected by ordinary chemical tests. The author concludes:

"When filtering is really necessary, it is in general best for the community that it be done carefully on the large scale through sand-beds, upon which a fine layer of organic and inorganic matter is expressly produced by sedimentation, because of its valuable action in holding back the great majority of bacteria.

"A bad water filtered is less desirable than a pure water in its natural state. When, therefore, filtration is employed because of real danger of infection, the filtered water should, as a rule, be furthermore boiled, as the entire absence of sediment and cloudiness does not insure that the bacteria of disease may not have made their way through the filter."

In this pamphlet the author has, we think, given a clear and desirable presentation of the present status of the filter question. W. M. J.

THE ELEVENTH ANNUAL ANNOUNCEMENT OF THE COLLEGE OF THE NEW YORK OPHTHALMIC HOSPITAL, for the Session of 1889 and 1890, is received.

This college teaches the treatment of eye diseases upon homœopathic principles. The State of New York has granted it the right to confer the degree: *Oculi et Auris Chirurgus*. The professors are: Henry C. Houghton, M. D., Aural Pathology and Therapeutics; Sympathetic Ophthalmia; George S. Norton, M. D., Diseases of the Retina and Optic Nerve; Wm. E. Rounds, M. D., Diseases of the Middle Ear and of Lids and Lachrymal Apparatus; F. H. Boynton, M. D., Diseases of the Bulbus and Orbit; Affections of the Muscles; Chas. Deady, M. D., Diseases of the Lens and Humors of the Eye; Glaucoma; N. L. McBride, M. D., Refraction and Accommodation of the Eye; Charles C. Boyle, M. D., Diseases of Uveal Tract; Relation of Diseases of the Eye to General Diseases; A. B. Norton, M. D., Diseases of the Conjunctiva, Cornea, and Sclera. From the above list of professorships it will be seen that a very thorough instruction is given in the important subject of Ophthalmology.

NOTES AND NOTICES.

ERRATA.—June number, page 259, under the heading "A Verification," for "left shoulder and down arm" read *right shoulder*, etc.

For "Dr. George F. Foster" read *Dr. George F. Foot*, a palpable error.

FOR SALE.—A full set of eight volumes of THE HOMŒOPATHIC PHYSICIAN have been forwarded to us for sale. Price, \$2.50 per volume. Single volumes will not be sold. Money must accompany the order. Postage extra to foreign

countries. Address **THE HOMŒOPATHIC PHYSICIAN**, 1123 Spruce Street, Philadelphia, Pa.

The American Public Health Association will hold its seventeenth annual meeting at Brooklyn, N. Y., October 22d, 23d, 24th, and 25th, 1889. The Executive Committee have selected the following topics for consideration at said meeting: I. The Causes and Prevention of Infant Mortality. II. Railway Sanitation. (a) Heating and ventilation of railway passenger coaches. (b) Water-supply, water-closets, etc. (c) Carrying passengers infected with communicable diseases. III. Steamship Sanitation. IV. Methods of Scientific Cooking. V. Yellow Fever. (a) The unprotected avenues through which yellow fever is liable to be brought into the United States. (b) The sanitary requirements necessary to render a town or city proof against an epidemic of yellow fever. (c) The course to be taken by local health authorities upon the outbreak of yellow fever. VI. The Prevention and Restriction of Tuberculosis in Man. VII. Methods of Prevention of Diphtheria, with Results of such Methods. VIII. How far should Health Authorities be permitted to apply known Preventive Measures for the control of Diphtheria. IX. Compulsory Vaccination. X. Sanitation of Asylums, Prisons, Jails, and other Eleemosynary Institutions. Papers upon miscellaneous sanitary subjects not included in the above list will be received by the Executive Committee, subject to the requirements of the By-Laws.

DEPARTMENT OF THE INTERIOR, CENSUS OFFICE,

WASHINGTON, D. C., May 1st, 1889.

TO THE MEDICAL PROFESSION:—The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census. As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration. In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physicians' Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will co-operate with the Census Office in this important work. The record should be kept from June 1st, 1889, to May 31st, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census. Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington. If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it. It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT P. PORTER, *Superintendent of Census.*

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

If our school ever give 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. IX.

AUGUST, 1889.

No. 8.

SOME PRACTICAL HINTS UPON THE MANAGEMENT OF CHRONIC CASES.

[Extracted from proceedings I. H. A.]

At the recent meeting of the I. H. A., a paper, written by Dr. Wm. P. Wesselhœft, was read, entitled, "Practical Hints in the Management of Chronic Cases." The paper was full of just such practical hints as one would expect from one of Dr. Wesselhœft's medical experience and homœopathic knowledge. He especially recommended that any prescription should be given ample time to act that caused an improvement in the patient's mental condition, also when the patient seemed to feel more comfortable, even though, in either case, the physical signs as yet showed no evidence of improvement. The discussion which followed the reading of Dr. Wesselhœft's paper is so instructive that we give it in full.

Dr. Butler—There are one or two points I desire to bring out; and in order to do so I will relate the case of an old gentleman of most excellent habits, but whose ancestors had probably not been. A careful examination of his case revealed a history of gout; he presented a perfect picture of the lithæmic diathesis; he had been under the treatment of a noted homœopathic physician, more noted as a physician than as a homœopath, and under his treatment had received various internal and external applications, and so forth. On coming under my care he complained of difficult locomotion. I thought (being seventy-four years of age) it arose from the heart; that in all probability it was the weakness of old age. But careful examination showed there was actual lack of co-ordination; further examination

showed lack of co-ordination; the left patellar reflex absent, the right one much weakened. Closing the eyes showed that he immediately staggered, and without aid would have fallen. The symptoms indicated Belladonna. There were plenty of Belladonna symptoms and he got Belladonna. The remark that was made in the paper, "I feel better but I don't know whether I only seem to be better, but I feel better," was verified here. I could not detect the slightest improvement in his *physical condition*, but his mental condition was decidedly better. The single dose, in a high potency, and nothing more for a month; "and then he had a dandy attack of gout," though he had not had gout for a number of years. Then I ascertained that he had had symptoms of posterior spinal sclerosis after the first attack of gout. The attack of gout was exceedingly severe, and the indications were for Bryonia. What should I have done? The man was suffering severely; he was suffering in many ways, because the disease was of a virulent type; all the indications were for Bryonia. Was it my duty to wait for this attack of gout to recover spontaneously, or under the influence of Belladonna, or was I to relieve him of his present condition?

Dr. Bell—Wait; I don't know; wait.

Dr. Butler—I gave him a dose of Bryonia, and to my delight the gout disappeared as if by magic; and the peculiar symptoms (lack of co-ordination with loss of tendo reflex), when he got better, which he did very fast, vanished; there was improvement in his gait and return of the knee-jerk upon the left knee, and reflex action was considerably improved. It is too early to say what may be the result, but at this time he is decidedly better, and has improved in his power of locomotion. That is the point I wish to bring out; when the old conditions reappear, whether it is better to prescribe for them, *or wait*. It is a difficult question to decide, and one which it is *then* necessary to decide for the patient's benefit.

Dr. Long—Did the patient say he felt better?

Dr. Butler—During the attack of gout he did not complain of feeling better.

Dr. Long—Was his mental condition and physical condition improved?

Dr. Butler—Yes, sir.

President—It is an interesting subject. I hope you will keep it up.

Dr. H. C. Allen—I would like to know how many physicians have seen disease of the heart result from rheumatic affection; whether we have retrocessions involving the heart. I think I have never seen a case.

Dr. W. J. H. Emory—If any one would give an answer to Dr. Butler's question I should like to hear it.

Dr. H. C. Allen—I withdraw mine.

Dr. J. T. Kent—I have done just as Dr. Butler did a number of times; once in awhile it seemed to be acceptable, but as a rule it is a failure, so I wait. I have partly succeeded for a time, but the rule has been it is a failure to give medicine at the time he gave Bryonia. I am afraid to do it, for it complicates the case, and there is the mistake that you often lose your reckoning, because nobody knows so much about the patient as the doctor that had him in charge. Dr. Butler had that case, I had not.

Dr. Bell—I believe I would have treated the case like Dr. Butler, and for the life of me I cannot see why not. We cannot indulge the suffering of pain as severe as it was in this case; and I think that Dr. Butler did right. I think it is a dangerous procedure to wait—it is dangerous ground. Treat pain while we must, taking into consideration the conditions there are, I think we are justifiable in using any remedy. I think the remedy for his case is still acting. I don't think it is deflected by the action of Bryonia. Now, as to the use of a repertory; this is the paper I was wanting. It had my commendation. I think it is a most excellent paper; and the law of Homœopathy is that we are not simply following in the course laid down by Hahnemann. Use your repertory. I never think of going to see a patient without I have my repertory in my satchel. I used, in 1863, to carry a phlebotomy case. I was called to see a case of pleuro-pneumonia in a man who was of very plethoric constitution. He was suffering intensely, and lived three miles away in the country. I got within a mile of the house when I found I had forgotten my phlebotomy instruments. I went back and got them, and the first thing I did was to draw from that man half a gallon of blood—this was the first case I ever treated. I am the same way now with my repertory. Prejudice it may be, but however simple the case you must have your repertory. And it is the way you use your repertory that tells. If you show ignorance you will fail. I went one hundred and thirty-five miles into the country the other day into a neighborhood where they did not know what a homœopath was. The first thing I did was to take my repertory, lay it on the table, and the next thing was to take my medicine-case. I saw a symptom or two I did not know, and I reached for my repertory and investigated my case, and gave a good prescription. So we are not justifiable in leaving our repertories at home. You may just as well leave your medicines.

Dr. J. V. Allen—I am going back to Dr. Butler's case. I

think I remember that Dr. Lippe told me once in regard to Apis: "We have now a proving of Apis." Before we had Apis to cure an Apis case he said he would sometimes go along with Sulphur for awhile, then for awhile with Rhus tox., and so on. It took three remedies to cure a case which is now cured by Apis alone. He said each remedy would rid the patient of certain symptoms, and another would have to be given. Dr. Hering, in his *Materia Medica*, mentions several complementary remedies. Belladonna will go so far and Calc. carb. will have to take it up and finish the case.

Dr. Hitchcock—I would like to ask Dr. Butler had this patient been under other homœopathic treatment?

Dr. Butler—No, sir; the kind of homœopathic treatment he had the less said about it the better. He got Colchicum because he could not rest, if that is what you call homœopathic treatment.

Dr. Hitchcock—The point I wish to make is that the Belladonna which was given had counteracted the condition which had been brought about by the use of various remedies, and so the remedy which was curative, Bryonia cleared up the case.

Dr. Biegler—I am not prepared to say a great deal. The point that Dr. Butler makes out appears to me to be one of judgment—in fact, one of study and experience on the part of the physician. However, I do make the rule of not interfering with the remedy that has cleared up the mental condition when I find the remedy has made the patient feel better, and he knows not why, but the physical state remains. I never interfere. I don't remember if I have done so of late. It may be a long battle but it will be a successful one. The success will be assured by the perseverance and by adhering to the passive policy of not treating that case (*i. e.*, with Bryonia). Well, a case may occur, such as Dr. Butler's, where, possibly, Bryonia may have been the remedy, and you may not be prepared to express an opinion whether the doctor was right or wrong in his proceedings. But, I do wish to declare that the rule of not interfering, that the observance by making it a rule in practice of not interfering when the patient expresses himself to be better—I do wish to express that as being the true policy to adhere to.

Dr. Long—This is a very interesting topic to me, and I certainly appreciate it, only it is impossible to bring an intelligent view before another physician of your own patient, a familiar use of your judgment, or expression of your judgment. I should like to ask one question. How long did Dr. Butler wait?

Dr. Butler—Three days.

Dr. Long—We had the same question in our club in Phila-

delphia a short time ago in regard to the totality of the symptoms, and each physician described what we mean by the totality of the symptoms. Is it the whole duration of the sickness from the very beginning of visiting your case back to the whole history of the case; or is it only the expression of the chronic condition, just as it takes in all the sickness a man has ever had or most probably had; or is it the acute attack of the chronic condition? Dr. Butler prescribed for each attack of the chronic condition. We are unable to say how much of a cure is here accomplished—time alone will tell. Had the patient's mental condition improved and he yet had his physical ailment? If he had, Bryonia has done good.

Dr. Bell—I feel confident that Dr. Butler acted right; both mental and physical symptoms were changed, and in accordance with that change he gave Bryonia.

Dr. Fisher—If we have a case of that kind are we justified in using local treatment, for instance, hot water alone? Is there any danger of assuaging suffering by such treatment as that? Should Dr. Butler do anything whatever, or let the patient lie in bed and say you will be better to-morrow?

Dr. Butler—I gave lots of Sac. lac. and water. It is not my intention to direct discussion from the subject of the paper. Two points there ably presented seemed illustrated by this case, and for that reason I have presented it. First, the mental improvement as a characteristic of remedial action and general improvement. Second, the reappearance of old symptoms as a surety of curative drug action and the necessity for utmost care in the next prescription. I know that the general rule is when old symptoms reappear, *wait*. Do not repeat and do not change your drug.

Dr. W. J. H. Emory—If Dr. Butler's case is disposed of, I would like to say something in the line of the sequelæ of attacks of inflammatory rheumatism. I have a case in point I should like to quote; but, first of all, I would like to state that I have never had any attack of heart trouble following attacks of rheumatism, and have never known of such a case from homœopathic treatment. A case occurred in my practice two or three years ago. The patient had, previously to my treating him, three attacks of inflammatory rheumatism, and all under allopathic treatment. After the last attack he found that his heart was troubling him, and also during the acuteness of the attack he noticed it. He came into my office. He was a stout gentleman, extremely nervous and frightened about his heart, saying he had inflammatory rheumatism two or three years previous, and

his heart had been troubling him more or less ever since. I made a stethoscopic examination of the chest and heart, and found a very distinct mitral regurgitant murmur. I did not prescribe for him that evening, and did not have time then, as the next morning I was telephoned for to go and see him, and found he was in for another attack of inflammatory rheumatism—his right wrist was much swelled, and extremely sensitive, and he had got also Chloroform and Laudanum, which he had been applying all night. I at once stopped that, and prescribed for him—Mercurius was the remedy. The aggravation at night, extreme restlessness, and becoming worse on getting warm in bed, and chilliness on moving. I gave him Mercurius^{2c}, three doses two hours apart, and that was all the medicine he got, and he progressed favorably every day. It went from the right to the left wrist, and from there to the left ankle, but he suffered very little in comparison with the former sufferings of the previous attacks. This allopathic wrist was the last to get well, and troubled him for two or three weeks. Afterward he came into my office one day, and I examined his heart, and the murmur was gone, and since then he had had no return of the old heart symptoms whatever, and before sailing for Europe he passed an examination for life insurance for \$50,000.

Dr. Kent—Dr. Allen's was a very important question—the inference that homœopathic treatment would never permit rheumatism to attack the heart. What is the homœopathic treatment? You may infer that we never make mistakes, but we do sometimes. I will tell you a case where I made a mistake, and wherein I thought I was right beforehand, where I did antidote my medicine and change my plan and remedy, which is quite unusual with me in rheumatism. The case was one that came into the hospital, and it is one of very rare occurrence in practice, and a very peculiar one—a girl of about fourteen years of age, and seemed to be weakly in constitution. When I saw the case her fingers and toes were greatly distended and swollen, and she was so sore that no part of the body could be moved; even her thighs were distended, and her knees and ankles greatly swollen, and could not bear to be touched. I found out that the first evidence she had that she was sick was from the heart feeling bad. She said she had never been strong. While lifting a coal-bucket she felt a krick in her back, and said she stopped, and could not carry the coal upstairs. The pain greatly increased, and extended to all the extremities, and swelling came on. I could not get any history of cold, or taking cold, but found her in this condition. She was *relieved by heat*. There was a great amount of soreness, and in-

tense aching, which was ameliorated by turning in bed. Details of the symptoms I am not able to give, but Rhus seemed to be indicated; she was a restless subject. I gave Rhus, and the rheumatism disappeared from the lower extremities almost by magic in two days. There was cardiac murmur, and the mental symptoms were all violent, and there was increased swelling of the fingers; she had to throw off all the clothes, as she could not tolerate heat. The whole thing was reversed, but accurate symptoms had come on now, and after studying that case, Rhus seemed insufficient—it was not homœopathic to it, yet it was in accordance with the superficial symptoms of the case, and hence in harmony with the paper. Finally, the third day, the rheumatism passing upward with aggravation by heat, amelioration by cold, led me to choose "*Ledum*," which in a few days wiped out the symptoms of the entire attack.

Dr. H. C. Allen—Did that Rhus have any effect on the symptoms?

Dr. Kent—I think they became worse immediately after.

Dr. Allen—Were the symptoms all going up?

Dr. Kent—The rheumatism went upwards.

Dr. Biegler—The case just illustrated by Dr. Kent brings up to my mind a case I have now under treatment. It is a case of a boy, twelve or thirteen, who has been subject to very bad inflammatory attacks. He has had several in his life, all of which I have brought him through myself. This time his history is that he fell off from a bicycle; it was a very high one, and it was his first ride, and he sustained severe concussion. Now, this case is principally one of a constitutionally rheumatic subject; the fall came in as an element of disturbance, and it was not productive of rheumatism, but was an element in the case, like Dr. Kent's case. It was to my mind a case for Rhus, which he received. There was that aversion to cold, restlessness, and the amelioration of symptoms by motion; also, a condition of straining, for which class of symptoms I gave Rhus. The remedy failed, except that, like Dr. Kent's case of rheumatism, it receded from the ankles, where it first showed itself, to the upper extremities. There was also the similar condition, *aversion to heat*, and marked inability to lie down. He was obliged to sit up day and night; it was the only position in which he could remain comfortable. But as the rheumatism had commenced in the ankles and went upwards, we will have taken it in sufficient time, and taking the slow and sure course, I gave him *Ledum*, which failed entirely to relieve him. These conditions remaining the same, only growing worse, he suffered severely—and, by the way, had one of the *worst organic disturbances of the heart I ever saw him with*. *Pulsatilla* relieved

him, one dose almost immediately ; but then, from over-eating and various other causes, of which I know nothing, he had two or three other relapses, and at one time he suffered such excruciating pain in the region of the heart that I looked for other remedies, and found "Kalmia." I gave him a dose, and he was relieved within a wonderfully short time, I may say in almost a few moments, and remained so ; but there again came a relapse and the inability to lie down, so that Pulsatilla was again resorted to, with a similar effect, and to such an extent that he is fairly convalescent. With one dose of Pulsatilla he recovered wonderfully well. What I wish to say is that *I believe in homœopathic practice we may get organic affections of the heart from metastasis of rheumatism, but that we we can cure them.*

I am satisfied, from the examination I made the day before yesterday of this boy, that it would take a very good ear of a very good diagnostician to discover that that heart had ever been affected. Dr. Schmitt has once or twice seen the boy ; he can corroborate my statements as to the condition of his heart. If we unfortunately in any case obtain heart complications from metastasis of rheumatism, we must cure them, because we can do it ; and I believe that even in young life, where the heart has been left affected, where nothing has been done except in the old-school fashion, after the disease has become chronic and established ; even this we can almost cure, and I have almost wished to say we can cure. I have restored such cases to such an extent that they are now called well, although it might be possible to discern still some trace of valvular disease.

Dr. Sawyer—It seems that Dr. Butler had a Belladonna case. Did Belladonna change that to a Bryonia case? It became clearly a Bryonia case. Now, why? Because this intensely acute case, after standing three days (seventy-two hours) without any change, and not corresponding to the remedy preceding it, why it should be held any longer on that remedy is past my comprehension. The intensely acute condition is not changed in seventy-two hours by the remedy ; is not changed by it at all ; so, if there had been no mistake in the Bryonia case (*i. e.*, that is, in its being a Bryonia case), he was quite right in giving Bryonia.

Dr. Bell—I would like to correct my own impression ; he did wait. I think he waited long enough ; and certainly in accordance with the laws of homœopathics. I, however, had agreed to the view previously taken. It seems to me it requires greater attention to materia medica on this point brought out in the paper about Bryonia ; it teaches you not only the good to do, but how to do it. There are cases where the younger practitioners fail. Of course, it often becomes a question of judgment.

In regard to this particular case, Hahnemann teaches that in a chronic case, when acute symptoms arise, we take a new photograph of the case, and I think it is in accordance with the principle we are speaking about.

Dr. Schmitt—I think we have heard one of the best papers we have heard for a long time ; but I never heard such a clear explanation of the appreciation of symptoms as in this paper. This point struck me especially—if the remedy causes any symptoms that have not been indicated, then read up your *Materia Medica* and find out if these symptoms belong to the remedy, and if not it is acting wrong ; then select another remedy. Now, very often Hahnemann does not explain as well as Dr. Wesselhœft, and I have been misled in my practice ; and when I thought it was a homœopathic aggravation it was the wrong action of the remedy and the patient suffered for two weeks longer—and I thought here is an aggravation, and I should have selected another remedy anyway. If I had known that before I would have selected the right remedy two weeks previously. I want to call your attention to that one point.

Dr. E. A. Ballard—Mr. President, it is just ignorance on the point so well elucidated in that paper that has been mostly the cause of spoiling a great many cases, and it has not been long since I have done that. There is one point, however, I want to speak of in respect to a case I have had recently. A lady passing through the climaxis six months ago for symptoms of long standing and those that were very prominent, I gave a dose of Lachesis, and the case was relieved ; then comes in the truth of that paper. Again, in the neighborhood of a month ago she came back to my office, and the same symptoms were prominent. I did not touch the case but gave Sac. lac., and she went along well ; and she could not do without these Sac. lac. powders ; they always helped her. Afterward these symptoms came up a third time ; I gave her nothing and they passed off. I am speaking of this case, however, because I want to show what a “ bull ” I think I have made ; and that paper reminded me of it. About two or three weeks ago she had an attack of tonsillitis, which I did not know of before. She told me she was in the habit of having these attacks frequently. She has been under the ordinary homœopathic treatment, the tonsillitis going along to suppuration almost without exception. This attack showed Mercurius very decidedly ; she received a dose, and in a few hours the attack was almost completely annihilated ; but she sighs, “ I have now the symptoms which I always had with the previous attack, that is,” she says, “ I want to sleep, but as soon as I sink to sleep I wake up panting for breath, and it

seems to me that I had a tremendous hole in my left side, and my life went out through that hole." I did not interfere with that case, but I said, If you cannot sleep to-night and are no better to-morrow (she could not lie down) let me know, and I will endeavour to help you. But I am not interfering with that symptom; I am giving treatment for sore throat. That symptom caused nothing; two weeks later it had passed away. But here I have records of old Lachesis symptoms—many symptoms which she had showed me, but entirely new—decidedly Lachesis. I gave her a dose 11 mill. I am afraid I have made a "bull" of it. I don't know.

Dr. Bell—Was that a symptom of Mercurius also?

Dr. Ballard—I cannot find it and I did not interfere with the symptoms at the time.

Dr. H. C. Allen—I think you will find it in the *Guiding Symptoms*, under Merc. iodid.

Dr. Ballard—I think that it is interference in these cases that has done a great deal of harm. These symptoms which are entirely new—I mean to say, symptoms which belong to the remedy—we say because of that we have made a wrong selection and must give another remedy. It may answer in chronic cases, but in acute cases we frequently find that after giving a dose, perhaps not an aggravation of the symptoms which we have covered, but an addition of others, which we cover by the other remedy, and we made a mistake in giving it.

Dr. H. C. Allen—Dr. Biegler, I think, has misunderstood me. I have never seen organic lesions of the heart under homœopathic treatment; I meant *permanent*. We can cure the trouble in the heart just as well as anywhere else.

Dr. Long—I feel I have not done my duty in allowing that assertion to go, for I had a patient die from organic heart disease, the result of rheumatism. It was a boy fifteen years of age, whom I treated for two weeks for gastritis, and he got perfectly well. I was away on a week's vacation and on returning found the boy out around, and on Sunday evening he stopped to see me, and at eleven P. M. I was called to see that boy die as I entered the room. He was undoubtedly dropsical; he was panting for breath and with every motion made, froth and blood came from him, and he gasped his last as I entered the room. Instead of giving the remedy I assisted the undertaker to lay out the boy. On pressing the chest I removed fully a quart of frothy water and blood from the mouth. The boy had been around for two weeks and in my office, and was getting fleshy and had complained of nothing. That boy died of hydrothorax and hydropericardium.

Dr. Sawyer—What remedies were used ?

Dr. Long—The only remedy used in the case was *Rhus*. I did not consider the boy very bad ; he seemed comparatively well, and when I returned in February I was told he was well.

Dr. Bell—What is the conclusion of the case ?

Dr. J. V. Allen—Dr. Long makes the statement that in laying out the boy after death and squeezing the chest a quantity of bloody, frothy mucus came away. I am not in the undertaking business, but my father is, and I used to accompany him to assist him, and we always squeezed the chest, and we always got bloody, frothy mucus from the stomach, and as a rule there will be this mucus from the mouth in every case.

LETTER OF DR. NUNEZ TO DR. BÖENNINGHAUSEN.*

It is now a year since I last wrote you. Since then my views and my practice have undergone great changes. You are right, my friend ; the recently introduced highest potencies are a real progress in Homœopathy, and I believe that this progress would be still more considerable if we instituted our provings upon the healthy body with the 200th potencies. You were right when you assured me that the results which we can obtain with the highest potencies, are truly marvelous. I am even disposed to believe that the potencies beyond the 300th are more efficacious than the 200th. Of the 300th, I have seen marked exacerbations.

In a former communication I told you of a marked exacerbation occasioned by *Calc.*²⁰⁰, in a case of chronic myelitis, of which the dean of the faculty of Barcelona was suffering. Since then I have seen a still more marked exacerbation from *Calc.*⁷⁰⁰ in a case of acne rosacea. With doses of *Sepia*¹²⁰⁰ I have effected a completed cure of chronic constipation of forty years' standing in a lady of seventy-six years, which had become so inveterate that the patient never had a natural evacuation, and had to use mechanical application whenever she wished to have relief ; the rectum seemed to be entirely inactive. Since then I have cured several other cases of chronic constipation with *Sepia*¹²⁰⁰, and have never failed in any case of that kind. *Arsenic*¹²⁰⁰ has cured spitting of blood, accompanied with suppression of the menses, obstinate constipation, burning pain in the stomach and between the scapulæ, all these symptoms of four years' standing ;

* Written probably in 1846. Dr. Nunez was the ablest homœopathist who ever practiced in Spain.—EDS.

one dose was sufficient to remove them. *Nux*²⁰⁰ and *Sulphur*¹²⁰⁰ in alternation have cured two cases of tuberculous phthisis at the stage of softening. One single dose of *Ledum*³⁰⁰ has cured a case of sciatica which had been treated allopathically for six months without the least benefit.* One dose of *Sulphur*¹²⁰⁰ has cured a diarrhœa of eighteen months' standing, attended with phthisicky symptoms; the diarrhœa had been occasioned by the abuse of *Copaiva* in a case of blennorrhœa from the urethra. One dose of *Cantharides*²⁰⁰ was sufficient to cure a chronic catarrh of the bladder with hæmaturia and spasmodic closing of the neck of the bladder. Three doses of *Silicea*¹⁰⁰⁰ have cured a swelling of the size of a plum in a scrofulous child of eleven years, occasioned by the closing of an issue; the swelling was seated between the fifth and sixth ribs on the right side below the nipple, and had been treated with Hydriodate of Potash and poultices, by which the swelling had become larger. One dose of *Crocus*²⁰⁰ arrested at once a violent hemorrhage from the uterus. *Veratrum*³⁰⁰, two doses, has cured a case of diabetes with violent thirst, obliging the patient to hold a moist sponge in his mouth constantly. Three doses of *Natrum mur.*³⁰⁰ have cured two cases of chronic gonorrhœa, one of fourteen months and the other of three years' standing.

Aggravations occasioned by the 200th dynamizations are sometimes very violent and obstinate. I gave *Natr. mur.*²⁰⁰ for a chronic gleet, and a complete retention of urine was occasioned by it, which yielded to *Conium*.† In another case of that kind, I gave *Sulphur*²⁰⁰, four days in succession; on the fifth a frightful inflammation of the bladder set in. One dose of *Calcarea*⁷⁰⁰ occasioned a violent congestion of blood to the head and heart, with suffocative fits and loss of consciousness. To a nervous lady, who had been in the habit of being bled, I gave one pellet of *Arsenic*³⁰⁰; one hour after taking it, violent retching set in, and half an hour after the menses made their appearance, eighteen days before the regular period. This lady had always been regular, and had never had an attack of retching.

I have founded a Homœopathic Society in Madrid, consisting of twenty-four members. The President of the State Ministry

* With *Colocynthis*²⁰⁰ in water, one dose a day, I have cured a case of nervous sciatica of nine months' standing, in a military man who had been treated all this time with the usual allopathic means without benefit. I cured him in six days.—STAFF.

† A robust female, of thirty years, took *Natr. mur.*⁴⁰⁰ for a chronic leucorrhœa, after which it became excessively violent and corrosive. After the aggravation had lasted four days, the leucorrhœa disappeared entirely and permanently.—STAFF.

has appointed me his physician ; and it has been determined that lectures on Homœopathy shall be given in the University. The lectures will comence on the 1st of January. Send me your Therapeutic Pocket-Book as soon as it is out.

TORTICOLLIS.

On referring to Dr. Jefferson Guernsey's most valuable card on *Diphtheria*, I see that *Lachnanthes* is the only remedy named for the symptom "neck drawn to one side," and as we have not seen many verifications where this symptom has been present, it occurred to me that a description of one or two cases that have been under my medical care might be useful to record.

CASE I.—E. S., aged seven years, pale face, blue eyes, light hair, was attacked with feverishness, restlessness, *neck spasmodically drawn to the right side*, flushed face, starting when asleep. Bell.²⁰⁰ every four hours was followed by improvement of the fever-flushed face and starting, but the distortion of the neck remained the same. I now learned for the first time that *during sleep* the child frequently uttered *sharp, piercing screams*. Apis mell.²⁰⁰ every four hours was administered. A rapid improvement now commenced. In twenty-four hours I could observe that the *morale* of the child was better, the neck less crooked ; better sleep, with fewer screams. I continued the same remedy at longer intervals for several days, during which time the child greatly improved in health. Within forty-eight hours of giving Apis the head was perfectly straight. I learned from the relatives of the child that for several months after this attack the little patient had never been observed in such excellent health. The promptitude with which this medicine removed the torticollis satisfied me that in cases of wry neck it is a medicine that should be thought of when brain symptoms are present. I may add that the distortion of the neck had existed a week previous to my seeing it, the little fellow being treated during that time for rheumatism by embrocations of various kinds, all of which had no effect.

CASE II.—E. F., aged six years, extremely delicate from birth, was attacked with diphtheritic sore throat, *worse on the right side*, neck swollen, and *spasmodically drawn to the right side*, *intolerance of light*, intense fever, rapid pulse and prostration, aversion to all kinds of food except oranges, the juice of which was taken freely. Lyc.²⁰⁰ every two hours was prescribed ; improvement was observable in twenty-four hours. The child made a good recovery under this medicine alone. I may here

remark that in the throat cases that require *Lyc.*, *intolerance of light* is often a marked symptom—that is, so far as my experience goes. Orange juice as a nutriment is, I believe, most valuable, especially when the patient craves it, though it is well known that in some cases of croup it is injurious. Of its sustaining qualities I witnessed a remarkable instance in the early years of my practice. A delicate young girl, aged thirteen, took putrid scarlet fever; she was extremely ill and *bled from every orifice of the body*. For ten days she existed on orange juice alone, all other nourishment being obstinately refused. She made a slow but perfect recovery. *Crotalus* was no doubt the remedy indicated, but at that time I was unacquainted with its virtues.

CASE III.—A. C., aged six, was brought to me with his head spasmodically drawn to the right side. The distortion had existed about a week and commenced when on shipboard. His father informed me that he had always been a delicate child, but I was unable to obtain any characteristic symptoms to guide me in selecting a remedy. I accordingly gave him *Lachnan.*³⁰ every four hours. I saw him again in two days, but no improvement had taken place. On examining the right side of the neck I found the cervical glands much enlarged and extremely tender to the touch, and as he was a nervous, excitable boy I gave *Bell.*²⁰⁰ but without effect. *Lyc.*²⁰⁰ every four hours proved to be the curative remedy.

Many years ago, at the request of my friend Dr. Drysdale, of Liverpool, I translated from a French journal the particulars of a most interesting case of torticollis which had existed for a long time in the person of a Roman Catholic priest. All attempts to relieve the spasm were fruitless, until *Lyc.* was administered, when a cure resulted. The case was published in the *British Journal of Homœopathy*, but I regret that I cannot remember either the potency administered or the date of the journal. Remembering this cure encouraged me in selecting *Lyc.* in the diphtheritic case before given, and also in giving the same medicine when *Bell.* and *Lachnan.* had failed. In the three instances that occurred in my own practice the patients were boys, delicate, light-complexioned, fair hair and of nearly the same age, the neck also being drawn to the *right side*.

SYDNEY, N. S. W.

B. SIMMONS, M. D.

COLCHICUM IN GOUT.

E. F., aged thirty-six, mother of two children, *leuco-phlegmatic* temperament, consulted me for rheumatism of the hands, which were *swollen*, the joints stiff and *powerless*, pain as if

bruised. The whole of both arms was somewhat affected, the chief distress being in the hands. She was unable to brush her own hair, *not so much from the pain which this movement occasioned as from the extreme weakness and powerlessness of the parts affected.* She was unable to perform her usual domestic duties and had sought relief in vain. Colch.^{cm} (Fincke), one dose dry on the tongue, produced a severe aggravation, lasting several hours, followed by steady improvement. After one dose of Colch. she would remain well for weeks or months, but the same remedy always helped her when repeated. Colch. has enjoyed a reputation as a remedy for gout for many years, but as followers of Hahnemann we are not content with a medicine and a name. It is for us to discover to which form of gout Colch. is homœopathic. In the *Materia Medica* we find symptoms of this kind—"laming pain in the arms which makes it impossible to hold the lightest thing;" "œdematous swelling of the hands." It is precisely in cases presenting these characteristic symptoms that we shall find Colch. curative.

Colch. seems to *paralyze and render powerless* the parts affected, and when we find with this condition *œdematous swelling* occurring in a *leuco-phlegmatic constitution*, we may expect a cure by the administration of this drug. I may here remark that the patient above referred to subsequently fell into the hands of a homœopathic physician who habitually gives alternate doses of the mother tincture and lowest potencies, and I was informed by her relatives that the medicines never relieved her rheumatism when administered in this way.

SYDNEY, N. S. W.

B. SIMMONS, M. D.

NITRIC ACID IN INJURIES TO THE SPINE.

A severe injury resulting in mischief to the spine is often followed by most troublesome and varied disturbances of the system, and each case must, of course, be treated in strict accordance with the symptoms present. Arn., Rhus, Calc., Hyper., and other medicines are frequently required, but I wish to call attention to Nit-ac., which has in my experience been frequently indicated, and it has helped some cases more than any other agent. After a severe shock to the spine, *a profuse perspiration on the hands and feet often breaks out.* When this symptom is present Nit-ac. should be studied, as it will probably prove to be the simillimum.

SYDNEY, N. S. W.

B. SIMMONS, M. D.

THUJA IN OVARITIS OF THE LEFT SIDE.

During the early years of my medical practice I was extremely ignorant of the materia medica, a condition which almost continual ill-health did not improve, as the inductive method of Hahnemann is no easy matter for invalids. In those days I obtained the assistance of that great expert in the materia medica, Dr. David Wilson, of London, of whose kindness, courtesy, and skillful help it would be impossible for me to speak in sufficiently high terms. About this time I was consulted by a lady who had recently been confined, and was suffering from severe pain in the *left ovarian region, extending down the thigh*; any attempt at *exercise*, such as *walking*, greatly aggravated the suffering. Dr. Wilson advised Thuj.²⁰⁰, three times a day. A prompt cure resulted. Since that time I have met with a large number of cases presenting similar symptoms. Thuj. has in most cases effected a cure. I look upon it as the most frequently indicated remedy for ovarian mischief on the left side; its only rival seems to be Lil. tig.—the differentiation is, however, easy, for, in the latter remedy, *bearing-down* pain is prominent, and is *relieved by external pressure*, and when this is associated with an early morning diarrhœa, driving the patient hurriedly out of bed (like Sul.), the preference must be given to Liliium. There are, of course, many other medicines for left ovarian pain, such as Lach., Argent., Brom., Phos., Coloc., Ust., Graph., etc.; still, for the sake of the junior members of the profession, I would call attention to Thuj. in this distressing malady. Dr. Guernsey, in his *Obstetrics*, gives due prominence to it, but in spite of this one sees very few reported cases illustrating its marvelous curative power. In the March number of THE HOMŒOPATHIC PHYSICIAN, 1885, there is an article on "*Psora and Syphilis*," by Dr. Woolf. The information therein contained is of a most valuable character, suggesting the study of remedies for sycotic and syphilitic cases—Thuj., of course, occupying the first position, where gonorrhœa or vaccination may be regarded as the probable cause. In the evil effects of the latter, the study of Sil. is suggested by our immortal Hering, and in many cases it would be found to be the true simillimum. Some years ago, when traveling through North Wales, I met with a young man about twenty-seven years of age, who was suffering from the ill effects of vaccination. Up to the time of the performance of the operation, he had been a strong and vigorous man, but since

that time his health had become so broken that he had not had a single day's health, and after having taken much physic, prescribed by leading physicians in London, without any good effect, was traveling in the hope of shaking off his miseries. Having no Repertory with me, I prescribed one globule of Sil.³⁰, night and morning, being solely guided by the recommendation of Hering. I saw or heard nothing of my new acquaintance until six months afterward, when he wrote me, stating that for the first month he received no benefit, but that after that time his health and strength had gradually returned, and that now he was perfectly well, and had for some time been discharging his duties as a clergyman. I regret that I took no record of the symptoms then present, but the result is, at any rate, a useful observation in showing the good effects of Sil. in the sycotic condition developed by vaccination.

