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## BROADENING OUT.

### A Paper for Physicians.

By I. W. Heysinger, M. A., M. D., author of "The Source and Mode of Solar Energy Throughout the Universe;" "The Battle Against Prosperity;" "The Scientific Basis of Medicine;" "Marriage and Divorce," etc., etc.

Medical students come together from every walk of life; they assemble by hundreds, and for four long years pursue with all their energy lines of special study. The farmers' sons fresh from the district schools, young school teachers, sons and brothers of physicians in practice, college graduates, clerks in stores, mechanics, professional men, young men of wealth and leisure and those for whom life is a constant struggle, young married men who feel the need of all earnestness in this new field, and the young man about town to whom the study of medicine comes more as a distraction than a life-work, all these classes, and many others, make up the bulk of the students in our medical schools and colleges, and are destined in turn to become the physicians and surgeons of the future, just as our present practitioners have come forth in past years in the same manner and from the same sources.

Varying in age from twenty to twenty-five or thirty years, these four years of constant and assiduous application along a single specialized line of research have been practically cut right out of the most valuable section of these human lives, while the broadening knowledge which would have come from all sides during these eventful years is almost entirely shut out; for the few allied branches of human study and knowledge which go to make up *directly* the sum and substance of medical teaching require a constantly fixed gaze and an incessant pur-

suit to give the necessary mastery of those forms and forces which are inextricably interwoven into the fabric of human life, disease and death.

For these four years the sole and immediate work of life is to forge and draw the metal, and rough-edge it for this single purpose; the Damascus temper, the razor-edge, the deft hand, and practical skill can only come afterwards, though the heat and attrition of active practice, when responsibilities must be met and faced alone, and confidence comes by victory and experience by defeat.

Take two young men growing up side by side; one, filled with enthusiasm to become a physician, devotes, for four consecutive years, all his time, energy and application to this glorious pursuit, the other follows the lines of liberal study and reading and keeps up and extends his intercourse with his fellow men, and with all the vast accumulations of human knowledge available to the student. In the one case we will have an all-around man, ready and alert to take part in every paper or discussion on almost any subject, a practical man of affairs, to whom the world and its multifarious scenes and interests are familiar; in the other case, a young physician in whom all these faculties and pursuits have largely been atrophied, so that his whole talk is "shop," or else of trifling matters seen out of their true perspective, and exaggerated by distortion. For these reasons Professor Von Schwenninger (Bismarck's late physician) contended that the four years' medical course was far too long, that it dwarfed the very faculties which go most largely to make up the true physician and surgeon, and that eighteen months of solid consecutive work were quite sufficient to ensure a student's mastery, so far as could be done by a student, of the whole medical and surgical field, thus leaving the remaining two and a half years for culture, general study, and acquaintance with the broader aspects of life, nature and mind.

Years ago the medical course was only of two years; but then the old preceptor figured, and a broader knowledge, for which there was time, was looked for outside the medical curriculum. The curriculum has, necessarily, been extended with the longer course, but always along the specialized lines of medicine and surgery.

It is doubtful whether the *human element* in the physician has



been improved in these later days in proportion to the universal average of advance in every other department of human knowledge; it is almost certain that the influence of the physician, as a factor of society, has relatively diminished. This is a distinct loss to humanity, for in lieu of the broad-minded old doctors, the leaders of thought and opinion, the repositories and oracles of scientific knowledge in their communities, the dignified and distinguished professors of the "old regime," we now have a multitude of younger physicians who seem to seek to hide themselves in the surging crowds of great cities, where individual influence does not so much count; for it is a fact that in large cities is to be found not only the best field for those who are destined to transcendently excel, but also for those who elsewhere would fail to reach success, because they would fail to deserve it.

And yet the curriculum of a medical college faithfully followed, and its teachings thoroughly acquired, constitutes undoubtedly the very best starting point for a liberal and scientific education to be found in the whole world; the difficulties simply are that the young physician who has forced his way through the examinations, who has received his diploma, and passed the state examining board, feels that his work is done and that he has only to sit down, to wait in idleness or work his cards for patients, and thus to receive his happy reward. Never was a grosser mistake made, for patients will not come as they would come otherwise, and, if they do come, sooner or later a better man will enter the field beside him and all his laurels and successes will fade away. Competition is too sharp and keen, the struggle for success far too severe, to enable any one to rely for success on any single line, when the good will of his fellow men constitutes the prime factor of success.

You must stand well with these people, and in many ways they are brighter and stronger than you are, Oh, doctor that you are! for while you were toiling in the depths of the mine, they were out exulting and learning in the broad school of the world. So if you would win success in any large way you must expand now more rapidly than they have done; and right here comes in the extreme value of the studies you have pursued, as a generatrix, a starting point, a set of instruments with which to work.

Going into practice, the first years of a physician's life are necessarily of waiting and expectancy. This enforced leisure,

if properly understood and utilized, will become a veritable Aladdin's cavern, in which all the walls will blaze with gold and all the trees blossom with precious stones. And these treasures will be the most real things of your whole life and will stand you in good stead, not only during all the steps you may take afterwards, onward and upward, but when all things of old shall become new, and you lay down your sheaf of gathered grain, rich and ripe with wealth and reputation.

You will be a power in the community and will be a far better and more successful physician or surgeon, and your justly won repute will extend far beyond the immediate circle of your own busy life. And littleness, with its squabbles and quarrels, its meannesses and petty jealousies, will disappear, and you will achieve your full measure of manhood and professional life.

The lines you have followed for four years have seemed to you like straight and broad highways, but instead of this they are mere lateral by-roads, and if you follow these alone you will fail to realize the significance of what you have learned, to grasp the opportunities presented, or to avail yourselves of their advantages; you will have spent all your time in harvesting wind-falls.

Anatomy leads at once to its main stem, which is Comparative Anatomy. This, broadly pursued, is perhaps the richest of all lines of study, and the most telling in its effects on after life. To trace the structure of a man into an ape or the like is not comparative anatomy; these are the refuges of those smatterers who do not know what comparative anatomy means. The true science leads not only beyond this, but far aside from it. How many sexes have the honey-bee? what are the neuters, and how did they become so? such questions will indicate the scope of this science, which at once opens the door to all biology. You will be asked what animal ranks next to man in intellect, and will probably try to lay it on the monkey-tribe, or, failing that, on dogs and horses, or the classical example, the elephant. But it will not work, and to find our next neighbor in the scale of mind you must go back along the record of life far past the primates, the mammalia, the vertebrates even, far, far back in geological times, until you strike that line of deflection which led up along the articulates to the ant, and here you will find the second order now living in intellect, organization, and even in civilization.

When you learn the individualized architecture and economy of their cities, and their diverse systems of administration, of their rulers, their ranks and orders, and their systems of government, that they keep milk-cows which they carry from place to place and pasture and attend to them, that they plant gardens and do regular and systematic farming on a large scale, that they keep slaves, captured in embryo as the fruits of battle; that they organize armies quite on our modern plans and make war in regiments, brigades and divisions, each under their own generals, and that their commanding officers even go to battle mounted, that their mental actions are closely allied to and comparable in extent and diversity with our own, and that it has even been strongly suspected that they have the religious faculty and worship idols, all these things, and others still more wonderful of these little creatures apparently, so enormously far removed from us, will at once let in a flood of light on the whole scheme of nature; and the field of vision will become at once transfigured and illuminated. And how one discovery will lead to another, until you will soon find that your hands are filled with treasures new and startling and rich in golden threads which lead away in all directions to still further knowledge. When the spirit of Samuel arose from the darkness the awe-struck listener cried, "I see gods!" We all may see them, and walk with them hand in hand, and live in their splendid light and eternal promise. For not one jot or tittle of all you learn in this world will be lost or wasted; if it be of goodness and breadth, it will start you well along in the eternal path of your own individuality hereafter, and if it be of frivolity and meanness, it will start your pathway lower and lower in darkness and toil, for "as ye sow, so also shall ye reap."

As comparative anatomy is the main stem of human anatomy, so is comparative physiology the main stem of our own physiology, and with these two subjects you can unlock all the mysteries of life and its evolution, and illuminate human anatomy and physiology as well. The words "function and structure" will acquire new and unexpected meanings. You will find that some forms of life, and not very low ones, can be turned inside out, like the finger of a glove, so that the skin will now form the gut and the intestinal organs form the outside. Note now how these parts will change structure, until in a little while the animal is again complete, as before, and ready

to be reversed again. What made these changes of structure? Did "function precede structure" here, or did "structure precede function?" On the answer to this depends the sufficiency of natural selection, or, in its stead, of what has now come to the front to stay, the Neo-Lamarckian system of the evolution of life.

From your medical chemistry it is easy to enter the great ocean of general chemistry, and you will find instantly at hand the whole geological and mineralogical history of the earth; and thence at once the structures of all the suns and nebulae which people space, the infinite ocean of the circumambient and all-penetrating and pervading ether, and the incessant play of light, heat and electricity, eternal and universal. Here you will sound the depth of all the universe with a safe and sure plummet, and every foot-step you plant will bring up before you a new and still grander horizon. When Moses was sent to Pharaoh, the message given him as the receptacle and embodiment of divine light and knowledge was: "I will make you as gods before him!" So may you each be, by the same mastery before the darkness of ignorance and the bigotry of prejudice which you will encounter. And in learning these things (for that is one of the splendid and inevitable consequences), side lights will flood you with new knowledge from other sources and on other subjects, and from every direction. You will soon acquire the critical faculty; you will learn what has a real look and what a sham one, and you will learn how to use these new tools with constantly accelerating rapidity and certainty. You will be like some great musician, like the deaf old Beethoven, who could evoke the sublimest floods of harmony from the rich but silent inner chambers of his mind, and can leave behind you and all around you these undying records of a sound, strong and comprehensive life.

All your medical studies can thus be made to bear the richest fruitage by merely tracing back these specialties to the parent stems, and then pursuing this new knowledge along the broadest and highest lines. There is not a medical or surgical study which in this way will not bring new light to its own further illumination. From microscopy you will plunge at once into the primal forms of life, and you will learn that intellect, like in order to our own, but not in degree, goes back to the monad, and back there you will trace the parting of the roads, and sur-

prising you will find it, between animal and vegetable life, and can study a new world which will illuminate and glorify the problems which you encounter every day.

But how shall all these fields, so immeasurably wider than those of a medical education, be explored? It is easy; it only requires consecutive study and thought, and, above all else, humility. During your earlier years of practice make it a rule to keep a book, on some such subject, open on your chair before you; and if you will have an easy study chair, with a swinging book holder (which you can purchase for a trifle) always ready for you in your back office, with the book in place, and stick to that particular book till it is read through, and thought and considered through, the problem will almost solve itself. Learn what books are available on a single subject; the purchase of one will lead to another; perhaps libraries are available, either at home or by correspondence, and thus read all you can *on the same subject* and before going on to another one, until you have mastered it measurably well, and then take up a new line, and not till then, and so on.

Perhaps you will read and consider a half dozen works on each subject before passing on to another, but endeavor to get the solid drift of every subject you attack before leaving it, and you will never regret the time expended. And the very sight of these books in your library, and in constant use, will bring you respect and confidence, and help your practice.

A physician who wastes his time on novels of the lighter sort is making a sad mistake; he will be measured by that, and will soon measure himself by it also. But to simply read books through, to fritter them away, and then pass on to another, is almost equally vicious. Books must be comprehended and digested all the time; doubtful questions must be cleared up, forgotten passages must be re-read, and the work must proceed in a systematic manner to make such study grow more easy and more valuable with each book studied.

Then a valuable library will gradually be acquired; a sterling body-guard of tried and true retainers who will never desert you, and whose aid will be incalculable forever afterwards.

You will soon learn to discriminate; you will start a book and find that it is a padded-up affair, made to sell, or the vagary of an unpractised mind. You will drop them and get rid of them, but the work will constantly go on with ever-increasing gain in

a hundred different directions. History, poetry, all the liberal and fine arts, will lend their aid, and the results will be a constant surprise and pleasure; and when the busy after life comes, the whole foundations will remain and a splendid superstructure only needing the constant retouching of science and art as they advance; and the mind itself will then become a driver, and you will not rest content until you are fully abreast of the best thought and highest knowledge of the age. You will have become a safe, valuable, and even an indispensable leader in your community.

Your future will be safe. Contrast with this the sham physician who seeks only the quick and unearned or half-earned dollar, who caters to the frailties of his patrons, who spends his years on the lowest planes of his occupation, and feels his shame and ignorance whenever he comes in contact with loftiness and enlightenment. The day for such doctors is passing, the world has no need of them, for the true field of medicine now embraces all that touches the welfare and advancement of the physical, the mental and the psychological man, and the physician who will win success must deserve it. In olden times he was the scientific leader of men—and so he must be in the future. A doctor who can hang out but his three pills to the passers-by is nothing but a pawnbroker, and a cheap, vulgar and charlatan-sort of a pawnbroker at that.

Young physicians, on graduating, almost instinctively turn their eyes to some large city as the only place with scope enough to give their own particular talents full vent; but no more absurd mistake could possibly be made. There is an impression prevalent that the profession is overcrowded; but that is only so because the natural fields for the physician are allowed to lie largely fallow, while a great multitude of cultivators work their little garden-patches to death and think that they themselves constitute the whole agricultural establishment. Like a man on a church steeple, everybody looks little to him, and he looks little to everybody.

A distinguished physician, the dean of one of our medical colleges, asserts that statistics show that not only are too many physicians not graduated, but that the supply is not sufficient to replace those removed by death and allow for the natural increase of the population. The purple spots we see are not due to general plethora, but to unhealthy local congestion.

These young doctors often have queer ideas; they come from country districts where they have never seen fifty miles around, and then claim a great city for their workshop. A physician in a large town is a veritable slave, and, with rare exceptions, after a life time of unremitting toil, and with scant and narrow reputation, they lie down and die and leave no money and no tangible results behind them. The wave rolls, in a single day, over their vacant places, the lines close up, and all is as it was before. On the contrary, in smaller places they have opportunity to build an enduring fame, to live a life of constant and recognized usefulness, to accumulate property, and, after an honored life, to leave a memory behind which will be a crown of blessing to those who come after them. City physicians, those especially to the manor born, are fond of picturing the long and weary drives at night of their unhappy country confreres, the impecunious families, the uncouth patients, the constricted lives; but, alas! all these things and more are multiplied over and over in an average city practice. No leisure, a call on tap at all times, no privacy, no time for anything, and always in the grasp of unhappy jealousy, professional detraction, battling for life and to hold onto the patients one has against the incessant grabbing from all sides; and, above all, the thousand-handed hospitals and dispensaries which never cease to reach out and grab, and which must eventually drive individuality and healthy competition away from the city profession. And then the sharp sting of unrequited toil, with the brave but ineffective show to keep up appearances against the style of those who ride, full-breasted, on the tide of apparent success, and who themselves, dying, leave behind them nothing or almost nothing, and in many cases less than nothing.

Compared with such lives the practice of a country doctor is an elysium; respected everywhere, with leisure to study nature, with long drives through leafy avenues, with poor but grateful patients at the end, and here and there the stately mansions to which he is an ever welcomed and honored guest; the opportunities to convert slow bills into a trade-equivalent, to pick up a bit of real estate here and there, to cultivate some spare ground, or to supervise it, with a careful farmer under his eye, to have good horses in the stable, and to take an active part in every movement for intellectual and moral advancement in the community, to be a power for good, and to see one's family growing

up around, healthy in mind and body, and to actually *be* a living part of the great fluxes of life, what can be finer?

Nothing; but the man must also be fine himself. The best and brightest of our profession should be the ones for such a life; the common herd of doctors are good enough for rough and tumble city practice, but for a professional life where the fulness of strength, usefulness and beauty can manifest itself, the opportunity and the man must both come together.

(*To be concluded in February.*)

## MELILOTUS.

By Dr. G. W. Bowen, M. D.

Many years ago a tincture of this remedy was prepared and from the two species, the *alba* (white blossoms) and *officinalis* (the yellow blossoms), also one from the roots. After using the various forms of the preparation, cannot say there is much difference in results obtained. Only the *Melilotus alba* has been used for the last five years, and made from the whole plant.

Most any one can make his own tincture, and probably better than any he could buy, judging from some I have seen from some pharmacies. Gather the plant in blossom, clean it, cut it up, and put in clear alcohol (no water) let it stand six months or a year, and you will have a nice wine-colored tincture that will keep and can be relied upon.

I have never given it in any other form except in pills, medicated with the first centesimal. I have it in the forty-five thousandth, but have never given it, and probably never shall, as it *could not* act any better than the 1st centesimal does.

Of late years one-half of my patients get a dose of *Melilotus*. If they have a headache, pain in the chest, stomach, or anywhere else they get a dose, and generally in five minutes they say it is better, or it is all gone.

Whether my assertion that it *will* make them better has a persuasive influence, will leave for others to decide. Every stranger or patient that come to me gets a dose while their case is being considered or studied over, and as it always makes them better they are ready to believe all I say. It is the only remedy that I know of that will cure sick headache alone.



*Belladonna* and *Nux vomica*, if given night and morning, will, of course, cure it.

#### A Frenchman's Headache.

CASE NO. 1.—A Frenchman came to my office and said: "Oh, I have so bad headache I think I die; it is all the time so bad. I have him one week by gar! I can do nothing. Doctor can you do something?" I gave him a dose of *Melilotus*, and on inquiry found that he needed *Nux vomica* and went to my office to get it; and in about five minutes returned, and to my surprise found the man on his hands and knees on the floor shaking his head furiously. I asked him what was the matter, but he did not answer. My conclusion was that he was crazy, and made so by my medicine. Soon he rose up and said: "That pain is all gone. I was just trying him." Of course it relieved me of my anxiety. When offered his medicine he said: "No, that pain is all gone, what for I need medicine?"

#### Bleeding From the Nose.

CASE NO. 2.—Some years ago was called to go fifteen miles in the country to see a girl that had bled from the nose for three days. The doctors had tamponed her nose, but the blood went back into her throat and she got so nervous they were obliged to remove the obstruction and decided she would probably bleed to death. I found her cold, pale and nearly pulseless. I gave her *Melilotus*, and told her I would not leave her until it was stopped. The bleeding diminished gradually, and in thirty minutes had entirely stopped, and then I gave her the second dose. One hour after that gave her the third dose, and left one more dose to take the next day, if needed. *China* was left to be taken three or four times a day.

One week later the girl was brought to the city, and her father told several that I had charged him fifteen dollars for three little doses of medicine, but explained that it had saved his daughters life and it was the cheapest medicine he ever had in his life.

#### Post Partem Hæmorrhage.

CASE NO. 3.—Was summoned in haste to a case of post partem hæmorrhage. The face was pale and the hands cold, did not stop to count the pulse. Was assured that the afterbirth had passed off. Made a hasty examination and felt the hot blood pass over my hand. I called for a cloth to make a tampon and

to bandage her limbs and save all the blood I could for her, then gave a dose of *Melilotus*, as I had learned in one case before that it would stop profuse menses. Before my tampon was ready to be used she said: "Doctor, I feel better and I do not flow much now." On examination this was found to be the case, as it was nearly stopped and the blood was not accumulating in the uterus. My dam was not made or needed. Three more doses of *Melilotus* was given that day, and then *China* every three or four hours.

#### Mania, Etc.

Two cases of violent mania have been cured with *Melilotus*; the first doses had to be given with positive physical force. The more violent the case the more certain of speedy results, and this is true of all acute cases of any form, whether it be mania as from excessive use of stimulants.

Melancholy is not so amenable to treatment as mania. *Melilotus* will compare favorably to a police force to disperse a crowd at a local congestion.

It is questionable with me whether its action is best on the nervous system, or on the venous circulation that controls the capillary.

For congestion, epistaxis, sprains of any kind, infantile, epilepsy and eclampsia I rely upon it implicitly, for there is no need of waiting but for a few moments at most to see beneficial results.

If physicians will give it but a few times they will see its prompt action and learn to rely upon it for *immediate* results.

*Fort Wayne, Ind.*

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### NERICUM OLEANDER.

By Robert T. Cooper, M. A., M. D.

In the HOMŒOPATHIC RECORDER for September, 1897, is an interesting article by Dr. Goullon, of Weimar, translated from *Leipz. Pop. Zeitschr. f. Hom.* for June, containing some most interesting details as to the action of *Oleander*.

When on my holiday at Vichy in August, '97, I made some tincture of the *Oleander* from a succulent twig of a small tree grown in a flower pot. Soon after I had made it a lady wrote

me from Ipswich about a servant girl, aged 23, who was suffering from eczema that had lasted for a year, and that had gone on getting worse in spite of treatment in the County Hospital and from private doctors. The eczema had begun with pimples all over the back, then on the breast and then on the arms, the right forearm being much the worst. The older patches on this latter site, are inflamed and are raised well above the skin, and are round in shape, one being about the size of a crown piece, and between these are small clustered red pimples which run together and form into patches. There is a great deal of itching, coming on severely every hour or so, with much oozing if rubbed. New pimply spots are appearing very fast, and the left forearm is being attacked as well as the right.

The only remedy I had by me that seemed indicated was *Oleander*, and of this recently prepared tincture I gave on Sacch. lact. a dose (OA); this was done by letter, and when a fortnight afterwards, on my return home, I saw the girl her testimony was that no fresh spots had come out since the powder and that all irritation had immediately lessened, there being scarcely any itching or oozing present.

The eczema was not cured, but it certainly seemed on the high road towards dispersal—so much so that I told her to take another dose only if the irritation returned.

This it evidently did, for a month afterwards she wrote complaining that the eczema was spreading and that little blisters were coming out every day, causing the patches to run into each other, though these were less elevated above the skin than formerly; there was still much irritation, worse after washing. For this I sent (5 Oct.) *Arbutus andrachne* OA, and on the 18 November received the report that the patches were getting thin and pale; the last dose was repeated. No permanent improvement resulted, however, from this or other selections, until on 9th June of this year (1898) I gave *Rhus radicans* OA, *i. e.*, a drop of a tincture made by myself from a succulent shoot of the "*RHUS TOXICODENDRON var. RADICANS*" in Kew Gardens.

The eczema was then described as being on the breasts and spreading round the body, and worse when the patient was hot, and preventing her moving her body for fear of chafing. Immediate improvement set in, and on 22 June she wrote saying she felt sure another powder would complete the cure.

This I have every reason to believe has been the case, as I have not since heard, 8 December, '98, which I know I would have done had the result been anything short of what the patient expected.

The case is interesting as showing the power of *Oleander* to arrest a rapidly spreading eczema, and of *Rhus radicans* to cause its complete dispersal. The great indication for *Rhus radicans* was the appearance of the patches, viz., well raised above the level of the skin and having a yellowish vesicular appearance.

30 A George Street, Hanover Street, W., London, England.

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## PHYTOLACCA MENTAL SYMPTOMS.

By E. R. McIntyre, B. A., M. D.

In the HOMŒOPATHIC RECORDER for November Prof. T. C. Duncan calls attention to some recorded mental symptoms of this drug that deserve more than a passing notice.

I believe Allen was the first to record what I think a careful study will prove to be the true mental state while under the influence of *Phytolacca*, viz.: "Sense of entire indifference to life and disgust for everything." Then some one else has distorted this into "Great loss of personal delicacy; total disregard of all surrounding objects, and no disposition to adjust their persons under any circumstances." And still another finds material in this for "Loss of personal delicacy; complete shamelessness." Thus, it seems, that the last symptom of which Dr. Duncan speaks is the result of a kind of evolution, so to speak, from the symptom of indifference as given by Jahr. We rarely expect a patient who is totally indifferent to *all* environments to manifest that degree of personal delicacy one sees in the best society; nor are we surprised when she fails to manifest shame. There can be little doubt that "shamelessness," as given here, is but a result of partial or total loss of consciousness as expressed in Allen's Encyclopædia in the first symptom given, and can not properly constitute an indication calling for *Phytolacca* any more than does the same condition in a patient under the influence of *Chloroform* or *Ether*, and who would think of prescribing *Phytolacca* to such a patient? Or, if he, did would not his failures outweigh his successes?

A correct interpretation of symptoms is *the important* object in the study of the *Materia Medica*, yet we see here one of the numerous instances of misinterpretation carried to the extent of drawing a comparison between this purely imaginary symptom of *Phytolacca* and the lasciviousness of *Hyoscyamus* as if their action were similar, when they are diametrically opposite. True, the symptoms of obscenity, etc. of *Hyosc.* are found in those who are unconscious or delirious, with delusive sensations from a diseased sexual system, while under *Phytolacca* there is merely the indifference accompanying loss of consciousness and may be found under the action of every drug that is capable of producing unconsciousness. Hence it is no more a symptom of *Phytolacca* than of any of the others.

Let us study the symptom as given by Jahr in its relations to other well-known symptoms of the drug, viz.: "Paleness of the face; countenance pale and hippocratic; vertigo with dimness of vision; sensation of soreness deep in brain." These all tell us of cerebral anæmia, which finally culminates in opisthotonus as expressed in "Head is thrown back to its utmost extent; back very stiff." This is the expression of cortical irritation, and is the beginning of a loud cry for nutrition by the cerebral cortex, and soon passes into, "Extreme faintness," all of which speak to us of cerebral anæmia, while *Hyosc.*, as is well-known, produces cerebral hyperæmia. Still, at least one author would have us think their actions on the mind are similar. True, both produce loss of consciousness, the one from lack of blood to the cerebral centers the other from pressure by an excess of blood in the cranial cavity, the one by spasmodic irritation of the vaso-constrictors the other by paralyzing them. The anæmia extends to the medulla, where it produces irritation in the nuclei of the pneumogastric and spinal accessory nerves in the floor of the fourth ventricle, as shown by the "Nausea immediately followed by violent retching and vomiting, ejecting the contents of the stomach, which consisted of ingesta (after half an hour), vomiting continued at intervals of from one to five minutes, ejecting a transparent mucus, slightly tinged with yellow." The action of the drug on the vagus is further shown by the "Small, thread-like, irregular pulse." Nowhere do I read of slow pulse from this irritation, to be followed by rapid heart's action when the stage of irritation gives place to that of paresis of the vagus. This would be the

natural course. One author speaks of a pulse of 85 "Soft and unresisting;" another says: "Heart's action is weak with constipation, pulse small, irregular, with great excitement in the chest, especially in cardiac region, pulse full but soft."

The irregular pulse speaks to us of loss of balance, so to speak, between the cardio-inhibitory fibres from the vagus and spinal accessory on the one hand and the cardio-acceleratory fibres from the sympathetic on the other. Since in any nerve continued irritation terminates in loss of function, we would expect soon to encounter a very rapid heart's action from paresis of the cardio-inhibitory fibres from the vagus and spinal accessory. At this stage of its action, the pulmonary fibres of the vagus being also parietic, we would not be surprised to find "respiration difficult and oppressed, mucous râles distinct and audible anywhere in the room," nor the "hoarseness and dryness of the larynx," either because of paresis of the laryngeals from the vagus and spinal accessory.

If these physiological deductions be true, *Phytolacca* causes cerebral anæmia that first manifests itself by irritation, to soon be followed by decrease of nerve-power that may extend to the whole cerebro-spinal system, with loss of consciousness resulting in indifference to all environments.

It would be interesting to trace the action of this drug to the mammary and other secreting glands where it has reached over, so to speak, from the cerebro-spinal to the sympathetic; but space and time will not permit.

*Chicago, Ill.*

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## A PROPHEPIC VOICE FROM THE PAST.

Carroll Dunham, M. D.

It appears then that our opponents have come pretty nearly to our ground, except on the fourth point, that of the infinitesimal dose. Touching this point, their denunciation of us has lost none of its bitterness. They claim to have demonstrated again and again that there is nothing in our potentized preparations. The reasoning of Thomson touching the size of molecules furnishes them with a welcome argument against the possibility of any drug potency existing in even our medium attenuations. And these arguments have strongly influenced many of our own school

whose personal experience and observation had not compelled opposite convictions. But let me say that proofs of a negative in any matter which can be determined only by experiment are very fallacious, and a dangerous dependence. I do not despair of seeing before many years, from some old-school authority or some non-medical investigator, a demonstration of the medicinal powers of homœopathic potencies; and I warn such of my colleagues as have been influenced by the arguments of our opponents, against the chagrin they will feel when they shall be outflanked on this point; when to unbelieving homœopathists shall be presented, by experimenting allopaths, a demonstration of the drug-power inherent in homœopathic attenuations. An incident touching on the history of our *Materia Medica* is very suggestive in this connection. When the Nestor of Homœopathy, whose jubilee we celebrated here last March, and whom God spares to gladden our hearts today by his presence, undertook those studies of serpent-venom which have brought such honor to his name, and such benefit to suffering humanity, he added to the effects observed from swallowing minute quantities of the venom the effects produced by large quantities introduced into the system by a snake bite, regarding the latter as complementary to the former and both as portions of a graduated scale of homologous effects. But many of our own school could not admit an analogy between the effects of small internal doses and of the bite. The chemists proved that saliva or gastric juice, or alcohol rendered venom innocuous. Finally, it was "proved to demonstration," in this city and India, that serpent-venom introduced into the stomach could not act. This demonstration of a negative was accepted by many of our own school, by whom the serpent-venom were accordingly discarded as inert. Soon, however, Hermann, the physiologist, giving *Curare* to a rabbit whose renal arteries were tied, found death occur, and from as small a dose introduced into the stomach as would have proved fatal if introduced beneath the skin. This suggested the idea that the apparent inertness of venom in the stomach results from its slow absorption and rapid elimination, which prevent its reaching the centres on which it acts. And lately Fayrer and Brunton, studying serpent-venom under the auspices of the British government, have satisfied themselves, and unequivocally affirm, that venom introduced into the stomach affects the system more slowly and gently, and

therefore with a greater variety of symptoms, but in essentially the same way and with a tendency to the same results as when introduced into the blood by a bite. Thus is the negative demonstration overthrown, and the correctness of our veteran colleague's induction most happily established. But in what a position do these facts leave those of our school who, disregarding the provings of trustworthy members of their own school, disregarding and not willing to verify the *a posteriori* evidence of cures in great numbers, cast out from their *Materia Medica*, *Lachesis*, *Crotalus* and *Naja* on the negative demonstration of an old school physiologist! In the same position many will stop, I think, when ingenious experiment or molecular energy shall lead a Tyndall or a Crookes to a demonstration of the power of potentized medicaments.—*From Transactions of World's Homœopathic Convention, 1876, page 47 et seq.*

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### AGAIN THE OLD DEFENCE.

The *Hahnemannian Monthly* for December has for its leading article a paper by the publisher of the new pharmacopœia, under the title "Comparative Tincture Strength," which is virtually a plea to the profession to save the Committee's book.

It is curious that all those who undertake the defence of this book dwell on this point only and are silent on the vital ones. They are constantly trying to make the profession see that 1-10 tinctures are as "strong" as the old Hahnemannian tinctures, and have never a word to say on those features of the book which take the attitude towards Homœopathy that the opponents of *Similia* have always taken. It would be interesting to hear from them on these points.

For instance, why do they not have something to say about the rejection of dynamization.

About the rejection of the "potency" and the adoption of the "molecule" as the measure of power of a homœopathic remedy.

About the assertion that the limit of "divisibility" being passed at the 12th potency.

About the condemnation as inert of all the dilutions directed by Hahnemann to be made from triturations of the "insolubles," and successfully used since to this day.

About teaching the youthful mind of the young medic that above the 12th is naught but milk sugar or alcohol, but, if



asked for, the higher potencies must be supplied and solemnly labeled with the various names, *Arsen. alb.*, *Mercurius viv.*, *Aconite*, etc., even while they are all one and the same.

About one so believing; would he be justified in filling the whole order from one bottle; and would not that tend to produce pharmaceutical chaos?

About what is to be done with "old junk" like Hahnemann, Hering, Boenninghausen, Jahr, Hughes, Guernsey, Raue, Farrington and ten thousand others who have reported brilliant results with potencies above the 12th. The new book leaves no room for them, and its believers must say of their works even as does Hooker, Holmes, Gould and the \$100.00 pamphlet.

About Carl von Nageli's discovery of the "new force," oligodynamis, in the presence of which the molecule is a clod, which "new force" seems to be Hahnemann's "spirit-like power" developed by dynamization, and which made his potencies from the now forbidden "insolubles" so potent in controlling disease.

About these, and other points, some rational explanation would be very acceptable. Let it be given in the calm spirit of science and not controversially. But we get nothing but long essays on tincture "strength," just as though that were the one vital point, whereas every man in the profession knows that if he can select the right drug, the one truly homœopathic to a given case, he need borrow no trouble over its "strength." If the gentlemen of the medical profession want 1-10 tinctures they can get them, though what special advantage it will be to them to get weaker tinctures is not quite clear.

Take, for instance, *Ipecac*, *Nux vomica*, *Ignatia*, *China*, etc.; the old way was one part of the drug to five of alcohol. The new pharmacopœia directs the maceration of one part drug to ten of alcohol. That it would be of some advantage to the pharmacist to get precisely double the amount of tincture from a pound of these not inexpensive drugs is quite apparent, but of what advantage is it to the buyer?

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### IT IS HIGHER SCIENCE.

In one of the December journals we find the following—the writer believes in Homœopathy but seems to be not sure that is right because not scientifically demonstrated:

In this state of affairs the time has arrived when we ought to take a step forward toward a better state of things by insisting on *correct scientific*

*data.* Whether Homœopathy is right or wrong, it will stand or fall, not as a creed or belief, but as a question of knowledge, or a scientific problem, and it must be subjected to the crucial test of modern times. I assume that it is not only willing but eager to abide by such tests. If other antagonistic schools refuse to submit to them, the fault will be theirs when some time in the future the balance is struck.

At first glance this seems to be correct—but it is not. You cannot measure Homœopathy by the world's scientific standards because it is above them all, consequently one who attempts to judge the greater by the lesser will only land in confusion and scepticism.

The reason for this is very plain and commonsense-like. Homœopathy—similar suffering—originates from human beings. The drugs causing the suffering are always the same—or they ought to be—but no two human beings are alike or ever will be; there is no created thing that is so unscientific as man when viewed objectively.

You may make ten thousand bicycles, or sewing machines, or guns, and they will be all alike—a triumph of mechanical science. But turn out ten thousand human beings, all, it is true, in the same *general* pattern, but what a confusion as to personalities! No two alike, consequently each one requiring a different treatment when things get out of gear. The mind in each human being dominates the body and must play a great part in all that concerns the body; and this is where the lesser science misses, for it ignores *the man* himself and concerns itself only with the earthy part of him. Homœopathy takes cognizance of both. It can never be scientific in the sense the word is used every day because it transcends that science even as the higher mathematics transcends the ordinary arithmetic.

When men will accept this view of the *only* science that considers both mind and matter, or soul and body, they will then be in the realms of the higher sciences, the kind that you cannot test by the microscope or chemical analysis; and those who attempt to do so, to measure the higher by the lower, will fall into confusion, doubt and nihilism.

At first glance this may seem to be fanciful, and all that sort of thing, but it is not fanciful, but plain horse-sense.

The man with the broken leg, or a belly full of something his system cannot manage, or his sub-belly system clogged with stuff that must come out, does not need homœopathic treatment, nor no one ever claimed he did. But after the mechanical, or

scientific, end of medicine has done its duty and the human machine has all its parts in mechanical working order yet the man is not in health, what then? There the science that never rises above matter halts; a door is banged on its nose and it fails to see that beyond that door is a realm of science compared with which its very useful sphere sinks into insignificance. That is where Homœopathy does its work. To refuse to believe in that work because you cannot put it into a "scientific" formula is a great misfortune to the sceptic, for there is only one greater law for the alleviation of human ills and misery and that is the Divine one—"Cease to do evil."

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### A LETTER FROM HAVANA.

(The following extract from a letter from one of Messrs. Boericke & Tafel's old correspondents in Havana may not be without general interest. It is the first letter received by them since the war from Cuba.)

It is a long time since I wanted to suggest to you the convenience of having in Habana a good homœopathic doctor, but the misfortunes of this unhappy country then kept away more and more the possibility of such things. To-day that we have entered into a new era full of promises for all, I think the opportunity has arrived for me to suggest to you what I think would be a good thing for my country and a good enterprise for whoever takes hold of it.

There are many families here that are addicted and enthusiastic for the Hahnemann system; but the Homœopathy of past years, that had very good interpreters, has been for a long time in decline, it very often being the case that those who applied themselves to it have been always ignorant doctors, not even capable to practise the other medicine on account of the facility with which it kills and who have tried to find in Homœopathy only the means of making a living, concealing their ignorance from the populace. I have seen them practising without knowing or using but the manuals of Jahr and Hughes. As the system is so good, these quacks have made some very good cures; but above all what they have attained is to impair the reputation of Homœopathy among us.

We have to-day some doctors who practise in good earnest the Homœopathy, but some are eclectics who administer antipyrin to lower the temperature in cases of fever and Henry's magnesia

to disinfect the intestines, the patient at the same time taking *Baptisia* or *Arsenic* or other homœopathic medicine. I have seen these and others mix in the same glass of water drops of several mother tinctures or potencies, and in others I notice the timidity produced by the idea of being alone in such a large field; the result being that said field is almost virgin.

The day that a good doctor comes here who is not afraid to come across some of the eminent allopathics, of which we have some highly respected, who is at the same time a good homœopath of rooted convictions, who possesses solid knowledge of homœopathic therapeutics and is at the height of all the improvements which this science permits, and one who is at the same time a man of enterprise and push and one who can propagate the truth, I firmly believe that man will do great good and may be able to make in a little time a fortune. If he speaks English it will be much better; but if he does not speak it, he will also find his way.

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*Habana, Nov. 25, 1898.*

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## HOMŒOPATHIC PHARMACY IN GERMANY.

(The following translation from the German of Dr. Wilmar Schwabe, though in parts dealing in matters of elementary homœopathic facts, is nevertheless of very general use and suggestiveness).

### Hahnemannian Pharmacy.

A man of clear thought, as was *Samuel Hahnemann*, could not have failed to notice many imperfections in the pharmaceuticals of his day, and even in the period antedating his discovery of Homœopathy, he was striving for an improved way of preparing medicines. Thus we find in his translation of the *Edinburg Pharmacopœia* a number of practical counsels, which demonstrate that he could not only write prescriptions at his writing table, as is done by many, but that he also had been for a long time a practical chemist and pharmacist. An honorable testimonial of this fact is also furnished by the work published by him in common with *Van der Sande* in the year 1787: "*Die Keunzeichen der Guete und Verfaelschung der Arzneimittel*" (Characteristics of the Genuineness or the Adulteration of Drugs). His knowledge in this direction could not but influence the curative method created by him. They led him to

originate a peculiar mode of preparing medicines differing from the pharmaceutics sanctioned by the state and directed by the official pharmacopœia. This new method is governed by invariable laws which must not be changed. The reason of this is, that the provings of the medicines on healthy persons were made with medicinal preparations made according to these rules, which were peculiar and in part invented by himself. Since these provings form the basis for the practice at the sick bed, and since medicines differently prepared give different images of disease, no other preparations of these medicines are permissible. THE ORIGINAL DIRECTION OF THE PROVING PHYSICIAN IS THE RULE FOR PREPARING THE REMEDY. Homœopathic pharmacy is not, therefore, dependent on the prevailing chemical or other fashions of the day, which have occasionally injured also the allopathic medical practice. For remedies which had proved very valuable were occasionally degraded to useless remedies, because the endeavor to present them in the purest possible state changed their natural state in which they had been for thousands of years and thereby deprived them of their characteristic effects.

*Hahnemann* says: "The substances of the animal and of the vegetable kingdoms are most medicinal in their crude state." Some medicinal plants by drying lose a large part of their efficient properties, while in other plants these are only developed by drying them. So, also, the time in which medicinal plants are gathered is of great importance, and much depends on the most exact obedience to all the directions given concerning it. Since many a reader may be interested in hearing something concerning homœopathic medicinal preparations, we shall give here some additional information.

### Homœopathic Medicinal Preparations.

*Essences* are preparations from medicinal plants rich in juice. The plants, or certain definite parts of them, are pressed out, and equal parts of the juice are mixed with an equal quantity of alcohol. Kept in well-corked bottles these essences, which are not much used in allopathy, will keep for many years. For this mode of preparing essences we are indebted to *Hahnemann*, who first introduced this method.

*Tinctures* are made from dried plants and their parts, etc., in the proportion of 1 : 5.

*Solutions* are made from substances soluble in water or alcohol, in certain proportions.

*Triturations* are most intimate mixtures of the drug with sugar of milk, also in a definite proportion, exactly prescribed.

*Liquid Potencies* or dilutions are alcoholic dilutions (or, more correctly, *potencies*) made from essences, tinctures and the higher triturations in definite proportions.

*Globular Potencies* or *Pellets* are small pellets of sugar impregnated with potencies; these are used in various sizes in Homœopathy.

*Tablets* are prepared from homœopathic triturations, 9 millimeters (.35 inches) in diameter and 3 millimeters in thickness, weighing about 25 centigrammes (3.85 grains). They permit the prescription of a quantity of medicine accurately weighed out, from which neither too much nor too little will be given or spilled, as may happen with the frequently prescribed dose of "as much as will lie on the point of a knife." They are firm enough not to crumble in pieces and, nevertheless, not too hard to easily dissolve on the tongue. This form of preparation is most convenient with children and while traveling.

#### Decimal and Centesimal.

It is of extraordinary importance with respect to the value of homœopathic medicinal preparations, especially in the fluid potencies and in the triturations, that they should be most carefully prepared according to the directions given in Dr. Schwabe's "*Pharmacopœa homœopathica polyglotta*," with due regard to the medicinal strength of the original drug. When the triturations, e. g., are carefully prepared, requiring several hours' trituration of the original drug with sugar of milk in every case, the fine division of the original drug, especially that of the precipitated metals, may be followed with the microscope even into the higher stages of the trituration, and yet the microscope is as yet quite imperfect an instrument. This trituration and potentizing is done according to two different scales, namely the *Centesimal scale* or one of a hundred parts, where the potentizing proceeds at the rate of 1 : 100; and the other, the *Decimal scale*, in which the potentizing proceeds in the proportion of 1 : 10. Potencies made by the latter scale have a capital D before the number, denoting their potency (e. g., *Belladonna* D3, D4, etc.). As to their quantitative value, the

2	Decimal potency	=	1	Centesimal potency.
4	"	=	2	"
6	"	=	3	"
8	"	=	4	" etc.

The decimal potencies have the advantage that the steps from one to the other are not considerable; they also enable the pharmacist to work with greater exactness, as a larger quantity of the original drug or of a tincture or potency may be more intimately mixed with the indifferent vehicle than a smaller quantity. This is especially important in the lower potencies; for the homœopathic physician who wishes to prescribe  $\frac{1}{10}$  of a milligram of a medicine is sure that this must be contained, e. g., in a gramme of the 4th decimal trituration if he orders it from a homœopathic pharmacy working with exactness. So that even if he should descend to a lower dose, e. g., the 3 decimal of which one gramme contains a milligramme of medicine, he is much surer of getting it than the allopathic doctor, who also of the violent poisons prescribes at times a milligramme. The latter dose is far more difficult to weigh out properly than a whole gramme of the 3 trituration which contains the same quantity of medicine, leaving out the fact that the latter is divided into its minutest parts and thus is in a corresponding measure prepared for its reception into the organism.

#### Fraudulent Pharmacists.

From this it may appear that *Homœopathic medicines can only be procured from very reliable pharmacutists, who are convinced of the force of Homœopathic curative principle, and therefore work with exactness.* There is, indeed, from year to year a very gratifying increase among the ordinary (allopathic) druggists who have some interest in Homœopathy, and who are determined to serve its adherents in a conscientious manner. But even if the druggist in an allopathic drug store be ever so well disposed, he is nevertheless frequently compelled to rely on his assistants, who are not bound by oath to conscientiously observe the homœopathic pharmacopœia. What some of these assistants think and say about Homœopathy is probably known to every one. Without meaning any harm, such a one will not hesitate to give instead of a certain homœopathic remedy another, or instead of a certain potency another potency which he may happen to have on hand, or even mere alcohol. So it happened a few years ago, in a drug store in Silesia, that a lady living in the country sent

her servant to buy some homœopathic medicines, the names of which she had written on a sheet of paper, in the town. Her servant was also to get in a wool store some Estremadura wool No. 5, and that he might not forget this she wrote at the bottom of the sheet: *Estremadura* No. 5. The servant did not bring the wool, but he brought a homœopathic vial with a clear-colored liquid and a written label with *Estremadura* 5. There is no homœopathic medicine which even approximately bears this name. The druggist, when this deception was made known to him, restored the money charged for this pseudo medicine with a thousand excuses. The matter, nevertheless, got into the papers, and a homœopathic physician in the March, who had hitherto felt perfect confidence in his allopathic druggist, determined to put him to the proof and through another person also obtained *Estremadura* 5. The owner of the drug store, when this was made known to him, was so indignant at this that he straightway dismissed his assistant.

Similar was the experience of Druggist N. who is now a firm adherent of Homœopathy, as reported in Nos. 7 and 8 of the *Leipziger Populære Zeitschr. f. Hom.* of 1892. In a drug store having on its sign "Allopathic and Homœopathic Pharmacy," he received instead of the 2 decimal potency of *Rheum*, which should be of a decidedly brown color, a transparent, clear, alcoholic liquid. In N. he received in all the drug stores except one for the 2 decimal potency of *China* a similar liquid.

#### "Fraudulent Baldheads."

Still more convincing as to the truth of these statements are the revelations made in the *Populære Zeitschrift für Homœopathie* (No. 23-24, 1887) by the members of the Berlin Homœopathic Society. Irritated because non-medical adherents of Homœopathy had frequently been accused, brought before the courts and fined for unlicensed giving of medicines, they offered to prove that in one-half of the drug stores of Berlin only sugar of milk or alcohol was sold for homœopathic medicine. These revelations contain verbatim the following:

"We have hitherto held an even too favorable opinion of our allo-homœopathic druggists. Not only one-half but seven-eighths of them have been hoodwinking their homœopathic customers, and for their honest money have dishonestly furnished them merely sugar of milk or alcohol. This we can prove by



the following facts: We sought out some Latin words which sound somewhat like the names of medicines and found the following the most suitable:

*Tuber cinereum*, *ashy protuberance in the brain*; thus the anatomical designation of a portion of the brain.

*Urticaria rubra*, *red nettle rash*; thus a human disease.

*Pemphigus foliaceus*, *malignant isolated large blisters*; another human disease.

*Madaroma fraudulentum*, *fraudulent baldhead*.

### Only Twelve were Honest."

We now wrote out prescriptions with these names, appending a numeral for the potency and the amount in weight; to this we added some other remedy, such as *Aconite*, *Silica*, *Pulsatilla*, etc. With these prescriptions we rejoiced the hearts of the eighty-nine drug stores found in the directory of our capital of this year. Out of these eighty-nine drug stores *only twelve* refused to fill these fictitious prescriptions, and among the latter there were several which kept no homœopathic medicines in stock at all. In the remaining seventy-seven drug stores of Berlin the fictitious remedies were furnished according to rule and furnished with signatures. In several drug stores the apothecary's assistants, though they were bound to know that there are no such medicines, had the impudence of even pasting the names on the bottles, *i. e.*, of writing them on their signatures. We received:

*Tuber cinereum* dil. d. 5 in *fifty-eight* drug stores.

*Urticaria rubra* dil. d. 3 in *sixteen* drug stores.

*Pemphigus foliaceus* dil. 3 in *three* drug stores.

*Madaroma fraudulentum* trit. d. 3 in *seven* drug stores.

Several drug stores were visited two or three times, and every time they furnished without any hesitation a second or third fictitious remedy.

In the drug store of S., which is supposed to be the best specially homœopathic drug store in all Berlin, we received *Spirillum luteum* (?) as well as *Madaroma fraudulentum*, and the owner, when charged with it, excused himself with a show of much annoyance by saying that a young assistant not fully indoctrinated yet had read *Mandragora* 3 and that another assistant had supposed that *Spirillum luteum* 3 was equivalent to *Crocus* 3. At the same time the money charged us for this naughtiness of the assistants was returned. But the same drug

store furnished Dr. B's. drug store, which had no *Madaroma fraudulentum* on stock, this same remedy on payment!!! So we were not the only ones who were hoodwinked and by whom this large part of Berlin drug stores was enriched; but this same drug store also hoodwinked its colleague, Dr. B., by furnishing him sugar of milk for a non-existing remedy. Dr. B., when charged about it, wrote to us that he furnished the *Madaroma fraudulentum* in full confidence in the reliability of S's. drug store.

### The Same Everywhere.

The same experience as in Berlin was made in Stettin, Potsdam, etc. In Stettin we received in one drug store *Urticaria rubra*, *Spirillum luteum* and a fluid 3 potency (one which cannot be prepared at all) of *Antimon. crudum*; in another drug store *Pemphigus foliaceus*, *Spirillum luteum*, *Urticaria rubra* and a fluid third potency (one which cannot be prepared) of *Calcarea carbonica*. A third drug store in Stettin also furnished the latter preparation. All the three drug stores wrote the names of these remedies on the bottles and received 50 pfg. for the same. In Potsdam in three drug stores we received *Tuber cinereum*.

In a city in central Germany where a homœopathic pharmacy is conjoined with an allopathic drug shop, a friend of our cause procured the following remedies with the appropriate etiquettes:

Five grammes *Silicea* 3 in fluid form.

Two grammes *Calcarea carbonica* 3 in pellets.

Two grammes *Silicea* 3 also in pellets.

Neither one of these three preparations can be made or furnished either according to the *Pharmacopœa homœopathica polyglotta*, nor according to the pharmacopœia of Gruner. A third fluid potency of *Silicea* has no existence, and a third centesimal potency in pellets cannot be formed either of *Silicea* or of *Calcarea carbonica*; at most a 5 centesimal or 10 decimal.

### Why it is Better to Stand by the Old Reliable Pharmacies.

But there are other reasons why we should always be sure to go to the most reliable sources in procuring homœopathic medicines—sources which guarantee that the medicines are prepared according to Hahnemann's procedure, and which, owing to the extent of their business, are compelled to use the utmost care in procuring the raw materials, especially the medicinal plants for their medicines. Only from such an establishment can we be supplied with tinctures and potencies always of the same charac-

ter, because such an establishment is working year after year according to the same principles and large quantities are always made. We would not insinuate that a good original tincture or essence in small quantities might not be made out of one or several well-selected medicinal plants; but the larger the quantity that is worked upon the more homogeneous the preparation is apt to be. The quality of the medicinal plants also decides the excellence of the preparation. There are great differences between the essences made from plants grown on a moist soil and those taken from a dry soil; the excellence of the preparation is also influenced by the time of the day and the season in which the plants are gathered, etc. Finally, it is only the well-established larger homœopathic pharmacies will undertake to import from the first hands the drugs for medicines made from foreign plants. Hahnemann and his disciples have given us exact directions for the preparation of medicines, and it was not in vain that the master directed his disciples: "Imitate me, but imitate with exactness."

#### Hahnemannian Tinctures Only are Permissible in Homœopathic Prescribing.

This warning of the great Master had come to be somewhat neglected even among the most loyal of his adherents until a few decades ago. Men had begun "to lay the ax to the root of the tree" by allowing themselves to make arbitrary changes and variations under the influence of the general tendency of improving on our ancestors, which tendency is so manifest in allopathic pharmacy and which continually seeks to produce "stronger," "finer looking" and "purer" medicinal preparations. But what is meant by "stronger?" If the medical drug, as Hahnemann teaches, has the most medicinal virtue in its raw state, all that we can strive after is to preserve it for a longer period. A deviation from the old rules of manufacture is not allowable before it is demonstrated that the tincture made in the new way has the same effects as those made by Hahnemann. If the practising physician should desire to obtain a stronger medicinal effect, this is quite in his power by using another potency. An essence of *Aconitum napellus*, made by pressing out the juice, pouring alcohol over the residue and then pressing this out and mixing it with the juice first expressed, may look "finer," *i. e.*, of richer color and more green,

than the essence made according to Hahnemann by pressing out the juice and mixing it at once with an equal part of alcohol; but it is another tincture than the latter. *It is not permissible in Homœopathy to judge of the strength of a medicine by its color, its smell and its toxic effects. The direction of Hahnemann alone is decisive also with respect to the purity of a preparation.* If it should seem to the pharmacist to be "impure," *i. e.*, to contain admixtures which are originally contained in the original drug, this is immaterial to the pharmacist, for the drug was proved with these "impurities" and these themselves may have produced some very peculiar effects which are not proper to the "pure" preparation. The chief aim of the homœopathic pharmacy is not "purity" in its perverse application to therapeutics but—absolute *cleanliness*.

#### Frenzy of "Improving" Homœopathic Pharmacy.

This frenzy of improving has been the cause of introducing among the valuable metal of the Hahnemannian remedies so much dross, so many new remedies, because the remedies which have been really and thoroughly proved have been "improved," just as was done in allopathy, and the resulting preparations resulting have been less useful in Homœopathy and the physician has become less certain. As an example, we may mention that in proving *Arnica Montana* the alcoholic tincture of the freshly dried root was used, but later on the practice was introduced of using the whole of the fresh plant in making the essence. In another plant a transition has been made from the plant just beginning to bloom to the same plant while bearing seed; in another the fresh root was substituted for the plant itself, etc., generally in obedience to the dictum of some chemist that these parts were more "toxic" or "medicinal." The appearance of the *Pharmacopœa homœopathica polyglotta* by *Dr. Willmar Schwabe* in Leipzig put an end to this abuse, for in that work the author went back to Hahnemann's principles, and this not only in the preparation of tinctures and essences but also in the potentizing of medicines, in which also the greatest arbitrariness and variation had been introduced. This pharmacopœia appeared at first in 1872 in three languages—German, French and English—while the second edition appeared in five—(Italian and Spanish being added). The Central Union of Homœopathic Physicians of Germany, after the usefulness of the

work and the principles on which it was founded had been acknowledged by forty-eight written opinions of men especially competent, therefore united in recommending the adoption of the work to the various governments in the following resolution:

**The Cosmopolitan Homœopathic Pharmacopœia.**

“The undersigned Directory of the Homœopathic Central Union of Germany herewith give evidence to *Dr. Willmar Schwabe* in Leipzig that the members of the said Union have taken action with respect to the work published by him and entitled *Pharmacopœia homœopathica polyglotta*, Leipzig, 1872, which action is founded on and in agreement with the written opinions respecting the same delivered by forty-eight homœopathic physicians, and considering that

1. There has not hitherto been any normal Homœopathic Pharmacopœia in complete agreement with the rules established by the Provers for the preparation of the medicines in question, and having due regard to the scales of potentizing recognized in Homœopathy;

2. That the Inspectors of drug stores have not hitherto had afforded them a correct criterion by which to judge homœopathic pharmacies;

3. The homœopathic pharmacopœias published before do not suffice for the present needs of homœopathic physicians and pharmacutists owing to the introduction of a great number of newly proved remedies;

They herewith declare and resolve:

That the “*Pharmacopœia homœopathica polyglotta*,” published by *Dr. Willmar Schwabe* and translated into English by *Dr. S. Hahnemann* and into French by *Dr. Noack*, is in agreement with the rules established by *Samuel Hahnemann* and the other Provers for the preparation of the homœopathic remedies; and as only a firm adhesion to these rules is able to stem the threatening corruption, the said Pharmacopœia is recommended to the august governments as the normal Homœopathic Pharmacopœia for introduction by law.

*August 20, 1872.*

The Directory of the Homœopathic Central Union of Germany.

Dr. med. Fischer in Weingarten (Württemberg), President.

Dr. med. Clotar Müller in Leipzig.

Dr. med. A. Gerstel in Vienna.

[L. s.]

A similar resolution was passed by the "Central Union of Homœopathic Physicians in Hungary."

### The Mattei Humbuggery.

Lastly we may be allowed to say a few words about a certain disorderly matter which appeared thirty years ago in Homœopathy, and then for a considerable time was forgotten, *i. e.*, only managed to eke out its existence, but which now by the insistent advertising of a Swiss drug shop has received new life. This is the so-called *Electro-Homœopathy*.

The original inventor was a certain Count Mattei in Bologna. Yet he himself was far from naming his remedies, which *in the allopathic mode are compounded of many medicines*, homœopathic; but called them vegeto-electric, because they are supposed to act very quickly and to cure cancer in a very expeditious manner. A German Homœopath, who once visited him, first brought him to the absurd idea of calling these remedies, even the composition of which is to this day held as a *secret* by him, electro-homœopathic. This physician told him: "If your remedies cure and do not merely alleviate this can only be done according to the homœopathic method; and if they cure quickly, electricity must be involved." This homœopath brought Mattei's remedies to Germany, tried them for about a year and then laid them entirely aside, because they did not do what their inventor claimed and what the homœopathic remedy, if rightly chosen, will effect. The same was done by other physicians who had tried these secret remedies. But Mattei had in the meantime made depositories in various countries by which his remedies came on the market. But differences with these agents arose, and they imitated Mattei's remedies, claiming to have discovered his secret. But this dealing in secrets could not last long, and three of his imitators so far have published writings in which this "secret" is *seemingly* published, and it is averred besides, that it is the *improved* Hahnemannian system. Whoever reads these publications will be astonished beyond measure by the effrontery with which men belonging to a scientific profession, to which druggists may be said to belong, dare to offer to the world such a pharmaceutic humbug, reminding one of the worst times of the dark ages and attempt to compare it with the homœopathic sys-

tem established by the genial Samuel Hahnemann. On the one side we see the master who refuses to give more than *one* remedy at a time, and this one proved on healthy men, and who zealously opposes all mixtures; on the other side the electro-homœopathic druggist, who would like to do business with the adherents of Homœopathy and audaciously avers that he has compounded a remedy which will cure scrofula, using *Asarum*, *Scrofularia*, *Rubia tinct.*, *Phosphori acid*, *Kali iod.*, *Calcarea carb.*, *Sulphur* and *Natrum mur.*, thus that he is trying to mix together remedies which according to chemistry cannot mix. If a cook were to aver that he can make a savory, wholesome dish of *pebbles*, *sourcrout*, *Epsom salts*, *sugar*, *sheep skin*, *ox horns*, *asses' ears*, *rancid butter* and *mouldy cheese* even the most simple person could not believe him. But if the same thing were averred with Latin names by a druggist, then there will always be found people who allow themselves to be ensnared. No doubt there are patients who are alleviated and even gain health while using such mixtures. But these are not cures but natural recoveries, such as are also seen with many other methods and remedies, if the curative process initiated by the natural healing forces are not interfered with. But this electro-homœopathic humbug has nothing to do with Homœopathy. *To use the name of Homœopathy in connection with this quackery arises either from ignorance of scientific homœopathic therapeutics, or it is misleading the public with evil intent.*

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## THE EPIDEMIC GRIPPE REMEDY.

By T. C. Duncan, M. D.

The reappearance of La Grippe leads epidemiologists to search carefully for the epidemic remedy. The study of the few cases that are met after a recurrent boreal wave seems to call for *Belladonna*. There is the sore throat, the evolvment of the eyes with the upper air passages and bursting headache with sometimes projectile vomiting. The accelerated heart is manifest by fever and throbbing and aching all over. Sometimes hoarseness is an early symptom, then there may remain a cough from the bronchial involvement.

There is another phase that gives all the symptoms of a "hard cold." The tidal barrier gives way to the severe bronchial inflammation and the bronchioles, the vesicles and finally lobules

are involved, giving a true bronchial pneumonia. A person who neglects a cold when "grippe" prevails does so at his peril. The danger is along the line of progressive asphyxiation from profuse mucus blocking the bronchi preventing æration of the blood.

The indication for treatment is to arrest the progressive inflammation and hasten resolution. *Belladonna* or *Veratrum* may be needed, perhaps *Bryonia* if the pleura is affected, giving its characteristic pains. *Phosphorus* hastens the resolution. The form may be *Ferrum phos.*, *Kali phos.*, *Strych. phos.*, or *Calc phos.* The blush of inflammation when the parenchyma of the lung is involved may need *Ferrum phos.* Then the clear article *Phosphorus* is indicated by the profuse frothy exudate. A mistake is often made by loosening the cough too much. This is the danger in children and in old people. *Tart. em.* has smothered many a case, even since being prohibited by the surgeon general in the Civil War. *Kali phos.* has a tough fibrous mucus. *Strychnia phos.* meets the great lassitude so characteristic of this disease. If the reabsorption is tardy, the cough persistent so that tuberculosis is feared, remember *Calc phos.* and *Sulphur*.

While *Belladonna* seems to be the epidemic remedy now, it may not be after the January thaw. Remember that while the first symptoms are epidemic, the second are those typical of the disease assumed and the last are individual or constitutional.

CHICAGO, December 27, 1898.

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## WHY THE VETERINARY PROFESSION HAS NOT ADVANCED.

Dr. Wilmar J. Murphy.

The practice of human medicine and the practice of veterinary medicine should advance hand in hand. Their interests are so closely allied that the public good requires that each should benefit the other and be benefited in return by one another. Looking at the history of human medicine we can see the rapid strides of advancement as various truths connected with its vital interests have been discovered. Where we find a number of incurable diseases we can look further and find an incapable materia medica, and as the useless drugs have been eliminated and worthless practices abandoned the medical art has been forced further to the front and mankind has been benefited by its progress.



Let us compare the veterinary profession with its sister profession, and we find the one advancing year by year, discarding old ideas, accepting new truths and approaching step by step nearer a new science, while the other still wallows in the mire of ignorance and degradation, not advancing a single step.

Why has the veterinary profession not developed into a science? Surely its progress is a necessity. The health of a nation depends almost wholly on the condition of the food product the people consume. Diseases of animals exert a very material influence on the health of the human race. Tuberculosis in man and beast is very closely allied—one probably the cause of the other. Ravages of animal ills destroy the wealth of the community. Long ago these facts were established. Many of the early religious laws were enforced to prevent the race's extermination by the consumption of diseased meat, and yet so important an art, so vital an interest and a subject so fraught with dangerous possibilities has been abandoned almost entirely. What a lamentable fact it is that a subject so important, so serious, so vital, is allowed to sink year by year deeper into the depths of obscurity and ignorance because of prejudice alone.

Some say the art has not advanced and will not do so because the future of the horse is clothed in obscurity, that the possibilities of electrical locomotion seem to limit that animal's usefulness, and a thorough knowledge of the animal economy hardly necessary. Such is a very superficial view of the subject. However, let us look at the situation in the extreme and assume that the horse entirely disappears from the field of veterinary practice. Consider the vast dairy interests, the demand for pure milk, the necessity for wholesome meat product, the many industries dependent upon sheep growing and the like, all of which require for successful ends that animal diseases be thoroughly understood and their treatment reduced to a pure science.

But the horse is not going to disappear, and domestic animals and their ills will continue to be as closely allied with the interests of the human race as ever. We can answer the question why the veterinary profession has not advanced. It is because it has associated with its existence the most barbarous practices that could be imagined. An incapable materia medica has wrought a great deal of harm. Animal medication has been one grand conjecture. The most heroic practices have been

tolerated with the most disastrous results until the public mind associates the veterinary art with a combination of barbarity and inhumanity. Diseases unknown before came with the advent of animal prescribing. The cold, raw, damp exposure caused less mortality than did the action of irritating drugs and cruel and inhuman practices, until finally animals stricken with disease were abandoned to their fate rather than permit them to be tortured by those who understood next to nothing of the subject in which they were supposed to be proficient. Thus came into existence such barbarous acts as the stamping out of animal plagues when the disorders so feared were remedial ills. Whole herds of valuable cattle have been thus destroyed, because prejudice would not bow to the truth of recent discoveries in the practice of medicine.

Prejudice and ignorance have retarded the advancement of the veterinary profession. Only now is the darkness rising in which it has been for years enveloped disappearing. Incurable diseases, or, in other words, ills not understood, are gradually diminishing in number, only because Homœopathy has entered the field. Its remedies have attacked incurable pleuro-pneumonia and like ills, and proved them to be but remedial disorders, and since its advent the future of the profession looks brighter; but before it can advance the old incapable materia medica must be cast aside, heroic medication must be abandoned, cruelty must not be tolerated, the balling-iron must be discarded, the seaton must rust away in some dark corner, pletotomy must be forsaken, the firing-iron must enter some other useful field of service, abominable cruelties must cease, bulky, nauseating, caustic, irritating drugs must be debarred, drenching and insufflation must become relics of barbarous antiquity, and we must learn that drugs do not have to be poisonous to be useful or irritant to be effective, that Homœopathy must take the place of empirical delusions and that the grand and beautiful law of Hahnemann must be the guiding factor in the practice of veterinary medicine.

Then the profession will advance and assume its proper place, become a profession in fact as well as name, an art applied as well as supposed, a science worthy alike of study and devotion. Only through the efforts of Homœopathy can it advance. No one else can rescue it, and until the truth is known and universally expounded, the profession will remain degraded, abandoned,

mistrusted and hopelessly resigned to the unfortunate and lamentable fate of undeserved obscurity.

230 West 58th St., New York.

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## FERRUM PHOSPHORICUM IN SUPRA-ORBITAL NEURALGIA.

Translated from Revue Homœopathique Française for HOMŒOPATHIC RECORDER by W. A. Dewey, M. D.

Dr. Parenteau in the Société Française D'Homœopathie at the last meeting read a paper as follows:

“In 1897, in discussing *Ferrum phosphoricum* in this society, Dr. Nimier assured us that this remedy finds an application in supra-orbital neuralgia of the right side with a morning aggravation.

“At that time I had a young patient of fifteen years, an anæmic girl, with imperfect menstruation, who, for three months, caused me to despair of curing owing to the tenacity of her affection, which resisted all remedies prescribed.

“I, therefore, resolved to give her *Ferrum phosphoricum* in the 6x potency, and I had the surprise and satisfaction to note that scarcely two days after the administration of the first dose a certain amelioration was produced. Naturally, I continued the remedy, and at the end of eight days the amelioration was such that the patient thought herself cured. However, I advised her to continue the treatment for a week longer and then report. She did not come until two months afterward, but the cure was absolute and without relapses.

“It is unnecessary to state that whenever I found a supra-orbital neuralgia of the right side I hastened to give this remedy; but several experiments of this kind having been followed by absolute failure I was about to believe that my first observation was a simple case of spontaneous cure, when recently I had successively two cases of cure which convinced me that the explanation given by Dr. Nimier was absolutely exact.

“In the second case observed, it was not a young girl, but a young woman of twenty-seven years, modiste, and who for months had had attacks right-sided supraorbital neuralgia with morning aggravations or coinciding with the menstrual periods, which were very irregular, and with uterine hemorrhages, etc.

“After having vainly tried *Nux vomica* then *Chamomilla*, *Belladonna*, *Colocynth*, *Ignatia*, etc., I tried *Ferrum phosphoricum*.

“As in the first case, three days had not passed before the patient returned greatly relieved. I continued the remedy in the 6x dilution for eight days, followed by the 12x and the 18x, and at the end of three weeks the cure was complete without relapse.

“The third case was similar to the two others, and I believe that I am able to complete the indications furnished by Dr. Nimier.

“As he had said, *Ferrum phosphoricum* is useful in supra-orbital neuralgias of the right side with morning aggravation, but it exerts its influence especially on the female sex, and notably in young persons. The patients suffer from irregularities in menstruation and often have special uterine troubles, with tendency to hemorrhages. From this condition there almost always results persistent cephalalgias and an anæmia which may be more or less marked according to the case.”

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DR. BAYES says: “I have been asked by an opponent, why we claim *Arnica* as being homœopathic to bruise? Will it produce bruise, or its similar? I once saw this occur. A girl who was using *Arnica* lotion for an old sprain came and showed me her knee, which, after having been wrapped up in *Arnica* compress some days, showed every sign of bruise; it was first blackish, then changed to a greenish, afterwards to a yellowish hue, before it recovered. This patient supposed it was drawing the bruise out; but as the sprain was of many weeks' standing, even that popular hypothesis would not explain it. I do not attempt to theorize on this point, but am content to record the fact.”

A post-graduate course in old homœopathic literature would be the best that a young physician could take.

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## HOW MAY WE BECOME FAMILIAR WITH WITH THE PRACTICE OF HOMŒOPATHY.

The answer to this question can be given by us only from the simple standpoint of usefulness which to us is the decisive one. According to our view it has been attempted in former times to represent the study of Homœopathy as exceedingly difficult, and physicians who desired to acquaint themselves with it have

been actually frightened away, so that it really requires a certain perseverance to penetrate more deeply into this curative method. Dr. med. Grauvogl, in his "Manual of Homœopathy" (vol. II., p. 112), says: "I openly confess that after five years of earnest study I have only succeeded in committing to memory the complete provings of *nine* remedies, and I would not even have been able to master these but for the numerous cases of diseases which I had an opportunity of observing and but for proving *Aconite*, *Belladonna* and *Arsenicum* on myself." But from a full and genuine homœopathic physician we expect the knowledge of a whole series of remedies, based on his analytic and synthetic elaborations of the provings on healthy persons. It is not to be denied that such a knowledge acquired through laborious study makes the treatment of patients in many cases much more assured and certain, and that a Homœopath educated in this manner will be able to secure cures where another would labor in vain. Taken as a whole, however, such cases form only a very minute fraction of the great number of patients seeking the aid of Homœopathy. Such are cases, e. g., where the investigation of certain concomitant symptoms, which are covered by a certain remedy because they have been found in its provings, leads us to the remedy which is most similar. But when we consider that the founder of Homœopathy practiced homœopathically for at least 15 years, thus for a long time before he instituted these exact and thorough provings, and even while thus based merely on limited provings and stories of poisoning he nevertheless even during this period accomplished extraordinary cures which made him a celebrated physician, we can not take very seriously the demand made in the above quotation, a demand renewed again of late; least of all would we demand of a man that before he practises Homœopathy he should, like Dr. Grauvogl, first study the provings for five years.—*Translated.*

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## BOOK NOTICES.

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**Keynotes** and Characteristics with Comparisons of some of the Leading Remedies of the Materia Medica. By H. C. Allen, M. D. 179 pages. Cloth, \$1.25; by mail, \$1.32. Interleaved cloth, \$1.75; by mail, \$1.90. Philadelphia. Boericke & Tafel. 1898.

We cannot do better than quote from the preface of this book in trying to give the reader an idea of its aim and scope:

"The life-work of the student of the homœopathic Materia Medica is one of constant comparison and differentiation. He must compare the pathogenesis of a remedy with the recorded

anamnesis of the patient; he must differentiate the apparently similar symptoms of two or more medicinal agents in order to select the similitum. To enable the student or practitioner to do this correctly and rapidly, he must have as a basis for comparison some knowledge of the *individuality* of the remedy; something that is *peculiar, uncommon*, or sufficiently *characteristic* in the confirmed pathogenesis of a polychrest remedy that may be used as a pivotal point of comparison. It may be a so-called 'keynote,' a 'characteristic,' the 'red strand of the rope,' any central modality or principle—as the aggravation from motion of *Bryonia*, the amelioration from motion of *Rhus*, the furious, vicious delirium of *Belladonna* or the apathetic indifference of *Phosphoric acid*—some familiar landmark around which the symptoms may be arranged in the mind for comparison."

"Something of this kind seems indispensable to enable us to intelligently and successfully use our voluminous symptomatology. Also, if we may judge from the small number of homœopathic physicians who rely on the single remedy in practice, and the almost constant demand for a 'revision' of the *Materia Medica*, its study in the past, as well as at present, has not been altogether satisfactory to the majority."

"An attempt to render the student's task less difficult, to simplify its study, to make it both interesting and useful, to place its mastery within the reach of every intelligent man or woman in the profession, is the apology for the addition of another monograph to our present works of reference."

"It is all-important that the first step in the study of homœopathic therapeutics be correctly taken, for the pathway is then more direct and the view more comprehensive. The object of this work is to aid the student to master that which is guiding and characteristic in the individuality of each remedy and thus utilize more readily the symptomatology of the homœopathic *Materia Medica*, the most comprehensive and practical work for the cure of the sick ever given the medical profession."

The work is finely printed on first-class paper and it ought to be, with its sterling contents, a homœopathic classic.

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LUTZE'S "Therapeutics of Facial and Sciatic Neuralgias, with Repertories and Clinical Cases," will probably be as much of a standard work as Bell's *Diarrhœa*. It is built of the same lines,

and from it you will not find much difficulty in selecting the remedy that will *cure* ninety per cent. of the neuralgia cases coming your way.

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*The Porcelain Painter's Son*, just published, is in Dr. S. A. Jones's happiest vein and a more charming book and at the same one better fitted to shed light on the *spirit* of Hahnemann and Homœopathy was never published. It is gotten up in elegant style and would be just the book for the waiting room table.

*Keep that table full of Homœopathic missionary books.*

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THE history of *Hahnemann Medical College*, Philadelphia, by Dr. T. L. Bradford, has met with warm approval of the Alumni for whom it was published. Think of 904 pages, octavo! The work is well done and must be of great value to all in any way interested in the mother college. The book contains many illustrations, mentions the name of every one ever connected with the college and is extraordinarily cheap—904 pages, \$3.75, express prepaid, or \$3.50 at pharmacy.

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MESSRS. BOERICKE & TAFEL have Dr. T. C. Duncan's little work "How to be Plump," in hand. It is a little cloth bound 16mo. book, of 60 pages and sells for 50 cents. It was published in 1878. The following letter concerning the book is interesting:

CHICAGO, November 22, 1898.

*Dear Dr. Duncan:* In the summer of 1880 my weight was 116 pounds. I secured, on the advice of a friend, a copy of your little book, "How to be Plump," and read it. Now I weigh 178 pounds.

Very sincerely,

(REV.) WM. H. HOLMES.

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DR. H. C. ALLEN, of the *Medical Advance*, says of the recently published second edition of Norton's *Ophthalmic Diseases*, etc., that "it is a complete, practical and up-to-date work; in fact, in almost every particular a new book." And what particularly pleases the *Advance* is that while Norton is a great specialist he has not neglected Homœopathy, which, on the contrary, is one of the strong points of this book. What the author has to

say of cataract—that taken early it can be *cured* with medicine—is commented on by Dr. Allen as follows: “This is a frank admission from one of our ablest specialists, and it is especially valuable when incorporated in one of our best text-books, for members of other schools of practice may from this be induced to investigate the claim.”

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IN the December number of the *Medical Gleaner* Dr. Cooper thus expresses himself (and others, too) as to Dr. Burnett’s trick of getting down to the roots of things. This is brought out by the recently published book, *Change of Life in Women*.

“This is the latest work of Dr. Burnett. The only reason why it cannot be called his best work is because the excellence of each of his books touches the superlative degree. In addition to its elegant polish, there is a riant wimple, and a sort of rhetorical abandon about his literary style, which would make his books charming if they did not contain an idea. But they are crammed with thought, such thought as emanates from great brains only. I have never before seen the *philosophy of physiology* so originally, profoundly and brilliantly treated as Dr. Compton treats it in this peerless little book. Whatever may be a physician’s medical bias, he *needs* this little book. C.”