In the year 1865, during an epidemic of small-pox, I vaccinated several children, including one of my own, with lymph taken from an apparently healthy child, chosen specially for that purpose. In one case dysentery followed, but in nearly all evidences of impure lymph manifested themselves. My son developed small boils over the body, with flat yellow crusts; he also fell away in health, but after a time seemed to have recovered. Some ten years after this he took cold by getting his feet wet in the snow, and became gradually very deaf. Several remedies were given to him, under the direction of Dr. Wilson, but, as the symptoms were somewhat vague, his condition remained unchanged. At length he became suddenly worse, feeling ill and being feverish, and after being a short time in bed in the evening, was attacked with earache of a violent, tearing, shooting character. During the paroxysms of pain he *frequently rose to urinate*, which seemed a peculiar concomitant. Dr. Wilson now advised Thuj.²⁰⁰ every four hours, a prescription which was followed by a rapid and permanent cure. The only other symptoms present in this case were a stopped-up feeling in the ears, which sometimes felt painful during the act of coughing. On page 974 of *Jahr's New Manual*, under "Thuj.," we find, "In the evening when in bed he experiences a terrible hammering and tearing in the ear until after midnight, accompanied with micturition every half-hour, and coldness of the legs up to the knees." Of such cures as these a physician may well be proud, but they can only be performed by a strict adherence to the principles of Hahnemann.

B. SIMMONS, M. D.

SYDNEY, N. S. W.

BAPTISIA TINCTORA.

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

Baptisia is not alone a Southern remedy, for I have made use of it in the North as often as I do here. I am very well satisfied that it is too often overlooked, and then it is given when not indicated. It will surely fail if given as it usually is. Empirically, it has to be given for cases showing a resemblance to the sick-making power of the drug. Individualization is the only true method in selecting a remedy for a given disease. If the case has symptoms of typhoid, Baptisia may be given; but here success will only come when the remedy is *truly* indicated. There is not a remedy so often indicated; but it must not be abused for all that. We must not expect it to do the work of Arnica, Rhus, or any other remedy. That is the reason why it has made so many failures and often got a bad name. Its usefulness will be known some day to cover a wide field of action. It will do brilliant work outside of "typhoid fever."

I have cases come to me who have been sick for years with chronic troubles that no other remedy would reach. There is a goodly number of people in this climate who come with a history of malaria: who have taken Quinine to excess: who have periodical spells every week or two, attended with aching in the bones—"My bones feel as if they would break." For this they generally get from homœopaths Eupat. perfol., but a further inquiry reveals symptoms that will help to differentiate. Usually there is *numbness* in some part of the body, the *head*, the *hands*, or the *feet*—all over the body, perhaps. In the morning this seems to be worse, and then they think they have had a "dumb chill." After this takes place the fever usually follows in the afternoon. Sometimes they have this numbness without any fever. The temperature may be ninety-six or ninety-seven degrees, and the pulse be sub-normal—fifty-two. I have seen a temperature of one hundred and three degrees, with a pulse at sixty strong and full. Arnica has the bruised sensation. General sinking of vitality, compelling the patient to lie down. "*Feels perfectly well.*" The Baptisia patients will never tell you that "they are always very sick," and if not too stupid they are going to die if something is not done pretty soon for them.

Rhus tox. has a bruised sensation like Arnica—want to lie down, but better after moving, which necessitates continual

motion, as they cannot get relief in any other way. Arnica, like Baptis. and Bry-alb., is worse from motion. Motion at any rate does not "ameliorate under Baptisia." Arnica complains of the hard bed and so does Rhus. Arnica has not the numbness. Rhus has it in the arms and hand from over-work. This comes on at night and is relieved from moving about. The numbness of Baptis. is like a paralytic feeling, inability to tell what they have in their hands, and when the numbness is in the feet there is trouble in locomotion—they feel paralyzed.

Eupat. perfol. has pains as if broken which come quickly and go away quickly, like Bell. "Stannum, the reverse."

Baptisia pain in the bones comes to stay; and it does, too, the way the patient groans and moans. I have had it myself, and can speak from experience. I have had one *dose* of Baptis. go in five minutes from the crown of my head to my toes, and relieve that terrible aching. No one can realize it until they have it.

I see no reason for giving Eupat. perfol. in the place of Baptis. as they are so unlike. But it is done very often.

Confused feeling, with inability for mental application. It is almost impossible to study or to add up a column of figures; there is a lack of concentration, an inability to think.

Arnica forgets the word for his answer. Baptis. falls asleep in the midst of his answer; cannot lie long in any position, yet motion is painful.

Redness of the face, with besotted expression, looks as if he had been on a spree, or had his face exposed to the hot sun; this redness shows most on the nose and cheeks.

All the discharges of Baptisia are fetid—stools, urine, breath. I attended a man who had been a miner; when taken sick he did not want a calomel doctor. He had been sick for two days, with the most profuse flow of saliva I ever saw; the odor in the room was sickening, fully two quarts of saliva were secreted in the twenty-four hours. It was so ropy that he had great difficulty in getting clear of it; it would hang in ropes from his mouth to his feet. I thought of Kali-bichrom. His mouth seemed not to have a particle of mucous membrane left. It was as raw as a piece of beef. This ulceration was all through his mouth, tongue, and throat. He was terribly sore all over; aching in the bones; numbness of head, hands, and feet; stupid and sleepy. I abandoned Kali-bichrom., and gave him Baptis., and it cured him in four or five days.

The boss of a mine came here for his health. He thought he had softening of the brain. He had one hundred and fifty men in

his charge to be put to work every morning, but on rising in the morning he could not for his life tell what to do with all of those men. He would stop and try to get his thoughts together, then he would rub his forehead with his hand. He said he seemed more like a fool than anything else. After great effort of the will he would get them started at work. His mind would wander when trying to give the symptoms. Baptisia cured him so that he went back to the mines in Mexico.

I used this remedy last fall during the Dengue fever, and I got splendid results from the 45M, Fincke.

In all the cases of the break-bone fever the pains in the bones lasted only forty-eight hours. I individualized every case. None had swelling in the joints, but they all had the rash to clear up the diagnosis. None that I treated lasted longer than a week. Some in the old school were sick for three and four weeks. This remedy had no control over the cases after the aching and the fever were gone. Apis was indicated for the itching eruption. Baptisia has roaring in the ears like Quinine. Dullness of hearing. "Ringing in the ears." Worse every other day, like China. This I have observed a great many times.

There is a craving for fresh air. Want to get the face to the window. Feel as if they would smother if they did not get air. The patient sometimes will take a drink and only swallow one mouthful or hold it in the mouth, and then all of a sudden they will squirt it out of the mouth clear across the room, like a whale spouting water. I have known them to do so in typhoid and hysteria. Another symptom ought to be remembered, and that is vertigo on rising up from a horizontal position, like Bry. alb. and Phytolacca.

When lying down difficult breathing. Afraid to go to sleep. Fears nightmare and suffocation (Cadmium Sulph., Grindelia Sq., Lachesis.)

The hands feel too large, also the tongue. The feet and the legs feel as large as a saw log.

I have always failed with the 30th and 200th. Those potencies are inert. But on going up to the 45M medicinal power is developed. Fincke 45M has to be repeated. His CM is still better yet. One dose will cure more speedily and surely than anything lower, and it does not have to be repeated every two hours, like the 45M. I have also had excellent results from Swan's DMM. I have tested this thing thoroughly, and the decision had to be rendered in favor of the high numbers. I have now no use for anything lower than the CM. I hope that those who have used the 1x will give this remedy a trial in the

very highest potencies, and they will be surprised to see the grandeur, the glory, the sublimity that is revealed in the law of dynamization.

MENINGITIS CEREBRO-SPINALIS SUBACUTA.

In the Homœopathic Hospital at Leipzig, Dr. Stiffert treated the following interesting case, which deserves our notice, as the disease is too often fatal.

Richard, twenty-four years old, complained Jan. 22d of stitches and heaviness of the legs, pain in sacrum, and nausea. He improved, and could again work at his trade of book-binder, when, February 11th, without cause, the same pain returned, with severe pains all along the spinal cord and in head, with excessive anguish and restless sleep; also ringing in ears, disturbed vision, vomiting, loss of appetite, constipation. For two months the pains in the head were of such severity that patient screamed, vomiting after every meal, high fever, with excessively high temperature; stiffness and tearing pains in upper extremities. February 24th, stiffness in neck, with great pains when trying to sit up. Nightly deliria now set in, and in the beginning of March patient became more quiet, sleepy, with progressive emaciation. Admitted into the hospital, the patient showed a temperature of 38°, icy-cold extremities, perfect apathy, nearly coma; pressure on the spinal column, especially near the sacrum, very painful; breathing superficial, lips dry, pupils dilated. Belladonna 3d c., twelve drops in water.

March 4th.—Coma deeper. Zincum cyanat.³, a small powder every three hours.

March 7th.—Patient sleeps a great deal, but can be aroused, skin warm, off and on, horripilations; vomiting of milk; stool after clysmas; evening a high fever, with chills; temp. 38.7°; pulse 88°; breathing 30; screams "my head, my head." Continue.

March 8th.—Comatose in the morning, temp. 37.7°; vomiting; feels better toward evening; temp. 36.80°, pulse 60, breathing 16; no vomiting. Quiet sleep during the night.

March 9th.—Temp. normal, more appetite, complains less of head and back.

March 10th.—State the same; for the first time able to move the head; traces of albumen in the urine.

March 11th.—State the same, but vomiting; at noon temp. 39.5, pulse 88, respiration 26; more restlessness and more pain in head and back. Evening, temp. 38.7, pulse 88, respiration 26. More quiet toward morning.

March 12th.—Temp. normal, pulse 58.76, respiration 16–20 ; less pain ; no vomiting, more quiet.

March 16th.—Steady improvement, able to converse and to move about in bed ; hyperæsthesia less ; wants meat ; begins to feel his returning health. Discharged April 1st.

Gerstel, in the *International Homœopathic Presse*, iii and vii, shows that the pathogenesis of *Zincum* gives nearly all the principal symptoms of the case, and, by inductive reasoning, Stifft concluded : *Zincum cyanatum*, as well as *Mercurius cyanatus*, belong to those cyan-metals, which may be poisonous to the organism, by setting Prussic acid free through the action of diluted Hydrochloric acid. A different state is found in *Barium cyanat.* and *Ferrum cyanat.*, which are not poisonous. Just as *Mercur. cyanat.* shows its specific action in those cases of grave diphtheria, whereby the beginning of paralysis of the cerebro-spinal centres, and especially of the medulla oblongata, life is threatened, or perhaps only saved, by the action of the Hydrocyanic acid, which in large doses paralyzed these centres, but in minute doses increases their functions, and thus blood-pressure and the frequency of respiration, so also Cyanide of Zinc acts by being decomposed. That the case was grave, and that under old-school treatment most patients succumb, none will deny, and even when they recover the convalescence is usually tardy and protracted, while here the patient was able, after a few weeks, to return to his accustomed duties.—*Popular Zeitschr f. Hom.*, May, '89.

S. L.

SACCHARUM.

E. W. BERRIDGE, M. D.

In 1881 I met a gentleman who said he was always poisoned by sugar. At my request he wrote the following account : “The first effect on me when I take sugar is to have the tongue furred, and a dry, bitter taste at root of tongue ; followed either by sore throat, or running at the nose, as if I had caught a severe cold. With these symptoms is extreme costiveness, lasting at times for two, three, and five days at a time. All these symptoms I can check at once by leaving off sugar. I have at times cured the cold in the head in twenty minutes by drinking copiously of hot water, not less than three pints at a time, sometimes more.” On May 28th I gave him, for an experiment, one dose of *Saccharum album*^{30m} (Fincke). On June 16th he reported no change. He was not a patient of mine, and I never heard from him again.

GELSEMIUM.

A. McNEIL, M. D., SAN FRANCISCO.

Permit me to warn you against the delusion that this drug is a specific for certain fevers, or that it is a substitute for Aconite in malarious regions. Specifics and substitutes are the refuge of idlers, and are now costing more lives than alcohol.

The pivotal symptom of Gelsemium is relaxation, both mental and physical. True, sometimes it is indicated by symptoms which correspond to the secondary effects of the drug; but these are the exception. We see this relaxation manifested in a desire to be alone, and he is irritable and sensitive if disturbed. And in a great lack of courage, both mental and physical: he is afraid to appear in public, as to speak or sing. If he attempts to do any of those things there is a relaxation of the muscles, as of the eyelids, so that they fall down, or the limbs refuse to obey the will; the womb loosens its hold on its immature contents; the sphincters lose their contractility, so that diarrhœa ensues. For these reasons he desires to be quiet, does not wish to speak nor to have any one near. This fear is more like that of Aconite than of any other drug. But there is a distinction in that the Aconite fear is caused by a morbid excitability, while with the fear of the yellow jasmine is that of this general relaxation that deprives him of courage and energy. By keeping this in mind you will be able to differentiate in threatened abortion and premature labor. Opium has a resemblance also in meeting the bad effects of fright, but its effects are deeper and more profound, as seen in the unconsciousness, convulsions, twitching around the mouth, hot, red face, and the fœces pass involuntarily.

The physical relaxation is revealed by the muscles refusing to obey the will, the eyelids droop.

To follow out the affections which Gelsemium cures on the different organs will now demand our attention.

In the sensorium we find dizziness and blurring of vision, gradually increasing, all objects appear very indistinct, vertigo, spreading from occiput over whole head (Silicium has vertigo rising from the neck into the head, but it is attended with nausea); the pupils are dilated, and there is dim sight and general depression; this condition may arise from the heat of summer. The child is dizzy when carried, seizes hold of nurse, fearing that it will fall. This must be differentiated from a similar

symptom of Borax and Cuprum; with Borax the child is afraid of falling only when it is being lowered or when its legs are elevated, as in putting on its diaper. With Cuprum the child is afraid of every one who approaches him, so that it is the fear of being separated from its nurse which actuates it to cling.

The head symptoms of Gels. deserve careful attention, as not only does it cure headaches, but in fevers these symptoms may be of great value in making up a picture of the case. It cures headache in which the patient gets blind before the headache; with Kali-bich. the blindness comes first, and as the pain increases in intensity the dimness of sight decreases; is relieved by sitting, and by reclining the head and shoulders upon a high pillow, by profuse micturition, similar to Ignatia, Kalmia, and Silicea; and by shaking the head. It also cures a headache which begins in the neck and extends over the head, causing a bursting sensation in forehead and eyeballs; with Sanguinaria, it begins in the occiput, spreads upward, and settles over the right eye; with Silicea it ascends from the nape of the neck to the vertex, and then over both eyes or to the eyeballs, especially the right one.

Gelsemium is the remedy when there is a sensation of a band around the head above the ears; with the Bromide of Ammonia there is the same feeling, only it presses hardest just above the ears.

I have already mentioned the drooping of the eyelids from the weakness of the muscles. Causticum has the same condition. Rhus-tox. has a heaviness and stiffness of the lids, making it difficult to move them. Gelsemium has a smoky appearance before the eyes, with a pain above them. It has frequently cured amaurosis caused by masturbation, with the characteristic relaxation of mind and body. In the febrile and other conditions diplopia may occur. This is one of the remedies for that condition, but it lacks the severity of the double vision of Bell. and Stramonium, as with this drug it occurs only when inclining the head toward the shoulders or on looking sideways, and is controllable by an effort of the will.

There is one symptom of the tongue which, in fevers, may be of decisive importance, viz.: can hardly put tongue out it trembles so, as in Lachesis.

Gelsemium will cure that diarrhoea which is caused by sudden depressing emotions—fright, grief, bad news, excitement, or fear of any ordeal, such as appearing in public, a surgical operation, going into battle, etc. Ignatia and Opium are to be remembered in these cases, but by remembering the concomitants no difficulty

will be experienced in making the right choice. This same emotional cause may produce involuntary discharge of urine. I have already mentioned that in headaches relief is produced by frequent emissions of copious, clear urine.

Seminal weakness, with the relaxed condition of mind and body mentioned above, requires Gelsemium. It will be necessary to bear Phosphoric acid in mind in these cases, but when the latter drug is indicated, there is the same relaxation of the mind as with the former remedy, but it is more profound, amounting to apathy and indifference, and accompanied by sleepiness. This drug has been recommended as a specific for gonorrhœa, but beware of specifics, as they will disappoint you in nineteen cases out of twenty.

In diseases of women, you must remember this drug in threatened abortion from sudden depressing emotions. You must observe the difference between this and Aconite, which is very striking, and Opium, which has stupor, while this only has mental and physical relaxation. In labor, the jasmine has a well-deserved reputation. It may enable you to dispense with the forceps when the pains go through to back, and then upward, causing the child to ascend instead of descend. Chamomilla has long-continued pains, which *shoot* upward. Perceive the difference in the character of the pains, although the direction is the same, and remember the ill-humor of the Chamomilla patient. In rigidity of the os, keep Gelsemium in mind. Belladonna is often indicated in this condition, but you will have no difficulty in differentiating from the concomitants. The labor may also be impeded by a wave-like sensation from the uterus to the throat, ending with a choking feeling. This may be a premonition of convulsions, and the Gels. if given, will avert the danger. Frequently labor may be delayed by that mental and physical relaxation so characteristic of this drug: the pains have stopped, os dilated, and she is listless.

In heart disease Gelsemium will cure if he fears that unless he moves constantly his heart will stop beating. With Digitalis the direct opposite prevails; he fears to move for fear his heart will stop beating. The pulse of Gelsemium offers valuable information. It is full and slow (Opium also), frequent, soft, and weak, so as to be almost imperceptible.

He may suffer from pain in the neck, and under the left shoulder-blade, or will feel a dull aching in the lumbar and sacral regions, with the characteristic inability to control his muscles.

In all or any of his limbs he may be unable to control them

by an effort of the will. And he may from this relaxation have great fatigue in the legs after slight exercise.

It is in fevers that Gelsemium has won the most honor. In intermittents the chill begins in the hands and feet, similarly to Natrum-mur. In nervous chill the patient wants to be held, so does the Lachesis patient, but with Gelsemium the skin remains warm. In fever, without thirst, he wants to lie still and rest; this is because he is so relaxed mentally and physically that movement is too much of an exertion for him; with Bryonia it is because movement causes pain. Sometimes we see an intermittent in which the chill is especially along the spine, running up the back from the loins to the nape of the neck in waves following each other rapidly. Gels. is the remedy.

In all the complaints which Gelsemium cures, alcoholic stimulants relieve.

SANICULA.*

J. E. LILIENTHAL, M. D., SAN FRANCISCO.

In the Congress of American Physicians and Surgeons, held at Washington during September, Dr. C. C. Rice, of New York, presented the report of the Committee on Mineral Springs. He states that over eight hundred letters were sent out to the different springs, and that the answers in the majority of cases were not alone unscientific, but also unsatisfactory.

He states, further, that nine-tenths of the mineral waters of the United States are still unanalyzed.

This is a sad commentary, and not without interest to us as homœopaths. The old school, who never miss an opportunity to have their fling at us at the smallness of the dose prescribed by members of our school, are staunch adherents of the benefits to be derived by a "cure" at one or the other springs, forgetting that the remedial agent for which that particular water may be prescribed contains perhaps but a fraction of a grain in a gallon.

It gives me pleasure to call your attention to a proving of the Sanicula Spring, Ottawa, Ill., by Dr. J. G. Gundlach, made from the water itself and potencies, and also one by Dr. Sherbino, of Texas, of potencies. If the symptoms derived from the provings be verified, and in part they have already been done, S. promises to be an antisporic of no mean value.

Our own State teems with mineral springs of undoubted value,

*Read before the San Francisco Medical Club.

and I trust the example set by these gentlemen will cause some of my hearers to emulate their example and give us provings which will result in benefiting not themselves alone but our cause as well.

Analysis, Prof. Silliman, Yale :*

Sodium Chloride,	92.7995
Calcium Chloride,	23.5699
Magnesium Chloride,	23.2687
Sodium Bromide,3220
Sodium Iodide,0826
Lithium Bicarbonate,	trace
Sodium "9776
Calcium "	14.3494
Ferrum "0979
Potassium Sulphate,	5.1246
Calcium "	9.6236
Sodium Phosphate,0045
Borax,	trace
Alumina,0117
Silica,5394
Organic matter,	trace
	<hr/>
	170.7734

Carbon acid cub. in. at 60° ^f	25.6
Density of water,	1.0022

Lack of energy, with no stability of purpose; jumping from one work to another; never finishing what has been commenced. Depression of spirits, with feeling of some impending misfortune. Child stubborn and willful, gets angry and throws itself backward.

Drosera. Mental restlessness when reading; cannot dwell long on one subject; must change always to something else.

The depression, with feeling of impending misfortune, we find marked under *Calc-c.*, as well as the stubbornness and irritability, the latter also recalling the mental symptoms in childhood of Cham. and Cina.

Like Borax it has < from downward motion. Not alone was this symptom developed in a child, but the doctor who could not endure the downward motion of elevator, has been cured of this failing since making his proving.

* The water is without odor or color, and of an agreeable and slightly saline taste.

Dull headache, which seems to be felt in the morning; gets worse about noon, and is better toward evening. The pains are < from motion, leaning the head forward, any draught or noise. Better from leaning head back, cool, open air and wrapping head up warm, rest and sleep.

Great accumulation of dandruff was noted in all, the hair becoming dry and lustreless, in this reminding us of Alum and Kali-c., but it has the itching more marked when the head gets warm.

Like Calc. the child sweats profusely about the head and neck during sleep, wets the pillow all around.

In scrofulous diseases of the eye, especially in severe cases of blepharitis, S. promises to be useful, its action being similar to Graphite, etc., having the same sticky discharge, which dries, forming white scales, and having an ulcerated surface under the scabs. Lids agglutinated in morning. Upon the nasal mucous membrane we find it producing a profuse, thick, acrid discharge, which, as it becomes thicker forms into scabs and clinkers, which are thrown off both from the anterior and posterior nares. The character of this discharge, with its tendency to form clinkers, reminds us strongly of Kali-bich., but it differs in its concomitants, as the dryness of the nose at night with the < of the discharge in-doors, and in the mornings bears more resemblance to the < of Nux.

Dr. Sherbino reports a clinical symptom similar to what we find under Squills. "On awakening the child rubs its nose and eyes with the hand." Mouth dry, yet still no desire for drink; apthæ on tongue and inside of lips and cheeks, with foul breath. Appetite is improved, but food is not assimilated, as the patient emaciates; the digestion is slow, and we have bloating after eating, causing person to open clothes; sour, acid eructations. Nausea coming on while eating, with vomiting of the food; in children the vomited matter is in large tough curds. The vomiting of large curds with falling off in a sleep is very similar to Æthusa, but the Sanicula condition is a later and graver condition. Emaciation, especially about the neck, more pronounced, and the stools different. It may be watery, as sometimes the Æthusa stools are, but it is oftener stools of lumps of curds, smelling like rotten cheese. It need not always be this character, in fact, the stools are apt to be changeable, at times resembling the Magn-carb. condition, at other times more like Rheum, having the characteristic of turning green after standing, but lacking the sour smell which accompanies the Rheum stool.

The effect on the stools seems primarily to cause an increase

in quantity and to cause the stools to become softer, this is followed by a parietic condition of the lower bowel, with inability to expel its contents, immaterial if they be soft or large, hard and dry, or first part hard, second natural in consistency.

During stool intense straining, with tendency for the stool to slip back on stopping to catch his breath. This intense straining, to the extent of even grasping the seat, finds its only resemblance under Alumina, but the slipping back of the stool when having been partly expelled has its counterpart in Silicea and Magn-mur. All have the straining, even with soft stools, but the pains with all three are more in anus and rectum, while under Sanicula the perineum not alone pains during but continues to feel sore and burn several hours after stool. (Lyc. contractive pain in perineum for many hours after hard, scanty stool.)

The urine is increased in quantity, frequently obliged to rise during the night.

Menstrual flow irregular in time, but seems to be increased in quantity, and clinically has been prescribed successfully for menorrhagia. It needs further proving in this direction. Leucorrhœa smelling like strong fish-brine; this odor seems to be peculiar to the remedy, as the male prover had the same odor about the glands after intercourse. Cough caused by a tickling under sternum, with so much soreness of the chest that he holds the chest with hands; < in morning and in warm room and from laughing and speaking, and > in open air, with considerable rattling in the chest and expectoration of yellow, mattery lumps.

The symptoms of the back remind us strongly of Rhus as far as the concomitants are concerned. We have some amelioration from motion, also by pressing against some hard substance and by lying on the back. It is a tired, weak feeling, more in the lumbo-sacral region, coming on in the morning after rising, increasing in intensity until noon, gradually passing away in the course of the afternoon.

The symptoms of the extremities require further proving, but we have some symptoms reminding us of Calc. and Sulph. The hands and feet are cold and clammy, with considerable foul, fetid perspiration between the toes. We find, on the other hand, a contrary condition. Heat of the palms and soles, so that the prover sticks out the feet to cool them.

I do not wish to weary you with a full synopsis of the symptoms, which you can read for yourselves. If I have succeeded in wakening in you any interest for the drug, or for examining the springs of our own State, my purpose has been attained. It has

been used clinically in enough cases of inanition to prove its value; and certainly the emaciation, the disturbed abdomen, the perspiration about the head and neck, all symptoms which we have all met with so often in these conditions, are indications enough to lead us to make a closer study of this natural spring in such cases of marasmus that we may be called upon to treat.

PRACTICE.

S. W. COHEN, M. D., WACO, TEXAS.

'Tis difficult to think of the two terms, practice and therapeutics, independently of one another, as they carry the same idea throughout.

Whilst we may differentiate by very closely shading the interpretation of these two words, very little license is necessary to use them interchangeably. Practice may possibly comprehend a larger scope of utilities, as applicable to disease, but accepting either term as we may, the medical world has always associated them with the employment of certain substances or certain methods, or both, in aborting, modifying, or curing abnormal mental or physical conditions, recognized by such special names as diarrhœa, neuralgia, pneumonia, melancholia, mania, amentia, etc. A combination of seemingly similar symptoms was arbitrarily designated by certain appellations. The *name* of the disease was prescribed for by old-school physicians, with well-known formulæ, indorsed by some acknowledged authority, or in late years, and in our own school, with certain drugs, singly or in alternation, without any special care having been taken to individualize each particular case and prescribe for the sum total of symptoms instead of for certain denominated conditions which had been so labeled in the interests of automatic prescription.

To many practitioners of our special mode of practice—and 'tis pleasant to recognize a goodly number of such present—practice, therapeutics, materia medica, surgery, obstetrics—excluding, of course, necessary manual or mechanical interference in the latter two branches named—in fact, all of medicine, as taught under a true, conscientious, and experienced disciple of Samuel Hahnemann, is so intimately associated that it is difficult to *separate* it into branches.

Practice, therefore, to a simon-pure homœopathist, but signifies the attack of the totality of symptoms (no matter what

conditions or circumstances may influence) by the simillimum, without regard to an arbitrary diagnosis. Practice to an advanced physician of the homœopathic school means simply the utilization of a well-searched materia medica at the bedside, under the guidance of the law of similars. Ætiology, pathology, diagnosis, and prognosis, certainly have a scientific worth, *as such*, but the most erudite medical lecturer, who is wont to "paralyze" a class of gentlemen with six-syllabled, triple-jointed, hard medical names, and whose delicately convoluted brain is a store-house of knowledge in *these* fields, is oftentimes an indifferent prescriber. And why? Because symptomological and not pathological or physiological prescription is the foundation-stone of Homœopathy. A physician may sit by the bedside, and impress his trusting, but, as far as medical matters are concerned, agnostic patient, with the extraordinary fund of his knowledge as to his (the patient's) condition. He may *dilate* by the hour, and yet his patient may *die soon*, because the doctor's knowledge only extended far enough to diagnose the disease, while he had not the ability to discover the simillimum. 'Tis a difficult task, 'tis true, to ignore our frequent spontaneous diagnosis, and too often does this diagnosis suggest the remedy—*i. e.*, the drug or drugs for this general condition to which has been affixed a diagnostic conclusion, while the individualization of each distinct case is lost sight of. Homœopathic is a misnomer for such practice.

It is not good practice (because it is not homœopathic practice) to prescribe Aconite whenever we recognize a fever, nor Aconite and Bryonia in alternation when we diagnose a pneumonia, nor Belladonna and Mercurius for every sore throat. 'Tis to be hoped we all indorse this declaration, but do we not know that just such practice is very common (outside of Texas, of course), and, therefore, so many failures have been recorded against Homœopathy.

A very recent case in my own practice may be utilized to illustrate the influence brought to bear upon one's prescription, and if in this case, I stand self-condemned, I will endeavor to bear all reproaches with humility. I was called to see Mr. R. A. M., æt. thirty-four. Rheumatism! Yes, there is that element of disturbance, the diagnosis. Still all discernible objective symptoms were closely observed, and the subjective ones elicited to the best of my ability. The pains were located chiefly in the right arm, between the shoulder and elbow, and in the right hip-joint, thigh, and knee-joint. Severe frontal headache. These and other symptoms were aggravated by motion, and were

worse at night. Bryonia. Called next day, March 23d. General condition unchanged. Pains still very severe, but had shifted to left knee-joint and hip, and the left arm and shoulder were also slightly affected. Closer questioning elicited the following: "I was taken with pains while on the cars," said the patient. "I sat in my seat until I could sit no longer. On arising my pains became *very* severe, and continued for a few moments, while I was moving about, but soon the constant motion brought relief; further continued motion now in its turn brought back the pains, and I was forced to seek relief by rest. It was a constant alternation between motion and quietude to obtain even transient alleviation. Warm applications are grateful." Rhus tox. certainly seemed indicated, and it was the remedy I prescribed. Patient was somewhat easier on the third day. Continued the remedy at longer intervals. No apparent change on the fourth day. Sac. lac. On the fifth day the pains had shifted back to his right side. The pains in his arm were not so severe, but he was suffering very acutely with the nether limb. He was "flighty." Would start suddenly from short naps; would see visions, and every jar, even a step upon the floor, would aggravate his sufferings. Belladonna was prescribed. By the morning of the 28th inst., the sixth day of his illness, the last noted symptoms had disappeared, but the pains in the right limb were excruciating.

The patient *must* have the limb (which was now resting on a pillow) moved, but to even touch it, let alone to disturb its position, was torture to the poor fellow, whose cries and groans were heartrending, and whose flood of tears brought a suspicious moisture into my own eyes. I was in a quandary, so I left some Sac. lac. and went home to study up the case. Returned to the patient that evening with a *Materia Medica*, a *Repertory* and voluminous notes. The patient was, if anything, suffering more than ever, and had not slept for at least forty hours. He begged for "just a little Morphine." His wife, who is as staunch an allopathic adherent as he is a homœopathic one remarked, "Doctor, *my* physician would not permit *me* to suffer so." Something had to be done. My patient was certainly in a worse condition than I found him on my first visit, and I feared the old-school prescription of six weeks in bed would prove the only efficacious one. I sat close up to the bedside, fortified with my notes and reference books to take the case afresh. Impressed with the shifting character of the pains, Pulsatilla had attracted my attention, but still I placed my confidence in Rhus. I now began to inquire on the line of Pulsatilla, careful, though,

to ask no leading questions, with the following result: Pains continually shifting back and forth, though worse in right hip, thigh, and knee. The patient had not taken two drinks of water during the six days of his confinement. Had been somewhat nauseated every day, and had vomited once. He is the mildest mannered gentleman in our glorious city of Waco, and of complexion the fairest, his eyes being light-blue and his moustache and hair almost flaxen. Without referring to my volumes or notes, I arose and placed one dose of Pulsatilla^{cm} on his tongue, promising him speedy relief. Sac. lac. in water, was to be given every half-hour, while he was awake. As I stepped into his chamber next morning he was all smiles. Within three hours after I left him he was entirely free from pain, and could turn over, something he was unable to do up to this time. He had slept soundly all night, and was very comfortable indeed, only a little stiff and sore. Some fresh Sac. lac. was prepared, to be taken once every two hours. There was no return of the pains, the patient was discharged next day, and he was on the street the following Monday, two days after. Here I must record decided failures with Bryonia, Rhus tox., and Belladonna. Rhus seemed to somewhat mitigate the symptoms, and the symptoms Belladonna was prescribed for disappeared in a few hours, but still neither proved the simillimum. It may be possible that we may ameliorate the most pressing and painful symptoms by presenting a drug that covers the most urgent indications, and zig-zag our way through unknown labyrinths of drug action until we perhaps relieve the patient, but the prominent cause of such miserable work depicted above is due to the fact that our practice demands that not only must we prescribe for the totality of symptoms, but that the eleven more *prominent, uncommon, and peculiar* (characteristic) features of the case (see § 153, *Organon*) must be especially considered. Had a Hering, a Lippe, or a Dunham prescribed for Mr. M., his week of torture might have been very appreciably curtailed. Another case in which the prescription was more fortunate is worth detailing.

Was called to see J. B., æt. ten. Had been ill six days, and under the care of an old-school doctor. The history and symptoms present at my first call pointed to another diagnosis, pneumonia.

Temperature 104°. Circumscribed pain in lower portion of right thorax; face flushed; short respiration, and very painful. Constant cough, which was still more painful, and the little patient endeavors to suppress it. Viscid sputa. Breathing

entirely thoracic. Dull sound on percussion. I employed every method to obtain the exact condition present, but did not permit myself to be guided by pathological reasonings. Bryonia was presented. On my next visit, the following day, the temperature was found to be $104\frac{1}{2}^{\circ}$ an exacerbation of one-half degree, and no improvement in any respect was observable. The little fellow was picking at his fingers and lips continually. His pillow was bespecked with blood that had been rubbed from his lips during the night. Lips sore and raw. Tongue felt sore, and there was a large ulcer-like abrasion on the edge of his tongue on the right side, a little more than half-way back. His throat felt raw, and everything he put into his mouth "burned" him. His nose appeared stuffy. He received but one single dose of Arum. triph.^e, dry upon the tongue (sent him from my office at eleven A. M.), and Sac. lac. every hour. At my next morning's visit I received the following account from the mother:

"My little boy was free of fever by three o'clock yesterday evening, and has had none since. He slept well all night, and has ceased picking at his fingers and lips. He has but little cough."

I inquired from the patient regarding the tongue and throat symptoms and they had entirely vanished, the abrasion on the tongue being almost healed. The child did not cough during my visit. I discharged the case, and he has remained well to date. With the symptoms detailed the little fellow would have recovered just as rapidly if Arum had been given, no matter what the pathological condition or diagnosis. As homœopaths we must conform our practice to the spirit and letter of the master's words, as given us in the *Organon*, for in the pages of this inspiration we find the method—the *true* and *only* method—of the application of medicinal substances to diseased conditions.

The foregoing was written some time in April, in anticipation of our State meeting, which was to have taken place May 7th and 8th, but was postponed to June 4th and 5th. On reading the "Proceedings of the Lippe Society of Philadelphia" in my May, 1889, number of THE HOMŒOPATHIC PHYSICIAN, I found on page 179 the following Pulsatilla symptom as given by Dr. James: "*The slightest motion aggravated, yet he was forced to move the leg. Must get a new position yet there was no relief.*" This was a prominent symptom in the first case quoted, but not until I saw the May number of THE HOMŒOPATHIC PHYSICIAN

was I aware of the fact that my prescription so completely covered it. [This symptom of Puls. was given us by the venerable Dr. Lippe in one of his numerous instructive conversations with us during the many years we enjoyed his friendship.—W. M. J.]

A CLINICAL CONVERSATION.

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

A few days ago I was conversing with my friend and preceptor, Dr. David Wilson, and his remarks were so interesting that I wrote them down at the time, and read them to him to insure accuracy.

He first called my attention to symptoms 731 and 744 of *Sulphuric acid*: "Respiration rapid, with shooting in cervical muscles, and *movement of the wings of nose.*" "Respiration became very difficult; *the larynx moved up and down violently*; the child lay with the head bent backward, as in the last stages of croup; he lost consciousness, and soon died." The fanlike action of the nostrils was pointed out by Dr. Wilson as characteristic of *Lycopodium* about 1862; and he subsequently told me that the up and down movement of the larynx belonged clinically to the same medicine. Under *Sulphuric acid* we find both these symptoms; but, as they occurred in cases of poisoning by the strong acid, it is necessary to ascertain whether these were the result of the dynamic action of the drug, or the result of the shock to the system caused by its corrosive chemical action. This can be determined not only by further provings, but also by the clinical test. Dr. Wilson informed me that in a fatal case of Cheyne-Stokes respiration, *Sulphuric acid*²⁰⁰ had removed this movement of the larynx, and somewhat ameliorated the abnormal respirations.

With regard to the symptom "stoppage of respiration," Dr. Wilson has verified, clinically, *Bryonia*, *Opium*, and *Sulphur*. He told me, moreover, that he had seen but five cases of Cheyne-Stokes respiration, and only one recovered, this patient had permanent mitral regurgitation; the olfaction of *Opium*²⁰⁰ for five days, whenever the breathing stopped, saved him.

Several remedies have stoppage of respiration, but I cannot find any that have the exact symptom of this rare disease, viz.: respiration gradually increasing in strength, then gradually decreasing, with an interval of complete cessation before it begins again."

In Hempel's *Jahr* the following symptoms of *Croton* are given : "Violent ophthalmia ; on second day, ulceration of the conjunctiva over the cornea (in two places), ulceration of the conjunctiva over sclerotica (in various parts), irritation of sclerotica and iris ; contraction of pupil ; injected state of vessels of conjunctiva sclerotica and eyelids, profuse lachrymation, photophobia, violent pains disturbing the night's rest ; increased dimness of cornea on third day, increased depth of the ulcerated parts, rudimentary hypopyon in anterior chamber ; on seventh day nothing remained of the inflammation except a slight irritation of the eye, and a slight dimness of the corneal portion of the conjunctiva in those places which had been ulcerated." This symptom, the source of which is not given, is omitted in Allen's *Encyclopædia*. Hering's *Guiding Symptoms* records it, omitting the hypopyon, and adding "burning of eye." Clearly, therefore, there is some error, and the original version should be sought for and properly translated.

But Dr. Wilson has verified this symptom in puppies eight weeks old, suffering from purulent ophthalmia, with great agglutination of lids, well marked hypopyon, and small indentations, as if cornea were commencing to ulcerate. One dose of *Croton*³⁰ cured.

Under *Athusa*, Hempel's *Jahr* gives (under "Pathological Anatomy") "Bloated countenance; the cornea is dim and deeply sunken, the pupils are very much dilated." This symptom I cannot find in the *Encyclopædia*, but I saw Dr. Wilson cure the symptom, "sunken cornea," with one dose of *Athusa*^{1m} (Jenicken). This occurred at his dispensary, more than twenty years ago.

I will conclude these notes with a recent case of my own : On February 20th, 1889, a patient told me that her dog had purulent ophthalmia. He had been ill for a week, both eyes closed by yellow discharge ; does not like to open them even when bathed ; eyes red ; lies close to the fire. The selection of the remedy was difficult, as I did not see the dog ; but, remembering the intense photophobia of *Conium*, and that the dog was old, I selected this remedy ; and, not being sure it was more than a *simile* (not, perhaps, a *simillimum*), I prescribed a dose of Cm (F. C.) in water, three times daily for eight days.

March 7th.—My patient reported that the dog improved slightly within a week ; opened eyes seventh or eighth day. She says the left eye looks opaque, with a hole in it ; right eye also partly opaque. I advised her to bring the dog to be inspected. This she did not do ; but on April 12th she

reported that the eyes had quite healed, and the hole had disappeared. Also that he seemed much better in himself generally, since taking the medicine. It was evidently a case of ulceration of cornea.

The homœopathic treatment of animals is of just interest, because

- (1.) Our opponents cannot allege that they were cured by "faith" or "imagination," or even by "Christian Science."
- (2.) They do not read works on Domestic Homœopathy, and then spoil the treatment by taking *Aconite* and *Belladonna* in alternation for some temporary ailment.
- (3.) They are grateful for being cured, which is more than can be said of some patients, and—some colleagues.

Repertory, p. 29, "Experienced" for k-bi. and k-bro. Allen's Repertory has the same error.

PROVING OF TUSSILAGO PETASITES.

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

The plants were gathered when flowering, at beginning of 1865, at Great Malvern, Worcestershire, by the late Dr. J. R. Croker. The fresh roots were sliced and macerated for three months in a mixture of two parts of water to one of alcohol, and pressed.

A description of the plant is given in Bentham's *Hand-book of the British Flora*, 1865, p. 415, fig. 492.

First proving.—August 16th, 1865, I took twelve drops of the tincture in water, at 11.30 A. M.

1.40 P. M., slight, dull throbbing pain in abdomen for a few minutes.

2 P. M., stinging, burning sensation on anterior part of dorsum of tongue, as from pepper, lasting two hours, then decreasing; re-appeared slightly at intervals for remainder of day.

August 17th.—Flat, disagreeable taste on tongue on rising in morning.

At 7 A. M. took a drachm of the tincture in water.

7.30 A. M., slow, throbbing pains in abdomen, below umbilicus, for a minute.

8.40 A. M., very small stool, rather difficult, but painless (doubtful symptom).

Anterior part of dorsum of tongue feels sore, as if it had been scraped, the first part of morning.

At 10.07 A. M. took a drachm of tincture in water, and at 12.45 P. M. took two drachms in water.

August 18th.—Soreness of tip of tongue on rising in morning.

7.50 A. M., took half an ounce of tincture in water, and at

12.40 P. M., took one ounce in water.

1 P. M., great sleepiness after long walking.

6.30 P. M., soreness of tip of tongue.

In afternoon scanty stool (doubtful symptom).

August 19th.—About 7 A. M., soreness of tip of tongue. Took an ounce of tincture in water.

Evening, after 9 P. M., felt tired, with disinclination to be spoken to; voices seemed unpleasantly loud, with slight feeling of faintness.

August 20th.—No stool (doubtful symptom).

Second proving.—Jan. 11th, 1888.—Dr. David Wilson told me that he had a tickling at throat-pit, causing cough. When cough was bad it caused a splitting feeling in brain at occiput. He had also a feeling on tongue as if burnt by pepper, extending downward. I mentioned that *Petasites* had caused the last symptom on myself, and he at once took, at 12.25 P. M., five globules of the twelfth potency, the only one he had. It had been prepared by a homœopathic chemist. The following new symptoms then ensued:

Considerable headache on vertex, spreading along coronal region, like a very slight burning under the scalp, it then passed on to tension in scalp of coronal region, in four minutes.

In five minutes the same tensive aching slightly spread over thorax.

Directly afterward, tendency to sneeze, from irritation in left nostril.

In a few minutes more, slight transient, internal creeping in left ear, followed by increased headache on vertex; the headache also slightly affected the upper segment of eyes with a sort of pressure. Tickling in throat better.

1.30 P. M. All the pathogenetic symptoms gone. The burning on tongue, which he had had for five or six years, is much better.

Peppery sensation on tongue belongs to *Cann-ind.*, *Laches.*, *Mercurius*, *Mezereum*, *Opium*. The first two are given in Allen's *Repertory*, p. 1204, under "Pepper," the last three at p. 1200, under "Burning."

Of course, these last three ought all to have been placed under the rubric of "Pepper" as well as "Burning."

PROVINGS OF ALUMINA.

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

First proving.—Miss C. G. took several doses of *Alumina*^{cm} (Fincke). For five years she had had a pain in stomach-pit like a gnawing toothache, worse after food; it came on every summer; worst in June, July, and August, after which it gradually ceased. She had been treated by a mongrel, who declared she was incurable. The *Alumina* cured her after a severe aggravation.

It caused the following symptoms: Urine more frequent, copious, darker. At intervals sudden sharp pains like a stab in lower part of back, making her feel for the moment as if she could not straighten her spine. Low spirits; very trifling things presented themselves in a black light and seemed insurmountable. Upper lip covered with little blisters. Darting pains every now and then, first through one shoulder then in the other. A darting pain occasionally nearly at bottom of back on left side, which, while it lasts, stops the breath. Occasional dim sight.

Second proving.—At half-past twelve o'clock P. M., I took ten globules of CM (Fincke). Next day shooting in right side of neck rather posteriorly.

Third proving.—Mr. J. F. B. took one dose of *Alumina*^{cm} (Fincke), for some chronic symptoms, August 22d, 1871, in morning. Next day had the following group of symptoms which were quite new to him:

In morning, when walking in room, feeling of faintness, extreme nausea, going off after breakfast. All day easily tired, inclined to lie down, yawning and stretching, drowsy, dullness of thought, flushes of heat, lassitude after talking, for which he had no inclination. Evening after sunset, fullness of head relieved by lying down.

BREWERS' YEAST AS A REMEDY.

In olden times brewers' yeast was considered a tonicum and antisepticum, and often prescribed in enteric fevers. (S. L. has verified its benefit in typhoids in many a hard case, prescribing a tablespoonful of fresh brewers' yeast in a pint of water as a beverage, often in alternation with a phosphoric acid lemonade, and no other treatment necessary. This was in ye olden times, when

Homœopathy was not yet accepted.) The English physicians consider it a mild purgative. Mettenheimer gives it with success in obstinate constipation, and others found it of equal benefit in catarrhal and saburral diarrhœa, among the disturbing contents, and thus restoring normal digestion. In many cases of phthisis tuberculosus it checked the exhausting diarrhœa after the failure of other remedies. In fact, in the catarrhal affection of the apices pulmonum, that first stage of threatening consumption, it relieved the cough and the short breathing, and in some cases restored health, especially where the vital force had to fight against a tubercular disposition. Strict individualization is necessary, says Mettenheimer, as some patients can hardly bear a teaspoonful. Lay people often use brewers' yeast in hot milk for chronic constipation, and for ages its external use has been with them a favorable application in burns, and internally and externally in scrofulous skin diseases.

Allg. Med. Centr., Zeit. 36, 1889.

Have we here a new antipsoricum? In my practice it always holds a good place, and as a gargle from simple angina to true diphtheria, and it did me as much good as the alcohol gargle recommended by Granvogl. Has it ever been proved, or will such provings in different potencies bring out symptoms which may aid us in the cure of severe zymotic diseases? We cannot shut our eyes to the bacteriological studies of the present age, though I believe that Gregg's decomposed fibres and the bacteria are one and the same thing, effects not the cause of disease, and is it allowable to a strict follower of Hahnemann to use brewers' yeast for their destruction? S. L.

AN INVOLUNTARY PROVING OF SEMEN TIGLII.

Professor Hugo Schuby narrates, in the *Therap. Monatshefte*, February, '89, that one of his students, when semina tigllii were handed round, swallowed a small particle, about 0.06 grm., containing about 50 per cent. fatty oil. It was about eight A. M. when this robust young man took the drug; at first the taste was not disagreeable, but after a few minutes the taste was that of a mouldy walnut, when he spat out the whole of it. After ten minutes, during which he steadily made efforts to swallow, he felt burning and scratching at the posterior part of the tongue, and all down the pharynx, with a sensation of heat. In about fifteen to twenty minutes

that sensation extended down the œsophagus to the stomach. Severe unbearable pains of a drawing character now in the empty stomach—as he had not yet taken breakfast—with nausea and cold sweat on forehead. Intestinal peristalsis strongly increased, and about nine A. M. severe colic, with constant desire to defecate. In going home he had to stop at a tavern to relieve himself; defecation rapid, watery. To remove the burning sensation in the throat he ordered a light breakfast, but could not eat it, as he had to hurry to the closet. Going home he had to stop again at another place, and during the forenoon he had about a dozen discharges.—A. L. Z., May, 1889. S. L.

EDS. HOM. PHYSICIAN: Hahnemann gave us Sulphide of Calcium; Villers, Mercurius cyanatus; most of us use Ars. iod., Stibium arsen., Ammon. brom., Lapis alb., and many more combinations. Dr. Lorbacher speaks in their favor, considering them *au fait*, and E. M. Hale goes one better, and recommends double remedies, according to Lutze, especially as physicians of our school constantly order many combinations. I know that some, who pride themselves on their high potencies, use them in the CM, etc., and declare that thus neither alternation nor succession takes place, but that they give a unit. Please inform us on those points, whether it shall be considered progressive Homœopathy or otherwise. S. L.

NOTE ON *ÆTHUSA CYNAPIUM*.

E. W. BERRIDGE, M. D.

At page 263 of vol. X, of Allen's *Encyclopædia*, the author endeavors to discredit the poisonings attributed to this plant, "it having been clearly substantiated that the plant is harmless to produce grave effects." In opposition to this statement, C. Hering calls it (*Guiding Symptoms*, vol. I, p. 74) "A narcotic-acrid poison, on account of an adherent alkaloid substance called Cynapine." Seeing that it has cured "epileptic spasms" (*Guiding Symptoms*), it must be capable of producing them.

I saw in a recent allopathic journal, a case of poisoning by *Æthusa*, the plant being identified by a botanist. Over twenty years ago, at Dr. David Wilson's dispensary, I saw a child cured of sunken cornea with one dose of *Æthusa*^{1m} (Jenichen). I think the symptom is given in Hempel's *Jahr*, under "Post-mortem appearances."

PROVING OF LAC CANINUM.

S. SWAN, M. D.

January 17th, 1871.—Being in usual good health, commenced at eleven A. M. to take drop doses of 33d centesimal potency every hour. At seven P. M., pain over left eye in organs of size and weight. Sensations of coryza, principally in left nostril; thin mucus passing down posterior nares.

January 21st.—The proving having been interrupted during 18th and 19th, was resumed to-day. Great redness, with mottled appearance on inner side of lower lip, with white ulcerated spots and great sensitiveness. Aching pain round waist in a line with kidneys. Slight nausea. At night, on retiring, dryness of throat; pain over outer angle of right eye.

January 22d.—Fluent coryza from left nostril in morning when in the wind.

CLINICAL CASE.

RHUS-TOX.

Mrs. —, æt. twenty-two years, had an attack of rheumatism of right shoulder and arm six years ago, and was cured (?) according to orthodox heroic methods. Has suffered more or less ever since till about three months ago, when it became so annoying as to keep her awake three or four nights in succession. She is a homœopath, so I gave her one dose of Rhus-tox²⁰⁰ dry, on the tongue, without sac. lac., etc. No symptoms of rheumatism have since shown up; the shoulder is as limber and useful as any other of her joints. The symptoms which led to the selection were a fidgety restlessness, better after having commenced to move and aggravated from cold and at night.

H. E. POTTER, M. D.

INTERMITTENT NEURALGIA of the plexus brachialis dext., especially in shoulder and upper arm, caused by a concussion of the shoulder, attacks at a certain hour at night, regularly returning, with stitching pains, followed by weakness and stiffness; not free from pain in daytime. Arnica³ cured the case at once, after having been endured for seventeen years. On account of the intermittency he also took one dose of Arseniate of Quinine, fourth dec., at night. (We do not think that this alternation was necessary; though Arnica has not intermittency, it has aggravation at night, and therefore claim the cure for the Arnica.) S. L.

POISONING BY TEA.

E. W. BERRIDGE, M. D.

In 1880 a colleague in the United States communicated to me the following curious effect of tea: A woman, aged about thirty-three, had been married twice. Always during her married life had the natural sexual desire and pleasure, till about eight years ago, when she began to eat large quantities of tea-leaves, sometimes dry, but generally boiled. She chiefly used the Japan tea. Since then face and skin have become sallow and greenish. She has still the same sexual desire, but the orgasm occurs at the first touch of coitus, after which there is no pleasure; and if the act is long continued, she feels a bearing-down. The touch of another person's hand to her head will have the same effect. She never had these symptoms before she took the tea.

Berberis has the reverse symptom (see Hering's *Guiding Symptoms*).

PROCEEDINGS OF THE LIPPE SOCIETY.

The 131st meeting of the Lippe Society was held on Tuesday evening, June 11th. Dr. C. Carleton Smith occupied the chair. After the minutes of the preceding meeting had been read and approved, Dr. M. Preston said he would like to have the Society turn aside from the regular order and discuss the significance of nose-bleed in diphtheria. This was agreed to.

Dr. Preston—I wish to know the idea prevailing in respect of bleeding from the nose in diphtheria. In the past three weeks I have had four cases of diphtheria, one of which died in two days from the onset of the attack. In one case the membrane commenced by being blackish in the throat, and there was deep ulceration in the roof of the mouth and about the palate. The membrane also extended from the nose down over the lips, and was bleeding.

The one which died had no membrane in the throat, but there was a raw, ugly-looking ulcer, slightly pitted. It looked as though a polypus had been cut out, and resembled a cauliflower excrescence, though it was not above the surface. After looking through Gregg, I concluded that Bry. would have helped the case. Kali-bich. failed.

Dr. James—Speaking of Kali-bich., some time ago I had

an old man over ninety years of age with erysipelas of one foot. I could find no remedy that would benefit him. After a short time a scab formed and there was a round, deep ulcer, as though it had been punched out, covered on the bottom with pus. Kalibich. soon improved the case.

Dr. Preston—The significance of the symptom, nose-bleed, in diphtheria, is, in my opinion, a very serious, if not always one of fatal import. So far as my experience goes, when it occurs early in the diphtheritic onset it implies almost universally a fatal end in the case, particularly if the bleeding be several times renewed. The volume of blood discharged does not signify so much as the frequency of its occurrence. This frequent appearance of the bloody discharge would seem to indicate the existence of ulceration of more than commonly deep origin, the sloughing of the membrane from which would leave the superficial capillaries denuded and open.

The importance of hemorrhage, in a prognostic sense, has generally rested with those cases, so far as my observation extends, in which it has proceeded from the nostrils. From the cause I imagine that in the parts of the respiratory passages more secluded the ulcerative process is better protected, and hence less liable to give the early cry of alarm except where the disease may have assumed a more malignant aspect. In the pharynx we have a cavity which admits of easy and critical inspection, and hemorrhage thence is quite frequent in bad cases, but we are able to anticipate such a result and speak more intelligently of its purport when it occurs there. Hemorrhage has infrequently furnished the basis on which any medicine was selected, though we are not scantily supplied with remedies possessing such indications, yet they are, I believe, most generally called for on this account, but are corroborative merely.

The mental condition of the patient, the appearance and general conduct of the membranous deposit, and the subjective complaints, are, I believe, far the most valuable handles by which we can grasp this formidable destroyer. Hemorrhage corroboratively in the earliest stages, or mainly in the concluding phase of the disease, will constitute our best hold.

In all cases of diphtheria, even those that seem apparently mild, we must look out for danger-signals, for the changes from bad to worse are sometimes so remarkably rapid as to throw us entirely off our guard. There are three points of danger to be constantly kept in view, *viz.*: Extension of exudative process to the larynx, which is so rapidly fatal in children; the excessive exudation in the nares and nasal passages, and, lastly, hemorrhages from whatever portion of the body they

may occur. Nasal hemorrhage or hemorrhage from kidneys I always consider a symptom of the utmost gravity, for it indicates decomposition of the blood, which, of course, means death, unless a speedy change is brought about by the carefully selected similar remedy.

By reason of their strong homœopathicity, we naturally look to the snake poisons for help in this condition of things, for the reason that they possess the peculiar power of producing just this condition of the blood when received into the circulation. And we consult, according to their symptoms, the *Lachesis*, the *Elaps cor. fel.*, and the *Vipera acuat. car.*, these being the leading members of the *Aphidia*.

Points: Bleeding persistent from nasal cavity, think of *Elaps cor. fel.*; bleeding with the blood thick and black, like treacle in cold weather, study *Vipera acuat. car.*; bleeding from roof of mouth as if dropping through a sieve slowly, *Bryonia*; a bloody sanious discharge, looking like blood and pus mixed, with wings of nose excoriated, think of *Mercurius*.

Delirium is another symptom which points to a fatal termination in this disease.

Abundance of albumen in the urine is not serious so long as the urine is normal in amount and without blood corpuscles or casts of tubes.

Dr. Clark—All authorities that I can recall speak of the gravity of the condition in which there is bleeding from the mucous surfaces. It is always considered of fatal import. That we need not feel so, our experience goes to confirm. Dr. Gregg, in his work on "Diphtheria," mentions a case in which the inner mouth, the tongue, and the parts of the fauces which could be seen discharged an acrid pus, which streamed from the mouth and from both nostrils. *Bryonia*²⁰⁰⁰ was given, and the next day, instead of pus streaming out, the parts were all raw and bleeding, and blood was being discharged from the nose and chin. The *Bry.* was permitted to act, and the child made a good recovery.

GEORGE H. CLARK, *Secretary.*

BOOK NOTICES.

The Germania is a fortnightly journal for the study of the German language and literature. It contains a series of German exercises, well adapted for those who would acquire a good knowledge of the language. Subscription price, \$3.00 per year. Address GERMANIA, P. O. Box 90, Manchester, N. H.

A HAND-BOOK OF MATERIA MEDICA AND HOMŒOPATHIC THERAPEUTICS, by Timothy F. Allen, A. M., M. D., LL.D., etc. Pages 1,165 ; price, \$15. Hahnemann Publishing House : Philadelphia, 1889.

Ever since the days of Jahr, attempts have been repeatedly made to *condense* or *abbreviate* the homœopathic materia medica. Most of these attempts have resulted in failure ; few of such condensed works have proven useful. They seemed to omit what one needed, and to give just the symptoms which were of no value in prescribing. Dr. Allen's condensation of his *Encyclopædia* seems to be something better than this ; as far as a cursory examination can show, it seems to be a useful work. But its true value can only be estimated after a continued use of it in prescribing. The condensation has been very cleverly done ; few useful or reliable symptoms seem to be omitted. Some symptoms are rendered a little confused by the method of condensing. But, on the whole, we believe the verdict of students of the materia medica will be in favor of the work. It seems to us Dr. Allen made a great mistake in omitting the "Laes," Hydrophobinum, etc. He evidently appreciates this, for he offers (see *preface*) to insert them in a new edition, if called for by the profession. Did Dr. Allen omit these remedies for fear of ridicule from the "scientists"?

We have hitherto condemned these *condensed* works, believing them to be the cause of much error in practice. If Dr. Allen's work shall prove so useful as to cause us to make an exception in its favor, we shall be glad. The work, even after a brief study, seems to promise to be useful, therefore we believe few will regret its purchase. The publisher has done his part in good taste, and has given us good paper and type, with strong binding.

THE PRINCIPAL USES OF THE SIXTEEN MOST IMPORTANT AND FOURTEEN SUPPLEMENTARY HOMŒOPATHIC MEDICINES. London : E. Gould & Son, 1889.

The purpose of this little volume is to give the "uses" of these thirty remedies for domestic practice. The volume, like most of its kind, is practically useless. Too many diseases are considered, and none are thoroughly done. If these works were devoted exclusively to the consideration of a few of the common, mild complaints, like colds, diarrhœa, headache, toothache, etc., etc., they might be of value to the laity ; but when such diseases as epilepsy are included, and space wasted which could be given to the proper consideration of mild complaints, then these "domestic" works become ridiculous and useless.

ELECTRICITY IN THE DISEASES OF WOMEN, WITH SPECIAL REFERENCE TO THE APPLICATION OF STRONG CURRENTS, by G. Betton Massey, M. D., Philadelphia. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia. Price, \$1.50.

This little book, of two hundred pages, is one of the most clearly-written works of its kind that we have seen. It is a plain exposition of the proper method of using strong electrical currents in the treatment of uterine diseases from functional dysmenorrhœa, amenorrhœa, etc., to fibroid tumors. It is mainly a record of the author's personal experience, and as he is a young man in the profession, it is a highly creditable record. He is also the inventor of an ingenious "current controller," illustrated on page 13 of his book. It consists of a disk of glass, covered over with a "tapering area" (suggestive of the curved

arm of a crank) of plumbago. Over this plays a rotating lever, which, as it advances from the tapering end or point, covers more and more of the plumbago area, thus gradually increasing the electrical current. The book is well supplied with illustrations, and all the apparatus clearly explained.

Practical experiments are suggested to the beginner for learning the effects of electricity under varying conditions, by testing the current upon raw beef. These are certainly very desirable for gaining a clear insight into this method of treatment. Altogether it is a very clever book. W. M. J.

"PSYCHIC LIFE OF MICRO-ORGANISMS." Alfred Binet. Open Court Publishing Co., Chicago.

This work of M. Binet's, *The Psychic Life of Micro-Organisms*, is one full of deep philosophical interest; the name in itself is suggestive of a field of thought into whose vague and misty depths our mental vision has but barely penetrated. We are hardly upon the threshold of psychology, even in its varied phenomena, as seen among the more highly organized beings, and when one attempts to consider its manifestations in such a lowly group of animals as even the Echinoderms, to whom M. Romanes delegates the first dawning of the memory faculty, the thoughtful mind must pause in wonder and amazement. But when the lowest of all life forms, the microscopic unicellular animals and plants, become the subjects of psychological inquiry, wonder ceases and amazement gives place to a sense of profoundness surpassing expression. Notwithstanding the somewhat startling title of the work, the subject-matter is but a clear statement of observed phenomena in the life histories of various microscopic proto-organisms, and their interpretation from a psychological standpoint.

This is the aim and object of the work—to show that the life phenomena of the micro-organism, and of all protoplasm in general, are not merely the result of "cellular irritability," reacting upon environment, but that they arise independently from what might be called an inherent psychic force residing in the protoplasm and the nucleus. Many strong facts are brought forward in support of this argument, and the author carries us, in his chapters on "Motory and Sense Organs," "Nutrition," "Colonial Life," "Fecundation," and the "Physiological Function of the Nucleus," through many interesting details in the life histories of various proto organisms. But our knowledge of psychological phenomena and of proto-organic life is yet too vague and undefined to settle such a profound question. In higher life-forms the action and reaction of environment and cell, or the inherent psychic power as a basis factor in life is still a vexed question. And when micro-organisms form the object of research in this direction all deductions must be taken as surmise only.

Yet B. Binet's work is a step in the right direction, for all questions of this kind must be viewed from each and every standpoint, and in the broadest possible light. Its merit lies in the new light thus thrown into the misty realms of the lower life; the clean, concise description and undoubted veracity of the observed phenomena, and the able and scientific manner in which the writer has drawn his conclusions. S. T.

PRELIMINARY REPORT ON THE USE OF METAL TRACK ON RAILWAYS AS A SUBSTITUTE FOR WOODEN TIES, by E. E. Russell Tratman, C. E. Compiled by B. E. Fernow, Chief of Forestry Division, Department of Agriculture. Washington, D. C., 1889.

The continued and alarming waste of the forests in providing timber for use in the arts, and, let us also add, to create destructive and wasteful booms in

our mountain streams, and the consequent rise in price of timber has induced railroad managers, who are among the largest consumers, to look about for some efficient substitute for wooden ties upon which the rails must rest.

Iron and steel are the materials looked to now to take the place of wood. Many patents have already been issued and some of the devices tried. The vast quantity of timber consumed for this purpose alone makes a demand upon our forests that has at last arrested the attention of political economists and has caused the Department of Agriculture of our own Government to issue a special bulletin (No. 3), the title of which appears at the head of this notice.

According to this bulletin, American railroad managers are not alone considering this subject. Iron ties are being tried in many countries of Europe, and even in Asia and Africa. In India the metal ties are being extensively used, and they have even been introduced into Burmah.

The number of patterns proposed is remarkable, no less than one hundred and sixty devices having been patented.

The most practical, according to the report, are the Post tie and the Durand tie. Both resemble inverted troughs in shape, but the Durand is made from old steel rails which are rolled into flat sheets and then bent into the proper shape. This reduces the cost of the metal tie to nearly that of wood.

We have not space to give more than the above summary of this report, and think that what is here stated is all that will interest the medical profession.

W. M. J.

REPORT ON THE FOREST CONDITIONS OF THE ROCKY MOUNTAINS and Other Papers ; with a map showing the Location of Forest Areas on the Rocky Mountain Range, by B. E. Fernow, Chief of Forestry Division, Department of Agriculture, Washington, D. C., 1889. Bulletin No. 2.

In issuing this book, the Chief of the Forestry Division says:

"The following report and papers are designed as a basis for an intelligent conception of the possibilities and requirements of legislative action on the part of the General Government in regard to some of its property. They will also, it is hoped, be welcome to the student of the climatic, floral, and economic conditions of the region to which they refer, and serve as a historic reference book in the times when the fully of present days will be judged by those who will suffer its consequences."

The continued and even wanton destruction of timber in this country cannot be too severely and too frequently attacked nor too freely brought to the notice of people of all professions and trades, to the end that a great wave of public sentiment may arise that will stop the vandalism before it is too late. So great is this destruction that the Chief is provoked in this report to the savage but perfectly just remark: "That the beauty of the once verdant mountain sides is being ruthlessly and needlessly destroyed, and with such general equanimity is this devastation considered that we may soon substitute in our dictionaries the word 'Americanism' for 'Vandalism!'"

The report speaks of many of the beneficial effects of forests. Among them may be mentioned: Tendency to increase the water supply. They prevent the snows from melting too rapidly in the spring, and protect the springs and rivulets. They keep the ground moist and promote rain-fall. The headwaters of all important streams are protected and nourished by forests. Forests arrest the extreme desiccation of the atmosphere and rapid surface-drainage into the streams. Snow in the mountain forests melts more gradually than on bare surfaces, and thus forests prevent floods.

Considerable space is given in the report to the significant phenomena of avalanches and land slides which are directly promoted by the cutting off of the trees.

W. M. J.

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

If our school ever give 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. 9.

GLEANINGS FROM DISCUSSIONS UPON PAPERS
READ AT THE RECENT MEETING OF THE
INTERNATIONAL HAHNEMANNIAN
ASSOCIATION.

I.—WHAT IS CONTAGION?

Dr. J. T. Kent's paper, entitled "The Healing Principle," being under discussion, the question as to "What is Contagion?" arose; or, better, the question might be put, "When are people susceptible to contagion?" We give some of the views expressed:

Dr. Long—I have for sixteen years taken the stand that diseases are not contagious. It requires such a body as this to understand such a remark, and I have been censured over and over again for trying to explain that fact.

I have slept with diphtheria. It was the ill-wind that blew me good sixteen years ago. When I attempted to establish a practice, I started on an epidemic of diphtheria. I have slept with it and been with it for hours, and I have never used a preventive except my natural health, and I have never had a sign of sore throat. I think Dr. Kent brings out one fact—that is, if you are not in perfect health, you are sick and susceptible to the various diseases that are prevalent. Again, I have been with small-pox and was never vaccinated since a baby. It is generally understood by the laity that physicians use something—it is got from the practices of the old school. I remember fifteen years ago, visiting with an allopathic physician, who

actually smoked at the bedside of his patient. So that if you clear up the question, "What is contagion?" you are relieving a great wound to the physician.

Dr. Biegler—I don't know that I can add my thoughts on anything valuable, but when the Doctor brings up the question of contagion I cannot help but state the stand that I take. I have always maintained that the contagion is the disease; if the disease is cured the contagion is done away with, instead of beating the air, creating a smudge, calling out the military, and making a noise to kill the microbes. If the patients in Florida were cured, and the patients in Italy and France, and the cholera and yellow fever patients—if they were cured, the contagion would very soon be ended.

In regard to the susceptibility of a patient, to the individual there is good ground for understanding the manner in which the contagion is received. Dr. Kent's paper makes that so plain as to render it unnecessary to go into it, but, like Dr. Long, I have been exposed to diphtheria for thirty years, and had the membrane coughed into my lips; it has even gone into my eyes, and I have not yet succumbed to that disease. I have no theory framed to answer an experience of this kind; it does not entertain the least theory. I am not susceptible, and when I am asked this, as I have been asked within the past three or four days, I simply say I am not a subject for it. That is why I have escaped. I wish to make that point here. I believe the best thing that can be done to subdue contagion in disease is to cure the patient, and not as scientific men do now, let the patients die and try and kill the microbes. The sooner the patient is cured the sooner the disease is cured.

Dr. Reed—It is needless to add to Dr. Kent's paper, but as confirmatory of what he has said I might state that I was in charge of a small-pox hospital in 1862-63 in the army. I never had been vaccinated and never will be. I am very much like "Buffalo Bill" when he went into Paris; the officers said that all of his men would have to be vaccinated, but he replied: "If we are not allowed to enter as we are we will not enter Paris at all, and you will not have the privilege of seeing our show." I have also two other instances to state. I remember one man that had the small-pox in the ambulance with me, and I never was susceptible to it, and never had a skin disease in my life.

This susceptibility that Dr. Kent has brought out—we are not sick when we are not susceptible to prevailing miasma. There is a lady in our city who cannot pass by a house where the painters are at work without having lead colic; she will

invariably go by on the opposite side of the street. Another lady of my acquaintance, *cannot think* of eating a strawberry without producing an eruption upon her body—her little girl can eat all she pleases without any evil result—and it can be explained in no other way than that given by Dr. Kent.

Dr. Ballard—I was only thinking what a valuable paper this was; I feel very much obliged to Dr. Kent for the paper; I never was satisfied with the idea of Rhus poisoning that the case was cured. The patient needed Rhus before. Dr. Kent has furnished the explanation—because the Rhus was indicated.

In another case, I remember Anacardium cured very quickly. This paper explains a great deal, and although it is truly Hahnemann's teaching to say a patient is not sick if there are no symptoms, yet I think we will have to modify that to such a degree as Dr. Kent has shown. The patient is sick, because capable of being made sick in certain ways, if we can discover that fact. I have slept with diphtheria and never had a touch of it in my life, but I have not seen much small-pox.

Dr. H. C. Allen—I wish every physician in the land could explain as thoroughly, as simply, and as easily as Dr. Kent has to-night the cure of Rhus poisoning by Rhus-tox; how it would open their eyes! If you should speak to the majority of homœopaths about curing Rhus poisoning by Rhus-tox, they would say, "you are isopathic, you are practicing isopathy." The patient is simply calling for Rhus before poisoning; he was extremely susceptible to that action.

I have been poisoned with Rhus when a boy without going within fifteen or twenty feet of Rhus, and several years ago I learned the secret of taking along Rhus^{2c}, and if I was exposed I took a dose of Rhus and had no further trouble. As Dr. Ballard says, I have slept with diphtheria, and treated small-pox in a malignant form, and never had anything of the kind. There is no danger of a healthy person becoming sick unless there is a susceptibility to disease, and the cure of that susceptibility renders him capable of throwing off anything of the kind, and Hahnemann distinctly points that out in his volume of *Chronic Diseases*. The majority of our young men have not the *Chronic Diseases*, and possibly if they had it they would not read it. I have been told Hahnemann is an old fogey, and that we now know a great many more things about the science of medicine than Hahnemann ever knew about "curing disease," and we are not to be taught by him. I am positively certain of the truth of the statement made by Dr. Weldon, President of the Ohio State College, in which he said that every homœopathic

college in the country was not doing its duty when they did not have a special chair devoted to the *Organon* of Hahnemann. That is what we need to-day—teachings of this kind to our students—then we would not require a College of Homœopathics.

Dr. Butler—People with idiosyncrasies that render them liable to the action of drugs or disease make most excellent provers, and they will develop symptoms which no other prover will, therefore the *Materia Medicas* that are about to come out are going to omit the most valuable symptoms—*determinative symptoms*.

Dr. Emory—I have been very much interested in Dr. Kent's paper ; and, as expressed by Dr. Ballard, it has cleared up Rhus poisoning being antidoted by a high potency of Rhus ; that was brought up at a meeting of the Hahnemann Club not long ago, and we were not agreed as to why a high potency of Rhus will apparently cure Rhus poisoning. Like Dr. Ballard, I am not through thinking about it yet.

Dr. Dillingham—I have been interested in Dr. Kent's paper very much. I think the first explanation of the action of Rhus is very remarkable, and if it be true it occurs to me that he has done away with the theory of isopathy. If his explanation of Rhus is correct, the same will be true of all the remedies introduced under the head of "*nosodes*," because some are susceptible to Rhus and others are not—it is the same in contagious diseases but after another kind, and I would like to ask Dr. Kent whether his theory does not do away with the theory of "isopathy?"

Dr. Kent—Mr. President, I had intended to refer to this in the summing up, as I have the last word. I will say now, as we all know, that this miserable bugbear, "isopathy," has been staring us in the face, it worried me into suggesting a solution of the difficulty, as I have done for you in this paper, and it remains with you to say as to whether I have furnished the solution or not to the bugbear "isopathy;" many things have been presented in isopathic cures that I have been unable to explain away.

The question has been asked "Would you give a high potency of Morphia to antidote a hypodermic of Morphia?"—I have also put into its place the susceptibility of other poisonous substances—I have made an explanation of the principle, and it remains with you to follow it up and we will communicate hereafter. This is only the beginning ; I can offer this view that is expressive of what has been revolving in my mind, and we will develop something after awhile.

Let us, then, not refuse this subject, but meet it like men, like philosophers, like physicians. Are these cures Homœopathy under the disguise of isopathy? I believe they are homœopathic. Wherever they occur I believe they are permanent—cures are only effected under the homœopathic law; but, on the other hand, reliefs are apparent, they are short-lived. We have antipathic relief, such as we find sometimes produced by a repetition of high potencies, that will produce antipathic cure, but only in a very tough disposition. You wonder why the patient is as susceptible to the curative remedy as he is to the disease, that he is unable to resist the cure—a mere smell of the bottle—and he is unable to resist the cure, he catches it (as it were); it is by contagion, and he is cured.

We have the same demon for cure as we have for making sick, only when a person gets too much he is made sick, but when cured he gets just little enough.

When he is not susceptible enough to the medicine, what can you produce but antipathy, and your relief is a deception, a fraud, and a snare.

Dr. Baylies (New York)—Will the single medicine, when exhibited in high potency, damage the case? We all admit the injurious complications with disease resulting from the crude drugs; and as homœopaths asserting the powerful action of high potencies administered for proving, we must either believe that the diseased body excludes their action when non-homœopathic, or that they also, when thus administered, complicate the case and embarrass the cure. If the principle explaining the so-called isopathy just announced by Dr. Kent be accepted—that the supposed antidote appears so to act because it was homœopathic to the state preceding the poisoning—it would follow by analogy that the non-homœopathic, absolutely dissimilar medicine, especially if administered in high potency, would not damage the case or interfere with the action of the simillimum.

Dr. Campbell—I would like an explanation as to whether that same principle can be applied by Dr. Kent when he cures Quinine cases by the high potency of Quinine; would the same principles apply?

Dr. Kent—Do you mean immediately or long after? It applies long after because he is no longer suffering from the effects of Quinine, but from the chronic affection left by the dynamis, and not the crude drug-effect.

Dr. H. C. Allen—It is the same thing of tobacco; it acts in the same way—the high potency is the best antidote for tobacco and the 2C potency of Quinine the best antidote for Quinine, and

it is permanent; that is my experience, *provided the drug be let alone.*

Dr. Sawyer—High potencies of Coffea will do the same.

Dr. H. C. Allen—I know a mother of an allopathic physician that carries a bottle of Coffea ^{2c}, and whenever she has a cup of coffee she also takes a dose of Coffea ^{2c}.

Dr. Kent—Because she is susceptible to Coffea. It is the susceptibility you aim at with your high potencies. We will take a case of poisoning by Morphia, where the patient is not susceptible, but received it by accident in large quantity. The question has been asked—and rightly—would you expect to give a high potency to one who is dying from the effects of Morphia? I have been asked that question—I don't think you would. The explanation is that it is not that kind of a case.

Dr. Butler—It does not seem possible that bad cases of tobacco poisoning will be cured by high potencies of Tobacco. How many times have you used Sabadilla, and ought you not to have used it if you did not do so, and persons poisoned with Quinine ought to have Pulsatilla, or is it that the Quinine symptoms manifest themselves so strongly that the high potency (of Quinine) will have to be given, and, similarly, for other drugs at other times.

Dr. Kent—There is another portion in that paper—I made the statement that frequent repetition of the poison increases or brings about that susceptibility, and though the individual may be only partially sensitive to it, he becomes poisoned with it, and afterward susceptible to the merest inhalation of it, and over sensitive after having once been poisoned with it. The individual who has been in the habit of taking Quinine and becomes sensitive to it—it is the chronic effect—and the old sensitiveness is cured by the repetition of the Quinine in high potency—and it is the same with Coffea as Quinine.