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“No printed record of medical thought and labor is without possible use to the profession. Hence the pitiableness of our neglect of medical libraries. Most precious things are daily going to waste. Every member of the profession should arouse every other to put an end to the incomprehensible neglect.”—*Philadelphia Medical Journal*.

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“HAHNEMANN again laid the foundation by his doctrine of *concomitant circumstances*, and none has known how to carry out more strictly the the consideration of the indication from these circumstances than Dr. Von Boenninghausen. His *Therapeutic Pocket-book* is an imperishable work of the greatest importance for practice, and could be prepared only by an eminent intellect, and by unwearied theoretical and practical studies.”—*Von Grauvogl*.



# Homœopathic Recorder.

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## VOL. XIV.

The HOMŒOPATHIC RECORDER is now safely past the hoodoo number 13 and auspiciously started on the 14th volume. Some sample copies are sent out with the hopes that those who receive them may become subscribers.

Compare the contents of this number of the RECORDER with that of any other homœopathic medical journal in the office: Is it not as good, perhaps better, than the best on the table? And far better than the average run of medical journals?

The subscription price is \$1.00 a year.

All are invited to become contributors. Send in your contribution to the common fund of homœopathic knowledge if it is only a note of a dozen lines. The RECORDER's readers are not bunched in one section, but are like the British drum-beat, and your note, or paper will be heard around the world.

Your subscription respectfully solicited.

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## A MORTALITY OF 100 PER CENT.

Dr. W. V. M. Taylor, of McKeesport, Pa., under the heading "What Killed the Babies," writes to Medical Council of December as follows:

I was called to see a child 14 months old. The child was apparently well except that when nursing it would immediately begin coughing violently, as though some of the fluid entered the trachea; nothing further was noticeable. The mother called me, fearing it might have croup, as she had never seen a case of croup. Twelve hours later I saw it, and found some hoarseness. I saw it again in about twelve hours; hoarseness continued, and with it slight stenosis, but nothing to be seen about the fauces. I administered 2,000 antitoxin units. Seeing it again after twelve hours I found stenosis and hoarseness about the same, although it was drowsy and still continued to strangle when nursing; I administered another 2,000 antitoxin units. In about twelve hours I saw it again; vitality fail-

ing, stenosis and hoarsenes slightly increased, but no cyanosis; gave 1,000 antitoxin units. Four hours later we had a corpse. The other treatment consisted of calomel to catharsis, strychnine arseniate and apomorphine. I have used antitoxin in three cases of croup and one of diphtheria, with a mortality of 100 per cent.

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### RATIONAL MEDICINE.

About fifty years ago Dr. Jacob Bigelow turned loose upon the world the term "rational medicine." He did not demonstrate what that sort of medicine was, save in theory, but the term was accepted and has been used ever since, chiefly by those who are noted for their disbelief in anything positively curative in medicine.

"It is the part of rational medicine," says Bigelow "to require evidence for what it admits and believes." This sounds rather well, but does any outsider, doctor or layman, admit and believe without evidence?

Again writes the originator of the term: "It is the part of rational medicine to enlighten the public and the profession in regard to the true powers of the healing art." This is a high standard and a laudable one, and as it involves the ability to teach not only the public, but also the profession, "the true powers of the healing art," the term "rational physician" is one not to be lightly assumed.

Dr. Bigelow was with Holmes, among the original of the rational physicians, if not *the* first, and he classed Hahnemann's *Organon* as one of the "hasty prejudiced, credulous and incompetent witnesses." The teachings of this book, however, have been followed more or less faithfully down to this day and the results, statistically, have been considerably better than those of "rational" medicine. On the other hand, to what definite conclusion has rational medicine come on the true powers of the healing art which it is its mission to teach? Without prejudice it really looks as though the homœopath only is entitled to the term rational medicine, for he can give rational reasons for what he does and is about the only one who can.

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### MEN WHO KNOW THINGS.

The *Charlotte Medical Journal* recently had a rather interesting paper on the subject of "Does it Pay a Physician to Study?" and came to a negative conclusion, because "the man who

puts in his time at his books, at his microscope and in his laboratory gets left," by physicians who do none of these things.

I find that I am using my microscope less than I formerly did. To find an abundance of tubercle bacilli in sputum, while the patient seems in the best of health and spirits, makes me down in the mouth and the patient finds a more hopeful doctor. Casts in the urine always frighten me, and I warn the patient until he gets discouraged. No, it doesn't pay to study and work in this profession.

"The people don't want a physician who knows things." That is all balderdash. The people instinctively turn away from the men who think they "know things," but do not; from the men who make the beginning and the end, the cause and effect of disease, to lie in "microbes;" that is all. There probably is not a mother's son of us whose throat, if swabbed, in the morning and sent to the men who "know things," but would be ordered into quarantine by the wise Boards of Health.

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### SCIENTIST OR MARTYR, WHICH?

England is still in a state of indignation over the death of Harold Frederick, while being treated by a Christian scientist. Canon Eyton preached on the subject from the pulpit of Westminster Abbey and said he knew Mr. Frederick personally, but he could not imagine how he could have consented to the course he did. But are not men we know personally always apt to act in a manner we cannot account for? We know from his books that he hated doctors and that is all.

From the London letter to the *Medical Record* (December 10, 1898) on this subject we quote the following abstract of the sermon of the Rev. Mr. Eyton:

Mr. Eyton says the curious feature of the growth of credulity in these times is that it is taking place alongside of an enormous expansion of education. He laments the lack of common sense which lets apparently well-informed people swallow any new quackery just as they swallow "patent pills by the handful, without the least regard to the condition of their body." The "only remedy for the terrible growth of credulity is to teach people to think, to use their brains, to widen their mental processes."

But can anyone blame "the people" for this? In religion is there not a perfect babel of teachers, and is not "regular medicine" deluged with new things that are little better than nostrums? Supplements to dictionaries are needed to list them. And yet have we not heard from great authorities that medicine is merely given to amuse the patient, while nature does

the work? Also that if all drugs were thrown into the sea it would be better for man and worse for the fishes?

The Christian scientist is, of course, an arrant little humbug, but she has slyly taken the big-wigs *at their own words* and gives no medicine, but her "sweet Christianity" instead, and now they rage at her in secular, religious and medical press. Better shrug your shoulders, gentlemen, and pass on, for if you make a "Christian martyr" out of her she will be far more unmanageable than at present. Let he alone and, as the Greeks would say, "she, too, will pass."

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A HOMŒOPATHIC medical magazine speaking of independence of journalism says, with truth: "A medical journal that is tied to a college or a pharmacy or any other institution holding the editor by the throat is usually not worth reading. Its opinions are obviously valueless. Its editorial ideas are but empty echoes. If he has any convictions they must be bottled up. His self-respect must be subordinate to his master's self-esteem." And a lot more like it, all of which is too true.—*American Homœopathist*.

There is rather more than the average amount of rot in the above quotation from the unnamed "homœopathic medical magazine." Whether a homœopathic journal is worth its salt or not depends on the man behind the pen and not on the owners, who are satisfied to confine themselves to the advertising pages. Is not Friend Kraft himself a shining example? Surely he is not held by throat, yet is not his journal "tied" to a New York publishing house? As a matter of fact, when editor, owner and publisher are all one and the same, the worst of all "masters" is then felt, *to wit*, the Wolf at the Door.

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THE *Medical Dial*, Vol. I, No. 1, December, 1898, comes to hand. It is published at Minneapolis, Minn., and the editor is J. W. Macdonald, M. D., F. R. C. S. E. The salutatory begins thus:

"The City of Minneapolis, with a population of two hundred and fifteen thousand people, and three hundred and fifty practicing physicians, the seat of two prosperous medical colleges, six general hospitals and five dispensaries, and the medical center of a vast territory, has no journal to voice the interests of the regular medical profession. To supply this open field *The Medical Dial* makes its appearance."

Well, *Gesundheit*.

A DR. ROULIN lately made his application for membership to the Medical Society of Paris, and, as is usual, read a scientific paper, taking as his subject "What Should be the Treatment of Diphtheria." Of antitoxin he said:

"All told, the serum is far from being infallible; it kills, death being often attributed to no other cause than its use. It produces cardiac paralysis, nephritis, arthralgia, general paralysis, urticaria, erythema, and abscesses, as well as progressive debility, followed later on by death."

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IN *Modern Medicine* (Dec., 1898), Dr. Elmer Lee has the following to say of that host of laboratory products that have sprung up during the past few years, most of them originally made in Germany, but all more or less imitated in this country.

"The multiplication of new chemicals, which are everywhere pressed upon the physician first, then the public, is pretty conclusive evidence that the therapy of this day is not satisfactory, or else physicians are easily imposed upon by the promises of the impossible from the latest drug claimant. It also shows that the doctor is dissatisfied with his standards, or loves continual experimentation. If a simple, natural *materia medica* prevailed in the profession, it would enable the physician to base the cure of disease and his hope for prosperity on selling his wits to the patient rather than the drugs of the apothecary. People everywhere ought, and generally will, pay a greater price for sound counsel than for a prescription for medicines. The strong incentive to excel in medicine is commendable, and should be based upon the desire to be a wise health-counselor, rather than a routine prescriber of chemicals, thus commanding respect and good fees. This is proper and just."

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## EXPERIMENTS WITH *PASSIFLORA INCARNATA*.

Dr. Isaac Ott, Professor of Physiology in the Medico-Chi., Philadelphia, has been making some experiments on frogs, rabbits, etc., as to the action of *Passiflora*, which he reports at length in the December number of *Medical Bulletin*. His conclusions are as follows:

It is evident that in *Passiflora incarnata* we have a drug of considerable power, producing a depressant action upon the reflex activity of the spinal cord. In cases of acute mania it arrests the exaggerated activity of the cortex. Upon the circulation it only temporarily reduces the pulse and arterial tension. The fall of arterial pressure seems to be due to an action upon the main vasomotor centre in the medulla oblongata. Upon the rate of respiration it seems to act as an excitant. These facts show that it can be administered in large doses without any danger to the heart or respiration-centre. As nearly all other nerve-sedatives greatly depress the heart and respiratory apparatus, it is a great advantage of this drug that it does not affect these organs except in a temporary manner.

# PERSONAL.

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Arndt's great one-volume work on Practice is nearly completed. It will be *the* work on the subject. Wait for it and thus get the latest and best.

What is the root difference between the Christian scientist who tells the patient there is nothing ailing him, and the hypnotist who "suggests" it to him?

The man who blows in his money as he goes along is apt to say that the one who doesn't is a robber and a bond holder.

Tinctures "made from the aerial and subterranean" parts of the plant is one way of putting the "whole plant."

"Immune" is a pet word these days, yet no man knoweth the condition of the "immune," nor need envy it.

"*Gelsemium* is far superior to *Quinine* in influenza."—*Med. Summary*. Oh, you heretic!

Boericke & Tafel can now supply *Glinicum* and *Schirrin* 30, 100, 200, 1,000, and *Cupressus*  $\theta$ . *Vide* Burnett's books.

**FOR SALE.** An elegant home in southern California, a complete modern house of ten rooms, all improvements, seven lots, cement walks, flowers, fruits and ornamental trees. One block from post office, situated in one of the healthiest towns in the state. Just the place for a homœopathic physician, the nearest being five miles away. For particulars address P. O. BOX 1693, ANAHEIM, CAL.

Read "A Prophetic Voice from the Past," on page 16, in connection with Naegli's experiments demonstrating power in almost inconceivably high potency.

Imbert Gourbeyre says that *Arnica*, though not mentioned in our practices for that purpose is, a "remedy of the first order for cardialgia, gastralgia, etc."

"We know that Hahnemann used Benninghausen's *Repertory* (*Therapeutic Pocket Book*) entirely, and that he considered it indispensable." David Wilson.

Every graduate of the New York Homœopathic Medical College and Hospital is requested to send his name and present address to the corresponding secretary of the Alumni in order that a new list of all graduates may be complete. Address Dr. Edwin S. Munson, Cor. Sec., 16 W. 45th street, New York City.

What happens when a hair-raising story is told to a bald-headed man?

Time was when diphtheria was a rare disease, but "sore throat" was as common as "diphtheria" is now.

Wait until you have a quiet half hour at your disposal and devote it to reading Heysinger's paper in this number of the RECORDER. Then think it over. It concerns every member of the profession.

Have you read *The Scientific Basis of Medicine* by Heysinger? It is a good "broadener," none better.

**FOR SALE.** Books and instruments. The entire library or single volumes of it, as left by a deceased Doctor; also surgical instruments, cases, etc., everything in good shape. Catalogue sent by mail on application. Address Geo. S. Caruthers, Box 130, Pittsburgh, Pa.

No, John Henry, 1-10 tinctures are not the Hahnemannian 1x, but they are close to it.

The HOMŒOPATHIC RECORDER published monthly, \$1.00 per annum. Why not subscribe?

# THE HOMŒOPATHIC RECORDER.

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VOL. XIV.

LANCASTER, PA., FEBRUARY, 1899.

No. 2

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## BROADENING OUT.

### A Paper for Physicians.

By I. W. Heysinger, M. A., M. D., author of "The Source and Mode of Solar Energy Throughout the Universe;" "The Battle Against Prosperity;" "The Scientific Basis of Medicine;" "Marriage and Divorce," etc., etc.

[CONCLUDED.]

All over our broad land are hundreds of towns of from 2,500 to 10,000 inhabitants, in which not a homœopathic physician can be found. Why are these places not occupied?

Good men would be welcome there, and doubly so, and would soon build up practices which would make them easy and independent for life. These places are not hard to find, for they exist all over the country, and these communities are often highly intelligent and progressive. There is always room here, and remember that the fairest and finest flowers always hang furthest from the stem. Once in a while, in these places, some exceptional doctor already located there, feels the incessant call of a specialty which draws him to some great city-center, and which cannot be evaded. As a rule, the city physicians of the highest rank, those who have made and left the most conspicuous and enduring mark on their age, have thus been drawn from smaller towns to our great cities; but these instances are rare, and far more frequently city physicians scatter to smaller towns. But city failures are looked upon askance in such places, and the best time to locate there is immediately after graduation and with opportunity to grow up with the place. This will give leisure and scope for the systematic course of scientific and practical broadening, to which reference has been made, and restore the warped and atrophied rotundity of an all around man, which has been greatly im-

paired by four years of unilateral gymnastics. As Sam. Weller said, amid such surroundings we "can see him swellin' wisely before our wery eyes."

Every physician, and especially every homœopathic physician going forth to practise medicine, ought to be a missionary; and unless he is fitted to instruct, by example and precept, and by a thorough knowledge of the fundamental principles and applications of his school, he ought not to undertake it. If an ignorant old-school physician is a blunder, an equally ignorant homœopathic physician is a crime. For he will go into direct and inevitable competition with well-equipped practitioners of other schools of medicine, and these, for the sake of their own bread and butter, as well as for their principles, will resist by all those arts and all that skill which were formerly employed, but so ineffectually, against our school of practice here and elsewhere. For in those earlier days the men whom they attacked were the bravest and brightest from their own fold, those with eyes to see what passed before them, with minds clear enough to comprehend, and souls brave and strong enough to act; and against these trebly-armed defenders all their assaults failed and their shafts were turned against themselves. It has often seemed that graduates of homœopathic schools, by having in a measure lost the standard of comparison between successes and failures under the different systems of practice, are at a disadvantage, since they cannot feel and see the swift response and brilliant results, almost miraculous, indeed, which the earlier homœopaths were accustomed to, and that in consequence they do not realize the enormous advantages placed in their hands, nor pursue the system as closely and as philosophically as its older and more bilateral followers did. A visitor to Egypt once startled a native by casually remarking, "It is a fine day." "A what?" asked the native, in astonishment.

There is one thing certain, a homœopath in a new community will gain neither in repute nor practice, nor in the good opinion of his rivals of other schools, by taking a back seat, or by catering to their good will and wish in his modes of practice. If he is a bastard homœopath he had better crawl off into some surging crowd where he can conceal his variations and modifications, his imitations and limitations, his substitution of impotency for potencies. For an old school practitioner, born and bred, there is much respect due, for he represents a vast class of the ablest



men, who have followed a systematic and scientific line of research along somewhat narrow lines, their only defect being that they have not given to the system of Hahnemann the same practical care and study which they have given to their own, which it would pay them well to do, and which many of them in private practice actually do. It used to be said that it was impossible to obtain a thoroughly competent and trustworthy opinion of Homœopathy from an old-school physician, because until he had fully and dispassionately investigated it, clinically and otherwise, his opinion was worthless, and as soon as he did this he, himself, became a homœopath, and his brethren incontinently kicked him out and kept no more account of him. But they will learn; they have learned, and are still learning, and a homœopathic physician, of rank, skill and accomplishments, building up a practice in a town of a few thousand people, and in contact with a number of old-school physicians of equal intellect, will soon make close and valued friends among them.

As illustrating this growing feeling of a common brotherhood in the noble aims of a physician's life, the Germantown Medical Society, which meets monthly and has an active membership of about 150 homœopathic physicians of Philadelphia, at its recent annual meeting sent the following fraternal and congratulatory message to the Phila. County Medical Society, then holding its 50th anniversary. The correspondence, as quoted from the Philadelphia *Public Ledger*, is as follows:

#### Kind Words for the Homœopaths.

At the meeting of the Philadelphia County Medical Society on Tuesday evening the following communication was read:

“The Homœopathic Medical Society of Germansown at its twenty-first annual meeting unanimously voted to send to the Philadelphia County Medical Society its greeting and to express the hope for a long and continuous career of usefulness in the common cause in which all medical men are engaged.”

This response was adopted:

“The Philadelphia County Medical Society acknowledges with thanks the kind greetings on the occasion of its semi-centennial, and desires to express to the Homœopathic Medical Society of Germantown its appreciation of the courteous sentiments conveyed.”

These old-school rivals are men who have themselves followed,

for at least four years, a course of study of old-school medicine, which is not a trifling matter, by any means, in its requirements; they have handled their drugs clinically and otherwise, and they understand their business. We who have followed this course and pursued this practice know what that means.

And Hahnemann, as has been well said, never asserted that Homœopathy was the only means or method of cure, but that it was the only *direct* law of cure. It is the best, quickest, most certain and, usually, most applicable, but because a homœopathic pocket case has been lost in the creek that is no reason why the patient must die; try a turpentine toup and a dose of oil; he will probably worry along somehow, the principal trouble being, as Pat expressed it, that under old-school treatment he "was sick a month after he got well."

But for a homœopathic physician, who has never taken this four years' old school course at all, who does not understand and has never systematically studied this complex old school method of practice, to undertake to "drop into it" is an insult to decency, to common sense and to our old school brethren themselves. It is not old school practice, it is old woman's practice, and is justly greeted by our old-school confreres with a hilarious guffaw. God save us all from such a practice, or else give us the "Indian doctor," "the powwow witch," or the old granny herself, with her simples, her notebook and her ineffable scorn for "larnin'."

So, for heaven's sake and your own, don't go into a new town where the old-school doctors carry their flour on old Dobbin at one end of the bag and a stone at the other to balance it, because "daddy always carried his jug that way," and undertake to beat them on their own ground. Stick to Homœopathy as our older practitioners did, and you will win a crown of recompense and honor, as they did.

Be ready to learn all about the system of Homœopathy; study it thoroughly, and those who established it, so that you will be able to meet your opponents and detractors on their own ground and vanquish them. Hahnemann was, after Hippocrates, and perhaps before Hippocrates, the great medical reformer of the whole world's history, and all schools of practice are now turning to that belief. He found medicine chaos, he left it system. He found pathology not only puerile, but preposterous, and every teacher, and clique, and school at sword's points with every

other. Pathology to-day is nothing to brag of: if you think it is, turn back only twenty years, and every one will concede that, even so recently as that, it was "dead wrong"—what will it be in twenty years to come? Hahnemann, of necessity, was obliged to abandon that sort of pathology as a rational guide, for it itself was irrational and untrue; but he put the reluctant and contradictory witness on the stand, and wrung from him by a system of cross-questioning, the like of which was never heard of before, the essential and eternal truths, and when lagging pathology, still with lame and halting feet, catches up here and there, the swift answer comes back—it is all right, the criminal has already confessed and the correct discipline has been applied.

There is no system of Therapeutics and Materia Medica so closely and firmly knit up with pathology as that of the Homœopathic school. Its whole science may be said to be based on the poisonous action of drugs, thoroughly studied out; and by properly comminuting these crude drugs (as an old-school physician does when he rubs up metallic mercury into Blue Mass), we can even develop poisonous activities in substances originally inert. In that old gold mine, Jahr's "Homœopathic Practice" (Sneling's edition), out of thirty pages devoted to *Aconite* as a remedy, more than twenty pages are given to the Rationale of its Action, as a poison, Clinical Observations, Toxicology, General Symptoms and Pathological Anatomy, during which are cited at length more than fifty different authorities.

Homœopathic treatment is entirely a process of observation, deduction and experiment, and is strictly scientific and logical throughout.

When dealing with men who do not understand, and have not investigated scientific problems, bear in mind there is a credulity of incredulity far more dangerous, because ignorant and unconscious, than that against which it so strenuously preaches. For men like this true science does not even exist, and never can exist; for utter humility and a willingness to be led withersoever facts and sound deductions may go are the elementary essentials to make a scientific training even possible.

When Hahnemann wrote nearly seventy years ago of Asiatic cholera, "they take away with them in their clothes, on their skin, on their hair and probably, also, *in their breath, the invisible (probably animated) and perpetually reproductive contagious matter* surrounding the cholera patient, and this contagious

matter they unconsciously and unsuspectingly carry along with them throughout the town," was he not already the John Baptist of the coming pathological bacteriology and antiseptic hygiene?— and looking far backward into his "psora theory" you will find displayed the whole germ theory of to-day. No microscope had yet revealed these germs.

In studying Hahnemann and Homœopathy do not be drawn aside by controverted or controversial points, many of them as fine as a hair and as unimportant. In this way Ingersoll attempts to make the Bible eat itself up; but when more than twenty years ago he prognosticated that on account of his wonderful onslaughts (he did not know how little there was in his attacks which was both new and important) in ten years, thereafter, there would not be a Christian church left in this country, he simply miscalculated his aim, and with his toy arrows awakened a sleeping lion. If you will cite Kepler, or Newton, or Faraday, or any of the great discoverers, you must do it broadly and not by niggling, nor must you answer niggling by other niggling. What is little understood may, nevertheless, be true, and if anything is disproven it is but little, and even here the great reformer was far, far in advance of his day and on the way to truth.

Stand to defend Homœopathy wherever you go, not with blatant mouth and venomous tongue, but with that quietness of mastery from which, when properly presented and fortified, there is no appeal. It has the force of the silent ballot, which falls so lightly—

"But executes the freemen's will  
As lightning does the will of God!"

Homœopathic physicians are notoriously the book buyers and instrument buyers of the whole medical profession. There are more perfectly appointed homœopathic offices and private hospitals in this city than of any other school of practice, and far better and more extensive private medical libraries. When you go into a new place, keep it up; it will do you good and it will count.

But do not let your instruments and books get between yourself and your patient. Always seek to command the situation by your own individuality, and make every instrument you use a mere servant to do your bidding. A good mechanic, it is constantly said in workshop practice, may be known by the

few tools he uses. A good physician should know of all these appliances and understand how to use them, lest he miss something sometimes, or else have to stand silent when accused of not being up to date, which these books and appliances will disprove, but, like rank and the stamp on the coin,

“The *man's* the gowd, for a' that.”

Let nothing bigger than yourself get between your own individuality and the individuality of your patient. Said the eminent surgeon and teacher, Dr. W. W. Keen, in his recent address before the 50th anniversary meeting of the Old School County Medical Society, of this city, when speaking of the great men of the past who founded this society: “They taught nothing of bacteriology or antiseptics, [but Hahnemann did], but of the senses, of the eye that was so alert to see the symptoms of disease; of the touch, *now becoming, I fear, a lost art*; of the ear, ready to hear the slightest deviation from the rhythm of health; their brain ready and alert to correlate all the facts learned by their educated senses.”

When settled down and endeavoring to round out the slab-sided, gaunt, gawky and half-emasculated personality left after the keel-hauling of a four years' medical course, and with a keen eye all the while for a stray patient, gradually growing more frequent, what shall be the order of your comings and goings in the community? for you are unconsciously building yourself into the neighborhood and the neighborhood is being built up to and into yourself at the same time. If this process is to be one of harmonious development along that middle path which the older philosophers averred to be the only true path of happiness and usefulness, then so order your life that you may fit into and enhance the strength and beauty of the fabric to which you intend to belong.

A young doctor, in a bright and growing community, loses nothing by being a church-goer, but for goodness sake do not try that called-out-suddenly-to-an-important-case racket, for it won't work; the newspapers have put everybody onto that scheme long ago. Better avoid even the suspicion of it.

If the sermon is dull (and the sermon is really the least part of church services), you can follow with profit, as you gaze upon the speaker, the advice which Charles Lamb gave in one of his delightful letters: “You are unhappy because your parents ex-

pect you to attend meetings. Your mind remains, you may think, plan, remember and foresee, and do all acts of mind as well, sitting or walking. You are for that time at least exempt from the counting house and your parents cannot hide you; surely at so small expense you cannot grudge to observe the Fifth Commandment."

But, as you are a scientific man, beware of the loose thought and speech about religious things and sacred books which passes, among the ignorant, for knowledge and among the learned for ignorance. Men of a scientific knowledge and skill which you can never even begin to approach, have studied these things in lights, and by correlated and critical investigations, far beyond your power, and have reached quite different conclusions.

If you propose to even speak at all of these subjects first study the Bible as a book of science, and not only our own Bible, but those of the Indian, Persian, Egyptian and other peoples. Before you are half through you will have quite changed your mind, though it may be that you will be confirmed in the belief that we are only now beginning to fully understand these things. If still in doubt, ask any thoroughly capable and up to-date psychologist and biologist whether the present trend of the highest opinion is toward the broad proof of supernormal mentality, or the reverse, and you will find that your crude and bigoted notions are even less respectable than many of the faiths which you consider to be degraded superstitions.

We all know so little, as yet, that dogmatic proclamations from one side are no more respectable than those from the other.

One of the most interesting and important features of a physician's life is to be brought into frequent professional and social contact with his neighboring physicians. It broadens and fraternizes the man as nothing else will, and does it in a most delightful way. Mean and petty jealousies and bickerings, back biting and malicious suggestions cease, when physicians slap each other on the back, talk matters over together, and share each other's hospitality. The Arabs of the desert, the Indians of the plains, become comrades when they have shared each other's bread and salt. Make it a rule, if no medical society exists in the county, to create one, even if there be but two or three of your brother physicians in the county—there will soon be more if you do. Meet at each other's houses monthly; share your friendly association with your brother physicians' wives

and families; read and discuss papers; consider questions of sanitation and hygiene; write and read articles for publication in the county papers; make yourselves known, and your influence will largely extend. Bi-county and tri-county associations, even, can be superadded, and you will find yourselves moving in a new world, the great world of coöperation and mutual support.

In movements in your community for public advancement take an earnest, but inconspicuous part, and especially where hygienic and sanitary matters, new water-works, systems of drainage, etc., etc., are concerned. Join in the movement for a public library, a town-hall, concerts and the like, but beware of "courses of popular, scientific lectures;" anything which can be taught in that way is worthless, and as an amusement such rapid and partial smatterings lead only to false and fragmentary information. Cold type or closely-knit scientific lectures are the only means which can avail.

If you are single do not be in haste to marry; wait and look about you, and always remember that it is no discredit to a good girl that she have money and social position. A partnership for life ought to be undertaken as seriously, at least, as a business partnership for a few years.

There is no occasion to speak of habits of intoxication at this late day; a drunken doctor is a louse on the head of the community, a source of irritation and disgust, and should be poisoned off or cracked at once (as he usually will be), but indecency with female patients is a crime like leprosy—there should be no refuge for such a physician on this earth, and every hand (and foot) should be turned against him.

To avoid false aspersions make your life a living proof of your square-dealing; and through all this varied and progressive course of life keep up your scientific reading, according to system always, and of study and reflection on what you read. Try to be in advance, and, in the long run, you will far out-distance those who started out with a flip tongue, a cunning mind and an illy-balanced stock of irrelevant ideas.

You will thus lay the foundations, broad and solid, for that noblest product of human society, the good old, patient, kindly, broad-minded, careful and thoroughly reliable family physician.

While Mahomet was the eagle-eyed Prophet, and Confucius the Master, Christ and Buddha were always the "good physician." Try to follow the footsteps of the good, and wise, and

learned, and truly great, and your reward will never fail you. Let these inspired verses be for you also a guide and motto, and all will be well:

“ I live for those who love me,  
 For those who know me true,  
 For the heaven that smiles above me  
 And waits my spirit too;  
 For the cause that lacks assistance,  
 For the wrong which needs resistance,  
 For the future in the distance  
 And the good that I can do.  
 I live to learn their story  
 Who suffered for my sake,  
 To emulate their glory  
 And follow in their wake;  
 Bards, patriots, martyrs, sages,  
 The noble of all ages,  
 Whose deeds crowd history’s pages  
 And time’s great volume make.”

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## THE HOMŒOPATHIC TREATMENT OF DISEASES PECULIAR TO WOMEN.

Read before the Homœopathic Medical Society of Western Massachusetts, at  
 Springfield, Dec. 26th, 1898, by A. M. Cushing, M. D.

For two reasons I am much obliged for an invitation to say something to-day upon this subject. Not only our vacant chair to-day, but the frequent announcements that another of my old comrades is dead, leaving so few of those who studied or began to practice about the time I did, I am almost alone in that respect, but I have something I wish to say in favor of Homœopathy, and naturally what I have to say must be said soon or left unsaid. Our code of ethics says, if we learn anything of worth or interest to the profession we are in duty bound to reveal it, and what I shall say has been of worth and interest to me, so I believe you will excuse me if I take a little of your time to-day. What I say may differ from the opinions of some, so in order to explain to you why I came to my belief I shall have to tell you how I came to it. If others’ opinions are different from mine they have just as good a right to theirs as I to mine, provided they obtained that belief in the same way; that is, by practical experience.

While a student of medicine a physician prescribed the sixth



decimal attenuation of a remedy, and I thought he was getting demented. Later I was a student and patient of Dr. Constantine Hering, and still later intimately acquainted with Drs. Adolph Lippe, C. G. Raue, H. N. Guernsey and Carroll Dunham, and received valuable advice from them; and for a knowledge of *Materia Medica* and the ability to prescribe I do not know their equals to-day, and their success was surprising; but they were inveterate students, and had implicit faith in *Similia*. Prof. Isaac M. Ward said, "Begin with low attenuations, say, the third decimal attenuation, then if you make a mistake the aggravation will not be as severe or long lasting, and as you learn your *Materia Medica* you will go up." I knew what those men gave, saw the results and believed what was given was the means of the cures. Yet for years I did not dare to give them. Finally I bought one-half ounce liquid of *Aconite*, *Belladonna*, *Hepar sul.*, *Spongia* (mostly on Bœnninghausen's recommendation for croup), remedies that I thought I knew something about, and occasionally gave them and was perfectly satisfied with the results.

Nearly twenty years ago, at a meeting of the Massachusetts Surgical and Gynecological Society, I reported three or four cases of fibroids of the uterus cured by the internal administration of homœopathic remedies. But little was said in favor of it, but much against it. One, a brilliant specialist who doubted it then, has since reported over seventy-five cases of tumors, fibroids and others cured in that way.

### Leucorrhœa.

To-day I shall call your attention to one, the most common disease, leucorrhœa, and try to show you what observation and experience have led me to believe. When I studied medicine there were no lady students in any of my classes in either school, and rarely a lady physician in either school. From various sources came calls for lady physicians, as they would be better for treating females, especially young girls, as they would then more readily submit to examinations. I may be alone in thinking that in certain ways that was a mistake. Not that I object to lady physicians, or think they cannot prescribe as well as men, but I believe there were already too many examinations. I believe it is no more necessary to make a speculum or digital examination in a common case of leucorrhœa than a case of diar-

rhœa. Does any one believe that the cutting off a finger will cure rheumatism? Just as much of a cure as to wash or burn the uterus or vagina in a common case of leucorrhœa, and we should have but few others if we cured recent cases with the same common sense as other diseases. A well person never has rheumatism in a finger even; a well woman never has leucorrhœa. Many women physicians seem to find it an imperative duty to make a speculum or digital examination in every, or nearly every, case of any weakness of the female genital organs, but I am glad there are some who know better, especially in our school. The male physicians not to be outdone, or afraid they might loose their patients, have many of them adopted the same practice. I heard a physician say he examined every case he could, made them believe they needed treatment, then they would not run off to another doctor. It has become such a craze that if a poor, ignorant girl goes to a physician with the least trouble with the genital organs and goes home without an examination she feels she has been neglected or insulted. I fear medical students look more for office chairs than a *materia medica*. These statements may seem strong, but I know of physicians of both sexes who let but few women or girls leave their office till they have been elevated in an office chair. I am well aware that in some long standing cases it is necessary, but I fear that sometimes these examinations do not promote morality. When practicing in Lynn I asked a young lady patient if she was troubled with leucorrhœa. She said: "No, I don't run a sewing machine;" but hundreds of women and girls did and many of them were troubled with leucorrhœa. When they found they could be treated as respectfully for that disease as others without examinations many of them came to be treated. I kept a record of the cases, especially those with characteristic symptoms, for reference, and that was what led me to write a book on the treatment of that disease. And here let me say that in writing the two editions of that book I learned more *materia medica* than I had ever learned before. I found that recent cases were readily cured by low attenuations, usually the third decimal, but those of longer standing were not as readily cured, so I tried the higher attenuations and the success has led me to believe that this disease can be as readily cured as any other and without local treatment or examinations. One thing I feel sure of, the old school has no remedies that, given intern-

ally, will cure this disease, so have to resort to local treatment, which simply suppresses the disease, many times resulting in consumption, insanity or suicide. We have remedies that, given internally, will cure it, and we ought to use them and bring all such cases under our care. It is my impression that homœopathic physicians who use only low attenuations generally use local treatment. I feel that we can cure all recent cases with low attenuations, but I cannot cure those of long standing with low attenuations, but I can with the higher ones. I feel that those who object to attenuated remedies have not carefully tried them. A long time before I tried them I was just as sure there was nothing to them as I am now certain there is. An old school physician criticised my treatment of bow-legs, expecting to cure that disease by remedies that had no taste or smell. I sent him word that if he could taste or smell what caused the disease I would give medicines that had taste or smell to cure it. I cured the child.

#### Some Recent Cases.

A lady, near forty, had been under old school treatment four years with washes, ointments, etc., for leucorrhœa. When I saw her she had a constant discharge, thin, burning, excoriating the parts, with much soreness of the vagina and humid eruption extending to inguinal region and down on the limbs. She received *Arsenicum* 200, and later *Rhus tox.* 200. A few days since she came into my office almost dancing with joy, saying: "I am entirely well."

A lady, æt. 50, had been under treatment several months for leucorrhœa. The indicated remedy was *Lachesis*. I gave the 200th attenuation, and in three weeks she was well. She said: "I am all dried up and am well every way."

A lady aged 55, quite fleshy, had a burning itching leucorrhœa so bad she had not slept one night for two years without being obliged to bathe the parts from one to four times each night with borax water to relieve the itching and burning so she could sleep at all. One prescription of *Sulphur*, high, cured her completely in less than three weeks.

A lady with profuse *very offensive* leucorrhœa was readily cured with *Kreosotum* 200.

A lady had been under the care of a half dozen doctors with no relief. She had other unpleasant symptoms, but the charac-

teristic symptoms that led to the selection of the remedy was a sensation like a discharge of warm water. All her symptoms were readily cured with one prescription of *Borax* 200.

I have given you these cases to show that each case has some characteristic symptom and each remedy has one or more to guide us, and any physician can select them, though experience and a knowledge of materia medica will help to select one more readily, but generally each case needs careful study. One other disease, prolapsus or tipping of the uterus, can be better cured by *Helonias* than by pessaries, but in this disease I should not hesitate to use the tincture or lowest dilutions. The Almighty never made a speculum or pessary, but he has put into every herb and flower, even the sands beneath our feet, curative powers, and we can find them if we will study.

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## THE DUTY OF A HOMŒOPATHIC PHYSICIAN.

An Address by John B. Garrison, Retiring President.

Read before the Homœopathic Medical Society of the County of New York,  
January 12th, 1899.

*Mr. President and Members of the Society :*

It was a good old country deacon who, when asked by one of his children for a definition of the word *duty*, said, " My boy, it is mainly the doing of something that you feel sure you ought to do do, when you would really much rather do just the opposite." We think the deacon may have been partly right.

When Hahnemann, in the first paragraph of his *Organon*, wrote: " The physician's highest and only calling is to restore health to the sick, which is called healing," he enunciated a truth that has lost none of its force, though many years have passed away since its writing. It is a truth which, if properly appreciated, enforces upon us a responsibility more weighty than may at first appear, for it places upon the physician an obligation to inform himself upon all means of cure which may be of benefit to his patients, whatever may be their condition. His first duty is to his patients, no matter what his school of medicine may be.

The advanced physician, the one who, having added to that store of knowledge usually possessed by the ordinary physician the science of homœopathic therapeutics, assumes all obligations that fall upon his brothers of the old school, and, in addition

thereto, responsibilities which arise from this special education, for he is now before the world not only a physician, but a homœopathic physician.

In the earlier years of Homœopathy it was the custom of physicians of our school to so announce themselves by using the word "homœopathist" upon the signs in their window or upon their door, and to-day, while this means of distinction has fallen into almost common disuse, the title is just as binding.

The public, which is said to be a large employer of homœopathic skill, is undoubtedly entitled to the kind of treatment it prefers, and when a doctor is called to attend a patient that treatment should be accorded which the responding physician stands for.

As to whether such treatment is, or is not, usually given this paper has nothing to do, but we feel the right to point to the duty of a homœopathic physician to be homœopathic in his prescriptions.

When, at the outset of his career as a physician, he is so fortunate in his first few cases that his prescriptions are well chosen and rapid cures follow, he will be reasonably sure to enter upon the next case with renewed assurances that Homœopathy is a scientific method of cure and will be encouraged to study when medicinal action is less prompt. It is when remedies are unsuccessfully applied and the patient, not being relieved, urges that something be done that the temptation comes to leave the straight path of Homœopathy. It is at this time that the feeling of duty needs to be strong in our hearts. It is then that we need to have the courage to make a careful review of the case and a further study of the *Materia Medica* to find, if possible, means whereby a true selection can be made, and to prove by the outcome of the case that it was not Homœopathy but ourself that was defective.

Therein lies a duty to ourselves, our patients and to Homœopathy.

Times will come no doubt to all of us when after all our toil we will not be able to satisfactorily cure our patients. The closest study that we are capable of giving the case does not lead us to the similitum, some point essential in the case has escaped us and the homœopathic remedy is not within our grasp. Surely no one will accuse us of infidelity if, after many trials, we bring then to our aid some means of alleviating the distress our pa-

tient suffers, providing that we still continue our work in endeavoring to discover the missing link in the chain of symptoms. We are required to do our best in any given case, no one can do more.

It being thoroughly established that the duty of the homœopathic physician is to furnish his patients with the best homœopathic treatment at his command, it may be well to consider some of the other various obligations that press upon him.

His duty as well as his inclination should lead him to affiliate himself with as many of the medical societies as he can afford to join. He will be personally benefited by the practical instruction gained from the experience of others related there and, by becoming closer in touch with his brother practitioners, will give to Homœopathy the moral aid of his membership and his presence.

Neither membership in the County Society nor attendance at the meetings is legally required, but it is no less the duty of the homœopathic physician to procure a membership and give to Homœopathy his public support.

It is unfortunate that the feeling exists with some that there is not sufficient benefit to be derived from attendance at the meetings to make it worth while to secure membership or to be present when election has been gained. Various criticisms are offered. Some say: "Make the meetings less tedious; have fewer papers presented and better discussions." Others say: "Make the social features more prominent and strive form the habit of attendance by the use of some light refreshment, perhaps, at the close of the meetings." Whatever means may seem useful to increase the attendance and membership of the society, we should all of us recognize our duty in the matter and not expect that the president and a small executive committee can do it all while we remain inactive. Duty does not always lie in the path of pleasure.

We should all come together here and form closer bonds of friendship. We should realize that, while we may differ with our fellows upon some of the questions relating to our school, no one should have a monopoly and all have their rights. Discussion on all subjects should be for the purpose of bringing out all sides of the question and not to produce enmity. We should bear in mind that we are all homœopaths, believing in and working for the same principle, and our respect for each other

should not permit a question of potency or frequency of dose to split us into factions. The physician who uses the lower denominations and who is successful with them cannot be said to be unhomœopathic. Another who has proved by his rapid and permanent cures with the far-away potencies the power of that class of medicines should not be held in less esteem. The third who asserts that if the principle of "similia" is strictly adhered to in the selection of a remedy the potency has little to do with the matter should also be held to be a fair exponent of the homœopathic creed. Let each one be willing to listen to the views of the other and to induce a closer study of Homœopathy by all rather than to indulge in too free criticism.

Let us be fraternal in our relations, and let all the petty jealousies be left for the school that loves to be called regular and that regularly refuses to give credit to the proper source when publishing the action of *new* remedies that have been the property of Homœopathy for many years.

Having been identified with the county society, a most natural step is that which leads to the state and national societies—the two societies to whom we owe all our political advancement—and membership in these is but the fulfilment of another duty to Homœopathy. There are many reasons why we should all become members of these societies. Homœopathy has demands to make, and if these demands were supported by all who are entitled to membership they would not go long unheeded. Some are endowed by nature with the gift of ready writing, and such can be most useful in presenting papers before the meetings showing the superiority of Homœopathy over allopathic treatment. Others are at their best on the floor in discussion, and we all know how much they are needed at our meetings. There is a place of usefulness for all, and we should be ready for the work as it presents. In the selection of papers for our homœopathic meetings let it be considered a duty to see that they are homœopathic in their contents, for one good encouraging paper will go much further toward stimulating the hearers to the right kind of work than a dozen that are doubtful in their praise.

Visit the State Society and the American Institute and urge before those bodies the necessity for the representation of homœopathy in the public hospitals and in the army and navy of the United States. We have a right to such representation, and it is the duty of all homœopathic physicians to urge early and late that our rights be given us.

During the war that has just ended there were, no doubt, great numbers of men who were accustomed to have at home, and preferred to have while in the army, homœopathic treatment, but who, when sick, were forced to have allopathic treatment, to the shame of our government be it said. Why should a man be forced to submit to a cramming with calomel and quinine while in the army, when at home he did not believe in them?

Even the few homœopathic physicians who were admitted to the service were not able, in consequence of the remedies furnished by the government, to do much better than their bothers of the old school, unless they chose to draw upon their private cases.

What we should insist upon is representation on an equality with all physicians, because we are their peers in every respect and because we are homœopathic physicians representing a large proportion of the wealth and citizenship of the country.

It is the duty of all homœopathic physicians to work for the advancement of these claims, and it is by united endeavor through our societies that we can best obtain them.

As preferment takes place duty increases. As the homœopathic training of the students in our homœopathic colleges is attended to, in like proportion may we reasonably expect pure homœopathic physicians to graduate. When a student decides to enter a college for the purpose of studying medicine he usually chooses one that claims to teach the therapeutics he desires, and if he wishes to become a homœopath he does not usually go to an allopathic college. When the professors come before the classes the students do not expect to hear anything but Homœopathy, that is, of course, in all branches where therapeutics has a right to be heard as a part. As the teacher reveals Homœopathy to them so will their ideas of the subject be formed and their future moulded.

When a physician is tendered a chair in a homœopathic college, it becomes his bounden duty to consider well his ability to teach Homœopathy to the students. His words to them will encourage them to the proper study of Homœopathy or the reverse. It will be his duty to teach them that Homœopathy, properly applied, will cure those conditions for which the allopath has only the remedies of alleviation. It need not be that this professor shall always be able to make these accurate prescriptions if he believe it and can teach it to his class. That it



is capable of being done is what the student wants to hear, and has a right to hear in a homœopathic college. The pain of gallstone colic has been relieved with homœopathic medicine, and because it is not always so cured is not the fault of the science but of the prescriber. If the students desire to learn the other way they know where to go to do so.

It is the duty of every one who holds a chair in a homœopathic college to teach pure Homœopathy to the best of his ability or to announce a vacancy in the faculty. Teach Homœopathy with enthusiasm, and even those who denounce us will be compelled to admire us and our alumni will surely support us and send their students to our institutions for their medical education.

Let us always remember that it is our duty to work for the interests of Homœopathy wherever we can. Let the interest be felt and shown, and the opportunity will arise and the effects will be surprising.

Homœopathy has succeeded and become what it now is because of its inherent truth, and because its early exponents were men of attainment and enthusiasm and worked for its advancement in the face of obstacles that must have seemed almost unsurmountable. They worked because they deemed it their duty to give their patients the benefit of the great and glorious science of Homœopathy, and never tired in their efforts to advance the cause they had espoused.

Dr. J. F. Gray tells in an address that he delivered before this society on April 10, 1863, of the labors of that devoted band of homœopaths of whom the talented Dr. Gram was the first. Dr. Gray says: "We worked for the future in mutual education and preparation." The secret of their success was their mutual labor.

Let us, one and all, both as a duty and a pleasure, work together for the best interests of our chosen Homœopathy. Let us forget that we have any seeming differences, for we all bear the banner of "*Similia Similibus Curanter.*" Let us cheerfully unite in the loyal support of all that homœopathic. Let us dutifully support our society and our president.

## THE ACTION OF COCAINE.

## A Very Important Case—Magnau's Symptom.

By Robert T. Cooper, M. A., M. D., Late Physician Diseases of the Ear,  
London Homœopathic Hospital.

Our friends, the allopaths, are so disdainful of symptoms that when they do find one of undeniable utility they forthwith proceed to secure immortality for—or would it be shorter or less open to misconstruction to say at once—they immortalize the discoverer by appending his name to it. It is not the sufferer who obtains immortality, it is the man who discovers that the sufferer is an uncommon sufferer. But if I go on like this I shall no doubt get mixed.

As to what is Magnau's symptom, I must refer your readers to "*The Current Medical Literature*" portion of *The British Medical Journal* for January 9, 1897, where this paragraph appears:

Rybakoff, at the Moscow Neurological Society (Münch. Med. Woch., p. 1175, 1896), insisted on the diagnostic value of Magnau's symptom in chronic intoxication of *Cocaine*. It is a hallucination of sensation consisting of a feeling of foreign bodies, grains of sand, crystals, worms, or microbes below the skin. Korsakoff mentioned a case in which this symptom was present, and was found to be due to the use of vaginal tampons containing *Cocaine*, on the discontinuance of which it ceased."

The case I wish to bring forward in connection with this symptom that has brought about Dr. Magnau's immortality will be best given by reference to reports from time to time without mention of the remedies given when not followed by distinct results.

The case was that of an old woman of 75, crippled from head to foot with chronic rheumatism, an inmate of an almshouse, for whom a lady asked me to prescribe by letter and which I did for the first time on 25th October, 1897. My patient was described as having kept her bed since April, and as having all her joints swollen and very painful, and as not having been able to dress herself for months. Has been a hard working woman in her time, but is now "on the Parish." These were all the particulars I could get.

On 17th January, 1898, report comes in: Scarcely know what report to give. She seems to be in great pain, the left arm from the shoulder to the finger-ends still continues to be most painful, the right arm from the elbow. The other morning her poor hands seemed more distorted and twisted, and now it is impossible for her to make her thumb and first finger meet, which by great effort she used to do a little time back. She also complains of great jumping sensation in legs. She is anxious to continue the medicine if you think she will gain benefit, but she has to confess that she has so far felt a greater increase of pain.

15th February, pain less but "knees are drawn at the back;" left leg still jumps. Hands are heavy and the bed clothes are raised up at night from her rubbing the hands against them, owing to a feeling of grit underneath the skin.

Finding this last symptom present, I wrote to inquire if she had contracted a *Cocaine* or other habit, the reply being that it was absolutely impossible.

12th April, pain in arms and tingling pricking in fingers, fingers useless, feeling of grit still.

3d June, no better; urine hot and scalding, causing much irritation, great pain in arms and hands (left shoulder worst), hands deformed and heavy. Legs burning hot. Gave for this *Triticum Repens* OA and on 7th July reports: State of the urine and the feeling in legs much better, but no strength in them, and a feeling in the arms (left particularly) as of being torn with thorns.

7th November, feeling of grit under the skin, between fingers especially; legs in less pain but more useless.

In consequence of this last report I returned a powder, to be taken as one dose, in which I placed about  $\frac{1}{4}$  gr. of *Cocaine*, not having a dilution of the remedy by me, and this is the report to hand (7th December, '98): "Mrs. M. felt the effect of the last powder considerably; about 10 days after taking it she was seized with very great jumping all over, especially in the legs and arms, got no sleep all night; but the next day she was almost entirely free from pain, which continued a few days; since then the old pains have returned to arms and shoulders, but not nearly so much pain in the legs. She was most anxious to tell her benefactrice about it, and does not seem at all indifferent now; she feels that something quite out of the common has taken place within her, and it is thought that at last the powders have thoroughly attacked the disease."

Comment unnecessary. The old lady will have to keep from physic for the next two months at all events.

30 A George St., Hanover Square, London, W.

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## OTHER REMARKS ON VETERINARY PRACTICE.

By the "Country Doctor."

I like the RECORDER! I like it particularly well for one thing, not its Homœopathy, for I sail not under its flag, but what pleases me mostly is its liberality regarding its general reading matters. There is nothing small and narrow-minded about its pathy! And with this in my mind's eye I ask permission to add a few words by way of criticism on some remarks that have lately appeared on your pages extolling the superiority of Homœopathy in veterinary practice. Have read these various effusions with care and attention, and am forced each time to exclaim: "Why see you the mote in your brother's eye!" The main point of the writer is that, having tried both systems, he thinks that he has proven allopathy to be the inferior; but he hasn't proved anything of the kind, he has simply succeeded in demonstrating that he knows very little about allopathic therapeutics. He details his experience in a case of spasmodic colic, in which he considered chloral as the acme of allopathic practice; but who on earth but him has ever heard of such before? In a country practice of nearly twenty years, in which I have never refused to attend a sick or wounded animal, in which I have studied some and associated with the best veterinarians of my several vicinities [although, of course, not a veterinarian at all, but perhaps only part of a horse-doctor, when my regular practice allowed] I have never heard chloral suggested in that disease. The regular treatment that has done best in my hands is an ounce or an ounce and a half of tincture opium, the same amount of spirit of turpentine and a couple ounces of sweet spirit of nitre mixed and given in one dose. In some desperate cases the addition of half fluid ounce of ether makes matters still more sure. If the prescription contains ether the effect of course is instantaneous, without it from five to fifteen minutes generally elapse before the symptoms abate. The latest treatment for this complaint where, as usual is the case, the bowels are spasmodically closed is the injection in rectum of an ounce of glycerine. But

a short time ago I was called to a horse just going into one of its usual spells. I injected just one ounce of glycerine, and four large, very large movements passed in six minutes by my watch, and with a vent like that the accumulated gases soon blow off and the disease entirely averted without any medicine whatever. The homœopathic veterinarian claims to have cured a similar case with a dilution of *Nux* in five or six hours, but I fail to see any proof whatever that the *Nux* had anything to do with the result. It is of course plain that a horse will either get well or die in that length of time, *Nux* or no *Nux*. I have seen a desperate case of colic [caused by feeding a little horse four quarts of meal and then drive it twenty-six miles in two hours and fifteen minutes] instantly relieved and soon cured by allowing the patient to eat all the fresh green wet grass it wanted, which soon cooled off her hot inside. I don't know as I would recommend this particular treatment in all cases, but I know it worked there.

The same writer says that he treated tetanus with Chloral and Belladonna, which certainly is not the best of allopathic practice. Calabar bean or *Passiflora incarnata* certainly is preferable, and probably more certain than any other remedy, and so we might go through the whole of his writings as far as his allopathic practice is concerned.

Now I have also tried Homœopathy in veterinary practice, and always failed to do any good whatever, but is that a proof that Homœopathy is useless? Of course not. It in all probabilities is simply an exhibition of my ignorance in that particular line. Because I can not get any success out of that practice, is that any reason why I should deride and decry others who really believe in such practice? Of course, not. Well, then, what is the use for any one who plainly does not understand the first thing about allopathic therapeutics should attempt to traduce it? Report all the success you can in the use of homœopathic remedies, homœopathically applied, that is the true road to progress, but find no fault with your neighbor's eye until your own vision is somewhat enlarged.

*New Sweden, Maine.*

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(It may be as our "country doctor" friend says that the cases he mentions were better treated according to his methods, *but* take other diseases not caused by "indiscretions of diet" and

pure Homœopathy will be found as far ahead of "allopathic" practice as Dewey's gunners were superior to the other fellows in Manila bay. As ever, the RECORDER is open to the free expression of courteous difference of opinion.—Editor of HOMŒOPATHIC RECORDER.)

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### CURED HOMŒOPATHICALLY?

Editor of HOMŒOPATHIC RECORDER.

I have also something to say in regard to Homœopathy. I never have believed in the art as my father did. I had a case that I tried a homœopathic drug on; the result is as follows: A butcher horse, subject to purgative on exercise, I have treated in the regular way for some months. No relief. I happened to be reading the provings of a drug. It came to me that that drug would come in for the case I have mentioned. It was *Rheum* 3x and *Carbo veg.* ix. I gave 30 drops three times a day of *Rheum* in a little water with a syringe, and the *Carbo veg.* in feed. In three days my patient was apparently all right and has remained so ever since. I know it did not get well on its own account, as it has been chronic, so I must give credit to Homœopathy. I won't say that I am going to change my belief, as this is my first trial; but I am going to keep on thinking, and report later. It is the most wonderful thing I ever saw.

W. G. HOLLINGWORTH, D. V. S.

Utica, N. Y., Dec. 29th, 1898.

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### "YE CANNOT SERVE TWO MASTERS."

Editor of HOMŒOPATHIC RECORDER.

The discussion of potency reminds me of a discussion between two doctors. One claimed that he had frequently cured mental disturbances with the 60th ct. of *Aurum*, the other claimed that that could not be. He had as fine a microscope as was ever made, he had examined the 60th thoroughly, he found no medicine there; there was no medicine to be found. I asked the gentleman of the microscope if the little animalculæ that we find in a drop of stale water were carnivora or hortivorea? They are carnivorous, of course. Did your microscope ever show you the size of the animalculæ they devoured. We had a Quaker meeting.

*Columbus, O.*

"IMPROVED TINCTURES."

Several homœopathic journals quote Prof. Lloyd's paper that recently appeared in the *Eclectic Medical Journal* on "Homœopathic Pharmacy" to prove (from *Eclectic* sources) that the new pharmacopœia is right on the tincture question. This is the substance of Mr. Lloyd's paper:

Science in all directions gives evidence of the fact that improvements are necessary to human progress, and were Dr. Hahnemann alive to-day the writer believes it may be accepted that he would insist that homœopathic medicine be given the benefit of the improvements that come through conscientious, systematic investigation by homœopathic pharmacists. Because, for example, in his own practice he used a preparation made by mixing the juice of a fresh drug with alcohol, if the light of subsequent experience demonstrates that the remedy is less effective than when the whole crushed drug is abstracted by alcohol, or if, when the juice of the herb is expressed, the residue tinctured, and this tincture mixed with the expressed juice, a better preparation results, or, even if great waste ensues and consequent higher price by using the juice alone without any corresponding benefit in therapeutic value of the product, it stands to reason that Dr. Hahnemann would advocate the desirable changes of method. It is evident that unless Dr. Hahnemann was more than human—infallible—superior in every way in pharmacal knowledge to all other human beings, even though they make close studies of his works to begin their experimentation, his methods and his products should from time to time be improved upon by men who make homœopathic galenical preparations a life study. Appreciating the fact that homœopathic pharmacy embraces in its ranks men of talent who unquestionably have the good of the profession at heart, and who have devoted their lives to the study of homœopathic pharmacy, the writer believes that the founder of Homœopathy would be no less appreciative than himself of these men and their accomplishments, were he among us.

Is it not a strain on human credulity to term the making a tincture from the whole crushed plant instead of from that plant's expressed juice an evidence of "scientific advance," and that Hahnemann would accept this? and what pharmacist has been making these "conscientious investigations?"

And where in all literature will you find it "proved" that the new drugs are clinically "better" than the old?

The old Hahnemannian tinctures in the hands of men who knew how to use them have done, and are still doing, one hundred per cent. better work than the other class of drugs, so why should they be changed? and have the gentlemen who quote

Prof. Lloyd so approvingly never heard of such a thing as "drug proving and what that means to a homœopathic physician?"

The old are higher priced! On this point we can only say—they are worth the difference.

We all know from the late Dr. Scudder that there has been immense improvement in Eclectic tinctures, and that there was a crying need for improvement; we also know that he used to cite homœopathic tinctures as worthy of emulation. We admit our Eclectic friends have improved their tinctures, but they are still not equal to the best Hahnemannian tinctures.

## IODINE EQUALS THYROIDIAN IN GOITRE.

By T. C. Duncan, M. D.

We had occasion some time ago (*Medical Century*) to point out the similarity of the action of the thyroid gland to that of *Iodine*. It is said by chemists that the gland is composed of 10 per cent. of *Iodine*, and it is believed that the good effect of this animal extract is due to the presence of the *Iodine*. Here is an experience that will interest those who contend that pure drugs only should be used:

Prof. Theodore Kocher, who had made 1,000 thyroidectomies, now reports (*Corresp. Blatt. für Schweizer Aezzte*, September 15, 1898) 600 more new cases. "It is stated that 90 per cent. of the cases coming to the poliklinik at Berne are sufficiently improved by medical treatment to make operation unnecessary. The medical treatment consists in the administration of preparations of *Iodine* or of thyroid gland, and in case of any improvement is to follow it usually occurs in a relatively short time, *i. e.*, in three or at the most four weeks after beginning the treatment. *Nothing more is accomplished by the use of the thyroid extract than by the Iodine preparations.*"

In families subject to Evart's disease (exophthalmic goitre), particularly at certain ages, there is often rapid loss of strength and flesh under treatment with these preparations, followed by sudden death *which cannot be accounted for at the necropsy.*"—*Phil. Med Journ.*

Any one who has made experiments with Iodin and studied its effects closely can easily explain the reason for the "sudden deaths." It blocks the absorbents.



In the early days of my practice, thirty years ago, I was called to treat a young lady with apparently all the symptoms of typhoid, with progressive anæmia. The stubbornness of the case and erratic temperature led me to inquire carefully into the history (I thought of tuberculosis), and I finally learned that she had used *Iodide of Potassium* on a goitre. Now I recognized that it was a case of Iodin poisoning, and in searching for an antidote I found in Jahr that *Hepar sulph.* was given as the antidote. This was given with prompt and decided benefit. The case made a rapid recovery. Had it progressed I should have looked for death from sudden fainting and cardiac failure. But that is another chapter. Iodin is a powerful and often dangerous drug, however given. I have come to look upon it as an edged tool—to be used with discretion.

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## NECROLOGY.

Dr. Hubert Boens.

Editor of HOMŒOPATHIC RECORDER.

In the death of Dr. Hubert Boëns, of Brussels, humanity has lost one of its most unselfish, devoted and learned servants.

The writer has not yet been able to learn the date of Dr. Boëns' birth, nor consequently his age at death; but at the examinations in the "Écoles Moyennes," of Belgium, in 1842, the subject of this necrology graduated with honors in mathematics. It may, therefore, be presumed that he was then about 17 or 18 years of age.

After this he attended the course of Philosophy at the Athénée of Tournai, and later obtained the degree of Doctor of Natural Sciences at the University of Louvain. He then commenced the study of medicine, and became Professor in Comparative Anatomy under Professor Van Beneden at that University. Being mixed up in the revolution of 1848, he found it desirable to leave Louvain and obtained, in open competition, the position of Chief of Clinic to Professor Lombard at the University of Liège, and chief of clinic also at the Ophthalmological Institute under Dr. Jules Ausiaux, of the same city. In 1850, he was appointed physician in charge of the cholera pavilion established during the cholera epidemic at St. Thomas Hospital (Liège).

Soon after, he returned to Tournai to take up private practice, and was eminently successful.

In 1857 he published several important papers, viz.: On chemical factories, on bread making, on prevailing maladies and on the potato disease, which last obtained universal approval and was probably the cause that the bacterio-mania has never invaded that species of vegetable disease. He also published a treatise on the diseases of coal miners, which procured him admission into the Academy of Medicine, of Belgium, of which he soon became one of the most distinguished members.

He was appointed physician to the State Railroads and Medical Superintendent of the prison of Charleroi. He owed none of these appointments to that bane of American official competency, "influence." He had none, and his radical views and utterances rendered him anything but "persona grata" to the authorities, but to the credit of the government authorities of Belgium, be it said, they sought for the fittest men for the offices in question, and found him in a political opponent.

His duties as physician of the prison of Charleroi, where nearly all of the Belgian convicts of grave offences are confined, brought to his notice the numerous disasters and lifelong diseases produced by vaccination. This led him to a profound study of the subject, and he was the first to discover the almost identity of cowpox with syphilis, at least in its secondary symptoms, and general resemblance in their primary lesion.

He also, in conjunction with the learned M. Bonnewyn, traced cowpox, in several instances, direct to syphilitic milkers, in one case by a sort of poetical justice to a patient of one of the medical men who had been most rabid in denouncing Dr. Boëns and other opponents of vaccination as quacks, idiots, murderers, etc., for such were the generous epithets applied by the advocates of that system of blood poisoning to all who called in question the validity of their superstition.

From the time Dr. Boëns discovered the likeness in character and *in effects* between cowpox and syphilis, and the utter uselessness of inoculating either, he set himself vigorously to the task of uprooting this "grotesque superstition."\*

At the time of his death, Dr. Boëns was president of the International League of Anti-vaccinators, and presided over several conferences of that body.

At the conference held in 1879, held in Paris, he, Mr. Wm. Tebb, of England, and Prof. Vogt, of Berne, formed members of a

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\*So denominated by the renowned pathologist, Dr. Creighton.

deputation to the French minister, Mr. Constans, and proved to him so conclusively the many lamentable results of vaccination that while they astonished they also converted that minister, who promised that the project of law introduced by Mr. L'ouville for the compulsory vaccination of the civil population of France should not be proceeded with.

Unfortunately for France, medical ignorance has succeeded in thrusting the vaccination rite upon the army and navy, and as the entire adult male population (with a few exceptions) pass through either the army or navy we have nearly every adult male Frenchmen compulsorily vaccinated.

The mortality among the adult males of France is largely in excess of that of the adult female, notwithstanding the dangers of childbirth, which most of the latter undergo.

Dr. Boëns and the executive council of the International League had only a few days before Dr. Boëns' death resolved to hold a further conference in Berlin, commencing on the 18th June, 1899. The conference will, of course, be held, and all American physicians, vaccinists and anti-vaccinists are cordially invited. Full opportunity will be given to all vaccinists who desire to speak in behalf of their fetich to do so.

On the 14th of December last, Dr. Boëns submitted to an operation, with the nature of which the writer is at present uninformed, but which seems to have been regarded as urgently demanded. In *Le Medecin*, of Brussels, of the 18th of December, to which Dr. Boëns had for many years been a constant contributor, appeared a notice of his sudden sickness and of his having had to undergo a serious operation, but that regard being had to his advanced age, he was doing well, and that there was every reason to expect a favorable issue. In the following number of that journal appears the announcement of his death. This took place at 4 o'clock in the morning of the 21st of December, 1898.

Dr. Boëns was always ready to give his aid to workers for humanity. The Pathological Diagnostic Table of Smallpox, Cowpox and Syphilis of the writer had the inestimable advantage of the criticism, revision and approval of Dr. Boëns before publication.

Brave and learned friend of humanity, farewell!

M. R. L.

**DR. E. M. HALE.**

Dr. Edwin M. Hale, one of Chicago's oldest and best known physicians, died at his residence, 2200 Prairie avenue, at 4:45 A. M. yesterday, the cause of his death being uræmic poisoning. He had been sick a week, and during that time had been conscious for only a brief period on Tuesday.

Dr. Hale was in the best of health until last Sunday night, when his family found him unconscious in his bed. His son, Dr. Albert B. Hale, was summoned and diagnosed the case as uræmia. The patient had had no premonitory symptoms of the disease, with the exception of slight headaches. Drs. Williams, Barrett, Holmes, and Kippax, all old friends of the sufferer, were called in consultation. On Tuesday it was believed that Dr. Hale might recover, but after rallying on that day he suffered a relapse. Dr. Hale suffered intensely on Wednesday and then passed into a lethargic condition from which it was impossible to arouse him.

Edwin M. Hale was born in Newport, N. H., and had he lived would have been 70 years old on February 2d next. When he was a boy of 14 years, with his family he removed to Fredonia, O. Later he studied medicine at the Cleveland Medical College and after completing his medical course practiced for a short time in Michigan before coming to Chicago in 1862.

Through his efforts a department of Homœopathy was added to the University of Michigan and afterwards he was offered the chair of materia medica and therapeutics in the university, but declined, having accepted a chair in the Hahnemann Medical College, Chicago, where he lectured for eighteen years. In 1877 he took the same chair in the Chicago Homœopathic College, and was at the time of his death an emeritus professor in that institution. He was a member of the Chicago Academy of Sciences and the American Institute of Homœopathy. He was also one of the founders of the Calumet Club and of the Chicago Literary Club.

He was the author of a number of medical works and had just finished a work on "Old Age and Its Treatment," which at the time of his death was ready to go to press, with the exception of a preface. He was a close student of homœopathic methods and

had contributed a number of valuable works, among them being: "A Monograph on Gelsemium Sempervirens," "The Materia Medica and Therapeutics of New Remedies," "Lectures on Diseases of the Heart," and "The Heart and How to Take Care of It." His last work was "The Practice of Medicine," which he brought out in 1894 at the request of many doctors of the school of Homœopathy.

When he first came to Chicago Dr. Hale formed a partnership with Professor A. E. Small, and five years later another, this time with his brother, Dr. Parker H. Hale.

He left a widow and two children, Dr. Albert B. Hale and Mrs. Fannie Gardiner, a widow, who lives at the residence of her parents. The funeral will be held to-morrow.—*Chicago Tribune, Jan. 16, 1899.*

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### APOCYNUM CANNABINUM.

(Dr. W. D. Turner, of Pasadena, California, in December *Therapeutic Gazette*, has the following to say of this drug:)

Thirty years' experience in the use of a medicine certainly should entitle one to greater consideration than one who had used the medicine in only three cases. This experience I have had, first using *Apocynum cannabinum* in the year 1868, and I can truthfully say I know of no drug made from any indigenous herb growing in North America more certain in its action than *Apocynum cannabinum*. It is not in local dropsies where its curative effect is most noticeable, but in general anasarca, or cellular dropsy. It will relieve many times in cardiac dropsy with general anasarca, when not superinduced by degenerative nephritis. If the latter condition is present it is more likely to fail, or at most but temporarily relieve.

I can call to mind many cases of anasarca, ascites, hydrothorax, including cardiac dropsy, where its curative effect was marvelous. I remember a boy of eleven years who had anasarca so badly and for so long a time that on looking at his external genitals no one could tell to which sex he belonged. He had been treated for some time by two other physicians without success. Upon general examination I felt that *Apocynum cannabinum* was the medicine called for, so I gave it continuously just short of its emetic effect. The rapid recovery

and subsidence of the dropsy was almost beyond belief even to my own eyes. But he fully recovered and was well years afterward.

I gave the same to two young men, both so far advanced in cardiac dropsy as to be unable to lie down. They had been treated for months by other physicians. I gave each the same—*Apocynum cannabinum*. To the surprise of all their friends their troubles subsided, and in three or four weeks they were able to resume their business; one of them passed a successful life insurance examination against my advice. Both of these cases had organic changes in renal organs, and in a few months the same condition returned, and death followed.

Mrs. M., six months advanced in pregnancy, became generally dropsical, cardiac dropsy supervening. She was treated by other physicians until her condition became so alarming that a change was decided upon, and I was called. I could find no organic change in any of the organs of the body, but the conditions were so distressing that she could not lie down or sleep but for a few minutes at a time. I gave *Apocynum cannabinum* in as full doses as she could tolerate. The dropsy speedily subsided, and she was delivered of a healthy boy at full term, and was well years afterward.

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### A NEW BOOK OF KEYNOTES.

Keynotes and Characteristics, with Comparisons of Some of the Leading Remedies of the Materia Medica.

By H. C. Allen, M. D., Prof. of Materia Medica and the Organon in Hering Medical College and Hospital, Chicago.

The title gives a fair idea of this work. The word keynotes was applied to prominent symptoms by the late Professor Guernsey. These were gathered in book form by Prof. Burt. Hering and Hoyne gave them to students in cards. These were selected and with additions given to us by Hawkes in a small work. This work of Allen is really an expansion of the A, B, C work of Hawkes. It contains more materia medica and more therapeutics than the former work. After making an index (that was omitted) we found that from *Aconite* to *Zinc* there were 160 drugs, including some not found in a standard work like Her-

ing's *Condensed*. We infer that Allen is not a strict homœopath, for he gives several isopathic agents. If nosodes are the curative agents, why not "idems" all? Hahnemann argued otherwise. He suffered for similia. But leaving that aside, if one wishes, there are much of value in this work.

We read in the Preface that "the life-work of the student of the Hom. Mat. Medica is one of constant comparison and differentiation." That is true. We are also told that "he must compare the pathogenesis of a remedy with the recorded anamnesis of the patient." That is therapeutics and not drug or materia medica study, Prof. Allen to the contrary notwithstanding. It is more therapeutic to say that "he must differentiate the apparently similar symptoms of two or more medicinal agents in order to select the simillimum." He must first have studied what is peculiar about each drug, so that he can compare them with each other and learn their differences. The more he studies drug effects separate from disease, the better knowledge he will have of drug action. Prof. Allen has posed before the profession as a materia medica expert, and what he knows should be lore. The many hints given emphasize effects that show a deep knowledge of drug action and application. This work is adapted to advanced students and practitioners whose knowledge of drugs needs improving. It will be a handy work in any library.

T. C. DUNCAN.

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### ARNICA.

Editor of the HOMŒOPATHIC RECORDER.

I notice in the last RECORDER that Dr. Bayes reports a peculiar condition brought about by *Arnica*. I had the same experience with an injury to a man's hand—cut very bad on a circular saw. I dressed it and kept it wet with *Arnica*. In about a week the skin of the inside of the hand, where the dressing was the thickest and the most liquid absorbed, turned, or took on all the appearances of a severe bruise (there were no bruises when the hand was hurt). This disturbed the man considerably, but I told him it was the effect of the wash I was using. I did not think anything of it, as I was using too strong a solution of the *Arnica*; but it was wonderful how quickly the flesh healed; in four weeks the patient went to work again. So this makes two witnesses to the fact that *Arnica* will produce that which it will cure.

J. A. WHITMAN, M. D.

Beaufort, S. C.

## PROF. KOCH ON MALARIA AND ITS MANAGEMENT.

From the report of Consul Mason, of Berlin, we learn that "Prof. Koch, who has been investigating malaria in Italy and Africa, makes some interesting deductions in his official report. Prof. Koch expresses freely his opinion that the indiscriminate use of quinine as a prophylactic in malarial countries is attended with great danger, and is in many cases the indirect cause of 'black water' fever, one of the most virulent forms of malarial disease (met on the West of Africa). The very general practice among persons coming from temperate to tropical latitudes of saturating their systems with quinine taken in regular—often excessive—doses is vigorously condemned for two reasons: first, because it seriously weakens the action of the heart, and, second, because the system, having become inured to the drug, fails to respond to quinine treatment in case of actual sickness. The efficiency of the drug having been exhausted as a preventive, it has no longer any important value as a remedy; and experience shows that a person debilitated by the excessive use of quinine may take malarial fever and die like any one else. Prof. Koch even goes so far as to assert that the increased death rate in certain portions of West Africa, where the conditions of living have been greatly improved during the past ten years, is due largely to the increased and indiscriminate use of quinine caused by its greater cheapness and the ease with which it can now be obtained. He also states that on the western coast of Africa, where all forms of malarial fever are especially virulent, cases of the intermittent type which have resisted even heroic doses of quinine have been mastered by the use of *Arsenic*. ("A preference for *Arsenic* as a remedy for certain fevers is a marked and well-known peculiarity of the German school of medicine.")

Those who are going to Cuba and other tropical countries should be told these facts.

"Another fact noticed by Prof. Koch during his studies in Africa and India is that women withstand exposure to malarial climates far better than men. During the appalling mortality on the gold coast within the past four years, says his report, there was hardly a death among the women living out there,



while every kind of man was dying—men new to the tropics, men born there, men who had been accustomed to them for years, even men who had battled with the ravages of West Africa for upwards of ten years.”

Possibly the abdominal constriction caused by the corset, which prevents dilatation of the spleen and liver, may be the explanation, malarial fever being essentially a splenic disease. The German government has sent out two commissions to investigate these subjects still more exhaustively. The United States should do likewise.

T. C. D.

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### HOMŒOPATHY IN SEA-SICKNESS.

Mal de mer is an erratic equation. Of our sixty-five first-cabin passengers perhaps not more than a dozen escaped. I was number eleven. Not a qualm disturbed my peaceful diaphragm. Forty-two meals on board and not one missed is a satisfying record. But enough were seasick to give seven physicians a chance to try their prowess. The old school men relied upon bromo seltzer and codeia, with varying success. My experience covered fifteen cases. *Cocculus* was most helpful when the patient was “Oh! so sick!” and couldn’t move; vertigo, faintness, extreme nausea and deathly paleness completed the picture. A single tablet of the sixth decimal gave prompt relief in nearly all such cases. Only three times was it necessary to repeat the dose for a single occurrence, though it was necessary to re-exhibit the remedy in an occasional case upon the rolling of a heavier sea.

*Ipecac* was helpful in those in whom emesis occurred easily, giving prompt relief in several such.

*Glonoinum*, sixth, did excellent service for two patients with whom violent headache took the place of gastric disturbance. These cases are said to be quite common. *Petroleum* was prescribed for one  $\frac{1}{4}$  case of the diarrhœa of mal de mer, relieving promptly; *Bryonia* was given a man who was “dreadfully constipated” and who was nauseated upon moving about, and *Apomorphia*, third, one tablet, made a homœopath of a lady who had failed to obtain relief from old school treatment and from *Cocculus* previously administered.