Dr. Ballard—I think there are a great many of our thoughts we have not known how to explain. We all know that any one of us may step into the house, say a few words to some lady, and nothing is felt and nothing wrong about it; we might say these same words to another lady and she would swoon away. In the first case, there is no homœopathicity at all, and in the second case there was a condition of that woman which made this rumor homœopathic, because of the relationship between the person spoken of and the lady. The same thing exists in the actions of medicines in all cases. We find a person who has been drugged, and we give a remedy homœopathic to the condition; we simply remove the plug and let that poison float away. It had found a suitable

soil, but had it not found a soil in which it could take root it would not have been felt at all. Now, it is the same thing in regard to contagion, it may be found on all hands. Hahnemann says our medicines cure by producing a disease stronger than the one which the patient is suffering from, but I think Dr. Kent's explanation of the case better than that remark itself; and I have always contended that a dose of high potency of any remedy could not produce a disease stronger than the one from which the patient was suffering. The patient who is on the sick-bed with small-pox: the remedy simply acts homœopathically to the condition, as the virus or contagion of small-pox does to the susceptibility of that person taking it. And we have to-night simply opened a vial and let loose the odor which has been corked for a long time, the substance of which we now see in the bottle but we don't know how to get it out; but next year we can express ourselves as to it. I might say, in order to emphasize my remarks in regard to the homœopathicity of the words spoken to the lady—An Irishman who was sent to break the sad tidings to the wife of the sudden death of her husband (Mr. Kelly)—he being a great friend could do it a great deal better than any one else. On rapping, Mrs. Kelly came to the door. "You are the lady of the house, I suppose?" "I am Mrs. Kelly," she answered. "You are a liar, for the corpse is coming around the corner."

II.—GERMS.

As closely related to the subject of contagion, the question of the part played by the so-called "germs" is one of the greatest interest. Every since these germs were discovered and the practice known as "Listerism," based upon it, has been in vogue, there has been no one subject which has so constantly occupied the attention of the "old school." All this Dr. Bell shows in his paper, and moreover he clearly demonstrates that the germ theory, with the practice based upon it, has not given the surgeons the good results claimed for it.

Dr. Stow—I think this Association is vastly indebted to Dr. Bell for this remarkable paper. There is one thing in connection with the paper that appeared to me at first to suggest something—I cannot give the words exactly—but the Doctor, if I understand it correctly, said in speaking of the causes of the formation of microbes, that we are ignorant of them.

I venture this suggestion that it will not be found to be the most reasonable view to take of it. Since that in every solution

of continuity of animal structure you have severed nerve filaments which convey to the parts that amount of nerve force requisite to maintain them in a condition of health, and hence until there is some restoration of the tracks through which this force is carried, you will have breaking down of tissue and production of microbes, and so forth, and that carries us back also to this alternative theory of Hahnemann, *that it is a derangement of the vital forces*—whatever that may be—which gives us symptoms of disease and produces disease. To reach that vital force is to reach the matter in hand and (to) cure the case.

Dr. J. B. G. Custis—This paper has given me a great deal of pleasure. I like to see members exhaust subjects in the way Dr. Bell has this. I do not know if I can add anything to it, but only just show how far they are carrying on this discussion in Washington.

I have made inquiries of Professor Schmitt there in the employ of the Government studying this subject, and he is bending every energy toward the isolation of bacteria and the reproduction in the healthy organism of the disease from which they are supposed to have been isolated, and all he would say was that they had reproduced the "pear blight"—the disease in the pear tree—and reproduced it in all its peculiar characteristics in the pear tree, but would not claim *that anything* had ever been reproduced with its characteristics in the healthy man; he believed it had been done in *animals*, but could not prove it. I think it is important for us to have put ourselves on record both as investigators of this subject and of having firm convictions after having investigated it.

Dr. Ballard—I wish to sustain the paper by a little experience. It always seemed absurd to me that we have traveling through our vessels a menagerie which we must kill or destroy before we can exterminate the disease.

A year ago a patient of mine had amputation performed at the upper third of the left thigh because of necrosis of the femur, and there was also enlargement and chronic suppuration of one of the inguinal glands and a sinus connected with the opening of the thigh. That wound was carefully dressed and bandaged every day for nearly six weeks, but there was no healing. They tried to heal this inguinal gland by pressure, and finally one of our noted professors of surgery expressed the belief that it would have to be dissected out. All the while the wound was dressed on the "Listerian plan."

I gave the remedies which appeared to be indicated for the different symptoms as they came along and would control them,

but the wound would not heal, and these symptoms, or something in addition to them, would be continually cropping up.

I finally said to the surgeon, Now, I don't believe this nonsense any longer; this young man is a patient of mine, and Listerism cannot save him, my remedies are prevented by Carbolic acid from doing their work, and so I will exterminate everything from that wound (of such a nature).

The pus was highly odoriferous, and every little while, if the pressure was removed from the inguinal gland it would bulge up, because of the pressure somewhere else from the pus not being freely discharged. I gave the indicated remedy, which was "Sulphur," and I can safely say that within ten days that stump was healed, which had been discharging for six weeks, and did not break out again, either.

So, in addition to the vital force which may resist this menagerie, I believe the next best antiseptic is the *simillimum*.

Dr. Schmitt—In support of Dr. Ballard, I want to tell you of another menagerie, a case of erysipelas, caused by a wound on the skin of the tibia. The erysipelas went down into the superficial tissue and made a very long wound over an area of large size. The patient was dresser to our hospital, and that fact alone will show you that there was no Carbolic acid or other disinfectant there but a simple dressing of Pencoline to prevent irritation. The remedies with which I healed the foot were Silicea, followed by Hepar-sulph. and the whole case was well in five weeks.

In the allopathic hospitals they would have cut off that foot.

III.—ARNICA OR CALENDULA?

Dr. Alice B. Campbell read a paper entitled "In Praise of Calendula," which caused quite a discussion upon the indications for the use of Arnica and Calendula.

(Dr. Campbell's paper will be found in full in our July issue.)

Dr. Bell—Dr. Campbell has made the point that torn tissue indicates Calendula.

Dr. H. C. Allen—There is a very broad distinction between the use of Calendula as a universal application; here it is used on its indications perfectly correct—well done in praise of Calendula.

Dr. Dillingham—I want to say one word—in some cases it is confusing to know what to use—we have three remedies for

wounds—Arnica, Calendula, and Hypericum. In Dr. Campbell's case Arnica was the remedy, at least, I can hardly see where she could give Calendula and Arnica, but the patient took two remedies; one remedy must have done the whole thing. A properly-dressed wound and the indicated remedy would have done much.

Dr. Campbell—That question has occurred to me, but it seemed to me the boy was so shocked that Arnica appealed to the mental condition, and that was why I gave it the first night and in two days afterward the pain had gone. There was restless sleep, desire to sleep but could not. I gave a dose of Belladonna, then left him on the Calendula to heal the external wound. I had a little experience with that same young man with a pistol shot. He got shot in his hand with a pistol, and his mother was up all night bathing him with Arnica, and next day there was a line of inflammation extending up the arm, which I took to be the poisonous effects of Arnica, but it did not bias me if I had the indications of Arnica. I thought the mangled condition of the wound would be helped by Calendula, and at the hospital they commended my proceeding; they continued it themselves, and I do not think they are accustomed to do so. The wound healed beautifully and rapidly under the Calendula.

Dr. Nash—I would like to know if Calendula is the specific for lacerated wounds and Arnica for shock, and when we have both conditions present which are we going to use?

Dr. Dillingham—If I remember, my impressions are correct in regard to the use of Calendula—it should be given for clean-cut wounds, and Arnica given for bruises—and it was indicated in this case; it was the remedy.

Dr. Schmitt—Several years ago I had some experience with lacerated wounds, and one week a fellow would come in with a crushed finger—the flesh crushed on the bone, and I generally cleaned the wound and put Calendula tincture on it undiluted to stop the bleeding—it generally does so at once—and then wrapped it up and left the wound for several days.

Dr. H. C. Allen—Did you give nothing internally?

Dr. Schmitt—No, I don't now give anything internally.

Dr. Long—I have had some experience and I find, like in everything else, there is no exception in medicine, and that Calendula does not cure in every case of lacerated wounds. I would like to ask Dr. Schmitt if he ever had a case that was not lacerated.

Dr. Schmitt—Some of them suppurated, and if I noticed any

bad smell the bandage was taken off, and I generally gave any remedy which was indicated and kept the wounds open to see them.

Dr. Campbell—Would you then stop the *Calendula*?

Dr. Schmitt—Yes, I stopped the *Calendula*.

Dr. Campbell—Is there a law regulating that fact of mangled or bruised surfaces? I only apply *Arnica* if the surfaces are cut.

Dr. J. B. G. Custis—I am afraid to use *Arnica* where there is no abrasion. I have seen several bad cases, one of which proved fatal, resulting from the use of *Arnica*.

Dr. Bell—What kind of *Arnica*?

Dr. J. B. G. Custis—I was going to speak of that, and I instruct my patients never to use *Arnica* unless greatly diluted. I have used *Arnica* exceedingly diluted so that you could hardly detect the odor in the water, where there has been a great deal of contusion in addition to the laceration, but the *Calendula* in preference to that if the surface is simply cut. There has been some *Hamamelis* in Washington which has been dangerous to use. One lady hurt her eye, and upon the advice of her friends applied *Hamamelis* and the whole side of her face became swollen—it also occurred in another case.

These articles should be prescribed in a homœopathic drug-store. Their purity is very necessary in order to form a judgment as to their virtue.

Dr. Stow—Ought not this view to be taken: I would wish to distinguish between the *Arnica* and *Calendula* in all cases where the flesh has been bruised without breaking it, where the life quality has been knocked out of the tissue, and where ecchymosis follows rapidly, *Arnica* is the remedy, but if you come to a wound that is torn as with a buzz-saw, and it is mangled—only such parts of the wound, as the ragged portions, are likely to become destitute of vitality—in that case give *Calendula*. If the wound is large the torn parts should be chipped off so as to make the wound clean. Those distinctions ought to be borne in mind in the treatment of wounds. Then in regard to the pathogenesis of *Arnica*—what is that condition calling for *Arnica*? In typhoid fever it is where there is rapid loss of vitality, presented very largely at times in bleeding sordes and those peculiar ecchymosed spots upon the skin indicating rapid breaking down of tissue—here *Arnica* is the remedy. There is a two-fold trouble here—when a ball strikes the flesh it bruises it, compresses it and makes a hole. In such a case it is embarrassing to know which to use, the *Arnica* or the *Calendula*,

and it depends upon the amount of laceration following the ball. If the wound closes there is a danger of accumulation of matter unless there is drainage.

Dr. Dillingham—There is another question I want to mention. To-day surgery is a complicated affair. The surgery of the future is to be the simplest possible surgery. In this case reported, what carried the patient through, and what did the cure? Because as Hahnemannians we are bound to give the indicated remedy, and treat the wound in the simplest possible way. In one of the hospitals of England they use nothing but dry dressings. We find here a wound being done up by a mechanic, by wrapping it up simply in the blood. We want to throw off in the treatment of wounds everything that is not absolutely necessary, otherwise we are getting complicated as Hahnemannians.

Dr. H. C. Allen—There is another point, and that is this: We prove, and we use our remedies in the potentized form; why should we come down and begin at once with the tinctures in the treatment of wounds? If we use Arnica take the 30x in water, or some other way. We get just as good results if you get the right preparation of Arnica—not that made from the leaves, because then you get insect poison similiar to the *Cantharidis* which is invariably found in the arnica leaves, and it is impure because of this fact. Our allopathic friends throw it away; they are afraid of using it. There is no necessity of using either tincture of Arnica or *Calendula*, use the potentized preparation of it. Dr. Campbell has not cleared up the distinction why she used Arnica *and* *Calendula*. If Arnica was to be used, that alone should be used, if *Calendula*, that alone; then we gain the point and our friends of the A. I. H. will say there is alternation of remedies in the I. H. A.

Dr. Nash—I think it was Dr. Fore who brought forth *Calendula* as a remedy for wounds, and told of the peculiar virtues of this remedy, and in order to convince them made a deep cut in the fleshy portion of his hand, dressed it in *Calendula*, and the next day appeared before the company with his hand perfectly healed. It is said *Calendula* is a remedy for those wounds that suppurate profusely. I have seen suppuration rapidly subside under the use of it in a burn which covered the back and hips of a child who fell into a pail of hot water. The suppuration was profuse and I used *Calendula*, with the effect of rapidly healing up the wound. But I would like to inquire whether the fact is established that *Calendula* is a remedy for profusely suppurating injuries by internal use. Dr. Allen claims it is a

specific remedy which may be used just as well in the potency internally as in the tincture. Is it an excellent remedy where suppuration is profuse?

Dr. Biegler—I would not take your time in giving indications for Calendula, Arnica, and Hamamelis, but I wish to have the fact impressed that Dr. Allen has just brought up—that those remedies act *better in the highly diluted form than in the tincture*. I never, of late, have used any of those preparations except in the very highly diluted form, and I have had perfectly satisfactory success in using Arnica by being careful to obtain the homœopathic tincture—I have frequently got erysipelas from the other—by dropping ten or twelve drops into half a pint of water, which is just as effectual. So with Calendula and Hamamelis. Now as to the use of the potentized form, we obtain here better results. I have used it on burns. A solution of the *CM* of Canthar., locally in water, with perfect satisfaction. Take a little of the preparation *CM* dissolved in a few spoonfuls of water, then fill an eight-ounce bottle and use locally.

Dr. W. H. Reed—I had a case of a lady who had rhagades of the nipples, a distinctly marked case of Sulphur. I had heard that the topical application of Sulphur would be advisable to use, and laid a cloth soaked with the *CM* potency upon the nipples and got great relief, but afterward cured with a dose of Graphites.

Dr. Custis—In the peeling off of the epithelium of new-born children it has been customary with me to use Argentum-nitricum ^{2c}, a few pellets in water, and the nurses claimed there was something magical about it.

Is there not some difference between the effect of Hamamelis tincture or dilution and the potency of it in its power to check hemorrhage—will a hemorrhage from the lungs be checked as rapidly by Hamamelis when not in high potency, as when in the dilution or tincture? It seems to me there is a special therapeutic force in the potencies which is not in the tinctures, while there is drug action in the tincture which we want to get rid of in the potencies.

Dr. Bell—I think we must struggle against routine practice, and would say in connection with these cases, I have tried in every case to give the indicated remedy where required.

Arnica when there is pain in the operation—local pain—*Staphisagria* where there is pain in other parts—perhaps remote—after an operation, after lithotomy or amputation of the breasts if there is colic or strangury.

Dr. H. C. Allen—What remedy does Dr. Bell use in the terrible vomiting after abdominal operations?

Dr. Bell—There are two kinds: One after Ether, and the other due to peritonitis, and the latter is best treated by opening the abdomen and washing out the matter, but in the other case there is no remedy except as indicated by the symptoms. In other words, only rely upon our principles as ordinarily practiced.

IV.—MAGNESIA-PHOSPHORICUM; A PROVING OF THE CM POTENCY BY OLFACTION.

Dr. Taft reported: I took three powerful whiffs in each nostril of the CM potency of Mag-phos. and waited two days; on the third day I forgot it, but at dinner, at one o'clock, I had to leave the table and lie down. I was so very cold and chilly—chills up and down the back—headache; throat very sore; the subjective symptoms on right side, and objective on left; constant desire to swallow, which symptom remained for several weeks. It seemed to me like a hot corn-husk lodged in the throat, and I had to swallow constantly for weeks. Pain in the back of head, worse in the right frontal region; all the symptoms relieved by heat and covering. I had a bag of hot water at my feet and another at my head. I was shivering all over—teeth chattering—spasmodic yawning; it seemed as though it would dislocate my jaws, and tears rolled down the cheeks from it.

I was doubtful whether all this came from the remedy or not; but if it came from handling the CM, I don't know whether I dare go on with the five potencies Dr. Allen sent me.

Dr. Allen—Those who have never attempted to prove a drug by olfaction had better begin with Camphor and see how wonderfully it acts. I read a proving by olfaction on beginning the practice of Homœopathy, and that was enough to satisfy me that the whole thing was a humbug, instead of proving it for myself as I should have done.

Dr. Taft—I am doubtful whether the symptoms came from that.

Dr. H. C. Allen—I have had the same symptoms occur in several provers, and know they came from it. I have another report made by Dr. Campbell—a proving of Mag-phos. made by one of her patients.

Three doses of the 2c were taken in this proving. Enlargement of the joints has extended over both hands; I gave one dose of Lycopodium and they subsided in about a week, but returned, but are subsiding now.

The symptoms produced in Dr. Taft and this prover—the chills running characteristically down the spine (*vs.* Gels.)—and afterward run up and down the spine: like Gels. This has been characteristic of all the provers and all the potencies; but the higher potencies have produced it more promptly and the action was more prolonged. A doubtful allopathic physician was scoffing at our potencies, who did not think there was anything in them, said he would investigate Homœopathy if we could show him how these small doses acted. We were shrewd enough to demonstrate the action of the dose by getting him to begin the provings. The result is that to-day he is investigating Homœopathy and becoming a pretty lively homœopath.

Dr. H. P. Holmes reported a case cured by Mag.-phos.

A man who had been washing sheep had sciatica and could not lie down. All the sleep he got was in a chair, and hot applications to the right sciatic nerve was all the relief he could get. He could not lie down on account of pain. Mag.-phos.^{30x}, cured him without much trouble. (It is not always right side.)

This is a remedy that will rival many of our Polychrests, as Calc.-carb., Bell., Rhus, Veratrum, and many others. All we want is a little further verification, and this we should get from the members of this Association.

I gave one of my provers a vial of the 30x and 2C, and asked her to prove what she could and use it in her dispensary, having an admirable opportunity to investigate the action of this drug. Her report was that there was hardly a dispensary clinic for the last ten months in which she had not been required to dispense Mag.-phos., and never failed to obtain prompt relief, and she almost entirely relied upon Mag.-phos. Often, in all these cases, she never had a symptom of the remedy, and could not tell a single symptom on which to prescribe.

Dr. Campbell—I have a report of a case of dysmenorrhœa that lasted for some time, in which at each menstrual period a membrane was discharged varying in size from one to two inches long. She came to me for this trouble. The principal symptoms were: she was taken after the flow began with severe pains in the abdomen low down, which were relieved by lying curled up in bed with a hot-water bag on the abdomen. The pains would last perhaps for a day—dull, aching pains—and next day or the day after a membrane would be passed. She was in very good health with this exception. I gave her after one of her menstrual periods Mag.-phos.^{cm}, one dose dry. The next menstruation was easier somewhat, but not much. I think I repeated the Mag.-phos. in water, but have not the record. She got it, I

think, in water for two days, night and morning, and the next menstrual period was painless, though she passed the membrane as before. After that the menses were perfectly painless. She had always stayed in bed before without any relief. She kept well for six or eight months; then she got her feet wet just before one of her periods, and she required and got a dose of the same remedy (which might have been Pulsatilla). It relieved her, and she has had no trouble since.

Dr. Bell—The patient, a lady in middle life, with nervous temperament, a patient of Dr. Lippe's. The time Dr. Wesselhœft saw her, a year or more ago, and for neuralgic headache gave her a dose of Mag.-phos. She was so much relieved by this that he gave her to take home with her a vial of medicated pellets to take, if the case should require it. Dr. Kent knows the rest.

Dr. Kent—This lady came into my office one day with a most violent cough—very spasmodic—her face red as a blaze from coughing. She could hardly speak long enough to tell her other symptoms, because her whole time was taken up in telling of her cough. I found she had been in Boston, and had brought home a vial filled with pellets. I asked her how many doses of them she had taken. She did not know, but thought the medicine had given her so much relief that she should go on taking it. I wrote to Boston, asking if Mag.-phos. had been given, because the pain was relieved by pressure and heat, and I knew several were investigating Mag.-phos. at the time, and my suspicions rested upon Mag.-phos. She kept on coughing, and coughing, until I thought her head would come off, and the time came when I must either make a change in treatment or lose my patient. So I had to antidote the medicine. The peculiarity of the cough led me to give Lachesis, which stopped the cough at once, but she had coughed almost incessantly for three or four weeks.

Dr. Allen—Did you use any other antidote as a remedy?

Dr. Kent—I have had some trouble in antidoting these cases. I had a patient with very severe shooting neuralgic pains during the menstrual period, the pains were in the stomach and lasted the first day or two. The pain commenced in the back and came directly around and centered in the pit of the stomach. It was relieved by heat and pressure. I gave a dose of the 10M Mag.-phos., and she had no more pain. She came to me a year ago, when leaving the city, and asked for a couple of the powders in case the severe pains should return. I gave them to her as she suspected the pain was coming on, and she took them (50M) in five or

six doses a few hours apart. I had over three months' fighting in antidoting those doses. I forget the remedies given, and I believe it to have been the result of Mag.-phos. A marked symptom was developed a month after taking the powders, sufficient to drive her home—a tenderness of the dorsal spine for four to six inches in extent, which lasted three months, then passed away. In several cases Mag.-phos. acted a long time by reproducing its wave of symptoms. I believe it to be a very long and deeply-acting medicine.

Dr. Nash—You counteracted the cough with Lachesis; by what symptoms?

Dr. Kent—I cannot recall the details.

Dr. Biegler—A retching cough?

Dr. Kent—In a measure, choking-retching; worse in a warm room, better in the open air.

Dr. Kimball—Dr. Kent wrote that the face was so red that she seemed as if she would choke to death, the cough was so uncontrollable. I think it was aggravated in a warm room and at night on lying down.

Dr. Kent—Some of the head symptoms were aggravated in a warm room.

Dr. Ballard—Amelioration from pressure is not found in Lachesis, *i. e.*, from hard pressure.

Dr. Kent—You find amelioration from pressure, and aggravation from hard pressure.

Dr. Reed—I have an interesting clinical case. A lady sent for me about eight P. M. to go to see her. She was suffering from great pain. In the meantime I had to go to the College, and they were about ready to send for another doctor. She was complaining of extreme tenesmus and tormina, from a constant desire to pass water and go to stool. Every time this pain would come on she would rise up in bed and bend forward, and the only relief obtained was by hot water. I put a little of B. and T., 2C, of Mag.-phos. in a glass of water, and gave a dose every fifteen minutes—the third dose cured the pain. She had also a cough day and night—one of Dr. Kent's own patients—and I perceived no benefit. She had also the red face in connection with this, and I perceived no benefit from Mag.-phos. in this case of the cough, but complete relief of the tenesmus and tormina. I said this is a Phosphorus cough, and gave her Phosphorus, going away with the assurance that all would be right by the next morning. On going back next morning, I found that the cough had kept up, notwithstanding the pain was gone—there was aggravation of the cough. She had coughed over two

weeks. I then gave a dose of Sulphur, and then went home, and came again next day, and found the same greeting. Then, remembering the fact that she had been one of Dr. Kent's patients, I recognized the failure. I then took out a bottle of Fincke's CM of Phosphorus, and in five minutes' time I said, your cough is better. She answered, "Doctor, I could have told you that five minutes ago." And she had no cough from that time, and has not had any since. Well, now, in confirmation of Dr. Campbell's case, I have had three cases of this excessive pain at the catamenial periods, characterized by sharp, cutting pains. A colored girl—a servant—she was as coarse as she could be—and every time the pains came on she would throw herself across the edge of the table. I gave her Colocynth²⁰, then CM, but she got no benefit. Next time she had Mag.-phos. I had none of B. and T., and gave her 6x. At the next period there was some benefit, and no pain after the third period.

Another patient had the same experience, and she was completely cured by taking Mag.-phos.⁶. Another was cured by 2C at the second period. All these cases were relieved by heat, and all characterized by bending over, and by pressing on the abdomen. They were cutting, lancinating pains.

Dr. Campbell—But no exfoliation of membrane?

Dr. Reed—I cannot say. I gave the remedy just before menstruation.

Dr. Campbell—I usually get better results just after. In my case the flow was quite profuse, bright red, and perfectly regular, because she would always stay in bed that morning. She would be quite sure that the flow would come on either in the night or early in the morning.

Dr. Nash—Any hysterical symptoms before or during the menses?

Dr. Campbell—No.

Dr. Hawley—Did the discharged membrane come afterward, or before?

Dr. Campbell—The membrane comes either the second or third day, but not during the pains.

Dr. H. C. Allen—Perhaps I can help you out of this; one of my provers developed that symptom. She had never had a menstrual pain in her life. She was always regular; but she has had menstrual colic ever since taking Mag.-phos., and has menstruated six to nine days too soon. Her usual time between the periods was twenty-eight days from the time it ceases until it begins again. There was an intensely sore, bruised feeling all through the abdomen, which continued for two days. At this

time she had not taken any of the medicine for a month, but during her time of proving it she had taken a dose night and morning for two or three days—then stopped. The menstrual pains were somewhat peculiar, in that they were ameliorated by the flow—like *Lachesis*—resembling *Zinc*, and feeling better during the menstrual period. The characteristics of the menstrual pains Dr. Reed has described very brilliantly.

I have had three cases of dysmenorrhœa cured, after running months or years, by this remedy, Mag.-phos. Contrary to the usual belief, the higher preparations of this remedy clinically in practice, give very much more prompt and better results than the 6x, and in this, as in all others, they are infinitely more effective than the crude drug; and many of our men use it almost exclusively in dysmenorrhœa for symptoms of this character, and they give it for everything without reference to aggravation, amelioration, or anything else. The three best antidotes are *Gelsemium*, *Belladonna*, and *Lachesis*. I have had two cases antidoted in provers, because I did not think the 1M would produce any serious result, though the result was anything but pleasant for them.

Dr. Hitchcock—This is a most interesting subject, and I think we want to hear more. I move that this Bureau adjourn.

Dr. Ballard—We can have more time to-morrow, and as there is only one more paper, we ought to finish up this evening.

Dr. Hitchcock—I withdraw my motion for the present.

Dr. Ballard—This nasal symptom of the alternating stuffiness and free discharge from the nostrils, will be recognized, perhaps, under another remedy, though not exactly with those symptoms. The only remedy I have ever found—that is, the symptoms of the discharge from the nose in a gush, and I have had a number of cases this past winter—is *Badiaga*. The discharge is almost exclusively confined to the left side, and it will come in gushes at times—she would have to use a large towel, it would come in such a gush. There was not the stiff condition of the nose in the meantime.

Dr. Nash—Does the nasal symptom appear in the proving?

Dr. H. C. Allen—Yes; it appears in the proving.

V.—SANICULA.

Dr. Wm. Jefferson Guernsey having reported a paper, giving some experience with this new remedy, Dr. J. V. Allen then reported his experience.

Dr. J. V. Allen—I have had considerable experience with

Sanicula, and a great many similar cases to that of Dr. Guernsey, in which Sanicula was indicated in summer complaint. But it is especially to the eye symptoms of Sanicula I wish to refer. It is marked photophobia, without much inflammation—so marked that the patient cannot stand the light of day. He must close the eyes continually, and with this there is an awful discharge of thick yellowish and greenish matter, which excoriates the cheek or any part of the face which it touches. All of the cases—which were of long standing, and had failed to be relieved by the old-school physicians—were cured in a very short time by Sanicula. The photophobia was the first symptom to disappear.

Dr. Biegler—Was there no nasal affection?

Dr. J. V. Allen—In one case of a child, the discharge was greenish, and the nostrils and lips were excoriated, but that entirely disappeared under the action of the remedy very quickly.

VI.—MELILOTUS ALBA.

Dr. H. C. Allen—I have a few mental symptoms to which I wish to call the attention of the Association. A few years ago we made a proving of “Melilotus alba,” and since that I have been paying great attention to its mental symptoms, having made four brilliant cures, which were generally of a very severe type. In three or four of the cases the papers had been made out to send the patients to the asylum, and Melilotus completely restored them. I want to call your attention to a remark Hahnemann made in regard to Veratrum album, in which he believes it capable of working many cures of insanity. Dr. Bowen says he is in the habit of prescribing it for all cases of insanity to reduce the hyperæmic condition of the brain. He has given Melilotus for that condition alone, thinking that as soon as he could reduce it he would then prescribe for the other symptoms; but Melilotus cured up the entire mental symptoms in the case. I have verified these following symptoms so often that I think they can be relied upon: Great mental confusion; unable to fix the mind on any subject; extremely suspicious; thinks an adversary is on his track seeking to arrest him; capacity for business entirely gone; memory and judgment impaired, constantly making mistakes as to what ought to be done, thought there was something supernatural in his always waking before three A. M. and not sleeping again; this was the first symptom that marked the onset of the attack. He was attacked with insomnia; would sleep pretty well between twelve P. M.

and three A. M., but after that no more sleep. None next day, but a little in the evening, then after twelve P. M. a few hours, and waking promptly at three A. M. After a dose of Melilotus the insomnia disappeared and never returned.

The following symptoms presented themselves in another case: A comprehension that personal disaster had overtaken him, that he was going to the almshouse, could not be prevailed on to eat anything except refuse; would not speak except in monosyllables, locking the doors, fastening the windows, watching sideways to see if the officer was coming after him, was positive he was not at home; did not know his own house, but recognized the members of his family; thought he had been brought to the house at the cemetery and prepared to be buried next morning; great nervous and mental prostration. I tried to encourage him well against this prostration, but it was no use, the mental prostration was too complete.

I call the attention of the members to these particular symptoms of Melilotus because there are other remedies that may be more useful in the treatment of insanity and mental symptoms.

Dr. Nash—I had considerable experience with Melilotus, and one characteristic symptom is this excessive redness of the face, which always, in my experience, goes along with these mental troubles, and often precedes nose bleeding, which is apt to occur in these cases.

VII.—TRANSVERSE PRESENTATION; A CASE WITH SOME REMARKS.

[This excellent paper, by Dr. C. W. Butler, was published in our July issue; we now add a part of the discussion which followed its reading.]

Dr. Kent—I will tell you something like Dr. Butler's. It was one of the cases of a midwife, experienced, well educated, and of thirty years' practice. I had seen a number of her cases and considered her highly accomplished; but she occasionally sent for me to share the responsibility—and this one was a tedious case. She had diagnosed a breech presentation, and she sent for me with a note, saying she expected a three days' job on hand, and wanted me to come and assure the family that though it should be three days it would come out all right. I went to the house, made an examination, and found a breech presentation. I admit it was rather hastily done, but I confirmed her diagnosis. The dilatation of the os was between a quarter and half a dollar, and I went through with the assurance to the

family she requested me to make with all conscientiousness, and did not think anything more about the case. The next morning she called at my office; the patient had had a good many pains; they were irregular and spasmodic; she was a Pulsatilla patient and I paid more attention to the case by taking symptoms and seeing what remedy would help her through, and she said, Why didn't you tell me I had fooled you. I made a mistake in that diagnosis. I am an old fool to practice midwifery for thirty years and not know a head presentation. You knew it was a head presentation, and I was an old fool. That child was born head first. Now did the Pulsatilla do it? It was born in a few hours after I had left the house. I had only stopped a few minutes, and remarked "it may be a tedious case."

Dr. Nash—I was very much pleased with the graphic description of Dr. Butler's case. It seemed as though I could almost see the devil raised. But, while we are talking about the power of Pulsatilla, it seems to me that while I have no doubt this has been the case in many instances, and we have no doubt reports to that effect from those who ought to know—it seems to me that it is possible, this is not the only remedy capable of performing that kind of business, and we should seek to find out those indications which lead us to give Pulsatilla. I believe that *Caulophyllum*, when understood, may accomplish the same results; and while we have so many remedies they should make it their particular business to prove *Caulophyllum* and those remedies which have an action upon the generative organs of women, so that we shall know better what we can do with them.

Dr. Butler—It is not at all uncommon with us, without remedies, for the child to change positions at the last moment, if the waters are not yet broken; it is easier for the child at the time to change. In my case the waters had broken half an hour before and the irregular contractions of the uterus had taken place. It seemed a very peculiar case, and when I gave a dose of Pulsatilla I had no idea of any results. The only parallel I have found is one Dunham gives. It is difficult to tell whether he takes version or evolution. The only case I know is where Valpool saw a shoulder presentation turned by Pulsatilla.

Dr. J. V. Allen—We know that the natural labor is the head, and if it is unnatural it is amenable to treatment, and I think that the medicine indicated homœopathically will relieve that which is unnatural and bring it back to the natural one. And, in my experience, any of the remedies indicated by the symp-

toms will relieve. One case was that of Dr. Guernsey's; he was sick, I went to the house; the lady had been in labor several hours, and it was a very cold morning. I noticed she was up every two or three minutes running around the room, with terrible pains in her limbs. I found no dilatation of the os, and I asked her why she did so. She said she usually felt better when in motion. I gave her Rhus-tox., one dose of the CM, and sat down to get warm, and she went to lie down and said she felt a good deal better and did not feel like getting up and walking around. The os was now dilated about the size of a dollar, and the labor was over in fifteen minutes.

Dr. Schmitt—I had a case almost similar to Dr. Butler's. I was called to see a case attended by a midwife also very experienced. She did not like me because of being a homœopath. I came in and asked her what was the matter. She said, "Examine yourself." I did so, and found a shoulder presentation, but did not say so, and I pulled down a hand to make sure. Then I said: "We have a shoulder presentation," and she agreed. The os was dilated slightly. I could not make version. The woman had pains in the abdomen. It was a Pulsatilla case, and I gave a dose of Puls.^{2c}. About ten minutes after she was fast asleep—no pains, a sure sign the Pulsatilla was acting. We went into the other room while she slept for an hour. I went home, saying everything would be all right when she awoke. I was called in the morning about eight o'clock, and when I reached the house the child was born. She said it was born by the breech.

Dr. Butler—The shoulder presenting, the breech was carried up toward the upper part of the fundus uteri, and the first action of the muscular fibres was upon the breech, which carried it around that way.

Dr. Schmitt—There was no mistake about the presentation, and if the remedy acts it often puts the patient to sleep. She slept from three o'clock to seven o'clock in the morning, and, after a few pains the child was delivered. The version, therefore, must have taken place during her sleep. With regard to what Dr. Nash said I will remind you of a case I mentioned in our meeting at Syracuse where Sepia^{2c} restored the child.

Dr. Long—I would like to report a failure along this line. I wish to preface my remarks by saying it was due to the fact that the patient did not receive constitutional treatment prior to the labor, which is the most important part of obstetrics. Last November, a year ago, I had a fellow doctor drop in to take tea with me. I had been called at nine o'clock the previous night

to a case of labor, primipara, and diagnosed it as a breech presentation. I thought I had elicited the whole history of the case, and was warranted in giving Puls.^{1m}. My patient was a very patient woman. She had known me for twelve or fifteen years. She did not call me during the night, as I had requested her to do unless she was relieved, but spent the night in walking around the room. In the morning I thought I was justified in giving Lycopodium. The os was sufficiently dilated for me to attempt version, as it seemed impossible for the breech to advance. I continued Lycopodium throughout the day, and spoiled the doctor's supper in the evening by asking him to go with me in this case. Remedies apparently were useless. I introduced my right hand and brought down the feet, and with his assistance, manipulated the external walls of the abdomen and delivered the child. I was frightened because the child hadn't a particle of skin from the knees down, and I feared I had done it with the use of my fingers. Here is the history of that case in a few words: This young girl had married a farmer, and they had to struggle for a living. During the summer months, while in the field picking peas, a large snake jumped at her and she was found unconscious in the field. Now, this woman certainly required constitutional treatment from August to November, when the child was born. Two or three physicians saw the baby. It was literally covered with sores. The father is tuberculous—two of the family died with phthisis. The child, from the effects of the summer's heat and the overheating of the mother, has been nothing but one mass of scabs from the head to the feet. To-day she has apparently recovered all her vitality; she has good skin, has teeth, and her feet, which were deformed, are become natural and normal, and I believe she has the making of a strong, healthy child. I believe all the conditions—the proper position and the whole hygienic treatment—should be attended to prior to the time of labor. That is the time to administer remedies. Pulsatilla, Nux vomica, Chamomilla, Lycopodium failed in this case.

VIII.—MASTITIS, ITS TREATMENT, WITH A REPERTORY.

In our July issue we published this excellent paper prepared by Dr. Wm. Jefferson Guernsey. We now add to it the experience of many others as given in their remarks upon Dr. Guernsey's paper.

Dr. H. C. Allen—Does Dr. Guernsey puncture threatening abscesses?

Dr. Guernsey—I do not. Sometimes an abscess will point in a certain direction, and perhaps in a few days' time, under the influence of medicine, it will point in some other part, fully an inch away from the first place—and the reason for not puncturing the breast is that I believe had I punctured the breast, I would have done so in the place I expected to at the first (*i. e.*, where it first pointed), and the fact that it did not break there would have shown me that I had made a mistake should I have done so.

Dr. H. C. Allen—That is just where nature will do her own work and do it best, and where Graphites is given in a case in which frequent punctures have been made, it is not then required. It is not the thing to lance.

Dr. Emory—In confirmation of Dr. Sawyer's remarks, I might state that I had a case, a few years ago, of a lady who had had two children, and with both of them she suffered tortures from an abscess of the left breast, so much so that she dreaded the terrible knifing more than labor. She had never had homœopathic treatment. I assured her she would not have any gathered breasts under homœopathic treatment. There were indications for other remedies during pregnancy, and I did not use Graphites until after labor, when the same old pains began as formerly, accompanied by swelling and hardness in the cicatrices, but Graphites^{15m} removed all the difficulty. I have never had to lance a breast.

Dr. Campbell—I think I would like to tell of a single case of mine. I followed upon another physician officiating at the birth and attended to the case. There was a very extensive erysipelatous inflammation involving the whole of the breast. I cured the case, but was summoned to attend the other breast. I had never had such an occurrence before, and treated that in the same way for a little while. It was in an advanced stage of inflammation when I first saw it. "When did this come on?" I asked. She said, "I had been meddling with it and would not have mentioned it if you had not spoken." I did not understand the circumstances of the case, but finally they came out. She had had injections of Carbolic acid per vaginum—I had inquired about that before and told her to discontinue them. After the first breast healed, she had commenced the injections again, and the abscess of the other breast was, I believe, the result of using this Carbolic acid. They both suppurated, but, as Dr. Guernsey said, "it pointed in one place, and broke in another." Has any one else had the same experience?

Dr. Baylies—I have had the same experience, and have used

Graphites under the same circumstances for a series of years, and in the same person.

Dr. Campbell—I mean metastasis following vaginal injections. Am I wrong in attributing that effect to such a cause? It seemed very dark to me.