From this and previous experience on the Atlantic I am quite satisfied that seasickness may be prescribed for successfully if

the cases be individualized, and that specifics, combination prescriptions and routine remedies are of no more use here than elsewhere. It is the patient and his personal manifestations of the malady which are to be treated, every time, if success is to be expected. Doubtless there are aggravated cases which resist the usual remedies; but it cannot be gainsaid that homœopathy is very efficient in seasickness and has robbed the sea of much of this particular terror.—*C. E. Fisher, M. D., in Dec. Medical Century.*

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## THE TREATMENT OF CHRONIC APPENDICITIS WITH MERCURY.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Z.*, January, 1899.

In the "Annals of Surgery" (Jan., 1898) Horwitz tells us of four cases of chronic appendicitis in which there were clear indications for surgical operation, and in which different prominent surgeons had proposed it but the patients had refused to submit to it. All these cases were treated by that author owing to secondary syphilis, and were subjected to tonic (?!) doses of *Mercurius jodatus flavus* (Protozoduratum hydrargyri).

I CASE.—A man of 44 years had passed through nine attacks of appendicitis, the last one a short time previous to his coming under my care. There was a sensitive indurated mass in the Fossa iliaca dextra. Soon after the treatment with *Mercury* had commenced the patient had a fresh acute attack of his ailment, and the remedy was discontinued, but after the acute symptoms had disappeared it was resumed, the result being that not only the syphilitic indications disappeared but also the appendicitis and the constipation. Four years have since passed, without any relapse having occurred.

II CASE.—A man of 31 years had three attacks of appendicitis; there was dyspepsia and chronic constipation. After a lengthy treatment with *Mercur. jodat. flavus*, extending over a year, he had a slight acute attack of appendicitis. Since that time, *i. e.*, for 2½ years, he has had no more trouble from appendicitis.

III CASE.—A man of 28 years had had five attacks of appendicitis; a doughy, sensitive mass in the *fossa iliaca dextra*. He received *Mercur. jod. flavus*. His condition improved and since that time, *i. e.*, for 3½ years, there has not been a relapse.

CASE IV.—A man of 33 years had had two attacks of appendicitis; he also suffered from dyspepsia and constipation; there are also indications of a chronic appendicitis in the right iliac fossa. I have given him *Merc. jod. flavus* (now for 1½ years). He had two attacks of appendicitis during the treatment, but none since the end of June.

The author added that it was notable how the chronic form of appendicitis which followed after the acute attacks was resolved owing to small doses of *Mercurius*, and although these few cases would not suffice to draw definite conclusions therefrom he nevertheless considers this treatment well worth a trial in all cases of chronic appendicitis in all cases where patients refuse to be operated upon.

From the above it is manifest that Horwitz, in giving his mercurial preparation to patients suffering from syphilis, found a noticeable influence exerted by this remedy on the chronic form of appendicitis. This curative effect of mercury is nothing new to us Homœopaths; nevertheless we consider this remedy even more decidedly indicated in acute appendicitis accompanied with an induration of the cellular tissue; as we are able to cure with this remedy the inflammatory and exudative condition of the vermiform appendix, so that a chronic form of the disease will not appear. A treatment of one and a half years with even the mild *Merc. jod. flav.* we do not at all consider as worthy of imitation; to designate such small doses as "tonic" we consider just as inadmissible as the assertion of doctors of the old school that small doses of *Cantharis* have a tonic effect on the kidneys. They have a curative effect and, indeed, according to the law of similars, and the physiological provings of the remedies on healthy persons, show these symptoms to every one willing to see.

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#### INFLAMMATION OF THE LARYNX AND BRONCHIA AND PSEUDO-TABES IN CONSEQUENCE OF THE USE OF ARSENIC.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
December, 1898.

The injurious effect of *Arsenic*, as given by the dominant school, in which the long-continued use, rather than the largeness of the doses, is the aggravating point, furnishes continually

new toxicological and pharmaco-dynamic observations. It is our duty to take note of them, as these observations complement or confirm the results of our provings. So we find a report of two interesting cases of inflammation of the larynx and the bronchia in consequence of the use of *Arsenic*, reported by Doc. Dr. L. Réthi (Vienna) in the *Wiener Presse* (1897, 11).

1. A woman, aged 25 years, otherwise healthy, but very delicate and anæmic, had been taking for one and one-half years, with brief interruptions *Sol. arsenic Fowleri*. For four weeks she has now been suffering from *violent cough*. *Palpitation of the heart, disturbances of digestion, loss of appetite and insomnia* had set in before; she rapidly appeared worse and worse. There was nothing manifest in the lungs except a slight *catarrh* in the bronchia; the tips of the lungs were free; in the heart there was merely an *accelerated activity*. The *mucous membrane of the nose was slightly thickened; granulous pharyngitis* of low degree; in the *larynx* there were signs of a very *acute laryngeal catarrh; the rim of the epiglottis more strongly reddened*, as also the *ligamenta ventriculorum laryngis* and the *vocal chords*, especially on the *processus vocales*. The *interarytænoid mucous membrane* also *strongly injected and somewhat swollen*. Repeated examinations for tubercular bacilli gave a negative result. *Codein, Morphine* and inhalation and painting with *Argent. nitr.* and *Chlor. zinc.* without result; the palpitations increased and there was great dryness of the throat. Incidentally the use of *Arsenic* was mentioned, and the author was led to think that the trouble might be owing to it. He allowed the same to be taken in rapidly diminishing doses and then discontinued it. A few days afterwards a striking objective and subjective improvement could be perceived, and in a short time a cure was effected. This continued until the patient gave *Arsenic* another trial, when the old symptoms at once re-appeared, but vanished on discontinuing the remedy. We cannot too sharply reprove the carelessness which allowed her to have the same prescription filled time and again when the physician had only prescribed it once. This careless execution of the legal enactments opens the door wide to such chronic medicinal poisonings.

2. A man of 27 years complained of *violent cough and palpitation of the heart*. There was a moderate redness of the true and the false vocal cords, of the interarytænoid fold, and the subcordal mucous membrane; there was an accelerated cardiac activity. All therapy had been without effect, and there gradu-

ally set in insomnia, slight febrile symptoms and a very decided pallor. On being questioned, the patient stated that he had for several months back been using *Arsenic* on account of psoriasis. When the remedy was discontinued the palpitation disappeared in three days and the laryngeal symptoms within eight days.

3. We add here a case of *Pseudo-tabes arsenicalis*, which also offers several interesting points. Dr. Drastich reports it in the *Militärarzt*, 1897, 4. An officer, 35 years of age, took, on September 6, 1896, twice as much *Arsenic* as would lie on the point of a knife in order to end his life. Violent vomiting immediately followed, also a severe feeling of thirst and a feeling of dulness in the head. These symptoms, however, gradually disappeared, all but a severe gastro-enteritis. This also gradually diminished, so that he, on October 8th, *i. e.*, after four weeks, could be dismissed. Four weeks later, on November 8th, he noticed a striking heaviness in his legs and an impossibility of *standing up with closed eyes*. Next day there was added a sensation of numbness in the index finger and the thumb of the right hand, and soon afterwards also in the same fingers of the left hand. There were also the following objective symptoms: intact reaction of the eyeballs, a high degree of ataxy in the legs, a complete absence of the patellar reflexion on both legs, diminution of the sensitiveness to touch and to pain. There was also paræsthesia, especially in the sole of the feet and in the fingers, mentioned above. With the use of baths and of faradization of both hands in the succeeding weeks there was an increasing improvement, so that on December 12th there were no abnormal symptoms exceeding a slight paræsthesia. It is peculiar that there was no muscular atrophy and there was no disturbance in the electrical excitability.

A new elaboration of the pathogenesis of *Arsenicum*, founded on the continually accumulating facts, would make a proper subject for a dissertation or a monograph.

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## TWO CASES: ECHINACEA AND CRATÆGUS.

Reported by Dr. J. Borough, Mishawaka, Ind.

A lady aged 55 was struck by a railway engine, while riding in a buggy. She was carried four or five rods by the engine and thrown in the ditch, buggy on top of her. The only serious injury received seemed to be a cut three and a half inches long

on back of head with a slight fracture of outer plate of skull, and some slight bruises on body and limbs. I dressed the wound, which healed nicely, except an opening left for discharge. About the end of the first week greenish-yellow blisters began to form wherever there had been the slightest abrasion. An especially bad one was on top of the right hand; the hand soon swelled to an enormous size, swelling extending up the arm, with high fever. All symptoms pointing to blood poisoning. I gave the usual remedies for twenty-four hours, but the trouble increased. In looking over the list of remedies I thought of *Echinacea*, which was given in drop doses every hour. The fever soon began to go down, the blisters with their surrounding redness to dry up and disappear. The wound of the head at this time began to discharge freely. The swelling of hand and arm concentrated in the hand, forming an abscess, which was opened in due time, and healing nicely. The wound on head continued to discharge freely for several weeks, which was gradually reduced by *Silicea* and *China*. After removing a few spicula of bone the wound soon healed. Patient is now in excellent health.

Lady, aged 62, had for several months attacks of heart failure on the slightest over-exertion or excitement. Gave *Cactus*, *Digitalis*, *Ars.*, *Glonoine*, and other cardiac remedies, with but temporary relief. Every succeeding attack seemed harder, the last one, July 1st, nearly proving fatal, as she was pulseless, stopped breathing and had the appearance of being dead. Friction and shaking her up a little started the circulation and breathing. I then for the first time gave her *Cratægus* tincture in drop doses every hour, and, to my surprise, she recovered rapidly and has been free from any heart trouble since. She now seems well and is doing her work, but won't be without "that medicine in the house."—*Medical Counsellor*.

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## BOOK NOTICES.

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"The Source and Mode of Solar Energy Throughout the Universe." By I. W. Heysinger, M. D. J. B. Lippincott Co. Philadelphia and London.

This work is not a dry *résumé* of the facts of physical astronomy; it deals with entirely new problems, and correlates the entire structure of the universe into a uniformly acting whole,

generated by the operation of the same principles, just as evolution applied to organic life has resulted in an almost infinite variety of forms produced by the varying operation of the same processes. In the language of a reviewer, Dr. Heysinger's book is an "epoch making work."

The whole trend of scientific demonstration to-day is in the direction of unity and coherence; no principles which will not explain the whole are applicable as fundamentals, and all recent research and demonstration confirm the facts and principles presented in this book. Within a few years, as was the case in geology and biology, the system of the universe will be brought into the same rule of universal law and the older theories and hypotheses will pass away.

These changes in scientific thought are indeed already under way with a constantly accelerating momentum, and are being confirmed, since this book was issued, from every side.

The President of the Royal Society of Canada wrote the author: "I can quite appreciate the masterly way you arrange your arguments and the lucidity of the style." The Church Standard says, editorially: "The book is wonderfully interesting, and furnishes an amount of information that cannot be easily found within the same space." Says Prof. Espin, the eminent English astronomer, "Your explanation of the repulsion of a comet's tail is admirable. You have undoubtedly gone far to clear up many of the difficulties which at present beset us." President Sharpless, of Haverford College, says: "The collation of so much valuable matter is itself a good thing, and is done in a way to be thoroughly readable."

The book is fully illustrated from original drawings by the author, and the following is the table of chapter headings:

Introduction. Chapter I. The Problem of Solar Energy; past History of the Sun and Planets. II. Constitution and Interpretation of the Phenomena of the Sun. III. The Mode of Solar Energy. IV. The Source of Solar Energy. V. The Distribution and Conservation of Solar Energy throughout the Universe. VI. The Phenomena of the Stars. VII. Temporary Stars, Meteors, and Comets. VIII. The Phenomena of Comets. IX. Interpretation of Cometic Phenomena. X. The Resolvable Nebulæ, Star-clusters, and Galaxies. XI. The Gaseous Nebulæ. XII. The Nebular Hypothesis: its basis and its difficulties. XIII. The Genesis of Solar Systems and Galaxies and

their Development in Space. XIV. The Mosaic Cosmogony compared with the most recent Science, and its accuracy proven when correctly translated. XV. The Harmony throughout the Universe of Nature's Laws and Operations.

List of 132 eminent authorities cited, with paged reference.

Classified Index of subject-matter.

No one desiring to be abreast of the most recent science (and on questions more interesting and useful, perhaps, to the physician than to any others) should be without this book, which is by an author whom readers of the *RECORDER* know so well. The publishers' price is \$2.00, but by special arrangement copies may be ordered by physicians, direct from the author, which will be sent, post-paid, at wholesale price, \$1.50 each. His address is Dr. I. W. Heysinger, 1521 Poplar street, Phila., Pa.

**British, Colonial and Continental Homœopathic Medical Directory for 1899.** 118 pages. Cloth. London Homœopathic Publishing Co.

This is the fifth year of the publication of this excellent directory, where one may find homœopathic physicians in any part of the great British Empire, or on the continent of Europe.

**Essentials of Materia Medica, Therapeutics, and Prescription Writing,** arranged in the form of Questions and Answers. By Henry Morris, M. D. Fifth Edition, Revised and Enlarged. 288 pages. Cloth, \$1.00. Philadelphia. W. B. Saunders. 1898.

This is No. 7 of Saunders' well-known question compends. The title describes the contents. To a homœopath the therapeutics seem very vague and general.

**A Text-Book of Mechano-Therapy** (Massage and Medical Gymnastics). Especially prepared for the use of Medical Students and Trained Nurses. By Axel V. Grafstrom, B. Sc., M. D., late Lieutenant in Royal Swedish Army; late House Physician, City Hospital, Blackwell's Island, New York. 139 pages. Cloth, \$1.00. Philadelphia. W. B. Saunders. 1899.

If one wants a compact little book on massage, this will probably be the best one to buy, and the latest.



**Saunders' Pocket Medical Formulary.** By W. M. Powell, M. D. Fifth Edition. 290 pages. Morocco tusk, \$1.75. Philadelphia. W. B. Saunders. 1899.

A neat little pocket book, partly intealeaved, of our "regular" brethren's prescriptions for the various diseases, and an Appendix full of useful tables of various kinds.

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**Vaccination, or Blood Poisoning with Animal Diseases.** By Ed. Alfred Heath, M. D. Pho., etc. 38 pages. Cloth. London. Heath & Co.

This is a small, neatly printed work, full of facts and figures for the comfort of the opponents and the confusion of upholders of vaccination.

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**American Year-book of Medicine and Surgery.** Edited by George M. Gould, M. D. 1,102 pages, large 8vo. Cloth, \$6.50. Half morocco, \$7.50. Philadelphia. W. B. Saunders. 1898.

The getting out of such a work as this one, reviewing the medical field for a year, in 1,102 large pages, in time for notice in the February journals, is certainly a triumph for publisher and editor. Those who have the preceding volumes need not be told that the work is well done. It is for sale by subscription only.

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DR. WALTER M. JAMES, of the *Homœopathic Physician*, says of Allen's *Keynotes and Characteristics*, just published: "The copy possessed by the editor, will, from this time, be found on the shelves where he keeps his books of consultation in the daily treatment of cases. This is our testimony to the usefulness of this book." Of Dewey's *Essentials of Homœopathic Therapeutics*, second edition, Dr. James says: "We have looked over the pages of the book with great interest, and found ourselves urgently in need of the instruction to be found there. An earnest student will at once possess himself of the book, and commit to memory everything it contains, with the satisfactory feeling that he is better equipped for a contest with the examining boards and more likely to come off victorious."

# Homœopathic Recorder.

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## THE PROPOSED HOMŒOPATHIC PHARMACY TRUST.

We have read a report (evidently inspired) in a St. Louis paper concerning a Homœopathic Pharmacy Trust which is being organized by a homœopathic pharmacy company of that city, which has hitherto advertised itself as "the largest Homœopathic pharmacy in the world," its capital stock being \$16,000. The company has been reorganized and proposes to solicit additional capital so as to increase this to \$600,000, with the object of buying up or forcing all other homœopathic pharmacies in this country to join the trust. The article further states that the increased capital is to be lured out of the pockets of physicians, who will, after subscribing to the stock, see their own interest in patronizing the trust only. The article also states as follows, and this it prints in quotation marks: "The largest concern the — company would have to deal with is Boericke & Tafel. . . . They would not sell out unless they received a good price. It is possible, however, that they might enter into the combination. . . . Boericke & Tafel's concern is a very rich one and would be very hard to fight."

The scheme of getting physicians to invest their money in a Homœopathic Pharmacy Company, and in this way compel them to patronize one concern to the exclusion of all others, is an old scheme and was tried by a pharmacist in New York city many years ago. The consequence of this was that whereas at first they would purchase their goods from their company, when, however they found that they were not receiving the promised dividend, with no prospect of ever seeing their money again, they resented this by buying anywhere else rather than from their company. As to compelling Boericke & Tafel to join the trust by fighting them, this will probably also have the opposite effect

from that desired. There are three large cities where it would be desirable if B. & T. had branches and where they are not now established. One of these cities is St. Louis, in which city, by the way, they have been requested by physicians more than once to establish themselves; they have considered it wiser, however, to do this in these cities only if it were necessary to do so to protect themselves. Boericke & Tafel thoroughly believe in Homœopathy and they have always upheld and fought for its doctrines, and the day they go out of business to sell out to a trust which is dominated by principles typified by the "Homœopathic News" that day there will be a change in Homœopathy not at all to its advantage.

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### BUY FROM RELIABLE HOUSES.

"Quite a similar incident occurred one time, in my association with Dr. Carroll Dunham. He manifested some surprise at hearing me say that *Dulcamara* had disappointed me oftener than any other remedy; indeed, it had never amounted to anything in my hands.

"He advised me to get another supply, from another pharmacy, which being done ended my disappointment with *Dulcamara*. Again, for a long time, I had no success with *Kali bichromicum*<sup>200</sup>, but upon replacing it with a fresh supply from another source I had no more trouble."—*Dr. A. R. Morgan, Hahn. Advocate for December, 1898.*

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### AN OPENING.

Editor HOMŒOPATHIC RECORDER.

Mapleton, Iowa, is a good place for a young homœopathic physician to locate with the intention of building up a permanent practice. It is a town of about 1,500 population, two railroads and prosperous surrounding country. Leading old school man there recently died, leaving three in the field, only one of whom can command the respect and confidence of the people to any extent.

Homœopathy has never been represented there. An energetic young man ought to make expenses from the start and have a fine business in a short time. Will answer inquiries addressed to me.

L. Q. SPAULDING, M. D.

*Ida Grove, Iowa, Dec. 16, 1898.*

## A MATHEMATICAL PROBLEM.

The new pharmacopœia states that the limit of divisibility of "practically insoluble substances" is  $\frac{1}{2000}$  to  $\frac{1}{3000}$  of a millimeter. If this is true, then an ordinary dose of the 6x trituration might possibly contain one "molecule" of the crude material, but the mathematical chances are 1 to 50 that it contains only sugar of milk—according to the "science" that illumines this book. Still some physicians claim to get good results from these, and considerably higher triturations. We would like very much to have a scientific explanation of the paradox. The inevitable effects of such teaching on the students of a homœopathic college can be easily foreseen, and, with due respect to those who support the new work, keeping silent on the subject will not make those two incompatibles—Homœopathy and the new pharmacopœia—mix. One or the other must go.

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READ Dr. John B. Garrison's paper in this issue of the RECORDEr. "*It is the duty of everyone who holds a chair in a homœopathic college to teach pure Homœopathy,*" says Dr. Garrison. But, some may say, if the professor believes, for instance, that *Antitoxin* is better for diphtheria, or *Salicylic acid* for rheumatism, than the homœopathic remedy, should he not, in the interest of truth, so teach? In the interest of truth, as Dr. Garrison shows, he should not; he is there to teach Homœopathy and not his own beliefs if they run counter to similia. "If the students desire to learn the other way they know where to go," says Dr. Garrison on this point. If a man desires to learn Greek the professor should not teach him French, because he, the professor, may be convinced it is a more useful language.

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THE *Journal of Scientific Medicine*, a little thing now in its third month, tells its readers, in its leading editorial, that hereafter it will "make no more fun," for Prof. Ohman-Dumesnil "is not to be disobeyed," and Professor Ohman-Dumesnil has said: "If we desire to be scientific we must omit the jokes." One is not quite certain whether the little *Journal of Scientific Medicine* is quite serious in this, for its next paper is headed, "The Death-Struggle of Homœopathy," and if it is not a joke to be in a "death-struggle" and not know it we are no judge of jokes. Among other things our sworn-off friend gets off the following:

Ever since Samuel Hahnemann has given to the world the law (?) of *similia similibus curantur* not one homœopathist has done anything particular for medicine or for suffering humanity. True, colleges and hospitals have been erected, books written, old women and children gained as patients—but what has been done by them to advance medical science? Nothing.

*Ach du liebes kind!* what a confirmed joker thou art.

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DR. ADOLPH RUPP reaches the following conclusions concerning antitoxin in the *Medical Record* of January 28th:

1. It is a substance and a remedy of variable and irregular "unit" strength.

2. The same make of antitoxin may reap fulsome praise at one place, and at another place damn itself with a large mortality rate.

3. Antitoxin is an organic substance, which is easily rendered inutile by age and unfavorable temperatures (it sometimes deteriorates in spite of good handling).

4. In comparing and weighing statistics which claim to prove the potent beneficence of antitoxin, we should not forget that antitoxin and diphtheria are not two conceptions that fit one the other like nut and screw. Antitoxin is as fickle and uncertain, as merchandise and as a remedy, as diphtheria is at different times and places a variable disease complexion. In neither case are we dealing with fixed and rigid standards and certainties.

It seems as though in the near future it will be as bad form to use this stuff as it is, or was but yesterday, not to use it. The discoveries of this sort cometh up as the grass and are withered. Only Homœopathy endureth.

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A CORRESPONDENT asks for information concerning the remedy *Vespa crabro*. "Vespa" stands for wasp and "crabro" for crabronidæ, which is the designation of one of the thirteen families into which the wasp is divided. A proving of the remedy will be found in Allen's *Handbook of Materia Medica and Homœopathic Therapeutics*. Clinically it has been used in burning micturition in women, especially if connected with ailments of left ovary. A writer in the *Medical Summary*, November, 1897, claims that wasp stings caused acute hepatitis, resulting in death of the patient.

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"IN Homœopathic pharmacy alkaloidal uncertainties are happily avoided by employing the whole drug as prepared in nature's laboratory by its conversion into tincture form and without the disturbing influence of heat."—C. H. Evans, M. D., in *Clinique*, December, 1898.

## PERSONAL.

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"Why do we die?" is the heading of a recent paper in *Medical World*. Our answer would be, because we can't help it.

The young woman asked for *Appendicitis*, by Thackeray; the clerk gave her *Pendennis* and it was all right.

The Klondike doctors have organized an Examining Board.

It is said that 95 per cent. of those taken to the London smallpox hospital have been vaccinated.

There is a certain set mentioned in Revelations who were neither hot nor cold; interesting reading about them.

Better a bull-necked "partisan" than a mental invertebrate who by mingling incompatibles causes the nausea resulting in the violent ejection of the whole.

The trouble with "scientific medicine" is that it looks to "authority" or "personal experience," and not to law, as do other sciences.

"M. D." in Jan'y 14 *Health* says microbes are the cause of dyspepsia and advises the use of "germicides."

"Antitoxin," we are informed by a contributor, "will cure lockjaw, sunstroke, frost bites and lying."

**FOR SALE.** An elegant home in Southern California, a complete modern house of ten rooms, all improvements, seven lots, cement walks, flowers, fruits and ornamental trees. One block from post office, situated in one of the healthiest towns in the State. Just the place for a homœopathic physician, the nearest being five miles away. For particulars address P. O. Box 1693, ANAHEIM, CAL.

Says Schopenhauer: "See something of human nature, but do not try to mend it."

A Dr. Richards (*Medical World*) wants to know why dogs howl. Probably the dog is equally curious about man's singing.

*The Doctor* says that Koch's lymph is now admitted free of duty because it does not interfere with home consumption.

It is reported that the San Francisco Hahnemann Hospital College is to have a fine new building this year.

No, John Henry, a sterile woman is not necessarily a triumph of anti-septic treatment.

*Aconite*, *Bryonia*, *Belladonna* and the rest of the old household have seen thousands of scornful rivals arise and decline into innocuous desuetude, while they wax stronger than ever.

Send your papers to the RECORDER and have them read in all countries.

If every "medicine" could do what its advertisement says it can, then might the physician take a long rest.

H. W. O. Margary, attorney at law, Eustis, Lake County, Florida, writes that there is a fine opening there for a *homœopathic* physician.

Burnett's little books occasionally receive some hard knocks from the critics, but they have hosts of friends who have tried them and found them not wanting.

To know about *Fraxinus Americanus* is worth the price of *Organ Diseases of Women*.

We have all heard who is the "father of lies," but who is their mother? *Xanthopsydriacia* is a yellow pimple, and it is nothing more.

# THE HOMŒOPATHIC RECORDER.

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No. 3

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THE WATER SUPPLY OF SMALL CITIES AND VILLAGES, CONSIDERED MAINLY WITH REFERENCE TO THE RELATION WHICH EXISTS, OR IS SUPPOSED TO EXIST, BETWEEN DRINKING WATER AND DISEASE.\*

By Dr. J. Hodge, M. D., Niagara Falls, N. Y.

There is probably no sanitary subject of more general interest, or attracting more earnest attention, than that relating to the wholesomeness and abundance of domestic water supplies. An adequate supply of wholesome water being a fundamental hygienic necessity, one of the first points of inquiry in all sanitary investigations should be the question of the water supply.

The principal objects of the writer of this paper are, first, a cursory examination of the various sources supplying small cities and villages with water for drinking and culinary purposes; second, a consideration of the comparative merits and objectionable features of the different potable-water sources within their reach; third, a review of some of the evidence upon which the connection between certain diseases and the imbibition of impure drinking water is assumed to exist.

## Properties of Water.

Both oxygen gas and hydrogen gas, when pure, are colorless, and have neither taste nor smell. Water, a result of their combination, when pure, is limpid, tasteless, inodorous and colorless, except when viewed in considerable depth.

The solvent powers of water exceed those of any other liquid known to chemists, and it has an extensive range of affinities.

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\* Read before the Western New York Homœopathic Medical Society in Buffalo, N. Y., January 13, 1899.

This is why it is almost impossible to secure water free from impurities, and why almost every substance in nature enters into solution in water. There is a property in water capable of overcoming the adhesive force of the particles of matter in a great variety of solids and liquids, and of overcoming the repulsive force in gases. The particles are then distributed by molecular activities, and the result is termed *solution*.

In all the wonderful and complex transformations in nature, in the sustenance and development of all organized beings, and in the convenience and comfort of man water is appointed to perform an essential part. When we consider that about seventy-five per cent. of our healthy blood and not less than eighty per cent. of our bodies when in health consists of water, that not less than ninety-five per cent. of our food is also water, we readily acknowledge the important part it plays in our very existence. Life cannot long continue in either plant or animal unless water in some of its forms is provided in due quantity. Wholesome water is indispensable in the preparation of all our foods. Clear and soft water is essential for promoting the cleanliness and health of our bodies; and comparatively pure water is demanded for great variety of the operations of the useful and mechanical arts.

#### Physiological Office of Water in the Human Economy.

All living tissues contain water. Of the three essentials to human life, *air*, *water* and *food*, the one now to be considered, *water*, has for its physiological office to maintain all the tissues in healthy action. Water is second only to air in its importance in the animal organism.

In the stomach water effects the solution of pabulum, which it conveys into the blood current. It is the medium through which worn out material is removed from the body; and in effecting its discharge through the lungs and skin it so regulates the body temperature that the chemico-vital processes of the animal laboratory are carried on continuously with equable and healthful force. If the water received into the system is unfit for such special service all the functions suffer a consequent impairment. Air then but partially clarifies the blood, food then is imperfectly assimilated, the effete products of the body are but partially eliminated and the body degenerates. The necessity, therefore, of a judiciously executed system of public water supply for household purposes cannot be overestimated. No town or city



can submit to a continued want of an adequate supply of wholesome water without a serious check in its prosperity. Capital is always wary of investment where the elements of safety and health are lacking, and industry dreads frequent failures and objectionable quality in its water supply. In a town in which potable water is procurable with difficulty the lack is sure to prove a growing hindrance to its prosperity, and before the town arrives at considerable magnitude the remedy for this defect will present one of the most difficult problems with which its municipal authorities are obliged to cope.

### Sources of Supply.

With reference to their use for town and household supply, natural waters may be conveniently divided into four classes, as follows:

1. Rainwater;
2. Surface water, including streams and lakes;
3. Ground water, including shallow wells;
4. Deep-seated water, including deep wells, artesian wells and springs.

From none of these sources, however, can we obtain water which is chemically pure, *i. e.*, nothing other than the compound of oxygen and hydrogen ( $H_2O$ ) known under that name.

The collection of the rain directly as a source of public water supply, in our latitude, would be undertaken only under very exceptional circumstances. In many localities, however, where there is no sufficient public supply and where wells are out of the question, as is the case in the city of New Orleans, the collection of rain water by the individual householder becomes a necessity; also where the public supply is hard and unfit for washing.

Rain water, although generally regarded as a pure water, is liable to contamination from various sources. The rain which falls, even in the open country, is far from being pure in the chemical sense, as it washes from the air both gaseous and solid substances. It is by means of the rainfall that the atmosphere is purified after long periods of drought. In manufacturing localities, the air, and consequently the rain, may contain much impurity; and in any event when the rain is collected near human habitations, the impurity is considerable. Hence the so-called "pure waters of heaven" are fouled before they reach the earth with the solids and gases of earth. The rain is the sewer of the atmosphere, and it is hardly to be supposed that spores, germs, bacilli and other presumably deleterious organic

substances which have resisted the atmospheric oxidizing agencies will be destroyed or rendered inert by their transference from an aerial to an aqueous medium. Moreover, rain water is liable to be contaminated by impurities on the collecting surface. The cleanest of roofs become covered with dust in dry seasons, and this dust, although largely mineral in character, contains a percentage of organic matter, which requires only moisture for the inception of fermentative change and the development and growth of organic forms. The morbid principle, or poison of specific disease, which may be air borne, must thus, of necessity, be also susceptible of transmission to the system by means of a rain water supply. Rain water is inevitably modified by the character of the roof which sheds it—that from a clean slate roof being the best—while rotting shingles, the excrement of birds, the dead and decomposing bodies of insects, decaying leaves from the trees, various sorts of dust and dirt, foul conductors and equally foul storage tanks, may all impress their characters upon the quality of the water.

The presence, therefore, of more or less organic matter being a necessary consequence of the mode of procuring rain water, it cannot be regarded as a good potable water unless especial care has been exercised in its collection and storage. It is desirable that the collecting surface should be a slate roof, and that the first and impure portions of the rain-shower should be rejected by means of a cut-off, and that the after-fall should be stored in a clean, underground cistern. By thus excluding from the storage reservoirs the atmospheric impurities and the washings from the watershed, a water may be obtained which, although containing traces of ammonia and organic matter, must, from its natural history, be considered as a reasonably wholesome supply.

For the storage of rain water, there is nothing better, from a sanitary point of view, than slate-lined tanks. On account of the sediment which accumulates in the cisterns in which rain water is stored, it is desirable that they should be thoroughly cleansed from time to time, and that the water should be subjected to filtration before being used for drinking or for culinary purposes. While rain water, on account of its softness, is peculiarly adapted to use in washing and cooking, it is also, as already stated, wholesome as a beverage if collected and stored so as to be reasonably pure. Its general purity and its great æration make it both healthful and pleasant. As the necessary precautions are but rarely observed in its collection, and on ac-

count of the numerous sources of danger to the purity of stored rain water, most authorities unite in condemning it for dietetic and culinary purposes.

### River Waters.

Rivers are of necessity the final resort of a majority of the principal cities of the world for their public water supply. The volume of water daily required in even a small city often exceeds the combined capacity of all the springs, brooks and ponds within accessible limits, and supplies from wells become impossible because of lack of capacity, excessive aggregate cost, and liability to contamination of their waters.

### Harmless Impregnations.

The natural organic impurities of rivers are seldom other than dissolving vegetable fibres washed down from the forests and swamps, and these are rarely in objectionable amounts.

### Turbidity of Streams.

It is hardly necessary to dwell upon the fact that rivers are frequently objectionable as sources of supply on account of the large amount of suspended matter, mainly clay, which many of them carry invariably and others at time of flood.

### Pollutions.

It is the *artificial* impurities that are the bane of our river waters. Manufactories, villages, towns and cities spring up upon the river banks, and their refuse, dead animals and sewage are dumped into the running streams, making them foul potions of putrefaction when they should flow clear and wholesome according to natural laws. At the present time great volumes of sewage from the city of Buffalo are poured into Niagara river, which furnishes the public water supply for the city of Niagara Falls and the village of Tonawanda. This dilute sewage is used by many thousands of people for domestic purposes.

### Spring Water.

In point of potability, the best water is, undoubtedly, spring water, in which all possibility of contamination is out of the question. Where the course of the water has not been too long, and it has not, consequently, taken up a large amount of mineral matter, such springs furnish one of the very best sources of drinking water. The advantage of spring water over surface water for drinking purposes is considered by some sanitarians so

great as to justify the incurring of a very considerable expense in order to procure it. Thus, the city of Vienna has constructed extensive water works for the sake of bringing water from springs which are sixty miles distant.

### Drinking Water and Disease.

The relation which exists, or is presumed by some to exist, between drinking water and certain diseases has served as an interesting subject for discussion by sanitarians for a long time.

The attention of sanitarians and water experts is directed now-a-days principally to the effect of water which is polluted by the waste materials from manufactories and dwellings, or by the sewage of towns and cities; and it is generally held in England, and the United States, that water thus polluted may be, and frequently is, the cause of certain specific diseases. Before discussing this question directly, it is important to have a general idea of the present prevailing views entertained of the so called zymotic diseases.

The "germ theory" of disease is that many maladies are due to the presence and propagation in the system of living micro-organisms, which are popularly spoken of as *bacteria*, under which term are included also organisms which, as far as known, are harmless. Prof. William Ripley Nichols, in the last edition of his work on "Water Supply, Considered Mainly from a Chemical and Sanitary Standpoint," in discussing this subject, uses the following guarded language: "Some of the diseases which have, with more or less show of reason, been supposed to have their cause in such organisms are intermittent, relapsing, typhus and typhoid fever, cholera, diphtheria and tuberculosis. With reference to specific distinctions among the organisms themselves, observers are not agreed."

### Typhoid and Cholera.

Of the diseases which are supposed to be caused by these micro-organisms—to be propagated by germs—those which have been with the greatest unanimity ascribed to the use of impure drinking water are typhoid fever and cholera. With reference even to these diseases, however, there has been much discussion and controversy between the adherents and the opponents of the "drinking-water theory." It would not be profitable, in the brief space allotted to this paper, to attempt to review the numerous cases on record where the coincidences between the use of impure water and the occurrence of typhoid fever (and other

diseases) have been so marked as to lead able and careful investigators to believe in the existence of cause and effect. The most able opponent of the drinking-water theory is Prof. Pettenkofer, of Munich, who firmly holds that in these cases there is coincidence only, and that the other circumstances have been overlooked in the investigation. He and his sympathizers also bring forward many instances where the connection between a particular outbreak of a specific disease and the drinking water previously used by those attacked is not only obvious, but absolutely out of the question.

### Zymotic Diseases.

Sanitary writings have abounded with discussion of this subject during the last decade; still looking broadly over the field of discussion, it is evident that there is nothing like unanimity of opinion among the different authorities upon this subject. In studying the literature of the ætiology of typhoid fever, for instance, we find that representative medical men have arrived at very different conclusions. There is sufficient reason to warrant the belief that this disease is never of spontaneous origin, but that each case is derived from a preceding one through the agency of a specific morbid principle. As to the exact nature of the morbid agent we have no specific knowledge. In regard to the causation of the zymotic diseases, of which typhoid fever may be taken as a type, there are at the present time two prominent theories. They are the *chemical* theory and the biological, commonly called the "germ theory of disease." Both these theories have able advocates. The *chemical theory* maintains that after the infectious element has been received into the blood it acts as a ferment and gives rise to certain morbid processes on the principle of catalysis. Prof. Loomis, whose vast clinical experience and scientific attainments entitle his opinion to great weight, says in his work on fevers: "The *theory of organisms*, as it is called, maintains that the infectious principles are living organism, which, having been received into the blood, reproduce themselves indefinitely, and by their reproduction morbid processes are excited which are characteristic of certain types of disease. This is a very seductive theory, and at the present time is quite extensively adopted by medical theorists." "Unfortunately for this theory," remarks Prof. Loomis, "the special organism of any one of the infectious diseases has never been so plainly described by any one competent observer that all

others in the same field of study could with certainty recognize it. The bacterian theory, which recently has so occupied the attention of medical men, especially in Germany, is rapidly being disproved, and consequently as rapidly being abandoned." "It seems to me," continues Prof. Loomis, "that one who has closely observed bacterian development must arrive at the conclusion that bacteria found in connection with the development of disease are the product and not the cause of the diseased process. After reviewing these different theories and giving careful attention to the facts presented in their support, we arrive at this conclusion—that the exact nature of these morbidic agents is unknown."

After a general survey of all the accessible literature on the subject, I find that the causal relation between the germs in drinking water and the occurrence of disease, if there be such relation, has never been demonstrated with sufficient accuracy and certainty to satisfy all careful and competent observers in this field of investigation. As to the exact nature of the morbidic agent and its element of power in the reproduction of disease I believe we have no positive knowledge.

### Bacteriological Study of Water.

When we come to the bacteriological study of water we are again confronted with two conflicting theories. They are the "drinking-water theory" and the "telluric theory." On this subject, likewise, nothing like unanimity of opinion prevails among recognized authorities. Prof. A. C. Abbott, in the last edition of his work on bacteriology, has this to say: "Of the hypotheses that have been advanced in explanation of the existence and dissemination of zymotic diseases two stand pre-eminent and are worthy of consideration. They are the "telluric theory," of Von Pettenkofer and his pupils, and the "drinking-water" theory of the school of bacteriologists, of which Koch stands at the head. The adherents to the ground-water view explain the presence of the zymotic diseases in epidemic form through alterations in the soil resulting from fluctuations in the level of the soil water, and assign to the drinking water either a very insignificant role, or, as is most frequently the case, ignore it entirely. On the other hand, those who have been instrumental in developing the drinking-water hypothesis claim that alterations in the soil play little or no part in favoring the appearance of these diseases in a neighborhood; but that, as

a rule, they appear as a result of direct infection through the use of waters that are contaminated with materials containing the specific organisms that are known to cause such diseases."

Thus we see that some of the ablest and most careful investigators deny the existence of any positive evidence of a causal relation between germs and disease.

Prof. William Ripley Nichols, who is himself an ardent supporter of the drinking water hypothesis—that is, the germ theory—candidly makes the following admission: "Even the most earnest advocates of drinking watery theory must admit that the theory is by no means proved." Neither can it be asserted that the drinking water is the only means by which the zymotic diseases may be propagated. Admitting the necessary presence of these minute organisms, which, at least in certain stages of their development, can exist outside the human body and retain their vitality for a long time, the question arises how they can find their way into the systems of healthy persons to produce disease.

#### Air and Water.

The two most obvious of the possible carriers of disease are the air we breathe and the water we drink. We have no difficulty in supposing that emanations from sick persons, particulate or otherwise, may find their way into the air; moreover, the dejections of the sick and the water in which their clothes or their persons have been washed may often reach the sources of drinking water. Of these two media, the former, *i. e.*, the *air*, is *a priori* the most probable, partly because we take very much more air into our lungs than we take water into our stomachs, and also because the lungs afford a better chance for the morbid principle to enter the blood; indeed, some of the ablest and most careful investigators maintain that any organisms entering the stomach are rendered harmless by the fluids therein, and that the drinking water is not to be considered at all as a means of conveying the germs of disease. I am aware that there are other investigators who affirm that the exciting cause of typhoid fever is a specific, organized, pathogenetic germ, called the "bacillus typhosus," which is most commonly received into the system through the medium of drinking water. Still I have been unable after diligent search to discover in the broad domain of medical literature a single recorded instance in which inoculation experiments upon the lower animals with cultures of the "typhoid bacillus" have been followed by the lesions which

characterize typhoid fever in the human subject, notwithstanding the fact that thousands of experiments have been made with this specific object in view. It is a well-recognized fact, also, that the domesticated horse is subject to typhoid fever contracted in the natural way. Veterinarian writers tell us that typhoid fever prevails at times in epidemic form, or, more properly speaking, epizootic form among the equine race.

Whatever may be the merits of the germ theory of disease, it must be admitted, however, that, with our present information, too much stress cannot be laid upon the importance of preventing the discharge of organic filth and sewage into any stream which is used as a source of domestic water supply. The importance of this matter is underrated for two reasons: First, because of a mistaken belief that a polluted water rapidly purifies itself by natural means; and, second, because of the misleading idea that a water to be prejudicial to health must be polluted to such an extent that the animal matter may be recognized by chemical tests. That polluted water in its flow does become somewhat purified, no one can doubt who has followed the course of a polluted stream; chemical analysis proves the same thing. There is, however, much difference of opinion as to the method by which the self-purification takes place, and also as to the extent to which we may suppose that the disease-producing something is eliminated.

While oxidation, deposition, the action of infusorial plants and the agency of fish may account in a small degree for the disappearances of sewage in streams, undoubtedly the most important reason of the apparent disappearance of such filth is the fact that the amount of polluting matter is so small, compared with the volume of water into which it is thrown, that it is disseminated through the mass, and thus lost to observation and in many cases to chemical tests.

#### Natural Purification of Water.

In regard to the so-called self-purification of streams, Prof. William Ripley Nichols, who has made a very exhaustive study of the subject, emphatically declares that "the apparent self-purification of running streams is largely due to dilution, and the fact that a river seems to have purified itself at a certain distance below a point where it was certainly polluted is no guaranty that the water is fit for domestic use."

To what extent must a polluted liquid be diluted in order to



be safely used for domestic purposes? This question, I believe, no scientist has ever been able to answer. We do know this: Many eminent bacteriologists claim to have demonstrated by actual experiments that the spores of some of the lower orders of vegetable organisms are very difficult to deprive of vitality; they may be frozen, or heated to the boiling temperature, or they may be kept in a dry condition for years, and then, if placed in a favorable medium, becomes active and produce their kind. The "bacillus typhosus" is the micro-organism or germ generally recognized by the school of bacteriologists who adhere to the "drinking-water theory" of disease, as being the etiological factor in the production of typhoid fever. Prudden found this germ capable of growth after having been frozen in ice for one hundred and three days, and after having been heated to a temperature of 132.8 degrees F. He also found that it retained its vitality after repeated alternate freezing and thawing. Admitting, then, the presence of these disease germs in a liquid, the liquid may be diluted until the chance of taking even a single germ into the system is so small that it may be disregarded and yet if the prevailing "germ theory of disease" be true a single germ, if taken into the system, *might* produce disastrous results. It is reasonable to assume that countless myriads of these typhoid fever germs gain ready access to the waters of Niagara river, into which is poured vast volumes of sewage from the populous city of Buffalo, this sewage containing as it does the dejections from patients sick with typhoid fever. To my mind a weighty argument against the acceptance of the theory that ascribes the production of typhoid fever and other zymotic diseases to the presence of micro-organisms in the drinking water used is the fact that Tonawanda and Niagara Falls are not the hotbeds of typhoid fever, using as they do for dietetic and household purposes the polluted water of Niagara river, which has been fouled by the sewage from the city of Buffalo, and containing as it must countless millions of the typhoid fever bacilli, which are known to retain their power of growth and reproduction in water at such wide ranges of temperature for prolonged periods of time.

#### Neither Proved Nor Disproved.

Whether the micro-organisms in polluted drinking water are primarily the underlying cause of zymotic disease cannot, it seems to me, in the present state of medical science, be abso-

lutely affirmed or denied — proved or disproved — so that those who have carefully reviewed the literature extant on this interesting subject find themselves in a state of mental incertitude, if not in a purely agnostic state of mind. The duty, therefore, of those who have to advise or to decide in matters relating to water supply is perfectly clear; it is to err on the side of safety to admit the hypothesis that specific disease *may* be conveyed by the drinking water imbibed, and to carefully guard all sources of domestic and public supply from the possibility of contamination by sewage, by the dejections of persons sick with zymotic diseases and by excremental matter generally. It is admitted, as the result of universal observation, that the less the quantity of organic matter held by the water we drink the more wholesome it is

The joint use, therefore, of rivers and other water-courses for sewers and as sources of water supply for domestic use should be deprecated. I believe it to be the duty of physicians to emphatically protest against the adoption or use of a source of domestic water supply that is at all subject to contamination by sewage or putrefying organic matters of any kind. When organic matter comes from drainage it is a most formidable ingredient in drinking water, and it is the one of all others that ought to be looked upon with apprehension when it is from the drainage of cities and large towns, containing, as it does in such cases, the excreta from the diseased as well as healthy human beings.

Dr. R. A. Smith, in his testimony before the Royal Commission of Water Supply of London, said: "No one has conclusively shown that it is safe to trust to dilution, agitation, filtration or periods of time for the complete removal from water of disease-producing elements, whatever these may be. Chemistry and microscopy cannot and do not claim to prove the absence of these elements in any specimen of drinking water."

Leaving out of the discussion the scientific aspect of the case, the natural instinctive sentiment of repugnance and disgust excited by the mere thought of receiving upon one's tongue or into his mouth or stomach excrementitious animal substance—however much diluted — is sufficient condemnation of the repulsive practice of using dilute sewage for drinking and culinary purposes. It is evident that nothing is more unphilosophical than that one city should be allowed to discharge its sewage into a

water course which is the only available source of domestic supply for another city or village lower down on the stream.

We are wont to boast of the great intellectual enlightenment of the present age, and of our grand achievements in sanitary science, still, here on the eve of the nineteenth century in the Empire State of this great Commonwealth, thousands of its citizens are compelled to use for drinking and cooking purposes the diluted sewage of great cities which pour their vast volumes of organic filth and human excrement into the water-courses used as public supplies.

The remedy for this great wrong is to be found only in legal enactments, such as are now in force in France, England, Germany and Prussia, prohibiting the pollution of these streams. Cities and towns claim the right to discharge their sewage into a water-course on which they may be situated, and unless a nuisance is thereby created within their own boundaries they are not likely, of their motion, to do anything incurring additional expense.

*Niagara Falls, N. Y.*

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## OBITUARY.

Dr. T. S. Hoyne.

Expressions of regret were heard among medical men in all parts of the city when it became generally known that Dr. Temple Stoughton Hoyne, the veteran homœopathist and author of several technical works, had died.

Dr. Hoyne had been ill for some time and had sought relief in a surgical operation. After a slight improvement he suffered a relapse and died at his home, 1833 Indiana avenue, at 1:30 o'clock in the morning.

Dr. Hoyne was 57 years of age and a native of Chicago. His father, Thomas Hoyne, practiced at the Chicago bar in the city's pioneer days and his grandfather was the first homœopathist to practice here. After attending the common schools of this city and graduating from Chicago University young Hoyne went to New York, where he studied under Dr. Frank H. Hamilton, receiving a diploma from Bellevue Medical College. He returned to Chicago, graduated from the Hahnemann College and afterward became one of its lecturers. Among the books written by him are "Hoyne's Materia Medica" and "Clinical Therapeutics."

In 1866, shortly after his return to Chicago, Dr. Hoyne married Miss Fannie H. Vedder, of Palatine Bridge, New York, who, with a daughter, Mrs. Charles Buell, survives him.—*Chicago Tribune.*

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INTERNATIONAL HOMŒOPATHIC CONGRESS,  
1900.

ESTEEMED COLLEAGUE:

At the London Congress of 1896 it was decided that we should meet next in Paris, and that the quinquennial gathering should be ante-dated one year, so as to make it coincide with the Exposition Universelle which is to be held in that city in 1900. The Société Française d'Homœopathie has accepted the task of organizing the Congress, and has appointed the undersigned a Commission for the purpose. It has also obtained from the Management of the Exposition a place among the Official Congresses meeting in connection therewith.

We, therefore, beg to inform you that the Sixth Quinquennial International Homœopathic Congress will assemble in Paris, at a date hereafter to be determined, but lying between July 20th and August 19th, 1900; and we earnestly solicit your coöperation in our work of preparation for it. We need essays for our discussions, and the representatives of our system to conduct these to advantage. Will you be good enough to take such measures as you deem most suitable for interesting in our projected gathering the readers of the HOMŒOPATHIC RECORDER.

All information regarding the Congress will be published in good time in the French Homœopathic Journals.

With our fraternal regards, we remain, dear colleague, yours most truly,

P. JOUSSET, *President.*  
R. HUGHES, *Permanent Secretary.*  
LÉON SIMON, *Secretary.*  
VICTOR CHANCOREL.  
A. GOUNARD.  
MARC JOUSSET.  
J. LOVE.  
J. P. TESSIER.

P. S.—All essays and papers should arrive by January 1st, 1900, at the latest, and should be addressed to

DR. LÉON SIMON,  
24, Place Vendôme, Paris, France.

LADIES' HAHNEMANN MONUMENT AS-  
SOCIATION.

BUFFALO, February 1st, 1899.

DEAR MR. EDITOR:—The president of the L. H. M. A. has authorized me to communicate some facts which may be of interest to your readers. The work of raising money for the Hahnemann monument by the above organization came to an abrupt standstill soon after the association was formed, on account of the war with Spain.

Now that these momentous conditions are changed to an era of peace and prosperity, the project is again being pushed in every part of the United States of collecting the requisite amount to assist in completing this most superb memorial to the founder of Homœopathy.

Many distinguished women in all sections of the country are interested in this movement; a few names will suffice to show the kind of representation the organization has:

Mrs. M. A. Hanna, Ohio,  
Mrs. George Westinghouse, Washington, D. C.,  
Mrs. John Dalzell, Pennsylvania,  
Mrs. James A. Mount, Indiana,  
Mrs. H. Clay Evans, Tennessee,  
Mrs. William Appleton, Massachusetts,  
Mrs. H. N. Higinbotham, Illinois,  
Mrs. John S. Newberry, Michigan,  
Mrs. Elihu Root, New York,  
Mrs. John H. Vincent, Kansas.

Could this work of raising a monument to Samuel Hahnemann have a stronger endorsement among the laity than these brilliant names?

This effort, combined with the splendid achievement of the physician's committee in obtaining thirty thousand dollars for this object, insures the success of the entire movement.

One of the several methods employed by the L. H. M. A. has been to commence sending out a personal letter to homœopathic physicians, intending to interest those who have not yet given, asking for small contributions to the fund.

This appeal, only just begun, has, at the outset, met with most encouraging results; especially noteworthy, because many of the physicians whose names are here given had already contributed once, twice and even thrice to the Hahnemann Monument fund. The courtesy of the replies for promptness, kind

words and the enclosures is deeply appreciated by all concerned.

The following physicians have contributed to February 1st, not including donations from the "Chain Method" commenced in the Autumn:

Herbert A. Sherwood, M. D., . . . . .	\$ 5 00
Arthur F. Bissell, M. D., . . . . .	5 00
J. G. Baldwin, M. D., . . . . .	2 00
Daniel H. Arthur, M. D., . . . . .	2 00
John Arschagouni, M. D., . . . . .	2 00
P. L. Hatch, M. D., . . . . .	3 00
F. P. Batchelder, M. D., and wife, . . . . .	2 00
George A. Adams, M. D., . . . . .	2 00
C. F. Barber, M. D., . . . . .	2 00
F. J. Becker, M. D., . . . . .	3 00
Chas. P. Beaman, M. D., . . . . .	2 00
A. B. Berghaus, M. D., . . . . .	2 00
Joseph P. Paine, M. D., . . . . .	2 00
Francis M. Bennett, M. D., . . . . .	2 00
A. B. Blackman, M. D., . . . . .	1 00
J. Arthur Bullard, M. D., . . . . .	2 00
Merritt C. Bragdon, M. D., . . . . .	2 00
J. D. Brewster, M. D., . . . . .	4 00
J. P. Bloss, M. D., . . . . .	5 00
A. J. Bond, M. D., . . . . .	2 00
F. C. Bowman, M. D., . . . . .	2 00
Herbert M. Bishop, M. D., . . . . .	1 00
H. F. Biggar, M. D., . . . . .	25 00
J. D. Burns, M. D., . . . . .	2 00
	<hr/>
Total to Date, . . . . .	\$82 00

In the near future the complete report of the Treasurer, Mrs. A. R. Wright, will be forwarded for publication in your valuable columns. Physicians' contributions will be sent as often as amounts warrant it.

It is very encouraging to know that medical societies are taking up the Hahnemann Monument matter as the following letter will show:

BOSTON, January 10th, 1899.

DEAR MRS. COOK:—The work of the "Ladies' Hahnemann Monument Association," as outlined in yours of December 31st, and in the enclosed circular was presented at the annual meeting of our Boston Homœopathic Medical Society, held last Thursday evening, January 5th.

The whole subject of the monument, past and present efforts, was discussed with much interest by various members. It was voted to appoint a committee who should have the power to take the necessary steps to secure the co-operation of the members to raise among the laity, as well as the profession of Boston, a sum that will aggregate at least one thousand dollars.

Drs. A. J. Baker Flint, Adaline B. Church, Lucy Appleton and Sarah S. Windsor, president elect, were appointed such committee.

The movement instituted by the L. H. M. A. must prove a grand success. I also take pleasure in informing you that another start has been made by the present students of Boston University School of Medicine, who do not wish to be left behind in this movement to the honor of Hahnemann and Homœopathy.

It is of added significance that the leader in this and the editor-in-chief of the college paper, "The Medical Student," is a lady, Miss Alberta S. Boomhower.

The movement is an infectious one, and it may spread and spread until success crown the faithful efforts put forth.

Very sincerely yours,

BOSTONIAN M. D.

It is earnestly hoped that medical societies everywhere will take up this matter and co-operate with the L. H. M. A. to interest the laity in paying this tribute to the greatest reformer of the century.

The following physicians' wives are identified with the central organization at Buffalo, N. Y.:

Mrs. Joseph T. Cook, president;  
Mrs. F. Park Lewis, vice president;  
Mrs. Burt J. Maycock, vice president;  
Mrs. Dewitt G. Wilcox, vice president;  
Mrs. E. P. Hussey, vice president;  
Mrs. Wm. Henry Marcy, vice president;  
Mrs. Hubbard A. Foster, Advisory Committee;  
Mrs. P. A. McCrea, Advisory Committee;  
Mrs. John Miller, Advisory Committee;  
Mrs. A. R. Wright, Treasurer.

Very cordially yours,

ANNIE H. FROST,

*Assistant Secretary.*

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**"MERELY A STATEMENT OF FACTS."**

Some time ago an old school physician asked us to see in consultation with him, a case of infantile atrophy. We had never met him before and were a little puzzled at the request until, in the course of conversation, it developed that the mother had formerly been successfully treated by a homœopathic physician (in Terre Haute, Ind.), who had, by mail, suggested that we be seen for the child. As it was a case of consult or cease attending, he had chosen to consult, code or no code. We saw the child. Upon inquiry, we discovered that it had had an

eruption that had been "cured" by local applications, after which the marasmic condition had developed. The doctor was astonished at our "unscientific" view that this "cure" was the cause of the marasmus. To enlighten him, we gave him Burnett's *Diseases of the Skin* to read. Later, he returned the book saying he had not read it through; "it was not scientific; it was merely a statement of facts." This fairly took our breath away, and, before we could recover it, he made the discovery that the street car was coming and he must drive away as his horse was liable to shy, but he would call again, etc., etc., and he was gone! "Not scientific; only a statement of facts!" Comments are unnecessary.—*Editorial, Clinical Reporter, January.*

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## THE WORLD IN TIME WILL GROW UP TO IT.

No phase of Hahnemann's teaching has been as bitterly discussed, more keenly ridiculed, and more stubbornly misapplied than his *theory of the origin of chronic diseases*. Robbed of all superfluous verbiage, it simply teaches that chronic diseases, as a class, usually result from the suppression of an exanthem, or from an *inherited* tendency to disturbances of nutrition, or some specific infection; hence the necessity of avoiding local treatment of exanthems, and of patient, long-continued internal treatment for the eradication of the inherited and fixed tendency to morbid states.

Any ridicule cast upon this teaching is *largely* based upon a misinterpretation of the German term "Kraetze," which *may* mean "itch," but also is and was used, at Hahnemann's time and now, as a generic term, covering a rash on the skin, accompanied with itching. The discovery of the itch-parasite did not invalidate Hahnemann's teaching. Neither does the discovery of the fact that many exanthems really *demand* local treatment bring into question the soundness of Hahnemann's views, for the beneficent effect of topical medication applies to only a small subdivision of the "diseases of the skin."

Hahnemann's "theory of chronic diseases," rationally interpreted, is valid to-day and constitutes his crown of glory. There is no need whatever of apologizing for it, no excuse for thinking of it as a relic of the old days. No medical student in the world but that acknowledges the correctness of the general proposition that the suppression of an exanthem involves great danger. The



famous "detructive theory" of more recent date is but a different phrasing of Hahnemann's doctrine, and not only claims disastrous results from the suppression of a rash, but offers evidence of the cure of severe chronic diseases after reappearance of suppressed rash, such cure occurring under the use of mineral waters containing infinitesimal doses of sulphur, thus practically endorsing all the essentials of Hahnemann's teaching. Furthermore, modern medicine in the ætiology of chronic diseases, especially syphilis, scrofulosis, cancer and tuberculosis, places strong emphasis upon "inherited predisposition," "personal bias," and thus again indirectly verifies the teaching of the man it has so often villified.

I beg to add to these fragmentary statement the following: Hahnemann's teaching, as a whole, was only marvellously in advance of his own day, but at this writing is the very backbone of modern conservative medicine. Its essentials have been shown correct by every forward step made. The fame of Hahnemann as a teacher is safe. If you and I forsake him, the medical profession at large will for its own sake acknowledge his authority and eventually claim him one of its prophets.—*Dr. Arndt in Pacific Coast Journal of Homœopathy.*

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### AFTER "COUNTRY DOCTOR."

Editor of the HOMŒOPATHIC RECORDER.

Although I have taken and read the RECORDER for several years, have not till now written a word in defense of homœopathic treatment in animals. But in answer to your correspondent of New Sweden, Maine, who says that he cures spasmodic colic with one dose, would ask him if he had a severe case of flatulent colic whether he would be as successful? It will take the five or six hours that he so derides for the accumulated gas in a bad case to pass off or to become neutralized. I would not like to depend in such an instant on *Nux* for a cure, but it will have to be a very serious case that *Ammonium causticum* will not cure with an occasional dose of *Nux* thrown in. A case of acute indigestion will often assume the form of colic that will take at least the five or six hours for the patient to obtain permanent relief, and then *Nux* will do the work with an occasional dose of *Ammonium caust.* to neutralize the gas that may accumulate in the intestines.

At one time I treated on the allopathic principle, "but, oh," what time was lost taking off coat, rolling up sleeves, getting an extra man or two to help "drench," besides sending to the drug store to have prescriptions filled, that finally I became disgusted and determined to try the small doses and the teaspoon, so sent to Boericke & Tafel for some of the remedies that are mostly needed, a work on Veterinary Homœopathy, and I also obtained books on the actions and uses of medicine used on the two legged animals, and began to practice with fear, trembling, but to my utter astonishment found that I could obtain better and quicker results with the few drops given in a spoon than with the large quantity poured down out of a bottle.

There are several practitioners in this city of the old school, and yet a brother Vet, who has been on the sick list from the first of the year, asked me to attend to his practice for him, at least I offered so to do, and he was not afraid to entrust his patients to a knight of the spoon.

Now let me just add that if "New Sweden" has not been successful with homœopathic treatment, he did not select the right remedy for the disease; if he had, and the patient had not been sick too long before he was called in, he could not help but effect a cure; he must not expect one dose to do it, it is the small and repeated dose of the right remedy that acts on the diseased organ and removes the cause of sickness, like the continual drops of water wearing away a stone.

Try again, brother Vet, and you will soon discard heroic treatment for the more safe and reliable homœopathic dose.

W. C. KIMPTON, V. S.

*Washington, D. C.*

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## RELIABLE MEDICINES.

By an Old Physician.

INTO my hands has come a pamphlet on "Our Homœopathic Pharmacopœias," in which I find some singular statements. In the early days we prepared our remedies as Hahnemann directed us. We early had supply houses who also attempted to follow the directions of the master. In new provings we made the best preparations we could and insisted that the pharmacies should supply the profession with preparations *made in the same manner* as those used in the provings. It is only recently, since the British profession attempted to get the Institute to adopt their pharmaceutical ideas, that a jangle has occurred.

As physicians we want reliable medicines and we will patronize those pharmacies whom we can trust. I have bought from the same houses for about forty years. Purity and care in the preparations are the chief requisites. Time is an element and no house can supply good medicines cheaply. I used to make a good many tinctures of plants, but I soon found that I could make more money by attending to calls. Plants must be gathered at the right time and found in the right places. Roots must be at their best; the same is true of barks. Pharmacology is a profession by itself. Perhaps it is not generally known that Hahnemann has revolutionized the making of tinctures. The best and most careful men in the regular ranks prefer homœopathic tinctures and patronize our best pharmacies, for they believe that we are "awful particular" with the preparation of our drugs. We are, and should be. The Pharmacopœia that is called American is no more authoratative than any other. Many years ago a Committee on Pharmacy was authorized by American Institute to prepare a Pharmacopœia. The committee consisted of the pharmacy men in the Institute, with Dr. Boericke as chairman. I think they delegated Dr. Mitchell, of Newbury, and Dr. C. Dunham to compile it. I think trouble occurred over publishing it. The Institute could not afford it. After waiting a long time the Polyglott came out. Then, after that was exhausted, Dr. Boericke had the American Homœopathic Pharmacopœia issued. About the same time or soon after two were published in Chicago; one copied after the Institute Pharmacopœia; the other followed Gruner. In the meantime new men in the Institute came to the front, and these insisted in a new edition of British Homœopathic Pharmacopœia, urged an international one, but could not wait, and after a new edition of the British appeared the new one, under the sanction of the Institute, has recently appeared. It seems that the leading pharmacies do not like the revolutions proposed in it and the profession are requested to lend their influence to coerce the pharmacies to adopt the innovations. It is part of the old fight on Allen's Encyclopædia and the profession will wisely let it alone.

Give us preparations like the ones used to develop the symptoms of the *Materia Medica* is all we ask, even if they differ from allopathic methods. Stability is a characteristic of the new school. Our remedies must be the same yesterday, to day and forever as those used by our pioneers and they will always suit.

## GUIDES IN PRACTICE—SECONDARY SYMPTOMS.

By Thomas C. Duncan, M. D., Ph.D., LL.D., Professor of General Medicine, Chicago.

In Nash's interesting and valuable little book, "Leaders in Homœopathic Therapeutics," we are told as follows: "We must remember that every remedy has a dual action. These two actions are termed primary and secondary. I think that the so-called secondary action is only the reaction of the organism against the first or primary (so-called) action of the drug. For instance, the real action of *Opium* is to produce sleep or stupor, the reaction is wakefulness; of *Podophyllum*, *Aloes*, etc., catharsis, the reaction is constipation, and I think that *the truly homœopathic curative must be* in accord with the *primary* (so-called) effects of every drug in order to get the best and most radical cure, but if given for the secondary (so-called) symptoms, the primary ones having passed by, we should carefully inquire for all the symptoms which have preceded those which are present, and taking both past and present, let them all enter into the picture whose counterpart is to be found in the drug which is to cure. Any other method is only palliative, and not curative."

We use the term dual action when really it is only one action. The system's forces oppose the drug force from start to finish, and finally prevail, and the normal functions are gradually resumed. To get the exact similar the whole range of the drug must, it is true, correspond to the disease, but as we desire to hasten the last vestige of the disease effects (symptoms) we select the remedy that has a similar getting-well-end to its pathogenesis. We do not surely select *Opium* for its soporific effect, nor *Aloes* for its cathartic effect, but rather for their secondary action.

Surely this author has been wrongly printed. That is apparent all through this practical work. He brings out prominently that the guiding symptoms are the last symptoms, and surely the *secondary symptoms must be the curative ones*, according to similia.

One of the last symptoms developed by Dr. J. C. Morgan, in his proving of *Gelsemium* was diarrhoea from "bad news," which Father Hering wisely declared would prove a guiding symptom. This author verifies its value for this condition, given in the 30th potency.

Now let us settle this matter once for all. In therapeutics (practice) shall we take the primary (toxic) or secondary (reactionary) symptoms as our guides? *e. g.*, given a case of restlessness, wakefulness, shall we give *Opium*, whose primary effect is sopor but whose secondary effect is wakefulness? The dose must also enter into the problem. Small doses of *Opium* increases wakefulness. Now in this case of wakefulness shall we give small doses of *Opium*? Rather must we not investigate and find out if this wakefulness be not cardiac or emotional, and select a remedy whose secondary symptoms correspond to the subsequent symptoms that must follow a cardiac or emotional wakefulness. In either case is it not the secondary symptoms that are the curative ones? *Belladonna* relieves a congestive headache, not only because it causes tachycardia and then congestive headache, but also because it opens the urinary tract as does nature, and thus relieves the circulatory storm that rages in the cerebrum.

It seems to me that the keynotes are found chiefly among the secondary symptoms. Characteristics may be either primary or secondary symptoms, but if I study Homœopathy aright the getting-well symptoms must be exact similars. Because of the similar teachings of this author our therapeutic works and profession are in the fog, or at least it would seem so. Can we not declare with emphasis: *In therapeutics the secondary symptoms must be our guides?*

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## DYSENTERY IN INDIA.

B. K. Baptist, H. P.

Dr. Hughes says, in his *Manual of Therapeutics*: "I hope that ere long some of our East India practitioners will tell us what they do in the affection (dysentery) as seen there." Therefore I give an account of my own experience in the treatment of dysentery in India. *I hope, also*, that the account will give some idea as to what I have personally found useful in its treatment.

Dysentery is a very troublesome disease in some points, such as its obstinacy, excessive hæmorrhage, distressing tenesmus and the tormina. Unless the hæmorrhage is checked immediately at the outset the patient cannot have patience to rely upon the homœopathic drugs, because of the strong impression in the minds of the India people, "that homœopathic medicine acts very slowly."

Formerly, owing to want of sufficient knowledge and personal experience, I had to follow the Western Theraputists in prescribing *Mercurius corrosivus* and *Ipecac.* for "muco-bloody flux" and hæmorrhage respectively. But dysentery, as I find in India, is so obstinate in its nature that it does not yield to the above medicines easily. So the patient is compelled some times to try Allopathy for immediate relief by the use of some strong drug, like *Opium* or *Bismuth*. I had occasion to call on several patients, who had first gone to allopaths and taken excessive doses of *Morphia*, causing a very troublesome flatulence, with perfect success.

Having prescribed *Mercurius corrosivus* and *Ipecacuanha*, according to our new school method, I have found that they really take some time in almost all cases to relieve the patients; this delay makes them lose all faith in Homœopathy. I myself tried a few cases with *Merc. cor.* and *Ipec.*, but they soon ran away to the allopaths and I became a loser thereby. I had been thinking how to get credit in treating dysentery; no sooner I remembered "*Hamamelis* arrests the hæmorrhage at once," then I came to the conclusion that this is the medicine that will soothe the patient by checking the bleeding immediately, and thus it will induce my patients to rely upon my treatment. In the case which came to me I gave *Hamamelis*  $\text{ix}$  without a moment's hesitation—one drop a dose every two hours. The following morning, when I was called, I examined and found a wonderful improvement; hæmorrhage altogether stopped, decomposition of fæces disappeared and quantity of mucous secretion lessened. I repeated *Ham.*  $\text{ix}$  the second day; and the third day I found that almost all symptoms appeared favorable; only slight tenesmus, intestinal spasm and occasional colic were all that remained. In this state I prescribed *Cuprum metallicum*  $\text{6x}$ , every four hours, which took away the minor ailments and completed the cure. If the tenesmus, owing to "mucous-flux," had remained still I would have then given *Merc. cor.* May I be called a *specialist* in this particular? Yet I appreciate the virtues of *Colocynthis* in occasional colic, *Arnica* in tormina and *Nux vomica* in flatulence, according to our new school friends.

I have cured several cases of dysentery with *Hamamelis*  $\text{ix}$  in the commencement and found that sometimes it alone completes the cure. I request my foreign friends to try *Hamamelis* in dysentery and kindly let me know how it acts in their countries.

## A DREAM OF PARADISE.

By Dr. William J. Murphy, New York.

One time I had a dream. I thought that I, like Dante, had wandered from this terrestrial globe and found myself in another realm astray. I had not wandered long before I met by chance a guide, who seemed to be the only being of human resemblance in this vast domain, and together we travelled over the velvety hills and dales with no apparent effort. The time was neither day nor night, but a balmy twilight—a dreamy state which never changed.

While in this mysterious orb I "saw no panther nimble, light," such as appeared to Dante. I saw "no bloody rivulets," but instead were grazing herds that in the distance looked like kine, but which upon approach, while their general form resembled much our native cow, seemed to be distorted by gigantic growths from out their sides and necks. Their lungs, void the protection of thoracic walls, were solidified and grown to twice their natural size. How came such monsters here, I asked the guide. They seem like unto our bovine tribe, save for those hideous growths and changes.

Thus spoke the guide: These beasts are victims of man's medical inefficiency. Some were drenched with caustic fluids and their lungs destroyed. Others had seatons run deep into the flesh when afflicted with the pains of rheumatism. Those grazing yonder on that grassy knoll had tuberculin—that product of disease—pushed into their economy by the hypodermic needle. Just then the beasts, aware that we were near, scattered madly over the distant plains as though in fear that we had sought them in their distant home to inject beneath their skins some patent nostrum of ephemeral fancy. We turned and went another way, so that the frightened beasts could graze in peace again, and shortly came upon a vast projecting rock, surrounded by unbroken tracts of dreamy space. Dotting the surface of the verdured plains, always wet with a silvery dew, a multitude of equines grazed.

What a gathering of decrepid beasts! Some had broken jaws from brutal force in giving bulky masses. In some the tongue—three times its natural size—protruding, made the scene a ghastly one. Some had no covering to shield the bare thoracic walls—removed by powerful escharotics and the hair destroyed. Others

had great ridges buried deep into the flesh, because the delicate tissues of the lungs had been congested. Several had great swellings in the neck, as though a foreign body lodged beneath—perhaps some massive “ball” that had lingered on its journey to the stomach. Many bore the tell tale marks of where a cruel seaton, smeared with caustic salve, had been inserted. The fleam had laid its victim low.

What torture these poor beasts had undergone. What barbarity had been practiced upon their drooping frames under the guise of skillful treatment. Their lives were not blighted by disease. They had not succumbed to the ravages of a fatal epidemic, but they were the unfortunate recipients of allopathic veterinary “skill.” Perhaps they could have withstood the ravages of disease alone, but its union with the medical monster spread death and destruction in its path. Victims of incompetence, how I pitied them.

I wished to linger longer midst these distorted wrecks, but the guide urged that we proceed; and journeying on we shortly came unto the bottom of a mountain, and there, in a secluded nook, we found a house made of palms and other tropical plants. Creeping vines gave to it an air of inviting loveliness. Pretty flowers in brilliant hue peeped from beneath the little windows quaint which were in its structure. Delicate fragrance emanated from the dreamy place and seemed to saturate the atmosphere with a languid perfume. Truly an ideal spot, too delicate to be real, too heavenly to be natural, too beautiful to be but a dream.

Entering, I saw a pharmacy in miniature, and on the flowery shelves were medicines which bore the most familiar names. There was homœopathic *Aconite* in tincture and in the various attenuations. A demijohn of *Calendula* stood on the grassy floor as though it had been recently in use. A vase of oriental pattern, half full of *Belladonna*, occupied a table by itself, and on a shelf made of short and slender twigs of most fantastic shapes were bottles of *Bryonia*, *Phosphorus*, *Mercurius*, *Hydrastis* and *Gelsemium* arranged with neatness and precision, while in the background were beds of roses white and red, intermingled with a flower altogether new to me, but of exquisite beauty; and the perfumes, wafted by the gentle zephyrs as they toyed among the flowers, made the place a perfect paradise for the weak to seek repose.

The mellow, soft surroundings were in keeping with the homœopathic treatment that the sick received when they ar-



rived. Just then entered the rosy bower which answered for a door, a creature divine, celestial. Her angelic face beamed with radiant beauty as she administered to a small canine—some earthly pet that just arrived, a mass of skin and bones.

As yet she was unmindful of our presence. My guide addressed her Beatrice, and we were in her presence. From her I learned that Death had never paid a visit here. Time never aged those that pastured in its fertile fields or romped at play in its verdured valleys.

“Beatrice,” I addressed her, as did the guide, “the pharmacy is beautiful, sublime, exquisite, but why no *Alcohol*, no *Quinine*, no *Carbonate of ammonia*, no *Chloral*, no *Sulphuric acid*, no *Opium*, no *Morphine*, no *Potash*, no *Soda*, no *Copper*, no *Zinc*?” for it seemed that I considered them as valuable remedial agents.

Turning to me slowly, she said! “Monster! Who art thou? Canst thou not see the wrongs that thou hast done already? Hast thou not seen the horses ruined by those drugs, the cows distorted into hideous beasts by their use, the dogs ravished by their patronage, the cats maltreated by their application?”

Such wrath! Such a transformation! Such a lightning change from a creature angelic to one whose every word was bitter scorn and contempt. I looked around, the guide had vanished, I rushed wildly from the place and then awoke. A small alarm clock was announcing in vigorous manner the morning hour and paradise had vanished.

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## STELLARIA MED. IN LIVER DISEASES.

Five or six weeks ago I was seized with a very violent attack of sickness which lasted for two days and nights, during which I had no rest or sleep. Sharp pains in the stomach continually recurred, increasing in violence and then ending in an explosive vomit. None of the usual remedies had any effect. At last I discovered that it all arose from the liver, which was much enlarged and hard to the touch, and the pains began at a point where I conclude lies the seat of the gall-duct. I then called to remembrance that in Mr. Kopp's proving of *Stell. med.*, painful enlargement of the liver was a prominent symptom, and I then took frequent doses of *Stell. med.* I. After the first dose the vomiting ceased, and the pains and enlargement of the liver quickly subsided. If it were not for *Stell. med.* I fear I should

have gone on to utter exhaustion.—*F. H. B., in Homœopathic World, Feb. 1, 1899.*

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## CARBOLIC ACID IN PNEUMONIA.

By P. Proctor, L. R. C. P. Edin.

This agent, which occupies so prominent a place in modern medicine and surgery, has been so exclusively regarded in its antiseptic character that its biodynamic action, to coin a useful word, has been almost entirely lost sight of by both homœopath and allopath, and it certainly has not received at our hands the attention that it deserves as a protoplasm poison, and therefore under suitable dosage a medicine of power. With the exception of two or three minor cases reported by Dr. Hughes there is little or no reference to it in our literature. This may possibly be owing to the fact that our knowledge of its physiological action is limited to the effects either of overpoweringly poisonous quantities or of provings with attenuations, medium doses not having been tested. Yet a protoplasm poison of such activity must possess properties that are available for homœopathic uses if we only knew its specific character as a disturber of the vital functions in a moderate degree corresponding to the forms of disease commonly met with.

In reading over the *Carbolic acid* chapter in the *Cyclopædia of Drug Pathogenesis*, wherein we get what is known both of symptoms and morbid anatomy, one cannot fail to be struck with the uniformity and the intensity of the action of this agent on the lungs in all fatal cases. Engorgement with dark, blackish, venous-looking blood, with subsequent bronchial irritation when sufficient time has been allowed during life, is the invariable condition. This state prevails generally, involving heart, lungs, liver and kidneys in one destructive operation. Fatty degeneration and hæmorrhages are also to be found.

The entire process singularly resembles the effects of *Phosphorus*, and in one case, No. 7, recorded in the *Cyclopædia*, the parallel to *Phosphoric* poisoning in microscopic appearances is pointed out by the reporter. Blood decomposition, hæmorrhages, engorgement of abdominal and thoracic viscera and fatty cell degeneration show a pretty close correspondence between these two active substances. Differences between them will appear on closer examination. The inflammatory action does not

rise so high with *Carbol. acid*, and there is more venous stasis than with *Phosphorus*, which latter presents us with *post-mortem* appearances—where the blood is dark red and the stainings and hæmorrhages partake of this more oxygenized character. Taking the *post-mortem* appearances altogether and the symptoms during life a very vivid impression is left on the mind that *Carbolic acid* is to *Phosphorus* what venous is to arterial blood, and the tissue irritations bear a corresponding relationship, the same sphere of activity being to a great extent common to both drugs. Having this impression imprinted on my mind, I waited for a suitable case in which to put the analogy to practical use.

An opportunity presented itself in the spring of last year, in the case of a lady of 68. She was of decidedly bilious temperament and had been treated for enlargement of the liver the year previously. She was pale and thin, and mentally depressed by reason of family troubles and in condition to meet the strain of a severe illness. Her attack began with an affection of the colon, which was treated with enemata and medicine under an allopathic practitioner. The case dragged on and consulting physicians were called in, but the patient got gradually worse, and at the end of some four or five weeks her state became so critical that I was called in to try what a change of treatment could do. I found the heart failing and a feeble, intermittent pulse, a state of utter prostration and a serious derangement of digestive organs and liver. The condition of the circulation called for immediate attention, and under *Digit.* and *Strophanthus* the heart gradually resumed strength and regularity. The abdominal organs received attention, and with the help of *Nux vom.* a normal state of things was brought about; but as this part of the case does not bear upon the subject of this article no more need be said than that our efforts seemed to be rewarded with success and the patient to be on a straight course to recovery.

This, however, was not to be her good fortune, for in about a fortnight a low form of pneumonia gradually set in, beginning at the right base and involving the lower half of the lung. There was no great rise of temperature, but the weak heart showed signs of distress again. The expectoration showed a tendency to prune juice coloration and in a few days became hæmorrhagic, dark colored and copious. To meet this new development the usual medicines were resorted to, but, to my surprise, without making any decided impression. *Arsen.*, *Phosph.*, *Iodine*, *Laches.*, *Ant. tart.*, *Sang.*, were employed in varying

dilutions in the above order, but the symptoms showed no abatement, and at last we were face to face with another critical state of the case. Being called out late one evening after a rather larger hæmorrhagic expectoration than hitherto, I felt that something else was called for, and in thinking over what that something might possibly be the picture of *Carbolic acid* in the *Cyclopædia* came to mind. Forthwith the *acid carbol liq.* B. P. was procured, and one drop administered in water every three hours.

It should be mentioned that during the treatment with the acid no other medicine on any account whatever was given, so that the effect may be regarded as due entirely to the single medicine. In the course of 24 hours some improvement was manifest, in 48 hours it was decided, and in three days the blood had disappeared entirely. Concurrently the temperature went down, rusty sputum again made its appearance and the consolidation began to yield. The *Carbolic acid* was continued every four and then every six hours in the same dose of the pure acid. Finally it was given for some days in the first decimal until all necessity for it seemed to have passed away. The attendants thought the hæmorrhagic expectoration had been merely suppressed, but it was effectually cured and the lung cleared up completely.

The patient got well and was able to leave home for a change when hot weather came, and at the present is in the enjoyment of her usual health.

It should be mentioned that the *Carbolic acid* agreed extremely well with the patient, no untoward symptoms appearing, and the appetite improved under it.

One word I would add in conclusion, to suggest that the pneumonic complications of typhoid present just such a group of symptoms as seem likely to correspond to this remedy, and it is probable that typhoid as a whole may come to be regarded as within the sphere of this acid on homœopathic lines, for many points of resemblance strike one on turning over the before-mentioned article in the *Cyclopædia*. The undoubted value of the drug in allopathic hands lends probability to the suggestion that it acts in that disease as a dynamic agent and not merely as a germicide. If it should possess this medicinal virtue in addition to its germicidal property it would become not less, but doubly acceptable to us.—*Monthly Homœopathic Review, February, 1899.*

## SAW PALMETTO—PROSTATIC ENLARGEMENT.

W. E. Reily, M. D., Bowling Green, Mo.

In view of the vagueness and absolute uncertainty of anything in the old school in the treatment of prostatic troubles, I desire, in this paper, to give a few cases illustrating the action on *Saw Palmetto*.

It has been said that out of every ten men, nine have prostatic enlargement at some time between the ages of thirty-five and seventy-five.

Boocock's proving *vide*, "Hale's Saw Palmetto"—shows that the symptoms of this remedy correspond almost exactly with most of the prostatic troubles and especially to the condition of nerve irritation preceding prostatic hypertrophy. There is that same irritation of the neck of the bladder with difficulty in voiding urine; a sense of weight, usually accompanied by coldness of the adjacent parts with loss of sexual desire. Sometimes there is loss of prostatic fluid, at other times only the bladder symptoms. I can best illustrate what I want to say by drawing on my case book.

The following cases illustrate three of the most frequent phases of prostatic troubles in which *Saw Palmetto* has been useful in my hands.

Case I. Mr. J., age 56. Occupation, banker.

Previous history good until about six years ago, when he first began to notice an extraordinary frequency in urinating which became so annoying that he finally consulted a physician who treated him for a long time with only temporary relief. He then went from one doctor to another with no better results, and finally becoming despondent and thoroughly discouraged began the usual round of patent medicines. After a period of three years of such experimentation he gave the whole thing up in utter desperation and as a *dernier resort* came to me saying he had decided to try Homœopathy.

On December 28th I made a careful study of the case, finding the following characteristics:

Very despondent.

Irritable.

Sympathy seemed to anger him.

Great tenesmus in the neck of the bladder with heavy, aching pains with *sense of coldness extending into the external genitals*.

Occasionally, sharp pains would extend upward into the abdomen and down the thighs, especially the left, which has been amputated at about the middle third, because of a gun shot wound at the battle of Vicksburg.

Appetite capricious.

Constipation chronic.

Urine normal in every particular except frequency.

Sleep greatly disturbed by frequency of micturition.

I gave *Nux vomica*, *Gelsemium*, *Cimicifuga* and other remedies which seemed indicated with very little improvement until finally I came across the pathogenesis of *Saw Palmetto*, which so impressed me with the similarity of its symptoms to those of the case in hand that I decided to give it a trial. I gave a 5 drop dose of the tincture night and morning.

The result was all that I could desire. The improvement was steady from the first, the uncomfortable symptoms gradually disappearing until after eight weeks the tenesmus was all gone, the appetite was good, the bowels regular, the patient could sleep eight or nine hours without interruption and could hold his urine four or five hours during the day. With the disappearing of these symptoms went a very aggravating form of eczema on the hands of many years duration which I failed to mention in the previous history.

Case II. Mr. M., age 45. Occupation, superintendent of County Hospital.

Previous history good. Had been suffering for about a year with gradually increasing frequency of desire to urinate.

Very despondent.

Mind distressed.

Appetite capricious.

Little sexual desire, the indulgence of which is followed by dragging pains in the small of the back, some tenesmus of the bladder, but more trouble to get the water started.

Stream small and lacking in force.

Coldness of external genitals, with some pain of a dull aching character in the region of the prostate and extending to thighs and abdomen.

I gave *Saw Palmetto* 5 drops night and morning. Symptoms gradually improved until after three weeks there was no vestige of trouble whatever, nor has there been any return.

Case III. Mr. E., age 35. Occupation, real estate and loan agent.

Previous history good.

Had been troubled with frequency of urinating for about a year and a half.

Heavy dragging pains in the region of the prostate and extending into the back and thighs.

Considerable loss of prostatic fluid at times.

Urine normal.

*Pain in back much worse after coition.*

Sexual desire very much impaired.

Prescribed *Saw Palmetto* 5 drops night and morning, effecting a perfect cure in two weeks.

I neglected to say that in each of these cases there was a severe headache on the top of the head, and many symptoms of gastric catarrh, all of which disappeared under the administration of *Saw Palmetto*.

I have also had remarkable success with this remedy in cystitis, both acute and chronic and have found it frequently indicated in ovarian troubles.—*Hahnemann Advocate, December, 1898.*

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### NEPETA CATARIA.

W. E. B., in *Eclectic Medical Journal* for February, has the following to say of that venerable remedy, *Nepeta cataria*, otherwise "catnip:" "The infusion of the fresh plant certainly has something in it or about it that produces excellent results, and is soul satisfying when given to the crying baby. The infusion of the dried plant does not do so well. In fact, the tincture is preferable to the use of the dried article. Catnip relieves pain and produces sleep. We give it to the colicky baby. Its persistent crying and kicking and writhing soon ceases, and balmy sleep causes baby to forget its troubles. Catnip is not necessarily a baby remedy; many think of it only in this field. It is a woman's remedy, and produces just as certain and pleasant effects in nervous headache, nervous irritation, hysteria, amenorrhœa, dysmenorrhœa. It is an excellent remedy to bring about the relaxation necessary to the appearance of the exanthemata. In acute coryza or catarrh, bad colds, or la grippe, no remedy surpasses full doses, say ten to twenty drops, in hot water every hour or oftener."

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Miss B., a private patient, æt. ten years, blonde and plump, looked well in every way, and had a good family history. This

little patient came to me August 15, 1898, with a skin lesion covering the left side of the head, scalp and ear, especially back of the ear and down the neck. The trouble had existed for five or six years with but slight changes. A sero-purulent exudate oozed from the affected surfaces, which would dry down into a thick and greasy crust. Upon removal of this crust a pale pink, thickened and oozing base could be seen. Itching was present, but it was not intense. The outline was irregular, and the patch was about equally divided between the neck and the scalp.

The treatment consisted of *Calcarea carb.* 30, the affected parts to be sponged once a day with hot borated water, and a cold salt water splash-bath for the whole body as a general skin tonic. The cure was complete in four weeks with no evidence of any return of the trouble.—*Prof. C. D. Collins, M. D., in Clinique for Jan. 1, 1899.*

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### HOMŒOPATHY AS SHE IS (SOMETIMES) PRACTICED.

(This is from the *American Homœopathist* of January 15.)

Or if you want to take another form of Homœopathy (for there are said to be several kinds), one that is very popular in some sections because it mystifies and, therefore, satisfies, you would begin every case with *Aconite* 3x, alternating with *Bryonia* 6x, and giving a little *Veratrum vir.* tincture to drop the pulse. Leave something else low and in two glasses for the bladder. For the bowel give teaspoonful doses of *Cascara sagrada*, or that more elegant and convenient form of modern pharmacy—Homœopathic Combination Tablet No. 33. For the cough, if dry and racking, prescribe Homœopathic Combination Tablet No. 27. For the prune-juice expectoration give frequent doses of Anti-Coffine (made in Germany and owned in monopoly in New York). Give appreciable doses of *Quinine* if chills ensue. Change all these *homœopathic* remedies frequently and thus get the full benefit of Homœopathy, for “*Materia Medica* is the cornerstone of Homœopathy.” On the outside of the body—for we must neglect no adjuvant that will comfort the patient’s friends and assist the homœopathic medication—on the chest put a flaxseed meal poultice soaked in hot olive oil; on the abdomen place a hop poultice wrung out of hot whiskey, to be alternated every hour with a turpentine stoop. The kidneys must not be neglected; place on them a big-sell-fly blister until



active vesication sets in or on, then lift it off and apply "car-  
rion" oil. Between the shoulders and well up on the neck apply  
baumscheidtismus to keep the lungs active. Encase in a steril-  
ized cotton jacket with buttons all down before, and change  
often. Give a hypodermic of an eighth or a quarter of morphia  
each night to produce "tired nature's sweet restorer: sleep."  
An ice coil if the trouble should mount to the brain. Whiskey  
and milk, or whiskey sling, or brandy smash, or milk punch,  
with *Digitalis*, or *Strychniæ*, or *Nitro-glycerine*, or *Strophanthus*  
to whip up the flagging energies and support the dropping and  
drooping heart. Keep the patient warm—and the family the  
same. Keep doing something and do still more of it. Don't let  
nature have a hand in the business. She is a cruel step-mother.  
Keep busy. Keep the family busy, and the corner drug store.  
Keep the whole neighborhood busy. Make cultures of the  
sputum. Have the trained nurses take temperature every hour  
and make a blue print of them. When some of the blood be-  
comes too turgescient bleed him. And so on and so forth.

You see, dear Brother Editor, it isn't difficult to be a modern,  
scientific, fad-bitten, hobby-ridden old-school worshipping  
homœopath (Limited). You note further, that the schools are  
rapidly coming together; they are no longer a Sabbath day's  
journey apart. And if some of these blame-fool editors, these  
pestilential fellows, who know neither surgery nor gynecology,  
would stop harping on the old-fashioned Homœopathy which  
served our fathers and grandfathers in their unscientific day all  
right enough, and stop stirring up the people and the preceptors,  
quoting Hahnemann, who was a good enough man, but an ex-  
treme visionary, with impracticable theories, which were nothing  
but his Swedenborgianism applied to medicine, why there would  
soon be a complete union of schools almost as by first intention.  
Both schools are now using each other's medicines. Both schools  
prescribe on pathology. Both schools can practice "both  
ways"—the right way—and the other way. Why, sir, there is  
one hermaphroditic college, which, when it is not teaching surgery  
or gynecology from sixteen chairs, teaches its students that a  
good homœopathic cough mixture for infants is made by rubbing  
up *Camphor* and *Gelsemium* in sugar of milk and giving it in  
every case—and other gems of the same homœopathic ray  
serene.

Isn't it wonderful what strides "Homœopathy" has made in  
the last ten or fifteen years, since gynecology took charge of the

helm! Truly, it is. Pretty soon, Brother of the *Medical Gleaner*, you will see the modern Hermaphroditic Medical College take that obsolete word "Homœopath" out of its diploma, and out of that large black and gold sign, which, like a ghastly mockery, has been nailed over its front door, as it has already taken the word and all that it implies out of its curriculum. Then the lion and the lamb will do the lying act—or, rather, the lying-in act—the lamb lying in the lion. The millenium will have "came." People will no longer die by natural process, but have to be removed cito, tuto et jucunde! Salaam aleikum—peace be with thee.

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### HAMAMELIS.

Everybody—profession and laity—uses witch hazel. The clear, distilled extract is used. Fluid extracts and tinctures are of slight, if of any, worth. The dose of the distillate is from ten to thirty drops, three or four times a day. Like *Xanthoxylum*, *Hamamelis* is the remedy for feebleness and fullness of tissues. The mucous membranes are pale, full, and relaxed; their secretion is increased, and may be mucous or muco-purulent. The key to this feebleness and fullness is without doubt an enfeebled and engorged venous capillary circulation underneath. In the case demanding either the internal or local use of *Hamamelis*, there is a call for a so-called tonic, an astringent, and stimulant.

It is not a decidedly active remedy, but its reputation has been established by much use.

*Hamamelis* internally is a remedy of no mean worth in many cases of pelvic trouble. There is relaxation of muscles, with fullness, weight and sluggishness in the perinæum, the rectum, or in the ovarian region. There may be prolapsus of the womb, or of the ovary, or of the rectum.

Witch hazel exerts a specific influence upon the venous system. It influences the veins as certainly as strychnine does the nervous system. Through this effect it affects favorably varicose conditions generally. Varicose veins have been caused by its administration. Varicocele is bettered by it, and venous congestions, like phlebitis and phlegmasia dolens, are overcome by *Hamamelis*. Congested ovaries or testicles, with a dull, heavy, aching pain, are benefited by *Hamamelis*. Hemorrhoids are cured by *Hamamelis*. We do not exploit it as a better remedy than the scissors, but in those cases which will not submit to an

operation, in which there is fullness and congestion, weight, *Hamamelis* is an excellent remedy. There is that other class of cases in which there is constriction, irritation, tightness, a feeling as though a cockle-burr were within the grasp of the sphincter. In these the remedy is *Collinsonia*, not *Hamamelis*. Note the distinction as well as the difference. *Hamamelis* is a kidney remedy when there is fullness and relaxation of the organ. There may be polyuria or hæmaturia. It is a remedy for chronic vesical irritation when there is much fullness and tenesmus.

*Hamamelis* is not to be forgotten in many cases of chronic catarrh or ozæna, in pharyngitis, in tonsillitis, in bronchitis, and in laryngitis. Usually the discharge is copious, and the tissues relaxed. In these cases the remedy should be given internally as well as applied locally by means of a spray or as a gargle.

In passive hæmorrhage of any part or organ, *Hamamelis* is an excellence internal remedy, because of its tonic action upon the veins. No matter whether the hæmorrhagic ooze be from the lungs—hæmoptysis, the kidneys—hæmaturia, the nose, epistaxis, the womb, the bowels, or the surface of mucous membrane at any point or place, give *Hamamelis*. There is no better remedy for purpura hæmorrhagica, and for a certain few cases of anæmia, than *Hamamelis* internally.

Though not a specific for either diarrhœa or dysentery, there are certain cases occasionally of these troubles that yield promptly to this remedy. Pick them out. The fact is that *Hamamelis* cures *Hamamelis* cases of any disease.

Witch hazel has a most excellent reputation as a local application, both in the profession and out of it, to chafings, irritations, contusions, etc. Just now, if you will search the many foot ball captains of the country, you will no doubt find concealed about the persons of the greater number of them, the favorite and favored bottle of witch hazel. As a general remedy in this line, we believe it to be better than *Arnica*. *Hamamelis* is a soothing, sovereign balm as a local application to burns, scalds and frost-bites, and eczema, and erythema, and herpes, and lupus, and carbuncle, and chancroid, and freckles, and hyperidrosis, and fissured anus, and ulcers, and itchings, and smartings, and swellings, generally and particularly. The ladies use it for tan and sunburn, and it does as well, if not better, than anything else. They should not add much, if any, glycerine to

it; a little mite of glycerine might not roughen the skin, but an appreciable amount will do so.

Much more might be written about *Hamamelis*, but we forbear, only impressing upon you that *Hamamelis* affects favorably *only Hamamelis* cases, and that it will *always* do this regardless of the name of the disease. The dose of the distilled *Hamamelis* is from ten to thirty drops every two to four hours. Locally it may be used from full strength to any dilution.—*W. E. B. in Ec. Med. Jour., Dec., 1898.*

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## BOOK NOTICES.

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**Leaders in Homœopathic Therapeutics.** By E. B. Nash, M. D. Philadelphia: Boericke & Tafel. 1899. Small 8vo. Pp. 381.

Charles Lamb divided mankind into two classes, the lenders and the borrowers. The lenders were an abject race created solely for the convenience of lordly borrowers. The one did the work, the other took the wages, and the game went merrily on. It is going yet and will go until the millenium, when, it is promised, the devil shall be chained for a thousand years. Then many bookmakers will go out of business. These of course are the borrowers, the sons of Belial, of whom the world is weary.

Quite recently, and not a thousand miles from this vicinity, on the occasion of getting an X-ray apparatus for a medical college which must be nameless, a well-known homœopathic "author" was persuaded to subject this cranium to an examination. The skiagraph revealed a pair of rusty shears and a mouldy paste pot, his sole "essentials" for authorship.

Dr. Nash's "*Leaders*" reveals something more than scissors and paste. An active practitioner and an alert has been reviewing his professional life and recording what some two hundred and twenty-nine homœopathic "remedies" have enabled him to do. This not boastfully, but as the testimony of a man who is willing to give an account for the faith that is in him.

The oldest practitioners will readily recognize the *genuineness* of Dr. Nash's experience. The book is so evidently the outgrowth of his practice that those of us who "have been there" can testify to its truthfulness, by which token the younger physician can take up this book with confidence, and that is a

great deal to say of a modern medical book in these anti-millennial days of scissors and paste, the devil take them!

Another commendable feature of Dr. Nash's book is its unpretentiousness. There is nothing of the braggart's swagger in a single page; everything is stated quietly and calmly, but with the affixed assurance of conviction. The good doctor has reached altitudes in posology the mention of which is to the Jews a stumbling block and to the Greeks foolishness, but nevertheless the book impresses one by its air of unswerving veracity. For instance, writing under the head of *Conium maculatum*, he says:

"I once treated a case of what seemed to be locomotor ataxia with this remedy. The patient had been slowly losing the use of his legs; could not stand in the dark, and when he walked along the street would make his wife walk either ahead of him or behind him, for the act of looking sideways at her or in the least turning the head or eyes that way would cause him to stagger or fall. *Conium* cured him. It would always aggravate at first, but he would greatly improve after stopping the remedy. The aggravation was just as invariable after taking a dose of Fincke's c.m. potency as from anything lower, but the improvement lasted longer after it.

"Taking an occasional dose from a week to four weeks apart completely cured him in about a year. It was a bad case of years' standing before I took him."

Whatever one's predilections may be, it is not sufficient to meet such a statement with a mere negation. One may not accept the diagnosis, nor the cure as owing to the drug, but of the fact of the aggravation there can be no reasonable doubt.

We have had much "Materia Medica" of the spoon victuals variety in late years, a thin innutritious pap that could engender only wind colic in the unfortunate spoon fed student; but if this book of Dr. Nash's is inter leaved by the student owner and enlarged as his knowledge widens he will find it of far more value than many a more pretending volume. However, Dr. Nash would be the first to declare that it relieves anyone from the more formal study of the originals.

S. J. A.

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**Diseases of the Eye.** A hand-book of ophthalmic practice for students and practitioners. By G. E. de Schweinitz, A. M., M. D. With 255 illustrations and two chromo-litho-

graphic plates. Third edition, thoroughly revised. 696 pages. Cloth, \$4.00. Sheep or half-morocco, \$5.00. Philadelphia: W. B. Saunders. 1899.

Three editions of this work seem to prove that it meets the approval of the profession for which it was written; but what strikes a homœopath in looking through the pages of this, and similar medical works, is the absence of what might be termed the high powered, smokeless powder, arms of precision against many of the diseases which Homœopathy has at its command. Everything seems to consist in local measures or "constitutional" treatment.

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**An American Text-book of Diseases of the Eye, Ear, Nose and Throat.** Edited by G. E. de Schweinitz, A. M., M. D., and B. Alex. Randall, M. A., M. D., Ph. D. Illustrated with 766 engravings, 59 of them in colors. 1251 pages. Cloth, \$7.00. Half-morocco or sheep, \$8.00. Philadelphia: W. B. Saunders. 1899.

This massive work is gotten up in the same style as the others of Mr. Saunder's "American Text-book" series, and the editors have had the assistance of sixty more or less celebrated specialists in their various departments, and the whole may be fitly termed the really up-to-date text book of the old school on the subjects treated. Antitoxin in the section on diphtheria receives four and a half lines of noncommittal notice.

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**3,000 Questions on Medical Subjects.** Arranged for self-examination, etc. Second edition. 189 pages, interleaved. 10 cents. Philadelphia: Blakiston, Son & Co. 1899.

This neat little vest pocket book is a first-class quiz and absurdly cheap. The answers you must hunt up yourself.

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HAWKE'S *Collections of Characteristic Indications of Prominent Remedies* are reliable. They include "keynotes," as Guernsey used to call them, and added symptoms of about one hundred remedies. This work might be styled a *Materia Medica A, B, C* book. If physicians would put this little book in their pocket and commit to memory the symptoms of one drug each day they would soon have a good *Materia Medica* foundation. I would suggest that four drugs be taken first, like *Aconite*,

*Gels.*, *Verat. viride*, *Baptisia*, *Bryonia*, *Rhus*, etc. Then the stomach remedies, cough remedies, etc. That would group the remedies just as we group diseases in practice. On the blank pages could be copied the comparable and different symptoms. It would be well for beginners at first to learn the remedy symptoms as here given. They could be written off on cards (the symptom on one side and the name on the other), then they can be grouped for comparison.

T. C. D.

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IN the discussion following a paper on *Materia Medica*, published in January number of *The Journal of the British Homœopathic Society*, Dr. Fisher is reported as saying: In his own practice he followed more nearly the old *Jahr* and Hahnemann's *Chronic Diseases* than the newer works, and with greater satisfaction. We do not know whether any colleges recommend the two *Jahr Materia Medicas*, *i. e.*, Hull's *Jahr—Symptomatology—*and *Repertory*, or not. They are two books that are about the best published for sound Homœopathy and for quick and easy comprehension; also (of importance to students, at least) they are published at very low prices. We respectfully commend them to the college faculties

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THE following review of Burnett's *Diseases of the Skin* is from a courteous old school journal, the *Medical Council*, and is rather significant:

The object of the book, as the name implies, is the consideration and treatment of cutaneous affections by systematic remedies on the ground that they are really constitutional diseases. He claims the merely local treatment as practiced by physicians of all schools to be "nothing less than a crime against humanity." Perhaps he is right. It is a vigorous challenge that cannot be ignored. As he says, "thinking, in the profession, is well-nigh dead." He maintains "that the skin is a very important living organ of the body." This is the keynote of his position. He attempts to prove by the citation of cases that many skin diseases are due to other co-existing organic diseases, and, contrariwise, that the suppression of many eruptions, for instance, *eczema capitis* in one case (a child) speedily led to death, which he tried his best to avoid by these development of the rash, but in this he failed. The book is interesting. The Doctor does not prove his position, his treatment is homœopathic and he makes some good points. We are not ready to say that he is altogether wrong.

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"Ophthalmic Diseases and Therapeutics." By A. B. Norton, M. D. Second edition, revised and enlarged.

The day is not so remote as to be outside the memory of the

veterans in medicine when the old school boastingly proclaimed Homœopathy to be a myth, without a literature and without educated representatives. The assertion was only intended to amuse, and perchance to disgust the fair-minded students of medicine.

Here is a volume upon the most scientific department of medicine, by a man whose training has been exclusively in the new school. The literary, scientific and technical construction of the work is so correct, so well up to date, and so conscientiously done that it is quite out of reach of adverse criticisms.

In the preface the author says: "The indorsement extended the first edition of this book by the leading specialists of our school, as evidenced by the fact that it has been made the textbook on ophthalmology in twenty-one of the twenty-two homœopathic medical colleges, and by the profession at large, as shown by its rapid sale, is extremely gratifying to the author, and seems to warrant its continuance."

The printer, the binder and the paper man have done their work well. The illustrations, and especially the chromo lithographic figures, are very artistic.

Every general practitioner is called upon to examine affections of the eye. He should have such a fair knowledge of these as to be able to treat a large number of them intelligently and successfully. He should be particularly qualified to diagnose exactly, in order that he may take timely counsel of the specialist in those cases which he may not care to treat, either from lack of facilities, inclination or ability. The author has admirably succeeded in producing a work which furnishes "the student and general practitioner with a *concise*, practical manual." It is a book which should be on every physician's table. A repertory is appended which points out the therapeutic indications for a large number of well tried remedies.—*Big Four*.

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**An Abridged Therapy.** Manual for the biochemical treatment of disease. By Dr. Med. Schuessler, of Oldenburg. Twenty-fifth edition, in part rewritten. Translated by Professor Louis H. Tafel.

This, which has proved to be a posthumous edition of the famous author's work (for he died March 30, when he had read the last proof of the last sheet) is evidently, the ripest and best of his productions. It is prefaced by a *fac simile* letter to the



American publishers and a very interesting biographical sketch of the author. Prof. Tafel has given us what Schuessler himself so much desired, "a true translation" of the book, and those physicians who are looking about them for aids and helps from authentic sources will hasten to possess themselves of a copy, and to consult it on occasion. The introductory chapter on "The Constituents of the Human Organism," belongs to the literature of suggestive therapeutics in the better and most practical sense of that term. The "Characteristics of the Biochemical Remedies" are briefly and pointedly given, and the special rules for their use also, and their therapeutical results are faithfully digested and illumined with the sure lights of clinical research and experience.—*The Clinique*.

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**Ophthalmic Diseases and Therapeutics.** By A. B. Norton, M. D. Second edition, revised and enlarged.

This work is printed in the form of all Boericke & Tafel's publications, on good paper and in excellent type; with ninety illustrations and eighteen chromo-lithographic figures. The work is full and an excellent reference book for the busy doctor, a complete text-book for students and homœopathic colleges. It is up to date in general information. Too much must not be expected of its therapeutics, as every homœopathic physician must prescribe with the entire *Materia Medica* at his hand, yet in this volume the therapeutics may be said to be the well-known characteristics of the *Materia Medica*. The book is too well-known to need further commendation. It should be found in every homœopathic library.—*Journal of Homœopathics*.

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DR. H. R. ARNDT'S great *Practice of Medicine* will be ready for delivery about March 20th, perhaps a few days earlier. It is a one-volume work of 1331 pages, and undoubtedly the completest on the practice of medicine in print today, and will probably remain the standard for a number of years to come. The table of contents will be sent to anyone wishing to examine it by the publishers, Boericke & Tafel.

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IF any reader of the RECORDER has pamphlets, reprints or manuscripts concerning remedies not to be found in our standard *Materia Medica*s, yet which merit a more permanent form, or know of any such papers forgotten in the files of old journals, etc., please communicate with the editor of the HOMŒOPATHIC RECORDER, P. O. Box 921, Philadelphia, Pa. We have a plan to collect such material and get it into book form, for we believe there is much valuable matter of this sort that is forgotten because inaccessible. Let us hear from you and have your assistance.

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READ that very interesting paper on the "protoplasm poison," *Carbolic acid*, by Dr. P. Proctor, taken from *Monthly Homœopathic Review*. You will find it on page 124 of this number of the RECORDER.

*Carbolic acid* is the *only* drug contained in the "serum" prepared for sale, and it has been intimated by men, whose heads are reasonably level, that in this drug lies all the virtues of "antitoxin," though these virtues are very much handicapped by the animal matter; that with distilled water in its stead the drug's action would be better and safer.

And the news comes from Europe (we find it in *Pediatrics* of February 20) that a "new serum" is being "successfully used," namely, a serum of "convalescent patients." It seems to be quite as efficient as Behring's patented article. Here, too, whatever of virtue may be in the serum may lie in the *Carbolic acid* with which it is preserved.

In fact, it looks very much as though "immunizing" animals might be dropped with no small advantage. It would save patients from the possible contagion that may lie in the serum of the man or beast whose serum might be used.

A CLIPPING from *Current Literature* reads as follows:

A German biologist has calculated that the human brain contains 300,000,000 nerve cells, 5,000,000 of which die and are succeeded by new ones every day. At this rate we get an entirely new brain every sixty days.

And yet if you will keep a careful watch on yourself for the next sixty days you will probably find the same old boy at the end of that period, which, after all, is rather lucky, for it would be embarrassing to change every two months. There must be something besides cells that make the man.

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“FINANCIAL insufficiency is increasing in virulence among the medical fraternity and many casualties are reported. Doubtless there is a microbe at the bottom of it all which will have to be discovered and killed, but as a scientific experiment we suggest that an antitoxine might be prepared from the brains of health officials and contract doctors that would be efficient in arresting further progress of the malady.”—*The Clinique*.

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“A NEW trust is under way with its headquarters in St. Louis. It is a homœopathic pharmacy trust which intends to buy or drive out of business all other concerns west of the Alleghanies. The scheme is to get homœopathic physicians to take the stock in small amounts under the pretense of getting cheaper medicines. But after the trust is formed up will go the prices. ‘Will you walk into my parlor said the spider to the fly.’”—*Clinical Reporter*, February, 1899.

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THE *Therapeutic Gazette* of February, 1899, editorially remarks that “perhaps it is not as well recognized as it should be that large doses of the salicylates are capable of producing cerebral disturbances,” etc. In illustration it is said of one patient that “after a chill she became violently delirious, had hallucinations of sight and hearing, with extreme agitation, and could only be restrained by force.” With all due respect to the authorities, allopathic, “regular,” scientific, liberal eclectic, or even homœopathic, there is nothing yet discovered that is so good for the patient as the old “indicated remedy.” Hundreds of brilliant things have arisen, blazed and are now dead and forgotten, but the “indicated remedy” has seemingly discovered the fountain of youth. Then, too, it has the great, silent public back of it.

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THE following is from the *N. Y. Medical Journal* of Feb. 18th: Weber, in an article on The heredity of Tuberculosis (*Journal des pra-*

*liciens*, January 21st), cites a case reported by Beugnies as an example of "oblique heredity," which seems to be the same thing as Sedgwick's indirect atavism. A young girl was seduced and gave birth to a child. Both the child and its father soon died of tuberculous disease. Then the girl, herself strong and healthy, married a healthy and vigorous man. Four children were born to them. The first, second, and third died of tuberculous meningitis. The fourth, a girl, was born healthy, grew up, and married a healthy man. All the children that she bore were affected with tuberculous glands.

This seems to bear out the old idea that consumption is not "catching" but "runs in families."

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ANYONE wishing to buy a mounted telescope, five feet long, four-inch lens, made by C. A. Steinheil Söhne, Germany, costing \$500, in first-class condition, may obtain terms by addressing "J. B., 1011 Arch street, Philadelphia, Pa." This is a rare opportunity for some school or individual to get a first-class instrument at a bargain.

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THE following is quoted by the *Medical Record* of February 18th. There is something strangely familiar about it coming, though it does, from a Chinaman.

"*Ginseng*, which is so highly prized by the Chinese as a cure for almost all ills, and in certain qualities an extremely expensive drug, is said to be used in a wholly empirical way. So far as one can judge from a scientific standpoint, it is without definite results, aside from those which arise through trust acting on the imagination.—*Dr. Chung King-u.*"

Drugs, it would seem, are from the "scientific standpoint," what liquor was to "the red nosed man," the Rev. Mr. Stiggins, "wanity." Will the day ever come when the men who occupy that "standpoint" will unite in agreeing upon any (therapeutic) thing? Their work in this particular part of medicine up to date has been chiefly head shaking, glorifying their "standpoint," with an occasional jeer at the whole outfit from some honest, disgruntled, cynical or bewildered standor on the "standpoint."

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DR. HARE, in *Medical Record* of January 7th, in an article on the use of *Quinine* in malaria concludes as follows:

"It seems evident, therefore, that *Quinine*, like the tints of the artist, must be 'mixed with brains' if the best results are to be obtained, and that its routine use with blissful ignorance of its dangers ought not to be advo-

cated; while on the other hand, no one should for a moment cast discredit upon a truly specific remedy."

Quite true, when properly understood, *Quinine* is a "specific remedy," like all other remedies, when indicated, and at no other times. The great therapeutic law cannot be ignored. For it is there every time a drug is administered and has a lofty disregard for all medical science that does not harmonize with its inevitable action.

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"DURING 1871 and 1872 I treated in Kingston many cases of yellow fever on board vessels in the harbor, with the loss of only one case, the patients being of different nationalities, English, American and German. I administered only dynamized remedies, the principle one being *Fiebre amarillo 30th.*" Dr. Navarro, *World's Transactions*, p. 224.

(This is a Cuban plant, the properties of which were discovered by Dr. Iturraldo, who died at sea before making known what plant it was, he wanting to investigate and prove it further. His friends all had potencies of it and these are still attainable. Editor of HOMŒOPATHIC RECORDER.)

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"QUININE is believed by a great number of physicians of our system to be homœopathic to intermittent fever. I do not take this view. I think *Quinine* is homœopathically indicated in very few cases of intermittent fevers, and in these cases *China* high, 200th for instance, will cure like magic; this I have repeatedly verified in my practice."—José T. Navarro, M. D., *Santiago de Cuba*.

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"FROM what has already been said we can readily infer how many morbid states the *Tarantula* (Hisp.) is able to modify and cure. In the numerous clinical cases already published there abound, singularly enough, many varied specimens of a disease which is the opprobrium of ancient medicine, which treated it with all known medicaments without any results; we refer to chorea or St. Vitus' dance, chronic or recent, in children or adults, with or without rheumatic complications. So many cases, after having suffered under allopathic treatment in vain, have been cured by the *Tarantula* as almost to entitle it to be considered a specific in this affection."—*Hahnemannian Society of Madrid*. *World's Trans.*, p. 333.

# PERSONAL.

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Diphtheria death rate under antitoxin at Seattle was 25 per cent., as reported by Dr. C. A. Smith in *Medical Sentinel*.

"Will soon have you on your feet again," remarked the cheerful surgeon after amputating the man's leg.

A good many of us who deny papal infallibility are not so sure about our own.

There's many a slip 'twixt the cup and the lip; also sometimes after the cup has been to the lip.

The "Keeley Institute" is nearing the bourne of the dado, but the old soak still soaketh.

*Aconite*, *Bryonia*, *Belladonna* and the others seem to be about the only permanent things in medicine.

An Eclectic journal asks, "Can a physician be a Christian?" He can, with a good paying practice.

The *Clinical Reporter* says of Nash's book, *Leaders*, etc.: "Of the shorter works on homœopathic materia medica this is the most readable, the least tiresome, and, upon the whole, we think, the best."

Probably in the round-up "the trust" will have the money and the stockholders the experience.

A new editor writes: "We will always endeavor to interest our readers with plain, every-day facts." Good boy!

A scientific physician writes of grip: "*Hebetudo Animi* usually is an early precursor, with rhino-catarrrhus as a close second. Cynanche Tonsillar is a concomitant in adolescence and in some cases reaches back to early infancy." There's nothing like book larnin'!

**FOR SALE.** An elegant home in Southern California, a complete modern house of ten rooms, all improvements, seven lots, cement walks, flowers, fruits and ornamental trees. One block from post office, situated in one of the healthiest towns in the State. Just the place for a homœopathic physician, the nearest being five miles away. For particulars address P. O. Box 1693, ANAHEIM, CAL.

They now say that sanitation has nothing to do with the prevention of smallpox.

Red spectacles and calomel comes to us from Germany as a "specific against sea-sickness."

The weather men solemnly tell us of the "accumulated deficiency" of temperature.

A continental doctor advises giving to calves boiled milk as a preventive against their contracting tuberculosis. He reminds one of the philosophers Gulliver discovered.

Probably three-fourths of the "principles" of the world are prejudices so disguised.

The "Lodge" excuse wasn't needed on the night of the blizzard.

The difference between Atlantic City of to-day and Atlantic City of the last meeting is something like Chicago before the fire and to-day. The next meeting of the American Institute will be something no one should miss. The "sad sea waves" will not be sad then.

And though the ocean's water is salt there is still an abundance of fresh water, etc., etc., there.

Come one and all and help to make President Bailey's term a success.

# THE HOMŒOPATHIC RECORDER.

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## SYSTEMATIC THERAPY.

Being an Essay to Place Therapy on Scientific and Practical Ground.

By A. A. Ramseyer, M. D.

### I. Temperaments and Atomic Weights.

In a short paper, "The Incompatible Remedies of the Homœopathic Materia Medica," Dr. Charles Mohr, on pages 5 and 6, asks the question: "*Are not some of the aggravations we find after the administration of a remedy due to some idiosyncrasy of the patient, making the remedy unsuited to the patient, rather than really incompatible with the medicine formerly employed?*" On this point I invite discussion. But as to the case. The lady had received *Spongia* for some months without any benefit. A careful study of the symptoms led me to give *Kali carb.* Almost immediately the subjective symptoms disappeared, and in due course the health improved and the objective signs began to grow less and less. After some months things became quiescent, and seeing no other remedy indicated, the thyroid enlargement and the bulging eyeballs having remained in *statu quo* for several months, I concluded to try *Spongia*, of which I gave one dose of the 800th, and inside of a week all the distressing symptoms removed by *Kali carb.* had returned; there was present the same dyspnœa and palpitation; the same aggravation at 2 A. M., compelling patient to sit erect to breathe, and a decline of the general health, and these persisted under *Placebo* fully two weeks, when I returned to *Kali carb.* 30, relief again following at once, and under its continued use for some months the cure was effected."

Here, then, is a marked incompatibility between two remedies, *Spongia* and *Kali carb.* Where can we find an explanation of this fact?

Among the ancient alchemists, the *Tabula Smaragdina* of Hermes was supposed to contain the quintessence of all physical or philosophical knowledge. Among their descendants, the modern chemists, Mendelejeff's table of atomic weights has revealed a natural, although not perfect, system of classification of the chemical elements, showing that the properties of the elements are functions of their "atomic weights;"—"all the physical properties of the atoms are now believed to be functions of their mass, and this idea is dominant in the periodic law of Mendelejeff. That law shows the elements to be not independent of each other, but closely related." (Victor Meyer, *The Chemical Problems of To-day*, in Smithsonian report for 1890.)

To make matters somewhat clearer to those who have not paid much attention to this part of chemistry, I will now give Mendelejeff's table of atomic weights, leaving out, however, those elements that do not present any practical interest to the physician:

	I. R <sub>2</sub> O <sub>2</sub>	II. R O	III. R <sub>2</sub> O <sub>3</sub>	IV. R O <sub>2</sub> R H <sub>4</sub>	V. R <sub>2</sub> O <sub>5</sub> R H <sub>3</sub>	VI. R O <sub>3</sub> R H <sub>2</sub>	VII. R <sub>2</sub> O <sub>7</sub> R H	VIII. R O <sub>4</sub>
1	H 1							
2	Li 7	Cl 9	B 11	C 12	N 14	O 16	F 19	
3	Na 23	Mg 24	Al 27	Si 28	P 31	S 32	Cl 35	
4	K 39	Ca 40	. . . .	. . . .	. . . .	Cr 52	Mn 55	Fe 56, Ni 56, Co 59, Cu 63
5	Cu 63	Zn 65	. . .	. . . .	As 75	Se 79	Br 80	
6	. . . .	Sr 87	. . . .	. . . .	. . . .	. . . .	. . . .	Pd 108, Ag 108
7	Ag 108	Cd 112	. . . .	Sn 118	Sb 120	Te 125	I 127	
8	Cs 133	Ba 137	. . . .	Ce 141				
9								
10	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .	Ir 193, Pt 195, Os 200, Au 196
11	Au 196	Hg 200	. . . .	Pb 207	Bi 208			
12	. . . .	. . . .	. . . .	. . . .	. . . .	U 239		

"Passing from left to right in each series, we find that the elements can combine with a larger and larger relative quantity of



oxygen The only oxygen compound of *Lithium* has the formula  $Li_2O$ ; the *Oxide of glucinum* is  $Glo.$ , that of *Borax*,  $B_2O_3$ ; that of *Carbon*, which contains the largest proportion of oxygen, is  $CO_2$ ; that of *Nitrogen*,  $N_2O_5$ ; that of *Sulphur*,  $SO_3$ ; and that of *Chlorine*,  $Cl_2O_7$ . On the other hand, the power to combine with hydrogen increases until a limit is reached as we pass from right to left, as is shown in the compounds  $FH$ ,  $OH_2$ ,  $NH_3$ , and  $CH_4$ ." (Remsler, Introduction to Chemistry, p. 381.)

Prof. Robert Bartholow, in his Treatise on Materia Medica and Therapeutics, divides the remedial agents into

Those used to promote constructive metamorphosis.

Those used to promote destructive metamorphosis.

Those used to prevent septic decomposition.

Those used to modify the functions of the nervous system.

Those used to cause some evacuation from the body. "He adds that some remedies, with or without affecting the function of digestion, modify the process of assimilation, either promoting the construction of tissues or the retrograde or destructive metamorphosis. Iron may be taken as a typical example of the one, and Mercury of the other mode of action on the function of assimilation." (Page 1.)

Besides the aliments, the oils and fats, Bartholow includes as remedial agents promoting constructive metamorphosis the following: the mineral acids, Phosphorus, Iron, Manganese, Bismuth, Arsenic, the bitters, etc.; and as remedial agents promoting the destructive metamorphosis or increasing waste, the alkalies, Potassium, Sodium, Calcium, Lithium, Ammonium, Barium, the *Vegetable acids*, *Sulphurous acid*, *Sulphur*, *Iodine*, Mercury, Aurum, Argentum, Cuprum, Plumbum, Zincum, *Antimonium*, Cadmium, Cerium, Alumen, etc.

Barring those printed in italics (which I think are in the wrong place), this is a strikingly practical classification, yet only empirical.

Mendelejeff's table of atomic weights (subject to any subsequent modifications of our chemical theories) seem to me to give the true classification of remedies, together with their relative intensity of action.

Accordingly the I, II, III and IV series, which contain Hydrogen, Lithium, Iodine, Potassium, Cuprum (?), Argentum (?), Aurum (?), Magnesium, Calcium, Zinc, Strontium, Cadmium, Barium, Mercury, Borax, Alum, Carbon, Silicon,

Stannum, Cerium and Lead, form one class of remedies specially adapted to the florid, robust, plethoric temperament. While the V, VI, VII and VIII series of Mendelsjeff, containing the following chemical elements: Nitrogen, Phosphorus, Arsenic, Antimony, Oxygen, Sulphur, Chrome, Selenium, Fluorine, Chlorine, Manganese, Bromine, Iodine, Iron, Nickel, Cobalt, Cuprum (?), Palladium, Argentum(?), Platinum and Aurum(?), form a second class specifically adapted for weak, cachetic subjects. (Those elements with question mark (?) are of doubtful classification.)

Now the incompatibility between Kali carb. and Spongia (which contains Iodine), in Dr. Mohr's patient is explained, as each of these remedies belong to an opposite class (I and VII), and I will here add a few examples taken from the Homœopathic Materia Medica:

*Ammonium carb.* and *Muriat*—Fat, bloated, lax individuals who are indolent and sluggish; body large and fat, legs too thin.

*Kali bichrom.*—Especially suited for fat, light-haired persons.

*Calcarea carb*—Leucophlegmatic temperaments; fat children, large head and belly.

*Phosphorus*, *Phosphoric* and *Nitric acid*—Persons of slender form, tall, thin.

*Iron*, one of the remedies most useful in the treatment of acute rheumatism, is more specially adapted to the treatment of pale, delicate and cachetic subjects, and is much less beneficial, if not positively harmful, in the plethoric and overfed. (Bartholow.)

Iron not only augments the oxygenation but also the electrification of the blood, as probably do some of the drugs of the V, VI, VII and VIII series—Nickel, Cobalt., Manganese, Chrome, Cerium, Titanium, Palladium, Platinum, Osmium and Oxygen are magnetic as well as Iron.

*Iodine*, given intercurrently with Belladonna and Platina, cured some cases of chronic menorrhagia occurring in thin, delicate women. (Bayes.)

*Platina* for thin patients with dark hair (do.). *Sulphur* caused hemorrhage from the lungs in a very florid patient (do.). Hahnemann taught that one dose of Sulphur 30 would cure any case of itch, but experience has taught that this is not the case. "Next to Sulphur—and in some cases beyond Sulphur—Cuprum is curative of itch." (Bayes.) I think Cuprum to be more adapted for stout, corpulent patients.

The *Nitrogen* series (Phosphorus, Arsenic, Antimony and Bismuth) is indicated when there is a melting away of the tissues, in consumption, for instance. Paracelsus used Antimony as a specific in this disease, and last year (1898) at the Denver Medical Congress a Chicago doctor presented his *new* treatment of consumption by injection of Nitrogen.

Certain plants transform atmospheric nitrogen into albumin. Cannot the human system do as much? Should we not do away with the idea that the embryo grows by simple accretion from its mother's albumin? The chick does not grow that way. To what extent are gases used by human and animal organisms in the building up of tissues? To a much larger extent probably than we are used to think.

## II. The Alkaline and the Acid Remedies.

The above distinction between alkaline and acid remedies, as representing two different temperaments, is well shown in some herbs. It has been remarked by Hahnemann that the action of Belladonna is very much increased by acids, while acids arrest the action of Aconite. Aconite belongs to the class of alkaline, Belladonna to that of acid remedies.

A further distinction between alkaline and acid remedies is this: a white tongue calls for alkalies, a red one for acids. Dr. Benjamin Ridge, of London, England, was, I believe, the first to point out this distinction in his work "Glossology," (1838.)

Alkaline remedies are further indicated by lachrymation, salivation, watery discharges (Natrum muriaticum, Schüssler). But a more important symptom speaking for alkaline remedies is the appearance of pimples (Hepar sulph.) or vesicles filled with serum (little serous sacks above the eye, Kali carb.), or the serum may fill any serous cavity, as the tunica vaginalis of the testicle (hydrocele). This symptom (pimples, vesicles or serous cysts) is very important, and may help the physician out of many a difficult case. Says Guernsey: "Miliary rash, let it be ever so red, contraindicates Bellad., and under certain circumstances surely indicates Ammon. carb.

Rademacher used to give acids in petechial fevers when the petechiæ were of a violet or black color, with nose bleeding. Later he found Iron still better than acids in these same diseases.

Of course this classification is not perfect nor complete. It does not account for every series of Mendelejeff's table of atomic

weights. But it is a step in the right direction, by trying to build a correct classification of drugs upon a true symptomatology, objective, not subjective symptoms being used; also paying attention to the temperament, to the abundance, or to the lack of tissues and fluids. May this imperfect sketch soon become perfect!

“Every disease, according as it develops in this or that person, manifests a different, an individual character. The objective point of the physician’s investigations at the bedside is, therefore, an individual diagnosis, first, on purely scientific grounds, but still more important from the practical consideration that it must form the indispensable basis for individualizing the treatment.” (Vierordt, *Diagnosis*, 1898.)

#### IV. Rabuteau’s Atomic Law.

But this is not all we can learn from Mendelejeff’s Table of Atomic Weights; we have considered it only according to series, as alkalis or acids, etc. Let us look vertically at any series, the II for instance, which reads:

Glucinium 9, Magnesium 24, Calcium 40, Zincum 65, Strontium 87, Cadmium 112, Barium 137, Mercury 200. Speaking of Cadmium, Bartholow says:

“There is a strong resemblance—an identity of action, indeed—between Zinc and Cadmium, except that the latter is the stronger.” But he has no explanation to give of this significant fact, which Rabuteau, a French physician, in his *Handbook of Therapeutics* (Paris, 1884), explains in the following manner:

“By comparing the physiological energy, or if you please, the *toxicity* of metals of which the atomic weights are high, such as lead (207) or mercury (200), with that of metals of which the atomic weights are low, such as sodium (23) or magnesium (24), a considerable difference is observed. The salts of the first metals are dangerous, even in small doses, while those of the latter can be introduced into the system with impunity in considerable doses. Now, this difference of action is bound to a relationship which I discovered in 1867 between the activity or energy of metals and their atomic weights, viz: *Metals are the more active the higher their atomic weights are.* Thus the salts of sodium (atomic weight, 23) are much less active than those of potassium (atomic weight, 39). Again, the salts of calcium (atomic weight, 40) are infinitely less toxic than the salts of

barium (atomic weight, 137.)” This, at once, explains what Bartholow noticed about cadmium and zinc, since the atomic weight of cadmium is 112 and that of zinc only 65, both being in the same (II) vertical series. This, of course, presupposes a certain similarity of action between the action of the diverse members of the same series, as between calcium and magnesium, zinc and cadmium, etc.; the deeper we go in the series, viz., the higher the atomic weights of the metals of that series are the stronger are the physiological or toxic effects observed. But Rabuteau does not reap the full benefit of his discovery, since he ignores infinitesimal doses, and we find him warning his readers against the use of gold, platinum, bismuth as being fraught with great danger when used in solutions, on account of their high atomic weights.

Thus, with a correct table of atomic weights we would be enabled to both simplify and classify the *Materia Medica* in a very practical manner, grouping together those drugs possessing similar virtues or producing similar effects in their different grades from the mildest and most evanescent to the most active and most lasting.

### III. Baehr's Dynamic Circle and Organ Remedies.

Dr. Charles Mohr, in the same paper quoted above (*The Incompatible Remedies of the Homœopathic Materia Medica*), says (p. 4): It may be stated in a general way, so, at least, Hering puts it, “ “ that the substances which are too *similar* in action, especially in the remote symptoms, are incompatible, as witness *Zincum* and *Nux vomica* in nervous affections, *Rhus tox.* and *Apis* in skin diseases, *Cinchona* and *Selenium* in their effects on the sexual apparatus. *Mercurius* and *Silicea* in suppurative processes.’ ”

This *incompatibility* is explained by a discovery of Prof. Baehr, of Dresden, Germany, published in 1861, in a book entitled “ *Der dynamische Kreis. Die Natürliche Reihenfolge der Elemente und zusammengesetzten Körper als Resultat der Beobachtung ihrer dynamischer Wirksamkeit* ” (*The dynamic circle. The natural succession of the elementar and compound bodies resulting from the observation of their dynamic power*). Dr. Johann Karl Baehr lays down a new principle for the classification of bodies. Placing the substance to be analyzed in the centre of a circle drawn on paper or wood and divided into 360°

(degrees), and holding a pendulum suspended in a peculiar position (see the description of the experiment in his work), after a little while oscillations are produced in the pendulum which differ for almost every substance, and thus indicate each time a different number of degrees. For instance, Gold causes oscillations on the  $0^\circ$ , therefore on the dynamic circle he places Gold on  $0^\circ$ ; Sodium= $22\frac{1}{2}^\circ$ ; Silver= $45^\circ$ , that is, the oscillations of the pendulum are on the 45th degree; Magnesium= $60^\circ$ ; Zinc= $67\frac{1}{2}^\circ$ ; Silicon= $80^\circ$ ; Palladium= $90^\circ$ ; Copper= $112\frac{1}{2}^\circ$ ; Platinum= $135^\circ$ ; Iron= $157\frac{1}{2}^\circ$ ; Arsenic= $170^\circ$ ; Selenium= $172\frac{1}{2}^\circ$ ; Phosphorus= $175^\circ$ ; Sulphur= $180^\circ$ ; Calcium carbonate= $220^\circ$ ; Sepia= $225^\circ$ ; Potassium carbonate= $240^\circ$ ; Nuxvomica= $247\frac{1}{2}^\circ$ ; Opium= $257\frac{1}{2}^\circ$ ; Coffeine= $265^\circ$ ; Mercury= $270^\circ$ ; Quinine= $287\frac{1}{2}^\circ$ ; Digitaline= $295^\circ$ ; Ergot= $300^\circ$ ; Iodine= $310^\circ$ ; Calomel= $315^\circ$ ; Belladonna (tinct.)= $320^\circ$ ; Strychnine= $330^\circ$ ; Fluorine= $345^\circ$ ; Prussic acid= $350^\circ$ ; Bromine= $355^\circ$ ; Chlorine= $357\frac{1}{2}^\circ$ ; Oxygen closes the series at  $360^\circ$  (while Hydrogen= $0^\circ$ , the same as Gold).

This very short list shows a striking gradation, which is still more evident if we add a few more substances. Thus the flowers of all plants, aromatic oils, ether, fine spices, are spread on the circle from  $0^\circ$  to  $90^\circ$ , the yolk of egg occupying the middle of the quadrant ( $45^\circ$ ); woods, gums, fine wines, oils, casein, gluten, cereals, starch, sugar, butter, milk are found between  $90^\circ$  and  $180^\circ$ , with the white of egg on the  $135^\circ$ , viz., in the middle of the II quadrant; narcotic plants (leaves), resins, wax, spirits, vinegar, strong spices, tobacco arrange themselves between  $180^\circ$  and  $270^\circ$ , the shell of the egg and the human saliva being on  $225^\circ$ , the middle of the III quadrant; finally the IV quadrant ( $270^\circ$  to  $360^\circ$ ) is occupied by quicksilver, urine, acids, organic and inorganic poisons, alkaloids, the roots of plants, dung, iodine, fluorine, bromine, chlorine and oxygen, the human fæces being found on  $315^\circ$ , the middle of the quadrant. Thus it appears that the white of eggs ( $90^\circ$ ), the yolk ( $135^\circ$ ), the shell ( $225^\circ$ ) and the fæces ( $315^\circ$ ) each differ  $90^\circ$ , being *polar* to each other.

“The salutary or hurtful influence of the substances on the human system is in the closest connection with their position on the dynamic circle,” says Prof. Baehr. “On the circle the oil of roses is the first member of a great series of fragrant substances, while the last member is chlorine, a poisonous gas. In

the first segment the series of fragrant substances begins with oil of roses ( $0^\circ$ ) and closes with oil of bergamot ( $80^\circ$ ); the second segment begins with patchouly ( $92\frac{1}{2}^\circ$ ) and closes with Valerian oil ( $170^\circ$ ); the third segment contains musk ( $180^\circ$ ), ammonia ( $225^\circ$ ), asafoetida ( $265^\circ$ ); and the fourth segment valerianic acid ( $275^\circ$ ), bromine ( $355^\circ$ ), and chlorine ( $357\frac{1}{2}^\circ$ ). The products of the fermentation and distillation open their series with Muscatel and Bordeaux wines ( $125^\circ$ ,  $130^\circ$ ) and close it with rectified spirits (alcohol= $280^\circ$ ). The series of spices begins with nutmeg flower ( $40^\circ$ ) and closes with pepper ( $260^\circ$ ). The series of milk and its derivatives begins with fresh, sweet milk ( $100^\circ$ ) and closes with lactic acid ( $280^\circ$ ). The series of the alkaloids begins with coffeeine ( $265^\circ$ ) and theine ( $267\frac{1}{2}^\circ$ ) and closes with ergotine ( $325^\circ$ ) and strychnine ( $330^\circ$ ). The animal products begin their series with albumen ( $25^\circ$ ) and close it with uric acid ( $307\frac{1}{2}^\circ$ )."

Now to come to the explanation of the incompatibility of remedies. All those bodies whose distances from each other on the dynamic circle are about  $180^\circ$  are *antagonistic* to each other, or antagonize each other, says Prof. Baehr, while those which differ  $90^\circ$  from each other are *polar* to each other, which polarity supposes a relation between them, one being the complement of the other. For instance, there is a *polarity* between the yolk ( $45^\circ$ ) and the white of the egg ( $135^\circ$ ), between the white ( $135^\circ$ ) and the shell (of the egg) ( $225^\circ$ ), and the saliva ( $225^\circ$ ), and lastly between the human saliva ( $225^\circ$ ) and the fæces ( $315^\circ$ ), for they differ  $90^\circ$  from each other; while the yolk ( $45^\circ$ ) is *antagonistic* to the shell ( $225^\circ$ ) and the white ( $135^\circ$ ) to the human fæces ( $315^\circ$ ), for their distance from each other is  $180^\circ$ . Further examples of *polarity* are: Silver ( $45^\circ$ ) and platinum ( $135^\circ$ ), silver ( $45^\circ$ ) and the white of eggs ( $135^\circ$ ), sodium ( $22\frac{1}{2}^\circ$ ) and copper ( $112\frac{1}{2}^\circ$ ), sodium ( $22\frac{1}{2}^\circ$ ) and sugar ( $112\frac{1}{2}^\circ$ ), platinum ( $135^\circ$ ) and sepia ( $225^\circ$ ); while the following are *antagonistic* to each other: Silver ( $45^\circ$ ) and sepia ( $225^\circ$ ), zinc ( $67\frac{1}{2}^\circ$ ) and nuxvomica ( $247\frac{1}{2}^\circ$ ), (which explains the incompatibility which Dr. Mohr observed between the two); sugar ( $112\frac{1}{2}^\circ$ ) and oxide of copper ( $292\frac{1}{2}^\circ$ ),\* the white of eggs ( $135^\circ$ ) and calomel

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\* Query. How far would copper-oxide go to eliminate sugar from the diabetic urine when given as a remedy? And what of Sodium ( $22\frac{1}{2}^\circ$ ) and Baryta carb. ( $202\frac{1}{2}^\circ$ ) and Myrrh ( $202\frac{1}{2}^\circ$ ), both polar to Sugar ( $112\frac{1}{2}^\circ$ )?

(315°), purified sugar of milk (100°) and carbonic acid (280°), Mocha coffee (135°) and atropine (317½°), etc.

This explains why the white of eggs is the remedy against calomel poisoning, sugar against the poisonous effects of copper, and why silicea (silicon=80°) and mercurius (280°) antagonize each other; and why chamomilla is the best remedy in the opium habit, since chamomile flowers=80°-120° and morphine=292½°.

Prof. Baehr examined some animal substances, too; the white substance of the cerebral hemispheres of a calf=0°; the arbor vitæ cerebelli=22½°; the corpus callosum=45°; the Pons Varoli and medulla oblongata=67½°; grey matter of the cerebral hemisphere=90°; grey substance of the cerebellum=112½°. Ear wax=202½°; human epidermis=225°; saliva=225°; human urine=270°; human faces=315°.

After familiarizing myself somewhat with Dr. Baehr's method of analysis I examined on the dynamic circle a few more animal organs, and found the Heart (inside)=0°, (outside=35°); the Liver=90°; the Lungs=180; the Kidneys=225; Blood=0°; Artery (carotid, inside)=45°; Vein (jugular, inside)=90°. I was not slow to discover that the animal organs show the same gradation as the chemical elements, and that those chemical elements or drugs and those animal organs which occupy the same degree on the circle, or are opposed to each other or differing 180° from each other, are related to each other, viz., those drugs which occupy the same place on the circle as a particular organ may be termed *sympathetic* organ remedies (to that organ), while those which differ 180° from that organ may be called *antipathic* organ remedies, the sympathetic remedy being always less hurtful to the organ than the antipathic. For instance, Mercury (270°) is an antipathic liver remedy, the liver being on the 90th degree, while palladium (90°) is a sympathetic liver remedy. Gold (0°) is a fine heart as well as blood remedy, which fact was proclaimed by Paracelsus more three centuries ago; Sulphur (180°) he calls the balsam of the lungs (lungs=180°). Anyone reading his medical writings will find that he understood this system very well, as he speaks, in his Anatomy, of an external heart (Gold), of external lungs (Sulphur), etc., and insists that the true physician is he only who can make the external heart to concord with the internal, etc.

The pharynx occupies about the 135th degree on the circle and the bronchial tubes (inside)=157½°. Calomel (315°) and



Mercurius cyanatus ( $340^\circ$ ), which differ about  $180^\circ$ , are good remedies for diphtheria in certain temperaments, but, of course, they are antipathic ones; while Antimonium ( $147\frac{1}{2}^\circ$ ) is a sympathetic remedy in diphtheria and one which Hering often used.

Thus by means of Baehr's dynamic circle we have a sure method of finding out true *organ remedies*, which fact, so far as I know, I have been the first to point out.

Dr. William Bayes (of England) in his "Applied Homœopathy; or Specific Restorative Medicine" (1871), says on page 3: "In a paper, entitled 'Organopathy,' and in several subsequent essays, Dr. Sharp, of Rugby, has laid down the following three proportions as to disease on one hand and as to the action of drugs on the other:

1st. "That each cause of disease acts primarily or most powerfully upon certain tracts, parts, or organs of the body, the blood and other fluids, as well as the solids, being parts."

2nd. "That each medicinal drug, as a cause of disease, also acts upon certain tracts, parts, or organs of the body, solid or fluid."

3rd. "That in sickness the best remedy is a drug which acts upon the tracts, parts, or organs of the body invaded by the disease."

Not only are organ remedies found but their action is indicated before hand, and the physician will do well first to try a sympathetic organ remedy before he gives an antipathic one, unless the case be too far advanced, in which case an antipathic organ remedy may be called for at once; but the antipathic remedy always weakens an organ. (Culpepper.)

Now I will give a practical illustration of an organ remedy. Last fall my wife was troubled with a left-sided sciatica, and after trying, with but little relief, several remedies, as well as local applications, I was led to give *Sulphur* 30, which cured this sciatica in less than three days; at the first opportunity I examined a sciatic nerve on the dynamic circle, and judge of my surprise when I found its position on the  $180^\circ$ , the same as Sulphur. Of course it does not follow that Sulphur will cure any and all cases of sciatica, but it has been found curative in many cases, especially in France, and in my hands it cured a *left sided* case. The temperament has to be considered, of course.

There are besides, some other factors, for instance the electrical and magnetic conditions of the atmosphere and of the earth, which ever vary according to the seasons and the latitudes, also the geological formation of different localities. Faraday has shown that the sun is the real cause of these annual and daily variations of magnetic intensity, etc., and lately Prof. Bigelow, of the Meteorological Bureau at Washington, has examined the same subject in great details. By finding out which elements are magnetic, and which not, we may be able to explain the times of aggravation or of amelioration for the different drugs and diseases.

These few ideas are jotted down rather as a reminder and an incentive for some one better qualified than myself to follow up and fully develop. See what Paracelsus (pg. 244, I. Vol. of his works in German) has to say about the *Bursa pastoris* acting sometimes as a astringent, sometimes as an emmenagogue, according to the different times, for says he: "Often is a drug a poison, often a remedy in another hour." By properly unfolding this important idea, and by intelligently explaining this fact, more light could be shed on the paradoxical so-called homœopathic law, as well as on the more commonly observed law of contraries, which both are true, since everything in nature must have two sides.

I trust that these few ideas may be found correct and be improved upon by those who have better reasoning and observing powers and better means and more time for prosecuting the methods advanced here. But I confidentially hope that herein will some day be found the keys to the truly scientific and successful theory and practice of the medical art. Which may God grant!

1060 E. 2nd S. St., Salt Lake City, Utah.

#### A List of Some Substances Tested on the Dynamic Circle.

A			
Acetic acid . . . . .	292½°	Amber (yellow) . . . . .	245°
Aconite (Tinct.) . . . . .	225°	Ambergris . . . . .	157½°
Aconitine . . . . .	310°	Ammonia . . . . .	225°
Agaricus m. . . . .	312½°	Anis . . . . .	185°
Albumen . . . . .	25°	Antimony . . . . .	147½°
Alcohol . . . . .	280°	Argent. nitr. . . . .	250°
Aloe . . . . .	240°	Arnica (Tinct.) . . . . .	150°
Alum . . . . .	230°	Arsenic . . . . .	170°
Alumina . . . . .	310°	Arsenious acid . . . . .	35°
		Asafoetida . . . . .	265°

Atropine . . . . . 317½°

B

Baryta carb. . . . . 202½°

Bellad. berries . . . . . 292½°

Tinct. . . . . 320°

Benzoin gum . . . . . 220°

Bismuth . . . . . 160°

Blood . . . . . 0°

Boron . . . . . 93°

Borax . . . . . 170°

Bromide of Potassium . . . . . 320°

Bromine . . . . . 355°

Bryonia . . . . . 230°

Buttermilk (fresh) . . . . . 180°

C

Calcium carbon. . . . . 220°

fluoride . . . . . 275°

oxide (quick lime) . . . . . 335°

sulphate . . . . . 270°

Calomel . . . . . 315°

Camphor . . . . . 130°

Cantharis . . . . . 245°

Carbo (an. and veg.) . . . . . 185°

Carbonic acid . . . . . 280°

Castor oil . . . . . 135°

Castoreum . . . . . 135°

Caustic Soda . . . . . 195°

Chamomile (fl.) . . . . . 80°

Chlorine . . . . . 357½°

Chrome . . . . . 162½°

Cina (seed) . . . . . 187½°

Cinnabar . . . . . 280°

Cinnamon . . . . . 67½°

Citron juice . . . . . 115°

Cobalt . . . . . 145°

Cochenille . . . . . 140°

Coffee (Mocha) . . . . . 135°

Coffeine . . . . . 265°

Cognac . . . . . 240°

Colocynth (seed) . . . . . 180°

Colocynthidin . . . . . 262½°

Coniine . . . . . 302½°

Copper . . . . . 112½°

oxide . . . . . 292½°

vitriol . . . . . 310°

Coral (red) . . . . . 247½°

Creosote . . . . . 295°

Crocus (Tinct.) . . . . . 170°

Cyanide of Potassium . . . . . 310°

D

Dandelion (leaves) . . . . . 90°

Diamond . . . . . 5°

Digitaline . . . . . 295°

E

Ear wax . . . . . 202½°

Epidermis . . . . . 225°

Epsom Salt (sulph. magn.) . . . . . 147½°

Ergotine . . . . . 310°

Ether (acetic) . . . . . 100°

Euphorbium (gum) . . . . . 275°

Euphrasia (Tinct.) . . . . . 240°

Excrements (hum.) . . . . . 315°

F

Fæces (human) . . . . . 315°

Fluor . . . . . 345°

Formic acid . . . . . 310°

G

Ginger . . . . . 210°

Glauber salt (natr. sulph.) . . . . . 135°

Gold . . . . . 0°

Graphite . . . . . 185°

Guajac (gum) . . . . . 247½°

H

Hair (human) . . . . . 185°

Heart (inside) . . . . . 0°

(outside) . . . . . 35°

Hepar sulphuris . . . . . 250°

Hoffman's Anodyne . . . . . 157½°

Hydrocyanic acid . . . . . 345°

Hydrogen . . . . . 0°

I

Indigo . . . . . 255°

Iodide of Potassium . . . . . 265°

Iodine . . . . . 310°

Iodoform . . . . . 292½°

Iris root (orris) . . . . . 92½°

Iron . . . . . 157½°

Ivory . . . . . 220°

J

Juniper berries . . . . . 230°

K	
Kali bichrom. . . . .	305°
carb. . . . .	240°
nitric. . . . .	250°
Kalium . . . . .	110°
Kidney . . . . .	225°
Kreosote . . . . .	295°

L	
Laurocerasus . . . . .	295°
Lead . . . . .	150°
(white) . . . . .	320°
(red) . . . . .	332½°
Lemon juice . . . . .	115°
Lichen isl. . . . .	172½°
Linseed . . . . .	150°
Liver . . . . .	90°
Lithium . . . . .	97½°
carb. . . . .	190°
Lung . . . . .	180°
Lycopodium (seed) . . . . .	135°

M	
Magnesia alba. (carb. magn.) . . . . .	120°
usta. (oxide magn.) . . . . .	240°
Magnesium . . . . .	60°
sulphate (epsom salts) . . . . .	147½°
Manganese . . . . .	152½°
Mercury (quicksilver) . . . . .	270°
Mercurius corrosiv. . . . .	350°
cyanatus . . . . .	340°
dulcis (calomel) . . . . .	315°
solubilis . . . . .	305°
Mercuric oxide . . . . .	357½°
Milk . . . . .	100°
Morphine . . . . .	292½°
Moschus . . . . .	180°
Muriatic acid . . . . .	300°
Myrrh . . . . .	202½°

N	
Natrium . . . . .	22½°
Natron bic. . . . .	140°
carb. . . . .	90°
nitric. . . . .	167½°
sulphuric. . . . .	112½°
Nickel . . . . .	140°
Nicotine . . . . .	315°

Nitrate of Silver . . . . .	250°
potassium . . . . .	250°
Nitric acid . . . . .	310°
Nitrogen . . . . .	270°
Nutmeg . . . . .	75°
Nux vomica . . . . .	247½°

O	
Olive oil . . . . .	112½°
Opium . . . . .	257½°
Orris (iris) root . . . . .	92½°
Os sepiae . . . . .	210°
Oxalate of potassium . . . . .	270°
Oxalic acid . . . . .	240°
Oxygen . . . . .	360°

P	
Palladium . . . . .	90°
Paris green . . . . .	330°
Pepper . . . . .	240°
Petroleum . . . . .	142½°
Phosphorus . . . . .	177½°
Phosphoric acid . . . . .	350°
oxide . . . . .	355°
Platinum . . . . .	135°
Potassium . . . . .	110°
bromide . . . . .	320°
carbonate . . . . .	240°
cyanide . . . . .	310°
iodide . . . . .	265°
nitrate . . . . .	250°
Prussic acid . . . . .	350°
Pulsatilla (tinct.) . . . . .	223°
Pyroligneous acid . . . . .	285°

Q	
Quarz . . . . .	270°
Quassia (wood) . . . . .	175°
Quicksilver . . . . .	270°
Quicklime . . . . .	335°
Quinine . . . . .	287½°

R	
Realgar . . . . .	330°
Rhus tox (tinct.) . . . . .	235°
Rough on rats . . . . .	350°

S	
Saffron . . . . .	100°

Salicine . . . . .	272½°
Saliva . . . . .	225°
Salmiac (am. muriat.) . . . . .	275°
Sambucus (tinct.) . . . . .	112½°
Santonine . . . . .	275°
Salt (table.) (natr. muriat.) . . . . .	250°
Saltpetre (nitr. of potassium) . . . . .	250°
Secale cornutum . . . . .	300°
Selenium . . . . .	175°
Senega (tinct.) . . . . .	270°
Senna (leaves) . . . . .	187½°
Sepia . . . . .	225°
Silicea . . . . .	267½°
Silicon . . . . .	80°
Silver . . . . .	45°
Soda (sodium carb.) . . . . .	90°
Sodium . . . . .	22½°
bicarb. . . . .	140°
borate (borax) . . . . .	170°
carb. . . . .	90°
chloride (table salt) . . . . .	250°
nitrate (saltpetre) . . . . .	167½°
sulphate (Glauber salt) . . . . .	135°
Solanine . . . . .	282½°
Spongia tosta . . . . .	290°
Stramonium (Tinct.) . . . . .	300°
Strychnine . . . . .	330°
Sugar . . . . .	112½°
Sulphur . . . . .	180°
Sulphuric acid . . . . .	330°

## T

Tartaric acid . . . . .	275°
Tartarus stibiatus . . . . .	297½°
Tea (black) . . . . .	105°
(green) . . . . .	157½°
Theine . . . . .	267½°
Theobromine . . . . .	285°
Tin . . . . .	125°
oxide . . . . .	305°
Tobacco (Havana) . . . . .	220°
(German) . . . . .	260°

Turpentine . . . . .	140°
U	
Uranium . . . . .	100°
Uric acid . . . . .	307½°
Urine . . . . .	270°

## V

Valerianic acid . . . . .	275°
Vanilla . . . . .	45°
Veratrin . . . . .	290°
Verdigris (cupric acetate) . . . . .	300°
Vinegar . . . . .	225°
Vitriol (blue) . . . . .	310°
(sulph. copper)	
(green) . . . . .	290°
(sulph., iron, copperas)	
(white) . . . . .	272½°
(sulph. zinc)	

## W

Water (fresh fountain) . . . . .	90°
White of eggs . . . . .	135°
Whitelead (carb. lead) . . . . .	320°
Wine:	
(Bordeaux) . . . . .	130°
(Madeira) . . . . .	185°
(Malaga) . . . . .	175°
(Muscatel) . . . . .	135°
(Spanish) . . . . .	162½°
Wormwood (leaves) . . . . .	202½°
(artem. absint.)	