IX.—THE CARE OF THE BREASTS, READ BY DR. J. B. G. CUSTIS.

Every nurse has some special ointment or salve which is a sure means of preparing the breasts for lactation, and for preventing them from getting sore! The treatment of the breast is often a very difficult one, and with the best of care we are often disappointed. But this much may be safely said, that this local treatment does not do much good. Our readers will peruse the following discussion with much interest:

Dr. Biegler—This is an important paper in so far as it presents points of consideration to the members of this Association, which involve the question of local application, which he recommends such as a decoction of tea, to previously harden the nipples; the application of Glycerine, and the naming of certain principal remedies for certain conditions and for diseased states. I hope the members will take this paper in hand.

Dr. Guernsey—It is a question whether the nipple requires to be hardened; or rather, I think it should be softened. And, as far as any local means are concerned, I don't know why in this, or any other case, our patients should hold to their fancies, or that we should deviate from what we think is right. If anything is used (as a local application), take the remedy and dissolve it in water, which is very simple and much the best way. For tenderness of the breast, "Sulphur" is the remedy, and for cracking of the breast (around the base of the nipple), Graphites. Dissolve the remedies in water with four parts of Alcohol, and apply after nursing.

Dr. Sawyer—I have had some experience in these cases. I have never yet seen a case of cracked nipples, sore nipples, and abscess of the breasts in the patient, free from miasm or other psora sycosis, scrofula, or other kind of taint, and the best results are obtained from treating the patient and not the nipple. Treat the patient every time. I permit them sometimes to make a cake of beeswax and soften it to the shape of the breasts, which only keeps the patient warm and allows her to do no harm. But the indicated remedy will do the work every time.

Dr. Nash—Dr. Guernsey says it is a question whether they

ought to be softened or hardened. The patient wants them toughened; so I refer them to the tanner if they want them tanned. That, as Dr. Sawyer has just said, of late years I have tried these things and there's no objection to using glycerine, or egg, or beeswax to get it merely painted on the patient while we cure them constitutionally. But I have simply used a solution of the potency of some remedy the same as is given internally, and my success is much better.

Dr. Guernsey—We have no remedy which will produce such excessive soreness as *Apis mellifica*, and, to my mind, Dr. Sawyer's application may have benefited the nipple as much as the medicine did internally.

Dr. H. C. Allen—Dr. Sawyer will find out that occasionally the patient is so extremely sensitive to the action of *Apis* that she cannot stand the action of beeswax.

Dr. Sawyer—I shall not prescribe it again.

Dr. Bell—One of the great attractions of this Society is that the members are all ready to repent and reform. I think Dr. Campbell and Dr. Custis are going to reform. The application of tea is wrong; it is the same old story of green tea to the eyes. If the patient is psoric, tea will do no good. The patient should not be allowed to use improper means; and it should be our whole duty, and our success would be better, to follow the straight and narrow path and have nothing used externally except water or oil, just to occupy their minds while the remedy acts internally. Nothing externally can possibly be of benefit.

Dr. Schmitt—I have a holy terror of those old grannies with their stuff on the nipples. I tell them I am going to cure the nipples with medicine, but they don't believe it, though I make them believe it ultimately. Sulphur, Sepia, and Lycopodium are indicated in different cases.

Dr. Biegler—Although it is not in my province to discuss this paper, I cannot let the opportunity go by without expressing my objection to the use of glycerine as well as tea for external application. I think I have seen very serious results follow its application to the mucous surfaces.

Dr. Custis—I want to set this on record in the treatment of these cases. I think they take the brandy for the moral effect. Life is too short to go into a long argument with everybody, and if you can find something that will not do any harm: if you can give them a little license without a particle of injury to the patient, I don't think that there is any objection. I have never seen any harm from using glycerine, though some people's

skin cannot stand glycerine. I have generally looked upon it as harmless, but if it is wrong I will give it up. The main point is that we get the expression of members on their exact method of practice in these cases.

Dr. Emory—I think one of the objections to these local applications is thus stated, as I once heard my late partner express it in reference to poultices in the formation of abscesses, pneumonia, etc., for which the old school use them. Years ago, when he was younger than now, he occasionally yielded to the wishes of his patients in this respect, and when he came back the next day the patient said, "Doctor what a grand thing that poultice was," and he knew that the change was not due to the poultice but to the remedy.

Dr. Custis—I want to refer to some criticism in regard to mentioning remedies for each of the conditions present in a given case. I don't think this a fair criticism, for the reason that there is not one instance where you see inflamed breasts that you do not have a certain class of remedies in your mind. This method we all pursue, and if this remedy did not suit the case we search for something new that suits the conditions. And, whatever they are, a certain class of remedies comes into our mind, and let us give those. That there are differential indications I do not deny; but let us help the younger man as he comes along. Dr. Biegler can say at a glance whether any of these remedies meet the case, but I see no objection at all to grouping remedies around the name of a disease, provided they are only prescribed upon special indications, and in these cases of much fever nine out of ten are met by Aconite, Belladonna, or Bryonia, and they will generally meet the conditions sure if they have not given Apis or something else.

Dr. Biegler—I called that up with the other points, not intending it for criticism. It is a question whether grouping a lot of remedies for certain conditions is not a mistake. It may lead into a ready method of selecting remedies. I only called it up for consideration.

Dr. Reed—If you have a case of diphtheria and the nurse says: "Doctor, we must be doing something." Are you not going to wash the throat or use a gargle? You must be doing something if you assent to a measure of that kind. You must also use local applications to the breast; and you are just as culpable in the one case as the other.

In a diseased condition of the nose or the throat, if you would in one place you must in another, and you must withstand the pressing urgency of the people. To resist this may seem foolish,

but you had better leave the case than compromise your principles of homœopathics.

Dr. Sawyer—It seems to me that the course our Brother Custis recommends here is decidedly in the way of the beginner. He must examine his books before he prescribes or he will have a hard road to travel. He can look up the case with perfect safety without destroying the confidence of his patient—he can get along better in this way.

Dr. H. C. Allen—I usually advise patients to take, for instance, the mother-in-law and let her have the application on the breasts. She is able to stand it. It will not hurt her; she is well. If they insist on having a cataplasm or any other application in pneumonia that is all right, put it on the husband; he can stand it. This smoothes the thing over. But the best local application to any diseased condition of the mammæ is the same remedy which you give internally, potentized. If you are going to put anything there, locally, that is the thing to apply. Dr. Custis is certainly wrong in grouping his drugs. Repent, or you will be lost.

Dr. Guernsey—I would like to ask for the benefit of discussion whether anything can be offered in medication for retained placenta? If any members have had personal experience in such a case they might relate it.

Dr. Sawyer—I have had some experience, but I don't know that I can put it into sufficiently good shape to relate. I have stuck to the rule of giving the remedy covering the totality of the symptoms, and made the *Organon* do the work by the aid of medicine. In one case it was six weeks before all the placenta came away, but the patient made a splendid recovery. And in several cases where it was a day and a half before being expelled, I have seen no harm result where the conditions were met by the homœopathic remedy. I have never seen any septicæmia occur.

Dr. Nash—I once had a patient who was taken with profuse flowing, and I treated her from time to time without being able to more than just stop it. There was no apparent cause of hemorrhage. She was sure she had not miscarried. I had the impression forced upon me that there must be retained placenta, and she had miscarried without knowing it. The discharges became very offensive, and the woman was confined to bed three months with recurrent hemorrhages. The symptoms pointed to various remedies. I consulted Dr. Swan, who recommended Sabina^{mm}, which controlled it for a time, but it returned, and the discharge became very corrosive and of a horrible odor. I finally consulted Dr. Lippe, sending him a very careful history

of the case. He sent me two powders of *Sepia*^{cm}, and I gave them, twenty-four hours apart. The first I gave at four P. M., and by seven severe pains came on with the expulsion of the partly disintegrated placenta. That was the end of the trouble.

Dr. Emory—If there are a few moments to spare I shall be very sorry to see this subject dropped. Is it the practice of other physicians under such a suspicion to make no efforts to ascertain the facts in the case? Dr. Bell, for instance, would not he use the dilator and curette? I have never had such a case, and I don't know what I would do under the circumstances.

Dr. Schmitt—I have had several experiences in that connection. I never had to resort to the curette. The indicated remedy brought away the placenta every time, even after a week's retention. One case, where I had tried different remedies but failed, I finally gave *Lycopodium*, the indicated remedy, in the morning at nine A. M., and the placenta passed at four A. M. the next day entirely, and the woman made a fine recovery. She had, in fact, the first symptoms of septicæmia. Another case was—

Dr. Reed—Was the retained placenta under your supervision?

Dr. Schmitt—Yes, she had a miscarriage—brought it on herself. I removed one placenta with the help of a placenta forceps formerly, and in the same patient afterward I got rid of the placenta by means of *Lycopodium*. In another case I attended a young married woman in her (two months) first pregnancy, and found her in terrible pains. The symptoms pointed to *Sabina*, and I gave one dose of the CM potency. In ten minutes I gave another dose, and she fell asleep. I waited an hour, but she did not wake. Next morning I got word to come up and see something. I then found that the placenta had passed during the night without a particle of pain.

Dr. Reed—Was she dead then?

Dr. Schmitt—No, she awoke next morning. I did not kill her.

Dr. Bell—I have had no experience in regard to Dr. Emory's question. I should have tried to remove the placenta by mechanical means, without too much interference; but I prefer a cure on homœopathic grounds. Such a cure is more satisfactory and more thorough. The merely mechanical removal is very difficult to make entire. There is no proper casting off of tissue; but in the other case there is a true casting off, and the tissues are left clean. If the case is going on to septicæmia, and there is great danger of death, then I feel we would be obliged to do the less regular thing, but I believe the other is better.

X.—THE ROCHESTER HAHNEMANNIAN HOSPITAL.

Dr. Biegler—It would be profitable for some one to make the announcement to this Association of the fact that a general Homœopathic Hospital and a general Hospital have been established in Rochester. The resolution comes rather late after the one just passed, but as our representative, who was appointed delegate to this Association, is not present, I take the liberty of calling your attention to this movement in Rochester, by way of a few words.

I think that we can now claim that this hospital is the first general Homœopathic Hospital that has ever been established, whose practice is based upon the teachings of the *Organon* strictly. The manner in which the hospital was established I will not relate in detail. It was under extraordinary difficulties. There is now a movement, with more influence, to establish a so-called Homœopathic Hospital, and it is nearly established, though not openly. That movement makes our undertaking a much more difficult one than under ordinary circumstances, and the resolution which has been offered, and any expression which will arise from that resolution, will be a source of considerable help. It is a question now of the right of one or other of these hospitals established in Rochester to exist. The place cannot support four hospitals. As there are now two larger ones in operation, and we have now started two new additional hospitals, and it is a struggle for the life of the one and the death of the other. For the purpose of maintaining influence and creating a public sentiment against us, the State Society lends its influence by going to Rochester this summer to hold its meeting for the purpose of influencing the project on that side. Therefore, the resolution offered by Dr. Bell will not only be gratefully received by the representatives of this Association and Homœopathy in general, but it seems to me a necessity, in order to give us moral support, that the people may see we are not standing alone. The movement which has been inaugurated in Rochester has had the effect of making many people understand. Many now know what Homœopathy is, and what the practice of pure Homœopathy is. A large class are dazed and confused, and a portion of that class are not aware but—what I believe—that we are an offshoot from the regular homœopathic school, so-called, that we have gone off on some strange notions, separated from the regular body of the homœopathic school, and established something different, and I, for one, will welcome any expression you may give us for that reason.

ON THE RELATIVE WORTH OF SYMPTOMS— WITH SOME REMARKS ON BORAX.

(Dr. C. Von Bœnninghausen, translated by Carroll Dunham, M. D., from the *Allgemeine Homœopathische Zeitung*, vol. 53, 1856.)

Among the various elaborations of the *Materia Medica Pura* of Hahnemann of which such an abundance have been made in modern times, I miss one whose importance has only of late years become fully evident to me. This is a statement of the *time* which elapsed *after the taking of the remedy before a given symptom was observed*. Passing over the value or worthlessness of all other alleged deficiencies—although younger critics have put forth nothing better or more serviceable—I have in view to say something on this topic only, because it appears to me to be of no little importance in practice.

If my old (seventy-two years) memory does not mislead me, it was the genial C. Hering—I do not recall when or where—who first (and up to the present time he is the only one who has called my attention to it) pointed out to me that the *proving-symptoms* which manifested themselves *last* were the *most important for employment in curing*, and were far from being only secondary and useless in therapeutics.

Certainly, at the first glance, there seems to be a paradox in this, as in many other things, that this indefatigable investigator has asserted. But to be willing to form an apodictic opinion prematurely, from the mere aspect of the thing, would in this case be all the more unreasonable, because every homœopath can, without great difficulty, obtain in the records of the provings sufficient certainty of the correctness or falsity of this assertion. He needs only to compare, in the four volumes (second edition) of *Antipsoric Remedies*, certain symptoms which were latest observed, with the brief indications which were given by Hahnemann himself in his introduction to each proving from his individual experience as pre-eminently belonging to these remedies, and which have been abundantly verified as such in our practice. He will thereby be convinced that the analogue to these indications is in most cases contained, and sometimes exclusively, in such *late-observed symptoms*.

A truth appears, therefore, to lie at the bottom of this assertion of Hering's, which till now has been little observed, and which makes us regret that, in so many new as well as old provings, so little attention has been paid to a statement of the *time* at which the symptoms manifested themselves after the

taking of the drugs, and especially in the case of those peculiar symptoms in which mainly the individual characteristics of the drug must be sought. Although the fact that a knowledge of the importance of such a statement of the time must have been reserved to later comparative studies may serve as an excuse for former provers, yet this omission is not on that account less worthy of regret, and we are often obliged to first discover by the long process of experience that which might then have been supplied us by the putting together of some little figures and letters.

It may be interesting to consider the above-mentioned observations with regard to other remedies also—namely, to such as are seldom used, and about which Hahnemann has left us no especial teachings in this respect. Among others, *Borax* appears particularly fitted for such investigation (*Chron. Krankheit* II, 28), where the time of the phenomena is almost throughout sufficiently specified in the symptoms observed by Dr. Schreter. I think I may be allowed, therefore, as a proof of the above general remarks, to make a few observations upon it which may serve at the same time as a contribution to the more precise characteristics of this perhaps too-much-neglected remedy. If therein I deviate from the newer (so-called scientific) fashion of proper treatment of the subject, I beg my readers to remember that my object here is only an especial and limited one, and above all that I make no secret of belonging to the old Hahnemannian school (now almost extinct).

BORAX.

At the very beginning in both symptoms 4 and 5, of which the first was observed during five weeks, the second during three weeks, a peculiarity meets us which belongs to no other remedy in the same way. It is *anxiety on sudden downward motion*, and is by no means to be confounded with the but slightly similar symptoms which we have of Carb. veg., Sep., and Sulph. According to my experience, this anxiety clearly expresses itself in a *swing*, and most pre-eminently at the moment when the swing moves *forwards*, almost never when it moves *backwards*. I have observed this by no means unusual symptom not only in children, but also in two adult women, and in every case regarded it as a useful one, and it also by the result proved itself to be of value not simply for this, but also for the other existing trouble.* Sickness from riding, especially on

* I should too far overstep the limits of this communication if in every case I should particularize the form of disease. I therefore confine myself to briefly stating that one of these patients, a woman of thirty years, suffered from difficult menstruation; the other, a strong woman of forty, from frequent attacks of erysipelas.

the back seats, as well as sea-sickness, has little in common with this, and evidently Borax will not be of use in these cases, although in some forms of the latter this remedy might well be tried.

2. Not less characteristic appears symptom 7 (without statement of time) as regards *violent fright from the report of a gun, even at a distance*, and I mention this only as it were in passing, because in my experience it is an excellent remedy for *hunting-dogs* which are *shot-shy*, a fault which, as my hunt-loving colleagues know, occurs not seldom, and is often difficult to cure. Moreover, there are persons, especially children, who start at every shot and receive from it a great and unnatural fright. Just so, excessive fear of *thunder* appears to belong here.

3. Among the symptoms which affect the eye, we come upon two, viz. : 77 and 78, which are pre-eminently peculiar to this remedy, and which until now were observed only in the working of *Silic.* and *Puls.* It is that peculiar kind of inflammation of the eyes which is caused and kept up by the *growing-in of the eye-lashes*, thus constantly irritating the ball of the eye, and which is not permanently cured even when allopathically the corpus delicti has been removed, and the lashes torn out by the roots. Every one of us has probably found the admirable working of Borax proved in many cases of this kind of inflammation (of course, the other symptoms must correspond), and it only remains to be noticed that symptom 77 was first observed *after six weeks* and symptom 78 *after thirty-five days*.

4. Among the morbid phenomena of the ears from symptom 88 to 106, and in connection with which symptoms 51 and 60 must be considered, *those* have, by the curative results, proved themselves to be the most marked which were connected with *ulceration of the ear*. But these are symptoms 95, 96, 97, which first showed themselves *on the twenty-seventh day* and *on the nineteenth day*. Symptom 51, just mentioned in this connection, first appeared after the *thirty-second day*, and at the same time with symptom 96.

5. Scabs in the nasal cavities, with inflammation and shining redness at the tip of the nose, which are not seldom met with in (psoric) persons who have neither at any time been syphilitic nor been abused with *Merc.*, often find (with *Sep.* or *Sil.*) their remedy in Borax, as many, also, of us may have experienced. But the symptoms which apply here—109, 111, and 112—do not stand among those which appear in the first days after taking the remedy, but date from the *tenth, sixteenth, and eighteenth days*. It is probable that many among us have, like myself,

had opportunity to cure by means of this remedy painful *erysipelas*, commonly on the left side of the face (the similar Bell. *erysipelas* generally occupies the *whole* face or only the *right half*) which is unendurable, especially when the muscles contract in laughter. The two symptoms which apply here—120 and 121—were not observed until from the *thirty-first* to the *thirty-fourth* day.

7. Of the toothaches which are cured quickly and lastingly by Borax, I recall only the one which corresponds with symptoms 137 and 139, connected with symptom 133 by reason of the influence of chilly weather, and with symptom 136 on account of aggravation by cold water. I call attention to the fact that the two first-named symptoms appear on the *fortieth* day.

Moreover, this remedy, according to symptoms 147 and 148, and in connection with symptom 125, is not unfrequently very successful in the *teething of children*, in which cases it must be ranked among the most useful of our remedies; especially in cases in which the symptoms 150 to 153* are present at the same time. Here also I remark that the symptoms 147 and 148 were observed after *forty* and *thirty-six* days respectively.

8. Borax has long been known to allopathy as a frequently efficient remedy in aphthous mouth-affections of children, the practice being to pencil the mouth with it. Every one of us, too, have seen its satisfactory operation in this often very troublesome disease of childhood, when, in other respects, it has been homœopathically chosen—that is, when there has been no contra-indication. There can consequently be no doubt of its relative curative action in this connection. Now, the four symptoms which relate to this affection in the proving all appeared very late, viz.: 150 *after four weeks*; 121 *after thirty days*; 152 *after thirty-three days*, and 153 *after five weeks*.

9. Symptoms 218 to 223 correspond with great distinctness to a form of spleen-affection, and, indeed, with clear and apparently exact indications which would appear to insure the correct choice of the remedy in any given case. I must confess, nevertheless, that I have never seen in any kind of spleen-affection any result worth mentioning from the administration of Borax; and I mention this fact here only for this reason, because the symptoms to which I refer were all observed *very early*, and, indeed, *only a few days after the drug was taken*, and only symptom 22 occurred after fifteen days. This negative fact seems worthy of some notice.

* Aphthæ on the inside of cheeks, which bleed during a meal, and on the tongue.

10. Among the *urinary* symptoms—267 to 280, together with 434—those have best and oftenest approved themselves in practice, to me, at least, which were latest observed. Among these belong especially the *frequent urination at night*, observed, according to 268, *after twenty-four days*, and according to 434, *after thirty-four days*. The same is true of the symptoms occurring *after* micturition as detailed in 275 to 280—among which the *soreness in the urethra* has presented itself to me as the most constant. Symptom 276 gives this as occurring *after the thirtieth day*, and 278 *after the twenty-sixth day*.

11. According to my experience the preference is to be given to Borax in *too early* and *too long-continued menstruation*; although with this remedy, as with many others, the tardy appearance or short continuance of the discharge is no contra-indication. The first-mentioned peculiarity, however, is represented by symptom 294, as observed *after twenty-five days*, and by 295, *after seven weeks*.

12. Among the chest symptoms, the most marked is a painful affection of the intercostals, especially of the right side, with which the cough and respiratory symptoms stand in immediate relation—as well as the sneezing (34) and the sleep symptoms (435). Although the majority of these symptoms occurred within the *first eight days* after taking the drug, it must yet be observed that the question here concerns almost exclusively an *acute* affection, and that, nevertheless, symptom 349, according to which an aggravation *when lying on the (right) painful side* occurs, had lasted *full four weeks*. The contradictory symptom 435, which states the contrary, but which experience shows to have but little value, and which has never been corroborated in my experience, was observed *within seven days*. I think myself warranted in saying, therefore, that Borax can be profitably administered only in recent acute attacks of this nature, and in such I have never tried it, since for these other approved remedies stand us in stead.

13. Although Galactorrhœa of nursing women occurs under several drugs (Acon., Bell., Bry., Calc., Chin., Con., Iod., Lyc., Phos., Puls., and Rhus), I have, nevertheless, in repeated cases found symptom 360, *which occurred on the thirty-second day*, of approved value, especially where, in addition to other corresponding symptoms, there was present the “unpleasant feeling of emptiness in the emptied (sucked-out) breast,” which is mentioned in 360, and which occurs under no other remedy.

14. We have possessed hitherto, so far as I know, only one remedy which corresponds to the ulcers on the backs of the

finger and toe-joints, such as not unfrequently occur in chronic (psoric) patients, viz. : Sepia; for under Nux vomica relief in such cases is to be expected only in the finger-joints, and is seldom permanent. Borax furnishes us a second and a very efficient remedy, according to symptoms 385, the time of which is not given, 387 observed *after thirty days*, and 405 *after fifteen days*. It may be remarked here that, other symptoms corresponding, Borax deserves the preference when, according to symptom 408, the skin is very *unhealthy*, and the ulcer corrodes in its periphery, which is not wont to be the case in these ulcers under Sepia, at least to the same extent. Especially for children is Borax suitable.

15. It may *finally* be observed that the predominant *chilliness* which is quite peculiar to this drug, and furnishes an excellent indication for its use, was likewise observed *very late*, viz. : *after twenty-three, fourteen, thirty-three days*; and even *after five weeks*.

To avoid confounding the *uncertain* with the *proved*, I have confined myself in the foregoing statements to a comparatively small number of established facts, although surely among the effects of Borax are to be found many other objects of cure. What has been said, however, is quite sufficient to accomplish my immediate object, and to show that the statement of Hering, referred to in the beginning, is based upon *fact*, and is strikingly confirmed by experience. There is, therefore, abundant reason for a caution against the practice of regarding, as many do, the *late-observed symptoms*, especially of long-acting drugs, as *secondary* or *curative* symptoms; an overhastiness, of which, though for the most part he subsequently corrected it, Hahnemann was guilty in some of his earlier provings, without at that time suspecting his error, and in consequence of this some symptoms still remain distinguished by this *mala nota*.

On pain of being charged with heresy by our younger colleagues, who, disregarding the repeated and urgent warnings of Hahnemann, operate only with low potencies and with frequent doses, I, by reason of my many-yearred and wide experience, hesitate not to affirm distinctly and assuredly that precisely those morbid phenomena which are *deepest-rooted* are most quickly, most surely, and most permanently cured by the administration of such remedies as (if appropriate in other respects) furnish corresponding indications among their *latest observed symptoms*; and especially is this the case when these remedies are given in *very high* potencies, and in *small and infrequent doses*. Whoever has experienced the contrary, let him communicate his experience unreservedly but truthfully—for only by the

honorable and frank interchange of manifold, even be they contradictory, experiences, can we bring the entire simple *truth* into the clear light of day, and only when this is done will genuine, pure Homœopathy either fall away into deserved oblivion or, finally victorious, unite under her banner the whole medical world.

TWO CLINICAL CASES.

CLARENCE N. PAYNE, M. D., PORT JERVIS, N. Y.

(1.) On October 6th, 1888, I prescribed Apis³ for the following symptoms in a little girl of six years of age, light hair and blue eyes:

No appetite; nausea; is very weak; vertigo; headache in temples; no thirst, but water tastes like iron-rust; dislike for sweet things; abdomen very tender < by walking. Feels best in middle of day; drowsy in P. M. Had passed no urine for twenty-four hours. Temperature 100°.

Saw patient two days after this, when there was great improvement in every way, but the following symptoms had developed, viz.: intense itching < on hands and feet and at night; no eruption visible. R̄ Sul.³⁹.

Four days later, October 12th, last symptom was no better; itching very severe. At times skin has red blotches (perhaps due to scratching) < at night and only relieved by cold water and then for only a short time. Would like to keep hands and feet in water all the time.

This seemed very much like Apis, and I gave it in the 200th potency. Result, much relief in a few hours, and needed no more medicine after Apis²⁰⁰.

Query. Were the skin symptoms as above produced by Apis³, and if so, did Apis²⁰⁰ cure symptoms produced by same remedy in lower potency? It would seem so.

(2.) Baby K., age ten months, on July 24th, 1889, had suffered with diarrhœa for several days, with three to ten movements per day, of following character: thin, watery, profuse, painless; in color almost like water; very offensive; some excoriation; no flatulence. Prolapsus of rectum during movement. R̄ Podo.³.

July 25th.—Prolapsus better, but no improvement or change in condition of movements. Baby feels well, is playful. Is no weaker or lighter in weight in spite of large number of movements. R̄ Phos-ac.²⁰⁰.

July 26th.—No improvement or change. R̄ Phos-ac.³.

July 27th.—Better, less number movements, continued to improve and cured under use of Phos-ac.³.

In this case the 3d potency seemed to act better than the 200th.

A CINNABAR CASE.

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

May 14th, 1889.—Mrs. ——— complained of the following symptoms when walking: a subjective sensation as if something protruded in left groin, and the left leg feels shorter than the right one. Both great toes feel strained, as if they would go out of joint. Left knee, hip, and calf stiff, relieved by urinating. These symptoms she had had for about a week, but the pain in groin she had suffered from at intervals for some years. *Cinnabar*^{cm} (Fincke), one dose.

May 17th.—Reports that all the symptoms went next day, but returned in evening. Last evening they were as bad as ever. *Cinnabar*^{cm} (Fincke), one dose.

May 21st.—The symptoms were at first aggravated, especially on 19th. Yesterday they improved after mid-day. To-day still further improvement, but the full feeling in left groin is unchanged.

May 28th.—Reports that on 22d was quite well; went to Exeter Hall and had to stand for three hours, but without return of the symptoms. The fullness in groin lasted a little longer than the other symptoms.

June 7th.—Reports that there has been no return.

Cinnabar has feeling of shortening of *left leg in walking*.

Causticum has feeling of shortening of *right leg on rising*.

Carbo animalis has feeling of elongation of *right leg at night on lying down*.

Thuja has feeling of elongation of *left leg*.

Allen's *Index* omits the *Thuja* symptom, and the right-sided action of *Causticum* (see pp. 717, 719).

In the same patient, *Agaricus muscarius*^{90m} (Fincke) removed an objective and subjective coldness of nates.

*Lachesis*³ removed a stinging as if a hot needle were thrust into tip of tongue.

The case of iritis cured by *Lac felinum*, reported at pp. 192–4 Vol. IX of HOMŒOPATHIC PHYSICIAN still remains well, June, 1889.

A CASE OF POISONING WITH OXALIC ACID.

(Reported by Dr. W. Kœhler and translated by S. L.)

B. K., of Berlin, nineteen years old, bought sixpence worth Oxalic acid, dissolved it in a glass of water and drank. Shortly before his suicidal attempt he had lunched on three glasses beer, bread and cheese and coffee. In five minutes vomituration and copious vomiting, burning pains in throat and abdomen. Dr. Kœhler was immediately summoned, and washed the stomach out several times—the water and the vomited matter were bloody. Half an hour later grave collapse; pulse small, irregular, slow (48 per minute); respiration superficial (10–12 to the minute); skin covered with cold, clammy sweat; livid face, features sunken; pupils dilated. Patient opens his eyes when loudly spoken to and then falls back into his apathetic state, constant desire to vomit, but only brings up some mucus—no blood. Hypodermics of Camphor, hot coffee, brandy. About eight P. M., two hours later, he complains of great thirst, of burning and stitching in abdomen, and then collapse returned in the most threatening manner, with cyanosis; livid fingers and toes, dyspnoea, sensory disturbances in toes and tips of fingers. Excitantia relieved again, the pulse regained some volume, great restlessness set in, with tonic and clonic spasms in upper and lower extremities. Especially strong are the patellar reflexes on both sides, as a slight touch causes long-continued, crampy motions on both sides. Achilles tendon reflex and periost. reflex increased. When merely touching the left malleolus ext. the tendon of the left musc. tibialis antic. protrudes. Triceps tendon reflex and periost reflex of the epiphyses of the forearm also increased on both sides; sensorium dull; patient reacts only on loud calls; pupils dilated. Nine P. M. the spasms diminish in strength and frequency; sensorium more free; knows that he is in the hospital; severe pains in throat when talking or swallowing; pulse better; patient sleeps naturally, early interrupted by weak clonic spasms in upper and lower extremities. Ten P. M. abdomen soft—he wants to urinate, but passes only a small quantity (100 ccm) of yellow, somewhat murky urine of acid reaction. Sensorium free and replies freely, though with a hoarse voice and some exertion. Half-past eleven, examination shows perfect anæsthesia of the tips of fingers and toes, of the anterior surface of the hands, and the plantar surface of the feet. While the prick of a pin is rightly localized in the upper arm and

thigh, a deep prick is necessary on the leg to cause a dull pain; sensibility on other parts of the body normal, pulse 80, temp. 38.2; pains in the left lumbar region and in both legs; feet and hand as if asleep; great thirst, burning in mouth; sleeps only little during the night.

February 27th, 2d day.—He urinates spontaneously a slightly bloody urine (150 ccm), of acid reaction, leaving a strong sediment; sp. gr. 1016; rich in albumen; epithelia and epithelial cylinders; red and white blood corpuscles; coloring matter of the blood; no sugar; small quantities of Oxalic acid crystals (form of letter-envelopes), amorphous, and in the form of so-called dumb-bells. After standing thirty-six hours the microscope shows copious, whitish, shining crystals of Oxalic acid and of Oxalate of Lime in many forms; insoluble in Acetic, soluble in Muriotic acid.

In the evening pains in renal and vesical region, a crawling sensation over the whole body, especially in both lower extremities. Several times during the day painful spasms in the muscles of the left calf; no appetite, tendency to vomit; profuse perspiration on hands and feet; discharges 300 ccm dark jumentous urine; tongue heavily coated, pulse 84, temperature 38.6.

February 28th, 3d day.—Urine 400, copious albumen and cylinders; sensory disturbances continue; no spasms; dullness in head, patient feels as if had been drunk. Urine 600, no crystals; normal temperature; feet and hands dry.

February 29th, 4th day.—Urine 900, less albumen and cylinders; feels more like himself; sensory and reflex manifestations disappear; slight gastric disturbances still, but the next morning he felt well enough to be discharged.

The lunch taken before the suicidal attempt, and the immediate washing out of the stomach probably saved the patient's life.

BOOK NOTICES AND REVIEWS.

PSYCHOLOGY AS A NATURAL SCIENCE; APPLIED TO THE SOLUTION OF OCCULT PSYCHIC PHENOMENA. By C. G. Raue, M. D. Philadelphia: Porter & Coates, 1889.

The venerable author of this learned work hardly needs an introduction to our readers. He is one of the most eminent of the old guard practicing Homœopathy in Philadelphia—Hering, Lippe, Guernsey, Fellger, who have so nobly sustained the cause of the *only* healing art, and given it its standing in this city. He is the author of the well-known *Pathology and Therapeutic Hints* that has passed through its third edition. He has also published *Raue's*

Record. In the preface to this, his latest book, Dr. Rane says: "The application of psychology as a natural science to the solution of occult psychic phenomena implies, first of all, a concise statement and a clear understanding of psychology as a natural science."

Accordingly, on turning over the pages, we find two general ideas pervading them: one of these ideas, as indicated by the title of the book and the fragment of preface quoted, being an explanation of occult phenomena such as mind reading or thought transference, mesmerism, animal magnetism, hallucination, somnambulism, apparitions, haunted houses, and spiritualistic phenomena, the consideration of these occupying the last one hundred and fifty pages.

The other idea being a "concise statement" of the principles of Psychology as a natural science in order that a clear understanding of it may be acquired, and thus enable the student to comprehend the before-mentioned occult phenomena, of which the book is specially designed to treat. This fills the first three hundred and seventy pages, making thus a volume of over five hundred pages.

It would be impossible for us to give a complete analysis of the whole work in the limits of this short article, nor are we competent to do so, owing to lack of time needed for a thorough study of so interesting and able a research. According to our venerable author, the senses, seeing, hearing, smelling, etc., are called *primitive* or *original forces* of the soul. And that he may not be misunderstood, he says at page 14:

"When we speak of primitive forces of the soul we do not mean to imply that they are something separate from the soul, a something possessed or owned by it, but they constitute the very essence or being of which the soul consists at birth."

Page 55:

"They are called *primitive forces* because they are the original and innate powers of the mind, the elements of which the mind consists at birth, and out of which all further capabilities gradually develop."

It will be seen that the author starts out at once by acknowledging the existence of the soul. What is his idea of the soul? We find it on page 441, where he says:

"The human soul is a system of diverse *primitive forces*, from sight and hearing, endowed with the highest capabilities for conscious development down to the lowest in the scale of conscious development—the vital forces."

Again, on page 522:

"The soul consists, on the one hand, of that organized system of immaterial forces, the vital senses, by which it projects itself into the material world. It is composed, therefore, of an immaterial nervous, respiratory circulatory, generative, muscular, bony and cutaneous system; has eyes, ears, nose, mouth, and all the organs in every particular as expressed *materially* in the human body. On the other hand, by its higher immaterial forces, the higher senses, it develops into all those conscious modifications of which we have been treating in this work as cognitions, conations, and feelings and all their wonderful combinations."

All the influences of the external world which excite these *primitive forces* are denominated *stimuli*. When these stimuli excite any of the *primitive forces*, as when the eye is attracted by a beautiful flower, they produce changes in the primitive forces that remain always, though they may not be apparent. These changes are called *vestiges*. The varying degree of vividness in which they are impressed upon the forces constitutes memory with all its variations. Memory, therefore, "consists solely in the quality possessed by the primitive forces of *continuing to persist* in that specific development which has been wrought in them by the action of external stimuli."

Consciousness is defined to be "the repeated action of similar stimuli upon corresponding primitive forces," producing similar *vestiges*. Whenever a sufficient number of similar vestiges have united for us to have a clear con-

sciousness of the object from which the external stimuli were obtained, we say we have a conception of the object.

External *stimuli* have no effect upon the soul unless they are received by free *primitive forces*, which are thereby converted into *vestiges*. If it were possible that the reception of external stimuli (seeing, hearing, etc.) could take place without primitive forces, then it would not be necessary to have sleep in order to renew the primitive forces.

"I" is defined (p. 464) to be "the union in one concept of all perceptions we have made of ourselves. That they all belong to us, to one and the same being is the distinctive feature by which they are united in the one concept "I."

At page 469 we have the explanation why we have the idea that body and soul are one. It is: "Because our body is invariably present to us, and all changes which it undergoes run parallel with our self-consciousness, thus forming by degrees a bond of union so strong that we conceive body and soul as one, or, at least, as linked together seemingly inseparably," whereas the things of the external world are *not* invariably present to our consciousness. In fact, however, our body is as much external to the soul as are any other bodies of the external world.

It will be seen from the foregoing that the five senses of the human body are not mere adjuncts and tools of the soul, but are its integral parts. If, now, we turn to the author's definitions of force and matter we will perceive a similar idea. He denies any separation of the one from the other. At page 343 he begins his argument with the remark: "It is often the case that in speaking of force, the product (motion) is mistaken for force." Then follows an admirably comprehensive exposition of the relationship of heat, light, and electricity, followed by the conclusion:

"Since, furthermore, heat may be transformed into electricity, and electricity into magnetism; since chemical changes may produce electricity or heat or light or magnetism; since gravitation may be transformed to any of these forms, or to all of them in succession, we may safely infer that these so-called *physical forces* are in reality but *modes of motion* caused and originated by the term '*matter*.' Matter, then, instead of being subordinate to these so-called physical forces (which have been thought to play and mold it) is, on the contrary, the very cause. Matter is spent in the origination of these modes of motion, and must, therefore, rightly be considered as the *force* which produces all physical forces.

"We must, then, (in opposition to the common view, which speaks of force and matter as two different things, of which the first uses the latter as the material out of which it molds all existing things), declare that such a distinction is not tenable; that, on the contrary, *every particle of matter is force*, and that the so-called physical forces are but modes of motion produced by these forces. We must, in speaking of matter, discard all notions of *dead* and *inactive*, and fashion our mind to conceive every particle of matter as a force (force constitutes its nature, its essence) which may change its form, but which can never be destroyed."

From this he proceeds to show that the phenomena in plant life do not occur because the plant *possesses* forces, but because the plant "is force and nothing else." He refers to the diffusion of fluids through cells, and the phenomena of assimilation, and reaches a very important point.

We copy his expression: "As force originates motion, it follows that the living tissue contains forces, which forces the dead tissue does not contain. What are these forces? Thus far no one has succeeded in exhibiting them to the senses." Any one familiar with the teachings of the learned physicists and materialists of to-day will appreciate the strong significance of these words. He plainly intimates that these vital forces are a something which can be isolated and presented for examination if only we discover a method.

He tersely asks: "Do they not exist? Did not thallium exist before Mr. Crookes discovered it?"

In man the physical forces in their union constitute the *soul*, while all the material forces in their union constitute the *body*. Man, then, "is a system of interblending material and immaterial forces, and not a juggling together of two diametrically opposite things—spirit and body."