## Y

Yolk of eggs . . . . .	45°
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## Z

Zinc . . . . .	67½°
vitriol . . . . .	272½°

**HOMŒOPATHIC REMEDIES IN TUBERCULOSIS.**

By J. Henry Hallock, M. D., Saranac Lake, Adirondack Mountains, N. Y.

There is no place among the whole list of diseases where Homœopathy to-day shows itself so superior to old school medication as in that class of patients who are predisposed to consumption. We sometimes call them scrofulous. Burnett calls it consumptiveness.

Whoever has watched the brilliant results of *Calc. phos.*, *Calc. c.*, *Hydrastis*, *Iodine*, *Bacillinum*, *Psorinum*, etc., in a typical case must have been thankful that he was not of a school dependent upon laxatives, tonics, and cough mixtures.

Two years ago a young lady, twenty-two years of age, came to me after having been the rounds of such medication. She was a tall, slim blonde, with a family history of scrofula and tuberculosis, her own mother dying of cancer. She was weak, anæmic, with enlargement of the lymphatics, especially the cervical. She had a stomach which would hardly digest the simplest food; was discouraged and tearful. Her bowels were constipated and she had a dry, hacking cough with a slight evening temperature. Her chest was long and lean with prominent ribs and scapula.

There was no consolidation, though there was a suspicious prolonged expiratory murmur over the lower lobe of the left lung. There was no expectoration for the microscopist, and I was not then familiar with the diagnostic value of tuberculin. But had the case not yielded promptly I should have considered it one of tuberculosis and have treated it accordingly. She proved, however, to be in the pre-tubercular stage, and *Puls.*, *Phos.* and *Bacillinum* made such a change in her condition that in two months I discharged her cured. She had gained ten pounds in weight and was to all appearances in perfect health. She has since married and is the mother of a healthy child.

But we, as Homœopaths, must bear in mind that consumptiveness and consumption, though different stages of the same disease, are very different as far as results from medical treatment are concerned.

Three years ago this spring, after battling for some weeks with a cough seemingly from laryngeal irritation, I was induced

to send some of my expectoration to a microscopist, who reported that it contained, not only tubercle bacilli, but elastic lung fibers and pus. Then I remembered that I had had a hæmorrhage a year before, and, though I had been attending to my business, was far from my normal weight and strength. A physical examination showed both lungs involved, and I realized that I was in the second stage of tuberculosis.

I had already taken the indicated remedies with but slight results, and knew that something more heroic must be done at once. With a complete change of environment, in a proper climate, I believed the remedies would receive the aid necessary, and so it proved, *Iodine* being the one I depended on most.

Some of the mistakes I made upon first coming to the Adirondack mountains may be of help to others, as it has since been to me, in guiding myself and the cases that have been placed under my care. The place I first chose was entirely too damp, though no large body of water was near. The forest was dense to within a few rods of the camp, and in such a place the ground never becomes dry. Next, in looking for elevation in a clearing sufficiently large to insure dryness, I lost sight of the fact that such elevation was not of sufficient benefit to counteract the effect of exposure from hard winds and storms that are sure to come at certain times of the year, and that a place to be of much benefit must get its elevation of 1,500 or 2,000 feet without being on the top of some high exposed knoll. It must be surrounded with higher mountain peaks and sheltered in all directions from which hard winds may blow.

Then with a porous soil and an air loaded with oxygen from blowing over many miles of surrounding forests one has an ideal air in which a consumptive has a chance to regain his health.

Three years ago I was full of the old idea that exercise made strength, and I usually started the day with a little run of twenty rods and in the afternoon would take a long walk, or, being fond of fishing, I would spend the day along a trout stream, and later in the season I killed my two deer and a fair number of partridges.

All this after ten years in general practice, where I had treated the usual number of consumptives. And since coming here I have met many another trying to guide himself, and while they may not have made the same mistakes I did they frequently make worse ones, and I have come to the conclusion that it is

nearly an impossibility for one sent into a strange climate to get the full benefit without the occasional advice of one familiar with their needs. For several months I hardly held my own. A physician who visited me during the summer of 1896 took back a very unfavorable report to friends in the city, and with the amount of purulent matter I was expectorating my chances were not good.

My gain commenced soon after I stopped all exercise and began sitting out quietly on a sheltered porch from five to eight hours a day. And by watching many cases since, I am convinced that exercise of any violent kind, while active processes are present in the lungs, by rushing the blood into the weakened, diseased parts increases the fever and hastens the breaking down process.

Gentle exercise should be begun after the disease is arrested and increased as the strength and symptoms of the patient will permit.

With warm blankets on a sheltered porch one can be comfortable at all seasons of the year. And I have never known such a patient to catch cold, nor did I have, during the winter past, a single case of la grippe among patients thus spending their time out of doors, yet the disease was prevalent enough among those living shut up. By the above methods I have not only been able to regain my own health and vigor, but have been instrumental in aiding a good number of others to do the same.

One case was of especial interest to me, as he was among the earlier cases sent me here, and was my companion on many a pleasant occasion.

Mr. G., aged 38, sent me, November, '96, by Dr. May, city bacteriologist, of Syracuse. He was a heavily built man of healthy German parentage, and not one in whom we would usually expect tuberculosis.

He had the la grippe during the summer preceding. Had suffered from catarrhal troubles, lost weight and strength, and after several physicians had failed to benefit him he sent a specimen of his expectoration to Dr. May, who found that it contained tubercle bacilli. About this time he began to raise a little blood, which had the effect to hurry him for the woods. My own previous experience, and the reports and treatment followed out at several of the German sanitariums, had convinced me of the proper course, but Mr. G., who had gained nicely dur-



ing his first two weeks could not resist the temptation of attending a country dance "just to break the monotony." He danced and otherwise enjoyed himself until a late hour, caught cold and from that time on till spring I had to fight a very active tubercular trouble with repeated hemorrhages and all the usual accompanying symptoms.

He was given in about the order named *Acon.*, *Phos.*, *Hepar s.*, *Bacillinum* 200th (B. & T.'s, by Burnett), with the result that by March, '97, he had made a perceptible gain which continued until he was quite well.

During the summer of 1897, all active disease having left him, he was able to hunt fish and enjoy himself generally, but of course under advice. The consolidation had cleared up, temperature was normal, and he was fast gaining his weight and strength.

In this case, as in many others since, I know that the cure was aided by homœopathic remedies, but these must have failed without the aid of proper climatic treatment.

It is so important that such patients should eat and digest large quantities of nourishing food that the digestive organs, which are almost always weakened, require attention, and here again the results from our remedies are conspicuous.

Mr. G. spent the winter of '97 here to give his disease a chance for thorough arrestment.

When he left for home the following spring he was so fleshy he could hardly wear any of the clothes he came with, and was an absolutely well man, and though jumping at once into hard work, as proprietor of two city hotels, he has kept well without one sign of his original disease.

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## A TRIBUTE TO GREAT MEN.

By Thomas C. Duncan, M. D., of Chicago.

Three pillars in the temple medical have fallen recently in Chicago. Yes, we might say four, viz., Profs. Mitchell, Hale, and Hoyne (and Burt, last year), well known to the profession, all interested in drug study. Three were authors of repute and their work demands more than a passing mention. It will take time, perhaps, to accord each the meed of praise he deserves.

Prof. Mitchell was best known as a teacher—an earnest, en-

thusiastic teacher. A hypertrophied heart led him to study chest disease. He was an accurate diagnostician. Notwithstanding his preceptor, Prof. Gaylord D. Beebe, was a surgeon, he took to medicine, following the spirited and earnest teaching of such experts as Profs. N. F. Cooke and H. P. Gatchell (father of Prof. Chas. Gatchell). Prof. Mitchell had strong faith in the action of medicines (as became a professor of practice) and recorded his belief that cancer and even appendicitis could be cured by remedies. He believed that *Arsenicum* was often the similimum of carcinoma. At the last session of the Materia Medica Conference he was an active participant. He died suddenly from aneurism of aorta a staunch believer in similia.

Prof. Hale was the easy pioneer of the students of American Materia Medica. His "New Remedies," issued in '64, was a collection of provings of indigenous drugs. Some thought that American drugs would supercede those from foreign sources, but Hale did not. He, for years, stood as the one man who stimulated provings, and Burt was the champion experimenter. Hale was the active gleaner in the eclectic field, and, therefore, all of his writings show their origin; but his energy has done more than any other to make plain the way for that wing of the profession to absorb our teachings. The early study of indigenous drugs, under the guiding of a botanic physician, led the writer to assist Dr. Hale, in '66, in his work of gathering material for the second edition of "New Remedies." During a quarter of a century his gleanings have been simply enormous. Shortly before his death Hale was asked what drugs freshmen students should be taught. He said Hahnemann's *Materia Medica Pura*, showing that he looked to the master's list of remedies as the best to learn first. Dr. Hale had worked out in drug therapeutics a potency rule of his own, in which he gave strong doses for the similar primary symptoms and the small doses for the secondary symptoms. His attention was necessarily centered on the primary action of remedies, and hence his rule tied him to the large doses and the temptation of double remedies. Those who will read Hahnemann's writings closely will discover that he tried also to be guided by the primary effects. It is, however, evident to any thinking mind that the reactionary or secondary symptoms must be the curative ones—the getting-well symptoms. That Dr. Hale was an honest, earnest student

of drug action of the over-enthusiastic is evident in all of his writings. He was a most comprehensive student and hence his writings take a wide range, and most of them were subsequently gathered into book form, some having several editions growing in proportion. The collection will be a valuable one for future reference.

Prof. Burt, familiar with the woods of Canada and the many native medicinal plants, became an enthusiastic prover. He sought to ascertain the *pathology* of drugs. A more bold experimenter upon himself cannot be found. Prof. Burt was an active worker with Hale. His first independent authorship was with the "Pathogenesis of Stigmata Madis" and "Polyporus." His most popular work was a collection of keynotes with a physiological outline. Burt's "Characteristics" ran through several editions. This blossomed out into "Physiological Materia Medica," which is a blending of symptoms, characteristic physiological effects (so-called) and pathological products and therapeutic hints. After he became Professor of Materia Medica in the National he produced the "Remembrancer"—really a collection of characteristics and a condensation of his two larger works.

Prof. Hoyne was a Chicago man, educated at the common school and university. He was a graduate of Bellevue Hospital Medical College and pupil of that noted surgeon, Prof. Frank Hamilton, the author of surgical works. He had a rare surgical training, and expected to be a surgeon, but his partner and uncle, Prof. D. S. Smith, the pioneer homœopath in Chicago, thought ('65) that Prof. G. D. Beebe, late surgeon of the 14th Army Corps, should have the preference. I fancy that his grandfather, Dr. Temple, the pioneer of Homœopathy in St. Louis and a most enthusiastic practitioner, had much to do in diverting the plastic mind of Dr. Hoyne. As a young man, Dr. H. was very diffident. His maiden lecture was given to the class with which the writer graduated ('66). Prof. C. C. Smith, a recent importation from Philadelphia, kept the young Dr. busy looking up cures by high potencies. It is not singular that the hopeful surgeon became the most enthusiastic believer in remedies in the then high potencies—a crack shot with the zooths. For years after Dr. C. C. Smith went east Dr. H. was almost alone as a high potency man. This led him, when elected to the Chair of Materia Medica in Hahnemann Medical

College, to prepare the leading guiding symptoms of drugs on cards. These were along the lines of Hering's cards, and are preserved in permanent form in Hawkes' little book (Hawkes a student of Hering, Guernsey and Lippe, is an enthusiastic follower of Hahnemann). Hoyne continued to collect cases to illustrate his lectures on drugs, and these we have preserved in two volumes of "Clinical Therapeutics." Recently he was busy collecting material for a third volume of cases showing the symptoms which the remedy cured. This is really a continuation of the work of Ruckert and Raue, and should be continued in a systematic manner. Among the clinics, that of skin and venereal fell to this enthusiast, and the result of his study and experience is a valuable work on "Urinary and Venereal Diseases." Only recently his friends know that he suffered with his bladder. The remedy that afforded most relief was *Puls.* Never shall the writer forget the despair that crept over his face as, ten days before the operation for stone, he said there seems "no remedy for calculus composed of oxalate of lime." (Prof. H. C. Allen says normal urine is the remedy. Will normal urine dissolve stone in the bladder?) The question that interests the general profession is this, what will be the effect upon the colleges in Chicago? It is well-known that Prof. Mitchell was the nucleus of the Chicago Homœopathic College. When he and eleven others threatened to secede because they were refused the places and emoluments, they thought they should have that there would be concussions as in '65 and subsequently, but the then remaining men believed in "a limited faculty and better teaching." The old college grew and the new located near our big hospital also attracted students and friends. Hoyne was a skillful manager and soon had the old college out of debt. When they wanted to build larger and finer the third time he withdrew. Then he planned a post-graduate school, but instead others crowded him into another college with "pure Homœopathy" as its shibboleth. As a delegate to the American Institute to represent the new college, he returned to find himself and other friends dropped from the faculty. One of the tenders of means said: "Organize another college and I will build you a building." Dr. Hoyne refused to go into the new offshoot, but was elected the chief officer and accepted and died as dean.

Any institution is either greater or less than those who represent it. If greater it lives, and if less it withers and dies. An

effort is being made to harmonize the interests in an overshadowing Post-Graduate College that might finally consolidate all interests, but whether there will be wisdom enough to unify all only the future will demonstrate. Criticism of the situation builds up instead of hampers. It is human to find fault. It is human to sympathize and help. The cause of Homœopathy, however, is safe in the hands of the special students of *Materia Medica* and practice, as well as those who make up the 500 followers of Father Hahnemann in Chicago. "Competition is the life of trade." Medicine is also a profession. The memory of these active, earnest men who have gone will be reflected in the coming generation. Some will study disease more closely; other will collect new remedies; others will develop characteristics, while others will study the action along physiological lines. The study of drugs will both widen and deepen, since this work has been laid down by a quartette of men whose memory will be ever green.

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### REMEDIES WANTED.

Editor of the HOMŒOPATHIC RECORDER.

I am glad to learn from your widely-circulated HOMŒOPATHIC RECORDER that several homœopathic specifics for many complicated cases of human diseases have cured where allopaths have declared the cases incurable. As the same journal treats of veterinary subjects, I am led to believe that you will be in a position to enlighten me where I can procure the specifics for the following diseases among animals, viz.:

1. Rinderpest, or cattle plague.
2. Anthrax fever among horses and cattle.
3. Epizootic aptha.
4. Foot-rot among sheep.

During my active service in the civil veterinary department as stock inspector in sixteen different districts of the Madras Presidency I found that Allopathic treatment of those diseases was very costly, uncertain and not commensurate with the trouble and cost of the animal, and, therefore, it was not within the means of the cultivator.

I remain yours sincerely,

K. P. IYER.

*Mangalore, South Canara, India.*

(Perhaps some of our readers can answer one or all of the above questions.—Editor of HOMŒOPATHIC RECORDER.)

## MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY AT ATLANTIC CITY.

Editor HOMŒOPATHIC RECORDER.

During the recent visit to Chicago, Washington, Philadelphia, New York, Boston and Atlantic City it was my privilege to attend the annual meeting of the Executive Committee of the A. I. H. in New York, to meet the local Committee of Arrangements at Atlantic City, and to come in touch with the profession generally.

The Executive Committee arranged a program which will give every section at least one meeting before the entire Institute. There will be seven papers on the different fields of Homœopathy. There will be special features of unusual interest. The memorial exercises will be held during a recess in a busy session, and will be of a character to command our respect and cause us to indeed realize the solemnity of the occasion. It will be a session of thoroughly scientific interest, and one in which the cause of Homœopathy will be kept well to the front. The local Committee of Arrangements have secured for this meeting the Great Steel Pier, probably the quietest and most ideal spot for such a meeting in the United States. The plans for the entertainment of the Institute are the thought of the entire city, and nothing is being left undone that time or money can do. The greatest seaside resort in the world, a mecca for health-seekers both winter and summer, a spot where nature and man have vied with each other to do their best, where the very well-to-do or the one with modest income can be supplied with just what they desire, and which I can personally guarantee will be thoroughly satisfactory in rate and in comfort. The profession throughout the East are thoroughly aroused to the interest and importance of this meeting. New England may especially be depended upon to send a good contingent of strong workers but the same is true of the whole Atlantic coast, and Chicago promises the largest delegation in years, while the West is to be well represented, even from the Pacific coast.

We recognize the present time as one of crisis in the affairs of men. In medical circles there is unrest, and there never was a time when it was more necessary for our school to present a strong unbroken front than today.

Brother, has Homœopathy done anything for you and yours? Do you, as an honest man, believe in its efficiency as a great law of nature? Yes? Then you owe service and sacrifice that through your love for truth and your fellowman the truth may be published afar and your fellowman blessed as you and yours have been. "Set your house in order" and get ready to attend the meeting at Atlantic City.

Fraternally,

BENJ. F. BAILEY.

*Lincoln, Nebraska, March 17, 1899.*

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## WHAT SULPHUR IS ABLE TO DO.

By Dr. A. Amberg, of Arnsberg.

Translated for the HOMŒOPATHIC RECORDER from "*Willst Du Gesund Werden.*"

Mary K., a child that was hereditarily encumbered of a scrofulous and especially sycotic constitution, and therefore predisposed to taking cold and to diseases of the serous membranes, especially of the windpipe and the intestines, also to soreness of the nose, etc., had frequently been successfully treated by me in consequence of severe and dangerous diseases. Diarrhœas, catarrhs of the bronchia, even up to pneumonia, had been successfully encountered, though fatal consequences were at various occasions imminent. In the epidemic of influenza in 1890 the child, then about four years old, again fell ill with violent fever, colic, cough, etc., while I myself lay ill of pneumonia. When some remedies, dispensed according to the reports received (*Aconite 3* and *Bellad. 3*), had produced no improvement, and her condition had rather become worse, I refused to assume the responsibility of treating her any further on mere reports, and was therefore compelled to hand the child over to the care of a friendly allopathic colleague. I heard now and then that her condition was unfavorable, that inflammation of the bowels had set in and an unfavorable prognosis had been given. And when after three weeks, myself still suffering, I called on the patient by request I found the prognosis but too correct and her state worse than I had anticipated; her skin was burning, the temperature  $104^{\circ}$ – $106^{\circ}$  Fahrenheit, the pulse 130 to 140, a quickened respiration, great loss of flesh, an extreme loss of strength, the

abdomen distended and painful per se and when touched; I found inflammation of the peritoneum, with an exudation, and at the same time diarrhœic discharges eight or ten times in twenty-four hours. Her cough tormented her night and day, and an examination of the lungs showed an inflammation of the upper lobe on the right side, as also of the posterior part of the left lung extending all the way up and down.

To combat the inflammation of the peritoneum and the bowels I gave first of all *Belladonna* 3 and applied hot poultices (the time for cold compresses, such as had previously been applied, had passed), and when the inflammatory symptoms had thus been moderated, while the diarrhœa continued, I chose *Sulphur* 30 to combat the remaining symptoms; this not only corresponded to her constitution and the obstinate diarrhœa, which had now become painful, but had also repeatedly proved itself successful in my practice in resolving an obstinate pneumonia. I had no choice in the matter; as if by magic, an improvement in all directions quickly appeared; the diarrhœa was almost instantly and permanently checked and regular stools took its place, the exudation in the abdomen disappeared in five to six days, the inflammation of the lungs commenced to be resolved, and in somewhat less than eight days both the lungs were free, excepting a slight dullness in the apex of the right lung, as appeared from a physical examination. The fever also quickly disappeared, the appetite, strength and spirits soon returned, so that the patient could leave her bed in fourteen days.

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#### RAKINGS FROM AN OLD NOTEBOOK AND ELSEWHERE.

In croup, remember *Ammonium causticum*; in epilepsy, *Solanum Carolinense*.

If the pulse in obstructive jaundice be as low as thirty per minute do not consider it alarming.

If in the pregnant state the amount of urea is below 1.5 per cent. treatment should be directed towards the organs of excretion.

*Convallaria* calms the nervous symptoms and palpitation in cardiac irregularities. It is a cardinal remedy in exophthalmic goitre.

*Iris* may correct sour vomiting with sour, lemon-colored diarrhœa.



Animals have hysteria, especially mares. Balkiness is a kind of hysteria.

Alcoholic dementia is not a delirium, unlike that from other diseases, fever for instance.

Irregular hearts from tea and coffee drinking and from smoking may improve under *Agaricus*,

The body of a person who has died from jaundice readily decomposes, even in cold weather. Rigor mortis rapidly disappears.

The potash in the strawberry renders its juice a desirable drink for the gouty and for strumous children.

Hot food is not well borne in gastric ulcer.

*Euonymine* is indicated in occipital "bilious headache."

For relaxed uvula use *Collinsonia* locally.

To determine the time of gestation count back three months from last day of menstruation; then count forward a year and seven days.

A woman who has had eclampsia should not nurse her child.

Women with well marked cardiac lesions should not become pregnant.

Do not leave a woman after labor when the pulse is over one hundred.

For a hemophillia consider *Calcium chloride*.

An old wife's remedy for worms is grated carrot, raw, upon an empty stomach.

For indolent ulcers, bed sores, etc., locally, balsam of Peru.

Pediculi and their ova may be destroyed by a single application of sassafras oil.

Now they say *Echinacea* is "good" in flatulent dyspepsia.

Coughs with dryness of mucous membranes of respiratory tract attending or coming after measles suggest *Drosera*.

Tobacco makes loafers of men, tea makes them gossipy and coffee lethargic.

For constipation in nursing mothers, chew a teaspoonful of flaxseed daily.

Onions, for neuralgia of stomach.

*Picrate of zinc*, for loss of sexual power, a power that is not easy to restore.

The only natural fetal presentation is where head leads and child is in universal flexion.

The white of an egg, well beaten, with a teaspoonful of sac. lac. and a little salt, has in many cases of cholera infantum been the only food that could be tolerated.

Persistent vomiting in enterocolitis is a bad symptom, and often means the supervention of cholera infantum and rapid dissolution.

A case of gonorrhœa may be pronounced cured when there is no discharge, no tripper fadden, no micro-organisms present, and when there is neither stricture nor prostatitis present.—*From Medical Counselor.*

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IN an article on "Sleep," *Medical Counselor*, February, by Dr. J. Richey Horner, of the Cleveland Medical College, we find the following anent *Passiflora* :

"There is a remedy which has recently received a considerable amount of attention in this connection, and that is *Passiflora incarnata*—the passion flower. I have found it of use in mental conditions where it has been impossible to have continuous medication, if we might coin such an expression. By that I mean that the patient will be in such a condition mentally as not to be amenable to reason, but it is possible to persuade him to take one dose of medicine. In this case instead of giving a narcotic I would give *Passiflora*, a dose of 30 to 60 drops, and almost invariably would have beneficial results in the way of a restful sleep, without the sequelæ which frequently follow the administration of narcotics."

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IN the *Indian Medical Record* for May 1st, Assistant Surgeon H. D. Pant, of Gonda, reports a case of poisoning with the leaves of the oleander (*Nerium odorum*). A Mussulman coachman pounded seven leaves of the plant with water and sugar candy, and drank the sherbet, having been advised by a quack to take it as a diuretic for gonorrhœa. Severe vomiting set in, with violent retching and slight pain in the stomach. The pulse was extremely slow, only 36 to the minute, and feeble. The man recovered in a day or two. The author likens the action of *Oleander* on the heart to that of *Digitalis*, and suggests the medicinal use of a mild tincture on account of its rapid action and its sustained effect.

THE following are some symptoms of constipation which I have added to Lippe's Repertory from various published records:

Constipation, no desire till there is large accumulation: *Alum.*, *Melil. alb.*

Stool has to be removed mechanically: *Aloes*, *Calc.*, *Sanicula*, *Selen.*, *Sepia*, *Silica*.

Constipation, first efforts very painful, compelling to desist: *Sulph.*

Stool lies in rectum, without urging: *Lachesis*.

No stool for five or six days; then copious loose stool: *Coralium rub.*

Rectum loaded; fæces will not come away: *Arnica*.

Hard lumps remain long in rectum: *Silicea*.

Constipation from twelve to fifteen days, followed by hard round stools size of an olive: *Asterias*.

Constipation of old people: *Alum.*, *Lycop.*

Painful stool in babies: *Veratrum*.

Constipation since puberty: *Lycop.*

Constipation since accouchement: *Lycop.*

Constipation in children, with nocturnal enuresis: *Caust.*

Constipation in corpulent, good-humored women: *Opium*.

Constipation in women: *Sepia*.

Constipation immediately on going to sea: *Bryonia*.

Constipation amel. by drinking: *Capsicum*, *Moschus*.

Constipation amel. by milk: *Iodine*.

Constipation when away from home: *Lycop.*

Constipation when travelling: *Platinum*.

Constipation from riding in carriage: *Ignatia*.

Constipation after mechanical injuries: *Ruta*.

Constipation on voyage, or at seaside: *Aqua marina*.—*E. W. Berridge, M. D., in Journal of Homœopathics.*

THE editor of *Eclectic Medical Gleaner* gives the following indications for *Asclepias* (tuberosa, pleurisy root)—we condense the leading ones from Dr. Bloyer's paper:

“In the *Asclepias* case ‘the skin is hot, but inclined to moisture; the face is flushed and the pain is sharp.’ \* \* \*

In a very great number of the la grippe cases that came under our care, *Asclepias* symptoms prevailed; it was given and recovery followed quickly. The skin was hot, there was thoracic

pain, sometimes pleuritic, or at times bronchial or pneumonic. \* \* \* Not every la grippe case got *Asclepias*, but every la grippe case that got *Asclepias* when indicated was improved thereby.

Do not forget *Asclepias* at any time. It matters not what the cause of the pleurisy, be it cold or bacterium, or the cause of bronchitis, or of pneumonia, or of peritonitis, or of any other named disease, when *Asclepias* symptoms present give *Asclepias* and you will not err."

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STEVENS, of Detroit, says:

"As to remedies—I must confess that during the past year I have become somewhat empirical. After reading Burnett's book on 'Organ Diseases of Women,' I have used with most gratifying results *Fraxinus Americanus* in three to five drop doses three or four times a day in cases of displacement, particularly where subinvolution or congestion exist. In unmarried women, whom it is not desirable to treat locally, it often accomplishes a cure. In the married woman it acts quite as efficaciously.

"*Helonias dioica* is also a favorite prescription of mine in ovarian difficulties. *Alumina* is often curative in co-existent constipation where there is a relaxed perineum and a lack of tone to the bowels, so that the expulsive force is diminished.

"I am not so empirical as to use only the three remedies I have mentioned, for I do not endeavor to make a homœopathic prescription in all cases, but I mention these three remedies as being frequently used, and the first one—*Fraxinus*—empirically. —*The American Homœopathist*.

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### MULLEIN OIL.

Dr. O. S. Laws makes the following comments on Mullein Oil in the March number of the *California Medical Journal*:

"In all cases of earache, and deafness of children, two or three drops in the clean ear, twice a day, has given invariable satisfaction. Grown people thus treated are always benefited, even in catarrhal deafness. Hence I conclude that Prof. Foltz has never used the genuine sun-distilled essence, as he reports negative results from the samples he has used. It has cured all the cases of enuresis in which I have prescribed it, some of which had resisted all the ordinary remedies."

“Some papers quoted me as prescribing it in 15 drop doses, when it was plainly written gtt. xv in six ounces of water, the dose being one teaspoonful of the mixture three times a day. It cured an aged minister, who had become a nuisance to society and at home, on account of the constant dribbling of urine. He had been treated for years without benefit, and this was the first and only thing that I gave him. I lay no claim to hypnotic or suggestive power, hence I attribute all these good results to the medicine.”

After describing how it is made, the sun-distilled essence, he says: “You need not expect much more than an ounce, but in my estimation it is worth its weight in gold.”

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## CASES FROM PRACTICE.

By Wm. Berlin, M. D., in Liegnitz.

Translated for the HOMŒOPATHIC RECORDER from *Willst du gesund werden.*

### Angina Pectoris Cactus.

Mrs. J., of this place, a small, weakly and pale looking person, consulted me in January, 1895, on account of a *pain in the cardiac region*, recurring every day once or twice. The pain was stinging and burning, combined with a *sensation of* compression and *constriction* in the chest, so that she could not draw her breath. At the same time she would be seized with a sensation of entire debility and faintness, and such a sensation of anguish that death seemed imminent. Her heart beat and raged terribly. It was a so-called *cramp of the heart* (*Angina pectoris* or *Stenocardia*) The attacks lasted every time a quarter to a half hour for a whole year, and the pains radiated into the chest and into the back, extending to the shoulders. Cramp of the heart is sometimes found as a merely nervous ailment, *i. e.*, with a heart else quite normal, as in anæmia, in nervous debility, or owing to the excessive use of tobacco, etc. In these cases, therefore, no organic disease of the heart can be discovered on examination. We also see *stenocardia accompanying organic diseases of the heart*, either of the muscle of the heart itself or of the valves of the heart. In this patient an examination disclosed an *organic ailment of the valves of the heart*, doubtless the consequence of rheumatism of many

years' standing. In consequence of this, the patient had also for about a year and a half had constant short breath and palpitation of the heart as soon as she had exercised much or would undertake any hard work. While at rest she had no troubles except the attacks mentioned above. I prescribed *Cactus grandiflorus* 2x, three times a day, five drops. In view of her anæmia, I also prescribed as constitutional remedy *Calcarea phosphorica* 3x, as much as would lie on the point of a pen-knife, in the morning and evening. *Cactus grandiflorus* I have always found useful in cramps of the heart accompanying organic heart disease. Also in this case it acted very favorably, as she had only one more slight attack next day and no attack since then. Also her customary palpitations were somewhat relieved, so that she was again enabled to do some work, and is at present still able to do so. She does not feel her heart nearly so much as she did before, is her way of putting it. At the same time, of course, all exciting food and drink was forbidden, and an easily digestible, but nutritious, diet, more of a *vegetarian* nature, was also prescribed and in summer an abundance of fresh vegetables. Hard work was forbidden. *Calcarea phosphor.* was given twice a day for several months, and during this time the woman kept improving, and also at this date she looks much better than when first treated a year ago; this I had occasion to notice about eight days ago, when called in to treat her for a crick in the neck.

In the provings of *Cactus grandiflorus* (Night blooming *Cereus*) we have a pretty accurate description of angina pectoris; the provers experienced a sensation of violent constriction of the chest as if a band enclosed it tightly, difficult respiration, with great anguish and restlessness, violent shooting in the cardiac region, palpitation, etc. The remedy, therefore, causes morbid symptoms in the healthy body which closely resemble angina pectoris, we might say an *artificial* angina pectoris. Therefore, it is found so efficient in the *natural* angina pectoris.

#### A Case of Vertigo.

2. Precentor *emer.* Sch., living here, 73 years old, has been suffering since February, 1893, from loss of appetite, eructation, and a pressure above the stomach which appeared at times early in the morning, but usually after every meal; attended with constipation and piles, which had not, however, as yet gotten to

bleeding. Of these troubles, which were of a slight nature, he only complained when questioned by me. He really came on account of other ailments. Especially troublesome and disagreeable he found a constant sensation of *dizziness*, which often was aggravated into a severe vertigo, so that he several times came near falling down in the street. This vertigo was particularly severe after drinking beer. He also complained much of headache, usually a boring in the top of the vertex and a constant heat on a spot as large as a silver dollar. An examination showed that the stomach was only slightly painful on pressure. He had been already treated by two of my allopathic colleagues, but had seen no effect. I gave him, on November 14, 1893, *Nux vom.* 6x, five drops in the morning and at noon, and *Sulphur* 6 in trituration, as much as would lie on the point of a penknife, every evening. There was no doubt that the vertigo and the headache were connected with the congestion of blood to the abdomen, as the effect showed. For within three days the patient was freed from his ailments, as he, himself, told me later on.

#### Spigelia.

3. R. W., a printer, asked my advice, on October 9th, 1892, as to a pain in the left side of his face, after having been treated for several days by the doctors of the lodges to which he belonged; the ailment had already continued for half a year. It was of a tearing nature, appearing chiefly in the afternoon and at night, while in the forenoon it was quiescent or appeared but rarely. The nerves of the forehead and the temple, of the orbit and of the upper jaw were affected. Warmth, whether dry or moist, always aggravated the pain. I prescribed *Spigelia* 3 dilution, five drops every two to three hours. On the 16th of October the patient reported a considerable improvement and I repeated *Spigelia*, and on the 21st of October he reported his perfect cure.

4. Miss M., of this place, an anæmic girl of 16 years, was seized on a morning in January, 1893, with excessively violent tearing and beating pains in both temples, about the eyes, especially on the left side, and in the bones of the upper jaw. The patient was put to bed, and during the morning all sorts of domestic remedies were applied. But toward noon the pains threatened "to drive her crazy," so they hastily sent for me. Touching and moving the face intensely aggravated the pain.

The girl, at the same time, was very restless, and had palpitations and angina pectoris. I gave *Spigelia* 4, five drops every half hour, and, on the subsidence of the pain the same every two hours. At my visit the next day I found the patient cheerfully at work and heard that the violent pain was relieved immediately after taking the first dose and was entirely removed by evening.

### Hydrocele.

5. On the 14th of February, 1896, I was called to an infant of four weeks, which for about a week had had a swollen testicle. I found a hydrocele of the left testicle about the size of a large walnut. Hydrocele means an exudation and gathering of a fluid usually serous, between the tunic enclosing the testicle and the testicle itself. In a normal state there are always found a few drops of fluid there, and by a morbid increase in the quantity of this fluid hydrocele is caused. It presupposes, of course, an inflammation of the serous membrane encompassing the testicle. Little is known as to the cause of this inflammation. Frequently it may be caused by a contusion of the testicle during birth, or later on in carrying or bathing, etc., the babe, or an external inflammation or soreness of the scrotum, caused by a decomposition of the perspiration or by other impurities, may penetrate through the tender skin of the scrotum, pass into the serous membrane encompassing the testicle and thus excite the membrane to serous exudation. As usual, no cause could be discovered in my little patient which might have produced the inflammation. I ordered *Arnica* 3x, three pellets thrice a day, and I had the whole scrotum enclosed in a wet compress of raw cotton moistened with water at 72° Fahrenheit, to be changed every three or four hours. The one put on in the evening remained all night, and the whole was covered with flannel. In bathing the babe the scrotum had a brief douche of cold water 59°-63° Fahrenheit, so as to favor an absorption in the diseased parts. But to the sorrow of the parents and myself, on the 28th of February, thus two weeks after beginning the treatment, there had been no change. In consequence, at the advice of a colleague from Breslau, I also applied *Arnica* in the form of the homœopathic green tincture externally, putting one teaspoonful of the tincture into a small cup of water and applying compresses of this. From this time improvement set in. On the 4th of March the testicle had visibly diminished in size, and



on the 11th it was only half as large. On the 19th the swelling had totally disappeared and the testicle was again normal. The internal application of *Arnica* was only grounded on the supposition of a former lesion and on previous experience. The disease of the testicle had not had any influence on the general health of the babe, for its appetite was all that could be desired and the boy grew normally.

6. On the 20th of March another babe, also four weeks old, came under my treatment for the same disease. It was a hydrocele of the right testicle, also of the size of a large walnut. It had existed five days, and also here no cause for its origin could be discovered. The treatment was the same as in the previous case, *Arnica* internally and also externally in a compress. On the 25th of March the woman came to get medicine for her husband, and told me that she could not feel any more inflammation in the testicle of the baby. A very quick cure, indeed!

From these two cases we would conclude that the external application of *Arnica* has a very specific influence on the absorption of the exudated fluid. I shall be sure not to omit in future the compresses of *Arnica*.

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## A HOUSE EPIDEMIC OF SYPHILIS.

By William S. Gottheil, M. D.

Thanks to a better knowledge of the dangers and modes of transmission of syphilis, and to superior modes of cleanliness, epidemics of the disease are rare in America, yet they occur among the lower classes of our population with greater frequency than is generally supposed. In the *New York Medical Journal*, of March 26th, the writer records one in which the disease was introduced into the family, according to the history, by vaccination, and in which every member of the family of eight was ultimately infected. The first case was a child of 2 years; then the mother, aged 34; then two girls, aged 9 and 14, respectively; then a boy of 4; then a girl of 7; then a nursling, aged six months. The father escaped until the last; but late in the spring he came to the clinic with a characteristic eruption, alopecia, etc. The cases were all severe; there were several irities; all had obstinate and some very extensive mucous patches; and the two-year-old child had a syphilitic pneumonia. The site of inoculation was discoverable in two cases only, probably

on account of the lateness and irregularity with which the patients were brought to the clinic. In the mother it was upon the center of the cheek, and in one girl it was upon the eyelid. The family was very poor, living in one room, and their habits were very uncleanly.

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### PARALYSIS AGITANS.

From *Pop. Zeit.*

Nothing is known with respect to the causes of paralysis agitans, which is not rare and always appears in more mature age (after 40th year). It is not even known whether it springs from the central organs of the nervous system, or if it is to be considered as a merely muscular ailment. Most every one has probably seen such patients, for they suffer from very striking trembling motions of the arms and hands, at first on the right side. These motions continue at all times to some degree, but when moving or speaking, or when the patient gets excited, they are aggravated. To this is added after a time a certain rigidity of the muscular tissue which is especially manifest in the muscles of the lower limbs, but is also found on the body and even in the face, which thereby receives an expression of rigidity. The head and the body are bent forward by this rigidity, the arms close to the body and flexed in the elbow-joints, the thumbs generally turned in, the other fingers closed on the palms. The motions of the body and of the legs thereby become difficult. When such patients have succeeded in starting to walk, with or without assistance, they frequently walk forward quickly and are set off so that they cannot stop at their option before they have reached some firm object or a wall; for the center of gravity and with it the faculty of retaining their equilibrium is shifted with such patients. But also in other respects the life of such patients is a very troublesome one. They cannot while lying in bed raise themselves by their own exertion, although their merely muscular strength remains and they can raise themselves if they can catch hold of a handle. Nor can they in bed turn over from one side to the other, nor rise from their seat without assistance, etc. All the other nervous functions, however, usually remain normal. The course of such a paralysis may run through many years; but death is not caused by this disease, but through some other adventitious disease, or

the patient has an accident because he is unable to help himself.

This paralysis agitans has been known from ancient times, but it was not carefully described until the year 1817 by an English physician. The whole of the older homœopathic literature contains nothing about it, and neither Kafka nor Baehr mentions it. Homœopathy has not, therefore, in this disease any support from clinical experience, and, like those who are not Homœopaths, we have to rely on experiments to give such patients at least some alleviation, as by lukewarm baths of several hours' duration, by massage, etc. Of internal remedies Erb speaks highly of subcutaneous injections of a solution of *Hyoscyamin*, the dose not to exceed one-half a milligramme. Others have pointed to *Arsenic* in Fowler's solution, five drops three times a day; *Bromide of potassium*, *Ergotin*, *Curare*, *Physostigmine* and *Sulphate of Duboisin*, a remedy akin to *Hyoscyamine*, which is akin to *Belladonna* or *Atropin*. More theoretically, *i. e.*, basing themselves on the experiments of their opponents, modern homœopaths recommend *Arsenicum jodat.*, *Arsenicum album*, *Causticum*, *Zincum valerianicum*, etc.

Prof. Erb lately recommends very earnestly Faradic bipolar baths, as well as galvanization of the head and spinal marrow, as also of the sympatheticus of the neck, which sometimes entirely checks the trembling. Moderately successful effects have also been obtained from the so-called cooler indifferent thermal springs (Wildbad, Schlangenbad, Ragaz, etc.). Erb, however, considers *Hyoscyamine hydrobromicum* in small doses, not more than  $\frac{2}{10}$  to  $\frac{4}{10}$  of a milligramme, to be best. He claims to have seen relief from these minimal doses; he has seen it used for years, once or twice a day, without ill effects. R.

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## BOOK NOTICES.

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**A Practice of Medicine.** By H. R. Arndt, M. D. 1331 pages. 8vo. Half Morocco, \$8.00; by mail, \$8.53. Philadelphia: Boericke & Tafel. 1899.

A short title, but full of meaning—a new, thoroughly modern and able work on the practice of medicine by a thorough homœopathic physician, and yet, withal, not a bigoted one. Dr. Arndt has been working on this book for a long time, but the results justify the labor, and the volume will, doubtless, for years to

come be the accepted practice in homœopathic circles. Some vexatious delays were encountered in running the book through the press, owing to the long distance that separated publishers and author, but now that the book is finished all these minor annoyances will sink into oblivion in the presence of this scholarly, and also handsomely printed and bound volume. From cover to cover there is nothing that could be omitted without distinct loss, and yet there is no practice published that contains less verbiage. The tendency of the times is to have textbooks terse, to the point and packed into as small a compass as possible and this Dr. Arndt has accomplished—a complete practice in one volume. If any reader wants the latest and best he will not go astray in buying this volume.

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**The Pathology and Treatment of Sexual Impotence.** By Victor G. Vecki, M. D. From the author's second German edition; revised and re-written. 291 pages. Cloth, \$2.00. Philadelphia: W. B. Saunders. 1899.

It seems to us that of the many books that have appeared on this subject this one is the best in many respects. There is a very peppery preface against the "old and young medical fogies" and their "superannuated gods," but all should remember that it is only the successful author who receives the tributes of abuse here resented and a successful man can afford to smile at the assaults.

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**A Text-Book of Materia Medica and Therapeutics of Rare Homœopathic Remedies.** By Oscar Hansen, M. D. 121 pages. Cloth. London: The Homœopathic Publishing Company. 1899.

A small work giving the outline of a number of drugs not found in the current materia medicas. It is useful to one who wants a general idea of these drugs.

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**Nervous and Mental Diseases.** By Archibald Church, M. D., Professor of Clinical Neurology, etc., in the Northwestern University Medical School (the Chicago Medical College), and Frederick Peterson, M. D., Clinical Professor of Mental Dis-

eases in the Woman's Medical College, New York, etc. With 305 illustrations. 843 pages. Cloth, \$5.00. Half Morocco, \$6.00. Philadelphia. W. B. Saunders. 1899.

This is the latest (at writing) of Mr. Saunders' publications, and is gotten up in the usual good style of all his works. The title tells of the contents, and if any reader wants the latest old school work on the subject this is by all means the one to get.

### **An Essay on the Nature and the Consequences of Refraction.**

By F. C. Donders, M. D., late Professor of Physiology and Ophthalmology in the University of Utrecht. Translated under the supervision of the Krichbaum School of Languages and Bureau of Translation, Philadelphia. Edited and revised by Charles A. Oliver, A. M., M. D., University of Pennsylvania. With portrait and illustrations. 81 pages. Half leather, \$1.25. P. Blakiston's Son & Co. Philadelphia. 1899.

A learned work that can be studied with profit by all who are interested in the treatment of defective eyesight.

DR. FRANK KRAFT makes the following comments on Dr. Lutze's *Sciatica*:

And that which pleases every good homœopath is that it is homœopathic. It pays a deserved credit to Timothy Field Allen in relation to a *Phos.* symptom. It has a comprehensive repertory, so that a symptom may be quickly run down and traced to its lair—the totality remedy—for, of course, Lutze does not recommend prescribing for neuralgia or sciatica per se. He is careful to say and show that the true homœopath prescribes on the *whole* case, and that the neuralgia is but a symptom—perhaps a very large and ever-present one—but, notwithstanding, only one symptom in the case. The book takes its place with our other first-class homœopathic text-books, and we recommend our readers to invest in it, and then, having so invested, understand and apply its teachings.

WRITING of Nash's *Leaders the Medical Gleaner* says: "While the book will be helpful to all, it strikes me that it will be of peculiar service to those physicians who are graduates of other schools, but who wish to test Homœopathy. There is nothing about the work to be adversely criticised, while there is much, very much, about it to be commended. It won't hurt *any* physician to own and study the work."

**Leaders in Homœopathic Therapeutics.** By E. B. Nash, M. D.

A short title and a meagre title-page. No long, list of initials, nor long array of the many societies to which the author belongs. Just a statement of the topic, and the man's name. There must be something inside the tent when there is so little on the fences. And there is. Dr. Nash has struck a new lead in the homœopathic mine. And he is panning out good yellow metal. Here is another instance of a worthy book, which is not a rehash of old ideas dressed in more modern garb. Dr. Nash takes the different well-proven remedies of our materia medica and discusses them with his reader, just as our preceptor used to TELL us what the remedy under discussion was good for, and where it failed, or had in his hands failed, of meeting the expected and many-times promised result. He does not go into the remedy with a searchlight to bring forth the minutest of symptoms; he does not touch a remedy to hold up all its virtues; he does not go into the materia medica to hyper credit or discredit it; but he takes out of each some prominent characteristic and—just as the minister selects a text—from that as a base of supplies he discusses the remedy. Incidentally he weaves in many valuable clinical lessons. The book is, therefore, a novel and praiseworthy attempt to TALK the materia medica to his readers, and get them away from that old bugaboo, that materia medica is nothing but symptoms, and yet more symptoms. Truly this is a Leader. Don't buy the book in the expectation that when he talks of *Bryonia* he will give you all there is to *Bryonia*; but you may expect to be furnished with a key that will, perhaps, unlock the remedy to you, or at any rate put it before you in such different light that you will enter upon its study with greater avidity and hope of successful mastery. Need we add that we recommend the book because it comes the nearest to our own idea of the teaching of materia medica that we have so far seen. In closing, we want to say that during our college days we had the pleasure of listening to a course of lectures by Dr. Nash on fevers, which have always stuck by us since. As we were but one of a large class who listened to Dr. Nash, he has probably forgotten us after this lapse of time; but we have not forgotten him.—*American Homœopath.*

# Homœopathic Recorder.

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## THE "INSOLUBLES" AGAIN.

Mr. Geo. R. Hennig, proprietor of the *Medical Visitor*, devotes nine pages of that journal, March, to "The Doctrine of Insolubles." Viewed as a whole, the paper seems more like one by an old school druggist than a homœopathic pharmacist. He asks the editor of the RECORDER:

Is he aware of the fact that when Hahnemann announced the law of insolubles his entire materia medica did not contain a single chemical salt that could be destroyed by attempting its solution in alcohol? And yet to-day a rigid application of his doctrine will make it include many chemical substances that can be wholly changed by attempting their solution in alcohol.

Whether they are changed or not does not enter into the question, if the provings were made with them in that condition; if the provings were made with a drug prepared in a given manner, that is the mode the homœopathic pharmacist should follow, and *must* follow, if the physician is to succeed.

After stating the good character of the men who got up the pharmacopœia, to which Mr. Hennig is committed, he says:

If such men (having no axe to grind) declared the doctrine of the insolubles to be unsound, *surely* there must have been weighty reasons which impelled them to such a decision.

Admirable faith, Mr. Hennig, but faith in men is but faith after all. The men who built the new pharmacopœia—we have never impeached their honesty of purpose, only their ability as homœopathic pharmacists—adopted the plan of testing Homœopathy and all its peculiar doctrines, like that of the solubility of metals, for instance, by "modern science," and whenever there was a conflict they threw the old overboard, as, par example, the doctrine under discussion. They forgot that this same "science" had been fighting Homœopathy from its revelation down to the day when they sided with it against Homœopathy and its doc-

trines, in the declaration, "we are bound to ignore nothing which modern science has revealed" (p. 41). They forget that this same science is ever shifting and changing and, to its credit, getting nearer to Hahnemann all the time. At the time they wrote this book that science said metals are insoluble, consequently the new pharmacopœia said the same thing; it asserted that the limit of divisibility of matter must be measured by "molecules," and, so measured, the last molecule vanished about the 12th potency; and the faithful committee said the same, even in the face of the fact that the whole history of Homœopathy teems with records of the wonderful effects of the remedies which the would-be official book condemns as inert. It was the severest blow the cause ever received, this assertion in its "official" pharmacopœia at the command of "modern science."

But behold the sequel. After the book was writ comes Carl von Naegli proving that certain drugs are active in dilutions before which the 12th is gross.

Equally unfortunate is the book in its declaration of the "unsoundness" of Hahnemann's doctrine of the solubility of metals. We were conversing recently with a gentleman living in New York who is studying chemistry; he has taken great interest in the discussion on the homœopathic pharmacopœia, and especially on this particular point. He put the question squarely to his professor, one of the best informed in the city, and the reply was that the concensus of opinion among the greatest chemists of the world is that, to a greater or lesser degree, "*all metals are soluble.*"

And thus we see the new pharmacopœia "out of date" already, even on its own chosen ground. Its defender, our respected friend, Mr. Hennig, says:

In order to adequately comprehend the problem in hand, it is really essential for us to remember that exact chemistry was a thing unknown in the days of Hahnemann.

It seems to have been equally unknown about the time the new pharmacopœia was written. When man departs from mathematics he enters a realm where "exact science" is a thing unknown, and especially when it comes to the action of drugs on sick humanity. Hahnemann revealed to us a law whereby, for nearly a century, the best results in the treatment of the sick have been attained that ever the world saw, and it would be sheer folly to cast aside this law and its attendant



doctrines because a pharmacopœia committee elects to do so at the behest of a "science" which reversed itself almost before the ink was dry on the new book's pages.

Prove all things and hold fast to that which is true. The old methods have been tried in the fire and found true. Hold fast to them.

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**ALUMNI ASSOCIATION OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.**

*Alumni Day and Annual Banquet of the Alumni Association of the New York Homœopathic Medical College.* Thursday, May 4th, is the date set for Alumni Day this year. Dr. Helmuth writes: "A carefully prepared programme of the exercises is now being arranged by the faculty, and additional care is to be extended over all the named clinics in order that the day may be one of instruction as well as of social reunion."

The annual meeting is the same evening at half past six at Delmonico's, Fifth avenue and Forty-fourth street. The banquet follows, and promises to outdo the successes of previous years, as an elaborate post-prandial programme has been arranged. The price of the dinner will be four dollars, and all alumni and friends will be welcome. Send early for tickets to Chas. Helfrich, M. D., 64 West Forty-ninth street, New York.

EDWIN S. MUNSON,  
*Corresponding Secretary.*

16 West 45th street, New York.

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**"AN EFFORT TO PREJUDICE!"**

In a paper published in the March number of the *New England Medical Gazette* the publisher says:

An effort is being made to prejudice the minds of physicians who use the higher dilutions against the new pharmacopœia, for the reason that it fails to include rules for the preparation of dilutions from triturations of insoluble substances.

No effort has been made to prejudice any one in the matter. The bald facts taken from the pharmacopœia's own pages are all that are needed.

It is hardly worth while going over the old road again in reply to the paper above referred to but here is a new phase that requires a little attention.

While it is true that in the past most, if not all, of the homœopathic profession have used dilutions made from insoluble metals, it can be safely stated that to-day not more than fifteen per cent. of the homœopathic physicians of this country employ them. It should be taken into consideration also that Hahnemann never contributed to our literature any work in the nature of a pharmacopœia. His directions for the preparation of medicines were given to us in the form of hints and rules of action, and are found scattered throughout his writings.

And what in the name of all the gods in the pantheon has that to do with the matter? Is it a mere question of majority? Is the fifteen per cent. wrong? The pharmacopœia says they are.

As for the second part of the above quotation, we would respectfully ask the writer if he has ever read the *Materia Medica Pura* and the *Chronic Diseases*; if he has, how can he make such a statement? If he has not, would it not be well to do so before making such an assertion as is found in the above quotation?

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OUR regular and respected exchanges, *Medicine* and the *Fort Wayne Medical Journal*, have been discussing the half-tone habit, and this, from the latter, is an epitome of the matter:

In a recent number of *Medicine* the editor advocates what he calls "a pleasing custom, increasingly in vogue, of the printing of physicians' photographs with the articles which they write." The argument made is that the printing of an author's picture with his article familiarizes the medical public with the faces of the more frequent contributors to medical literature, and if the author be at all prepossessing in appearance produces a favorable effect upon the mind of the reader.

While we agree with the editor of *Medicine* that there is a source of gratification at the sight of one of our friend's pictures, we confess that it would become extremely monotonous to have the face of many of the contributors to current medical periodicals staring us in the face and reminding us of the unintellectual countenances of the long-suffering women who have been radically cured of some obscure female trouble by taking some much lauded patent medicine, the results of which she believes it to be her solemn duty to advertise to the suffering world, or the careworn features of the section hand whose picture adorns a highly spiced testimonial for Dr. Swindler's pile cure.

While we would appreciate seeing the pictures of the really eminent men in the medical profession, and for want of a better acquaintance learn to know them through these pictures as well their writings, we certainly would discourage any attempt at cheap rate notoriety such as is aimed at by the universal publishing of authors' pictures in connection with their writings.

Truly, we would all like to be familiar with the faces of the "really eminent men in the medical profession," but who among the mighty editors has the nerve to make up the list?

THE following is an extract from an editorial that appeared in the *N. Y. Medical Journal* of February 25. It is rather striking reading in this age that is not entirely free from the fumes of Sodom and Gomorrah:

Are women as (physically) passionate as men? is a question often asked. We have studied this question extensively, and we must answer "yes" and "no." Women are ready, normal women we mean, to yield themselves wholly to the man they love, intuitively realizing as they do the inner significance of the act. But when they at last sadly and sorrowfully recognize the essentially sensual character of man's interest in it, even when he is genuinely attached to his partner therein, that which should be to them the cup of sweetness often becomes bitter as wormwood.

In the act of sexual congress the properly balanced human being seeks such complete and perfect contact and union of his threefold nature with his mate as, we say it with all due reverence and without offense, the devout Christian of whatever denomination seeks intimate union for his spiritual nature with the Great Fount of all Pure Spirit through sacramental communion. The act of sexual union, therefore, which is undertaken solely for the production of a certain physical sensation is as impure and lustful, whether the parties have acquired a legal right to perform it or not, as an act of communion would be unholy in the Christian if done from a desire to appease hunger with the material bread, or to gratify the palate with the sensuous flavor of the wine, no matter though the act were done with all due observance of the rites and ceremonies prescribed by the religious body to which the individual happened to belong.

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THE following concerning the Homœopathic Hospital at Ann Arbor, clipped from the *Daily Argus*, of that city, February 28th, will be as pleasing to the homœopathic physicians elsewhere as it must be gratifying to the gentlemen immediately concerned. After giving an abstract of the report by Dr. Maynard, the following comments are made:

"This all goes to show the necessity for an enlargement of the homœopathic hospital facilities. At the rate of increase the hospital has experienced during the past three years, the present building with its accommodations for fifty-five patients is altogether inadequate for the accommodation of patients who will seek relief. That the hospitals are crowded is the best answer to those skeptics who in former years prophesied that not enough clinic material for the students could be secured in Ann Arbor. The present clinical practitioners' course is attended by forty physicians and there are sixty patients in the hospital."

OUR homœopathic friends who are so enthusiastic over anti-toxin and "serum" generally, even to the exclusion of the sturdy old "indicated remedy," which yet has done better than

the best of the scientific preparations, ought to read a very calm paper in the March 11th number of the *Medical Record*, by Dr. J. Edward Herman, under the title "The Other Side of the Antitoxin Question." The keynote of the paper is found in the following from the paper: "I claim that not one disease, including diphtheria, has yet found a specific cure in serum treatment." The paper concludes as follows:

The manufacture of antitoxin serum, closely examined, reveals some surprising things. In man natural immunity is established by a process in which the bacteria take some part, while the so-called antitoxin horse serum used for immunization of man is elaborated in the animal by some phenomena in which the microbes take no part; for the toxin injected into horses is first freed from bacteria. This to my mind is already a different thing. When to this fact is added the likewise very important consideration that the horses are tested with tuberculin, injected with tetanus antitoxin, and further inoculated with the mallein of glanders, the confusion becomes worse confounded, for surely these substances must produce some constitutional changes in the animals which are transmitted to the serum. But this is not all! Not until to some preparations of antitoxin an antiseptic has been added is the serum considered finished and ready for use.

When we know that many cases of diphtheria are complicated with other throat infections against which the Kbebs-Loeffler antitoxin serum has no effect, and the unestablished grounds on which the whole theory rests, it should no longer seem strange that to-day many men will not use antitoxin, but rather surprise should be evinced that there still remain some who persist in using it on the insufficient evidence brought forward in its favor.

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### A NEW CLUB.

Dr. A. M. Cushing, of Springfield, Mass., entertained twenty fellow-physicians at a dinner at Barr's restaurant on the evening of March first, it being the forty-third anniversary of his graduation from the Homœopathic Medical College, of Philadelphia. Dr. Cushing was called upon for speech, and during the response said that one of his reasons in calling the physicians together was the formation of a society for the study of *Materia Medica*. His suggestion met with hearty approval and a club was organized to be known as the Allen Homœopathic *Materia Medica* Club, in appreciation of the work of Dr. Timothy Field Allen, of New York.

Dr. A. M. Cushing was unanimously elected President and Dr. Clarice J. Parsons, Secretary.

The first meeting of the club was held at the residence of Dr. J. H. Carmichael, on Maple street, on Monday evening, March 6th.

The meetings will be held on the evening of the first Monday of each month excepting July and August.

CLARICE J. PARSONS, *Sec'y.*

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IN the course of the description of a case of hæmorrhagic congenital syphilis appearing as a hæmorrhagic vesicular eruption, Dr. William S. Gottheil calls attention to the importance of otherwise unexplainable bleedings in infants as symptoms of congenital lues. They may be the only mark of the disease, especially at first, but they are almost invariably accompanied by a diminution of the coagulability of the blood similar to that of hæmophilia, and the case usually goes on rapidly to a fatal termination. Disease of the vascular walls is one of the commonest and best known effects of the syphilitic poison, leading to hæmorrhagic discharges from the mouth, the bowels, the bladder, or the nose; to blood accumulations under the skin and mucosæ, or in the serous cavities and internal organs, or, finally, making the syphilitic eruption itself hæmorrhagic. The author emphasises the importance of remembering these facts in the treatment of infants who have hæmorrhagic discharges or a hæmorrhagic eruption, the cause of which is obscure.

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THE *Pacific Medical Journal* for March says:

Adults who are not inmates of idiotic or insane asylums, and who oppose vaccination, should be herded together in a secure enclosure, have small-pox introduced among them, and when it has run its course and marked its victims the survivors might be restored to liberty. Many, indeed, might escape the disease, for it is logical to suppose that one who is impervious to the arguments and evidences in favor of vaccination would be competent to resist the assault of even so malignant a foe as variola

That last clause is something new in medicine. How that ancient question doth stir up the bile of good men!

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OUR respected down south exchange, the *Georgia Eclectic Medical Journal* editorially states:

The doctor's called to see a man,  
 Who's lying on the bed;  
 He prescribes a dose of physic  
 And the man, he goes dead.

B. L. S.

To what medical denomination did that unfortunate signer of death certificates belong?

# PERSONAL.

Arndt's one volume *Practice* is out. It is a credit to the author.

The doctor advised Bill Nye to "abstain from pie in large quantities and avoid night air. We hardly know what to suggest for you to use in place of the night air, after dark, but you must not use night air."

A spelling reform journal always reminds one of the late lamented Josh Billing.

Well, yes, when a widow marries she is repaired.

No, John Henry, "snoligaster" is not to be found in the *Century*, or any other dictionary that we have examined. You have evidently performed the almost impossible feat of coining a word.

At Athens, Ga., they are experimenting with putting the control of liquor in the hands of the "Christian people of the community." Let us hope they will sell good stuff only.

Whenever we read gossipy information concerning the manners and customs of the prehistoric man, a vision of B. I. L. S. T. U. M. P. H. I. S. M. A. R. K. arises.

The "better" for which the greater part of civilized man is "struggling" is a better bank account; there are a few exceptions, just to prove the rule.

"The rushing Niagara of evolutionary movement" is not bad.

Gov. Pingree has appointed Dr. D. A. MacLachlan a member of the State Board of Health of Michigan. A good appointment.

Some one terms antitoxin a "holy hypothesis."

*Fort Wayne Medical Journal* charges "blood guiltiness" on those who refuse to vaccinate.

**FOR SALE.** Cheap. Reading Homœopathic Pharmacy. Established in 1876 by present owner. Must retire from business on account of ill health. Address Dr. J. G. Grosscup, M. D., 8th and Walnut Sts., Reading, Pa.

"The" (antitoxin) "future is full of hope"—of the rainbow chasing character.

Has any budding scientist ever tried horse serum, pure and simple, on a human being?

*Medical Gleaner* Cooper aptly terms the *Porcelain Painter's Son* "a beautiful pastel."

Dr. S. Ulrich has removed from Middletown to Elizabethtown, Pa.

"If antitoxin is the best thing yet discovered for diphtheria, why not use it and rejoice?" *Minn. Hom. Mag.* Even so, if it so be, let the rejoicing begin, with the timbrel, and glad voice, and syringe!

"Republics end through luxury; monarchies through poverty."—Montesquien.

The patient tentatively suggested a warmer climate, but the old doctor replied he was doing his best to save him from that last resort.

The boldest tremble at the ague.

May not evolution, or time, or whatever does that sort of thing, bring again the old all-around doctor as the specialist of specialists?

"Between genius and talent there is the proportion of the whole to its parts."

The *Medical Advance* has not lost its edge.

The key-note of *Palladium* is "love of approbation."

Stop kicking at the *Materia Medica* until you have something *better* to offer in its place.

Down at bed-rock "science" is that which each individual believes, while "truth" is of God.

Get thee to Atlantic City!

# THE HOMŒOPATHIC RECORDER.

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## NARCISSUS.

“Agricola,” one of the *Homœopathic World’s* oldest contributors has the following to say of this very old, yet little known remedy. After stating how he prepared it, he continues as follows:

“A case of bronchitis (a *continuous* cough) has from *Narcissus* 1-3x obtained such *prompt* marked relief, where a most varied selection of the standard remedies had hitherto failed, as to induce me to write these few lines in hope that as this beautiful flower is about to be found in most cottage gardens the prevalent bronchitis, whooping, and other coughs may meet with prompt cures. Dr. Chargé’s work, *Maladies de la Respiration*, quotes the great Laennec, M. D., as an authority *in re Narcissus*.”

There is no proving whatever of this drug, although in the *Encyclopædia* (Allen) a case of poisoning from the bulbs eaten as a salad is given; but the remedy as prescribed by Agricola was prepared from the young buds, stems and leaves, so the case in the *Encyclopædia* is not apropos, nor is the old tincture of use.

The name of the plant, *Narcissus*, is not from that of the fabled youth who fell in love with his own image reflected in the water, but is from the Greek *Narkao*, “to be numb,” on account of the narcotic properties of the drug. The classic *Asphodel* and the *Narcissus* are the same, from which it may be seen that the plant dates back as far as man’s records go. Fernie, in his excellent *Herbal Simples*, from which we gather the preceding, also says: “An extract of the bulbs applied to open wounds has produced staggering numbness of the whole nervous system and paralysis of the heart. Socrates called this plant the ‘Chaplet of the Infernal Gods,’ because of its narcotic effects.”

Fernie also says that a decoction of the dried flowers is emetic, and when sweetened will, as an emetic, serve most usefully

for relieving the congestive bronchial catarrh of children. "Agricola's" experience, quoted above, however, seems to disprove the notion that the beneficial action in bronchial catarrh is the result of the emetic properties of the drug, but demonstrates rather that it is peculiarly homœopathic to this malady and long continued coughs, especially of nervous origin, as may be inferred from the following, the concluding paragraph in Fernie's section on the *Narcissus*:

"The medicinal influence of the Daffodil on the nervous system has led to giving its flowers and its bulb for hysterical affections, and even epilepsy, with benefit."

The *National Dispensatory* says practically the same, *i. e.*; "The emetic action of *Narcissus* has been used to break up intermittent fever and relieve bronchial catarrh with congestion or obstruction of the air tubes. Like *Ipecacuanha*, it has also been prescribed in dysentery, especially of the epidemic form. Its influence upon the nervous system is attested by the vogue it has enjoyed in hysteria, chorea, whooping cough and even epilepsy."

It is still the emetic action that is looked to here, but any good homœopath will see beyond that, in Agricola's experience, and perceive a strong homœopathic action in the drug to the conditions named, for if it were the emetic action only that is efficacious then, certainly, one emetic would do as well as another, but there is something more, and the curative action can be obtained from homœopathic doses without the emetic action. The tincture should not be prepared from the bulb, as has been the case in the past, but from the fresh buds and leaves. From such a preparation considerable benefit in obstinate bronchial coughs should be confidently expected.

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## BOVINE TUBERCULOSIS AND CONDITIONS MISTAKEN FOR THE DISEASE.

By Dr. Wilbur J. Murphy, New York City.

The subject of bovine tuberculosis has received a great deal of attention from physicians and veterinarians alike for many years, and of the many animal ills it is probably the one most frequently discussed, yet the least understood.

Because of the prevalence of tuberculosis in meat producing animals and the possibility of transmission from animal to man,



the disease should be most carefully studied and investigated. Proper precautions should be exercised to prevent its spread, and various sanitary measures adopted which should aim to free the bovine tribe from the terrible scourge with which it has so long been afflicted.

No doubt the cow and her diseases are closely allied to many human ills, and facts tend to prove that the disease tuberculosis in man and animals is identical.

In the human subject the disease is not at all times readily diagnosed, and frequently other conditions with apparently similar manifestations are mistaken for tuberculosis. The same is true with the disease and its diagnosis in animals. At times its existence in the live animal is very questionable, and conclusions hastily drawn often lack verification upon a subsequent post mortem examination. I have seen it generalized in the young steer, where its presence was never suspected and was seemingly in perfect health. I have seen it in the blooded bull, where the tubercular matter had permeated every tissue and organ of the body, yet by no manifestation was the disease revealed until the animal was butchered for food.

Thus it is evident that tuberculosis can exist without its presence being known. On the other hand, I have seen very many small, emaciated, worn out cows, weak, decrepid, ill-fed, with a painful, hacking cough, hardly able to walk, pictures of bovine misery and distress, seeming typical cases of tuberculosis from all appearances, prove upon slaughter and examination to be entirely free from the disease, the lungs sound, the lymphatic glandular system normal or possibly unlooked for conditions met which would account for the animal's decrepid state. If these had been but occasional instances I would have thought that perhaps a greater experience and a closer observation would disprove views superficially apparent, but such has not been the case.

Let us consider the disease tuberculosis in the cow. It is not a malady readily manifest like pleuro-pneumonia. It lacks the prominent lesions of actinomycosis. It is void the acute symptomatology of splenic apoplexy or anthrax. The signs which denote the presence of an acute disorder are absent. It does not run a rapid course through various stages, but is a disease slow in character, with symptoms irregular and often ill defined. Sometimes the presence of all the symptoms in prominent form seem to make the diagnosis simple, yet a post-mortem

examination reveals no trace of the disease. Tuberculosis is not responsible for the decrepid state of every cow. Other causes—not always disease—are often responsible for the cow's decline.

Naturally appears the question, what conditions and what diseases are mistaken for those of tuberculosis? There are a number of them. Some are of frequent occurrence, others are met occasionally. Some present lesions resembling those of the disease with which they are confounded, and some present very little similarity when carefully considered.

Foreign bodies taken in with the food are responsible for a great deal of bovine distress—far more than one might imagine—and are a very prominent cause of lesions often mistaken for those of tuberculosis while the animal is alive. We have similar emaciation, a hacking cough, general unthriftiness. Many of the obscure diseases of the cow, her frequent indispositions, her occasional cough, her loss of appetite and her different annoying and perplexing actions arise from the presence of foreign bodies in the stomach and the distress which their presence sometimes occasion. In the stomach of the cow can almost always be found nails, pieces of barb wire, various extraneous objects. I should say that at least seventy-five per cent. of the cows used upon the farm or in the dairy are so affected. Some experience no ill effects from their presence, while others are sickened and emaciated by the inflammatory action which the irritating substance causes as it becomes lodged in the coats of the stomach or works its way through that organ into other tissues.

One time I selected a thin, worn-out cow, presenting all the external manifestations of tuberculosis as a case illustrative of the ravages of this disease. Upon a post mortem examination the lungs were sound and perfect, but a large tablefork protruding through the coats of the stomach and surrounded by a large field of inflammatory exudates readily accounted for the animal's wasted appearance.

Catarrhal pneumonia in cattle often leaves lesions in the lungs which have been mistaken for and accepted as evidence of the existence of tuberculosis, although the two conditions are entirely different. Where the disease has been of a severe type we may find a portion of the lung destroyed and in its place an abscess of varying size, encapsulated and presenting a varied degree of consistency, according to its age. Beyond its mere presence it exerts no ill effect upon the animal and remains at

all times different from the deposits of the disease with which it is confounded.

The deposits of actinomycosis in the lungs of cows cannot be distinguished from the deposits of tuberculosis by the unaided eye.

Throughout the west a large number of emaciated steers are bought and shipped to distilleries in Pennsylvania and other States to be fed, or, more properly speaking, stuffed with the refuse from these concerns. Within a month they undergo a wonderful transformation. They rapidly take on flesh and are then shipped to abattoirs throughout the country. While they may appear to good advantage they in no way equal the corn or grain fed animal as an article of food. In the short space of one month this distillery food has greatly impaired the animal's sight and many of them are totally blind. If they remained long enough they would all be similarly affected. The lymphatic glands at the base of the tongue are enlarged from twice to four times their natural size and are generally the seat of an abscess, which, from its size alone, must materially interfere with the animal's deglutition. No doubt the glandular system throughout the system has been similarly affected. If these animals were kept long enough under such conditions and forced to partake of this food for a sufficient time, say, three or four months, I have no doubt that the lungs, the liver, the various internal organs would become affected in the same way that had the hide, the eyes and the glands at the base of the tongue, while a condition due entirely to the nature of the food which the animal received would in all probability be mistaken for lesions of tuberculosis.

Evident is it that bovine tuberculosis is a disease that is frequently confounded with ills and conditions of perhaps apparently similar manifestations, but to suffer the condemnation of such animals as victims of plagues with which they do not suffer is an injustice to the farmer, a wrong to the stock raiser, the propagation of a groundless fear to the mother, an imposition upon the public, an unfortunate blight upon our herds and an opportunity for foreign nations, who are jealous of our progress and our commercial activity, to discriminate unjustly against American cattle, American dairy interests, our cows, our meats and the various food products prepared from our meats.

There is a disease tuberculosis. It frequently exists in cows. Sometimes it is local, and often it is generalized in form and is a

malady that should be carefully watched to prevent its ravages extending beyond the limits of an animal plague and exerting its deteriorating influence upon the health of the human family. It is an unfortunate fact that nearly all the measures employed to eradicate tuberculosis neither aim to exterminate it when it exists nor prevent its appearance when it does not exist.

It is not surprising that with an ill so deceiving, with a malady so frequently the topic of conversation, various devices should be employed to assist in the determination of its presence in a suspected animal. We live in an age where wonderful "discoveries" from the fertile brains of "scientific explorers" are thrust upon us in rapid succession only to be accepted for a time, heralded as marvelous truths, tried, doubted, cast aside and abandoned. In my short life I have passed through an era of vaccine, mallein, antitoxin, pleuro-pneumonia, tuberculin, and we see them all travel the one path from spontaneous adoration through a varied career to a well deserved obscurity. They are generally born a proprietary article or the result of a secret process of preparation. They bloom for awhile and then fade away, and with them go their victims, their advocates and the condemnation of a fickle world.

A few words about tuberculin. Its use has attracted considerable attention. At first it was offered as a valuable remedial agent for the cure of tuberculosis, but being unable to sustain that reputation it has since posed as a means of ascertaining the existence of tuberculosis in an animal when nothing else suggests the possibility of its presence.

Perhaps I am not in a position to criticise the action of tuberculin, or to comment upon its efficacy as a diagnostic agent. I admit that I have had no practical experience with its use. I never injected it into an animal to verify a suspicion of tuberculosis, principally because I reside in a large city and as yet the opportunity has not presented itself for me to do so. Neither do I wish to prejudice any one against its use. Some time ago the use of mallein was strongly recommended as a useful aid in the diagnosis of glanders in horses. I tried it in a number of instances and the results were entirely disappointing. In several pronounced cases of glanders with apparent manifestations the test gave no reaction, and so far as I am concerned its employment is not only unavailing but useless and dangerous.

Let us return to the subject of tuberculin. From time to time there have been brought to an abattoir within my jurisdiction a

number of cows which had been subjected to the tuberculin test and according to its provings, were affected with tuberculosis.

In all the number that were slaughtered at different times I have seen but few cases of generalized tuberculosis among them and I am inclined to think that possibly they were obtained more by accident than by operation of the test. From what I could learn, the ones most affected gave the slightest reactions under the test. Many of the cows in which what might have been tuberculosis, but probably was not, was discovered only after the most diligent search. They were in the form of isolated, minute pin head deposits in various glands and in the structure of the liver and were accepted as responsible for the provings of the test. One thing is certain: If what is often accepted as evidence of tuberculosis by the tuberculin operator is really tuberculosis, then the entire bovine tribe, both young and old, are hopelessly afflicted with this disease—hardly a reasonable supposition.

Among them were cows in which the most diligent and careful scrutiny failed to discover the least sign of disease, and I learned that in some of these animals the rise in temperature had been most pronounced.

While my observations in regard to the efficacy of tuberculin have been entirely negative, I do not doubt that it has many advocates, and many of them have advised me that I have been unfortunate in witnessing the work of careless or incompetent operators—hardly an acceptable explanation. To me the subject of tuberculin has been a most interesting study, and a study of those who advise its use has often been a more interesting one. One of the most remarkable truths connected with the subject seems to be the fact that a negative reaction with the test is not demonstrative of a freedom from tuberculosis. An animal may be a victim of generalized tuberculosis and yet the test not reveal its presence—a tuberculin idiosyncrasy. Time alone will decide the fate of tuberculin. It has banished into obscurity many popular delusions which have from time to time become associated with the medical creed, and I fear that when posterity reads the history of medicine it will find that in a certain age there flourished an idea quaint, queer, but unstable, that certain animal diseases could be diagnosed by certain animal poisons being injected into their delicate composition, but with the advance of the light of truth this idea, fantastic and amus-

ing, fell by the wayside and was lost sight of in the onward march of the science of medicine.

No one wishes to partake of meat from animals diseased or sick. The health of the nation is at stake, and in no way can the disease-breeding material gain an easier entrance into the system than to be taken in with the food. But every cow is not afflicted with tuberculosis. While it is a frequent bovine ill it is not a necessary complement to their composition.

Of all the domestic animals the cow is probably the least understood. Veterinarians do not devote to her the attention that her importance demands. The animal most vitally interested with human existence is left to the care of those who understand almost nothing of her ways or wants. She is kept in filth, is fed with filth, and her very surroundings breed the disease we try in vain to cure.

How will we eradicate tuberculosis? It is a subject that interests not only the veterinarian, but the physician, the farmer, the universe.