We cannot forbear quoting what is said about the body :

"The ultimate points to which physiological and microscopical anatomical researches have reached, and will ever attain to are the *bioplasts*—microscopical bodies too minute to be weighed, and which appear perfectly structureless, colorless, transparent, and semi-fluid. The smallest of them are spherical and the largest assume the spherical form when free to move in a fluid or semi-fluid medium. There is not one portion of a living, growing tissue the five-hundredth part of an inch in extent, in which bioplasts cannot be demonstrated. They are separated from one another at every period of life, in every part of the body, by a distance little more than the one-thousandth part of an inch. Bioplasts are prior to the cells, the latter being products of the former or material formed. Indeed, all formed material grows out of bioplasts and constitutes the body of the living thing.

"Now, let us suppose we could, by chemical agencies, dissolve all the formed material of the body without destroying its bioplasts—as we can dissolve by hydrochloric acid the calcic elements of any bony structure without destroying its organic constituents—we should then have left a body of such an attenuated form that it would appear as a transparent object, although in its outlines, height, width, depth, and internal arrangement corresponding exactly to the original body, because the bioplasts are not further apart from one another than the one-thousandth part of an inch in any part of the living body. But still it would represent only *material* elements, namely, that portion of the body out of which originally all the formed constituents are evolved."

In selecting the foregoing extracts, our object has been two-fold—first, to show what are the views upon which the author bases his explanations of those strange phenomena that are the puzzle of all mankind—mesmerism, clairvoyance, ghostly visitations, etc.; and, secondly, to show how closely he steers toward the teachings of that singular system of religion or philosophy called Buddhism or Theosophy, which is now spreading over the European and American world with such extraordinary rapidity. The last selection especially will vividly recall to the mind of the Theosophist the Buddhist idea of the astral body—a *fac simile* of the natural body, transparent, yet visible, exactly as described in the quotation.

We have by no means exhausted the rich supply of interesting ideas with which this book is stored. Nor have we even offered to reproduce the explanations of supernatural phenomena, though we are strongly tempted to do so. Suffice it to say that the supernatural appearances are frankly admitted as an undeniable fact, and the explanations are upon the lines of the foregoing quotations, and not founded upon the absurd and dreadful theories of spiritualism.

It is, then, a safe book to read for those who wish to keep their minds free from the nightmare of spiritualism. It adheres strictly to perfectly well-known and accepted scientific principles. It is of absorbing interest and its composition of striking clearness. In these assertions we have not said too much.

W. M. J.

A MODERN SUPERSTITION IN DISEASE; THE GERM THEORY RECONSIDERED. By Lewis Sanders. New York, 1889.

This pamphlet of sixteen pages is, as its name indicates, an attack upon the germ theory of disease. The author begins his essay with the inquiry: Are bacteria the *causa causans* of disease? And then proceeds to demolish "this startling theory, hysterically advanced and fervently urged," and complains that "it has held possession too long of the throne of truth, imposing upon public credulity like so many of its empirical congeners."

He asserts that "the law of disease must be a unit; just as the laws of gravitation, of music, of painting, of light, and of sound are units, it is but the complement of the law of health."

The rest of the essay contains a number of unpleasant questions for the adherents of the germ theory to answer.

OFFICIAL HEALTH BULLETIN, No. 7, OF PENNSYLVANIA STATE BOARD OF HEALTH, is issued.

It announces a high standard of health in the Conemaugh Valley at Johnstown, the scene of the great flood.

We quote from the *Bulletin* :

"Since the issue of the last bulletin the only departure from the remarkably high standard of health which marked the period comprising the first three weeks after the flood in this valley has been a tendency to diarrhoeal affections, often assuming the form of cholera morbus, less frequently than that of mild dysentery.

"This is attributable to three causes—first, the intense heat which has succeeded the unusually low temperature of the month of June; secondly, the too free use of fruits and vegetables, often unripe or over-ripe, after the enforced rigid diet which prevailed immediately after the disaster, coupled with unusual exposure to the sun's rays during the day and to dampness at night; thirdly, to the immoderate indulgence in intoxicating liquors which has prevailed since the removal of the judicial injunction on the sale of these beverages. Johnstown, however, is not the only place in the country where this tendency to bowel disorders has manifested itself, and it must be said that they have here generally yielded readily to appropriate treatment."

ELECTRICAL DISTRIBUTION OF HEAT, LIGHT, AND POWER.

By Harold P. Brown, Electrical Engineer. New York, 1889: Press of J. W. Pratt & Son, 73 to 79 Fulton Street.

This pamphlet of about forty-eight pages, is an address before the International Medico-Legal Congress in New York, June 4th, 1889, protesting against dangerous methods of transmitting vast amounts of electrical energy through dense populations for industrial purposes, heating, and lighting. It is, therefore, particularly interesting to physicians. The author says :

"If the near future is to see a thousand electrical horse-power distributed where now we have but one, it is clearly the physician's duty to point out the dangerous currents, and it remains for the lawyer to secure wise legislative action preventing the adoption of systems or apparatus which needlessly jeopardize human life or health."

There are two principal methods or systems of generating and conveying electrical currents of great power. One is the continuous current flowing steadily in one direction, which can be rendered perfectly safe up to a pressure of fifteen hundred volts, and the other the alternating current, which flows first in one direction and then back again, the changes back and forth being made many thousand times in a second. Such a current as this develops an energy that overcomes all obstacles of insulation, and strikes for the shortest circuit. If that circuit be a human body, it is instant death. It is for all *practical* purposes a Faradic or secondary current of frightful power.

Mr. Brown vehemently protests against the use of such currents, and proposes a law forbidding their use except at exceedingly low pressures. This brings him in collision with a great corporation using the alternating current system—The Westinghouse Electric Light and Power Company, controlled by the famous Mr. Westinghouse, the inventor of the wonderful air-brake now used on all railroads.

Mr. Westinghouse denies the allegations made by Mr. Brown of danger in such currents, but fails to accept Mr. Brown's challenge to try it upon his own person. Physicians who have used the ordinary Faradic coil well know what a strong impression can be made upon the nervous system from one of the most feeble of these machines, with its insignificant battery of but a single volt; and we have ourselves seen a spark six inches long from a large Rhumkorff coil, actuated by a single battery cell, penetrate a bundle of several plates of window glass. From this small experience we are of opinion that the truth is on Mr. Brown's side. However, his excellent essay makes this sufficiently clear to any unprejudiced reader.

W. M. J.

REPERTORY TO HERING'S CONDENSED MATERIA MEDICA.

Published by the Homœopathic Medical Society of Pennsylvania.

The purpose of this work is to give a repertorial index to Hering's volume, a much-used book. The Society hopes to be able to make the index complete; it is arranged by sections. The present issue includes such sections as the Lower Extremities, by Dr. J. L. Ferson; Male Sexual Organs, by Dr. C. Weaver; Appetite, Thirst, Desires, and Aversions, by Dr. Edward Cranch; Outer Chest, by Dr. S. F. Shannon; Stomach, by Dr. A. P. Bowie; the Aggravation of Mental Symptoms, by Dr. Z. T. Miller; Tongue, by Dr. E. Fornias; Symptoms Occurring during Pregnancy, by Dr. T. J. Gramm; Heart, by Dr. E. R. Snader.

The value of this work is greatly decreased by the poor arrangement, which makes the finding of any symptom very difficult.

Single copies may be purchased of the Secretary, Dr. Edward R. Snader, 140 North Twentieth Street, Philadelphia. Price, \$2.00.

GUERNSEY'S BÖENNINGHAUSEN.

The celebrated *Therapeutic Pocket-Book of Bönninghausen* has long been out of print, and it has, therefore, been difficult for one to secure a copy. Dr. William Jefferson Guernsey now publishes a new edition in a novel form. Each symptom is numbered, and is printed upon a long slip of paper; a printed index accompanies these slips, so one can readily find the slips containing any desired symptoms. These slips can then be laid side by side for comparison. There are over two thousand four hundred of these slips, very neatly printed and carefully arranged in a strong card-board box.

This method of using a repertory has been tried by many and has been found a useful one. The work was evidently very laborious, and has cost heavily. The edition is sold only by subscription, at \$10.00 per copy. All orders must be sent to Dr. Guernsey, 4430 Frankford Avenue, Philadelphia.

NOTES AND NOTICES.

REMOVALS.—Dr. J. J. Sturgis, from Olathe, Kan., to Seattle, Washington Territory; Dr. C. E. Dennis, from Thurlow, Penna., to Bayonne, New Jersey; Dr. L. H. Lemke, from St. Louis, Mo., to De Soto, Jefferson County, Mo.; Dr. B. Bryant, from Gilroy, Cal., to San José, Cal.; Dr. W. H. Ross, from St. Louis to 727 Lexington Street, Louisville, Ky.; Dr. William S. Gee, from Hyde Park, Ill., to 5401 Jefferson Avenue, Chicago; Dr. S. Mills Fowler, from St. Augustine, Fla., to Dallas, Texas; Dr. C. S. Durand, from New York City to Mungeli, Central Provinces, India; Dr. Edgar R. Bryant, from Philadelphia to Hahnemann Hospital, 4th Avenue, New York City, where he takes the position of resident physician. Dr. John Dike has succeeded to the practice of Dr. McIntosh at Melrose, Mass., whilst Dr. McIntosh has succeeded the late Dr. Keith in the latter's practice at Newton, Mass. Dr. C. O. Boyce has settled at Ishpeming, Michigan.

ERRATA.—In our August issue the following errors occur: The remark on p. 314, line 21, and the paragraph on p. 315 (line 12 *et seq.*), are wrongly attributed to Dr. J. B. Bell. The paragraph on p. 315 should be attributed to Dr. W. L. Reed. Page 345, Dr. Cohen's article, line 14 from the bottom, we committed a ludicrous blunder in the interpolation of the unnecessary word "eleven," thus spoiling the sense. Page 346, line 14 from top, should read Arum-tripli.^{em}. Page 356, the last paragraph, beginning, "In all cases of diphtheria," is erroneously included in the remarks of Dr. Preston. It should be credited to Dr. C. Carlton Smith.

THE NEW BOARD OF CENSORS OF THE I. H. A., Dr. S. A. Kimball informs us, has been incorrectly reported in our pages. It should read: Drs. Schmitt, Bell, Wesselhœft, Rushmore, and Dillingham.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA will hold its annual meeting at Pittsburg on the 17th, 18th, and 19th of September. The Allegheny County Society will be glad to welcome all physicians, and will entertain them royally. A large number of good papers are already announced. It is desired to make this meeting a specially brilliant and memorable one. The Old School hold their annual meeting in Pittsburg about the same time our gathering will be held; comparisons will be made.

Arrangements have been made with the Pennsylvania Railroad Company by which reduced rates to Pittsburg and return can be obtained by delegates to and members of the State Society. Excursion tickets will be good from the 14th to the 21st of September. The reduced rates (two cents per mile) can only be secured by procuring a card order from the Corresponding Secretary, Edward R. Snader, M. D.

THE INDIANA INSTITUTE OF HOMŒOPATHY will hold its twenty-fourth annual session at Indianapolis, in May, 1890. The President is Dr. J. F. Thompson, of New Castle; Vice-President, Dr. E. W. Sawyer, of Kokomo; Treasurer, Dr. J. S. Martin, of Muncie; Secretary, Dr. Wm. B. Clarke, of Indianapolis. In the circular of announcement, the Secretary says:

"At the 1889 meeting it was decided that special efforts should be put forth to make the 1890 session far surpass that of any previously held, in point of interest and attendance, and to this end a special Booming Committee was appointed to consider how best to achieve this result, with the special recommendation that it might be advisable to make the affair attractive and interesting to the whole family by extending special entertainment to members, their friends and patrons, with their wives or female accompaniments, and also that it will be necessary for each member to do his direct, individual duty, and, in addition, work among his or her friends to increase the membership in the Society and the interest in the work being done by it. The Booming Committee is composed of Doctors Taylor, of Crawfordsville; Runnels, of Indianapolis; Bowen, of Fort Wayne; Sawyer, of Kokomo, and Thompson, of New Castle, and the regular Committee of Arrangements for next year is made up of Doctors Compton, Clemmer, and Runnels, all of Indianapolis.

TO BUILDERS AND THOSE WHO CONTEMPLATE BUILDING.—One of the most useful publications for builders and persons contemplating building is the beautifully illustrated *Architect and Builder* edition of the *Scientific American*, published monthly by Munn & Co., the celebrated Patent Solicitors, at 361 Broadway, New York.

It has become the custom of most of the builders of the United States and Canada to keep on file this publication, not only for their own benefit, but for the use of their customers, and they find their business promoted by so doing. A great variety of dwelling-houses, costing from a few hundred to several thousand dollars, are illustrated in each monthly number, besides a double page printed in colors, representing one or more handsome residences already built. After the design for the elevation or style of the house has been selected, builders are enabled to give a close estimate of the cost of construction, as the working plans accompany the elevation. Most persons contemplating the building of a house or stable for their own use derive both pleasure and considerable saving, sometimes, by carefully considering at their leisure, and by their fireside, various designs and plans which may come before them. To enable a person to come to a wise conclusion in such an important matter as building a home for his family, he will be wise if he brings the subject

before his entire household, and studies carefully over in the domestic circle the style of house and the interior arrangements. It not only affords great pleasure to the entire family to be considered in the matter, but good suggestions will come from it, and mistakes will be less likely to occur in the selection. By all means consult the wife and grown-up daughters, if so fortunate as to have them, and to this end everybody who contemplates building should provide himself with a complete file of the *Architect and Builder* edition of the *Scientific American*, some forty numbers, and then he will have at hand not only the best material to select his design from, but he will also find the publication useful and profitable to refer to while the building is being constructed.

If a person does not find the design for a house, or other structure he contemplates building, that suits his fancy, or the estimate of the cost is too great, in a single number of the publication, he will be very sure to find in some one of the other numbers something that will suit both his fancy and purse. Hundreds of dwellings have been erected on the plans that have appeared in this publication, and any person who contemplates building, or who wishes to alter, improve, extend, or add to existing buildings, whether wings, porches, bay windows, or attic rooms, will be pretty sure to find what he wants in the *Scientific American Architect and Builder*, which is published on the first of each month, at the office of the *Scientific American*, 361 Broadway. Subscription price, \$2.50 a year, twelve numbers. Single copies, 25 cents. Back volumes of six numbers, in flexible covers, in imitation of Turkey Morocco, \$2.50. Subscriptions received and volumes sold by all newsdealers.

I. H. A. NOTICE.—Attention is called to the fact that no application for membership will be accepted, unless an original thesis, consisting either of an original proving or a clinical report of three cases, is handed in before March 1st, 1890. At the last meeting of the I. H. A., six applications were rejected, because no theses were presented with them, and this rule will be strictly adhered to.

Applications for membership should be sent to the Chairman of the Board of Censors, Dr. Julius G. Schmitt, 113 North Ave., Rochester, N. Y., on or before December 1st, 1889, and theses must also be sent to him, not later than March 1st, 1890. The next meeting of the I. H. A. will be held at Newport, R. I.; the date and other particulars will be announced later.

S. A. KIMBALL, *Secretary*.

WHAT ARE THE REMEDIES?—In our June No., page 258, we gave a list of symptoms, the answers to be guessed by our readers.

We now announce the answers: No. 1, Cimex; No. 2, Cimex; No. 3, Hypericum; No. 4, Ipecac.; No. 5, Ipecac.; No. 6, Iris; No. 7, Iris; No. 8, Kreosote; No. 9, Ledum; No. 10, Oxalic acid. Four of our subscribers have answered. They are as follows: Dr. John V. Allen, Frankford, Philadelphia; Dr. H. P. Holmes, Sycamore, Illinois; Dr. A. Kilmer, Gibson, Tennessee; Dr. George W. Dunn, Atlanta, Illinois. All have answered correctly, except that Dr. Dunn gives for No. 4 Ipecac. and Lycopodium.

Dr. Holmes remarks: "The most of these are found in Hering's *Condensed*; but a few of them are found only in *The Guiding Symptoms*. Only one was found by using a repertory."

THE OCTOBER AND NOVEMBER NUMBERS.—We call special attention to the notice on second page of cover for this month. It will be seen that we intend to issue another chapter of the repertory. As it is so extensive that it will include two numbers of the Journal, we have, therefore, decided to include the October and November numbers in one issue. There will, therefore, be no October number, separately published. The consolidated number will be issued as soon in November as possible. We repeat this statement here, lest the other notice on the cover escape the attention of our readers.

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

If our school ever give 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. IX.

DECEMBER, 1889.

No. 12.

ANNOUNCEMENT FOR 1890.

THE HOMŒOPATHIC PHYSICIAN will hereafter be conducted by Drs. Walter M. James and George H. Clark, Dr. Edmund J. Lee, so long its editor, retiring from the management. A corps of contributing editors, whose names will appear upon the title-page, will assist in maintaining the character of the journal. This enlargement of the editorial corps is done for the purpose of enlisting the more active aid of the physicians named. It will be the purpose of the new management to enlarge and expand their field of usefulness by being represented in each important centre of Homœopathy by an able and true Hahnemannian. THE HOMŒOPATHIC PHYSICIAN has long been known as the only exponent of Hahnemannian Homœopathy and as the one journal whose efforts have been solely directed to teaching the principles and the practice of medicine as developed by Samuel Hahnemann.

It will be the purpose of the new management to make the journal a teacher of homœopathic materia medica and clinical medicine; to this end they hope to devote their pages rather than to controversial essays. In their aid we bespeak the help of all our subscribers and contributors. The profession must ever bear in mind that editors do not and cannot make a journal; each subscriber must consider himself as under direct obligation to contribute of his learning and experience to the general supply of knowledge. THE HOMŒOPATHIC PHYSICIAN will be hereafter published chiefly as a journal of materia medica; it will be a

forty-eight paged monthly journal; the subscription price will continue to be only two dollars and fifty cents (\$2.50), *payable in advance*. Subscribers, contributors, exchanges, etc., will please send all their communications, as heretofore, directed to THE HOMŒOPATHIC PHYSICIAN, No. 1125 Spruce Street, Philadelphia.

THE HOMŒOPATHIC PHYSICIAN began its career in January, 1881. The sole object and purpose of its work was to show (as was then stated) that "the conscientious practitioner preserves intact the 'strict inductive method of Hahnemann,' also that the following are the true and essential features of Homœopathy :

The Law of the Similars,

The Single Remedy,

The Minimum Dose,

the first being the unfailing law, the last two its logical corollaries." How clearly these ends have been kept in view, and how forcibly advocated, we leave our readers to judge. It may be truthfully said that the editors of THE HOMŒOPATHIC PHYSICIAN have always striven to uphold and to teach the philosophy of true Hahnemannian Homœopathy, and have never knowingly or willfully published any article which was non-homœopathic in its tone and teaching.

The editors wish to tender to their many friends and contributors their grateful thanks for all kindnesses received from them. No journal ever had warmer or more helpful friends. It is to be hoped these same friends will continue their support to the new management.

THE REPERTORY.

It is the purpose of the editor of the Repertory (two parts of which will be published in this volume of THE HOMŒOPATHIC PHYSICIAN) to continue the publication of the Repertory in parts of about seventy-five or a hundred pages each. These parts will be published separately from this journal, and will be sold to subscribers at a special price, varying with the size of the part. Due notice will be sent to each subscriber as each part is published. The only cause for delay in the appearance of this Repertory will be the editor's inability for continued work upon its revision.

HOMŒOPATHY OF THE PRESENT AS COMPARED
WITH THAT TAUGHT AND PRACTICED
BY HAHNEMANN AND HIS IM-
MEDIATE FOLLOWERS.

Are we tending to fusion with allœopathy or are we drifting into allœopathy? I fear it is neither, but mongrelism. We profess Homœopathy; many of us say we understand both systems, possibly, being graduates of both schools, and we profess to select the best from both and apply to the individual cases as our judgment may direct us. Yes! and how true I am sorry to say this is in many instances, we give two, three, or four homœopathic remedies as our superior skill may dictate, alternately, of course, and leave our patient a Morphia powder to quiet his pain and cause him to sleep, and a cathartic pill to be taken in case his bowels should not move in due time, in order to get rid of some pernicious matter and accumulation of the various remedies in the alimentary track that we have given him, which of course has formed into an insoluble bolus and must be removed at all hazards; not being sure that all the indications have been met in our patient, we leave a few two-grain pills of Quinine to be taken once in two hours in case the fever should rise in our absence; and as our patient has a violent stitch in his left side which may prove obstinate, and the Acon., Bryonia, and Kali-carb. with which we have so generously supplied him fail to relieve him, we will shut up another avenue of the enemy by leaving a R̄ for Emplast-Cantharidis, 446, which we direct the nurse to paste on his side in order to draw out some materia-morbis that has accumulated between the two pleural cavities or surfaces, or possibly there may be a herd of bacteria that must be driven out through this gateway that our blister has opened; and a part of our duty would still be neglected if we were to neglect leaving a prescription for one pint of brandy, best, of course, as there is no other kind kept by druggists, hence be sure to specify best, as it always helps the nurse and attendants to know that the Doctor has an interest in his patient, and in case death should ensue the friends are doubly sure everything has been done for the poor unfortunate. Oh! how consoling it is to look up at the medicine chest after returning from the last resting place of our dear friend and see it full of heroic remedies, pills, blisters, etc.

The above enumerated are almost a fac-simile of those used

in a case I recently saw which was under homœopathic care, or at least the physician was known as a homœopathic physician, a follower of Hahnemann. The mention of Hahnemann's name in conjunction with such prescribing is sufficient to cause the illustrious father to turn over in his decayed coffin and groan with pain. Yes! to have such insult offered to the memory of his masterly science, could he but rise up to-day and see how we have interpreted his teaching, he would weep tears of sorrow and regret and turn away in disgust.

Recently on a visit to one of our cities I called at a certain institution where there was a clinic being held on the eye and ear; I entered the place of healing and found a great number of patients, not less than a hundred, and five physicians in charge (presumably oculists), yet, to judge from the paraphernalia around, I might have imagined myself in a paint shop or art gallery (bar the paintings) had I not witnessed a similar condition in the allœopathic ophthalmic hospitals. Each man was armed with a brush and paint jar, or bottle of finely divided white powder looking like white lead, but evidently being lixiviated Calomel, which was being thrust in artistic style into the eyes of the poor unfortunate sufferers as they came marching by, each burying his or her face in their hands, so that when they had passed they resembled mourners at the grave in meditation, sorrow, and prayer. Of many of these patients I made inquiry of the duration of time they had been regulars of this place and the answer varied from three months to two years. I would ask you if you could imagine yourself in a homœopathic institution when witnessing such treatment? Yet such was the name it bore—a homœopathic seat of learning. Are we to be surprised at our young physicians when we know that such has been the teaching they have had? How can we expect anything different of them? Certainly not unless they act more wisely than their tutors. Is this not a deplorable state of affairs? Better by far send our students to a straight-out allœopathic institution of learning and they will not at least have their minds poisoned with bastard Homœopathy and exploded allœopathy.

In conversation with a man of eminence connected with the above-mentioned school, I asked him if he looked upon the treatment as adopted in the eye clinic as scientific Homœopathy. He admitted that it was not just Homœopathy, but that the cases were so numerous in the institution that they could not find time to treat them homœopathically. What think you of such a solution? In other words, too many to treat them properly, for such must

be the literal meaning to a homœopath. I could not refrain from saying, that if they treated them according to the simillimum they would not have so many cases, *i. e.*, if they administered proper homœopathic remedies, they would succeed in curing many in one or two prescriptions, and the same patient would not remain a permanent fixture of the establishment, as is at present the fact.

You will find this class of patients going from hospital to hospital, from dispensary to dispensary, and when their patience is well nigh exhausted, they will drop into a homœopathic institution as a last resort; and can any one for a moment imagine their sorrow and disappointment when they find they are subjected to the same line of treatment, and certainly with no better results. Is it not most deplorable to waste such valuable time, and cause such unnecessary suffering, when we have in our possession such infallible means of cure if we spend but a little time in research and study of our materia medica, and have the confidence in Homœopathy we should and would have if we gave it an unbiased trial? But I fear our want of faith in what we profess, combined with mongrel teaching, is the bane of our practice. Recently I heard a sermon by an eminent divine, who, elucidating the cause of his faith (according to his manner of thinking) in God and His disciples, spoke of an example, while a theological student, of one of their number, as expressing himself as having positive convictions in his profession. Without positive conviction we are simply groping in the dark, hoping to make what we call a lucky hit; unfortunately for most of us, lucky hits are of very infrequent occurrence. Now, I urge upon all of you, unless you have positive convictions of being right, you cannot practice Homœopathy successfully. Read carefully the *Organon*. I find great pleasure in reading it. I never let a year pass by without reading it once; I find it strengthens me in the true medicine. Don't have your patient believe that you understand both systems of medicine, and that you select only that which you think is best for the individual case, for when you admit this you acknowledge your want of confidence in your own profession. He that professes all things and systems is surely a failure; a jack of all trades is master of none.

Can it be possible that *contrari contrariis curantur* is better adapted to adult members of the family, and *similia similibus curantur* is better suited to the children; if so, when do children cease to be children, and require allœopathic treatment, and *vice versa*?

If *similia similibus curantur* be the proper curative principle,

then it always remains so; if it be false, it never can be true, and should be abandoned at once.

Who ever knew of two opposites both being true? Who ever knew of a successful politician professing both Republicanism and Democracy? Who ever knew of an eminent divine professing two forms of religion? They are simply incompatible, and will not mix a bit more than oil and water. So it is with Homœopathy and allœopathy. What a pleasure it is to believe you are right, and to practice according to your convictions, but a man who practices both, practices neither and has no convictions; he is simply practicing hap-hazard, and nature performs all his cures in spite of his ignorance, if any are cured.

Permit me to urge upon you the importance of simplifying your practice; don't alternate your remedies, and then when a cure is made, you know what remedy has cured the case, and it assists you in fixing your symptomatology; besides, when you get into the habit of giving two remedies, you often see the necessity of a third, and it will not require you long to see where a fourth can be interpolated with advantage. In this way your vocabulary will grow indefinitely, and you will continually be in doubt of the proper remedy. I dare say there is not one of you who would countenance a person taking four or six remedies, yet it is quite easy to imagine a case where it may be necessary if we only accustom our imagination to be elastic. Who dare question the propriety of giving four or six remedies when he admits the necessity of two?

M. J. BUCK, M. D.

BALTIMORE, MD.

A BROKEN BREAST.

FRANK KRAFT, M. D., SYLVANIA, OHIO.

I expect nothing less than that there will be an indignant rising *en masse* of the scientific homœopaths, when I admit, as I am constrained to do in the interest of truth, that I made use, and successfully, of *Lac caninum* in this case of broken breasts which I propose relating. But *magna est veritas*, etc.

On Monday, November 4th, I was asked to visit a young woman living on the southern border of Michigan, who had, five weeks before, been brought to bed with a healthy nine-pound girl (*primipara*), all without medical aid. Owing, however, to the difficulty experienced by the infant in getting any breastmilk, attributed to a tongue-tie, a bottle with the usual long rubber tube had been substituted flanked by a bottle of good old Mother

Winslow's Soothing Syrup. It goes almost without saying that in a short time the breast became filled and needed to be drawn. For this purpose, one of the exquisite torturing engines of the Inquisition, to wit, a breast-pump with a flaring mouth like unto the ancient blunderbuss and rubber bulb was applied, and with the usual result of setting up inflammation from the frequent bruising. The breasts grew tender, then hard, then painful. A doctor was called in, a most potent, grave, and reverend signior of the Old School, who succeeded in short order in adding still more to the poor woman's suffering by the use of Morphine, which effectually closed the bowels, deranged the urinary function, coated the tongue, confused her mind, yet, withal, not alleviating her sufferings. After ten days' experimenting of this kind, the parents of the patient, seeing unmistakably that she was sinking, dismissed the Old School Æsculapius and I arrived on the scene. To detail the numerous devices resorted to by his Oldschoolship, the many salves, greases, lotions, and liniments used, many of which still littering the commode, would be needless waste of time, because an old story to every physician who has ever followed the allopath. I found each breast covered with a generous-sized pancake. Removing these, there was disclosed a fistulous opening in the right breast, discharging sluggishly a greenish-yellowish-bloody pus, exceedingly offensive, and corroding the surfaces if suffered to remain for half an hour. The breast was large, hard, hot, and of a mahogany color. The left breast was also hard, hot, and brown, but not yet ready to "point," though in one spot there was a suspicious feel of softness. Otherwise the history was: cold feet, cold hands, dull headache, "back broke in two," constipation, urine scant, thick, and brown; no appetite, a little sip of cold water occasionally, which was grateful; no sleep for five nights, color of face and body a transparent, sickly pallor; clammy sweat here and there about the body, eyes dull and deep-sunken, unable to move hand or foot save with great pain, lips colorless, and the dreaded white line outlining the gums, pulse feeble, barely to be counted.

Had these symptoms presented at the first visit of any doctor, especially a homœopath, some considerable study of the repertoires would have been necessary. But following an Old School drug-store, there was nothing for it but to follow Hering's advice and antidote the drugs, which was promptly done with Nux, hoping thereby to separate the drug disease from the disease of the patient. I at once gave the breasts a soap-and-water bath, then a bathing with hot water to which a few drops of Phytolacca

had been added, and a cloth saturated in the same solution kept on the breast to be renewed hot every two hours as long as patient was awake. I remained a number of hours, but at last, not yet being very clear as to the remedy, I gave *Phytolacca* in broken doses.

On returning the following day a decided change for the better had ensued. The patient had slept a number of hours, had called for a little to eat, mainly soured and cold, the right breast had decreased in size, the mahogany color was almost all gone, the abscess was discharging laudable pus, and handling was borne better. The left breast, however, looked more angry; the swelling was much more painful, the slightest jar was unbearable, there was an unmistakable increase in suffering toward supper time, and the weight of the gland was torture. My teaching had been, not to repeat so long as improvement was manifest; the right breast was better in every way, as were also the general symptoms. I did not wish to leave the patient for twenty-four hours with that painful left breast, notwithstanding the general improvement. Still a careful study of the case impelled me to give *Sac. lac.*, and advise the *Phytolacca* lotion as before.

During this ensuing night, however, she had not slept because of the pain in the left breast; the right one also had begun again to be troublesome. I went to my buggy and brought in such of my library as I had with me, and in rummaging in my overcoat pocket to my great joy found the July, 1889, copy of *THE HOMŒOPATHIC PHYSICIAN*, which I had been reading some days before while riding through the country. Here I remembered to have seen Brother Guernsey's "Mastitis," and if ever a drowning man grasped at a straw, it was this writer, as he hurriedly turned the leaves and found the "Mastitis" article. In a few minutes that patient had a dose of *Lac caninum* on her tongue. And from that moment I date the gradual recovery of my patient. The breast broke superficially, discharged a little laudable pus, the swelling went down rapidly, the color faded out, sleep came and refreshed her, appetite also returned, and with the exception of one dose of *Silicea* given at the last because of the peculiar difficulty in stooling, and strapping the breasts for support, she received no other medicine, and I discharged myself on the 12th with profuse thanks and encomia—and my fee.

The patient was sitting in her chair "changing" her baby, and feeling strong when I last saw her. The fistulæ had almost closed, cicatrices were forming, and the milk, which I had

ordered drawn during all this period with a hot bottle, was filling the glands again, with every prospect of soon applying the child to the breast.

ON REPORTING CASES.

In the *Allg. Hom. Zeitung*, No. 24, Dr. Paul Lutze reports a case of periostitis, which truly demonstrates how, from wrong premises, only false conclusions must follow, and his teachings of the case allow, therefore, many objections. He says :

“ I publish this case for two reasons : to show that sometimes the remedy does not cure which corresponds to the totality of the symptoms, but rather the keynote remedy must be selected; and second, to lead the attention of younger physicians to a remedy not often used. On the 30th of January I was called to a lady and found her in a sitting position, the foot resting on a chair, as walking or standing caused severe pain. I found on the tibia a red hot spot of the size of a hand, very sensitive to the touch, and offering small inequalities to the fingers. Mercurius sol. always did well for me in periostitis, and I prescribed Mercur.³⁰, ten globules in water, to take a sip every four hours. February 2d.—The inflamed spot paler and less painful, but the inflammation spreads upward and downward. Mercur. continued. February 7th.—Inflammation about the same, with swelling around the malleoli of the affected limb. Apis.³⁰ twice daily for three days and an interval of two days. February 17th.—The swelling is gone, the inflammation pales, but she complains of a painful drawing and of stiffness in the joints of both knees and feet in afternoon and evening. Bryonia³⁰, to be taken in the same manner. Next report was that the drawing pains were removed, that the thickening on the tibia still persisted, that it did not look as much inflamed ; but on the condyle of the right knee-joint periosteal swellings had arisen, painful by motion and pressure. Mercur.³⁰ brought no relief this time ; in fact, pains were worse in the evening, and even a return to Bryonia gave no relief. Among the remedies having “ pains increased by motion,” I also found Ledum, and though it was aggravation from the heat of the bed, which may also mean at the time of going to bed, my experience taught me, that in rare cases the simile may succeed where the simillimum fails. I prescribed Ledum.³⁰, a swallow every four hours, and in a few days the patient remarked that all pains quickly disappeared ; the periosteal thickenings were nearly gone, and walking or standing nearly painless. March 30th she complained only of some

stitching pains when standing, which were quickly removed with Mezereum³⁰.

Dr. Lutze fails to give us an anamnesis of the case, and we do not know what sort of a woman he had to deal with, and what was the cause of the periostitis. Was it of traumatic, syphilitic, or scrofulous origin? Was it painful to the touch, even when resting, or did only the motion irritate the sore? In too many cases reported in the journals, we find the same omission, and thus much of its value is lost. We cannot believe that Dr. Lutze prescribed for pathological names, and still he acknowledges that he gave *Mercur. ex usu in morbo*, and, as usual, as it covered only some symptoms, it acted like every other palliative but did not cure the case. Lutze jumped then to *Apis* on account of some œdematous swelling around the maleoli. Again, a mere palliative prescription which did not reach the root of the evil, for he changes again to *Bryonia*, on account of some stiffness in knee and ankle-joints of both feet, afternoon and evening, and as now appeared some thickening in the condyle of the right knee-joint, he returned to *Mercur.*, but failed to give relief, and *Bryonia* was given on account of the stereotyped symptom, < by motion and in the evening. In his despair he hit on *Ledum*, as it has also < on motion, *but it cured*, because it is the remedy for gouty pains, especially in the joints of feet and hands, shifting from place to place, involving also fibrous parts in various places; pains in bones of ankles, in knees, toes; < toward evening, till lying down; > at night; pains sticking, tearing, shifting; swelling about ankles, with pain in ankles when stepping. *Ledum* is a cold remedy and has hardly any febrile symptoms, while *Bryonia* and *Mercur.* are full of them. We thus see how many symptoms were fully covered with the Marsh tea, and that it was at least a close simile, taking the gouty constitution of the patient as a guide. He finished the case with *Mezereum*, on account of some stitching pains when standing. Might we not ask whether *Mezereum* was not from the start the simillimum to the case? *Hering* recommended it for swollen, inflamed bones, especially shafts of cylindrical bones, pain in the periosteum of long bones, especially the tibiæ, < at night in bed, the least touch unbearable, and < in damp weather, with general chill and thirst; boring, drawing pains in ankles; short drawing or darting pains, now here, now there, after which a constant soreness remains; itching, burning, shifting pains, with increase of animal heat. Who of us can always find the simillimum? But we must differ from Dr. Lutze, when he holds up such a case as a bright example for the student to follow. We may fail, but we need not glory about it. S. L.

CLINICAL MEDICINE.

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

I. A lawyer was walking along the street one morning when he stopped to show me a sore finger. It proved to be a bone felon ; he was predisposed to felons. The end of the thumb was deformed from necrosed bone caused by a felon. His symptoms called for Calc. carb.^{2c}. It cured the felon and he never had any more of them. I made a convert of him.

II. A farmer suffering from felon came twelve miles from the country to see me one Saturday, in the fall of 1883. He had suffered excruciating pain for nine days and nights, so that he could not sleep. The finger had been opened and it was discharging ichorous pus, with a large amount of proud flesh, which he had tried to burn off with Alum. But the proud flesh would come back again ; the finger now was tied up in tobacco leaves.

Subjective symptoms : Burning at the end of the finger like coals of fire. Aggravation at night, especially after midnight. Sensation of hot needles piercing. Amelioration by hot applications. Arsen.²⁰⁰ cured in a day or two ; the pain was better in a few minutes.

He wanted to know if I was a faith doctor. I replied, "I have faith in my medicine."

III. A lady complained of pain in the end of her finger like a brier sticking there. The pain got no better from the remedies given. There were redness and swelling, so painful she had to desist from work. The pain then became burning and stinging, better immersed in cold water. I gave a dose of Apis^{1M}, waited twenty-four hours. No change, swelling and pain increasing. Hering says if Apis fails then give Sulph. high. At night she got a dose 55M (F.). Next morning pain had all gone ; finger not swelled so much. No more medicine, cured promptly.

IV. A carpenter accidentally hit his thumb with a hammer ; he suffered with it all night ; came to me the next morning. Two doses of Ledum²⁰⁰⁰ cured him.

V. A stock-man was riding through a pasture where there were many mesquit trees, when he stuck a thorn into his second finger from which he suffered for several days. The finger was swelled its whole length, and was stiff and sore. The pain was deep in the bone. Every one who saw it pronounced it a felon. Two

doses of *Ledum*²⁰⁰ cured him, and he did not like to have it split, as was ordered by an allopath.

VI. A clerk in a store came to me with a "sore" on his finger, which had kept him awake for over a week. An opening was at the end, proud flesh protruding. He complained of aching in the arm and hand up to his shoulder, deep in the bone. This kept him awake at night. His pulse was 120; temperature 100°. The pain and the fever were controlled by a remedy having his concomitants in its pathogenesis; but the proud flesh did not yield. I gave a dose of *Silicea*^{em} (F.) and *Sac. lac.* The finger straightway began to discharge laudable pus. He showed the finger to several of his friends who were kind enough to say he would have to have it "split;" it would never get well without. I remarked I would split it from the inside with the dynamic-lance. After his finger was well he again showed it to his friends, who then all agreed with one acclaim it was not a felon.