We will answer the question by saying how the disease will not be exterminated. It will not disappear as long as the dirty, filthy cow shed remains. It can be bred into animals by the manner of their surroundings. The cow requires good air, light and ventilation in place of the dark, stuffy pest holes where she is usually confined. She must have competent attendants instead of the brutal, worthless, repulsive degenerates usually entrusted with her care. She must receive good, wholesome food in place of refuse. She must be cleaned, exercised and manipulated with the care and delicacy which her complex mechanism demands and should receive. When the cow is properly kept tuberculosis will disappear. When we thoroughly understand her ways and necessities, instead of injecting into her system products of disease—a notion whimsical, irrational and dangerous—we will have learned that this disease is an ill for which man's ignorance and mismanagement is largely responsible. By the proper observation of ordinary sanitary measures this disease can be largely overcome, if not entirely eradicated. A subject fraught with such dangerous possibilities requires the employment of measures not only heroic, but persistent and effective, if we wish to avoid a possible eradication of the bovine tribe and destroy a potent factor which might operate disastrously in the ultimate degeneration of the human race.

## PHTHISIS PULMONALIS—TUBERCULINUM.

By J. Arthur Clement, M. D.

Is there a specific for phthisis pulmonalis? This is a question that has been agitated and worked upon in the medical profession as much, if not more, than has the subject of perpetual motion in the mechanical world.

When we read the list of fatal cases of phthisis as found in board of health reports, we are almost appalled at the vast number who succumb to the disorder annually and at the fact that the number is increasing year by year in every part of the United States.

From time to time some one offers a supposed *cure*. Usually the cure (?) is tested and its fame lasts but for a day. Doubtless there is no greater field open to quack physicians and medical enthusiasts than the treatment of this disease.

I have not the temerity to attempt to answer the question of the curability of consumption, but perhaps a few notes from my case book may be of some little service to my homœopathic brethren and set them to thinking.

When a case of suspected phthisis presents itself for treatment I divide the examination of the subject into four divisions:

1. History.
2. Subjective symptoms.
3. Physical examination.
4. Microscopical examination of sputum.

History of the case, as far as ancestry is concerned, must be taken "cum grano salis." If our patient tells us that a parent or grandparent has passed to the eternal life along the consumptive route we are very apt to be biased in our diagnosis. In the second division we must be cautious, as the typical consumptive is always improving, in *their* estimation. In the third class I must confess that I have seen so many errors of diagnosis made by eminent men of both schools that I am very chary of basing my opinion on that alone. As for the fourth division, or bacteriological tests, I always feel that I can rely upon them.

I hope I am not classed with the enthusiasts, and I do not believe that in *every* case a return to normal can be brought about by the use of tuberculinum; but I would like to report a few cases in which the preparation was used with good success.

Right here I might state that in these cases, in connection with the use of tuberculinum, I always prescribe the properly indicated homœopathic remedy, insisted upon a good, nutritious diet and, as far as was possible, environed the patient with the very best hygienic surroundings.

CASE I. October, '97. Miss Edith B——. Age, 22. Father, brother and two sisters died from consumption. For about six months had been anæmic; severe bronchial cough with profuse, yellowish expectoration and cough much worse at night; hoarseness; considerable loss of flesh; hectic; night sweats; physical examination showed considerable bronchophony; cavernous râles. Sample of sputum sent to a bacteriological laboratory was reported on as follows: "The examination of sputum received shows the presence of the tubercle bacilli."

Diagnosis—Phthisis pulmonalis.

Treatment—A dose of tuberculinum, 200 (B. & T.), every 6th night, until three doses had been taken; then a dose every 10th night, until three more had been used; then one dose a month for three months.

Result—A perfect restoration to health as far as subjective symptoms can show and an entire absence of the tubercle bacilli from sputum after repeated examinations.

CASE II. December, '97. Mr. W. T. N——. Age, 35. His grandfather died from consumption and father from, what his physicians termed, *chronic pneumonia*. About a year previous to his presenting himself to me he had an attack of acute pneumonia, rather prolonged.

Subjective symptoms were a severe cough with tough, ropy expectoration; hæmorrhages, often profuse; emaciation; dyspnoea; anorexia; night sweats; least exertion tired him; severe stitching pains between scapulæ; considerable fever in afternoon and evening, ranging from 101° to 103° F., gradually reaching normal by midnight; physical examination showed increased dullness on percussion, vocal resonance, gurgling and mucous râles. Microscopical examination of sputum on three different occasions showed the presence of the tubercle bacilli.

Diagnosis—Phthisis pulmonalis.

Treatment—Tuberculinum, 100, every third night for two weeks; then one dose a week for one month; and, finally, one dose of the 200 every three weeks for six months.

Result—Recovery.

CASE III. December, '98. Mrs. Jennie H——. Age, 70. Came



from a family of consumptives. When called to see her found a case of pneumonia, the acute symptoms of which yielded in three weeks to homœopathic medication. But instead of recovery the patient appeared to be developing rapid consumption. An examination of sputum was at once resorted to and confirmed the diagnosis, the tubercle bacilli being found present. Tuberculinum, 100, was given every third night, until three doses had been taken; then a dose every tenth night, and at present writing one dose each month. The patient is now in seeming health and complains of no symptoms whatever.

These three cases have been selected from several as being typical ones. I have used tuberculinum when I am morally certain it *cured*; I have used it when I am sure it prolonged life; and I have used it when I knew it failed to do either.

I have never used it without first having an examination of sputum made and the presence of the tubercle bacilli proven, and I never fail to use it when I know the bacilli are proven to be there. From what I have learned from its use, it seems that tuberculinum will *cure* a certain percentage of cases. I do not attempt to deny that homœopathic remedies and hygienic measures, singly or combined, do much, but I must honestly admit that I believe tuberculinum to be indicated in all cases of tuberculosis, and that the triumvirate, Homœopathy, hygiene and tuberculinum, can *cure* many cases of consumption.

*Baltimore, Md.*

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## LYCOPODIUM.

By E. R. McIntyer, B. S., M. D., Professor of Mental and Nervous Diseases in the National Medical College and Hospital, of Chicago.

*Lycopodium* is one of the most useful drugs in the *Materia Medica*, as well as the most interesting. It is especially interesting to the Homœopath from the standpoint of pathology, because our allopathic friends tell us it is incapable of producing and pathological changes. They say "It is a fine powder, pale, yellowish, very mobile, inodorous, burning quickly when thrown into a flame. Under the microscope the granules are seen to be four-sided, reticulated with short projections on the edges. It contains 47 per cent. of fixed oil (Flückinger), and has no other important constituent. It is only used as a non adhesive

powder for the protection of moist pills from sticking together, and for dusting upon excoriated places to protect the surface and to prevent chafing; its action in both cases is wholly mechanical."

The above is quoted *verbatim ad literatum* from W. P. Bolles, and would seem to indicate absent-mindedness regarding grammatical construction and punctuation at least. However, this may be excused on the grounds of extreme concentration in the herculean task of preparing such a learned diatribe of a drug of which he is in such profound ignorance. However, he makes one observation that should not be overlooked, the "forty-seven per cent. of fixed oil." It is true that the drug is inert until this fixed oil is liberated by trituration. But in the higher potencies it is capable of producing very important changes in the human economy which are worthy of our consideration

Probably the most constant objective symptom of *Lycopodium* is "red sand in the urine." It is present in most cases where the drug is indicated, and has appeared at some stage of nearly every proving that has ever been made of it. This is the excess of lithic acid thrown off by the kidneys, as everybody knows; but few have stopped to consider its true cause. According to Dr. Murchison, lithic acid is the product of albumen that has not been converted into urea because of imperfect oxidation. He says: "When oxidation is imperfectly performed in the liver there is a production of insoluble lithic acid and lithates instead of urea, which is the soluble product from the last stage of oxidation of nitrogenous matter." But here he stops; nor others, either allopathic or homœopathic, give us further light as to the cause of this lack of oxidation. We are told that it may result from any external conditions causing a lack of oxygen inhaled, or from lack of power of respiration, etc. But this is not true in a case caused by *Lycopodium*. There is but one way, so far as I know, for oxygen to reach the liver, that is, in the blood. But there can be several conditions that may interfere with the circulation or the quality of the blood as an oxygen carrier. Then lack of oxidation in the liver means some disturbance of the circulating fluid in that organ.

We know that *Mercury* and *Arsenic* cause like conditions, differing from *Lycopodium* and *Sulphur*, in that *Mercury* destroys the fibrin of the blood and *Arsenic* destroys both the fibrin and the red corpuscles, while *Sulphur* and *Lycopodium* cause passive venous stasis owing to their action on the nerve supply of the

veins. Other symptoms of *Lycopodium* may assist us to a solution of the circulatory changes under that drug, viz., "Cirrhosis of the liver, region of the liver, sensitive to contact, chronic hepatic congestion where the liver is very tender to pressure." But these symptoms simply point to congestion, but render no assistance in solving the character of the congestion. When we consider the lithic acid as indicating a deficient oxidation of albuminous matter, while *Arsenic* causes deficient oxidation of carbonaceous matter, resulting in deposits of fat, owing to its destructive action on the red corpuscles, we must conclude that the congestion of *Lycopodium* is on the venous side, like *Sulphur*, but differing from the latter in that the primary action is not paretic but irritating to the venous capillary vaso-constrictors, since, if we had arterial congestion with the blood intact, as it is under *Lycopodium*, there would be an abundance of oxygen carried to the liver. The venous stasis is also shown by the "Bleeding piles and constipation; stools hard and dry." These symptoms all point to passive hepatic engorgement from constriction of the hepatic veins, with consequent reduction in the functions of the liver-cells, as shown by their inability to appropriate the oxygen in the blood; the final result being the same whether we have constriction of the venous capillaries or their total paralysis, which permits them to dilate to such an extent as to produce cessation of the current through them.

As a constant accompaniment of the insoluble lithic acid in the blood we have "Sour eructations; accumulations of gas in the stomach and bowels, with much rumbling." This is doubtless due to fermentation resulting, from the neutralizing effect of the lithic acid on the bile and other alkaline digestive secretions, and its power to change the intestinal mucous and gastric secretions. It is reasonable to believe that the drug has a direct action on the sympathetic fibres concerned in the process of digestion, especially the vaso-motors. This is confirmed by the "Constipation with hard, dry stools; abdominal plethora," etc. As a result of the lithæmia, we would expect some form of rheumatism, and we are not disappointed, for *Lycopodium* produces "Chronic rheumatism with painful rigidity of the muscles and joints; rheumatism of finger joints, or about instep and ankle; drawing and tearing in limbs at night; oppression of chest, palpitation," etc. In connection with the palpitation we get "pulsating tearing in cardiac region; dilated heart, with sensation as if circulation, stood still," etc. These cardiac

symptoms point to the so called metastasis of rheumatism to the heart. However, most of the cardiac symptoms point to nervous disturbances or lesions external to the heart. There is little or no evidence of endo-carditis, or its sequelæ, except the "dilatation." The "palpitation" seems to be "only after eating or late in the afternoon." This "palpitation only after eating" would indicate a reflex trouble traveling over the pneumogastric. The "continuous rolling and rumbling of gas in the bowel," also points to the same nerve, since it presides over the peristaltic action of the bowel. But when the gas or feces is forced down into the rectum it meets an obstruction in a spasmodic constriction of the sphincters, as expressed in "feces hard, scanty, passed with difficulty, from constriction of the sphincter ani and a feeling as if much remained behind."

This points to irritation in the lumbar portion of spinal cord, as does the spasm of the bladder as expressed in "children, awake from sleep screaming and feel better after urinating; urging to urinate, must wait a long time before it passes, strangury." When this irritation is higher in the cord it causes "dyspnoea as if the chest were constricted by a cramp, worse when lying on the back." The irritation of the cord at the roots of the intercostal nerves is reflected to their periphery, producing those symptoms. The aggravation by lying on the back points to a spinal hyperæmia which is a result of spasms of the vaso-motors of the spinal veins. When this is high enough to attack the roots of the spinal accessory, it will cause the "wheezing breathing, with sensation of too much mucus in chest; constriction of throat simulating globus hystericus; shortness of breath with chest restriction," etc. These last symptoms were by Professor Halbert in *The Clinique* for April, 1898, p. 174, in his excellent report of a case of nervous asthma, cured by *Lycopodium*.

But, I cannot agree with the inferred declaration of the doctor that, pathologically, the drug was not indicated, when he says: "We have learned the value of an indicated remedy when the pathology of the disease would not naturally call for it." It seems to me that it *was* very clearly indicated by *both in its pathology and symptomatology*. From the spinal irritation we may get not only these laryngeal symptoms, but many catarrhal symptoms in the lungs, as expressed in the "dry, teasing cough, day and night, in feeble emaciated boys, with painfulness of the gastric region, from irritation in the trachea as from fumes of

sulphur; formication in windpipe at night; paralytic weakness of respiratory organs; chronic persistent catarrh of air passages; sputa purulent, greenish-yellow, dirty, streaked with blood."

True, all catarrhal symptoms of *Lycopodium* in the lungs do not result from spinal irritation, because in some cases they are the direct result of paresis of the pulmonary vaso-motors, permitting a hypostatic congestion, as indicated by the "loose cough, full and deep, sounding as if entire lung were softened, the patient raising a whole mouthful of mucus at a time of a light rust color, but not thick." This will bring to mind *Bryonia*; but under this the expectoration is in "yellow-like lumps, almost yellow or soft brick shade."

The vaso-motor paresis may extend to the cerebral vessels, producing a passive cerebral hyperæmia from atony of the walls of the venous sinuses, which is shown by the "pressing headache on vertex, worse from stooping; dull pain in the forehead, as if the head were being compressed. Confusion and heaviness of head; dulness of head. The hair becomes very gray and comes out." This last symptom points to the trophic centres. All the cephalic symptoms are associated with the "dyspeptic" indications of *Lycopodium*, some being reflex in their nature, resulting from peripheral disturbances to the pneumogastric and intestinal sympathetic. It would seem that *Lycopodium* expends its entire action on the sympathetic system, the cerebral symptoms being secondary to a sympathetic vaso-motor irritation, producing constriction of venous capillaries to be followed by their paresis with consequent passive venous engorgement, thus accounting for the entire train of cerebro spinal symptoms.

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### "HUSA."

"Husa" has filled considerable space in the medical journals during the past year and seems to have been engineered by a very shrewd man. It was sprung on the world in February, 1898, in the *Texas Courier-Record of Medicine*, and made the rounds. The Dr. Winthrop who introduced it said it is one of the secrets of the Seminoles of the Florida everglades, "an unclassified plant," a certain antidote for all snake-bites, "the most diffusible stimulant known" and a certain cure for the opium and morphine habit. No one has been able to get a speci-

men of this plant, though anyone can buy the tincture from Dr. Winthrop at the rate of \$10.00 for thirty fluid ounces. Professor John Uri Lloyd sent for a supply of the tincture of "Husa," made an analysis of it and read the results of his investigations before a joint meeting of the Cincinnati Section of the American Chemical Society and the Cincinnati Academy of Pharmacy, March 15, 1899. The following are his conclusions, for which we are indebted to the *Medical Gleaner* of April: (The "Husa" was received in ten vials, sealed.)

*Result.*—No. 1 contained 2.19 per cent. morphine; No. 2, 1.98 per cent. morphine; No. 3, 1.95 per cent. morphine; No. 4, 1.72 per cent. morphine; No. 5, 1.55 per cent. morphine; No. 6, 1.46 per cent. morphine; No. 7, 1.59 per cent. morphine; No. 8, 1.59 per cent. morphine; No. 9, 1.43 per cent. morphine; No. 10, 1.33 per cent. morphine.

Accompanying I exhibit in separate bottles the morphine obtained labeled from 1 to 10, successively; also the sulphuric acid as a barium sulphate and the glycerine and salicylic acid from the preliminary examination. It will be observed that the morphine is of a pure white, a condition quite different from morphine obtained from opium by the assay process, for then it has a yellowish color. The fact that it is so pure indicates, also, that it is *added morphine*, and that it is not in natural combination. The morphine obtained conformed to all the reactions demanded by the United States Pharmacopœia, and, in addition, to the potassium iodate test as well as Mayer's alkaloidal test.

To sum up, *viola sagittata* is not an eclectic remedy, for the reason that the name does not occur in eclectic literature, and the drug is not employed by eclectics. "Husa" is said by "Dr. Winthrop" to be an undetermined plant (unknown to science), found by two plume bird hunters and gathered by them by the boat load. My investigation of "Husa," as sold by its discoverer to his professional patrons, is to the effect that "Husa" is a liquid containing large amounts of sulphate of morphine, some salicylic acid, some alcohol, water, glycerine and coloring matter, probably burnt sugar.

The discoverer of this wonderful antidote to the morphine habit asserts that a multitude of physicians are availing themselves of "Husa" as a substitute for morphine and opium in the treatment of victims addicted to the opium habit. This I believe fully, judging from the extensive advertising "Husa" has received by the grace of the editorial and reading columns of the American medical press, and judging from the high price charged for the morphine, I would fain believe that the term "victim" should not be restricted to the consumer of "Husa."

I would define "Husa" as follows: A solution of sulphate of morphine to be administered under the name "Husa," and only by physicians. It is sold to physicians at the rate of \$10 for about 234 grains of morphine. In support of this view I offer the foregoing testimony and submit herewith the morphine obtained from a 25 cc. of each liquid. Until I am furnished with a new plant containing morphine to the extent found in these experiments I shall accept that "Husa" is a concoction.

## LEADERS IN THERAPEUTICS.

By T. L. Bradford, M. D.

It is related that once upon a time Bœnninghausen and Jahr were wont to meet for social converse and to sip, German fashion, their schoppens of beer, and, ever intent on mental gain, the one would challenge the other when a new comer entered the *weinhaus* as to the proper homœopathic remedy for the man; the remedy seemingly indicated by his physique and bodily characteristics. For these worthies believed that certain remedies were adapted to certain temperaments. "Ah! that fat man; he's a *Calcarea* patient—or that thin, transparent fellow is an *Iodine* patient, or that meek and gazelle eyed person must be a *Pulsatilla* patient." And so as the guests assembled each would receive this scientific scrutiny, and in such odd fashion the clear-headed doctors studied materia medica and swopped the results of experience in the use of homœopathic drugs. The masterly deductions and compilations of Bœnninghausen and Jahr are to be relied on by the materia medica student of to-day. The *Symptomen Kodex* and the *Therapeutic Pocket Book* are always found reliable. These, our medical fathers, did faithful work. Then the sifting, the finding characteristics of the remedies by the experience of the bedside. Lippe compiled his book—"Key to the Materia Medica," giving some dozen remedies, the most important or characteristic symptoms, each followed by its analogous remedies. This was followed by his "Text Book of Materia Medica." Then Guernsey, from the storehouse of his experience, from his study of Jahr and Bœnninghausen, gave us the "Genius of the Remedy," the keynote; his capacity for grasping the points of a remedy and stating them plainly and briefly, resulting in his *keynote system*—each keynote a crystallization of the truth of many provings, the genius of the drug, the being able to make the remedy fit the man, of being able to know by looking at the man, woman or child what remedy must fit. Just the same thing Jahr and Bœnninghausen did in the old days.

Hering, from his polyglot knowledge, has left us the card Key-notes, and his great work on Guiding Symptoms, which Knerr has made valuable by the repertory but lately published. That born teacher of materia medica, Farrington, has left a legacy of lucid, clear-cut talks on the salient points of remedies. Burt

gave us a book of valuable characteristics in 1869. We owe a debt to Dunham, and Lilienthal, and Hughes, and Allen, and Dewey, and Mohr, and Guernsey, and Kraft, and Yingling. Fornias, in his "Differential Analysis of Remedies," is doing masterly work. Kent is now bringing out a most valuable and exhaustive repertory.

It has been objected by some that the use of the keynote system tends to make one's knowledge superficial, that it is only by exhaustive study that the best cures are made. But the tyro, the student, becomes bewildered amid the massive pages of the exhaustive records of drug provings. What he wants is to commit to memory the great guiding symptoms, the keynotes of a remedy, to become familiar with the genius of the remedy, and afterwhiles to compare and note distinctions between analogous remedies. So that when in practice the *Calcarea* baby, or the *Pulsatilla* woman, or the *Nux vomica* man, or the *Sepia* brunette, or the *Sulphur* slouch, or the *Phosphorus* telegraph pole appears, that student knows *what's what*. The patient is his own sign board to his proper remedy. A book has recently appeared that bids fair to be of just such use to both student and practitioner. A student physician has recently given to the profession the practical results of long years passed in fitting remedies to individuals in "Leaders in Homœopathic Therapeutics." By E. B. Nash, M. D. Philadelphia. Boericke & Tafel. 1899.

The author thus preface:

"FIRST. To fasten upon the mind of the reader the strongest points in each remedy. Good off-hand prescribing can be done in simple uncomplicated cases if we have fixed in our minds ready for use the *characteristic* symptoms. The elder Lippe was remarkable for such ability.

"SECOND. To try to discourage the disposition to quarrel over symptomatology and pathology. Every symptom has its pathological significance, but we cannot always give it in words; but the fact that it *has* such meaning is sufficient reason for prescribing on the *symptom* or *symptoms* without insisting on, or trying to give the explanation."

One day Dr. Nash sat down and wrote his experience about *Nux vomica*,<sup>1</sup> then he took up *Pulsatilla*, then *Bryonia*, and so on, taking up a remedy daily, giving the keynotes, the genius of each remedy, and pictures of its analogues with the distinctions between each most lucidly given. Not in any stilted style, but



just as any old doctor has seen them so many times at the bedside. This is the charm of the book to the old physician. It seems as he reads its pregnant pages that he is living again the changeful, busy, bygone years; it is as if he were telling his own experience in the camaraderie of goodfellowship and the midnight cigar. It is just plain experience with the keynotes of the remedies, plainly written.

To the student whose wail is: "There is so much of it all, where can I get a book in which to study *Materia Medica* without becoming confused by the great number of symptoms? How know the false from the true?"—I, an old fellow, would say, read Nash's "Leaders." Study the book, memorize it, carry it with you, wear out its cover with use, and when the day comes that you have mastered its pages you need have no fear at the bedside. The genius of each remedy will be yours and *you, too*, can fit the remedy to the patient. So will you cure your patient easily, quickly, pleasantly.

And he who writes reaches out a hand to Dr. Nash and: Doctor—thank you for your book—you have fulfilled the promise of your preface, proved that every keynote has a pathological reason for being; that the man who has keynotes and their distinctions at command can cure the sick without resort to the fashionable flux of samples of coal tar products and other remarkable compounds with their jaw breaking names and general nastiness proved. You have that the Law of Similia is a reality. Doctor Nash—*Gesundheit*.

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## EAR REMEDIES.

Translated from *Med. Monatsh. f. Hom.*, Nov., 1898.

Especially in scrofulous diseases of the ears, in hardness of hearing and in puriform discharges from the ears the following remedies will be found effective:

*Rhus* has a great reputation in the so-called "dry catarrh of the middle ear."

*Silicea* 12 D. is the chief remedy in puriform diseases as well as in merely catarrhal diseases of the ear, as well in acute as in chronic cases; its effects are as surprising in affections of the *external ear* as in those of the *middle* and the *internal ear*. The morbid mucous membrane shows itself just as receptive of its influences as the musculo tendinous and the bony portions of the

ear; those disturbances of the hearing, however, in which the tympanum is untouched, or even if pathologically changed is, nevertheless, still present, are usually the most receptive of its influence. (Dr. Goullon.)

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## CASES FROM MY PRACTICE.

By Dr. Med. Thom, Fleusburg.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig Pop. Zeitschr. of Hom.*, November, 1898.

I. Mr. C., a mason from E., on the island of Alsen, 28 years old, had been suffering for six years from a *lupus exulcerans*, occupying the right cheek from the zygoma to the corner of the mouth. The condition of the patient, a moderately vigorous man, is normal with the exception of a depression of mind, arising from his ailment. C. has used many medicines, both allopathic and homœopathic, since he was taken ill, but without any effect. He received, beginning with April of this year, *Arsen. jodat.*, the 4th dec. trituration, a dose of the size of a coffee-bean, three times a day. By the middle of June the sore had healed up with a relatively fair cicatrix, and there has been so far no sign of a relapse.

II. Miss D., aged 28 years, from the district of Angelu, of full constitution, of florid complexion, prone to congestions to the head, with normal menstruation, has been suffering for about four weeks of pains in the stomach. These are of excessive violence, and caused the patient to give up her occupation in the country and to come to her relatives in Fleusburg. The pains in the stomach are predominantly of a convulsive nature, sometimes lancinating. They appear especially in the afternoon, and decrease perceptibly when the patient reclines on her back. These pains sometimes appear on an empty stomach, are temporarily alleviated by eating, reappearing later on with all the more violence.

The constitution of the patient, the character of the pain and the *manifest alleviation on reclining on her back*, point to *Belladonna*; its appearance on an empty stomach, the temporary alleviation on eating, with subsequent aggravation, point to *Pulsatilla*. The patient received both of these remedies in alternation in the 3 D. potency of each remedy, three times a day, five drops. After this one consultation I did not hear from her any more. About four weeks later she called on me on account of a bronchial

catarrh, and I incidentally heard that the pains in the stomach had disappeared the next day after the consultation.

III. Mrs. P., nearly 50 years of age, a cook on a large farm in Alsen, of a weakly constitution, has not menstruated for three months and consulted me about the middle of May. She was suffering from pains of the stomach, constipation and violent headache. She stated that these ailments had only appeared on the cessation of the menses. The headache is accompanied with a feeling of intense heaviness, so that she can hardly raise her eyelids. But what most distresses the patient is a continually increasing weakness of the sight, so that she can only with difficulty fulfill her duties as cook, and *e. g.*, *cuts her fingers at every occasion*. Starting from the view that her ailment was a consequence of the disturbance in her circulation caused by the sudden cessation of the menstruation, and that the disturbance of her vision was due to congestion of the circulation in the back part of the eyes, and defective nutrition of the same, and since *Sepia* shows itself of use in many ailments occurring in the climatic period, I gave the patient of the 4th D. trituration of *Sepia*, as much as would lie on the point of a penknife, morning and evening. Now and then I interposed a powder of *Sulphur*, 4th D. trituration. The headache and the pains in the stomach were soon alleviated, her power of vision gradually improved, and her weakness of vision was in about six weeks so far removed that the patient could again resume her functions as cook without any trouble.

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## FROM MY PRACTICE.

By Dr. Zepler, of Mannheim.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig Pop. Zeitschr. f. Hom.*, November, 1898.

Dr. Mueller-Kypke reported in this journal (Nos. 15-16) a case of ailment of the stomach which first imposed as cancer, but afterwards turned out to be another ailment. I will here report an analogous case, only that in this instance the curious course of the disease at once showed that the diagnose of cancer was erroneous. The case in brief was as follows:

In the beginning of September Mrs. H. consulted me in my office-hour; she had in the lower abdominal region on the right side a swelling which had now been there for half a year and

had steadily increased in size. An allopathic physician had first declared the ailment to be a rupture, then an indurated gland, although the swelling was situated above the inguinal glands in the abdominal wall; he had prescribed various embrocations and hot poultices, but all without effect.

On investigation I found a tumor more than the size of a fist in the lower abdominal wall, where inguinal ruptures are wont to appear. The skin was in some places grown to the tumor, the latter was hard, knotty, it was difficult to distinguish it from the parts in normal condition; it seemed to protrude from the abdominal cavity. An internal examination showed a normal state of the sexual organs and that they had no connection with the swelling. In short it looked very clear that there was a cancer in the abdominal wall, as I had seen it a few years before in a man with whom the tumor was removed by operation. Only the circumstance that the inguinal gland was not swollen, and that I seemed to perceive an obscure fluctuation in the deeper part, caused me not to altogether reject the supposition that a suppurative inflammatory cancer, and abscess, was forming. Acting on this thought, I ordered hot poultices of crushed linseed, and gave her internally *Mercur. solub.* III, three times a day, what would lie on the tip of a knife. The action of *Mercury* in forwarding a suppuration already begun, and to hasten its breaking open, was shown here in a most striking manner. After five days the patient came to me with a radiant countenance and reported that the swelling, which had become red and hot, had burst open and discharged a large quantity of pus. On examining the sore I found nothing more than a soft swelling as large as a walnut, which on pressure discharged some more pus; in three days more the woman was perfectly cured. She could hardly contain her gratification, for she herself had already come to believe that the swelling was of a malignant character.

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### COLCHICUM IN A CASE OF TYPHOID FEVER.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
Nov., 1898.

A man of nervous temperament had a severe case of typhoid fever. He was very much excited, could not sleep and had an idea that the left half of his body belonged to some other person; he thought he was pursued by animals, wanted to jump out of

bed, etc. A very peculiar characteristic symptom was that *his left pupil was contracted* to such a degree that it was almost *insensible to excitation from light*, while the *right pupil was dilated to its maximum limit*. Many remedies seemed suitable, but none exhibited this symptom. After a long search Dr. Simson found in the symptomatic indication of Panelli for typhoid fever, *contraction of the left pupil with dilatation of the right* given under *Colchicum*; there were also several other remedies pointing toward this remedy. The patient received *Colchicum* and soon improved; his rest at night became sound, and from this he awoke with a clear consciousness and the convalescence proceeded steadily. It is peculiar that the author has not been able afterward to discover this characteristic symptom in any *Materia Medica* nor in any repertory.

The reporter of the case has not had any better success, but he would bring to mind some observations with respect to the action of *Colchicum* on the brain and the eyes. In the cases of poisoning frequently dilatation of the pupils has been observed. Biermann observed in a man of 60 years, who was suffering from irregular, atonic gout, after he had received, within an hour, two doses of *seminis Colchici*, amounting to 50 drops, after 18 hours a subtle headache in the middle of the forehead, with a peculiar surexcitation of the cerebral nerves. At the same time the physical visual powers of the optic nerves were sharpened to an unusual clearness and, nevertheless, the *intellectual visual perception so much weakened* that the patient did not understand what he read and had lost all consciousness of any logical connection in it. In speaking he found it difficult or impossible to find certain words; his tongue also refused its customary action.

Schoenlein found in acute rheumatism in which, after venesection and *Tartarus stibiatus*, he had given *Vinum sem. Colchicin*, especially after strong doses, a morbid excitation of the brain and a condition resembling intoxication, even temporary mania, insomnia, bright, reddened eyes, great mobility—a real delirium maniacum. After stopping the remedy and using ammonia the symptoms were soon allayed. Eisenmann supposes from these observations that *Colchicum* seems to act especially on that part of the brain which is the source of the optic nerves. It is probable that the symptom mentioned above was taken from a clinic observation; a further confirmation of it would be of importance.

## PROVINGS OF SPARTIUM SCOPARIUM.

## Report of the Provers' Society.

[REPORTED BY DR. SCHIER IN MAYENCE.]

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
December, 1897.

Having examined, as an intermediate remedy during the course of the summer of 1896, *Spiræa ulmaria*, we were able to proceed in the latter part of the summer and during the fall to the proving of the other constituents of our plant, and first to the proving of the tincture produced from the fresh flowers and the tips of the plant furnished by the pharmacist, Steinmetz.

1. Mrs. Dr. Schier took, on August 1, 1896, at 10 A. M., five drops of the II. D. *Pot.* in one tablespoonful of water. At 5-8 P. M., sore throat with difficulty in swallowing. About 4 P. M. a soft stool, although there had been a normal stool in the morning. During the succeeding night tearing pains in all the fingers of the right hand. August 2d, at 8-10 A. M., there was again sore throat and difficulty in swallowing. Severe itching of the arms, the neck and the hairy scalp.

2. Mrs. Dr. K. in W., on November 10th, 1897, took, at 7 P. M., 10 drops of the mother tincture. About a quarter of an hour afterward a very slight vertigo, continuing for several minutes.

November 15th, at 10 P. M., 20 drops without effect.

November 21st, at 8 P. M., 20 drops. About 9:15 P. M. nervous restlessness, disappearing after half an hour.

November 28th, at 10 A. M., 100 drops. From 10:30 to 11 A. M. a very slight vertigo and some nervous restlessness.

Dr. U. Atzerodt, in Dresden, proved the remedy only in the mother tincture, and took doses increasing from 10 drops to 20, etc., up to 50 drops, then directly 5 grammes. Result, severe nausea immediately after taking the remedy, but disappearing soon afterwards; after one hour, three stools with violent rumbling and noises, dark of color, squirting out. Then a violent dull headache in the forehead, especially above the left eye, which only vanished after two days.

4. Dr. Gustav Rischer, in Mayence. Personal account: Is 27½ years of age, of a medium constitution, weight 143⅓ pounds, height 5 feet 5⅝ inches, of sanguine temperament, disposed to rheumatic affections, especially in the muscles of the thorax,

the loins and the heart; so also to a slight bronchitis and copious dandruff; went through measles at the age of six years. Habits very regular; deep, dreamless sleep from 10 P. M. to 7 A. M.; stool generally regular with a slight tendency to constipation; only slight use of tobacco and alcohol; a blooming and healthy complexion, dark-brown hair, brown eyes; general health normal, sensitive to cold, but only slightly so to heat.

October 12, at 4 P. M., took one drop of the mother tincture in one tablespoonful of water: Commencing with the 14th of October during the day, especially in the morning after rising, palpitation with congestion to the head, better in the afternoon. He also before this had suffered from palpitations, but these improved from forced bodily exercise, while gymnastic exercises showed in this case no alleviating influence.

October 14, in the evening, drawing pains in the left shoulder, descending into the left elbow-joint, appearing periodically, most violent in the forenoon; so also on October 15 and 16, but gradually decreasing.

October 19, at 10 A. M., three drops of the mother tincture in one tablespoonful of water: In the evening, oppression in the cardiac region, with pressure and anguish. October 20, in the forenoon, after rising, occasional palpitation with anxious oppression in the cardiac region. So also in the afternoon from 5 to 7, but in a lesser degree. October 21, on awaking, pressure in the cardiac region; after rising, palpitation of the heart, but less than at the first proving. The symptoms were aggravated every time I entered a warm room.

October 26, at 10 A. M., ten drops of the mother tincture in one tablespoonful of water: At 4 P. M., oppression in the cardiac region for a quarter of an hour. At 10 P. M., while sitting down, palpitation of the heart with slight sensation of anguish in the left side of the chest, simultaneously, pressure upon the vertex, continuing for half an hour. At night, about 2 o'clock, he awaked with anguish, nervous restlessness and violent palpitation of the heart. In distinction from the palpitations felt at other times during rheumatic affections, he perceives that it is not the muscles of the heart, but the nervous system of the heart, which is affected. At the same time pressure of the blood to the head, with slight transpiration over the whole body, the mind is excited, he feels quarrelsome. On turning on the left side the symptoms are aggravated. The nervous restlessness and the palpitation of the heart increases so much that he can-

not remain in bed, and he walks up and down his room from 2:45 to 3:15 A. M. He then goes to bed again, but as the symptoms continue with only slight alleviations his sleep is restless with superficial dreams, relating especially to his practice; while in a normal condition he hardly ever dreams. The pulse is slightly accelerated to about 90 a minute, at the same time irregular, intermitting occasionally. October 27 the restlessness diminished somewhat; toward morning the palpitation of the heart continues, however, with hardly any decrease. Radiating from the heart there is a slight sensation of oppression in the left shoulder, extending into the back. During micturition there is a sensation of a slight irritation of the urethra, which had also appeared during the third proving. This time, as well as during the third proving, there is constipation, so that the stool appears only on the second or third day and is harder, while else there was a normal stool every morning. In the afternoon there is a pressure in the cardiac region; toward 7 P. M. a slight palpitation of the heart for ten minutes.

November 26, at 9:30 a. m., took 3 drops of the mother tincture in one tablespoonful of water, while his pulse stood at 64. In the afternoon about 5 o'clock oppression in the cardiac region, with a slight spasmodic sensation of oppression. The pulse is 92 and there is a sensation of pulsation in the carotid arteries. He only now remembers that he took the remedy in the morning to prove it. On moving about in the room the symptoms are aggravated. In the evening a slight palpitation of the heart appears till 10 p. m.

November 27th, there is oppression in the cardiac region in the forenoon.

5. Dr. Roth, in Mayence, took 6 drops of the 10 D. dilution at 6:40 p. m. on July 22d.

July 23d, at noon, there is a sudden pain on the edge of the tongue near the tongue near the anterior molars. A small white vesicle forms there, which is very painful at every touch.

July 24. The ulcer on the tongue is even more painful; the parts surrounding the ulcerated spot are much swollen. Painful pressure in the left ear, while the *concha auris* is hot. Pain at the upper insertion of the muscul. glutæi on the right and left whenever he sits down (perhaps after exertions in walking or going up the stairs?).

The proving was here interrupted for a time. Nevertheless, after four weeks, another vesicle formed on the tongue and the



symptoms proceeded as before for several days.

September 24, at 6 P. M., took four pellets moistened with the 20 C. dilution. After five minutes a clucking sensation in the right hypochondrium, soon afterward in the right gluteal muscles.

September 25, in the morning, while in bed, pressure in the left bend of the ribs and in the left half of the forehead; drawing in the right wrist-joint, also below the left knee; clucking in the right hypochondrium. Urging in the left inguinal canal.

At 4 P. M. frequent urging in the left inguinal canal, especially when lifting something. In the evening, in bed, drawing in the left big toe, drawing to the right and the left in the forehead.

September 26, in the morning, in bed, stiffness in the neck as from lying in a wrong position. The right hand and fingers are benumbed as soon as the arm is for a moment lying above the head.

September 27, at 11 A. M., while walking, there is a frequent drawing between the exterior ankle of the left foot.

At 4 P. M. an agreeable sensation of warmth on the outer side of the right thigh while sitting down.

On account of a severe cold the proving was here interrupted.

N. B. In the same way, from the 12th to the 15th of September, some doses of *Spigelia* were taken on account of an acute mucous condition of a chronic catarrh of the nose and fauces. The ailment was soon relieved, and I was not able to observe any prominent symptoms of *Spigelia* on September 24th; but the second proving may be influenced thereby.

Remark of the reporting physician: Since the symptoms of the second proving have a very doubtful cause, according to the prover himself, they have not been used in the final summary.

6. Dr. Schier, in Mayence, took five drops of the 2 D. potency in one tablespoonful of water at 10 A. M. on October 1st, 1896. No effect.

October 12, at 4 P. M., three drops of the mother tincture in one tablespoonful of water. No effect.

October 19, at 10 A. M., took ten drops of the mother tincture in one tablespoonful of water: In the succeeding night had to get up to urinate, what else does not occur. October 20, in the morning, in bed, a pressive pain in the abdomen and in the region of the bladder; alleviated after a discharge of flatus and micturition.

October 26, at 10 A. M., twenty drops of the mother tincture in

one tablespoonful of water: Soon afterwards there appears a strong, quite unusual urging to micturition, so that about 10:30 A. M. he had to discharge a quite abnormal quantity of clear urine. Also in the afternoon the quantity of urine was, by a superficial estimate, increased one-half, and in the following night he had to get up to urinate. In the morning, while in bed, there was a pressure in the region of the bladder; diminished after micturition.

November 7, at 9:30 A. M., he took fifty drops of the mother tincture in one tablespoonful of water: Immediately after taking it several eructations of air. The pulse before taking the medicine stood at 75, it mounted to 100 about 10 o'clock; the radial pulse was at the same time harder than usual. Subjectively nothing can be perceived in the cardial region, but in the course of the day a slight oppression is noticeable in the respiration. The pulse after dinner (at 1:15) still stood at 90. The secretion of the urine is about three times the normal. There is besides obtuseness of the brain and a pressive pain in the whole of the upper part of the head, increased by motion. In the afternoon the quantity of the urine continues to considerably exceed the normal. The pulse at 6 P. M. is 80; later on it becomes normal again. An exact investigation and measuring of the urine was impracticable, because I attended my practice all day.

November 26, at 9:30 A. M., took seventy-five drops of the mother tincture in two tablespoonfuls of water: On account of its disagreeable taste I had soon after to drink some more water. The pulse immediately before taking this dose stood at 72; a quarter of an hour later it stood at 80, and at 10:30 it was 90 a minute. The secretion of urine is measurably increased. In the afternoon the eyes burned violently. In the succeeding night he had to rise for micturition, which else did not occur.

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IN MAY, 1897, WE EXAMINED THE INFUSION FROM THE LIKE FRESH PARTS OF THE PLANT.

1. Dr. Rischer, in Mayence. From an infusion of 250 grs. of water to 10 grs. of the fresh substance he took, at 9:45 A. M. on the 15th of May, one teaspoonful, without its acting upon him in any way.

From an infusion of 250 grs. of water on 15 grains of the pure blossoms (without the tips or the stem) he took, at 10:30 A. M. on May 22d, two tablespoonfuls. The pulse was 68, and his state of health normal. At noon, about twelve o'clock, after resting

for half an hour, he counted 88 pulsations a minute. Besides this, within one hour there were 5-6 irregular contractions of the heart, which were combined with a slight congestion of blood to the head, as well as a pretty violent sensation of anguish in the cardiac region. In the afternoon, about 5 o'clock, there was urging to urinate, with an irritation in the region of the bladder, like after drinking young beer; the quantity of urine was, however, minimal. This state continued for an hour and a half.

From an infusion of 250 grs. of water on 20 grains of clean blossoms (without tips of the stems) he took three tablespoonfuls at 10 A. M. on May 29, the pulse being 70 and the state of health normal. The taste was nauseous and soon afterward he had to vomit. About 3 o'clock in the afternoon there appeared irregular contractions of the heart, combined with a moderate sensation of anguish and a considerable congestion of blood to the head. The number of pulsations was increased from 10 to 12 beats all the afternoon. No anomaly in the secretion of urine was observed.

2. Dr. Schier, in Mayence. On May 14th, in the afternoon at 3 o'clock, there were gathered in the woods near Bingerbrueck blossoms together with the tips of the stems of *Spartium scoparium*; 10 grs. of this were infused on the 15th with 250 grs. of boiling water, which was poured off after two minutes. After the infusion had cooled off he took two tablespoonfuls of the yellowish-green, nauseously tasting fluid at 9:45 A. M. on the 15th of May, 1897, without feeling anything but a disagreeable eructation, which soon passed off. At 5:30 P. M. he took of the same infusion, which in the meanwhile had taken on a darker, more brownish green color, three tablespoonfuls, without being able to report any characteristic effect.

On May 21st, at 4 P. M., there were again gathered in the woods near Bingerbrueck blossoms of the plant, this time more vigorous plants, and using the flowers alone (without the tips of the stems) an infusion was made on the 22d of May, pouring 250 grs. of boiling water on 15 grs., and after standing for two minutes the infusion was poured off through a sieve. Of this yellowish warm tea, which had a less nauseous taste, he took five tablespoonfuls at 10:20 A. M. on May 22d, 1897, the pulse standing at 72 and the state of health normal. About twenty minutes after this an abnormally strong urging to urinate appeared, and he discharged what he calculated was about twice

the ordinary quantity of urine. It was not practicable to carry a urine bottle in his practice, so that he was not able to give an exact numerical computation of the quantity of urine. About 12, at noon, there was another discharge of urine, which was tested for albumen, but did not show the slightest trace. Quite against the normal at 2:30 another urging to urinate showed itself. From 1 P. M., during the afternoon, the frequency of the pulse was 90, but there were no subjective symptoms of the heart. Toward evening the pulse again stood at 72. At 3:30, 5 and 6 there was again an urging to urinate, with slight quantities of urine.

May 28th, at 3 P. M., a collection of blossoms was again made in the woods near Bingerbrueck, and on May 29th an infusion of boiling water, 250 grs., to 25 grs. of the flowers (without the tips of the stems) was made. Of this infusion, while still warm, he took, at 10 A. M., six tablespoonfuls, while his state of health was normal and the pulse was at 72. In the afternoon the pulse rose to 88, without any change in the subjective feeling; the secretion of urine was somewhat increased, but in a considerably less degree than in the proving instituted eight days before.

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I had originally intended to subject at least the *seeds* of the plant to an investigation; but I came too late, as I did not return from an extended journey this year before August. The seed-capsules had already burst open, and I could not find any seeds. We may, however, suppose from the results arrived at from the parts examined that the effective principles are pretty evenly divided in the organs of the plant, and that it is probable that the seeds would not have given any great modification of the symptoms.

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### Summary.

#### a. INFUSION MADE FROM THE ROOT OF SPARTIUM SCOPARIUM.

*Nervous System:* Obtuseness of the head.

*Circulatory Organs:* Accelerated pulse. Heat rises to the head, especially to the right temple. Oppressive heat in the head.

*Digestive Organs:* Excessive dryness of the lips, attended with burning. Quantities of water gather in the mouth with a bitter taste. Eructation of air, without any taste. Nausea almost leading to vomiting. Fermentation in the abdomen, slight pressure in the stomach.

*Urinary Organs:* He has to get up three times during the night to discharge urine, contrary to his habit.

b. TINCTURE MADE FROM THE ROOT.

*General Symptoms:* Anxiety, melancholy, depression. Worse during rest, improved by quick motion.

Yawning. Feverish and excited at night, he frequently wakes up.

Acne existing before is extraordinarily aggravated. Itching in various parts of the body, especially on the back, alleviated by scratching. Itching on the skin of the thigh. Copious perspiration.

*Nervous System:* Violent passive headache in the forehead and on the vertex during the catamenia. Headache, pressive upon the vertex, beginning at noon and disappearing about 9 P. M. Heaviness in the head without pain.

Itching on the back, especially on the two angles of the shoulderblades, from leaning against the back of the chair while sitting down. At night drawing pains in the hips and in the small of the back.

Lancination in the cardiac region, with a feeling of weakness there.

*Circulatory Organs:* In the morning, while in bed, great heat in the whole of the body, also in the evening in the room. Restlessness, especially in the head.

*Respiratory Organs:* Pain on the sternum, and where the ribs join the sternum, increased by pressure and by taking a deep breath.

*Digestive Organs:* On the mucous membrane of the left lower jaw, near the corner of the mouth, a very painful vesicle, as large as a pea; redness and painfulness in the anterior part of the hard palate.

Constant eructation of air all the evening. Pressure in the stomach and on the chest, alleviated after the passage of flatus. At night, heaviness in the stomach and abdomen, as if a stone was lying there. Cutting in the abdomen, alleviated after the passing of flatus. Pinching colic. Severe lancination in the abdomen, on both sides, in the evening. Distension of the abdomen; movements as if the abdomen was constricted. Urging and pressure in both the abdominal rings, especially on the left side, most felt when walking or urinating. Colicky pains in the stomach and abdomen; one-quarter of an hour later light colored,

pappy diarrhœa, with violent burning in the anus afterwards. Thin, sharp, frothy diarrhœa, after which the colicky pains diminish. Urging to stool; the discharge is very hard. Constipation. Urging toward the rectum, as if it was filled with fœces.

*Sexual Organs:* During the menses abnormally severe loss of blood, attended with great debility; the blood is normal, dark, but without lumps.

*Urinary Organs:* Severe urging to urinate. The quantity of urine considerably increased. Has to urinate five times in the afternoon instead of the customary two times. The pressure on the bladder is alleviated after micturition. The urine which is much increased is light yellow and very frothy.

#### c. TINCTURE FROM THE FLOWERS AND THE STEMS.

*General Symptoms:* The mind is excited, quarrelsome. The sleep is disturbed with superficial dreams.

Violent itching on the arms, the neck and the hairy scalp. Light transpiration all over the body.

*Nervous System:* Obtuseness of the brain. Slight vertigo. Nervous restlessness, congestion to the head. Pressure on the vertex. Pressive pain in the whole of the upper part of the head, aggravated by motion.

Violent burning of the eyes. Painful pressure in the left ear. Hot concha.

Drawing pains in the left shoulder, descending to the left elbow-joint, appearing periodically, most severe in the forenoon. At night, tearing pains in all the fingers of the right hand.

*Circulatory Organs:* Oppression in the cardiac region and anxiety, aggravated on entering a warm room. Palpitation of the heart, with congestion to the head. At 2 A. M. he wakes up with anguish, nervous restlessness and violent palpitation. On turning over to the left side the symptoms are aggravated. The nervous restlessness and the palpitation increase so much that he cannot stay in bed and wanders about the room from 2:45 to 3:15 A. M. He afterwards goes to sleep again, while the symptoms continue with only a slight alleviation. The sleep is disturbed with superficial dreams. Oppressive sensation radiating from the heart into the left shoulder, extending into the back.

The pulse is accelerated, irregular, occasionally intermitting; sensation of pulsation in the carotid arteries. Congestion of blood to the head, with slight transpiration all over the body.

*Respiratory Organs*: Oppression in breathing.

*Digestive Organs*: Pain on the left edge of the tongue, near the anterior molars. A small white vesicle forms there; very painful to the touch.

Sore throat, with difficult deglutition.

Eructation of air. Stool soft. Constipation.

In the morning, while in bed, a pressive pain in the abdomen, diminished after passage of flatus.

*Urinary Organs*: Unusually strong urging to urinate and increase of urine. In the morning, in bed, pain in the region of the bladder, diminished after micturition. During micturition the urethra feels slightly irritated.

#### d. INFUSION FROM THE FRESH FLOWERS.

*Circulatory Organs*: Irregular contraction of the heart, with slight congestion of blood to the head. Violent anguish in the cardiac region. The pulse is considerably accelerated.

*Digestive Organs*: Disagreeable eructations. Vomiting.

*Urinary Organs*: Abnormally severe urging to urinate. Quantity of urine increased. Irritation in the region of the bladder, as after partaking of young beer.

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Even on a mere superficial comparison of the results obtained from the four different provings it is manifest that the provings of the tinctures gave much more striking and numerous symptoms than the provings made of the infusion of the fresh substances; especially when we consider that the quantities taken of the infused parts of the plant were generally much more considerable than what would correspond to the number of drops given of the tinctures. We may suppose that the Scoparin and the Spartein are less easily soluble in water than in alcohol; or, on the other hand, that these substances are in great part in a short time decomposed at the temperature of boiling water. It is known that, as a rule, alkaloids are either altogether insoluble or but little soluble in water. Chemical experiments and experiments with animals, which I cannot make here, would in this special case give the surest decision as to which of these two causes are to be ascribed the comparative small results obtained from infusions.

These provings give us, however, in general results, which agree fairly well as to the most important symptoms that may be used therapeutically. It would seem that the active sub-

stances described in the introduction are pretty uniformly distributed in the various organs of the plant.

That the most prominent diuretic effect of our remedy depends especially on an increase in the pressure of the blood, so that the plant primarily affects the nerves and the muscles of the heart, is shown most manifestly by the concurrent results of the various experiments. It would certainly be interesting to demonstrate this fact also by the sphygmograph; but I must confess that personally I am of the opinion that nothing memorable is gained for homœopathic therapy from these experiments, although they may serve to make our treatment less distasteful to allopaths. In any case, such a proposition on my part, in view of the indolence of my colleagues, who as to a great part gave no answer, and did not even contribute the simplest, briefest report, would have been inevitably doomed to failure; and I, myself, was from various reasons not in the position to make such experiments.

To summarize, our remedy would seem to be indicated in cases in which primarily the muscles of the heart, and especially the nervous system of the heart, is affected, with acceleration and irregularity of the pulse, congestions to the chest, neck and head, and light rheumatic symptoms. As the remedy acts only for a time, *i. e.*, a few days, its use may preferably be limited to acute diseases.

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### SO RUNS THE WORLD.

(This is from the *American Druggist*, March 25th. The same folly—for this scramble for cheapness is sheer professional folly—to a degree infests Homœopathy).

“Said a member of an essential oil firm: ‘What is the use of making a pure oil of sandal? Nobody wants it. Nobody will buy it. There isn’t any market for it in America. You can’t induce a wholesale druggist to touch it, and the retailers do not evince the slightest interest in it. What they want is a sophisticated article upon which they can make a great big profit.’

“‘But what about the physicians?’ the traveler asked. ‘Surely they demand an oil which will effect a speedy and radical cure!’

“‘My dear friend!’ the essential oil man exclaimed, ‘do you imagine you are still living in Altruria? The physicians of that fantastic country possibly may desire to make speedy and radical cures—but, believe me, that kind of physician does not exist in



America. What the Yankee doctor desires is something which will be neither radical nor speedy. Do not delude yourself with the notion that physicians in this country are pure and unadulterated philanthropists. Not on your life! They run their little *Schützenfest* for what there is in it—same as I run mine.'

“‘But,’ objected the traveler, ‘you can not surely mean that you have no other consideration in your business than that of immediate profit! I am informed that your house is one of the greatest in the line in America.’

“‘Oh, as to that!’ the essential oil man responded serenely, ‘I assure you we are very careful of our reputation. But, as one of the ancient philosophers remarked, “When a citizen of a state exceeds his fellows in virtues, he is no longer a citizen of that state.” Mark Twain boiled that idea down into, “Be good and you’ll be lonesome.” Sabby?’

“‘Which I must take to mean,’ said the traveler sadly, ‘that the essential oil business is carried on upon lines of exceeding shadiness.’

“‘Essential oil houses, my interesting friend, supply the wholesale druggist with that which he demands. The wholesaler gives the retailer what he asks for. The retailer is equally complaisant with the physician. You must start the reform with the doctor. Then, as the nursery rhyme has it, the stick will beat the dog, the dog will worry the pig, the pig will cross the stile, and so the old woman will get back to *Alturia* to-night, all right. Call again; I find your *Altrurian* point of view quite entertaining.’”

(Very little, comparatively speaking, of this spirit is found in *Homœopathy*, and let us hope the ugly commercialism will not grow larger there. Lust for bargain counter drugs is the germ of it all.)

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## L'OMIOPATIA IN ITALIA.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*

The Homœopathic Institute of Italy held its meeting on the 16th of April of this year (1898), and we see from the annual report published in the *Omiopatia* (No. 33, 1898) that its finances are well ordered, the receipts being 5621,66 liras (about \$1,124.00) and disbursements 5343,54 liras (about \$1,068.00), so that there was a balance on the right side. It is gratifying to notice that the debt which the Institute was compelled to in-

cur for the small hospital and dispensary in Turin has been canceled by a generous friend of Homœopathy, who desires to remain anonymous. Freed from this care, our Italian colleagues will be enabled to devote all their energy to the spread of Homœopathy in their country. To place before the world their progress in this direction, it was resolved to take part in the National Exposition in Turin.

We will here communicate some of their observations as made in the *Polyclinc* and the hospital.

1. *Asparagin* in the 3 Dec. trituration in solution contributed, and in a relatively short time, to a decided improvement in a case of cardiac trouble attended with arhythmia, *i. e.*, with an intermission or cessation at every third beat, a noise in the mitral valve, a snoring respiration, continual dyspnœa, so that the woman had to lie with her chest considerably elevated, especially at night, but even this did not suffice to remove long continued spells of coughing, accompanied with a retching up of tough mucus and with vomiting, and in daytime she was seized with violent palpitation of the heart at any exertion, as when going down stairs.

The patient, 40 years of age, rather corpulent, of pretty regular menstruation, had in the preceding years twice suffered from an arthritic attack. After the second, there was a considerable œdematous swelling of the lower limbs. She had used numerous diuretics, as also copious doses of *Natrum salicylicum*, and during all this the cardiac trouble had developed. The urine was sparing, dark red and turbid. After several days' use of *Asparagin* the symptoms had visibly improved, so strikingly, indeed, that she did not hesitate in presenting herself before her former allopathic physician. The symptomatic image of the patient offered a close agreement with the pathogenesis of *Asparagus* with respect to the thoracic organs, and this was demonstrated by the success.

2. *Caltha palustris* in the 3 and 6 potencies. A lymphatic girl, seven years, having a nervous mother and a gouty father, had at first merely suffered with rubeola. After three days it was said, in consequence of a cold, an enormous anasarca developed, accompanied with scanty urine, rich in albumen, so that it was easy to diagnose a case of nephritis. The case, difficult in itself, was all the more important and responsible for Dr. Bonino, in that the little child was the niece of a physician of the old school.

The author gave *Caltha palustris*, in the pathogenesis of which he found a faithful image of the sick child, and after repeating the remedy several times the anasarca passed off and the kidneys returned to their normal state. Two vapor baths a day, given in her own room, proved also useful.

(The provings of this remedy actually show a swelling all over the body, extending itself from the face, which is monstrously swollen. The swelling is described as white, soft, somewhat doughy. The urine is scanty, deep-red. So far as we know, despite of these symptoms, the remedy has hardly ever been used in nephritis accompanied by the above symptoms.—*Rep.*)

3. *Pulsatilla* 6, in gonorrhœal gout. A young man had suffered with gonorrhœa which had been repressed by the usual astringents. In the meanwhile he had been seized with a violent inflammation on the left foot and then on the knee of the same side, with plainly developed exudation.

*Mezereum* gave some alleviation, but it was only after *Pulsatilla* that the local trouble was quickly ameliorated, but without fundamentally influencing the constitutional state, which was shown by the manifold glandular swellings in the right inguinal region, which were cured by the use of *Iodium* 3, dilution.

#### From the Clinic of the Hospital.

A little girl of three and one-half years had several times suffered from angina diphtheritica, which had always taken a favorable course. Now she was again seized with headache, fever and trouble in swallowing, as well as redness of the fauces. The symptoms were quickly aggravated, the respiration became difficult, so a physician was called who at once injected the serum (antitoxin). Nevertheless her state grew worse, and so she was brought to the Homœopathic Hospital.

The symptoms were as follows: The child was well nourished, no sign of decay. The inspection of the throat was very difficult, as the tongue could not be pressed down, but so much could be seen that a whitish-gray, firmly attached, exudation had already formed on the arches of the palate, extending back of the posterior wall of the pharynx and up to the larynx; there was a high degree of dyspnœa and cough with a croupy sound. At the same time there was hardly any fever.

She was given *Mercur. cyanat.* 4 trituration, and *Aqua bromata* 1:1000, freshly made every time; after two doses of *Mercury* there was always given one of *Bromine*. She also re-

ceived a few spoonfuls of cold milk. During the night there were several suffocative spells, which recurred during the day; toward evening the throat swelled up and became more painful. The remedies were continued, together with the inhalation of aqueous vapor and cold water compresses around the neck.

As the suffocative attacks recurred during the day, laryngotomy was thought of. The remedies were continued.

In the following night there were no more suffocative attacks the patient slept a little and when during a spell of coughing she had thrown out a piece of bloody membrane the respiration became freer. The remedies were continued.

The improvement continued; another piece of membrane was expectorated; *Mercurius cyanatus* was now given at longer intervals and *Bromine* was discontinued. The nights became more restful, without any trouble; the appetite returned. In the fauces there only remained a slight redness of the mucous membrane. The medicine was discontinued. She could now swallow without any trouble. She received corn starch pap, and could be

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## BOOK NOTICES.

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**A Repertory to the Cyclopædia of Drug Pathogenesis.**  
Part III. Digestive System (concluded)—Urinary Organs—  
Reproductive System—Respiratory Organs. Pages 193-288.  
London. E. Gould & Co.

Part III of this great work, by Richard Hughes, M. D., is now ready for delivery.

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**The Care of the Baby.** A Manual for Mothers and Nurses, containing directions for the management of Infancy and Childhood in health and disease. By J. P. Crozier Griffith, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania, etc. Second edition. Revised. 404 pages. Cloth, \$1.50. Philadelphia: W. B. Saunders. 1898.

As indicated by the title, this book is chiefly devoted to the care of the body and only a few simple drugs are prescribed. Its advice seems to be good.

**The Principles of Bacteriology.** A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., Professor of Hygiene and Director of the Laboratory of Hygiene, University of Pennsylvania, Philadelphia. New (5th) edition, enlarged and thoroughly revised. Handsome 12mo., 585 pages, 109 illustrations, of 26 which are colored. Cloth, \$2.75. net. Philadelphia and New York: Lea Brothers & Co.

The reason for the great popularity of this work is made clear by an examination of its pages. The author with rare skill has selected just that knowledge which is practically important to the student and practitioner and has presented it with unusual clearness, together with ample instructions for laboratory work. The present edition has been revised to date, and many chapters, particularly those upon technique, disinfection, specific infections, immunity, etc., have been enlarged. Equally thorough has been the revision and improvement of the illustrations, both black and colored.

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**Saunders' Medical Hand Atlases.** *Atlas of the External Diseases of the Eye.* Including a Brief Treatise on the Pathology and Treatment. By Professor Dr. O. Haab, of Zurich. Authorized Translation from the German. Edited by G. E. de Schweinitz, A. M., M. D. With 76 Colored Plates and 6 Engravings. 228 pages. Cloth, \$3.00. Philadelphia: W. B. Saunders. 1899.

This is the latest issue of Saunders' well-known series of "hand atlases." The plates are unusually fine, depicting the various diseases of the eye. We learn from the publisher that this series has been highly successful, over 200,000 copies having been sold.

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**Practical Materia Medica for Nurses.** With an Appendix containing Poisons and their Antidotes, with Poison-emergencies; Weights and Measures; Dose List; and a Glossary of the Terms used in Materia Medica and Therapeutics. By Emily A. M. Storey, Graduate of the Training School for Nurses, Lawrence, Mass. 306 pages. Cloth, \$1.50. Philadelphia: W. B. Saunders. 1899.

The drugs in this book are alphabetically arranged and classified, as alterative, anæsthetics, anti-acids, anodynes, etc., and the dose of each is given.

DR. J. T. KENT'S *Journal of Homœopathics* makes the following comments of the second edition of Dewey's *Essentials of Homœopathic Therapeutics* :

This book by Prof. Dewey we have much pleasure in commending to students for whom it has been expressly compiled. The very difficult labor of selecting remedies having in their nature and symptoms a strong relation to certain diseased states has been admirably executed. The author, in his preface, points out the danger of associating remedies with diseases or diagnosis with treatment, and gives this latter work its proper place as a companion to his *Essentials of Homœopathic Materia Medica*. The two books are not only a boon to students, but would be strong meat for the average graduate.

It requires genius to get at the essentials of anything, and that genius Dewey possesses in his chosen field to an eminent degree, as is demonstrated by the great success of his books. Many write books, but few are called for second and third editions. *Any* subject *ably* treated will run into a second edition, but—there's the rub, that makes calamity for book publishers so often, for they must determine and they are but fallible.

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DR. NASH, like Dewey, also seems to possess that which goes into the make-up, of a successful book writer. The following appreciative review of his book, *Leaders in Homœopathic Therapeutics*, is from the *Medical Advance*:

This handy volume of nearly four hundred pages gives the personal experience of a very earnest and genuine Hahnemannian with 229 of our leading remedies. The "Leaders" are the pathogenetic characteristic symptoms or conditions guiding the selection of the remedy, which the author has found reliable in practice, and while the ones given are not claimed to be the only ones of the remedy, they are the ones he has found reliable, and has often verified in the cure of the sick. These "Leaders" he compares with similar symptoms or conditions and modalities of other remedies which makes the work, like *Jahr's Forty Years' Practice*, a valuable reference handbook for the office table, and every working homœopath will find its frequent reference very helpful.

There is not a dull page in the book, nor one which will not well repay a study. There is not a "Leader" given under any remedy that will not be found guiding in some case. For instance *Petroselinum* has a very characteristic indication, viz: great and sudden desire to urinate. Children are sometimes troubled with such sudden and intense desire to urinate that they will jump up and down trying to retain it, until their clothes are unbuttoned. A similar symptom often obtains in gonorrhœa, when this much neglected remedy will not only relieve the urinary difficulty but cure the disease.

The entire work is good reading and intensely interesting to the student

of *Materia Medica*, richly interspersed with conversational anecdotes and reminiscences of a busy professional life, and occasionally in righteous indignation he scores his weak-kneed brethren for lapsing into alternation, and the empirical methods of the self-styled "regular." We thank the author for his helpful addition to our armamentarium. The only fault we have to find, the only complaint we have to make, is that he did not give us more.

**The Porcelain Painter's Son.** A Fantasy. Edited with a Foreword. By Samuel Arthur Jones, M. D.

This is a companion volume to "*The Grounds of a Homœopath's Faith*," and an appendix with the title of "Under which King Bezonian." The author styles it a fantasy on Homœopathy and Hahnemann, yet deep down will be found a golden vein of pure science that will give the reader a new inspiration into the early life of the Sage of Coethen.

But, whether we agree with the author or not, the entire homœopathic profession the world over, will sincerely regret after reading this little book—especially "Under which King Bezonian,"—that as yet only these two small volumes have appeared from the most trenchant pen which our school has produced in this century. Oh! that we had a little more such inspiration and admonition as this on page 102:

When the "scientific" homœopath—that most perilous of wild fowl—assails Hahnemann's teachings in the windy medical journal, or on the floor of the windier medical society, how many homœopathic students are qualified to judge the critics and the criticism? Indeed I may ask, how many physicians? How many of either have ever read the *Organon*; how many have given it the serious and intelligent investigation that it both deserves and invites alike from friend and foe? If one is grossly ignorant of the *Organon*—that declaration of, exposition of, and defence of the principles and practice of Homœopathy—by what shadow of right does such an one assume the title "homœopathic" physician? Does a dabster in the practice, as an art, pretend to a knowledge of the principles, as a science? Has not Homœopathy too many of such pretenders—"doctors" that cannot for the life of them deliver the goods they advertise? Can the truth, the absolute truth, the simple truth be presented, defended and triumphantly demonstrated by such advocates?

We trust that every reader of the *Advance* will buy this book and keep it on the table in his reception room. It will do good.  
—*Medical Advance*.

DR. CHAS. J. POLLARD, of Princeton, Ky., pays the following compliments to *Dr. Nash's Leaders in Homœopathic Therapeutics*: "I consider it by far the handiest working volume on *Materia Medica* I have yet seen. It is worth double the money asked for it."

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## POINTERS ON THE NEXT MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, 1844-1899.

Editor of the HOMŒOPATHIC RECORDER.

Although many reminders of the Atlantic City meeting of the American Institute of Homœopathy, on June 20th, '99, have already appeared in the various journals, it may not be amiss to point out briefly some of the peculiar and singular advantages of this year's assembly.

First: The place selected, Atlantic City, N. J., is ideal; perhaps no other watering place of summer resort offers such extensive and excellent hotel accommodations, at prices that may be adjusted to suit all. Some forty or more hotels are ready to accommodate the members of the Institute, and they have made notable reductions in their prices. A steel pier, which has been secured for the meetings of the Institute, will add greatly to the pleasure and enjoyment of the session. The halls for meetings, both general and sectional, are all that can be desired; and the freedom from the vexatious noise and hot winds of the city will be more appreciated when listening to the sounds of the surf upon the beach and enjoying the cool ocean breezes.

Second: The change of the plan, while it provides for a shorter session, rather adds to than detracts from the value of the purely scientific side of the meeting. Each session will have one general meeting before the entire Institute and papers of general interest will be read and thoroughly discussed. Sectional meetings for each session have also been provided for. For all those meetings, both general and sectional, a definite and clear cut programme has been arranged. The papers to be read will be announced in the regular order, and the names of those chosen to discuss the papers will follow. Time enough will be allowed to allow others besides those on the regular programme to take



part in the discussion. It is believed these arrangements, enabling a larger amount of work to be done in a given time, will prove eminently satisfactory, and the General Secretary may add, that the chairmen of all the sessions have done everything in their power to perfect this plan.

Quite aside from the scientific interest of the Institute, but allied to it, is the social side. The plans of the committee, already familiar to your readers, need not be recapitulated here. Suffice it to say that the members present will be made happy in more ways than they can possibly imagine. It may be added also, that there will be reunions and celebrations by many clubs and organizations, and many old acquaintanceships and friendships will be revived.

Fourth: Besides all these things, the railroad fare is certain to be at a reduced rate of one and one-third for the round trip. There will be the largest attendance at the meeting, in all probability, of any meeting held by the Institute for years. Atlantic City is a better place to rest and enjoy oneself thoroughly than almost any other spot that might have been selected.

To all these very good reasons why every homœopathic physician should attend the Atlantic City meeting, let me add the most excellent reason of all, and that is, that the American Institute of Homœopathy, our national organization, not only desires, but is entitled to command the presence and support of every homœopathic physician in the United States. We all know what the Institute has done as a national body. We know that without it our rights, privileges and powers would have been greatly curtailed. We know that it is not only a bulwark and safeguard against the assaults of our enemies, but it unites our own force into a homogeneous working corps. Besides all this it has encouraged and built up our schools and colleges, has fostered scientific research, has exhibited the greatest tolerance in matters of opinion, and has been a college for the education and development of leaders in a school. Because of all these things it seems to the General Secretary that he may encroach once more upon your space and upon the patience of your readers, even if most of what he says has been said before. Let us for this year, 1899, resolve that we will attend the Atlantic City meetings of the Institute, and that we will give this grand old national organization such a forward impetus that we will begin the work in the new century with irresistible force and strength.

I am, yours fraternally,

E. H. PORTER.

A GENTLEMAN in good financial standing in his town recently told the writer of a case that happened near there, which seems to have a moral. A homœopathic graduate was called to a case of fever and prescribed forty-eight grains of quinine in two doses. (We do not know the doctor's name, nor where he lived, nor even if our financially reliable friend were not drawing a little long bow.) The result of the prescription was that the homœopath was incontinently fired and an old "regular" called in his place. From this fairy (?) tale we deduce the fact that the public refuses to believe that massive doses of salicylic acid, calomel, quinine, coal-tars and other "regular" belongings are homœopathic, and obstinately cling to the belief that homœopathic medicine must be given in small and generally tasteless doses. And the moral? Well, it looks something like the shoemaker sticking to his last, or practicing what is professed, or something like that, sticking to your colors, you know.

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THE *Times of India* says that, at the recent hearing before the Bombay Plague Commission, Prof. Haffkine testified that he never succeeded in curing any cases in Poona or Bombay with his serum, but that, on the contrary, this treatment increased the death rate.

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A cow belonging to Walter Weeks, of Otsego county, says the *New York Farmer* of March 23, was lately tested with tuberculin by the "health inspectors," and killed on ground of its being tuberculous. A *post-mortem*, however, "showed the animal to be entirely free from the disease."

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WE regret to hear that Dr. Miles A. Stafford, aged 63 years, died at Springfield, Mo., April 2d, 1899, of disease of the brain. He was a graduate of the Cleveland Homœopathic Medical College of Ohio. He leaves his wife and partner, Dr. Isabel A. Stafford, who will leave Springfield for some northern town or city. She is a graduate of Hahnemann Medical College of Chicago.

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DR. MURPHY'S paper in this number of RECORDER is worth reading, for it deals with a very important question, both from

the health and the financial points of view. The number of cows sacrificed to the "tuberculin" folly has been enormous, and of those who safely passed the test no one knows how many have been diseased by the virulent poison injected into them. Not long ago an old butcher was watching the post-mortems of a herd of apparently healthy cows that had been slaughtered at the command of the tuberculin scientists; they proved (to their own satisfaction) that each cow had "incipient tuberculosis," as indicated by the minute pinhead deposits, of which Dr. Murphy writes, quoth the disgusted butcher: "If them things mean tuberculosis, then there was never a cow without it; they all have them things in 'em" But the butcher wasn't a bacteriological scientist, he was only an old butcher and nothing more.

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DR. WILLIAM HOYT, of Hillsboro, O., once gave me an idea that I never forgot, and it has become rock-rooted, to save many children from that dread disease diphtheria. It is simple yet valuable. When it begins on the left tonsil or fauces give *Lachesis* 30x. If it begins on the right give *Lycopodium* 30x. These symptoms are given by Gregg, but Dr. Hoyt called my attention to it, and I feel that they have saved some cases, and kept others from going on to a malignant form.

Dr. E. H. Peck, of Cleveland, O., gave me *Conium* for the symptom of urine starting, then stopping suddenly, then starting again. Valuable with old men.

Dr. T. A. Wasson gave me *Veratrum album* and equal parts of water, to be painted on the skin in erysipelas, which is a most excellent remedy.—*R. M. Skinner, M. D., in American Homœopathist.*

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JUST hearken unto this from the stalwart *Cleveland Medical Gazette*:

Vaccination with points, instead of with lymph or crust, is doubtless responsible in no small degree for the rapid spread of smallpox during the recent epidemic, for the point is by far the least reliable of any of the methods of vaccination.

What an ever-changing world! for have not we all been inculcated, for these many years, that to use anything but the ivory point was little short of immoral?

"Genuine medicine has deviated from its natural paths. It has lost its noble object, that of curing or alleviating. By thus lapsing it has rejected therapeutics, without which the physician is but an idle naturalist, passing his life in discovering, classifying and describing human diseases. Yet it is therapeutics which elevates and ennobles our art. It alone gives to medicine an object; and, I may add, by it alone can the art of healing be raised to the rank of a science"—*Latour*.

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THE following is the order of examinations of the Homœopathic Medical Examining Board of Pennsylvania:

Anatomy, Tuesday, June 20, at 2 P. M.

Physiology and Pathology, Wednesday, June 21, at 9 A. M.

Therapeutics and Practice, Wednesday, June 21, at 2 P. M.

Surgery, Thursday, June 22, at 9 A. M.

Obstetrics, Thursday, June 22, at 2 P. M.

Chemistry and Materia Medica, Friday, June 23, at 9 A. M.

Diagnosis and Hygiene, Friday, June 23, at 2 P. M.

The Homœopathic Board will meet in Philadelphia, at the Church of New Jerusalem, Twenty-second and Chestnut streets. The members of the Board are Dr. Augustus Korndorfer, President, Philadelphia; Dr. Joseph C. Guernsey, Secretary, 1923 Chestnut street, Philadelphia; Dr. Isaac G. Smedley, Philadelphia; Dr. John F. Cooper, Pittsburg; Dr. John J. Detwiler, Easton; Dr. Edward Cranch, Erie; Dr. Lewis H. Willard, Allegheny.

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Dr. John B. Oellig, writing to *Medical World* for May, extols the virtues of *Baptisia*. Among other things he has the following to say concerning its external use:

"We can use it internally, externally, and I had almost said eternally. It is non-irritating, antiseptic, alterative, and it certainly possesses some sedative properties, for I have applied it to some very sensitive surfaces. Some very judicious physicians are using it as an internal antiseptic and alterative. My experience with the drug has been confined entirely to its local use."

"I have had grand results with it in cases where the stinking *Iodoform* failed. Did space permit, would like to particularize cases. I have cured those intractable ulcerations resulting from

burns, as well as the so-called 'irritable ulcers' of the books. It is a grand remedy where gangrene is impending. I was called to attend an old lady early in my professional experience, who, like the woman mentioned in the good book, 'suffered much of many physicians.' A large ulcerated surface of the left calf, and her being upwards of seventy-five years of age, made the case a very unpromising one. The *Iodoform* she had been using was discontinued, and absorbent cotton, saturated with a strong decoction of *Baptisia*, was applied, and renewed three or four times a day. This treatment was continued for four or five days, and then followed by the application of a roller bandage and a simple ointment, which completed a permanent cure."