These cases could be enlarged upon, but enough has been said to show the power of the similars, without antiseptic dressing or the injection of Carbolic acid—the Pennsylvania State Homœopathic Transactions to the contrary notwithstanding. Let such treatment be relegated to eclectics and the allopaths, to whom it rightfully belongs, and not try to palm it off on the public as Homœopathy.

CLINICAL CASES.

GEORGE LOGAN, M. D., OTTOWA, ONT., CANADA.

CASE I.—Boy, six years old. Called to see him on September 14th, 1888. Found him in bed, complaining of sore throat.

On examination, found diphtheritic membrane covering the entire convexity of the left tonsil, with considerable redness and swelling of the adjoining part of the soft palate, considerable fever, and some enlargement of the gland of the left side of the neck; breath offensive. It had the appearance of being a decidedly malignant case. He had been ill two days before I was called. *Lachesis*²⁰⁰, five or six pellets in quarter cupful of water, was taken at one dose, five or six pellets of *Sac. lac.* in half cupful of water—two teaspoonfuls one hour apart while awake until my return. Fresh air and isolation. On my return visit I found the disease arrested, and the boy said he felt better. Continued *Sac. lac.*

On the third day the left tonsil was much better. Continued Sac. lac.

Fourth day.—Left tonsil nearly well, or free from membrane; right tonsil partly covered by membrane. Complains of soreness of the right side. Continued Sac. lac.

Fifth day.—Right tonsil covered by membrane, but less redness and swelling than the left side had presented at first. Continued Sac. lac.

Sixth day.—Right tonsil worse, membrane extending to adjoining soft palate, with increased redness and swelling; did not feel so well. Right gland swollen. Gave three or four pellets of Lachesis as before, one dose, and continued Sac. lac. two hours apart.

Seventh day.—Decided improvement; spread of membrane arrested, and disappeared in a day or so afterward, followed by recovery.

CASE II.—September, 1887. Was called to see a boy aged three years; had been ill two or three days; found membrane on both tonsils, and the soft palate near the tonsils involved; dark redness and swelling of tonsils and palate; considerable fever and difficulty of swallowing; glands on both sides enlarged, and breath fœtid. From what I could learn, the disease began on the left side; all the symptoms pointed to Lachesis, which was given—five or six pellets in half a cupful of water—two teaspoonfuls each hour for three or four times, then three hours apart until my next visit.

Second visit.—No worse. Continued the doses three hours apart.

Third visit.—Decided improvement. Sac. lac. three hours apart. In two or three days he was all right again.

CASE III.—Boy, four years old had been ill three or four days; found him in bed; both tonsils covered by diphtheritic membrane; dark red swelling of the tonsils, soft palate, and fauces; glands much swollen, and very fœtid breath; great difficulty in swallowing. From all appearances, a very malignant case. Could only infer from evidence obtained that the left tonsil was first involved.

Lachesis²⁰⁰, one hour apart for three times, then three hours.

Second visit.—No improvement that I could detect; could not find any other remedy that covered the case better than Lachesis, which was continued three hours apart.

Third day.—Much worse; larynx involved; dry, croupy cough; stupor; refused medicine and food. Kali bich.^{2c} one hour apart for three times, then three hours apart. Died the following

morning. The most prominent symptoms in the above case were purple hue of the palate and fauces, intense fœtor, difficulty of swallowing, sensitiveness to external pressure, cannot bear anything to touch the neck. Worse on waking from sleep.

This case was one of the most malignant that I have seen in my practice of over thirty years.

A few years ago I reported six fatal cases in all during twenty-six years.

I then expressed the opinion that there is a degree of malignity, so far as I know, which I consider incurable.

After four years of further experience, I venture the same opinion—that there is a degree of malignity, only at long intervals met with, which is beyond the powers of nature, assisted by medication, to overcome.

If there are any men here who have had a large experience in such cases and have never lost one, I will be glad to hear from them. Two or three cases of success or failure are not sufficient to base a rule upon. "One sparrow is no sure sign of spring." It requires a large number of cases to warrant our forming an opinion or experience which will be a guide to others.

I have selected these cases from perhaps thirty cases treated, four of which proved fatal.

I hope some member of this Institute will be able to show a better record.

CASE IV.—Female child, four years old, was brought to my office. She presented a most repulsive appearance. The case was one of chronic eczema, of three years' standing. When less than a year old the eruption appeared on the face and head in the usual form, going through all the stages of eczema, papulation, vesiculation, pustulation, incrustation, and in some parts of the skin, desquamation. The eruption covered the entire surface of the body from the head to the feet. It had become infiltrated and thickened, divided by an innumerable number of fissures running in all directions over the surface of the body like so many rivulets made to carry off the exudation accumulating on the surface. The child had a vulgar, filthy look, was intensely irritable, day and night. From some of the fissures mentioned blood was running at the time I saw the child.

I refused to have anything to do with the case unless I was allowed several months to conduct the cure. With this understanding I gave Sulphur³⁰, a dose each morning for three times, then Sac. lac. for three weeks, at which time they were to bring the child again. At the end of this time the case looked worse, if that could be possible, than before.

Continued the placebo for three weeks more and then to report. At the end of this time there was an improvement, the skin was less inflamed, the child was less irritable, the mother said she had given her much less trouble than before.

Continued Sac. lac. for three weeks more, at the end of which time a decided improvement was visible. Continued placebo until the case seemed to remain stationary, when I gave one dose of Sulphur²⁰⁰, followed by Sac. lac.

From this time the improvement went on uninterruptedly until the child was perfectly well—a handsome young girl. I may mention that, as usual in such cases, she went the rounds of three or four medical men, each having his pet mode of procedure—cod liver oil, astringents, *ad infinitum*.

THERAPEUTICS OF CONVULSIONS.

H. P. HOLMES, M. D., OAK PARK, ILL.

CONVULSIONS OF INFANTS: Acon., Æthusa-cyn., Agar., Aml-nit., Apis-mel., Arn., Ars., Bell., Bry., Camph., Caust., Cham., Cic., Cim., Cina, Coff., Cup., Gels., Hell., Hyos., Ign., Hepar, Ipec., Kreos., Lauro., Lyc., Melilot., Merc., Nux, Opi., Sil., Stan., Stram., Tart.-emet., Tereb., Verat.-alb., Zinc.

PUERPERAL CONVULSIONS: Acon., Argent.-nit., Arn., Bell., Canth., Cham., Cic., Cocc., Cup., Gels., Glon., Hell., Hyos., Ign., Lach., Lauro., Merc., Mosch., Nux-m., Cœnanthe, Opi., Puls., Sec., Stram., Verat.-vir., Zinc.

EPILEPSY: Agar., Amyl-nit., Argent.-nit., Bell., Bufo., Calc-carb., Camph., Cann-ind., Caust., Cic.-vir., Crotal., Cup., Cypri., Glon., Hydr-ac., Hyos., Ign., Indi., Kalibrom., Lach., Nux-vom., Opi., Cœnanthe-croc., Plumb., Sil., Stann., Stram., Sul., Tarent., Visc.-alb., Zinc., Zizea-aur.

CATALEPSY: If caused by anger and vexation, Cham., Bry.; if caused by fright, Acon., Bell., Ign., Gels., Op.; if by sudden joy, Coffea; if by grief, Ign., Phos.-ac., Staph.; if by jealousy, Hyos., Lach.; if by sexual erethism, Con., Plat., Stram.; if by disappointed love, Ign., Hyos., Lach.; if by religious excitement, Stram., Sulph., Verat.-alb.; in consequence of onanism, China, Nux-vom.

ACONITE.—Convulsions, when in their incipency there is great febrile excitement; hot, dry skin; restlessness, anxiety, anguish, fear of death; more or less cerebral congestion; twitchings of single muscles; child gnaws its fists, frets, cries;

costive or dark watery stools ; vertigo on rising from a recumbent position ; dreads too much activity about her.

ÆTHUSA-CYN.—Spasms, with stupor, delirium ; turning of the eyes downward ; epileptiform spasms, with clenched thumbs, red face ; dilating, starting, immovable pupils ; foam at the mouth ; teeth set ; pulse small, hard, accelerated ; great weakness ; children cannot stand, or hold up the head.

AGARICUS.—Spasms, with tremors of the body ; involuntary movements while awake ; epilepsy with great exertion of strength ; from fright ; every seven days ; from suppressed eruption ; epileptic fits increase at first and lessen gradually ; patient feels as if drunken and always sleepy ; unconscious and speechless with the convulsions, face blue and puffed, froth at the mouth ; sensation as if cold air was spreading from the spine over the body, like an *aura epileptica*.

AMYL-NITRITE.—Convulsions, with unconsciousness and inability to swallow ; frequent piercing shrieks ; after long-continued convulsions, weak, emaciation with tendency to sweat easily from slight exertion ; during convulsions rigidity of muscles of limbs ; epilepsy ; muscular twitching in arms, legs, and face, followed by sense of fullness of head, flushing of face, violent palpitation of heart, and unconsciousness ; mental confusion, and a dream-like state ; haunted many times a day by an indescribable dread and sensation of an oncoming fit ; profound and repeated yawning during unconsciousness ; succession of fits with increasing frequency, before one fit ceases another one begins.

APIS-MEL.—Nervous restlessness ; convulsions ; trembling and jerking of the limbs ; shrieking ; boring the head in the pillow ; cerebral affections.

ARGENTUM-NITR.—Puerperal convulsions ; she has a presentment of the approaching spasm ; she is in constant motion from the time she comes out of one spasm until she goes into another ; the spasms are violent and are preceded by a sensation of expansion of the whole body, especially of the face and head ; sometimes the woman lies quietly for some time after the spasm has ceased, but becomes very restless before another begins ; cerebral epilepsy ; the pupils permanently dilated a day or two before the fit ; epileptic convulsions coming on at night.

ARNICA.—Where the spasm arises in consequence of a fall or other injury ; pulse full and strong, and during every pain the blood rushes violently to the face and head ; symptoms of paralysis of the left side ; tympanitis of abdomen after labor (peritonitis) ; unconsciousness ; involuntary discharges of fæces and urine ; while the head is very hot the body is cool.

ARSENICUM.—The child lies as if dead ; pale but warm ; is breathless for some time ; finally it twists its mouth to one side then to the other ; a violent jerk appears to pass through the whole body, and its respiration and consciousness gradually return ; the spasms return at longer or shorter intervals ; worse the latter part of the night.

BELLADONNA.—Convulsions ; starting from sleep with a wild look, dilated pupils ; heat of the head and hands ; red eyes and flushed face ; sopor after the spasm ; convulsions may commence in an arm, and then the body be thrown forward and backward ; jerking and twitching of muscles between the spasms ; convulsive movements in the limbs and muscles of the face ; paralysis of right side of tongue ; loss of speech and difficult deglutition ; renewal of the fits at every pain ; more or less tossing between the spasms or deep sleep, with grimaces or starts and cries, with fearful visions ; sound sleep or unconsciousness after a spasm ; moaning at night, even without much sleep ; sleepiness, but cannot go to sleep ; wild look ; fresh cases of epilepsy, with decided brain symptoms ; there is an aura as if a mouse were running over an extremity, or of heat rising from the stomach, or illusions of sight or of hearing ; convulsions commence in upper extremities, and extend to the mouth, face, and eyes ; spasm in the larynx and fauces, with a peculiar clutching of the throat during the fit ; inability to swallow and danger of suffocation ; foam at the mouth ; involuntary micturition and defecation ; oppression of the chest and anxious breathing ; the spasms are excited by the least touch ; great anxiety, fear, frightful visions.

BRYONIA.—Spasms developed through repercussion of the measles ; dry, parched lips ; patient cannot bear to be moved.

BUFO.—Epilepsy following onanism ; longs for solitude to give himself up to his vice ; quick ejaculation without pleasure, with spasms and painful weariness of the limbs ; epilepsy, with destructive suppuration ; fits occur mostly at the change of the moon, at the time of menses, in sleep.

CALCAREA-CARB.—Hemorrhoidal plethoric constitution ; scrofulous and rachitic ; delicate and poorly-nourished persons ; sudden attacks of vertigo ; loss of consciousness without convulsions ; pharyngeal spasms, followed by desire to swallow ; attacks return after the slightest vexation ; anxiety with the fit, and after it apprehension of never getting well again ; mental dullness or even derangement ; speechless ; nocturnal epilepsy ; attack commences in abdomen.

CAMPHOR.—Spasms from suppressed catarrh of the head or

chest ; epileptic fits, with stertorous breathing, red and bloated face, coma ; early enough given it may prevent the fit or at least abridge its intensity and duration.

CANNABIS-IND.—Epilepsy ; extraordinary mental and physical vigor, an ecstatic exaltation of all the powers of mind and body as the aura before the fit ; tendency to catalepsy.

CANTHARIS.—Convulsions, with dysuria and hydrophobic symptoms ; bright light, drink, sound of falling water, or the mere touch of the larynx causes a renewal of the spasms.

CAULOPHYLLUM.—Convulsions, with very weak and irregular labor pains ; she feels very weak.

CAUSTICUM.—Convulsive motions of the upper part of the body, with feverish heat and coldness of the hands and feet ; convulsions of the extremities in the evening when the child is sleeping, with disturbed eyes and icy coldness of the body ; when the paroxysms are complicated with screams, gnashing of the teeth, and violent movements of the limbs, etc. ; epilepsy ; recent and light cases ; sudden fall, with loss of consciousness in the fresh air, but recovers himself soon ; convulsions, especially on the right side, with drawing of the head toward it ; during the convulsions the urine flows copiously and involuntarily ; frequent urination ; restless, desire to escape ; idiotic condition before the attack ; cold water brings the paroxysms on again.

CHAMOMILLA.—Child makes itself stiff and bends backward ; kicks with the feet and screams immoderately ; convulsions of children ; legs moved up and down ; grasping and reaching with the hands ; mouth drawn from side to side ; the eyes staring, jerking and twitching even in sleep ; convulsions in the child caused by a fit of anger in the nurse ; convulsions after anger ; excessive irritability and petulance ; one cheek red, the other pale ; starts and shocks during sleep.

CHINA.—The loss of a large quantity of blood is the exciting cause of the eclampsia.

CICUTA-VIR.—Violent shocks through the head, arms, and legs, which cause them to jerk suddenly ; spasmodic rigidity of the body, either opisthotonos or emprosthotonos ; the child seems well and in great spirits, when suddenly it becomes rigid, then relaxation sets in, with great prostration ; tonic spasms, renewed from the slightest touch, or the least talking or walking about ; helminthiasis ; strange contortions of the upper part of the body and limbs during the paroxysms, with blue face and frequent interruptions of breathing for a few seconds ; epilepsy ; especially for children ; convulsions ; clonic and tonic spasms,

with pale and yellowish complexion ; distortions of the extremities ; cries ; frothy saliva ; after the attack the child is unconscious and nearly lifeless ; in women, after emotions, with sad melancholy ; after confinements ; painful ulcers on edge of tongue.

CIMICIFUGA.—Children wake at night with a frightened look and trembling of the limbs.

CINA.—Child is feeble, lax, and ailing ; painful sensibility in the limbs of whole body on motion or touch ; attack worse early in morning and evening, and most violent after eating ; convulsive attacks at night ; spasms of children, with throwing the arms from side to side ; convulsions of the extensor muscles, the child becomes suddenly stiff, followed by trembling of the whole body, with blue lips, and whining complaints of pain in throat, chest, and all the limbs ; there is a clucking noise during convulsion as if water was poured out of a bottle, from the throat down to abdomen, paralytic pains in arms and legs ; the child exhibits vermiculous symptoms ; discharges worms ; hacking cough ; continually making attempts at deglutition, as if to swallow something down ; is very difficult to be pleased with anything.

COFFEA.—Convulsions of teething children, with grinding of teeth and coldness of limbs, after over-excitement ; the attack has been brought on by excessive laughing and playing ; weakly and excitable children ; and in consequence frequently suffers with spasms.

CROTALIS-HOR.—Convulsions, with trembling of the limbs, without foaming at the mouth ; loss of senses ; indifference, seems only half alive ; paleness of the face, as in faintness ; sensation of tight constriction of the throat.

CUPRUM.—Eclampsia of children during dentition ; the spasm is often preceded by violent vomiting of phlegm ; the clonic spasms begin in the fingers and toes ; child lies on belly and spasmodically thrusts the breast up ; after the convulsion the child screams, and turns and twists in all directions until another spasm occurs ; opisthotonos with every paroxysm, with spreading out of the limbs and opening of the mouth ; clonic spasms during pregnancy, when the attack begins at the periphery and extends centrally ; nocturnal epilepsy, or when the fits return at regular intervals [menses], beginning with a sudden scream ; unconsciousness ; loss of sensibility and throwing the body upward and forward ; convulsions commencing at the fingers or toes, or in the arms, with coldness of the hands and feet, and pallor or lividity of face ; clenching the thumbs ; suf-

focating paroxysms; frequent emission of urine; piercing, violent screaming; difficult comprehension or screaming; convulsion of children during dentition or from retrocession of an exanthema; extreme violence of the convulsion with pale or livid face, slow pulse [often a sign of feeble muscular action of the heart], coldness of hands and feet.

CUPRUM-ACET.—Spasms from retrocession of the eruption in scarlet fever.

CYPRIPEDIUM.—Epilepsy from reflex nervous irritation; from exhaustion of nerve-forces; from irritability of the brain in children.

GELSEMINUM.—Convulsions from reflex irritation; premonitory symptoms; the head feels very large; the spasms occur as the first hint that the os uteri remains rigid and unchanged; distressing pains from before backward and upward in the abdomen; heavy head, with half stupid look; face deep red; speech thick; pulse slow, full; albuminuria.

GLONOINE.—Epileptic fits accumulate and return daily; convulsions from cerebral congestion; stupidity and somnolence; alternate congestion of heart and head; throbbing pain in the epigastrium.

HEPAR-SULPH.—Traumatic convulsions, caused by excessive pressure on the brain during delivery; trismus of new-born babes.

HELLEBORUS.—Convulsions of nursing children, with extreme coldness; the urine is very dark, and has a sediment like coffee-grounds; intense and intolerable pains in the head; a shock passes through the brain as if from electricity, followed by spasms.

HYDROCYANIC ACID.—When the muscles of the back, face, and jaws are principally affected, and the body assumes a bluish tint; epilepsy; recent cases; sudden complete loss of consciousness and sensation; extreme coma for several hours, only interrupted by occasional sudden convulsive movements; confusion of the head and vertigo; jaws clenched, teeth firmly set, froth at the mouth, foaming large bubbles; unable to swallow; involuntary discharge of urine and fæces; upper extremities contracted and the hands clenched; unusual stiffness of the legs; spasms commencing in the toes, followed by distortion of the eyes, toward the right and upward, afterward general spasms; distortion of the limbs and frightful distortion of the face; trunk spasmodically bent forward; great exhaustion, prostration and aversion to all work, mental or physical.

HYDROPHOBIN.—The spasms are excited whenever she at-

tempts to drink water, or if she hears it pouring from one vessel into another; the remedy may also be indicated by the sight or sound of water affecting the patient unpleasantly, even though she desires water.

HYOSCYAMUS.—Convulsions after meals; the child sickens after eating, vomits or shows distress at the stomach; sudden shrieks and then insensible; convulsive jerks; long-lasting spasms; frothing at the mouth; every muscle in the body is convulsed—the eyes, the eye-lids, the muscles of the face; puerperal spasms; shrieks; anguish; oppression of the chest; unconsciousness; bluish color of the face; twitching and jactitation of every muscle of the body; delirium; during convulsion limbs forcibly curved and thrown up from the bed; epilepsy, before the fit, vertigo; sparks before the eyes; ringing in the ears; hungry gnawing; during the fit face purple, eyes projecting, shrieks, grinding teeth, urination; after attack, sopor, snoring; from grief, after emotion.

IGNATIA.—Spasms return at the same hour every day; screaming and violent trembling all over; single parts seem to be convulsed; spasms of children, preceded by hasty drinking; convulsive twitching, especially after fright or grief (of the nurse); convulsions during dentition, with frothing at the mouth, kicking with the legs; deep sighing and sobbing, with a strange, compressed feeling in the brain; the convulsions commence and terminate with groaning and stretching of the limbs; the paroxysms are accompanied with vomiting; fright with grief may have been the exciting cause; recent cases of epilepsy; convulsions return at the same hour in the daytime or night; silent, stupid state, with jerking of the body, partial spasms of the extremities, one limb, or only certain muscles at a time; emotional epilepsy; lassitude after the fit.

INDIGO.—Epilepsy; patient is of exceedingly melancholic (blues) character, tired of life, feels very gloomy; flushes of heat from abdomen to head, with sensation as if the head was tightly bandaged around the forehead; epileptic fit begins with dizziness; epilepsy originating from plexus solaris, or from abdominal ganglia, or from a cold or fright.

IPECAC.—Much nausea and vomiting, either before or during a spasm; the child is spasmodically drawn in some direction; body rigid, stretched out, followed by spasmodic jerking of the arms; convulsions from indigestible food or from suppressed eruption; one constant sensation of nausea all the time, with occasional convulsions; such symptoms—convulsions characterized by continuous nausea—are always relieved by Ipecac alone.

KALI-BROM.—Mental hebetude, slowness of expression, failure of memory; confusion and heat of the head, great vertigo; dull, stupefied expression; the same languor in extremities, in fact the whole mind and body given up to lassitude, but nowhere convulsions.

KALI-CARB.—The spasm seems to be relieved or to pass off by frequent eructations.

KREOSOTE.—Convulsion from the swelling of a gum over a tooth which is not quite through; great restlessness; wants to be in motion all the time, and screams the whole night; bronchial irritation from dentition; the teeth look black and decay as fast as they appear; otitis.

LACHESIS.—The convulsions are particularly violent in the lower limbs, with coldness of the feet, stretching backward of the body and screaming; epileptic convulsion characterized by cries, falling down unconsciously, foam at the mouth, sudden and forcible protrusion of the tongue; vertigo, heavy and painful head; palpitation of heart; left side chiefly affected; onanism or excessive sexual desire the cause of the disease.

LAUROCERASUS.—Much gasping for breath before, during, or after a spasm, with bluish tint of the skin; after fright; emaciation; she is conscious of a shock passing through her whole body before the spasm [Hell.].

LYCOPodium.—Spasms from incarcerated flatus, with screaming, foaming at the mouth, throwing the arms about, unconscious.

MOSCHUS.—Convulsions from uræmic poisoning.

NUX-MOSCH.—Convulsive motion of the head from behind forward; hysterical eclampsia in women who easily faint; drowsy before and after the spasm.

NUX-VOMICA.—Convulsions in the child from indigestion, especially through the high living of the nurse, from emotions in the nurse, as anger; the spasms begin with an aura in the epigastrium; spasms renewed by the least touch, followed by deep sleep; spasms renewed whenever the feet are touched; great torpor of the intestinal canal; in persons who are of an irritable disposition and in those who are accustomed to wines and high living generally, and who lead a sedentary life; spinal epilepsy, with opisthotonos; trembling or convulsive twitching of the limbs; involuntary defecation and urination; rigidity of the limbs; pressure on solar plexus renews the attack.

CENANTHE-CROCAT.—Epileptiform convulsions followed by deep sleep or coma; convulsions with vertigo, madness, nausea, vomiting; unconsciousness, eyeballs turned up, pupils dilated,

lockjaw ; convulsions with deathlike syncope ; epilepsia nocturna.

OPIUM.—Spasms from fright, anger [nurse] ; in children from the approach of strangers ; in new-born babes, screaming before or during the spasms ; after attack, deep sleep ; stupor between spasms ; sopor with stertorous respiration ; the stertorous respiration continues constantly from one spasm till the next, and so on ; incoherent wanderings and convulsive rigidity of the body, with redness, swelling, and heat of the face ; hot perspiration and insensible pupils ; suppression of the pains of labor may have been the proximate cause ; nocturnal epilepsy ; continued stertorous breathing ; respiration deep, unequal ; cyanotic face, or red, bloated, distorted ; deep, comatose sleep ; suffocative paroxysms during convulsive state.

PHOSPHORUS.—Previous to the convulsion a sensation of heat rushes up the back into the head ; this was several times perceived as a forerunner of the convulsion.

PLUMBUM.—Epilepsy ; heaviness and numbness of the legs before the spell ; swollen tongue ; after the fit consciousness returns only slowly and symptoms of paralysis remain ; chronic cases with earthy color of face, stupor and debility after fit ; periodicity.

PULSATILLA.—The countenance is cold, clammy, and pale ; loss of consciousness and of motion ; stertorous breathing and full pulse ; the labor-pains are deficient, irregular or sluggish, otherwise she is in good condition ; mild and tearful ; the patient demands fresh air.

SECALE-COR.—Twitching of single muscles ; twisting of the head to and fro ; contortions of the hands and feet ; labored and anxious respiration ; in scrawny, illy-nourished women, with too feeble labor-pains ; “ergotismus convulsivus.”

SILICEA.—Spasms which return at the change of the moon or at night ; convulsions after vaccination ; attacks preceded by coldness of the left side, shaking and twisting of the left arm ; nocturnal epilepsy, especially about the time of the new moon ; chronic cases [after Calc.] ; before the attack ; feeling of great coldness of left side of the body, shaking of the left arm ; slumber with starting ; the spasms spread, undulating from the solar plexus up toward the brain ; violent screaming, groaning, tears drop out of his eyes, foam before the mouth ; afterward, warm perspiration, slumber, paralysis of the right side ; exalted susceptibility to nervous stimuli, with an exhausted condition of the nerves ; abdominal epilepsy.

STANNUM.—Spasms during dentition, with worm symptoms,

more excitability, more disturbance of the brain and more fear than Cina; helminthiasis of genital orgasm; epilepsy with tossing of the limbs; clenching of the thumbs; pale face, opisthotonis, unconsciousness.

STRAMONIUM.—Suppression of an eruption, or the exanthem fails to come out; the child is afraid and shrinks back from objects on first seeing them; opisthotonic convulsions from bright, dazzling objects, water, or touch; abdomen puffed; body very hot; spasms continually change character; frightened appearance before and after the convulsions commence; sardonic grin; stammering or loss of speech; loss of consciousness and sensibility; frightful visions; laughter, singing; attempts to escape; the fits are renewed by the sight of brilliant objects, and sometimes by contact; epileptiform spasms; thrusting the head continually in quick succession to the right; continual rotary motion of the left arm; pains in the pit of the stomach; obstinate constipation; deep, snoring sleep; risus sardonicus; pale, worn-out appearance, with a stupid look; afraid of being alone; convulsions affecting the upper more than the lower extremities; also isolated groups of muscles.

SULPHUR.—Whenever some dyscrasia lurks in the system, or its outward symptoms were suppressed; chronic epilepsy; before the spell; crawling and running as from a mouse down the back and arms, or up the leg to right side of the abdomen; after the convulsions, soporous sleep and great exhaustion.

TARENTULA.—Hysterical-epilepsy; sensation of dizziness before the fit, followed by convulsions and great præcordial anguish.

TART.-EMET.—Spasms from repelled eruptions, with paleness of the skin and much difficulty of breathing; great prostration and faintness.

TEREBINTHINA.—Dentition accompanied by suppression of urine and convulsions; child is wakeful at night, screaming as if frightened, has a staring look, clenches his fingers; twitchings in different parts of the body; picking of nose; dry, short cough, aching in limbs and head; burning soreness and interstitial soreness of gums; otitis infantilis.

VERATRUM-ALB.—Convulsions of children, with pale face and cold sweat on the forehead; cough before or after the spasm; trembling all over.

VERATRUM VIRIDE.—Eclampsia from emotional causes; great activity of the arterial system; convulsions and mania, which even keeps on after the cessation of the spasms; face flushed, pulse wiry, thirst.

VISCUM-ALB.—Epilepsy, with constant vertigo, even when in bed ; feeling as if the whole vault of the skull would be raised up ; muscles of the face in constant agitation.

ZINCUM.—Twitching in various muscles ; the whole body of the child jerks during sleep ; the child is cross before the attack ; body hot ; restless at night ; fidgety feet ; right side twitches ; pale children during teething ; after the disappearance of old eruptions ; coma from cerebral exhaustion ; loss of sensation of the whole body ; mania from mental excitement ; somnambulism ; Zinc has been known to cure obstinate puerperal convulsions after Phosphorus, apparently indicated, had failed ; cerebral epilepsy ; symptoms felt mostly during rest ; aggravation after dinner and toward evening ; twitching in various muscles ; the whole body jerks during sleep.

ZIZEA AUREA.—Spasmodic movements of the muscles of the face and extremities ; epilepsy.

DISCUSSION.—Dr. Ballard—I want to speak of one case of convulsions, in which I followed the remedy as closely as could be, by study in the sick-room and in my office. The child's first convulsion came on Tuesday morning, and I was soon there. I noticed at the termination of the convulsion there was a straining, the face turning red, just as a child would do straining hard for stool. When the convulsions came the eyes were rolled up and there was some twitching of the mouth. Various remedies were tried, yet no relief. There was that only symptom of straining. It went on until Friday morning, when I gave the child Nux²⁰⁰, and left, saying that "if there is no improvement in two hours, give this powder." The powder I left was a dose of Belladonna. On my return I found that the powder had been given. "Why did you give the second powder?" "I misunderstood you, I thought necessary to give it." Anyway, I did not notice so much of that straining. The convulsions were about as bad as before. I gave another dose of Nux and the convulsions ceased almost immediately, and the symptoms ceased with them entirely. Has any one noticed that symptom under Nux.? Following the convulsions there came a large number of boils. Another case: After the delivery of twins the mother at once went into convulsions, and the lochia ceased. The urine was suppressed. The convulsions would be preceded or accompanied by grunting, twitching of the face, throwing back of the eyes, and then finally closing them. The twitching would last for a half a minute or so, and then a sinking down and quiet for a few seconds, and then would start

in breathing with the throat extended beyond the jaw ; the face bluish or purplish, collar covered with sweat of a warm character ; frothing at the mouth and every appearance of Opium. Chamomilla had been given and hot compresses. When I saw this condition, I gave Opium. There was no help from it at all ; the convulsions continued. The woman lay on her back, with the left leg fixed, and the other leg thrown over and kept in constant motion over the opposite knee. During the convulsions there was an emission of urine which had a strong urinal odor. After giving Belladonna and seeing no change from this constant motion, I gave a dose of Argentum-nit. I then noticed for the first time the most marked motion of the *alæ nasi*, which was soon over. As soon as that was over I gave a dose of Lycopodium. The symptoms were slightly relieved ; I thought the motion of the *alæ nasi* was less prominent, and the convulsion was not as long. The motion or restlessness afterward continued the same. When the third convulsion came on, there was no indication of that. That was the last, and recovery commenced, and she made an immediate and good recovery.

Dr. Emory—We must have our *Materia Medica* in our minds or some very easy reference to it, and I think that paper completed and published would be of very valuable assistance to many of us. There are some remedies which we consider useful in these cases which Dr. Holmes has not mentioned. There is one symptom which Hering gives which I did not notice, and that is “spasms occurring at the time of the menses;” either where the menses do not occur at the proper time, or do occur.

Dr. Custis—I think one reason you do not get the prompt action of the remedy, is often on account of the nature of the convulsion, which is due to the frothing at the mouth. If there is anything that will interfere with the absorption of medicine it is that frothing. I had a case a few weeks ago of a little boy suddenly attacked by convulsions, the last one of which lasted over three hours. In spite of all efforts I could make I could not administer a remedy, as there was a complete locking of the jaws and a constant frothing at the mouth. I felt sure that I had the right remedy, but I could not get any results, as I could not administer it properly. I thought of a hypodermic syringe, and this is the only time I ever resorted to that ; but I shall remember to do it again.

Dr. Wesselhœft—I think Dr. Custis would have had the same result if he had given that remedy by olfaction.

Dr. Custis—I would like to ask Dr. Ballard if the urine of the patient had been examined.

Dr. Ballard—I examined it and found no albumen in it, although there had been enormous swelling of the legs all through the pregnancy. This disappeared a few days before the confinement. A few months before the confinement the patient was melancholy.

Dr. Holmes—Two years ago this month I was called to see the worst case of convulsions in an infant I ever saw. It was just before I came to attend the American Institute at Saratoga, and it was before I knew much about Homœopathy. The little fellow was two weeks old. He went into a convulsion at 12 o'clock at night, and for almost twenty-four hours that child laid in convulsions most of the time. At times the child would apparently cease living; pulsation down to twenty a minute, respiration would cease. I used artificial respiration probably twenty times. My first prescription was *Nux-vomica*. I went on with my *Nux-vomica* study, and the more I studied the case the more I was convinced that *Nux-vomica* was the remedy, I then gave the sixth and nothing else, and that little fellow to-day is one of the stoutest, ruddiest little boys you ever saw. In the course of twelve hours after giving the remedy there were no more spasms. This shows how some of those terrible cases can get well if you give the right remedy.—*Clinical Bureau, I. H. A.*

CASES FROM PRACTICE.

(Read before the Cayuga County Homœopathic Medical Society.)

Was called at 10 P. M., to see a boy about seven years of age. He presented the following symptoms: Headache, backache, sore throat, chills and fever. The throat symptoms began on the left side, and were worse after sleeping. The throat was very sensitive to touch, and could bear nothing around it, as he said "he could not breathe." The tonsils looked purplish, tongue coated white, putrid breath; prostration.

The child seemed well at 8 P. M., when it went to bed.

Gave *Lach.*³⁰ in water; to be given every hour until there seemed to be improvement, then to stop the remedy.

Was sent for the next morning at 8 A. M., and found this condition of the patient: Tongue swollen, and the point of it protruding from the mouth. It was dry, and looked like a piece of burnt leather. There was a discharge from the nostrils, which seemed to burn and scald the face. The odor from the discharge and breath was very offensive. As often as he would drop off to sleep he would wake up and gasp for breath, and seem as if

he was dying; could not examine the throat; all fluids seemed to escape through the nose.

My diagnosis was malignant diphtheria and recovery doubtful.

The symptoms seemed to point to *Lach.* as the remedy, and gave a dose of the M potency (B. & C.) dry on the tongue. Small lumps of ice was given it to keep the mouth moist.

Eleven A. M.—No worse.

Two P. M.—Not as much discharge from the nose, and the tongue less swollen.

Eight P. M.—Marked improvement; less discharge from the nose; can shut the mouth and drink a few sips of water; slept one hour with slight aggravation.

Nine P. M.—Much better; slept most of the time since midnight; no discharge from the nose; tongue looks more natural; can drink without difficulty; he continued to improve. Repeated the remedy once, when there seemed to be symptoms of paralysis.

Did the 30th produce any aggravations?

Mr. A., aged about fifty, was taken in the morning with cholera morbus, which grew so much worse at night that the family became frightened, and I was called at 11 P. M.

Found the patient bordering on a state of collapse; face pale and cold, eyes sunken and lustreless; the bowels moving frequently, rice-water evacuations, with griping cramps in the legs and cold sweat on the forehead. Gave *Verat.* and waited; no benefit.

Said he was dying, and bade the family good-bye; could not see; pulse very feeble; no control of the bowels; wants to be fanned.

Gave *Carb. veg.* dry on the tongue, and repeated it every fifteen minutes. Gave four doses before reaction set in. I remained until four in the morning. The next day gave a dose of *China.* He made a good recovery and a convert to Homœopathy.

Mr. F., aged thirty-two, red hair, blue eyes, painter by trade. Taken with spitting of blood after painting a cornice from a rope and pulley scaffold. The attack lasted one hour. He had frequent attacks for a week, and was under the care of a *regular* physician.

After an attack of unusual length and severity, I was called to the case. Patient had lost at least a quart of blood. He was pale, eyes glistening, and pulse quick. He was very restless, and was fearful, and knew he was going to die.

Gave *Acon.* Did not try to examine the chest, as he was bleeding, and I did not wish to irritate him any more.

Nine A. M.—Slept some during the night ; had a slight attack toward morning. Soreness through the upper third of left lung and says he can feel the blood start from that part of the lung. Not so restless, and feeling better than the morning previous. Sac. lac.

Six P. M.—Severe coughing started another bleeding spell. Pressure across the chest ; lies on the back or right side, coughs more on the left side. Phos.³⁾

No attack of bleeding for two days.

Third day another attack. Restless, constantly changing position ; feels so tired all the time, although moving makes him feel better ; dry cough, with tickling under the sternum ; worse the fore part of the night ; wants to be alone ; tongue dry, red, with triangle on tip. Gave Rhus.³⁾

No more hemorrhages. Gained strength rapidly. Took a slight cold from getting damp, which was relieved by Phos.³⁾. In two weeks resumed his work.

CHAS. L. SWIFT, M. D.

AUBURN, N. Y.

IN MEMORIAM—EDWARD BAYARD, M. D.

Dr. Edward Bayard, who for nearly fifty years has been one of the leading homœopathic physicians of the world, passed from his labors Saturday, September 28th, 1889, at North Yarmouth, Me., at the age of 83 years, 6 months, 23 days.

The Doctor had been in excellent health till the 24th of November, 1888, when he sustained a serious injury from a fall while arising at night ; this confined him to his house all winter. With the warm weather he improved, and in July left for North Yarmouth to spend the summer. The pure air and freedom from his extensive practice produced a favorable change, and arrangements had been made for his return, when a sudden change in the weather occurred, causing the development of an acute attack of bronchitis, which he was unable to withstand.

Dr. Bayard was born March 5th, 1806, at Wilmington, Del., and was the third son of the Hon. James A. Bayard, one of the United States Commissioners who negotiated the treaty of Ghent. His brothers were the late United States Senators, Richard and James Bayard, while he was uncle to ex-Secretary of State Thomas F. Bayard. He graduated at Union College, Schenectady, in 1825, and began the study of law in the office of Judge Daniel Cady, at Johnstown, N. Y., whose eldest daughter he afterward married.

While at Union College, he organized the students as a cadet corps, himself being in command. During this time there was a strong feeling of prejudice among the populace, which culminated in an uprising against the college. Dr. Knott, the President of the college, called upon young Bayard to lead the students against the mob, and it was only through his efforts that the college was preserved. This incident in his early career was but the indication of his strong will and determined character, which in after life distinguished him so greatly above his fellows.

He was admitted to the Bar as attorney-at-law in 1828, and as a solicitor to the Court of Chancery in 1835.

August 1st, 1835, he was made Lieutenant-Colonel of the Thirty-fourth Regiment of the New York State Militia.

After practicing law at Johnstown for a short time, he removed to Seneca Falls, where he entered into partnership with Judge Foot, and established a large and successful practice; but in the midst of his labors his health gave way, and he was so troubled with palpitation of the heart that he came to New York to consult Dr. Stevens, a noted specialist of that day, who told him that he must retire from all active employment, and lead a quiet and uneventful life, as he had a heart trouble which would eventually cause his death. At the earnest solicitation of Mrs. Bayard, he consulted Dr. Biegler, of Albany, who made a most careful examination of his condition, and asked him if he was a coffee drinker. Upon receiving an affirmative reply, the Doctor asserted that this was the cause of the trouble, and advising the discontinuance of coffee, giving him a few pellets of the homœopathic remedy on his tongue, with some powders, told him he would soon be well.

Returning to his home, he soon regained his former vigor; but the result of the treatment he had received impressed him so profoundly, that he took up the study and practice of Homœopathy. So successful was he in this, the demand upon his time became so great, that he abandoned the Law and thenceforward devoted himself to Medicine. He went to New York, entered the University Medical College, graduated in 1844, and located permanently in that city.

Dr. Bayard was one of the early members of the American Institute of Homœopathy, and one of the founders of the Homœopathic Medical Society of the County of New York.

April 5th, 1850, he was made corresponding member and Fellow of the Homœopathic Medical College of Pennsylvania, at Philadelphia, in consideration of his high medical attainments and skill. In 1851, the Western Homœopathic College, of

Cleveland, Ohio, conferred upon him the honorary degree of Doctor of Medicine. In 1856, he was elected a member of the Geographical and Statistical Society of New York. In 1881, he joined the International Hahnemannian Association, and was one of its most earnest friends and supporters. The New York Homœopathic Union, formed in 1888 for the purpose of studying the *Organon*, was in large measure due to his interest in the work; he was its first President, and gave it the name it bears.

Alas! our dear old friend is no more. His sufferings are over, and we must not grudge him the rest, which, after his long and useful life, he so richly deserved. He had many amiable qualities which will endear him to our memory as long as we live. His sagacity, his knowledge, his sincerity, his courage, made him in our homœopathic circle, the chevalier *sans peur et sans reproche*, who never failed to step in the place of danger to rescue and uphold the sacred cause to which he devoted his life. He can never be replaced.

He was a steadfast, unvarying friend, and we mourn his demise as deeply on account of our personal loss as on that of our common cause, of which he was just as sincere and unvarying a supporter. No doubt his legal training before he embraced the great vocation of a homœopathician was a great help to him in his practice, for *qui bene judicat, bene curat. Integritas judicii, fons aut caput bene medendi*. All those who knew him testify to his accuracy in prescribing, which made him so successful in his clinical capacity. There was in him that affability of manner, that humane amiability of temper, which won the heart of his patients at the first glance and procured for him their full confidence. Seldom a physician was so loved by his compeers and his patients as he. But he excelled not merely as a practical homœopathician; his range of vision went over the whole field of science, and this made his actions so much more valuable and important, because he drew from the full treasure of his well-stocked mind.

When the testimony as to the superior action of the high potencies over the low potencies and crude drugs came in with overwhelming force, the Doctor was one of the first to test them, and after finding the evidence true, he availed himself thenceforth of these new means of healing the sick.

We need not allude to his prompt action when Homœopathy was in danger of being plowed under by the misguided efforts of a younger generation who comprehended it not, and when his legal ability stood him in good stead; nor need we remind the profession of the provings of *Rhus radicans*, which rendered

him a martyr to a prosopalgia, torturing him for over thirty years, from time to time, and embittering his life. Certain it is that the star which rose with him on the homœopathic firmament was one of the first magnitude, and will shine as a comfort and encouragement for the votaries of the cause of homœopathics when the host of adversaries try to extinguish its light which still illuminates the darkness of medicine.

Deep as was the Doctor's knowledge of his art, his skill in the administration of the remedy, yet he had the greater knowledge and comprehension of the fundamental elements embraced in its philosophy. Few there are among his contemporaries who took so deep an interest in that branch of the profession, and fewer still those who studied it so deeply; his learning was profound, his understanding comprehensive, his elucidation clear, and those who listened to him knew that here was one to whom Hahnemann was an open book.

The Rev. Dr. Dyer, who conducted the funeral services, in paying a beautiful tribute to his friend and physician, said: "That although his family had been distinguished for three generations, no member had added greater lustre to the name than he whom we were assembled to honor." He was a devout Christian, whose faith was shown in every act of his life. His tender treatment of his poorest patients endeared him to all who knew his boundless charity and faithful services given the multitude "without money and without price." The members of his family, many now in the sunset of life, in discussing his characteristics, alike testify to his uniform kindness and self-control; none could recall a harsh word or act toward brother or sister in their long and intimate domestic life. A sweet charity and divine patience pervaded alike his social and professional life.

When mid singing birds and gentle breezes and the glad sunshine, nature takes our loved ones to her bosom, to be seen no more, the parting is hard to bear; but a pouring rain with heavy thunder intensified our grief as we left our noble brother's form alone in its last resting place.

No amount of philosophy can enable us to wholly divest our minds of the thought that the dead feel as we do the solitude of the grave.

C. C. H.

RESOLUTIONS OF THE N. Y. HOMŒOPATHIC UNION.

The first regular meeting of the N. Y. Homœopathic Union for the season was held at the residence of Dr. E. Carleton,

Thursday evening, October 17th. The following resolutions were presented by Dr. Carleton and unanimously adopted by the Union :

WHEREAS, Our esteemed friend and colleague, Dr. Edward Bayard, has been called from the scene of his labors ; therefore

Resolved, That in the death of this veteran physician we have sustained the loss of a leader who was ever true to the law of *similia* discovered by Hahnemann, zealous in the discharge of duty, eminently successful in healing the sick, a wise counselor, always courteous, a kind and valued friend to all who were so fortunate as to have his acquaintance.

Resolved, That while we deeply mourn his loss, we gratefully revere his memory and emulate his long and unselfish devotion to the promotion of the best interests of humanity.

Resolved, That these resolutions be spread upon our minutes, and that copies be sent to Dr. Bayard's family and to the medical press.

IN MEMORIAM—DAVID WILSON, M. D.

Another of Homœopathy's greatest practitioners has been taken from us! Indeed, in announcing the death of David Wilson, we tell of the fall of one of the ablest and most successful disciples of Hahnemann. Dr. Wilson ranked with Hering, Lippe, and Bayard; none ever followed more carefully the teachings of Hahnemann, and few, if any, ever achieved greater success in curing the sick than did Dr. Wilson.

David Wilson was born at Duns; a small village near Berwick-on-Tweed, Scotland, in 1811. Having received his school education in his native village and at the High School of Edinburgh, he entered as a student of the Extra-Academical Medical School connected with the Edinburgh College of Surgeons, of which body he became a licentiate in 1829. Like many others of his countrymen, he came south, hoping to find an El Dorado in London, and actually walked from Edinburgh to London, starting with £20 in his pocket. In this he was disappointed, and consequently accepted a berth as surgeon to a vessel bound for the East Coast of Africa and the Seychelles Islands. In this way he passed three years, and on his return to London he procured a situation as assistant to the late Dr. Hastings, of Eccleston Square, with whom, in a few years, he entered into partnership, and in conjunction with whom he carried on a very extensive and lucrative practice. It was during this time that, lamenting the inefficacious and oftentimes injurious methods of

practice then universally adopted, and ever on the alert to hear of something better, Homœopathy was introduced to his notice, and he diligently studied such books as could be obtained upon the subject, and more especially did he strive to master *The Organon* of Hahnemann. That he might do so the more perfectly, he learned German. During this period he also made many experiments of a clinical character, prescribing homœopathically for cases that had baffled the skill both of himself and his partner. The results were so striking and so satisfactory that in 1849 he dissolved partnership with Dr. Hastings, and devoted himself to the practice and dissemination of a knowledge of Homœopathy. About this period he established *The Homœopathic Times*—a weekly journal—which battled valiantly for the truth for a few years.

Dr. Wilson's strong convictions and intense earnestness for the cause made him bold and outspoken in its defense. He never hesitated in his determined exposure of mongrelism on the one hand, nor, on the other, to avow his conviction as to the truth of Hahnemann's teachings. Dr. Wilson was one of the founders of the Hahnemann Hospital of London, and for a time he assisted in its management. Finally, seeing that his colleagues in the hospital were not strict homœopathists, he withdrew.

For thirty-nine years, Dr. Wilson lived and practiced in Brook-Street, London; it is needless to add that his practice was extensive and most successful.

Dr. Wilson was a man who had the faculty of inspiring the most thorough confidence in his patients, all of whom were much attached to him. His great earnestness, the deep sense he entertained of the truth of Homœopathy, and the readiness with which he went through any amount of trouble to relieve his patients and to propagate a knowledge of Homœopathy, have enabled him to be the means of doing a large amount of useful work during the last forty years. A thorough, staunch Hahnemannian, he never swerved for one moment from the strict rules of practice laid down by that great man, Samuel Hahnemann, and was entirely opposed to any other means of cure. The only exception, if it can be called such, was his adoption of the use of Massage, anatomically and scientifically applied, in cases he thought would be materially aided by it. In 1864 the Homœopathic Medical College of Pennsylvania conferred upon him its honorary degree of M. D. "for zeal to the cause, high attainments, and the excellence of literary and scientific labors." He was ever ready to stretch out his helping

hand to any student desirous of learning Homœopathy, and several used to attend his private dispensary and learn the clinical lessons in Homœopathy inculcated by him. He died suddenly of syncope, brought on by over-work and mental strain. It may be truly said of him that he died "in harness."

IN MEMORIAM—HENRY NOAH MARTIN, M. D.,

Preamble and Resolutions by the Bœnninghausen Medical Club, of Philadelphia.

Death having severed the pleasant relationship that existed between Henry Noah Martin, M. D., and ourselves, we respectfully resolve—

1st. That during his life he was an earnest worker, a safe adviser, and a valued friend, and by his death Homœopathy has lost one of its most strenuous advocates and honest believers.

2d. That we extend to his family and to the community our sincere sympathy for the loss of one who was so genial, kind, and brilliant.

3d. That a copy of these resolutions be sent to his wife; that they be printed in the *Hahnemannian Monthly* and HOMŒOPATHIC PHYSICIAN of Philadelphia; and that they be entered in the Journal of this Society.

GEO. S. PARKE, M. D.,

GEO. W. SMITH, M. D.,

Committee.

THERAPEUTIC PROGRESS.

H. H. HARALSON, M. D., FOREST, MISS.

In reviewing the history of therapeutics, even from its remotest existence down to the present time, we are unable to find a period in which so many new remedies were presented to the profession as now. While this is a fact it is equally true that actual progress in this department of our science is very slow.

It is said that the average length of human life is increasing. The truthfulness of this statement we are not prepared to question, but though we allow the correctness of it it does not necessitate an admittance of therapeutic progress. Measures to prevent disease or prophylaxis both in place and person ranks first as an instrument of lengthening human life. We have more confi-

dence in our means to this end than we have in the application of medicine to disease or therapeutics proper. Prophylaxis is saving hundreds and thousands of human lives annually. We have but to look only a few months back and we cannot fail to see what a judicious system of prophylaxis did for this city and the State of Mississippi. Again, that "let alone" system, that intelligent forbearance in the treatment of disease, has accomplished much, and if we had any way of estimating the lives saved by it we doubt not that it would astonish the world.

In investigating this subject we might take up a few of the leading diseases and see if any improvement has been made in their treatment during the last few years. Do we know anything more about the treatment of syphilis than a few years back? Can we treat malarial troubles more satisfactorily than a decade ago? Quinine, I believe, is claimed to be a specific in malaria. Patients sometimes die with it, nevertheless, though they may have taken immense quantities of it.

We have made, during the last quarter of a century, some improvements in the treatment of typhoid fever and pneumonia, but not by the application of medicine to the disease. We have learned to let them alone, or, in other words, to practice a judicious forbearance. I do not believe that we possess a single medicine that will shorten, in the least degree, the course of typhoid fever.

Now let us take up some of the new remedies of the present day or of this decade. To speak of all of them would require too much time, or even of all the leading ones, so we will investigate briefly only a few of them. When two men, equally learned and wise in science, differ materially concerning the action of a certain drug, and when that difference of opinion is the result of honest and careful investigation, that drug has no exact place in the science of medicine or as a therapeutic agent. Where an overwhelming majority of the profession get similar results on the human organism from a certain medicine then we can ascribe to that drug an exact place in science. Every physician in this hall might administer Chloroform to as many different persons, and the result, insensibility, would be obtained on each. We know then exactly where to place it. We know that it is a general anæsthetic. The same may be said of Quinine as an antiperiodic, of Opium as an anodyne, and of Ergot as an oxytocic. Now how is it with our so-called new remedies?

Take Cocaine. To what place do you propose to ascribe it? Is it a local anæsthetic? A few years ago the profession was

wild, yes, absolutely so, on Cocaine as a local anæsthetic. Encomiums of praise from every part of the civilized world were lavished upon it as such. It was sold at fabulous prices. If a person dared say anything against it he was pronounced a monstrous ignoramus. To-day its properties as an important local anæsthetic are honestly and truthfully questioned by a respectable number of men of no mean scientific attainments. It is strange indeed that there should be any doubt at all about a medicine of this kind. How many capital operations would be required to establish, beyond the peradventure of doubt, the reputation of Chloroform as a general anæsthetic. One, only one, would be sufficient to convince the most skeptical. If Cocaine, then, absolutely possesses such properties, why is it that it takes so long to place it on a sure footing in the confidence of observing scientific men?

Let us examine the testimony of observers on the physiological and therapeutical action of Antifebrine. One observer claims that it never produces cyanopathy, another that it does, and in consequence of which regards it as a dangerous drug. One claims that by its continuous use the patient grows accustomed to it and its danger lessened, another that patients do not become inured to its use though it may be continued for quite a time. One observer avers that the fall of temperature is noticeable in one hour after its administration, others not earlier than three and from that up to eight. Some have observed it produce profuse diuresis and diaphoresis, another has never witnessed such results. One observer gave eight grains six different times, with no reduction of temperature in a case of pneumonia, while two four grain doses of Thalline reduced the temperature four degrees. Our own observation, which is not very extensive, is that it possesses no advantages as an antipyretic over those of long use and standing.

We have used Antipyrine more frequently than Antifebrine, and it has been satisfactorily demonstrated to us that it is a very inferior remedy. In rheumatism we are fully satisfied that no good results from its use. We have used it many times in this disease and in every instance have utterly failed to benefit our patient. I do not believe that it can be pushed with safety to the patient to such an extent that a reduction of temperature can be had in rheumatism of an inflammatory character. I do not know that I have ever injured a patient by its use. I am quite sure, however, that no accident of a serious character has ever followed its administration in my hands. As to the reports on this drug we find them as conflicting as those on Antifebrine—

all admitting, however, that alarming symptoms often follow its administration. Nearly all observers have had gastric irritation follow its use. We have never had any trouble from this source. Some claim that it possesses anodyne properties, others that it is a signal failure as such. We have often seen happy effects from its administration in headache and we have as often seen it fail to produce any beneficial effect. Upon the whole, we do not believe it is a very great acquisition to the list of therapeutic agencies.

We might review the whole list of new remedies and we would find reports on them no more favorable than those above mentioned.

Though we have for centuries groped our way in the dark with no safer guide than empiricism, we are driven to conclude and assert that there must be some cause for these conflicting reports. Much of it we are forced to admit is due to a lack of prudence on the part of those who practice experimental observation.

We are persuaded that one of the most serious errors made by observers in the cure of disease with new remedies is in their diagnosis. Let me have the naming of a disease without criticism and I can take almost any medicine and perform wonderful feats of cures with it. How often do we see long reports of cures of membranous croup with sulph. of Copper or sub sulph. of Mercury, or something else that would have as little beneficial effect. Our opinion is, that there is no medicine known to our profession that in the very least degree checks the ravages of this fearfully fatal disease. If so we are free to confess that we have never been so fortunate as to find it, though we have hunted it long and faithfully. You also see reports of cures of Bright's disease, diagnosed perhaps by pains in the back. A disease so fatal as this cured! Case after case cured, and why? Because the observer had the naming of the disease without criticism.

You might base a plan of treatment on a number of cases of typhoid fever terminating favorably in from eighteen to twenty-four days and it would prove nothing positively. It might be of some value negatively, because it could have been possible for them to have been worse, but as positive evidence it would be worth absolutely nothing.

The earliest observations of a new medicine are always favorable, though later ones may be very unfavorable. This is necessarily the result of errors in diagnosis and hasty conclusions. In our eagerness to present something new we overlook

its failures, though numerically they may be of more value in arriving at truthful conclusions than its successes.

During the long centuries of our existence as a profession we have fallen into many errors; we have found few truths. We have witnessed seeming gem after gem of truth vanish from our view. We have seen that which past generations regarded as truth tramped in the dust by the next. We are not unmindful of the contradictions of the past, of the incongruities of the present. Under such circumstances we look around us for a place of safety and are almost driven to seek it in nihilism. So many ages and ages have been spent in its study; so many brilliant minds have been consumed, offered as sacrifices upon its altar, and yet so little progress has been made. With an experience of two thousand years, and what do we know? Echo answers, what do we know?

[We have only to add that the thanks of the Mississippi State Medical Society were voted Dr. Haralson for the above paper!!—EDITORS.]

THE HAHNEMANN HOMŒOPATHIC HOSPITAL AT ROCHESTER, N. Y.

The building occupied as a hospital by the Hahnemann Homœopaths of Rochester was formerly a private residence. Built some years ago, it had been occupied by Judge Henry R. Selden and his family. Its location for an institution of this character is in many respects unsurpassed.

The grounds, some three acres in extent, are in the high degree of cultivation common to places owned by gentlemen of wealth and leisure.

But the point that especially commends the spot to invalids is the healthfulness of its situation.

Placed upon high land, overlooking the city, where are few residences to impair the purity of its surroundings, it impresses the most casual visitor with the delightfully invigorating quality of its atmosphere. This seems charged with health-giving properties, while the soot, dust, and sewer gas of the city seem never to approach.

During the winter and early spring the workmen employed in renovating the premises frequently commented upon the good effects they themselves received from this source.

Another excellence to be mentioned is the restfulness of the place. The thousand noises that banish sleep and make life a

torture to sensitive nerves are lost before they reach this spot, and the quiet peacefulness of a Sabbath in the country reigns continually.

The house, being "large and roomy," has been changed into a hospital at small expense. Upon the first floor are the reception-room, doctor's office, a room for surgical operations, one male ward, a dining-room, bath-room, and toilet-room, with a wide hall running through the house.

On the second floor there are two wards for women, four rooms furnished for private patients, two other rooms that may eventually be furnished for patients, and a bath-room. The third floor is now being fitted up for use of the various assistants necessary to such an institution. In the basement are the kitchen, laundry, and storerooms.

The building was formally opened for occupancy, April 10th of the present year, by the Board of Managers, who invited such of the public as were interested in the enterprise to listen to some addresses, partake of refreshments, and wish them "Godspeed" in their enterprise. Dr. J. A. Biegler made a short speech, and Dr. W. T. Brownell introduced the speaker of the evening, Dr. Clarence Willard Butler, of Montclair, N. J. This gentleman made an appeal for Hahnemann's Homœopathy. His words were fitly spoken, and gave great pleasure to all who were so fortunate as to hear them. More than two hundred guests were present, and the Hahnemann Homœopathic Hospital began its career of a usefulness which, it is to be hoped, will increase more and more until all shall acknowledge the truthfulness of its principles and the charm of its practice.

The ladies, always forward in every good work, are laboring energetically to build up and to sustain this hospital. They have begun the publication of a paper to be known as the *Hahnemann Advocate*, to aid the good work. The price of the *Advocate* is only fifty cents a year; address is 19 Grove Place, Rochester, N. Y.

The Hahnemann Homœopathic Hospital is now established on such a firm and permanent footing that Dr. J. A. Biegler, who has from its commencement served as chief of staff, feels that he can with propriety carry out his expressed declaration when accepting the position and file his resignation. He is succeeded by Dr. Allen B. Carr, whose acceptance is assurance that nothing will be wanting in the future, as nothing has been wanting in the past, for the success of the institution. In resigning Dr. Biegler does not relinquish one iota of his interest in the Hospital. The step has been rendered necessary by his pressing

professional engagements and duties in private practice, and other circumstances of a nature personal to himself. He will remain as consulting physician, and will in every way aid his successor and associates. Before resigning he made sure of the permanent occupancy and ultimate ownership of the property, free from all obligations, by the Society.

HOMŒOPATHY TRIUMPHANT.

When the Hon. J. B. Foraker became Governor of Ohio he appointed a homœopathic medical staff at the Penitentiary. As they are about to give place to the appointees of the Governor-elect, the present is a favorable time to compare results between their management and that of their predecessors of the allopathic faith. If the following is an indication of the superiority of one school over another, homœopaths have reason to be proud of their brethren of the Penitentiary.

In 1885 Dr. C. R. Montgomery, allopath, was in charge. His mortuary list for that year contains thirty-nine names. Seven months of 1886, under the same *regime*, has a death list of eighteen. The remaining five months of that year Dr. Clemmer, homœopath, was in charge, and but three were added to the gross mortality. In 1887, 1888, and 1889 there were eighteen, nineteen, and twenty deaths respectively—each of these years showing an increase in the prison population over the preceding year.

In his annual report for the year 1889 to the Board of Managers, Dr. Clemmer writes :

“ From the mortuary list it is observed that there were twenty deaths, three from suicide, one by violence, and sixteen from natural causes. This is a low rate of mortality considering the character of the subjects, but it is made higher through an increased ratio of sickness and death among the United States' prisoners as compared with the State prisoners. The Federal prisoners, for the most part, come from warmer climates of the South and Southwest. It is noticeable that these men, including the Indian population, are prone to incur diseases of the respiratory organ. A want of acclimation coupled to the unfavorable conditions of prison life have caused an undue amount of sickness and death among United States prisoners than among the State prisoners. The gross population of State prisoners for the year is two thousand and forty-two with nine deaths from disease, or 0.40 of 1 per cent. The gross population of United States prisoners is two hundred and fifty-three with seven deaths, or 2.77 per cent.

“The death-rate for the year is $8\frac{7}{10}$ in the thousand.”

This low death-rate is remarkable, particularly when it is a fact that criminals are far below the general average in physique and that they are rarely free from constitutional affections of a poisonous type. Their environments, more especially in old institutions like the Ohio Penitentiary, are not conducive to the maintenance of good health; on the contrary, they are apt to foster and produce certain classes of disease.

A comparison of the death-rates of twenty-five penal institutions in different parts of the Union to impeach the claim advanced in the daily press of the State that the sanitary condition of the Penitentiary was so bad as to render it unfit for the habitation of even animals, revealed the fact that Ohio's was the least. This is another substantial testimony to the superiority of Homœopathy. Another very strong argument in favor of our school is the fact that the expense of running the medical department averaged thirteen hundred dollars a year less than when it was under allopathic control.

Orificial surgery was introduced in the treatment of chronic affections. Sixty-seven cases were operated upon, satisfactory results following in all but three cases, and these failures Dr. Clemmer attributes to his own lack of skill rather than to any defect in the system.

Dr. Clemmer is a graduate of Pulte College, Cincinnati, and besides the subscriber, who is a graduate of the same college, he has the assistance of Dr. Howell, a graduate of the Cleveland College.

L. L. HELT, M. D.

DR. E. M. HALE'S CACTACEÆ.

As a member of the Bureau of Materia Medica and Therapeutics in the American Institute of Homœopathy, I have selected as the subject of my paper, “The Pathogenetic and Therapeutic properties of the *Cactaceæ*.”

The number of known *genera* in this *family* is eighteen, and of *species* about eight hundred. I desire to include in my paper all medical information concerning any species. I urgently solicit physicians of any country to send me all observations relating to the toxic and curative powers of any member of this important family before June 1st, 1890.

E. M. HALE, M. D.

CHICAGO, ILL., No. 65 Twenty-second Street.

A CASE OF SUNSTROKE.

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

Mrs. W. aged fifty, sent for me on May 23d, 1889. Two days previously had gone out-of-doors at seven P. M., and hurried very much, the weather being extremely hot. She returned home at eight P. M., and at nine P. M. was seized with head symptoms, which have continued ever since. Thinking it was "biliousness" she took *Nux* and *Pulsat.* in low potency, but without relief. (So much for domestic Homœopathy and amateur prescribing.) I saw her about 9.30 A. M. She complained that everything seemed jumping, worse when sitting up or from talking for a long time, or if she closes eyes. Fears she will lose consciousness. Face very red, and she feels hot. Yesterday vomited some tea, which was "as bitter as gall." Her brother saw her to-day, and said it was like an attack of sunstroke, such as he had often seen in India, and that she ought to have sent for me sooner.

At ten A. M. I gave her *one dose of Thuja*^{cm} (F. C.).

May 24th, four P. M.—Improved last evening, and is now sitting up in another room. This morning the "jumping" had gone, but left a tight feeling all over head, like the sensation of a tight glove on the hand, with a full feeling in the internal ears; this is now better since a sleep of an hour, from which she has just awakened. Face less flushed, and less fever.

May 25th.—No symptoms except weakness.

May 27th.—Well.

Three years ago had a similar attack, and a second one subsequently. On each occasion had no treatment, but had to stay in bed three or four days, and some days elapsed subsequently before she was well. These first two attacks she attributes to worry. This attack had passed off much sooner than before, showing the superiority of Homœopathy to the unaided efforts of nature.

This case shows the curative power of the single dose of the highest potency, even in a grave and acute disease, *where it is the simillimum.*

The remedy was *Thuja*, one of the most frequently indicated remedies in that form of dyscrasia called by Hahnemann *sycosis*, and by Grauvogl *the hydrogenoid constitution*. A frequent symptom in these cases is that the patient is worse in damp weather, or from baths. Hence it is necessary in such cases to

preclude the external use of water, *except for purposes of cleanliness*. But whether cleanliness itself must be ignored in these cases is a question on which the opinion of *experienced* and *thoughtful* colleagues would be desirable.

In a contemporary journal a colleague writes that he gives all his patients a printed notice enjoining that they should not resort to even "ordinary sponge baths used for the purpose of cleanliness" without his august sanction; adding that "if patients cannot or will not adopt the above simple but necessary rules whilst under treatment, they had better not begin," as he "does not pretend to work miracles, or do that which is impossible." (Now, Doctor, who on "airth" ever supposed you could work a miracle?) Accordingly, in the case he quotes, he "stopped all meddling with water except on uncovered parts." It is not surprising that the patient, "aged twenty-four, with golden auburn hair, dark hazel eyes, and a lovely fair complexion, five feet in height, and very handsome," felt considerable "chagrin and disappointment." The beauty of the fair patient seems to have made considerable impression on the Doctor's susceptible organism; and, while congratulating him on his good fortune, I wonder that he had the heart to forbid her to use such means as would preserve the delicate whiteness of her skin, which I feel sure must have been one of her characteristics, though he has unaccountably omitted to mention it.

But the question is, *is it necessary to forbid ordinary cleanliness of the entire body?* Cleanliness is one thing, and excessive ablutions another. I, for one, cannot indorse this new THERAPEUTICS OF DIRT.

WHAT PRODUCES DEATH.

Some one says that few men die of age. Almost all persons die of disappointment, personal, mental, or bodily toil, or accident. The passions kill men sometimes even suddenly. The common expression, "choked with passion," has little exaggeration in it, for even though not suddenly fatal, strong passions shorten life. Strong-bodied men often die young—weak men live longer than the strong, for the strong use their strength, and the weak have none to use. The latter take care of themselves, the former do not. As it is with the body, so it is with the mind and temper. The strong are apt to break, or, like the candle, run; the weak burn out. The inferior animals, which live temperate lives, have generally their prescribed term of years.

The horse lives twenty-five years, the ox fifteen or twenty, the lion about twenty, the hog ten or twelve, the rabbit eight, the guineapig six or seven. The numbers all bear proportion to the time the animal takes to grow its full size. But man, of all animals, is one that seldom comes up to the average. He ought to live a hundred years, according to the physiological law, for five times twenty are one hundred; but instead of that, he scarcely reaches an average of four times the growing period. The reason is obvious—man is not only the most irregular and most intemperate, but the most laborious and hard-working of all animals. He is always the most irritable of all animals, and there is reason to believe, though we cannot tell what an animal secretly feels, that, more than any other animal, man cherishes wrath to keep it warm, and consumes himself with the fire of his own reflections.—*Scientific American*.

WHAT IS A HOMŒOPATH?

It is interesting to note that, at the last meeting of the American Institute of Homœopathy, which was held at Lake Minnetonka, Minn., a proposed amendment to the by-laws, by which future applicants for membership should be required to be "Believers in, and practitioners of Homœopathy," was defeated by seventy-six votes to thirty-four! This is a very curious commentary upon the pretensions of those practitioners of medicine who adhere to this trade-mark. There are some things which a proper exercise of charity, and a due regard for the right of individual judgment, require of the candid critic; but it is straining charity a little too much to expect any candid critic—who is not, at the same time, a very timid one—to condone such inconsistency as is displayed when the representative body of homœopaths declines to require of its members that they shall believe and practice what they profess.

In strange contrast to this is the dictum of Hahnemann: "Away with false doctors, who profess to be preservers of human life, but whose heads are filled with vain deceit!" It is curious, in reading the homœopathic journals published in this country, to see how they dodge around occurrences of this kind, and how entirely they fail to appreciate the moral aspect which they present to those who believe that the same principle should rule in medicine as rules in every other department of science or art.—*Boston Journal of Health*.

BOOK NOTICES.

TRANSACTIONS OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION. The Twenty-third Annual Session, held at Jackson, April 17th-19th, 1889.

The above-named volume contains the transactions of an allopathic medical Society; as in the latter days the papers and the discussions of most homœopathic and allopathic medical societies read so alike, we were for some time in doubt as to the status of this Society!

As so many are in these days telling us of the wonderful *advances in therapeutics* made daily by the old school, adding that now there is no difference in the practice of the two schools, hence they should be amalgamated, etc., etc., to all such prattlers we respectfully commend a careful perusal of an address upon "Medical Progress," quoted in full in this issue, taken from the above-named transactions.

RELATION OF HOMŒOPATHY TO NATURAL SCIENCE. By E. B. Atkins, M. D. Pp. 195. Price, \$1.00. A. L. Chatterton & Co., New York.

The title of Dr. Atkins' work clearly explains the scope and purpose of the volume, *i. e.*, to show the claims of Homœopathy to the title of "the science of therapeutics." The volume is very readable and will well repay perusal. In regard to the object of the volume, we may say that although much scientific proof may be adduced in favor of the truth of the homœopathic law, some data are yet lacking, owing to Homœopathy being in a measure in advance of physical science.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By Geo. H. Fox, A. M., M. D. Parts 9 and 10. Price, \$2.00 each. E. B. Treat, 771 Broadway, N. Y.

Of the accuracy of these illustrations and of the clearness of the accompanying text, we have frequently written. We need only add here that Parts 9 and 10 fully bear out the excellent character of Professor Fox's work.

CREMATION OF THE DEAD.

Two articles upon this interesting subject from the pen of Dr. Wm. B. Clarke, of Indianapolis, appear in the *Indianapolis Sentinel* of September 22d and October 6th. They are excellent and exhaustive articles and should be read by all who desire to know all that is said in favor of this great reform in the disposal of the dead.

TRANSACTIONS OF THE AMERICAN INSTITUTE. Session of 1889, Pemberton Dudley, M. D., Secretary.

If the reader of this volume be a homœopathist, or if he have any knowledge of Homœopathy, the idea must occur to him that the Institute devotes its time chiefly to subjects of less importance to the exclusion of those of vital

interest. Such we believe would be the thoughts of a Hahnemann, or of a Bœnninghausen, or of a Hering. And surely something must be amiss in the work of a *homœopathic* society which would be condemned by such homœopaths as those we have named. We think there is not to-day one member of the Institute who believes the usual yearly work of his Society would be approved of by those great homœopaths we have named. Does this prove the Institute in the wrong, or would Hahnemann, Bœnninghausen, or Hering be wrong?

THERAPEUTICS OF NERVOUS DISEASES, WITH THEIR DIAGNOSIS AND PATHOLOGY. By Charles Porter Hart, M. D. Hahnemann Publishing House, Philadelphia.

All of the more common diseases classified as "nervous diseases" are discussed in Professor Hart's book. We find a brief description of each disease with mention of the remedies most frequently called for in each case. In all the varied range of medical practice there is no class of subjects more difficult to treat of than the so-called nervous diseases. Dr. Hart's work will be found of use to the student in studying these diseases. The volume is published in the usual neat form which characterizes the work of the Hahnemann Publishing House. Price is \$2.00.

PHYSICIAN'S POCKET DAY-BOOK, JOURNAL, AND LEDGER COMBINED. By Dr. S. L. Kilmer, South Bend, Indiana. Price, \$2.00.

As its name implies, this book is a neat, concise, and complete volume, bound in Russia, seven and one-fourth inches long, four inches wide, and five-eighths inches thick, being thus no longer than a common pocket-book. It is properly ruled into spaces which are duly labeled, and is so perfect in its arrangement that running accounts can be kept with four hundred individuals, together with unsettled accounts of preceding years, so that the physician may at all times be prepared to settle with debtors because he has their accounts always with him. This alone will save to the physician many times the cost of the book. Its use also saves much labor and time in keeping accounts, as the one entry completes the whole work of Day-book, Journal, and Ledger. It is well gotten up, and printed on excellent paper, and is an excellent assistant to every physician.

NOTES AND NOTICES.

ERRATUM.—In our September issue, page 339, line 19th from bottom, for *Organon* read *Organism*.

GUERNSEY'S DIPHTHERIA CARD.—Dr. Wm. Jefferson Guernsey writes us that he has on hand a few of his Diphtheria cards, which he will mail to any one who will send postage and envelope for the purpose. These cards are well worth having.

BLIND FROM A SNAKE BITE.—The New York *World* recently reported the case of a woman, living near Lafayette, Alabama, who was bitten on her hand by a rattlesnake; she became very ill for a few hours, then, seemingly entirely recovered from the effects of the bite, when she suddenly became entirely blind.

The annual competitive examination for Resident Physician and two Externes at the Children's Homœopathic Hospital, 914 N. Broad Street,

Philadelphia, will be held by the Medical Board during the latter part of March at the Institution.

A NEW HAHNEMANN CLUB has recently been organized at Terre Haute, Indiana, for the good purpose of studying the *Organon*. The Club will meet on the third Thursday of each month. Dr. Wilmot Moore was chosen President; Dr. W. R. Elder, Vice-President; Dr. W. H. Baker, Secretary; and Dr. A. L. Wilson Moore, Treasurer. The formation of so many Hahnemann Clubs throughout the country, is one of the most encouraging signs of the progress of Hahnemannian Homœopathy. Let the good work go on!

SURGICAL JOURNAL.—Of all the surgical journals we receive, we place the *Annals of Surgery* at the head. It is devoted exclusively to surgical work, and covers the entire field of surgery most exhaustively. It has an English as well as an American editor, with numerous collaborators; its data are collected wherever good surgical work is done. Subscription price \$5 a year; publishers are Messrs. J. H. Chambers & Co., 914 Locust Street, St. Louis.

FOR SALE.—Very reasonably, a set of Lehrmann's, Jenichen's, and Fincke's high potencies; ranging from the 200th to the 100,000th. They include a list of four hundred remedies, in twelve hundred vials, contained in a black walnut chest. Six hundred vials contain liquids and six hundred pellets. For further particulars, address A. B., care of this journal.

ONE OF MANY.—We are constantly in receipt of letters from our subscribers telling us of the great help they receive from THE HOMŒOPATHIC PHYSICIAN. We quote from one recently received: "I will say that I owe more to THE HOMŒOPATHIC PHYSICIAN for introducing me to the true practice of medicine than to any other agency. The date of my subscribing to it was the beginning of a new era in my practice."

EPIDEMIC INFLUENZA.—In Russia, Germany, and France influenza has lately appeared in epidemic form. In Berlin Professor Von Leyden declares the disease has attacked a quarter of a million people, and has become a serious matter. Advices from Charkow declare an epidemic of typhus fever has followed closely upon the heels of this influenza. Some fear an epidemic of cholera may follow the influenza. The cause of the influenza is said to be "microbes."

REMOVALS—Dr. W. H. Baker, from Rochester, N. Y., to Terre Haute, Indiana; Dr. L. H. Lenke, from De Soto, Missouri, to the Homœopathic College at St. Louis; *The Medical Era*, from Chicago to Ann Arbor, Michigan; Richard J. Carter, M. D., from 54 W. 26th Street, to 48 W. 32d Street, New York City; Dr. E. H. Jewett, from 190 Erie Street, to 166 Euclid Ave., Cleveland, Ohio; Dr. F. E. Gladwin, from Chester, Penna., to the St. Louis Homœopathic College; Dr. C. M. Selfridge, from Santa Rosa, Cal., to Port Townsend, State of Washington; Dr. Ellis M. Santee, from Cortland N. Y., to the St. Louis Homœopathic College; Dr. E. T. Balch, from Hoquiam, to South Bend, State of Washington; Mrs. M. J. Green, from Chillicothe to Kansas City, Missouri; W. H. Ross, M. D., from Louisville, to Skylight, Kentucky; Dr. Charles S. Mack, from Chicago to Ann Arbor, Michigan; Dr. H. P. Holmes, from Sycamore to Oak Park, Illinois; Dr. G. E. Gramin, from 1656 Vienna Street, to 1409 Hanover Street, Phila.; Dr. James T. Dicks, from 623 Russell Street, to 153 North Summer Street, Nashville, Tennessee; Dr. Charles W. Hakes, from New Milford, Pa., to Champaign, Illinois; Dr. A. T. Noe, from Nemaha City to Lincoln, Nebraska; Dr. S. Mills Fowler, from Dallas to Gainesville, Texas; Dr. J. A. Gill, from Seba, Arkansas, to Aurora, Missouri.