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"BECOME a part owner and prescribe your own goods! This is the advice given in a prospectus of a manufacturing chemist, now being widely distributed among the doctors, appealing to them to purchase stock in the concern. This city is now being investigated on the supposition that there are too many 'part owners' of corporations whose goods they are prescribing to the public."—*Medical Record, April 22.*

They are on to the trusts. So is the Missouri Legislature.

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OUR esteemed *Medical Visitor* asks:

If vaccination is such an injury to the system, how is it that the average length of life increases? The number of days for a human being is greater now than it was before Jenner advocated vaccination.

*Quien sabe?*

Perhaps, though, less *Calomel* and "heroic" drugging, the disappearance of the blood letting, the absence of leeches from the sick room, permitting the sick to drink water and not die of thirst, giving them pure air, better food, better habitations, underground drainage, shorter hours of labor, and Homeopathy, may have had a little to do with prolonging man's days.

Per contra, how is it that when infant vaccination is *not* enforced infant mortality is so much less than when it is enforced? Question for question!

## PERSONALS.

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Boericke & Tafel have opened a new branch pharmacy at 15 N. Sixth street, Philadelphia, Pa. It is one of the brightest, lightest and finest homœopathic pharmacies in the land. Give it a call.

The organ of the would-be homœopathic pharmacy trust and monopoly seems to be worried and rattled. Bad form in those who would run a trust!

The *Syracuse Clinic* thinks that lack of money is the root of many evils; editors, however, are not competent to judge from personal experience, owing to their fat pocket books.

W. C. T. U. enthusiasts want "religious and temperance papers" to unite in exposing patent medicines. Will they commit this hari hari? Probably not.

The last is "danger" of tubercle bacilli in passenger ships. That settles it, we'll not go to Europe this summer.

Those fonts of sparkling information, bacteriologists, now tell us that combustion is the result of overfed microbes.

Pneumonia is also the work of microbes, so we are told; probably the under-fed variety.

The "premium" offering journals are in a class of their own.

Dr. Chas. H. Helfrich has removed to 542 Fifth avenue, New York.

Dr. J. H. Hallock has located at Saranac Lake, N. Y., in the Adirondacks.

Dr. E. P. Wallace has removed from LaCrosse, to Green Bay, Wis.

The best missionary tract is Biddle's "Answers to Questions Concerning Homœopathy." Good thing to give out judiciously.

More men smile than laugh.

Capé May has committed sea-side suicide—"gone dry."

An advertiser says of his soap, "germs cannot withstand its deadly action."

Think of *Ferrum phos.* in earache.

Arndt's one-volume PRACTICE is the homœopathic practice.

Straight out, undiluted HOMŒOPATHY is still the winning card as is amply proved by the reception given to Nash's *Leaders in Homœopathic Therapeutics*.

Straight Homœopathy says: "Thus saith the law."

The other kind announces that "sufficient time has not elapsed," etc., etc.

The straight kind, backed by thorough education, carries all before it. Stick to the old colors!

Read Secretary Porter's final manifesto, aient the meeting of the American Institute of Homœopathy, at Atlantic City, on June 20th, and then determine to go.

Stop off on your way at Philadelphia, and take a walk through Boericke & Tafel's big establishment at 1011 Arch street. You are cordially invited by the firm to inspect the premises. Worth visiting.

# THE HOMŒOPATHIC RECORDER.

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## NATURAL AIDS IN GYNECOLOGY.

By J. A. Clement, M. D.

We are living in an age of specialism, and the number of general practitioners is becoming less year by year. Whether this change is a healthy one or not I am not in a position to say, but to my mind general practitioners are much too prone to send certain classes of morbid conditions to some specialist without making an honest effort towards curing the patient themselves. This holds true in gynecological work as well as in many other lines, and many a case is abandoned by the general practitioner without his having made but a feeble effort to relieve some abnormal condition which it should be in his power to do.

We can not all be surgeons or experts along certain lines, and any physician who does not understand a case, cannot diagnose it or cannot treat it properly after diagnosis does a criminal act in not referring the case to one who can. But we general physicians *do* possess in gynecological work two great agents—our homœopathic materia medica and the laws of hygiene, or what, with your kind permission, we will term “natural aids.” With the former, in this paper, we shall have nothing to do, but confine our attention to the latter, for it seems to be a subject that has been neglected too much.

To simplify matters we will divide the subject into sections and consider, first, food and diet. “A food may be considered as any substance which is capable of replacing or constructing tissue, or which enters into the development of any of those complex vital processes which we designate as functional activity, heat, or its equivalent, force.” This is the scientific definition of a food. The popular idea of a food among the laity is something that allays hunger and is palatable; but when

we consider that all tissues are derived from the blood, body nutrition and function maintained through the same agency, and that the blood is supplied from the food, it is reasonable to presume that without proper food the blood must deteriorate and some disturbance of the economy result.

Thomas and Munde claim, and with justice, too, that many diseases of the uterus are established and a still larger number perpetuated by impoverished blood and the disordered nerve-state dependent upon anæmia. So well known is this fact that a generous diet is a very important element in the treatment of gynecological cases and the improved blood supply is a great help towards recovery.

Dr. Graily Hewitt has pointed out that the tone of the uterus is decidedly affected by want of sufficient nutrient material and flexions are a frequent consequence; and, also, that a feeble, atonic state of the uterine ligaments is engendered and kept up by it.

Special dietary lists have been formulated by this one and that, but we cannot prescribe a diet that will meet every case, because every case is a "law unto itself."

As to the difference in diet between the two sexes, it is common sense to presume that the female requires a more generous diet on account of the catamenia. In the patient who is compelled to display quite a good deal of muscular activity (as is the case with many of our patients) a carbonaceous diet will be required to supply needs in that direction; while if muscular exercise and physical activity be reduced to a minimum but a small quantity of carbon will be necessary.

Many patients will be met who have any quantity of food at their disposal, but not of the right quality, and irregularity of meals is something that should be abolished. A bowl of soup at noon-day is far better than a "hot bird and a cold bottle" at 1 A. M.

The following dietary seems, according to many of our best authorities, to meet most cases:

Soups, fish, raw oysters, raw clams.

*Meat:* Beef, mutton.

*Eggs,* raw, soft boiled or poached.

*Bread* and farinaceous articles. Any quantity, provided they do not disorder the stomach.

*Vegetables:* All kinds if well cooked.



*Desserts:* Egg and milk puddings, fruits.

*Drinks:* Pure water, cream, milk, malt preparations, chocolate. The use of pure olive oil has been highly commended and is often found useful. In some instances it is unpalatable, but if the patient begins with a small quantity at first she can soon cultivate a taste for it.

The utility of alcoholic beverages is questionable. In some cases they may be indicated, but in the majority they had best be let alone. Possibly a good beer is useful at times, but there is so much spurious beer in the market that its use is open to criticism.

*Bathing:* Bathing affords a stimulus for the skin, improving the tone of its glandular apparatus, increasing the excretion which is carried on by its glands, and thus relieving the kidneys and liver of very much of their work.

As in diet, we cannot formulate any exact form of bathing which will be applicable to every individual. In many cases a cold plunge bath in the morning, followed by a brisk rubbing with a coarse towel, will be of excellent service. In others a tepid or hot bath seems indicated. In prescribing the morning cold bath it seems best to have the patient begin with a tepid bath and gradually decrease the temperature until the proper degree has been arrived at.

Sea bathing or salt water baths are to be highly recommended. The amount of bathing required for health varies but little, but should be not less than two or three immersion baths per week.

*Dress and Clothing:* When we approach the subject of dress and clothing, we are in the position of many of the Mississippi river steamers—constantly in danger of running against a snag. The surgeon may preach that the ever-present corset is liable to cause tumors of the breast and possibly hernia; the obstetrician, that a downward displacement of the pelvic viscera is brought about, and the general medical man, that the fashionable *splint* causes torpidity of the digestive functions, interference with respiration and a possible tendency towards the development of nervous conditions.

But preach as they may, the seed falls on barren ground and the dictates of fashion overrule the advice of the man of science. The one great argument put forth by our patient is, "she does not feel comfortable without a corset." No doubt the dusky maiden of far-off Africa would feel uncomfortable without her

nose and ear-rings, but one is about as necessary as the other. Add to the corset habit the suspension of the clothing below the waist, either from or upon the hips, and we have a combination that neutralizes any effort we may make to bring about a normal condition. The average woman bows down before the dictates of fashion and spurns the physician's advice, but at the same time it is our duty to continue to agitate the subject of dress reform.

The proper, the hygienic way, is to have no constricting bands about any portion of the body, to have the skirts suspended from the shoulders, and the garments so arranged as to give a perfect freedom of movement. It is no uncommon thing to-day to see a girl of twelve or fourteen laced to the proper fashion plate limit, and it is pretty safe to assume that that individual is getting her anatomical machinery in shape for some physician to tinker on.

I do not wish to put myself in a position to be called a dress reform crank, but when our surgeons display in their offices jar after jar of ovaries and when ninety-five per cent. of our confinement cases are difficult ones I have sense enough to know and nerve enough to say that there must be a big screw loose somewhere.

*Exercise:* The question of proper exercise is also a hard one to meet, as the rule is that one patient has too much and the other too little. One wealthy client arises late in the morning, sips her cup of chocolate and nibbles at a roll; is dressed by her maid and then goes for a drive or perhaps on a shopping tour; after lunch a reception or tea, then dinner and then the opera or ball.

In the intermediate class our patient tramps about the house all day attending to household duties and when night comes is tired out and cross.

Our working patient arises early in the morning, walks to her work (to save car fare), works hard all day, walks home at night (to save car fare), and is too tired to do anything but fall into bed and find rest in Nature's anæsthetic—sleep.

In the subject of exercise it is good common sense to strike a happy medium.

In the first class, prescribe a gymnasium or a course of physical culture, and if no other inducement offer tell the fair patient it will improve her form.

In the second class, prescribe a wheel, or tennis, or golf, or anything that will take her out into God's sunshine and fresh air for at least *one* hour out of the twenty-four.

In the third class—we hesitate. Legislation that will compel employers to have some mercy upon employees will do much. Our advice can do but little. Why? Because they have their daily bread to earn, and while common sense tells them to follow the path we have blazed necessity drives them over the fire lines trail.

Opposed to exercise is rest. There is no question in the mind of any physician that perfect, absolute rest at the menstrual period is imperative. In many cases this advice cannot be followed, but where it can *insist* upon it.

Theorists claim that so many hours out of the twenty-four are required for sleep, but to be on the safe side seven hours for the adult seems to be required. Those who turn night into day suffer for it sooner or later.

*School Life:* The question of mind over matter has been a bone of contention for many a long year. How much the mind can affect the physical organism or in what manner such a result is brought about it is hard to decide; but there is one fact certain—the modern girl is forced too much, from a mental standpoint. A girl is put into school or college, no heed is taken of her physical condition, no heed is taken of her hygienic environment, she is burdened with study after study, and personal pride in being equal with her classmates keeps her at the treadmill in spite of physical suffering.

Education is all right, and the better educated a girl is the better qualified she is for her lifework in whatever sphere it may be. But when we consider that the average high school or college demands five to seven hours' hard work and close confinement to class room or study hall, and five to seven hours' hard study at home, we come to believe that in many instances it proves too much and lays the foundation for future ills.

To secure a good education, hard and earnest work is demanded, and if properly conducted the work will cause no harm. The girl student must have sufficient out-of-door exercise, plenty of fresh air, good nourishing food, plenty of sleep and good hygienic surroundings.

Most colleges are equipped with gymnasiums, more or less elaborate, and students are required to take physical exercise

for a certain period each day. But it is a question whether the gymnasium entirely meets the girls' requirements. There is considerable difference between gymnasium work and exercise in the open air, and it is often found that a half hour's brisk walk in the open air is of more service than the same time spent with dumb bells or Indian clubs; and a game of lawn tennis more useful than some of the "monkey tricks" on the horizontal bar. No one, who knows anything of the subject, contradicts the good result of proper gymnastics or physical culture, but it must be interspersed with out-of-door exercise.

We must remember that the average girl of from fourteen to twenty years of age works as hard, if not harder, than the average mechanic, and that, too, in a formative period of her life, and if her mental body is developed at the expense of her physical nothing has been gained and much lost.

If the girl enters womanhood with a diploma, but is ænemic, nervous and has uterine and ovarian ills, we cannot honestly consider her as an addition to society.

In the line of education, the physician has a word to say to mothers and teachers. Too many, far too many, girls arrive at the menstrual period in absolute ignorance of what is before them, and not only the gynecologist, but the regular practitioner as well, can tell how many cases of some form of female ill he has treated that has resulted from ignorance on the part of the patient. It would be far better if our schools taught less Greek and more common sense, and it is our duty to impress this fact upon mothers and teachers. True it is, that we will receive less fees if this is done, but we must remember that we are to *prevent* disease, as that is the physician's duty.

A few words more and I am done. I wonder if it ever occurred to any medical man that some of our brethren, when they lay their earthly garments aside, should have a stone placed over their remains with the inscription "Tonic" and a hand pointing downwards?

A woman or girl comes to the physician; is anæmic, nervous, constipated, has indigestion and irregular menstruation, and a host of ill-defined ailments. He prescribes a tonic and lets the treatment end there.

Thank the Lord, our school goes deeper than that, and usually prescribes the indicated remedy. But how many go out of the domain of drugs and prescribe a little common sense!

*Baltimore, Md.*

## THE HOMŒOPATHIC TREATMENT OF INTERMITTENT FEVER.

By Dr. A. W. K. Choudhury.

*Causticum* is a rare medicine in the treatment of intermittent fevers.

I dare say a well selected medicine in the treatment of a case of intermittent fever, when not chronic and uncomplicated, would scarcely fail to produce the desired effect with the first dose. Is that not a glory to Homœopathy?

I don't know how Homœopaths in the days of Hahnemann, having no access to reports of cases by well known homœopathic physicians of that age, treated intermittent fevers, I am, therefore, content, for my purpose, to quote the description of a case treated homœopathically by J. S. P. Lord, M. D., from his work on *Intermittent Fevers and other Malarious Diseases*, the work dating about the middle of the present century. The description of this case illustrates how Allopathy was lingering down to that time.

The homœopathic treatment of this case by Dr. Lord, from his work named above, page 179, case 105, dated July 11, 1853, 10 A. M. Patient named Charles D., aged 7. "Had a shake, followed by great heat and sweat to-day; sweat was slight."

What was Dr. Lord's first prescription for the patient?

He gave *Nux* 6 (without mentioning *vomica* or *mochata* or anything else; however we take it for granted that he meant *vomica*), every three hours.

Is it not an allopathic use of an homœopathic medicine?

The next day he notes "no chill" and gives *Strych.* 21,  $\frac{1}{4}$  grain every five hours, given five doses.

13th. Chill at 2 P. M.; shook hard; pain in the bowels, arms and head; thirsty; vomited; some appetite; continued every four hours.

14th. The same medicine was continued every four hours.

15th. *Strych.* was continued; *Bry.* 6 every hour in the chill. *Acon.* 4 every hour in the heat.

Here you see Dr. Lord expresses very clearly his internal picture; Allopathy within, with a homœopathic covering. He makes here an amalgamation of various different elements and, now,

who is the clever physiologist and therapist to ascertain the result of the conjoint medicinal effect of the medicines above, in the living organism, when every one of them is sufficiently capable of producing an enormous number of symptoms hardly completely comprehensible by the best brains? Is it not a mixture made, not in the druggist's measure glass on the plain table, but in the narrow-calibered test tube of vitality? Each drug when administered to a tolerably healthy individual is capable of producing symptoms for days according to our *Materia Medica*, then how is it possible for a true homœopath to use more than one remedy in twenty-four hours in diseases with more or less regular paroxysms and periodicity? Throw a piece of stone on the surface of a sheet of water, surely it will produce circles of waves on it; and throw another such a stone on a different part of the same water when the former circles are continuing to spread on in their eccentric march, and what will be the result? The result will be, you may well imagine, a disturbance of forces; one set of rings or waves opposing the other. No two medicines in the list of the whole homœopathic *Materia Medica* produces the same sets of symptoms in their respective provings; hence there is a probability of production of disturbance of medicinal effects in Homœopathy. What do we mean generally by Homœopathy? A single remedy potentized. We have no *Materia Medica* of different medicines mixed together; so we should not and cannot use more than one medicine at the same time according to similia. Like the Allopaths, the Hindoos, the Greeks and the Arabs we may expect a good result from a mixture of our own medicines; but I do not think that to be good Homœopathy till we have provings of the mixtures of the medicines.

The 17th inst. Dr. Lord's patient has *Cina* 6 to continue every three hours.

19th. "No chill to-day and day before yesterday; feet very sore and lame; has had a bad kind of eruption on them for some time; they are now covered with dark brown scabs, very large. Continue."

Here he gives "a bad kind of eruption on them for some time" "now covered with dark brown scabs, very large." Dr. Lord's sufficient description! Such meagre descriptions of diseases are sure signs of bad results of homœopathic treatment. But he goes on with *Cina*.

21st. "Slight chill at 1 P. M.; some heat and sweat profusely after; there is a large blister on the ankle with a blue border."

Orders "*Lach.* 10, every six hours."

23d. "Slight chill and headache every day." Says nothing of the ulcers on the feet, whether improved or not.

He changes his medicine again on the 23d and gives *Ars.* 6d.,  $\frac{1}{2}$  drop every six hours.

25th. He notes some change of symptoms and gives *Graph.* 6 every six hours.

27th. "*Quinine*  $\frac{1}{10}$ , 2 grains in the chill."

29th. No more chills or heat.

Here Doctor Lord stops.

In this day no intermittent fever patient would ever come to be treated homœopathically by a homœopathic physician if the course of the treatment be so lengthy and lingering. *Nine different medicines* were used in the treatment of this case, and we now use only one remedy for the treatment of a case of intermittent fever.

Throughout the whole work you will find repetition of the same medicine every two, three or four hours, and different medicines used many times in the course of twenty-four hours.

Where then is the superiority of Homœopathy in the treatment of intermittent fevers over other systems of medicines if there be repetitions as in the Allopathic school, and different medicines used within a comparatively short time?

Here I quote from the author's preface of the work. He says: You must not expect to work miracles; if you do you will certainly be disappointed. Miraculous cures "by a single dose of a single medicine" is a rare occurrence; it is an A. A. 1 phenomenon, and a legitimate object of suspicion.

Dr. Lord goes a few steps further and says: The publication of such cures has been, is, and probably will ever be the curse of our school. \* \* \* \*

A very nice and well-deserved blow from an antiquated homœopathic predecessor, for us who use only one medicine (almost always) in the treatment of intermittent fevers (uncomplicated of course), and fortunately are able to stop the fever with the first dose of the medicine. We see in our practice the fever stops with the first dose in about three-fourths of our cases. He could not make out the shortest path to cure, notwithstanding his knowledge of physiology, pathology, etc., and in our *Materia*

Medica; and so concluded it to be quite impossible to cure intermittent fevers with a single remedy and a single dose, and he could not have the felicity of the conception that things which he thought quite impossible would be easily done in the future, may be, by the meanest of his class. We should not put such vain and hollow charges on the shoulders of our followers and successors.

## II. A Causticum Case Cured With One Dose.

One *Causticum* intermittent fever patient is named. Bâresh, a Mahommedan, of about 45 years, came to my dispensary December 16, 1898, 9:50 A. M. His case runs as follows:

Type: Quotidian.

Time: 3 to 4 P. M.

Prod.: Stretching; burning of eyes; thirst; goose skin.

Chill: Shaking, of short duration; no thirst; goose skin continuous; body hot.

Heat: No separate heat.

Sweat: Copious, no thirst, while there was chilliness of cold, winter season.

Apirexia: Time about 7 P. M. yesterday.

Bowels open daily once, stool thin with hard fecal knots; no threadworms; urine colored; increase of urination at night, gets up every night twice or thrice to pass water; tongue yellowish in the centre, red sides and tip; taste in mouth sweet; heartburn afternoon; no eructation; appetite not bad; sleep good; burning of soles of feet and palms of hands; heat from vertex; falling of hair of scalp.

In the commencement of this illness he felt heartburn, then he had one day earache and along with it fever.

Used no medicine; took no medicine since two years back, when he used homœopathic medicine from the dispensary.

Cough since about ten days; increase of cough evening and morning; cough with expectoration; sputa thick, whitish and tenacious.

Pain in chest, left side, below left nipple; pain felt on lying on left side during coughing, in deep inspiration with amelioration on lying on right side.

Sleep commences in chill, and on cessation of sleep he finds himself perspiring profusely.

Heaviness of head and in the head roaring.



Urination sometimes involuntary; passes a few drops sometimes involuntarily during urging.

Fever lasts about three hours.

Treatment: *Causticum* 6x, one globule; one dose to be taken immediately.

Diet: Sago and sugar candy.

Bathing stopped.

He had no more fever; no pain in left chest or on deep inspiration; diminished heaviness of head, and cough; evening aggravation of cough gone, but the patient had morning aggravation at about 4 A. M. the next day. No increase of urination.

The following day, the 17th inst., he was given another dose of the same medicine as above and he came no more to the dispensary. Two or three days after, I saw him working as a day laborer, and he was happy that he was all right.

*Remarks:* Dr. Lord writes very strongly against cures of cases with a single remedy and especially with a single dose of that; but, reader, you have, perhaps, noticed in my previous papers in the RECORDER cures of cases of intermittent fever with a single remedy, stopping the fever with the administration of the first dose. Is it not all a magic-like performance even to a homœopath like Dr. Lord? His days of Homœopathy are quite different from ours; we have the advantage of a better arrangement and plan for the treatment of intermittent fevers from the labors of Dr. H. C. Allen in his well-known work.

I am sorry to express that I don't know the result reached by the general homœopathic practitioners in the treatment of cases of intermittent fevers in different parts of the world. Would you please to send the descriptions and results of the treatment of your patients of intermittent fever to the HOMŒOPATHIC RECORDER to improve our knowledge?

Dr. J. Laurie, in his *Homœopathic Domestic Medicine*, twenty-fifth edition, has repetition of medicine in treating intermittent fevers and directs alternations of medicines. This shows that he is not sure that he can cure a case (not chronic and complicated, of course) with a single dose of a single remedy. He advises the administration of the medicine every two or three hours in the interval. This is not sound advice; as there are cases of this disease where the interval (apyrexia), if it be perfect, scarcely extends to half an hour. What will, then, the reader-practitioners of his work do?

Dr. E. Harris Ruddock, in his *Text Book of Modern Medicine and Surgery on Homœopathic Principles*, has two sets of medicines, one for the paroxysm and the other for the intermission, which many Calcutta practitioners adopt. He has repetitions of medicines every four hours. I see no alternation of medicines to treat intermittent fevers in his work.

Grauvogl, in his early homœopathic life, used *Aran. diadema*, five drops for a dose, and every hour a dose (See Allen's *Therapeutics of Intermittent Fevers*, page 48). Dr. Dunham repeats *Æs.* every four and six hours (see the above work, page 60). A. L. Fisher gives *Cham.* every three or four hours during apyrexia (see above work, p. 93). Dr. Williamson gives *Eup. perfol.* every hour in apyrexia (above work, p. 125). H. C. Allen gives *Eupat. perfol.* every three and six hours in apyrexia (above work, p. 126), and again we see him administering *Ign.* every four hours (above work, p. 145). Dr. J. C. Burnett gives *Nat. m.* every four hours (above work, p. 184). I remember our most respected Dr. Mahendra Sâl Sircar, of Calcutta (if my memory be faithful), uses the selected medicine in a case of intermittent fever twice per diem generally.

What is the need of gathering these big luminaries of the homœopathic world? By doing so I don't pretend that I have made out any defect of their teaching and practice; but ask them very submissively for the sake of Homœopathy what would they think if the first dose of the well-selected medicine would check the paroxysm of the intermittent fever? One dose-cure of intermittent fever should invite their attention for further work for the improvement of Homœopathy. What is the advantage of repeating a well-selected medicine when we can check the fevers with one or two doses only? None; it is a waste of money which we can lay out for others. Not unlike Allopathy, if we be repeating medicines in treating a case of intermittent fever, Homœopathy will have to lose the best ground, which she otherwise may easily gain. We should study the patient thoroughly, and not the fever only, then select the suitable medicine, and then we can see how Homœopathy can work wonders. If we can do this, the first dose will check the paroxysm.

I generally give one and rarely two doses per diem, and what do I expect to hear from my patient the next day? "No fever yesterday" is generally the sweet sounding word. What then do I do if that be the case? I, now-adays, repeat the dose,

as experience teaches me the occasional insufficiency of such a first dose to re-establish health, curing the disease.

Yes, there are queer, chronic, complicated cases which, no doubt, require repetition, but their number is insignificant. Pure, uncomplicated acute cases are amenable to one or two doses of a well-selected homœopathic medicine.

Many well-known homœopaths, whose authority is almost indisputable, administer and advise the administration of medicines in the intermission, but I do not agree with them in this advice, though I generally give the medicine in apyrexia. What should be done in cases where the apyrexia is incomplete and of very short duration? Practitioners like us who administer daily one dose can easily avail the opportunity of the apyrexia however brief and incomplete it may be, but it would be almost impossible for the repetition-party to treat such cases with repetition of doses every three, four or six hours and so on in the intermission. These men may use other medicines as *Acon.* and *Gels.* for some days to get a clearer and longer apyrexia, as we see in Calcutta, before they can use the curative medicines (as Dr. Ruddock calls them); but it is all in vain and loss of the valuable time to use the palliative medicines during the paroxysm, to wait days together to get a clearer and a longer apyrexia, when we can in the meanwhile send home our patient cured and thoroughly restored to health. Jahr had an especial favorite in *Ipec.*, with which he (I dare call it blindly) used to commence the treatment of almost every case of intermittent fever, on the plea that *Ipec.* would make the case clear for his known remedies as *Nux vom.*, *Ign.*, *Ars.*, etc.

Here I cannot refrain from giving a practical hint in homœopathic treatment of intermittent fevers: If your store of medicine lacks the medicine wanted for the treatment of the a certain case wait one or two days with placebo, or no medicine, if possible, and the case may turn to be one of your known medicines which you may have in your store. It happened more than once with me that my patient required a new medicine, one which I had never used and was not in my store. In such cases I purposely waited one or two days to get that medicine, but in the meantime the cases came under the medicine in my store. If such be the case, then why not *Ipec.* of Jahr and *Acon.* of others, each of which has an especial ground to be so selected for its amplitude of symptoms, be used profitably by somebody?

We should not medicate our patients with the so-called palliatives, as these, according to my opinion, make the cases more difficult and prolong the time of treatment and delay recovery. A single curative or properly selected homœopathic medicine is all that is required in the treatment of intermittent fevers.

Something more to add from my experiences: When the first dose of a well-selected homœopathic medicine checks the following paroxysm of the fever, what should I do then? Hahnemann teaches us not to repeat medicine when you see beneficial effects of it, as that disturbs the process of recovery (see his *Organon*). I acted according to this advice for years in treating intermittent fevers after my first dose but repeated failures made me repeat one dose without any present indication at all. This second dose (with absent indication of the first dose) never fails to prove successful and begets satisfaction both to me and to my patient.

Here it may be a question. Is it Homœopathy to administer a dose of medicine without any indication when the previous dose has already stopped the paroxysm? I have nothing to speak on that save that it is my practical experience. Do accordingly and record the result.

Now, as we have advanced far beyond the legitimate limit of this paper, let us return to our *Causticum* patient of intermittent fever. What made me to select *Causticum* here?

The following *italicized* symptoms caused me to select it: *Shaking chill; chill, with hot body; chill, with no thirst; chill, then sweat, having no intermediate heat; nocturnal increase of urination; sweat, with no thirst; heat from top of head; burning of soles of feet; falling of the hair; sputa tenacious; amelioration of the chest-pain on lying on the right side; goose skin in chill; yawning and stretching, and involuntary urination.*

The treatment resulted in recovery of the patient from the fever; his chest pain disappeared, cough became less, and he got rid of the nocturnal increase of urine.

*Causticum* has yawning and stretching almost always, so my patient might have expressed his prodromal yawning and stretching.

*Causticum* patient may have a sleepy tendency, and in our present cases the patient had sleep in chill, but Allen has no such symptom.

*Satkhir P. O., Calcutta, India.*

## SOME OF THE NEW REMEDIES IN DERMATOLOGY.

M. E. Douglass, M. D., Lecturer on Dermatology in the Southern Hom. Med. College, Baltimore.

In our daily work as general practitioners we occasionally find cases of skin affections that fail to respond satisfactorily to apparently well-chosen remedies. Were we to analyze these cases carefully we would doubtless find that we had been negligent in our selection of the drug. That none of our old favorites were exactly suited to this particular case, and often the true similitum would be found to be a drug we were very little familiar with. This has been my experience, and in a practice extending over twenty years I have several times found the correct drug among the so-called "new remedies." To illustrate this assertion, as well as to emphasize the necessity of taking the case carefully, I will give a few cases:

An eruption of any character upon the skin is but one symptom, and the physician who attempts to prescribe upon the character of an eruption, or the peculiar symptoms immediately connected with it, will often fail of that success he ought to obtain. In no other department of medical science, perhaps, is it more necessary to obtain *all* the morbid symptoms complained of by the patient than in these cases.

### Cornus Circinata.

We have heretofore thought of this drug principally in bilious troubles, in which the symptoms are somewhat similar to those of *Nux vomica*.

The following symptoms would indicate that it may be used in affections of the skin:

Itching of the scalp, legs and feet, increased by scratching or rubbing.

Paroxysms of itching of the skin of the back, legs and feet, mostly at night.

Fine scarlet rash on the breast, attended with itching.

Skin covered with a copious, clammy perspiration.

Itching around the genital organs.

Itching of the skin all over the body.

Case.—Mrs. S., age 29. Presented herself while I was visiting one of her neighbors, and asked me to give her some medi-

cine to relieve a very annoying itching that troubled her at night soon after going to bed. She stated there was no eruption, and nothing else seemed to be the matter with her. Being in a hurry to get to my next patient I gave her *Mercurius*.

In about ten days she came to the office and said she was no better. I concluded that I would try to make a *homœopathic* instead of guesswork prescription this time, and after questioning her closely and making an examination the following symptoms were obtained:

The itching came in paroxysms, sometimes during the day, but more at night, and was on different portions of the skin, worse about the vulva and inside of thighs. The itching aggravated by scratching.

After getting warm in bed an itching on the chest, which, after scratching, was followed by the breaking out of a fine, very red rash, lasting but a short while. No other eruption was noticed.

She also complained of occasional stitches in the upper part of the chest.

Had to pass her water frequently during the day and three or four times at night. The discharge is scanty and dark colored.

The bowels are constipated; stools consisting of a few small lumps, followed by smarting at the anus.

Appetite poor, bitter taste in mouth, and wants only lemonade to drink.

Tongue coated with a light, whitish fur.

Conjunctivæ slightly yellowish. She feels indolent, tired and no energy to perform her household duties.

I was in doubt what remedy to prescribe, and gave her six powders of *Sac. lac.* and told her to come back in three days for more medicine.

In the meantime I looked up her case and decided to give *Cornus circinata*. This remedy acted in the correct manner and all her symptoms were removed in ten days' time.

This remedy has several times since then been of valuable assistance to me in cases like the above.

#### Cypripedium Pubescens.

Case.—Boy, aged 10. Complexion fair. Very nervous organization. Was brought to the clinic for an eruption on the left side, extending towards the back. On examination it

proved to be a case of zoster. In my absence the week before the boy had received *Rhus tox.*

The child appeared to be in excellent health otherwise, the only symptoms elicited being his great nervousness, easily frightened and wakefulness at night, with constant talking and laughing. After getting to sleep there was twitching and jerking of the limbs.

On the above few symptoms I prescribed *Cypripedium pubes.*, with the result of a disappearance of the skin symptoms at his next call upon us one week later. His mother also stated that she thought there was an improvement in his nervous symptoms. *Sac. lac.* was prescribed, and the case watched for three months. Once only during that time did he receive a dose of the *Cypripedium*. At the end of the three months jerking and twitching ceased, he went to sleep as ordinary boys should, and everything was serene in the case.

### Berberis Aquifolium.

This drug is destined to occupy a prominent position in the therapeutics of the dermatologist. The drug has proven to be an excellent one in my hands, having used it successfully in skin affections complicated with syphilis, for tertiary syphilis and in eczema.

Hale gives the following symptoms as cured by this drug:

Syphilis in all its stages.

Syphilitic psoriasis.

Psoriasis diffuse.

Terrible eruption covering the scalp and extending downwards over the face and chest; exact species not stated, but probably eczema capitis.

Eruption confined to the ears and back of the head and neck of six months' standing.

Roughness of the skin of the face in women.

Dry, rough and scaly skin.

Cutaneous affections, especially squamous, such as psoriasis and pityriasis.

Tumor of the breast, with sharp pain in it, worse at night; hard and circumscribed like scirrhus.

Dr. Buisly makes the following emphatic remarks concerning its use in skin diseases:

"If you wish to smooth the skin of a lady's face which has become rough and unsightly give her *Berberis*, and she will give you many a puff," etc.

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### ABOUT "CHRONIC DISEASES."

[This letter has come into our hands, which we are privileged to print.—ED.]

In reply to your inquiry of the value of Hahnemann's "Chronic Diseases" to you, I will let you decide. \* \* \* Hahnemann himself was like you, a regular and a learner. To appreciate this work you should get hold of his "Lesser Writings." These led up to the "Materia Medica Pura" and the "Organon." Both developed through several editions, as you may infer. The "Chronic Diseases" is an evolution also, it seems. Hahnemann's first work was one on Venereal Diseases, and he looks upon the constitutional effects of gonorrhœa as a serious matter. He was ready to look upon that and syphilis as deep acting chronic constitutional diseases. But Psora was forced upon his attention as an unknown dyscrasia by such vigorous works as that of Juncker's, *Dissertatio de Damno Ex Scabie Repulsa*, Halle, 1750, and others quoted on pp. 18-31 of this work. Don't forget that Hahnemann was a chemist and a most conscientious and careful investigator, and also you must know that an epidemic of psoriasis prevailed as one prevailed in the United States after the war. The sad results of suppressing this eruption was freely reported in the German medical press of his day. Hahnemann was not "the original bacteriologist," as you style him, but he knew that something caused many disease expressions and these were multiplied by the external treatment used. These were not syphilitic nor sycotic. This third dyscrasia he termed the psora miasm. Here is something noteworthy. He does not proceed to point out any one specific for the multitudinous disease expressions as he does for syphilis (*Hydragyrum Nigram*) and Sycosis (*Thuja* and *Nitric acid*), but takes a few drugs that have a very wide action with many symptoms and points out their similarity. These drugs he terms antipsorics—polychrests—many crowned. You know that it has been charged that Hahnemann and his followers ignored pathology, but the array of diseases here given show the contrary. All of our colleges to-day teach pathology. [In the



National a young allopath teaches it.] Are you not rather surprised at the elaborate subdivisions of the symptoms of drugs along anatomical and physiological lines? Hahnemann was a stickler for facts, hence he carefully recorded the effects of each drug, and *located* not only the special points but the character of the symptoms. It may surprise you to find in this work such supposed inert substances as sand, clay and lime brought forth as remedies. His method of preparing them is along a new chemical line. His treatment of gold and silver shows this. Here you will find very careful directions about diet and conduct which will meet with your approval.

His reference to "vital force" will not likely puzzle or annoy you, who are so familiar with the growing number of "nervous diseases" and expressions. We now recognize the fact that the nervous system works double—along one set of nerves (accelerators) comes the stimulus to an organ, while along another set comes a controlling influence (inhibitory). The body is not entirely an automatic machine, but is presided over by a mind that is often called upon to set things right. We recognize the difference between mind and nervous control. Hahnemann termed this nervous "driver" the "vital force." His explanation of a secondary set of symptoms as being due to the reaction of the vital force we can now explain as the action of the other set of nerves set to work doubtless by the aforesaid force. But neither is mind nor the vital nervous force able to prevent the deleterious onset of disease or drugs introduced into the system nor the serious consequences thereof, hence disease expressions become chronic.

Grauvogl, in his text-book of Homœopathy (a book, by the way, that you need) styles, a chronic disease a consecutive result of acute attacks—that leave structural derangements. Hahnemann hints at something along this line, as he seems anxious that the "thread of the discourse," the consecutive history, be not broken, for he expects the consecutive symptoms to disappear in a reverse order, for you observe that he suggests to attack the last symptoms first and then note the orderly withdrawal of the enemy. I have the idea that had he lived longer he would have given us the pathogeneses of drug effects arranged in consecutive order, both to facilitate comparison and application. This seems to be attempted by emphasizing certain symptoms. Copy these for they are *peculiar*. Now read over his introduc-

tion to the drug and compare it with your list, and you will find italicized effects that you can underscore. These might be termed *characteristic*. They are "thread ends" that help selection in cases with similar symptoms, but don't be in a hurry to apply them until you know more about how to treat a case. *Sulphur* seems "the centre rush" in the attack on psora, and learn it first as already suggested and then arrange the comparisons. Hering says that *Sulphur* works from within outward (the opposite of *Mercury* and syphilis); see if you can arrange its peculiar symptoms that way.

Here is where physiology is still weak. Notwithstanding all we have discovered there is still much to learn, as well as in pathology. What organs are involved in the delivery of the *Sulphur* symptoms to the surface, or vice versa? Is it only through the nervous system? Does not that suggest "vital force" again? This is most fascinating study.

Small men with narrow minds have made much sport of these theories of Hahnemann, but in the light of to-day wise men like yourself will wait for the evolution of science in medicine. Allow me to suggest you be not influenced by the apparent prejudice of some writers who would explain away or belittle his theories and discredit symptoms. A theory you know *points the way* for science to explain. You are a conservative, judicial-minded man, and can afford to wait and see the silent triumph. What must strike you is the apparent fact that Hahnemann had an extensive practice and was able to sift the wheat from the chaff and moreover grew in skill in the handling of his weapons. What a great revolution is being made to-day, but still how far in advance is this expert sharpshooter. With one shot he starts recovery, and then watches the gradual disappearance of symptom after symptom, then perhaps putting in another shot to hasten on the disappearance of the enemy. That is scientific art—the art of healing it would seem—and not found elsewhere! Is it?

I don't know that in this rambling letter you will get a correct idea of this work after all. The introductory and explanatory part cover 160 pages, then come the pathogeneses of forty-eight drugs, making a two volume work of 1600 pages.

[By the way, tell your friend, who makes sport of your investigations, that old Prof. Johnson, of Chicago Medical College, once remarked in my hearing that "if he was younger he would

investigate Homœopathy." He was not prejudiced. Neither should be any scientific physician.]

I shall look for your opinion of this work with deep interest. When you come this way on your vacation next summer we will compare notes.

Perhaps you have noticed that Hahnemann was a sort of medical centre, a medical father. We old physicians should, I believe, call about us the younger men in the profession in a social way and talk over professional matters. They will come when we invite them and treat them right. A new book like this might be an attraction for a certain gathering. We learn much by an interchange of views and experiences. This is one great value of medical societies and journals and new books. But all of this you know, so I will close as your friend,

T. C. DUNCAN, M. D.

*Chicago.*

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## THE PREVENTION OF TUBERCULOSIS AMONG CATTLE.

Frederick Hooker, M. D., Syracuse, N. Y.

At this time, when there is so much talk about bovine tuberculosis, and when so much of the State's money is being expended in discovering and slaughtering infected animals, a few remarks upon the subject may not be inappropriate.

At the outset let me say that I have no word of criticism for the Tuberculosis Commission so far as their efforts to stamp out the disease are well directed, but it appears to me, as it must appear to any one who is conversant with the facts, that the measures adopted are abortive, that they have "put the cart before the horse" and sought to "tolle causam" by imperfectly removing the effect.

It is no doubt proper to slaughter tuberculous animals, but does it accord with the dictates of common sense to expend vast sums of money upon this work when the cattle owner is allowed so to keep his stock as to surely foster and spread this disease?

Twenty or thirty head of cattle are commonly kept in a dirty, dark, damp and poorly ventilated stable, which in many instances is, at least, partially under ground.

During cold weather these animals are often kept shut up in the overcrowded stable for a week or two at a time, because

allowing them out of doors would cause a shrinkage of milk product. During their confinement they are without exercise and are stuffed with beer grains, the "sugar cane meal," which is a refuse of the glucose factories, or some other grain food which, while it may be more wholesome than those mentioned, is too hearty for any animal confined without exercise and certain under the circumstances to cause aberrations from a state of health.

Everything is done to force the secretion of milk regardless of the welfare of the animal.

Thus we have overcrowding, poor ventilation, lack of exercise, overfeeding, and, in too many cases, lack of light, dampness, filthiness, poor water and vermin.

What other elements can anyone suggest that would be more favorable to the development and spread of tuberculosis?

Confine human beings as these animals are confined, and would not tuberculous diseases increase a hundred-fold?

In the parable of the sower only the seed which fell on good ground brought forth fruit; that which fell by the wayside, upon stony ground or among the thorns, failed to develop.

May we not learn from this that it is not in exposure to germs that the danger lies, but in having the soil fitted for their development?

Were it not thus no man could live, for all are constantly exposed to germs.

About four years ago a series of experiments, among various herds in this vicinity, was conducted by a veterinary, with the result that nearly all of the animals examined showed temperature ranging from 100° to upwards of 104°.

How many of these animals were tuberculous does not appear, but that they were suffering from gastric irritation, due to overfeeding, improper food or both, was shown by a reduction of temperature under treatment directed against the stomach trouble.

The temperatures of these cattle were noted daily for a week before any treatment was instituted.

While the conditions mentioned above exist, there is as much hope of drying up Niagara River by putting a dam around its mouth as there is of exterminating tuberculosis among cattle by present methods—the work of extermination must begin in the stable and in the methods of caring for the cattle.

It is a matter of fact that disordered digestion coupled with

accompanying conditions above referred to constitutes "good ground" for the development of the seeds of tuberculosis.

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### MYRISTICA SEBIFERA.

Dr. Olive y Gross, of Barcelona, has a high opinion of this medicine as a great remedy in phlegmonous inflammations, as it hastens suppuration and thereby shortens the disease. He gives three cases which made rapid recovery under its use. One was scrofulous ostitis of the two proximal phalanges of the right middle finger, another was extensive ulceration of left leg, and the third was a callous ulcer accompanied by phlegmonous erysipelas of left heel and thigh. He says he has found it very useful in whitlow, erysipelas, ulcers, boils and other affections of the connective tissue. It acts more powerfully than *Hepar* and *Silica* and resembles *Lachesis* in its action on the purulent diathesis. It is also a powerful antiseptic, and enables one to dispense with all other antiseptic measures in surgical operations. It is also an excellent remedy in scrofulous maladies, in this resembling *Iodium*, *Calcarea*, *Silica* and *Sulphur*. It is invaluable as a therapeutic agent in homœopathic surgery.

The *Myristica sebifera* is a native of Guiana. It belongs to the same genus as the *nutmeg*, the botanical name of which is *M. cerifera*, though some botanists put it in a different genus and call it *Virola sebifera*. Its seeds are about the size of a grape seed, and have a fenestrated covering resembling the mace of nutmeg. Its kernel contains a quantity of fatty substance, of which the natives make candles, and which they use as a salve for various skin affections.—*Homœopathic World*.

[*Myristica sebifera* is one of the old "Mure's Brazilian remedies," and the lowest dilution in which it is obtainable is the 8th centesimal potency at the pharmacies at "regular rates." It is obtained in Rio Negro, Brazil, and the part used is the fresh, red juice obtained by puncturing the bark of the tree. It is not an article of commerce, and that in possession of Boericke & Tafel was obtained from Dr. Mure.—Editor of HOMŒOPATHIC RECORDER.]

**DULCAMARA.**

As an illustration of the unused wealth already contained in our *Materia Medica*, which is often neglected or ignored for new and unknown drugs, I shall call your attention to one of the lesser known remedies. A drug offers many points of view, a symptomatic side, a toxic side, a pathologic side, a chemic side, etc., so I shall present the therapeutic side of *Dulcamara* for consideration this evening in order to show some of the golden grain we already have in store and the possibilities of its use.

The provings of *Dulcamara* show it to be capable of inducing an inflammatory condition of fibrous and mucous structures greatly resembling that having its origin in the rheumatic diathesis. All the ailments and diseases which are caused or are curable by this drug originate from and are aggravated during the continuance of cold, damp weather; such weather as presents itself during the prevalence of cold and damp east winds, cold, misty or foggy days or long seasons of cold rains, or where there has been a succession of warm days and cold damp nights. The muscular system in general responds to this atmospheric condition in a subinflammatory state which manifests itself by a sense of muscular soreness and stiffness in all parts of the body, or this may be confined to certain localities. Locally it is more apt to make its appearance in the cervical muscles, across the shoulder and in the small of the back; even rheumatic pain in the scalp, sometimes mistaken for ordinary headache, is another local expression. This muscular pain is usually continuous, with occasional remissions for longer or shorter periods, but which always returns unabated in degree at every change to cold, damp weather.

The fibrous nerve sheaths, when they are situated close to the surface of the body or when lying deeper among the muscles, become the seat of pain; thus facial and other neuralgias arise in consequence of exposure to the influence of cold, damp winds. Motor nerves are also subject to this same rheumatic inflammation in their investing sheaths, and paralysis takes place from exudation-pressure upon the contained nerve. Thus we find involvement of the trifacial and hypoglossal nerves giving rise to paralysis of the face and of the tongue, or paralysis of the legs follows when the person has been sitting for some time upon

cold, damp or wet ground. Paralysis also occurs in the sphincter of the bladder, causing involuntary urination.

All the paralyzes of *Dulcamara* are local or spinal, a neuritis in fact, and not cerebral in origin, for it is observed in cases of poisoning with this drug that consciousness is preserved to the very last. Twitchings and convulsions, evidently spinal, also occur.

Urticaria shows its reddened skin and white wheals whenever the body has been exposed to cold, and is often associated with acidity of the stomach.

Many gastric disorders and colic, with free yellow or mucous diarrhœa, as a consequence of the before-mentioned weather, often finds its cure in *Dulcamara*. Not only in the intestinal tract, but all mucous surfaces, wherever these are situated, become the seat of a catarrhal inflammation, due to exposure to cold and dampness, and aggravated by every return of the same kind of weather, fall within the curative range of this similarly acting remedy; not the ailments caused by exposure to clear, sharp, dry cold air, which are best met by *Aconite*, but the chilling effect of a cold, moisture-laden atmosphere. A free production of mucus attends all these catarrhal disorders, from the nose and pharynx to all the canals and ducts and outlets of the body. Even the pharyngitis, whose inflammation extends downward into the air passages, producing laryngitis, trachitis and bronchitis, presents this same clinical character, and though there may be a dry cough the general rule is a loose mucous cough with easy expectoration. Sometimes there is a nervous element connected with these, and the cough then takes on a spasmodic character.

The kidneys participate in this rheumatic diathesis, and only a small quantity of urine is secreted as a result of catarrhal inflammation, especially so in those who are exposed to cold and dampness or who habitually work in water, while albumin appears in the urine in considerable amount; in such cases, as well as in a chronic cystitis with offensive mucus contained in the urine, *Dulcamara* exercises its curative effect. The menses are apt to be late and scanty or suppressed entirely, and urticaria often accompanies the period.

Vesicles and herpes are of frequent occurrence and show themselves in any locality. I have often thought that the "cold sores" on the lips, which are always vesicular or herpetic, and

which popular tradition assigns to "cold," might be due to the influence of the rheumatic diathesis, for, after all is said, skin diseases are really cutaneous neuroses. Eruptions appearing on the skin after exposure to cold or changes of weather, and suppressed eruptions followed by neuralgias or asthma, all find their counterpart in the pathogenesis of the bittersweet.

There is a tendency of the skin to become hard and callous, with a scaly epidermis, and this drug has often been used in psoriasis. The glandular system is also invaded; inflammation of the salivary glands is attended with free salivation, and enlargement of the lymphatics often occurs.—*C. H. Evans, M. D., in The Clinique.*

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## POINTS IN THE ARSENICAL CAUSTIC TREATMENT OF CUTANEOUS CANCERS.

By William S. Gottheil, M. D.

1. The arsenious acid caustic treatment of skin cancers does not contemplate or depend upon the actual destruction of the new growth by the caustic.

2. The method is based upon the fact that newly-formed tissue of all kinds has less resisting power than the normal structure when exposed to an irritation and its consequent inflammation. Hence the former breaks down under an "insult" which the latter successfully resists.

3. If, therefore, the whole affected area can be subjected to the influence of an irritant of just sufficient strength to cause a reactive inflammation intense enough to destroy the vitality of the new cells, the older normal cells will survive.

4. Arsenious acid of properly mitigated strength is such an agent, and its application causes an inflammation of the required intensity.

5. It, therefore, exercises a selective influence upon the tissue to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is as yet no evidence of disease.

6. It is superior, in suitable cases, to any method, knife or cautery, which requires the exercise of the surgeon's judgment as to the extent to which it is to be carried. That that judgment is often wrong, and necessarily so, is shown by the fre-



quency of recurrence under these methods even in the best hands.

7. It is applicable to all cutaneous carcinomata in which the deeper structures are not involved, and which do not extend far into the mucous membranes.

8. It is easy of application; it is safe; it is only moderately painful; and its results compare favorably with those obtained with other methods.

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## PROVING OF CHININUM ARSENICOSUM.

By Dr. Schier, of Mayence.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, April, 1899.

After my colleague, Dr. Rischer, in Aix-la-Chapelle, and myself had undertaken the elaboration of *China*, *Chininum sulphuricum* and *Chininum arsenicosum* for the new German *Materia Medica*, we came to the conviction that it was very desirable to have an additional proving of the latter remedy. Although the two component substances have been proved very carefully, and the preparation is in consequence sufficiently well-known theoretically, and has also been found very effective in practice, nevertheless the proper foundation for its use at the sick-bed was almost totally lacking: the compound had hardly ever been proved on healthy persons. Up to this date we had at our disposal merely the publication of an involuntary proving by Dr. Muhr, given in the 88th volume of this journal. My colleague, Dr. Rischer, to whom we owe many thanks, with several of his male and female patients, therefore instituted last winter a number of experiments under all the precautionary measures required. We here give the results:

### Proving of Chininum Arsenicosum.

Names of the provers:

1. Mr. K., cabinet-maker, 67 years of age.
2. Mr. H., bookbinder, 50 years old.
3. Mr. P., office-holder, 45 years old.
4. Dr. Risher, physician, 30 years old.
5. Miss G., 30 years old.
6. Miss K., 19 years old.

The provings were carried on subject to the prescriptions given in the circular of Dr. Goehrum, the 12, 6, 3, 2 d. and the crude substances being used.

*Skin.*—Burning sensation all over the body, compelling the person to scratch, followed by an unusually deep redness of the skin. This symptom lasted about half a day, when it gradually disappeared. Aggravation while warm, alleviation when cold. (This symptom was observed three times while proving the 2 d. by Nos. 4 and 5.) Intense redness of the skin, the chest and the abdomen, after previous slight chilliness and a feeling of weariness and soreness of the whole body lasting several hours. This redness lasted about an hour, and was followed by an erysipelatous, extremely violent burning and itching eruption. This was accompanied by great excitation of the whole body, with congestions to the head. The eruption also appeared in a slight degree between the shoulder blades; but there it disappeared after about two hours. The pulse during the eruption was 80 to the minute, the temperature  $37.8^{\circ}$  ( $100^{\circ}$  F.) and reaching  $38^{\circ}$  ( $100.4^{\circ}$  F.). Aggravated by warmth, cold is indifferent. The eruption continued for about three days and disappeared gradually. The stools during this time were strikingly hard. (This symptom of the eruption was observed once (No. 5) after taking three times of the 2 d. a quantity as large as a bean.) The doses were taken at intervals of one hour each.

*Head.*—Slight drawing pains in the forehead and in the right temple. These appeared about one and a half hours after taking the 3 d. and after about an equal period of time they extended all over the head. External pressure is easily borne. After three hours, these pains slowly disappeared. The general health and the appetite are somewhat disturbed. (This symptom was observed four times after taking the 3 d. by Nos. 1, 2, 5 and 6.) Typically appearing neuralgia of the *Nervus supraorbitalis sin.* This appears twelve hours after taking D. 2, at 11 P. M., about one hour after going to bed. The (actual) paroxysms of pain recurred three times in two hours, accompanied with sensation of heat in the region of the nerve affected, with painful lancination in the left pupil. Next morning no ailments were felt. (This symptom was observed once in No. 5.) It lasted only a few minutes; during the period free from pain there is a strong tension in the whole of the forehead.

*Mouth.*—Redness and swelling of the gums, with great sensi-

tiveness of the same. In chewing, there are severe pains which render it very difficult. In one case, for two days, only liquid and pappy food could be taken (No. 1). These symptoms appeared one to two hours after taking the 3 (or 2 d.) and were observed in four instances (1, 2, 3, 5). After about twenty-four hours these symptoms receded of their own accord. Severe, tearing toothache, in many ways resembling the type of neuralgia, with deep-red and swollen gums. The provers in every case stated that they had the sensation as if a gum-boil was forming. The ailment appeared three hours after taking the 2 d. and continued for three to four days, after which they gradually vanished. These symptoms were observed in two cases (3, 6). A proof the correctness of these provings, as well as of the homœopathic principle itself, we may see in the following: When No. 5 was about to proceed to prove 2 d. the above mentioned affection of the gums happened to be present, probably from a rheumatic cause. One dose of D. 2 was sufficient to *completely* remove all this trouble within two hours. Redness and inflammatory swelling of both corners of the mouth, so that every movement in chewing is painful. This appeared within four hours after taking D. 2, and continued for twenty-four hours. It was observed in two instances (4 and 5).

*Stomach.*—Empty eructations, appearing  $\frac{1}{2}$  hour after taking D. 3. This was accompanied with nausea and vomituration. Loss of appetite. These troubles lasted half a day and disappeared gradually; they were observed in three instances (1, 4, 5). Violent eructation with nausea and vomituration, once there was vomiting (No. 5). This was accompanied with pinching, drawing pains in the region of the stomach, an inclination to bend over or sit down, in order to support the abdomen. Relieved by pressing on the parts, and by eructation. The appetite has entirely disappeared, repugnance to meat, inclination for sweets. These troubles were attended with a manifest prostration and a wretched feeling in the whole body. These symptoms appeared in two cases (5 and 6), about one and a half hours after taking D. 2 and they lasted for thirty-six hours. The symptoms disappeared gradually. In one case (No. 5) there was a violent thirst for cold water. Severe nausea, vomituration, severe vomiting of slimy, greenish masses, attended with dizziness, headache, convulsive, violent, constricting pains in the stomach, relieved by external pressure, with manifest prostra-

tion and inability to do even the least thing. Great thirst for fresh water. All these symptoms appeared almost exactly two hours after taking the crude substance, and they lasted for ten to twelve hours. This proving was only made by No. 4.

*Bowels.*—Disagreeable sensations in the abdomen, slight, pinching, drawing pains, which extend uniformly all over the abdomen. Relieved by external pressure. Attended with a slight, pappy stool about twice a day, more frequent than usual. These symptoms appeared in four instances after taking D. 3, about three hours later (1, 3, 5, 6). More violent drawing pains in the whole abdomen, colicky; inclination to sit down and support the abdomen. Relieved by pressure. Sensation of distension of the abdomen, passage of flatus of considerable violence, followed by thin, mucous stool, voided with a colicky pain. Great weariness and prostration. These symptoms appeared in two instances (1, 5) after taking D. 2. Thin, watery, ill-smelling diarrhœa discharges every hour with violent colicky pains, attended with violent thirst and extreme prostration. No flatulence. These symptoms occurred after taking the crude substance (No. 4). The first colicky symptoms appeared about one and a half to two hours after taking the drug, and they, as also the diarrhœic discharges above described, reached their acme about four to five hours afterward. The plainly toxic effect of the arsenic continued for almost twenty-four hours, and the bodily functions only gradually returned to their normal state. The provings made with the 12 d. and the 6 d. showed no results at all with any of the provers.

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From these provings we would then compose the following *list of symptoms* according to the schedule adopted for the new *Materia Medica*:

*Names of the provers:*

1. Dr. Muhr, *Allg. Hom. Zeit*, Vol. VIII., p. 39.

2. Dr. Rischer and his society of provers.

1. *Mental Symptoms.*—None.

2. *Nervous System.*—The general state of health is disturbed (2); for several hours weariness and soreness of the whole body (2); prostration and inability to do the least thing (2); great weariness and prostration (2); wretched sensation all over the body (2); extreme prostration (2); lack of tone in the lower extremities (1).

*Clinical Use.*—The nervous symptoms of themselves are but slightly characteristic, although in theory hardly any other remedy shows such pronounced asthenic phenomena. Only the addition or rather antecedent appearance of other symptoms, especially in the region of the bowels, yield a definite indication.

3. *Sleep and Dreams.*—Somnolence (1); interrupted sleep.

4. *Fever and Feverish Symptoms.*—Great excitation all over the body with congestions toward the head (2); intensive redness of skin, the chest and the abdomen after slight chilliness (2).

5. *Skin.*—Burning sensation all over the body, inciting to scratch, followed by exceptionally intense redness of the skin; aggravated by warmth, relieved by cold (2); intense redness of the skin, the chest and the abdomen after a slight chill; this redness lasts for one hour and is followed by an erysipelatous, very severely burning and itching eruption, aggravation by warmth (2); (slight) eruption between the shoulder blades (2).

6. *Bones and Joints.*—Painful relaxation of the shoulder joints and the elbow joints.

7. *Glands.*—No indications.

8. *Head.*—Vertigo, headache (2); dulness in the head (1); great excitation all over the body with congestions to the head (2); slight pressure in the head with pains in the forehead and temples (1); slight drawing pains in the forehead and the right temple, gradually extend all over the head, external pressure is easily borne (2); tension in the whole of the forehead (2).

*Clinic Application.*—The symptoms of the provings refer chiefly to neuralgias in the forehead and the temporal regions.

9. *Ear and Vision.*—Painful lancination in the left pupil (2).

10. *Eye and Hearing.*—In the left ear a sensation and noises as from locusts (1).

11. *Nose and Smell.*—No indications.

12. *Face.*—Pain and heat in the region of the supraorbital *sin.* nerve, appearing in paroxysms three times in two hours (2).

13. *Mouth and Buccal Cavity.*—Severe tearing toothache with strongly swollen and reddened gums, as in the formation of a gumboil (2); redness and swelling of the gums with great sensitiveness there and severe pains in chewing (2); on account of the painfulness of the gums for two days only liquid and pappy food could be taken (2); redness and inflammatory swelling of both corners of the mouth, so that the motions in chewing are extremely painful (2).

14. *Fauces and Throat.*—No indications.

15. *Stomach.*—The appetite disturbed (2); loss of appetite (2); the appetite is quite gone, nauseates meat; inclines to sweets (2); great thirst (2); great thirst for fresh water (2); violent thirst for cold water (2).

Empty eructation, slight nausea and vomituration (2); violent eructation with severe nausea and vomituration (2); vomiting (2); violent nausea, vomituration, severe vomiting of slimy, greenish masses (2); convulsive, violent, constrictive pains in the region of the stomach, relieved by external pressure (2); pinching drawing pains in region of the stomach; inclination to bend over or sit down, in order to support the abdomen, pressure on the painful spot relieves, so also eructations (2); pressure behind the stomach, not vanishing after dinner, which was eaten with appetite (1).

*Clinic Application.*—Here the effects of the arsenic are predominant, indicated especially by the strong thirst, as well as the violent pains in the stomach. The symptoms of acute, feverish catarrh of the stomach, as they appear after taking a general cold, and especially after taking cold in the stomach from drinking cold beverages, are plainly developed. If to these are added the symptoms enumerated under sixteen and eighteen of catarrhal inflammation of the intestinal canal combined with severe meteorism (*China*), we have a characteristic morbid image, which our remedy rules supreme.

16. *Abdomen.*—In the evening very severe colicky pains (1); disagreeable sensations in the abdomen, slight pinching drawing pains all over the abdomen, relieved through external pressure (2 repeatedly); violent drawing pains in the whole of the abdomen, like colic, inclination to sit down and support the abdomen, relieved by pressure (2); distension of the abdomen (2); pressure in the solar plexus, felt toward the back as a pinching sensation (1).

17. *Colon and Anus.*—No indication.

18. *Stool.*—Discharge of violent flatus, followed by thin, mucous stool, voided with colicky pains (2); pappy stool (2, four times); thin, watery fetid diarrhœas appearing every hour with violent colicky pains (2); stool of striking hardness (2).

19. *Urinary Passages*, and 20 *Sexual Organs.*—No indications.

21. *Respiratory Organs.*—The respiration very easy as if the thorax were hollow (1).

22. *Chest.*—No indications.

23. *Circulatory Organs.*—Sensation as if the heart stood still (1); trembling of the heart with a cooing sound, could not distinguish the heart beats (1); palpitation of the heart, sensible when resting the back against anything (1); the beat of the heart is irregular, 200 beats a minute (1); cannot feel the pulse in the left wrist (1); great excitation in the whole body with congestions to the head (1).

*Clinic Application.*—In acute and subacute inflammations of the heart and feverishness illness, accompanied with such weakness of the heart that the heart beat and pulse cannot be felt, attended with congestions to the head corresponding to the action of *China*.

24. *Neck and Back.*—The spine when touched is painful and pressive (1).

25. *Lower Extremities.*—Relaxation of the lower extremities (1).

26. *Concomitants.*—(a) *Aggravation.* The cutaneous eruption itches more in warmth (2); palpitation is felt when resting the back against anything (1); spine when touched is pressive, painful.

(b) *Alleviation.* Abdominal pains relieved by pressure (2, twice); pain in the stomach, relieved by pressing upon the affected part, as also by eructations (2); in headache external pressure is easily borne (2); burning sensation in the skin, alleviated by cold (2, several times).

#### REMARKS.

The list of symptoms shows several gaps which will have to be filled out by later investigations, and which may, in the meanwhile, be filled out by the several correspondent extensive rubrics under *China* and *Arsenicum* in the new *Materia Medica*. The theoretically presupposed effects of the remedy have at all events been confirmed as to the most important points by the provings made under the direction of my colleague, Dr. Rischer.

An especial physiological and comparative paragraph seems unnecessary, as in the summary in the new *Materia Medica* everything worth knowing is collected under *China* and under *Arsenicum*.

## BOOK NOTICES.

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**The Twelve Tissue Remedies of Schüssler, Comprising the Theory, Therapeutic Application, Materia Medica and a Complete Repertory of These Remedies Homœopathically and Biochemically Considered.** By Wm. Boericke, M. D., and Willis A. Dewey, M. D. Fourth Edition. Rewritten and Enlarged. 424 pages. 8vo. Cloth, \$2.50; by mail, \$2.72.

The third edition of this standard work on biochemistry, which was issued in 1893, contained 384 pages, the fourth 424 pages, but the publishers have not advanced the price on this new edition. Few medical works have enjoyed the popularity of this one, and certainly none have merited it more, for it is a thorough, conscientious and exhaustive study of that much-disputed theory of the treatment of disease. Briefly stated, biochemistry as advocated by Schüssler consists in the treatment of all diseases with twelve cell-salts, triturated to the 3d, 6th or 12th decimal potency. These "twelve tissue remedies" are *Ferrum phos.*, *Calcarea phos.*, *Natrum phos.*, *Kali phos.*, *Kali mur.*, *Calcarea fluôr.*, *Silicea*, *Calcarea sulph.*, *Natrum sulph.*, *Kali sulph* and *Magnesia phos.* and there can be no doubt but that they occupy a very important place in medicine, but whether, as their enthusiastic friends claim for them, they are all sufficient in all diseases is another question. Certainly they are worthy of careful study, and by means of them the physician will be able to easily clear up many a case to the patient's satisfaction and his own profit. This fourth edition is beautifully gotten up, and in view of the fact that it is the only authoritative work in the field, outside of *Schüssler's* own monograph, it ought to command a large and steady sale.

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**Repertory of the Homœopathic Materia Medica.** By J. T. Kent, A. M., M. D. Complete in twelve fascicles. 1,349 pages. Price, unbound, \$30.00 Bound, one vol., half Morocco, \$31.50; 2 vols., \$32.50; 3 vols., \$33.50.

I. Mind and Sensorium,	\$2.75.
II. Head (External and Internal),	3.00.
III. Eye and Ear.	2.00.



IV. Nose and Face,	1.75.
V. Mouth and Throat,	2.00.
VI. Stomach and Abdomen,	3.00.
VII. Rectum, Urinary Organs and Genitalia,	3.25.
VIII. Larynx and Trachea, Respiration and Cough,	1.85.
XI. Chest and Back,	3.00.
X. Extremities,	6.00.
XI. Sleep, Fever and Skin,	2.50.
XII. Generalities,	2.00.

The complete work, unbound, \$30.00.

The strength, and at the same time the weakness of the homœopathic *Materia Medica* lies in its enormous volume. No symptom in a proving can be rejected as valueless, and yet, once it has been incorporated in the *Materia Medica*, it is valueless unless it can be readily found. Every one knows how tantalizing it is to remember that a certain "wanted" symptom is somewhere in the *Materia Medica*, and yet be unable to locate it, and because of such arises the necessity for repertories. Many attempts have been made in the past to overcome the difficulties in the way of finding that state in the *Materia Medica* analogous to the totality of the symptoms in the patient, and the notable repertories of Bœnninghausen and Jahr, which have come down to us with Hahnemann's stamp of approval upon them, are examples. Bœnninghausen's work soon won for itself a high place of esteem, but the profession found that, though it was useful in generalizing, it could not be adapted to all the needs of the homœopath, and hence the appearance from time to time of special repertories, the most useful being such as Berridge's "Eye Repertory," Bell on "Diarrhœa," Allen's "Intermittent Fever," Eggert and Minton on "Uterine and Vaginal Discharges, etc.," Guernsey on "Hæmorrhoids." Complete repertories had also been attempted, and of these the most popular was Constantine Lippe's. But neither Lippe's small repertory nor the above mentioned monographs, were able to satisfy the demand for a full and complete repertory to our *Materia Medica*. For fifteen years Dr. Kent had been compiling for his own use such a repertory, and when it was nearly completed strong pressure was brought to bear upon him by many leading homœopaths to print the repertories for the benefit of the profession. Agreeing to this, the work was published by subscription, about 200 physicians having signified their desire to

possess the work. It was prophesied that the publication would probably end about the middle of the work, but we are glad to welcome the last fascicle and to note that all the expectations of the subscribers have been realized, and we have at last a work which is, what it purports to be, a complete repertory of the *Materia Medica*. A superficial examination satisfies us that we have in this a standard work which is worthy of being classified along with Hahnemann's *Materia Medica Pura*, the *Encyclopædia* and the *Guiding Symptoms*, as it is essential to these, and without it they become *terra incognita*. A closer scrutiny reveals the fact that the general rubrics are fuller and more reliable than those the older repertories give. We note that revision has corrected many errors and given us many new additions, and especially do we welcome the long array of modalities accompanying the rubrics. The general plan of the work is simple and is uniform throughout. Each of the twelve fascicles is alphabetically arranged, the rubrics first containing the general group of remedies and then giving the time and circumstances (agg. and amel.) of the symptom. Anything like a particular review is out of the question, but we cannot refrain from detailing, as an instance of the character of the work, Dr. Kent's treatment of the rubric "Pain" in the Head repertory. Eighty-four pages are devoted to this rubric alone, and in that space we can safely say are included almost all the headaches of the race. First of all comes "Pain in general" (undefined headache), with its time and circumstantial aggravations and ameliorations, and directions. Having exhausted this, the *location* of the pain is next dealt with, *e. g.*, brain, forehead, occiput, etc., with the aggravations, ameliorations and extensions of these, and, lastly, the *nature* of the pain, aching, bursting, cutting, etc., is detailed with the time and circumstances of agg. and amel., extension and location. So thoroughly is this plan carried out that it leaves nothing to be desired so far as arrangement is concerned. The fascicle "Extremities" is the masterpiece, however, of the repertory, claiming 250 pages of the work, 111 pages of which have been monopolized by pains of all sorts of description, location and condition. "Generalities" is the summing up of the symptoms that refer to the patient as a whole and takes the place of Bœnninghausen's pocket book, having all its advantages without the errors he has made of considering *particular* symptoms, referring only to one part, as *general* symptoms of the patient.

This repertory is easy and pleasant to handle; it abounds in cross references, its errors are few and easily rectified, its plan admits of indefinite expansion by the addition of new symptoms which can be easily classified. A little attentive perusal soon brings familiarity with its contents, and the former dreary task of working out the case by repertories is made both pleasant and profitable as well as possible. The typography and paper are good, and the wide margins give abundance of room for notes.

Economy is a strong feature in this repertory, both time and money being saved by its possession. When we consider that it includes all that is found in all the special and general repertories hitherto published, and a great deal more in addition, that it has the special repertories as "Headache," "Eyes," "Diarrhœa," "Cough and Expectoration," "Hæmorrhoids," "Neuralgia," "Rheumatism," "Diseases of Women," "Skin Diseases," that it has a repertory of "Generals," and that these are bound together in one work, without the necessary duplications to be found in separate books, we can see how money, time and labor are saved by investing in and using the latest and best of repertories.

The work was published by the author as a subscription work, but complete copies bound or in fascicles may be obtained through the Boericke & Tafel pharmacies. If wanted in foreign countries it had best be ordered in the fascicles, as the bound work is too large to be sent through the mails.

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**Saunders' Medical Hand Atlases.**—*Atlas of Diseases of the Skin*, including an Epitome of Pathology and Treatment. By Prof. Dr. Franz Mracek, of Vienna. Authorized Translation from the German, edited by Henry W. Stelwagon, M. D., Ph. D., Clinical Professor of Dermatology, Jefferson Medical College, etc. With 63 colored plates and 39 full-page, half-tone illustrations. Cloth, \$3.50. Philadelphia: W. B. Saunders. 1899.

Another of the "medical hand atlases" series full of superb-colored plates of skin diseases—very nasty to contemplate; evidently the author has had the pick of the Vienna hospitals for his "copy." Needless to add that if anyone is interested in illustrations of diseases of the skin, this book is the best pub-

lished. Treatment plays but little part in these atlases, and the little there is does not commend itself to a believer in Homœopathy.

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**An Epitome of the History of Medicine.** By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Based upon a course of lectures delivered in the University of Buffalo. Second Edition. Illustrated with Portraits and other Engravings.  $6\frac{1}{2} \times 9\frac{1}{2}$  inches. Pages xiv-370. Extra cloth, \$2.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry street, Philadelphia.

Dr. Park's very interesting work has reached a second edition, revised and considerably enlarged. It is a useful work for one who wants to get a broad view of the history of medicine—and what physician should be without it?

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**Viscum Album, the Common Mistletoe: Its Natural History, Traditional Virtues, and Popular and Scientific Uses in the Treatment of Disease, Together with New Provings of the Drug.** By George Black, M. B. (Edin.). 79 pages, paper. London: J. E. Gould & Son. 1899.

A very interesting little work on one of the most ancient drugs known; a drug, too, that seems to possess most marvellous medicinal qualities. It has been successfully prescribed in many diseases, but its greatest use seems to be in epilepsy and "fits," and the provings seem to show that it is homœopathic to the jerky patients. One prover, a woman, reported, "I couldn't keep any part of my body quiet; a leg might jerk and then an arm, but one or the other would keep on jerking till it was over." And later, several days, "I didn't get any palpitation last night before the twitching came on, but I had some funny symptoms; the twitching lasted three hours." Months later this prover was still affected with the drug; "she is utterly wretched—that she thinks she will go out of her mind—feels that she would have an epileptic fit, and says she would feel far happier in an asylum." "All this state of mental and physical wretchedness she declares emphatically has arisen since she took *Viscum album* with a view to proving it, and to it, and it alone, she attributes her misery." This proving was made with the

tincture. Another prover, 3d dilution, experienced jerking and twitching of the muscles.

A third prover with varying strength of the drug did not at once develop the twitchings, but they came later. "I have had no pain [though previously she had experienced great pain from the drug] but great twitching in my hands and legs for a long time—just like a person with chorea. I am sure if I had anything in my hand it would have gone." The fourth prover, Dr. Black himself, also experienced the muscular jerkings and twitching, but not to so marked a degree as the others. The provings also strongly point to sciatica and rheumatism coming in its sphere. It is also of decided use as an oxytocic. Dr. Black has made a valuable contribution to medical literature.

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#### On the Relation of Antitoxin Treatment to Homœopathy.

Including a new Explanation of the Law of Similia. By Emanuel M. Baruch, Ph. D., M. D. 71 pages, 16 mo. Cloth. 75 cents. New York, Boericke & Runyon Co. 1899.

The author says on page 30: "All antitoxins act as homœopathic remedies, all homœopathic remedies act as antitoxins." In a sense that is true—anything that will cause a deviation in the human body from the normal is homœopathic to similiar disease deviations. To ascertain these deviations the drug, or substance, must be proved and must be simple, *i. e.*, unmixed with other drugs. Antitoxin has not been proved, and it is not a simple drug, as the horse is first injected with glander antitoxin, and others, and then the serum is preserved from putrefaction by the addition of powerful drugs, such as *Carbolic acid*, *Camphor*, *Trikresol*, etc., according to the manufacturer.

The starting point of all the antitoxins is the virus of some disease, so why would it not be better to potentize these viruses by trituration and dilution rather than adopt the cumbersome and expensive methods of Behring and the others? As a matter of fact, the whole sereotherapy is simply a bunglesome form of the late Dr. Samuel Swan's isopathy that was in a certain sense unjustly derided during his lifetime; unjustly, because all these viruses are especially active poisons and if they can be proved will be most potent remedies in the hands of homœopathic physicians who are not afraid of a rather high potency. Time was when they were called "nasty" and men were shocked at them;

well, so they are, very nasty, but if they will restore health when nothing else will are they to be tabooed on that account? All these viruses in high potencies, 30th, 200th, etc., seem to have a beneficial action on those constitutionally tainted with the disease itself, or by heredity, as has been repeatedly demonstrated by *Bacillinum*, *Psorinum* and others, but the antitoxin men have got hold of the great truth at the wrong end and simply bungle it with their horse juice, *Carbolic acid* and other useless appendages.

It is but fair to state, however, that commercially they make a great success of it. While we cannot agree with Dr. Baruch, he has at least produced a book that will provoke discussion.

**The Anatomy of the Central Nervous System of Man and of Vertebrates in General.** By Prof. Ludwig Edinger, M. D., Frankfort-on-the-Main. Translated from the Fifth German Edition by Winfield S. Hall, Ph. D., M. D., Professor of Physiology in the Northwestern Medical School, Chicago, Assisted by Philo Leon Holland, M. D., Instructor in Clinical Neurology in the Northwestern University Medical School, Chicago, and Edward P. Carleton, B. S., Demonstrator of Histologic Neurology in the Northwestern University Medical School, Chicago. Illustrated with 258 Engravings.  $6\frac{1}{2} \times 9\frac{1}{2}$  inches. Pages xi-446. Extra Cloth, \$3.00. The F. A. Davis Co., Publishers, 1914-16 Cherry street, Philadelphia.

This book, translation of the fifth German edition, is divided into three general parts: I. Introduction to the Anatomy of the Central Nervous System. II. Review of the Embryology and Comparative Anatomy of the Vertebrate Brain. III. Special Anatomy of the Mammalian Brain, with Special Consideration of the Human Brain. The whole is an original and learned treatise on the subject that has met with great favor both in Germany and among English-speaking physicians.

*Dear Sir:* You ask what I think of Malcolm and Moss's Regional and Comparative Materia Medica? If you will consider that this is a work on therapeutics, with the symptoms of a hundred or so of leading remedies arranged by regions, you can get a better idea of the sphere it fills. For example, you have a

case of cough. You write down the kind of cough, when it is worse or better, and any other striking symptom; now you turn to this work and run over the cough therapeutics as there given. You may note two or three drugs come near it. Now go to your *Materia Medica* like Hering's condensed, and go over these drugs. You may have concluded that you have only two to choose from, and it may take Allen's *Cyclopædia* to help you to decide on one. How long to let it act and its succession is another story. Now do you get the place for this so called "Regional" *Materia Medica*. It is some like Lilienthal's *Homœopathic Therapeutics*. In this last work you get clinical views and pathology, while in the former work only the pure symptoms are given. Both books are helpful and should have a place on our reference shelves. The repertory, or grouping feature, may help you and may not. For many physicians it is too much separation, like a fanciful index. When the repertory is really a grouping under a pathological head, it is helpful to those of us who have been trained along analytical lines.

Yours truly,

T. C. DUNCAN.

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INDEPENDENCE, MO., May 1, 1899.

*Messrs. Boericke & Tafel, Philadelphia, Pa.:*

I have examined the new *Practice of Medicine* by Dr. Arndt and find it the most complete, thorough, practical, up-to-date one volume work on the practice of medicine published.

It is a work of which our school may well be proud.

The arrangement is very satisfactory, the treatment of all topics quite thorough for a single volume, and the indexing complete, making it the ideal single volume work for the student and practitioner alike.

Very respectfully,

F. J. BOUTIN.

*Professor of Practice of Medicine in the Kansas City Homœopathic Medical College.*

(THE following is an extract from a letter from Prof. E. E. Reininger, of the Chicago Homœopathic College, concerning Nash's *Leaders in Homœopathic Therapeutics*.)

353 South Oakley Avenue, Chicago, May 10, 1899.

"I wish for more of just such convincing arguments in favor of potentized drugs and the minimized dose as the writer gives."

"The doctor ought to be encouraged to do more of such grand work."

"I wonder if there are not others who can tell something about homœopathic medication as encouragement to young men seeking more light."

"Alas, if I dare express myself here, the mind does not take in only what can be actually seen, therefore I conclude that the only clincher will be bedside."

"Study of cases in hospital wards under a capable prescriber and then the chance to observe the results during time of treatment. I know from experience that it takes hard work to convince young men that there is truth in our grand and only true method to relieve suffering humanity."

"If only the underlying teaching of Hahnemann as to the cause of the disease was taught and generally accepted, then the rest would follow in logical order—but materialism, the belief that disease is due to an entity, that it is a something ponderable and, therefore, one must meet ponderable by ponderable and thus destroy life instead of saving it."

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### Veterinary Homœopathy in Its Application to the Horse.

By John Sutcliff Hurndal, Member of the Royal College of Veterinary Surgeons, England.

A book that carefully treats of the common and oft-repeated ailments of his best friend should be available to every doctor who does not creep around on foot, or commit himself to the tender mercies of the wheel on the way to his patients. Briefly this is the most thoroughly clinical veterinary work that we have ever seen, and considering how very much can be done for sick horses, as well as for other animals, by a proper application of the homœopathic principle; it is really a most useful publication. Written in a plain and simple style, it is suited for the layman as well as for the doctor, and it merits a large sale. Its "code of common suggestive symptoms" would put almost anybody on the right diagnostic scent, while its pathology and therapeutics are almost perfect.—*The Clinique*.



# Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## AMERICAN INSTITUTE OF HOMŒOPATHY.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig Pop. Zeitschr. f. Hom.*, November, 1898.

### Last Call.

Editor of HOMŒOPATHIC RECORDER.

The time for the meeting of the American Institute of Homœopathy, at Atlantic City, June 20 to 24, is very near, and this is the last opportunity to reach the profession through the columns of the journals before that time. The profession have been well-advised of the preparations for the meeting. The most beautiful and unique meeting place in the world, with the waters of the Atlantic rolling beneath us. Sections well filled with scientific material from the best minds. Six strong papers on Homœopathy as related to the various branches of medicine and to allied therapeutics. A lecture upon, and demonstration of, that wonderful and new product, liquified air. Business sessions the aim of which shall be a closer organization and better known Institute, means for the more faithful preservation and improvement of our *Materia Medica*; the consideration of our relations to allied therapeutics; definite action upon the national, state, county and municipal status of the homœopathic school; the practical working out of a determined effort for general and universal recognition; the review and careful improvement of our medical standard by which we may secure absolute unanimity in the requirements, methods and relations of our educational institutions; together with plans for some legal enactment that may secure to the possessor of a diploma from a legal and properly chartered medical college equal recognition in all States of the Union; and last, but not least, a report of Homœopathy in Canada and the counseling together with our

Canadian friends of how we may best, as the greatest organized homœopathic body in the world, serve their interests by our friendship, fraternal association, and by the strength of prestige that comes from so strong an organization as the A. I. H.; these are the matters of scientific study and business which will come before us. No man who desires to keep pace with the rapid advancement of his profession can afford to miss the yearly papers and discussions of the student members of our school; and the business session at Atlantic City touches the most vital points of our professional life, and upon their decision rests our strength, our advancement, our prosperity, in future years.

During the past year many of our old, faithful members have laid down to silent dreams. They have borne the brunt of battle and the heat of the day, while most of us have but reaped where others have sown. This year we appeal to every member of the homœopathic profession who looks forward to a future for himself and for his school to assume and recognize his own individual responsibility, and to give to the American Institute the support of his membership, and, if possible, of his presence. Blank membership applications may be secured of the secretary, Dr. Eugene H. Porter, 181 W. 73d St., New York City, or of Dr. Joseph P. Cobb, 254 E. 47th St., Chicago. Those desiring membership may send these blanks, properly filled, together with the fee of \$7, to Dr. Joseph P. Cobb, addressed as above.

Once more, fellow members of the profession, we appeal to you earnestly; yes, with all the earnestness of which we are possessed, to come with us, to help us, in the full realization that a scattered profession is weak, but as a united and thoroughly organized body under the banner of the American Institute, which has made us what we are, we can forward the work so well commenced by the fathers; we can keep our *Materia Medica* well abreast of the times; we can winnow it, "holding fast to that which is good;" we can study the prophylactic power of our school which is just begun; we can knock at the doors of congress, of legislatures, of city councils; we can demand and enforce equal rights in all places and all positions under the flag. More cannot be said. Your future rests with you; my future rests with you; our future rests in the united strength of us all.

Fraternally,

BENJ. F. BAILEY,

*President.*

AMERICAN INSTITUTE OF HOMŒOPATHY.  
RAILROAD FARES—REDUCTION IN  
RATES—NOTICE !

A reduction of fare and one-third for the round trip has been granted by the Trunk Line Association to those attending the meeting of the Institute at Atlantic City in June on the certificate plan. The tickets will be on sale from June 15th to 21st inclusive. Full fare must be paid for the going ticket, and a certificate, which is prepared by the railroads for the purpose, is given to the purchaser. These certificates are not kept at all the local stations; but if not, the agent there will sell a ticket to the nearest station where they can be procured and the through ticket and certificate will be taken there. Be sure to get the certificate, for without it properly signed and vised the returning ticket cannot be gotten at the reduction.

As soon as the place of meeting has been reached the certificates should be given to Chairman of the Transportation Committee, who will sign them and have the Special Agent vise them, when they will be ready for use when the time to go home has arrived.

The limit for return expires on June 28th.

No refund of fare will be made on account of any person failing to obtain a certificate.

Those attending the meeting of the O. O. & L. Society, which meets at the Hotel Dennis, Atlantic City, N. J., June 19-20, can have the benefit of the reduction of fare by asking for tickets to the meeting of the Institute and taking the certificates.

Hoping for a large attendance, I am

Fraternally yours,

J. B. GARRISON, M. D.,

Chairman Transportation Committee.

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TO THE MEMBERS OF THE HOMŒOPATHIC  
MEDICAL PROFESSION OF THE  
UNITED STATES.

The Commission appointed at the last Medical Congress in London for the restoration of Hahnemann's tomb are actively at work. All who have subscribed to the fund should send in their unpaid subscriptions at once.

Any members of the profession, or laity, desiring to contribute anything further towards this restoration of Hahnemann's tomb in Pere La Chaise Cemetery, at Paris, France, should forward the amount at once, either to me, as the American Representative, or to Dr. Francois Cartier, the Secretary, at 18 Rue Vignon, Paris. The Commission has thus far collected about fifteen thousand francs, which will be utilized to the best advantage.

Thanking all who have contributed, and trusting the work of the Commission will be acceptable to the homœopathic profession of the world, I am

Faternally yours,

DR. BUSHROD W. JAMES,

*American Representative of the Commission.*

*N. E. Cor. 18th and Green Streets,*

*Philadelphia, Pa.*

*May, 1899.*

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“ I HAVE always insisted and do now conclude that we should believe nothing that we hear regarding doctors that is unkind, and very little that we know to be true, and I argue further that any member of our guild is better than he looks, for few men have courage enough to appear as good as they really are. Doctors can safely keep in mind always that old German proverb, which, freely translated, reads: ‘ To know all is to forgive all.’ And who has more to forgive than a doctor? But, old fellow, go on forgiving. Life is too short to retain for a minute unkind feelings; they not only perturb the mind, but impair digestion, check elimination, and indeed are the most serious general interrupters of metabolism met with in the scheme of life.”—*Medical Mirror*.

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TESTE says of *Plumbum* that it is “ adapted to adults, males rather than females, and particularly to persons of a dry, bilious constitution with a somewhat jaundiced complexion, irascible hypochondriac or disposed to *religious monomania*.” Long-haired men, Christian Scientists, etc., might be cured by lead—in pellets.

THE epidemic is rapidly spreading. It has struck the *California Medical Journal*, as witness:

EVERYTHING GONE.

The bills came in. The money went.  
 The sick man's hopes grew fewer,  
 And finally the doctor came  
 And took his temperature.

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THE following is from a published interview in the *Pharmaceutical Era* of May 11th of a tablet manufacturer, and the attention of those who are contemptuous when Hahnemann's dynamization ideas are to the fore is respectfully called to it:

"The so-called regular school knew nothing of trituration excepting that it was connected with Homœopathy, and, linking it with that theory, dismissed both as unworthy of consideration; but the action and study of tablet triturates showed them that much of the success of homœopathic medicine was due to trituration, the use of which is spreading wherever its influence is felt."

To be sure much of the success of Homœopathy is due to Hahnemannian remedies, but these without the law would be useless, even as the law is helpless without them.

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THE *Journal of Homœopathics* says of Jones' *Porcelain Painter's Son*: "Any work that adds lustre to the name of Hahnemann is welcome in these degenerate days. Dr. Jones, in this extremely interesting book, has taken a few of the pearls of Hahnemann's life and put them in a setting of gold, and our only regret is that he has not given us more of the same. The last chapter, 'Under Which King, Bezonian?' is full of timely warning. It sounds like a postscript to the *Organon*, and should be pressed upon the attention of all colleges professing to teach students Homœopathy, but supplying a very different article."

## PERSONALS.

Dr. B. W. Severance, homœopathic physician at Gouverneur, N. Y., has been appointed Health Officer of that city. The appointment was unsolicited and a surprise to Dr. Severance.

Dr. D. A. Lock has removed from Lansing to Potterville, Mich.

When you can get at what is back of bacteria you will have made a real and a giant stride.

Some one advises doctors to "preach less and practice more," to which it may be replied, "Well, send in the patients."

A Florida bacteriologist wants kissing prohibited by legislative enactment so as to prevent the spread of tuberculosis. He is a scientist hunting trouble.

The *Medical Record* says that the recent petition to the new mayor of Philadelphia for "a quiet Sabbath" is "gilding refined gold." Philadelphia's repose is that which marks the caste of Vere de Vere—you must be born in it, as it can be acquired no other way.

Yes, John Henry, in a sense patients in famous articles are patients on a monument. You are progressing, but do not go too fast, John.

The *Medical Visitor* says that Nash's *Leaders in Homœopathic Therapeutics* is the best book published to be put in the hands of the allopath. Sure. Give 'em straight Homœopathy if you want to gain their respect.

We've all heard of the ass in the lion's skin, but occasionally a lion tries on the ass's skin, which is worse.

Dr. E. P. Wallace has removed from La Crosse to Parmenter Block, Green Bay, Wis.

Dr. W. B. Garsides has removed from East Orange, N. J., to 135 Gates Ave., Brooklyn, Greater N. Y.

Emperor William terms tuberculosis the "national disease" of Germany. Some "anti" crank may put the poser: Has that thorough-going, never-ending, no escaping practice of vaccination anything to do with it, for time was when it was not very prevalent there?

Humor is humane; wit is not.

When we realize how little the world cares we make the old coat do duty another season.

When Schiller said, "I feel an army in my fist," he must have had a premonition of the microbe.

It is deuced difficult to determine whether a man is behind the age or simply ahead of it.

We all want to think before we speak, but few do it.

The fourth edition of Boericke & Dewey's Twelve Tissue Remedies of Schüssler is out. A big improvement over the others.

Dewey's name on the title page of a book seems to make it go galloping through one edition after another.

The lions and the lambs peacefully browsed together at Cleveland the other day.

One of the handiest of pocket books for the physician—Clarke's *Prescriber*.

Send your paper to the RECORDER so that it be not hidden.

Look at the mailing tag and see if there is not something due on that subscription of yours.

Let the watchword be, "See you at Atlantic City."

# THE HOMŒOPATHIC RECORDER.

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## CHLOROSIS—ITS SYMPTOMS AND TREATMENT, MEDICAL AND HYGIENIC.

By J. A. Clement, M. D.

One of the frequent disorders we are called upon to treat and often one of the most perplexing is chlorosis. The definition of chlorosis, according to Gould, is "a disease of young women connected with anæmia and menstrual abnormalities."

Goodno tells us that chlorosis, or "green sickness," is a form of anæmia occurring for the most part in girls during the period of beginning sexual activity and characterized by diminution of the corpuscular richness in hæmoglobin. Raue says practically the same.

Etiology. The predisposing causes seem to be age, sex, nervous disturbances, ignorance or neglect of hygienic laws, and Virchow believes that in some cases it is the result of developmental errors, as he has observed an abnormal narrowness of the aorta and of its branches in many cases. The disease is usually found between the ages of thirteen or fourteen (13-14) and twenty or twenty-two (20-22). As far as sex is concerned, some authorities claim it is confined entirely to the female, while some report a few rare cases in young males. Under the head of nervous disturbances may be mentioned, as causes, fright, grief, and some say sexual eroticism. Chlorosis is not confined to any particular class of society, but insufficient or improper food, want of exercise, late hours, over study, etc., enter largely in its production.

We cannot do better than to quote directly from Raue as to the symptoms of chlorosis:

1. Color of skin. A conspicuous paleness, sometimes clear, sometimes pale, sometimes yellowish, greenish, waxy. Lips

and other mucous membranes pale; dark rings about the eyes. In some cases there is œdema of feet, face and eye-lids; temperature decreased; breath cool; lips, nose, ears, hands and feet cold. The patient is very sensitive to cold and seeks a warm room.

2. Circulation. The pulse is usually small and compressible, varying in frequency, easily excited by any trifling cause. The heart's impulse varies likewise in frequency and intensity, often amounting to strong palpitation.

3. Respiration is frequently dyspnoëic, especially after any exertion; the patients sigh and cough occasionally.

4. Muscular system. Great weakness, easily tired and exhausted.

5. Nervous system. Dizziness; headache; noises in ears; pains in different parts of body, especially in stomach and back; hysterical spasm; sadness; want of energy; frightful dreams; melancholy and even mania and an inclination to self destruction.

6. Digestion. Want of appetite; digestion slow; sour and foul eructations; often a desire for most indigestible things.

7. Genital sphere. There is generally amenorrhœa or irregular menstruation with pain; thin, watery leucorrhœa in place of menses, or, in some cases, menorrhagia.

To the above symptoms we might add: A flushed face after every exertion, constipation, an idea that "everyone is making fun of her for being so thin," and an idea that "she will never live to see another year."

Often the patient's condition is laid to a perverted sexual instinct, a "need of sexual intercourse," erotic novels, etc. This may hold true in rare cases, but such cases *are* rare. When the proper period arrives, a woman (if she be a perfect woman) is as much desirous of sexual intercourse as a man, but to blame her (if chlorotic) and to assume a good percentage of chlorosis cases due to unsatisfied sexual instinct seems to me absurd.

Goodno claims that an examination of the blood affords a positive means of diagnosing chlorosis. He says: "The characteristic feature is a diminution in the percentage of hæmoglobin, while the red blood-cells are but slightly diminished in number. Thus the hæmoglobin may be but 25 per cent. of the normal standard, while a count of the corpuscles gives about three and a half millions to the cubic millimetre, or about 75



per cent. of the normal. The white blood corpuscles are only slightly increased in number, bearing a ratio to the red of about 1:400."

### Treatment.

**Hygienic.** Chlorosis is a disease in which a strict application of the laws of hygiene will do very much towards bringing our patient back to health. Remedies will do a great amount of good, but unless we attend to out-of-door exercise, good nourishing food, bathing, etc., we will meet with poor success.

Diet plays an important role. The chlorotic girl craves peculiar articles of diet, and rarely of her own free will does she submit to a sensible dietary; but we cannot expect to find good, rich blood on a diet of pickles and tea. A diet that embraces all foods that produce fat and blood should be prescribed.

The following list will often be found useful:

Thick soups, fish, raw oysters, beef, mutton, chicken, game, butter, raw, poached, and soft-boiled eggs. Bread and farinaceous articles. All kinds of ripe and well-cooked vegetables. Egg and milk puddings. Ripe fruits. Milk and cream in unlimited quantities. Olive oil is excellent. Often the patient will object to its use, but if she begins with a small quantity she can cultivate a taste for it.

Our patient should avoid pork, veal, salt meats, hashes, stews, cooked oysters or clams, pickles and spices, pies, pastries and preserves, tea and coffee.

**Exercise.** Exercise of the right kind is needed, for it will not do for our patient to lie about the house and "mope." The patient should be in the open air as much as possible. Severe cases cannot be expected to take active exercise and in such cases, Goodno recommends a systematic rest cure with over-feeding and massage. However, as fast as improvement will admit of it, get the patient out of doors; have her take short walks frequently, and when season and weather permits such games as croquet, tennis, etc., will be found very beneficial. If the patient's station in life permits, get her out into the country or to some sea-coast, where she can have all the fresh air and sunlight possible.

Bathing, in my experience, is a great aid. A cold plunge bath in the morning, followed by a brisk rubbing with a coarse towel, produces a glow in the skin, aids circulation, gets the various

glands of the skin in working order and is followed by good results.

Sleep, and plenty of it, our patient demands, and, eight (8) hours at least out of the twenty four (24) should be devoted to "Nature's sweet restorer," and better if that period be supplemented by a siesta in the afternoon.

Another point that we must consider is clothing. Tight lacing and suspension of the clothing from the hips must be prohibited.

It is necessary that the patient should have cheerful surroundings and should not be allowed to brood and worry over her condition. If she be a school girl it is best to remove her for a while, as the close confinement and mental effort required to keep up with her studies will certainly retard her recovery.

*Medical Treatment.* In our homœopathic *Materia Medica* we will find a host of drugs that will be useful.

Quoting directly from Goodno: "As to the remedies useful in chlorosis, iron stands pre-eminent; useful as it is it must not be regarded as a universal specific. It is, however, the remedy which will be found indicated in the majority of cases, and, as Hughes has shown, is homœopathic to this disease."

The indications for this drug, according to the same authority, are the pale, waxen appearance of the skin, sudden flushing of the face, gastralgia, pallor of the mucous membrane, aversion to meat, profuse menstruation, chilliness, œdema of feet, headache and vertigo. Raue also gives *Ferrum* an important place in this disease. He also lays stress upon *Cal. carb.*, *Arsenicum*, *Graphites*, *Nux vom.*, *Phos.*, *Puls.*, *Sepia*, and *Sulphur*.

Lilienthal, among many other drugs, pays particular attention to *Alumina*, *Arsen.*, *Cal. carb.*, *Cyclamen*, *Ferrum*, *Graphites*, *Phos.*, *Puls.*, and *Sulphur*.

The above remedies have been good friends to me, especially *Ferrum* and *Calcarea carb.* I have found *China* useful in these cases when there is profuse menstruation and *Nux vomica* for the habitual constipation. *Pulsatilla* has the peculiar disposition, and where there is much crying and a very sensitive nature it is useful. *Belladonna* in some cases seems to control the headaches, but I have found that as the quality of the blood improves the headaches disappear without any special treatment.

The question of *tonics*, their use and abuse, is a hard one to solve. In the first place, the laity demand something of the kind; and in the second place, we often meet a case of chlorosis when

something of the kind is indicated. There are a multitude of tonics on the market, some good and some bad. Many advise the use of cod liver oil as a food, but whatever its good qualities may be it is seldom borne well by our patient. Some of the hypophosphites of lime and soda are good, but do not always do what is expected of them.

When we know that *Ferrum* is in its provings so similar to chlorosis, we naturally turn to some of the iron preparations, and I have found that Hensel's Tonicum (B. & T.) most nearly approaches our ideal of an iron tonic.

It contains the *Ferric* and *Ferrous oxide* simultaneously in the same proportions as found in the healthy human blood. It is readily assimilated and its use is always followed by good results.

*Baltimore, Md.*

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### ANOTHER KNIGHT IN THE LISTS.

In the *Kansas City Medical Record* of recent date Dr. J. K. Cole, of Lamar, Mo., demonstrates, to his own and the editor's satisfaction, "Why a conscientious physician cannot practice Homœopathy."

According to Polk's directory, Dr. Cole was graduated from the Joplin (Mo.) College of Physicians and Surgeons in the year 1882. The college was organized in 1880; graduated its first class in 1881, and became extinct in 1884. All which, of course, has nothing directly to do with the question about the Conscientious Physician and Homœopathy.

Our friend, Dr. Cole (we always have a friendly feeling for these brave knights who tilt against the impregnable fortress of Homœopathy—they are always in dead earnest, something to be respected), opens his tilt as follows:

*Similia similibus curantur* is the insignia on the flag scientific with which the homœopaths go to battle with death.

There is, further, an invisible writing to all who disbelieve their faith and practice and it reads as follows:

O death I am thy detention!  
 O grave thy cursed invention,  
 Since Stephens' birth, don't mention!  
 Out, thou scoffeth at my pretention.

I am a Homœopath. I come, I come.  
 But an hundred I weigh, in name a ton.  
 The lame, the blind, they walk, they see.  
 I am a Nicodemus, up a tree.

And in reply we can only look on with a grin of amusement. What the deuce does he mean? "The lame, the blind, they walk, they see," is comprehensible, for that so often happens when true homœopathic treatment is employed, but "I am a Nicodemus up a tree" is Missouri Greek, to this quill-driver at any rate, though it sounds rather funny.

Further on we read this:

The S. S. C. is the tube through which all homœopaths must diagnose disease, and it must be well shaded from the sunlight of reason. And another positive and essential of him who looks through this tube is that he must be well wadded with egotism and stuffed with deceit. The odor of the visible mesmeric influence must be given off in chunks of the gusto. "I am the all and a sure cure." And this is the positive and potential power of all their drugs.

We regret that our friend should have indulged in this, for it is—beside the mere questions of fact—bad taste, bad rhetoric and bad English.

Again, further on, he hits hard, but it is at an unnamed individual and not at Homœopathy. It concerns prescriptions coming from men who call themselves homœopaths.

Here is one that I have, as a souvenir of homœopathic wisdom:

R. Fl. ex. rhubarb . . . . . dr. ii.  
 Fl. ex. opium . . . . . dr. i.  
 Oil ricini . . . . . q. s. oz. iv.

M. Sig.—A teaspoonful every two hours.

It was a prescription given for infantile diarrhœa, and fell into my hands before it was filled. It may be homœopathic with all the S. S. C. worked out by the castor oil.

He dwells on this theme for a page or more, giving other similar prescriptions, and we can only reply: Dear friend, you are not hitting Homœopathy but idiosyncrasy. There are, perhaps, a considerable number of graduates of homœopathic colleges who have gone off into, may we say, "Allopathy?" and not having been taught heroic drugging they may excite the ire, or hilarity, of the men in the other ranks, but, we insist, that concerns them as individuals and is no argument against Homœopathy. Speak up Dr. Cole, is it?

After mentioning the "Organum" of Hahnemann our dearly beloved says:

Again tuberculosis is treated by the homœopaths with *Aconite*, *Arsenic*, *Calcium*, *Carbo vegetabilis*, *China*, *Cimicifuga*, *Dulcamara*, *Iron*, *Hepar sulph.*, *Iodine*, *Carbonate of lime*, *Lachesis*, *Lycopin*, *Mycrotes*, *Nitric acid*, *Phosphorous*, *Sanguinaria*, *Celicia*, *Sponge*, *Stramonium*, *Sulphur* and *Alcohol*.

Which one of these twenty-one remedies will produce a tubercle in a healthy lung? Which one will cure it? Which one will show a symptom in its action like those produced by the tubercle bacilli? Which cause the spitting of pus, hectic fever, the night sweats, the waste, the pain and the hemorrhage? Did mortal man ever make such a proving under the law of S. S. C.?

Without pausing to correct the orthography, we might state that in this paragraph Dr. Cole shows that he is sadly astray in his conception of Homœopathy, which he seems to confound with Isopathy.

Has not our good doctor seen cases of tuberculosis that varied greatly in their symptoms? If so, should not the treatment vary? A disease is not a foreign invasion that is the same in every human being. Disease is an unknown something that causes a disturbance of the vital force which disturbance as a whole is read by the physician by means of the symptoms it causes, and if he can cover these disease symptoms with a potentized drug which causes similar symptoms in healthy human beings a cure will almost surely follow; this is one of the certain things in medicine. No drug has ever produced a tubercle, but many have produced symptoms, in the provers, similar to cases of tuberculosis and many a case of incipient tuberculosis has been checked by the remedies and many another could have been saved but for the rejection of Nature's therapeutic law by men.

Science in the hands of the "old school" fellow has proven that diseases are due to bacteria, and that it is the bug that produces the symptoms, and the symptoms are not the bugs.

So says our good Doctor Cole.

If you, and "Science," are willing to believe that human ills are the result of bugs, crawling or flying about the world, so be it; a scientific-circle in which the cause produces the effect and the effect the cause *ad infinitum*, is a science that is at least *new*; time was when the learned would have indulged in a laugh at it—and they may yet.

Of our remedies Dr. Cole says:

Some of the eight hundred from the pharmacopeial list are a little peculiar from a scientific standpoint. For instance, lachesis, from the saliva or slobbers of a mad dog.

Dear! Dear! Dear! what a break. Good sir you should, really, get at least a wee bit of primary information on a subject before rushing in. *Lachesis* is the poison of perhaps the most deadly serpent in the world and in high potency has rescued many from death. A brilliant man of your own school, Doctor, was once

given over to certain death—blood poisoning from the dissecting knife—and *Lachesis* saved him. His name was Carroll Dunham.

Also says our friend.

A tincture from the pus of clap has been used to medicate a victim of said disorder.

Dr. Cole, we will bet you one hundred dollars to twenty five, the money to go into the winner's pocket (charity begins at home), that you cannot prove that assertion. Really, friend, you are all balled up, as it were.

Dr. Cole's next move is into a field where we cannot so well follow him, *i. e.*, quoting from the various homœopathic sources to prove that Homœopathy is an error; but it seems to us that this proves nothing save that certain men possess certain opinion, on the subject. Only that and nothing more, for true Homœopathy, we take it, does not recognize "authority" as it prevails in the old school. We now come to a peculiar point, here it is:

Hahnemann taught when an insoluble substance was raised to the third potency in sugar of milk, to make the fourth potency alcohol might be used, as the drug becomes soluble at this dilution. Such chemistry! This would resurrect the alchemist of the dark ages and bring out of him a groan of enviousness.

It seems to us that we have heard something like this from sources very much nearer than Dr. Cole, who is so vigorously hurling brick-bats. Yes, that is what Hahnemann taught, and that is what homœopathic pharmacists have followed down to within a year (they may all follow it yet, certainly some of them do), and the medicines so produced have made tens of thousands of the most brilliant cures the world ever witnessed, and are making them to-day. Furthermore the chemists of the world no longer positively dispute Hahnemann's claim on this point and the most eminent among them agree with him.

However, let us get on to the end, which is this:

And, gentlemen, when we study the Hahnemann theory of practice from A to Izzard, we are forced to the conclusion that were it not for ignorance and credulity among humanity it would have no following, and were it not a successful pecuniary "fake" it would have no profession.

And we are forced to the conclusion, O, Dr. Cole, that you have never given the subject the least bit of *study* else you would never have written so vulnerable a paper. And are you not aware of the flinty, Thomas Gadgrind, FACT that Homœopathy flourishes in the best educated circles only? That in the "hog and hominy," calomel and quinine circles it is unknown.

The truth is that Homœopathy is higher medical science, and so far in advance of even this day that it may require several generations for the gentlemen of Dr. Cole's persuasion to grow up to it. Then the practice of *therapeutics* will begin to be scientific.

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## SOME OF THE NEWER REMEDIES IN SKIN AFFECTIONS.

M. E. Douglas, M. D., Baltimore, Md.

### *Asclepias Tuberosa.*

Vesicles, pimples and pustules all over the body, especially on arms, legs and face.

Itching of the skin of the thighs and nates without eruption. Hot, feverish, but moist skin.

Concomitant symptoms are:

Pain in the forehead from coughing.

Fluid coryza, with much sneezing.

Dry cough, with constricted sensation in larynx.

Sharp pains shooting from left nipple downward.

Sharp cutting pain behind the sternum, aggravated by drawing a long breath or moving the arms, by singing or loud speaking.

*Feeling as if a stream of fire passed through the abdomen, and as if the bowels would come out.*

### *Sumbul.*

Itching in the skin; miliary spots on back, which provokes scratching till they bleed.

Skin dry, as if washed in acid water. Cold and dry, white shrunken skin.

Tenacious yellow mucus in the nose and throat.

Abdomen full, distended and painful.

Urine clear, yellowish-red, cloud in the bottom, and an *oily pellicle on the surface.* (*Puls., Sulph., Petrol.*)

Tendency to faint from the slightest cause.

### *Bi-Sulphide of Carbon.*

The following conditions have been cured with this drug:

Herpes phlyctænodes covering dorsal surface of the hand; vesicles appearing on a red, inflamed and swollen basis; partly

close together, but mostly separated from each other. They contain an opaque, yellowish fluid, which is discharged, and forms thick, yellowish scabs; sometimes the discharge excoriates the surrounding parts and produces violent itching.

A tetter-like eruption on the left cheek, for more than two years, produced through scratching with the finger-nails; spreads, and is covered with yellowish-brown scabs, disfiguring the face; almost unbearable on account of continued itching.

Itching on both thighs, right side of the back to the region of the kidneys, and on the right forearm, which necessitates scratching. On inspection, small, colorless pimples are seen, which, on scratching, are more irritated, and through the friction they redden, get points, and finally form an itch-like eruption.

The report of the above three cases forms a tolerably correct picture of the eruption of *Bi-Sulphide of Carbon*.

The more important concomitant symptoms are:

Jerking, stitching, tearing, flying pains in the lower extremities, returning at regular intervals for a long time.

Continual backache and pain in the loins.

Constrictive, stitching, pressing pains in the chest.

Violent stitches and contractive pain in the left ear at night.

In the mornings after shaving a red eruption on the cheeks and nose similar to the eruptions on the noses of hard drinkers, looking like tetter, and lasting till night.

Eruption makes its appearance after drinking a glass of beer.

Frequent attacks of vertigo when sitting.

#### Papaya.

Excessive itching all over the body.

Itching of forearms and anterior portion of thighs, becoming excessive and distressing, attended with slight diffused redness, especially of the forearms.

Numerous elevated red sore points, like acne, on thighs.

Pimples on face and body.

Eruption in groins, in bends of knees and right elbow, extending along the flexor surface; also on right forearm and abdomen.

Numerous distinct and well defined small red elevations, itching violently, worse in evening and when getting warm in bed; scratching relieves.

Persistent itching behind left ear.

Itching on mons veneris.



Scratching develops an eruption like nettle-rash.

Itching of right ankle on going to bed.

Itching eruption over right eye.

More itching of scalp, but less dandruff than usual.

Aggravation: Getting warm in bed.

Amelioration: From rubbing and scratching.

This remedy will be frequently called for in affections of the skin, and when indicated gives prompt and permanent relief. It has been about two years since my attention was first called to the drug, and I have used it comparatively often since and with remarkably good results.

For pimples on face and body dependent, or kept up by gastric disturbance, it is an important drug to bear in mind. Diminished appetite in the morning and eructations of tasteless gas usually accompany the eruption when *Papaya* is indicated.

#### Sanicula.

The provings of this drug show it to be one of our most important remedies in affections of the skin. It will not, of course, take the place of *Calcarea*, *Natrum mur.*, *Silicea*, etc., but as many cases will be met with that have symptoms of all these last named drugs and the physician is unable to decide which one of them to use. If he will turn to the symptomatology of *Sanicula* he will be surprised often to find how completely *Sanic.* fills the picture and how quickly it will cure his patient.

The following are the principal skin symptoms:

Great accumulation of dandruff on top of head, with itching on getting head warm.

Child sweats profusely about the back of head and neck during sleep.

Hair thin, scanty, dry and lustreless; seems electrified, making a cracking sound when combed.

Soreness behind ears with discharge of white, gluey, sticky discharge.

Itching eruptions in beard, especially under the chin; worse when warm.

Eruption on chest over the ensiform appendix, size of a silver quarter, with intense itching.

Profuse sweat in axilla. Excoriation in axilla.

Hands swollen and stiff on awaking in morning.

Eruption on hands of small vesicles exuding a watery, sticky fluid.

Cracks on hands exuding blood and watery fluid and forming crusts.

On putting hands together they sweat until it drops from them.

Reddish pimples on thighs (inside) with itching, particularly the left; worse on undressing at night.

Burning of feet, especially soles; wants to put them in cool place, in water or uncover them.

Cold, clammy feet. Sweat between toes, making them sore, with foul odor.

Sweat on soles as though he had stepped in cold water.

Skin dry and flabby. Itching agg. by scratching. Skin covered with fine rash all over.

Soreness and burning of eruptions after scratching.

Child looks old, dirty, greasy and brownish.

#### **Rhus Venenata.**

Large fissures on the ends of the fingers, that bleed easily.

Fine vesicular eruptions on the forearms, wrists, back of the hands, between and on the fingers, scrotum and ankles.

Large watery vesicles on the ankles.

Upper lip and ears much swollen, covered with vesicles.

Boils on the forehead, neck and arms, and right thigh.

Itching at night on the back, but in the daytime on the face, neck and hands.

Vesicular inflammation of the ears, exuding a yellow, watery serum.

Face very red, swollen, and covered with vesicles, itching and burning.

Scrotum much swollen, deep red color, covered with vesicles.

Great swelling of the head, face and hands, with sharp, irritating fever.

Eyes closed from the great swelling of the cellular tissue around them.

Vesicles on the under side of the tongue with a scalded feeling.

Case:

Miss H., age 22. For three years has had every winter an eruption of minute vesicles on the back of the hands and fingers, and between the fingers, and extending half way up to the elbow, that itch excessively in the daytime, but does not seem to trouble her much at night.

On the fingers, palmar surface, are several fissures that bleed easily.

There is no eruption on any other portion of the body, and her hands are better during warm weather.

She has towards night dizzy spells. Tongue feels as if scalded.

No other symptoms were to be obtained and I gave her, Dec 12th, *Rhus venenata*. By the 1st of February the eruption was all gone, and her hand smooth for the first time in three years.

#### **Stillingia Sylvatica.**

Excessive itching of the skin below the knees upon exposure to the atmosphere or cold, but no eruption; relieved by warmth or covering.

Some months ago a gentleman consulted me for the following symptom:

After bathing severe itching all over the body; no eruption, but excessive itching. He had tried various lotions and soaps, all to no effect.

I gave him a few powders of *Stillingia*, with the result of entirely relieving him of the disagreeable sensation.

One swallow does not make a summer, neither does the cure of one case make a remedy certain; but it is a hint to be followed out, and as such I give it you.

#### **Priosteum Perfoliatum.**

Vesicular eruption on the forehead, over left eye, middle of the chest and on the right arm.

Violent itching eruption of the skin.

Urticaria from gastric derangement.

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## **INTERMITTENT FEVER HOMŒOPATHICALLY TREATED.**

By A. W. K. Choudhury, Calcutta, India.

### **1. Ammon. Mur. case.**

A Mohammedan, aged about 18 years, was getting *Rhus tox.* for an attack of intermittent fever. The first dose, which was given on the 18th. Oct., 1898, produced that desired good effect which often follows my first dose in treating intermittent fevers; I gave him another dose as usual; no more fever. For some

unknown cause he again became feverish. I gave him two doses more of *Rhus tox.*, but with no good effect, when I was compelled to change the medicine. I gave him placebo for two days, and then the following day he was given *Ammon. mur.* His symptoms were as follows: Pulse, small and quick; heat of chest and abdomen, head and face, with cold greasy *perspiration of soles of feet and hands* and cold ears. *Increase of heat at about sunset with chill with no thirst, perspiration of soles of feet and palms of hands. During heat no thirst.* Heat well developed on chest and abdomen. Bowels opened. The following evening the patient had a severe paroxysm with shaking chill, *with no thirst*, but with frequent micturition; chill continued till 2 A. M.; then followed *heat without thirst* and with no micturition; then there was sweat greasy all over body *with no thirst*. Chill predominant and long-lasting. Apyrexia before next morning. Pain under percussion on epigastrium and right hypochondrium. Inflation of abdomen less.

Was given placebo. This was followed by no paroxysm of fever at all, daily two stools and disappearance of pain under percussion on epigastrium and right hypochondrium.

Here you see again one dose and recovery in treating a case of intermittent fever.

*Remark.* *Ammon. mur.* may have *no thirst* in its intermittent fever, as we see in our present case, and in Bönninghausen's *Homœopathic Therapia of Intermittent and Other Fevers*; but Dr. H. C. Allen fails to teach us that. Again we see Dr. Hahnemann's *Chronic Diseases* and find a thirstless fever of *Ammon. mur.* (See the work, S. 382 of *Ammon. mur.*). We should remark especially the frequent micturition of the patient during chill after using the dose.

## 2. Another *Ammon. Mur.* case.

Patient, named Jatan Ali, Mahommedan, a school student, aged about 16 years, came for treatment the 16th of October, 1898, when he had been suffering three days from the fever, with the following symptoms:

Type: Quotidian.

Time: Morning; 4.30 A. M. (about).

Prodrome: Burning of eyes; *no thirst*.

Chill: Slight, *no thirst*, alternating with heat which compels to uncover, which makes him again chilly; duration about the same as that of the heat.

Heat: No separate heat.

Sweat: On *soles of feet* and *palms of hands*; very slight, the parts seem moistened; *no thirst*.

Pyrexia: Remission after about two hours; incomplete.

Bowels open daily once, stool soft but scanty, and with bad smell; bad smell of mouth; taste in mouth insipid; appetite good; sleep good; urine reddish, with no burning in passing water; urging but insufficient stool.

Slept with windows open for nights, and then the present state of health commenced. Slight enlargement of spleen. Pain under pressure on right hypochondrium and epigastrium. Tongue clean.

He was given a dose of *Ammon. mur.* 6.

The next morning he had the fever, but of less severity and shorter duration, with chill alternating with heat compelling him to uncover; had no separate heat; sweat only of soles of feet; no thirst all along the course. No fever when he was again seen; one scanty but better stool passed that morning; stool with bad smell; bad smell of mouth continuing in the same state; no change of other symptoms followed the first dose, but coughed much with no expectoration.

Another dose of *Ammon. mur.*

No paroxysm of fever after the second dose, but as usual gave one dose more.

A few days more with placebo and case was cured.

*Remark.* Something new to note in this case; the fever stopped after the second dose. When he discontinued treatment, he had no fever but pain under pressure on epigastrium and right hypochondrium and enlarged state of spleen continuing.

In this case, too, there was *no thirst* during the whole course of the paroxysm. In this case there was *no intermediate heat* between chill and sweat; and *sweat* was on the *palms of hands* and *soles of feet*. These indicated the medicine.

### 3. Bovista in Intermittent Fever.

Case No. 329 of my Case-Book No. IX.

A Mohammedan of 14 years came to my dispensary for treatment September 24, 1898. He had been suffering from the fever since two years back, when he first came to dispensary. During this long two-year period the fever had not been all along continuous; now there was fever for some days, and now there was no fever. Present relapse has been since day before yesterday.

Accession-time, after evening; type, quotidian; stretching before chill; chill, slight, with *no thirst*, goose-skin; slight sweat on forehead, the sweat disappearing on uncovering; no heat followed; and no separate sweat; apyrexia, incomplete. Bowels irregular, having alternate diarrhœa and constipation; thread-worms with diarrhœa. Sleep after chill with no heat; spitting of saliva in the morning; urine colored reddish; conjunctiva, icteric; enlarged spleen and liver; tongue yellowish white posteriorly and slimy; insipid taste in mouth.

Treatment: *Bovista* (trit).. about a grain a dose, one dose given to be taken immediately.

Diet: *Khoi* and sugar candy.

Bathing stopped.

Next day when he came to dispensary he said he had no fever after the dose of medicine; had no fever when he came to dispensary; passed no stool; tongue improving. Four doses more of the medicine were given.

He reappeared on the 5th of the next month and reported as follows: No more fever; bathing daily, once; appetite good; sleep good; daily two stools; stools changing; tongue slightly yellowish; spleen somewhat reddened; less pain under pressure on right hypochondrium and epigastrium. Icteric hue of eyes less marked than before.

He was given no more medicine but placebo, and he recovered satisfactorily.

*Remarks:* Here is another *Bovista* case of intermittent fever with chill only, and no thirst. Here we may again remark the enviably satisfactory result of a well-selected Homœopathic medicine in the treatment of intermittent fever. *Bovista* cured here the fever, made the bowels regular, and caused the liver and spleen complaints to disappear. This was a fever of two years' standing.

#### 4. *Ignatia* in Intermittent Fever.

Case No. 384 of my Case Book No. IX.

A distant relation of mine came under treatment 2d November, 1898. Type, quotidian; accession-time 4 P. M., nothing mentioned as prodromal symptoms; chill, severe, shaking, *thirst*, aching of legs; unconsciousness; heat *with no thirst*, shorter than chill; sweat during sleep.

She was ill since six days when she came under treatment, and in that period she had no stool; appetite was dull; sleep good; taste

in mouth insipid; spitting of saliva; had an attack of intermittent fever but used no medicine.

Was given *Ign.* 6, one dose, and ordered *Khoi* and milk for diet.

No fever that day. The next day she was given another dose and had aggravation oftener with chill, with thirst and then heat without thirst. Given placebo the third day of her treatment, and she had no fever. She continued under placebo for two days more and recovered.

*Remark:* The *thirst* of the patient (in chill, and wanting in heat) made me select *Ign.* There are other medicines with this peculiarity of thirst-symptom, but *Ign.* is well known among them. The *time of accession*, *sleep with sweat* and the *shaking character of the chill* all corroborated the selection. You see the first dose stopping the paroxysm, the appearance of the fever after the second dose being an aggravation of the medicinal effect, as the fever appeared no more on discontinuing the medicine.

#### 5. A Case Treated With *Nux Vom.*, Stopping the Paroxysm With the First Dose.

Patient, named Fazor Sirdan, aged about 32 years, an opium-eater, came to my dispensary February 1, 1899, for treatment of intermittent fever of seven days' duration, with the following characters of the case:

Type: Quotidian.

Time: 5 A. M.

Prod.: Yawning, stretching.

Chill: Shaking; no thirst; goose-skin; body cold; headache; aching of joints of limbs; duration about two hours; cannot get warm under cover.

Heat: No heat.

Sweat: Copious under cover at about 2 A. M.; no thirst; slight chill after sweat.

Apyrexia: Complete.

Bowels open, stool hard and scanty; thread worms: urine reddish, with no burning during micturition; bad smell of mouth; appetite not good; sleep not good.

Given *Nux vom.* 6, one dose. Milk and rice were given for diet. Bathing stopped.

No fever after this dose, though another dose was given to him.

*Remark:* Thus we see every day the first dose stops the next paroxysm.

This is a peculiar case commencing with sweat, and then comes the chill with accession at about 5 A. M. having a good medicine in *Nux vom.*\*

### 6. Another Bovista Case.

Before I describe the case let me speak something about intermittent fevers. Intermittent fevers may be of various sizes and shapes, cuts and colors. The intermittent fevers may appear very like a remittent one; it may have all the stages fully developed, may have its stages alternating, mixed and intermingled; one or two of the stages absent; there may be thirst or the fever may be a thirstless one; may be returning the second, third, fourth, seventh or fifteenth day; may be returning monthly or yearly.

We generally see in our practice patients suffering chronically from an ailment consisting of *heat only*, having no chill nor sweat. These are not pure and original fevers; these are results of previous maltreatment of the original fevers. I may say these are the productions of maltreatment. The heat has some certain fixed time for aggravation. In the like manner there are cases with paroxysms of *sweat only*, but these are very rare. Cases with *chill only* occupy the middle position more frequently met with than the *sweat only* cases.

To treat cases with *chill only* we can remember two prominent medicines, *Aranea diadema* and *Bovista*. *Bovista* may have or may not have thirst with the chill.

Our patient, a Mahomedan adult, named Didár Bukht, had been under treatment for gonorrhœa, urinary fistula of penis, fistula in ano and ulcers on both groins, sequence after bubo operations. He was improving all very satisfactorily, when all on a sudden had one night pollution about the beginning of November, 1898. The following day he had *chill only* with no heat (some heat of head along with chill). No sweat and no prodromal symptoms. Had *no thirst* during the chill. Chill was shaking, with amelioration in the open air and aggravation in warm room. The aggravation in warm room and amelioration in open air reminded us of *Puls*. I did not venture to use

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\*The reader should note especially that the case (a well-indicated *Nux vom.* case) had no thirst.—A. W. K. C.



*Puls.* in the case, as I did not remember *Puls.* having *chill only*. In our patient the chill was an evening one. The patient had been getting no medicine for two or three days back.

I gave him *Bovista* 3 (trit.), one dose.

After this dose no more chill; but one thing to note is that he had burning of eyes of tertian type every other afternoon. *Bovista* was given the 4th November, 1898. The following day, the 5th inst., he had burning of eyes afternoon; no such thing the 6th inst., but afternoon of the 7th inst. Received no more *Bovista*. On the 8th inst., morning, just after sunrise, the patient had nose-bleed from right nostril, blood fluid and deep red with no premonitory symptoms, no headache or heaviness of head.

Dr. H. C. Allen gives no type of *Bovista*. In our case the aggravation of *Bovista* produced a feverishness (burning of eyes) of a tertian type.

#### 7. Capsicum case.

Patient, a relation of mine, was under treatment for enlarged liver and spleen with slight feverishness about the middle of July, 1898, and was almost restored to health under *China* 30, when all of a sudden got ill owing to some irregularity of diet and exposure to a wetting. The symptoms and history of the case were as follows:

Type: Tertian.

Time: Evening (first paroxysm), between 7 and 8 A. M. (second paroxysm), last part of last night (last paroxysm).

Prodrome: *Thirst some hours before chill.*

*Chill:* With heat, *with thirst*, with sweat, *headache, aching of legs.*

Heat: *With sweat, without thirst, sleep.*

Sweat: No separate sweat.

Apyrexia: Not clear.

With *painful enlargement of spleen; face red, cries for aching of head and limbs.* Was given *Capsicum* 200, one dose.

The following night there was full remission before it was 12 o'clock. The next day (28th July, 1898) she was given other dose. No paroxysm followed the second dose, yet another dose of the medicine was given. Placebo followed medicine for a few days more. There was no fever, but enlarged spleen and pain under pressure on right hypochondrium and epigastrium when she discontinued treatment.

*Remark:* It was the prodromal thirst that made me remember the medicine. The *italicized* symptoms confirmed the indication.

Here is another case that had required two doses of a medicine before there was disappearance of fever.

#### 8. Natrum Mur. case.

A Hindoo boy of 5 years was brought to my dispensary Nov. 11, 1898, to be treated for intermittent fever of three months' standing. His case was as follows:

Type: Tertian.

Time: 8, 9, 10 A. M.

Prodromata: Yawning, stretching, thirst, coldness of feet and hands.

Chill: Shaking, thirst, sleep, headache; body hot.

Heat: Severe, wishing for fanning which does not relieve; no thirst, headache; no sleep.

Sweat: Slight, greasy, headache, no thirst.

Apyrexia: Complete.

Bowels open irregularly, no stool yesterday, no stool to day; urine not colored; remission since about three or four hours after accession; increase of urination at night, passes water three or four times at night; some nights involuntary urination; slight enlargement of spleen and liver with pain under percussion on right hypochondrium and epigastrium; tongue clean anteriorly but yellowish posteriorly.

Treatment: *Nat. m.* 30.

Diet: *K'hoi* and milk. Bathing not allowed.

This first dose was followed by no paroxysm. Another dose, as usual with me, was given with no change of diet and bathing. No more medicine was required, notwithstanding the patient got a relapse, for indiscretion in diet, on the 16th inst. He continued under placebo till the 19th inst.

*Result:* Recovery.

*Remark:* This is noteworthy that during convalescence after intermittent fever under homœopathic treatment a slight disturbance of the convalescence by a relapse for irregularities of diet, etc., may be put aright without administering any further medicine with restriction of diet. This is one of the *Sulph.* cases. This case had a relapse for irregularities of diet, and no medicine was given, yet he improved and recovered.

*Thirst in the prodromata and thirst in chill; severe headache in*

*chill; thirst wanting in heat; sleep or unconsciousness in chill, thirstlessness in heat and the accession-time all indicated Nat. m.*

9. No More Paroxysms After the First Dose in a Case of Intermittent Fever Treated With Pulsatilla.

Patient. Writer himself.

Disease. Intermittent fever, since about a week.

Date of commencement of treatment: 30, 1, '99.

Type: Double tertian.

Prodromata: Coldness of hands and feet, especially the left hand and left foot; yawning and aching of limbs.

Chill: Without thirst, shorter than heat; aggravation by movement; hands and feet cold; sleep; chilly all the day.

Heat: Without thirst, burning heat of feet and hands and body. Sleep.

Sweat. No sweat.

Apyrexia. Incomplete.

Bowels open, drowsiness, caused after irregularity of meals; insipid taste in mouth; salivation increased; slight pain in deglutition; nausea rarely.

Took *Puls.* and no more paroxysms. Took another dose as usual and recovery followed. Taken a dose of *Sulph.* 30 (a globule) to complete the cure.

*Result:* Recovery.

*Remark:* We read in authorities that *Puls.* has no thirst in intermittent fevers where there is no heat perceptible to touch; but in my case there was heat perceptible and no thirst and yet *Puls.* did good work here. One may be placed in a great difficulty to select between *Puls.* and *Sulph.* in the treatment of intermittent fevers having *no thirst* with or without *prodromal thirst*, and *burning of hands*. In such cases *casual dietetic irregularities* and *drowsiness* may well indicate *Puls.* In some other cases there is difficulty to select between *Puls.* and *Ipec.* In *Ipec.* cases of intermittent fever *nausea* is more prominent and constant than in *Puls.* cases; both of them may have dietetic irregularities as their cause. A *clean tongue* may indicate *Ipec.*, though *Ipec.* tongue may be yellow or white; *Puls.* has *amelioration in the open air*, whereas *Ipec.* has no such thing; and *Puls.* (as we see in *Sulph.* cases) has *burning hands which seek out cool places*, whereas *Ipec.* has no such a symptom; on the contrary, you may see cold hands and feet or one hand cold and one hand

hot in the hot stage of the fever of *Ipec.* cases. Both *Ipec.* and *Puls.* may have no thirst. Practically it is almost next to impossible to differentiate them by their accession-time.

*Ipecac*—"Short chills; long fever; cold hands and feet, —."

*Pulsatilla*—"Long chill, short heat, —."

Previous *quinine* drugging may indicate both.

Right sided heat may invite you to recollect *Puls.*

The above, collected from my case-book, are among the many satisfactory cases of intermittent fevers treated homœopathically.

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### SOUTHERN HOMŒOPATHIC MEDICAL ASSO- CIATION.

Editor of the HOMŒOPATHIC RECORDER.

The Southern Homœopathic Medical Association will hold its next meeting at Asheville, N. C., about the latter part of October.

This promises to be, and should be, one of the most successful meetings in its history. It should be for the reason that North Carolina has never been so favored, and the cause of Homœopathy in this State is in need of stimulation. Not that its representatives are lacking in quality, but in numbers.

A few of the faithful have passed the old school examinations and are now contending with the widespread prejudice that exists against our school.

It will require years of patient perseverance, arduous labor, successful practice, and more or less preaching with possibly a little prayer now and then for more light.

We need the great influence of a large gathering of our representative colleagues within the borders of this State, and there is no town in the State where that influence will be more effective than in Asheville.

This is the most celebrated town in the State and one of the most widely known health and pleasure resorts in the world.

The home either temporary or permanent of several celebrities, and many people of wealth and prominence.

Asheville has been visited by hundreds of thousands of tourists and invalids, and from thirty to sixty thousand arrive here annually.

The health seekers come at all times, especially those suffering with pulmonary diseases. And though they come with the

picture of woe stamped upon their countenances and well nigh hopeless, hundreds of them recover from the ravages of phthisis.

When this formidable disease lays hold of an individual he soon realizes that he is in the grasp of a monster. We have all had colds with cough, fever and aching pains through the chest, but we never gave our condition much concern; but when phthisis becomes established in the lungs the individual instinctively knows that there is something more intense in its persistence and he is more or less alarmed. And then how futile drugs appear to him, and he flies from one "cure" to another "cure" and soon becomes discouraged over the sterility of them all.

Then it is that climate occurs to him, or to his physician, and if the disease has not progressed too far while his doctor has been losing valuable weeks and months waiting for the bacilli to crawl under his microscope, and if he is directed to a *proper* climate he still has a bright prospect of renewed health and prolonged life.

Asheville is such a well-known resort for consumptives that it is hardly necessary for me to go into details about the virtues of this climate. That thousands have been restored to health many of whom had entered the stage of softening of lungs is a fact.

I remember well the time when I was hurrying here to endeavor to check a well-established tuberculosis of my right lung, I was in doubt whether true cases of phthisis really were cured by this climate or only temporarily alleviated. I stopped over a day in Knoxville and inquired of two physicians there, and also of the proprietor of the hotel at which I stopped, if they had known of any genuine cases that had been arrested by a residence in Asheville. I was told by them that they had known of several such cases. I took heart from that cheering information and have since witnessed it repeated in many instances.

The famous Battery Park hotel has been selected as headquarters for the meeting, and located upon the highest eminence in the city, it affords an extensive and magnificent view over all parts of the town and for miles away to the Smoky mountains.

An opportunity to visit the mansion and estate of Mr. Vanderbilt will in all probability be one of the pleasant features of entertainment extended to the visiting physicians.

The writer of these lines being the local representative of the homœopathic school, will have charge of all arrangements for the meeting at this end of the line, and will gladly furnish any

desired information, and heartily wishes for a large attendance and an enthusiastic programme.

T. E. LINN, M. D.

*Asheville, N. C.*

### A FEW MINUTES WITH THE EDITORS.

For us, as disciples of the great Hahnemann, there is no excuse if we fall into the cardinal error of treating the disease rather than the patient.—*Monthly Homœopathic Review*.

A fully developed woman, with suggestive breadth of beam, pawing away like mad at the pedals, in more or less awkward fashion, is about as ungainly a fowl as one could imagine.—*Clinical Reporter*.

No one cares to listen to text book papers. The text book can usually be read with greater ease than can a doctor sit on a hard bench and listen to a long harangue largely copied from an indifferent text book.—*Medical Arena*.

Our colleges, \* \* \* they are homœopathic colleges, and unless they are intended to teach Homœopathy they are superfluous; unless they do it they are frauds.—*Hahnemannian Monthly*.

If every man who thinks he is alive was to be believed, it would unsettle the foundations of modern society and commerce.—*L. A. W. Bulletin*.

A malignant Fate, taking advantage of my incipient plasticity, projected me into the altruistic chute. As a consequence I have spent my worthless life in doing good—as they call it—to others; and harm to myself and dependents. I realize now, when it is too late, that I am a damned ass without recourse, and that some beefy egotist ought to come along and kick the eternal cholera morbus out of me.—*C., Medical Gleaner*.

No one could say that the old-age poverty problem (in England) was due to the drinking habits of the working classes, for the evidence was directly contrary.—*Health*.

The fact that there is such a general belief in the contagion of tuberculosis among the laity is to be lamented, yet the profession is to blame for writing great bugaboo articles on the con-

tagion of this dread malady. It seems that some doctors use their very utmost powers to try and make believe that consumption is a contagious disease, and that the consumptive should be shunned to the extent of isolation from all friends and loved ones. These men do not believe one half they say and are very foolish for publishing theories that do not bear the light of reason.—*N. Am. Med. Review.*

In fact, the absurdity of the whole force of Examining Boards only comes in view when men of twenty odd years of successful practice desire to change a location, a few miles from one state to another, and where \$50 to \$75 expense is involved in traveling, etc., with a probability (if you are not a favorite of some member of the board, or if some underhanded competitor poisons by letters the minds of the board) that you will be rejected and stopped from practice.—*Medical Summary.*

But really we are as slow as the ancients. We of this generation only discovered the surgical uses of cocaine fifteen or twenty years ago, and, worse than this, it was only a few weeks ago that we commenced to use n methylbenzoyltetramethyl yoxypiperidincarbonicacidmethylester and benzoylvinybiacetonealkamine (both of coal tar pedigree) in major surgical operations.—*Pharmaceutical Era.*

The very gravestones of each observer who falls by the way will serve his successors as a plummet-stone from which to seek the level and unflinching point the way.—*Bulletin Cleveland General Hospital.*

When are our friends the allopaths going to learn whether they may or may not meet a homœopath in consultation? They seem to be perpetually asking the question, and for all the answers they get they never seem to know —*Homœopathic World.*

The spirit of commercialism carried to its ultimate depravity warrants a man in making a dollar by any and every means at his command and to the careful investigator many so-called drug stores seem to be run on this abominable principle.—*Journal of Medicine and Science.*

It is given to few medical men to be able to diagnose railway diseases by auscultation and percussion of metal columns. Indeed, New York has many reasons to be proud of its unique health board.—*Medical Record.*

The day for genius has passed with the ignorance of past ages.

The hard-working, intelligent plodder, whose temperament is balanced, is the man of the hour.—*Charlotte Medical Journal.*

The reason for the harmony was because there were not enough members present to create a disturbance or even to produce a little excitement, if any had been wanted.—*Pacific Coast Medical Journal.*

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## WRONG STATEMENTS CORRECTED.

By A. M. Cushing, M. D., Springfield, Mass.

MESSRS. BOERICKE & TAFEL: Some one has sent me a circular recommending "The Newer Remedies," written by one Dr. W. B. McCoy, from somewhere, making statements, to say the least, one entirely *incorrect*. He says: "It is with the greatest pleasure I greet my brother, M. D's., with a remedy, with the assurance that after seventeen years of practical tests I am able to give a clinical report that will stand away above par in behalf of Mullein Oil as a *standard remedy*." "It is a king." He also says: "To a Western Homœopathic Pharmacy Co. is due the credit of placing the first genuine Mullein Oil before the profession." Also, "it will cure nearly every case of nocturnal enuresis." If he has had such success with the remedy, why has he not told us of it before? If the Pharmacy Co. has had it twenty or twenty-five years, why have they not advertised it before? The facts are these: More than sixty years ago my father made it in the only true way by exposing the blossoms in a tight stoppered bottle to the sun's rays till a fluid called "Mullein Oil" is extracted, and to my certain knowledge it has been made in that way, and only in that way, except by now and then an imitator pharmacist who had rather jump at conclusions than try to learn the truth. Thirty years ago, at a meeting of the Massachusetts Homœopathic Medical Society, I gave an account of its use in deafness, etc., and *how to make it*. It was reported in the Boston papers and I was the recipient of many letters from various parts of the country in regard to it. Perhaps the Western parties who now claim its parentage secured some back number of the Boston papers. Twenty-eight years ago I made a proving of it upon myself, producing that symptom that it so readily cures, involuntary urination, and reported the proving and cures to the above named society. Later you wrote me asking how to make it, and I gave you the



correct method, and you soon placed the *genuine article* on the market and have continued to do so, denouncing the "Olive Oil" kind. I make no claim to the discovery, as the formula was given to my father by a blind tramp more than sixty years ago for kindness received; my father being very deaf at the time from falling into the water. I do claim that I was the first to introduce it to the profession. I was the first, and I think the only one, to make a proving of it, producing symptoms that it readily cures, and that your firm was the first to introduce it in any quantity, although Otis Clapp, of Boston, had it for sale about the same time, but in small quantities. I should not wonder that if in a few years some enterprising young man or company should discover virtues of the *Homarus* or *Phaseolus nana*.

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## THE BICYCLE AND ELECTRICITY.

By F. W. Bentley, M. D.

I wonder if it ever occurred to the thousands of bicycle riders that any of the glow, refreshment, and exhilaration following a brisk ride were due to other than exercise in the open air? I have, and sought to discover why. My attention was first called to the subject by a patient of an exceedingly nervous temperament, and subject to nervous headaches; he asked me why, if when he had one of these severe headaches he got onto his wheel and took a brisk ride of four or five miles his headache disappeared, and he had the same exhilaration as after taking a treatment of static electricity, which has the same effect on his headaches. (He has verified this time and time again).

I have tried same experiment on other patients, but never with such marked results, but always with appreciable benefits.

It is an easily demonstrated fact that a great many can by briskly walking across the carpet light the gas with their fingers, and do other things of a similar nature, and I think it is generally conceded that in all our bodily exertions we develop a certain amount of electricity, that amount depending largely on the condition of the body and the extent of exertion; now in walking or standing this electricity passes off and is lost to the earth, but on a bicycle it is different; then none of the electricity escapes, we being perfectly insulated, the rubber tires being one of the best non-conductors known.

Now what becomes of the electricity generated by our exertions? It can not pass from the wheel and escape to the earth, why not then re-enter the body? a metabolic force direct from nature's laboratory stimulating and invigorating the weakened and depleted tissues? I would submit this as a possible explanation of the benefits to be derived from the judicious use of the wheel, other than that derived from exercise in open air.

I should like the opinion of others on this subject.

*North Tonawanda, N. Y.*

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### ANTITOXIN AND DIPHTHERIA.

In the Medical Record for May 27th, Dr. J. Edward Herman has a very calm and dispassionate paper on the treatment of diphtheria with antitoxin. The friends of this treatment, and the manufacturers of the antitoxin, have laid especial stress upon the lower death rate prevailing at present in diphtheria when compared with that of a few years ago, but Dr. Herman very conclusively demonstrates that this is true to a still greater extent in other diseases for which no scientific cure has been advertised. Take typhoid in the German cities, in which the diphtheria death rate has declined 59 per cent. since the introduction of the serum, and the case stands thus in deaths per 100,000 from the two diseases:

	1877-94.	1895-98.	Decline.
Typhoid	29	10	65 per cent.
Diphtheria	106	44	59 " "

In scarlet fever in the same cities the decline has been in the ratio of 30 for scarlet fever to 20 in diphtheria. The same decline seems to run through all other diseases of this nature, and diphtheria so far from being marked in this direction rather lags in the rear—retarded, probably by the very procedure that is said to have so largely lowered the death rate. The real cause of this decline in mortality is due to the superior sanitation now enforced.

In the olden time, as Dr. Herman points out, when a case was diagnosed diphtheria it was done so from clinical observations and the case was genuine, and very dangerous even as such cases are today. But now the official who never sees the patient diagnoses the case. If he discovers in the swabbing what he is pleased to determine "Klebs-Lœffler bacillus" it is a case of

diphtheria, otherwise it is not. Allen, *Archives of Pediatrics*, while treating a case of diphtheria, sent swabbings of all the throats in the house, and all came back diagnosed by the officials as diphtheria, although, clinically, there was only one case in the house then or afterwards.

From the testimony freely adduced, it looks like the "Klebs-Lœffler bacillus" was a harmless but gay deceiver.

The following suggestive bit we quote from Dr. Herman:

"The following table gives the morality rate in some cities during antitoxin years, contrasted with the rate which prevailed in the same cities during a corresponding number of years before antitoxin came into use:"

DEATHS PER 10,000 POPULATION.

WITH ANTITOXIN.				WITHOUT ANTITOXIN.			
Baltimore . . .	2 years.	1896-67	6.4	Baltimore . . .	2 years.	1888-89	5.3
Boston . . . .	2 "	1896-97	9.8	Boston . . . .	2 "	1891-92	8.2
London . . . .	2 "	1896-97	5.7	London . . . .	2 "	1886-87	2.4
St. Louis . . .	3 "	1895-97	7.5	St. Louis . . .	3 "	1890-92	5.9
Philadelphia	4 "	1895-98	11.0	Philadelphia	4 "	1887-90	5.6

The following table gives the same comparison in foreign cities:

ANTITOXIN TIMES.			BEFORE ANTITOXIN TIMES.		
	Per Year.	Deaths		Per Year.	Deaths
Trieste . . . . .	1895	271	Trieste . . . . .	1888-90	100
London . . . . .	1895-97	2,533	London . . . . .	1886-95	2,047
Brooklyn . . . . .	1895-98	1,126	Brooklyn . . . . .	1882-85	486
St. Petersburg . . . . .	1895-97	1,276	St. Petersburg . . . . .	1892-94	579

"The deaths from diphtheria in St. Petersburg numbered 333 in 1892 and 377 in 1893. In 1896 the number of deaths from this disease was 1,118, and in 1897 1,905. Yet, in the summer of 1897, despite these disappointing figures, Baginsky, with assurance unwarranted even by his own experience, told an American physician that he had no more dread of diphtheria since he was using antitoxin than he would have had years ago of 'any simple ordinary constipation.'"

In summing up Dr. Hermann says:

"Diphtheria exerts its harmful effects especially through sepsis, paralysis of the heart and other organs, impairment of the function of the kidneys, and the mechanical presence of an ab-

normal formation known as the false membrane. On none of these does antitoxin act beneficially. It is not asserted that it neutralizes the toxin already in the system, but only that it prevents the production of more toxin after the antitoxin has been injected. On the other hand, it has been demonstrated that antitoxin acts injuriously by causing paralysis of the heart and other portions of the body, on the kidneys, on the skin and the joints, and that it causes septic pneumonia, etc."

"It has no effect whatever on septic diphtheria. Winters has declared 'in not a single septic case has the antitoxin made the least impression.' Chapin says the 'so-called septic type is usually followed to a fatal termination by a persistent and powerfully depressant action upon the heart.' All the septic cases included in the first report by Baginsky were fatal."

"Concerning the effect of antitoxin on the heart Baginsky reported: 'Heart symptoms, certainly systolic murmurs, were more frequent.' He admits that some die of heart failure, even when treatment is begun early. Korte speaks of 40 early-treated cases, of which 19 were fatal by heart paralysis. A few years ago a member reported to the Brooklyn Pathological Society that he had lost from heart failure a case of diphtheria treated without antitoxin. When a second child in this family developed the disease, the physician at once commenced antitoxin treatment. While the second patient was convalescing, a third child in the same family became sick and was also treated with antitoxin. Both the second and the third child eventually died of paralysis of the heart. Is any comment necessary? Berlin says post-diphtheritic paralysis is without doubt more frequent. Goodall finds that in the London Metropolitan Asylums Board hospitals diphtheritic paralysis has been rather more frequent since antitoxin has been used. In 1894 paralysis developed in 13.2 per cent. and in 1895 in 23.2 per cent. of cases."

"Of the effect of antitoxin on the kidneys, Bieser 'soon learned that the patients developed acute suppression of the urine after the antitoxin was injected.' In the London hospitals the proportion of albuminuric cases was greater in 1896 than in 1894. Soerensen 'observed more albuminuria, nephritis, toxic anuria, etc., in those treated with serum.' Lennox Browne records 6 deaths from inflammation of the kidneys in 8 cases of diphtheria treated with antitoxin. Benda mentions 39 fatal cases, of which 33 had nephritis. Soltman found

albumin in 72 per cent. after antitoxin which did not show it before injection, and compares this with the record of 24 per cent. in 1894. Ewing showed that antitoxin caused changes in the leucocytes and diminished the number of red corpuscles. Another investigator proved that the injection of plain horse serum is harmful. Chapin injected it into children suffering from marasmus, and all the cases did badly. He then injected the serum into guinea-pigs and a large sheep, and found the kidneys of these animals after the experiment to be the seat of cloudy swelling. Using streptococcic serum on dogs and rabbits, Thomson found that 20 c.c. caused a fall of blood pressure in the kidneys. After the injection of 40 c.c. there was hæmaturia and hæmoglobinuria preceded by albuminuria and followed by suppression of the urine. Small divided doses were followed by albuminuria."

"There is no convincing evidence that antitoxin exerts any influence on the false membrane in causing its early detachment or disappearance, or in preventing it from spreading. Even if it did, it would not signify much, for the membrane is simply the effect of something; it is not the disease. Patients often die after the membrane has disappeared. The diphtheritic lesion is identical anatomically with croupous inflammation due to traumatic and other causes. Back of the formation of the false membrane is that deranged condition of the system permitting the growth of pernicious bacteria, which abnormal state is really the disease. We do not know but what the formation of the false membrane is nature's method of protecting the patient; and until it shuts off the air from the lungs the membrane may serve some useful purpose. Rupp couldn't see any effect on the membrane in his twenty-four antitoxin-healed cases, 'in such a way as to be beyond doubt.'"

"It is a common thing, in cases not treated with antitoxin, for the membrane to begin to fall off after the first day and completely to disappear in three or four days. Rupp needed to visit two cases which were not treated with antitoxin only four days, and one, a croupal case, only three days. The diagnosis in each case was confirmed by bacteriological examination. Bretonneau in his classical work on diphtheria distinctively taught: 'You will remark that at the first day of the appearance \* \* \* a radical cure may be obtained in forty-eight hours.' Yet antitoxin advocates claim everything, because in some cases

treated with antitoxin the false membrane begins to disappear, as they say, early; in two or three days (Wiemer), or three or four days (Baginsky). This also happens earlier and later. In fact, with antitoxin it is often very much later. Chapin speaks of a seven-year-old patient receiving 4,500 units on the third day, with the result that the throat cleared only after six days, and later the membrane partly reformed. Winters saw it remain ten days in two cases, and in another at the end of the twenty-second day it was still present."

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## SOME CAUSES OF DISEASE.

Wm. J. Murphy, M. D.

Ætiology is a science in itself. To understand it is the first step in the cure of the various animal ills. Before we can proceed properly against an epidemic, we must understand the conditions that favor its advance and the causes that permit its appearance.

The history of ætiology is an interesting study. Countless theories have been promulgated only to be afterwards abandoned as they were found upon investigation to be erroneous.

In the works of the early medical writers we can observe various attempts to solve the problem. Among the ancients, disease was supposed to be a punishment inflicted upon those who had incurred the gods' displeasure. For centuries this view was entertained, but with the divorcement of church and science and when the priests could no longer control or prevent investigation, facts were established and delusions were dispelled.

With the disappearance of the ancient alchemist, and the advent of the chemist, a new ætiology was born. The scientific medical world rushed to its embrace, and it was claimed that diseases were caused by the presence of this gas in too liberal a quantity, or by that gas in deficiency. It was claimed that ozone in a free state caused epidemics of disease. Any theory which combined the various chemical elements was favorably received by the "learned" medical profession.

This gaseous theory bloomed for awhile and gradually faded away as investigation sought the truth. Then "science" went further and the germ was discovered to be a cause of disease. What rejoicing! The advent of the germ theory was welcomed

as the deliverance of the medical creed from intellectual bondage, and in a surprisingly short time every disease was due to the presence of a germ—some living and some which had ceased to live. If an animal slipped upon the pavement and broke its leg the micro-coccus, fractuosis radii, or tibiae could be found and isolated in the system.

When I was a student at college, the cause of catarrhal pneumonia was ascribed to the presence of a particular micro-organism by the professor of pathology. A student in attendance at the time—a resident of Denver, said that in the rarified air of his native State, lung diseases were almost unknown. Where is our germ theory now. Perhaps this microscopic notion had not yet migrated to that locality. Possibly the operating force of gravity prevented these minute bodies from ascending the elevations where their victims dwelt.

Let us cease the consideration of possibilities founded upon supposition. No doubt there are animals so small that their presence can be revealed only by the microscope. Perhaps they are sometimes instrumental in causing diseases of a certain nature, but to ascribe every ill to the presence of a germ or every epidemic to the existence in the system of these dangerous liliptians is to assume a position that is difficult to defend and which in time will have to be abandoned.

So far we have been theorizing on the cause of disease. Let us now consider a reality. There are conditions which we have not yet enumerated that do produce disease by their effects, and whose action cannot be ascribed to the action or presence of micro-organisms. Nothing has been more destructive to the health of animals and has originated more diseases and diseased conditions than has the allopathic *Materia Medica*—that volume of inconsistent conjecture. Its patronage has destroyed more equine lives than have the ravages of glanders and farcy. Its use has abruptly terminated the earthly existence of more cases than has contagious pleuro-pneumonia. It has sacrificed more canine lives than have all the diseases to which the dog is heir to, collectively considered, and if this medical delusion had been persisted in, we would have been threatened with an extinction of the various animal tribes, but fortunately its wild career has been checked, and a dominant public sentiment is but awakening to the dangers associated with its use.

In a text book at my side is described a diseased condition

Jabor—a tearing of the various coats of the œsophagus in forcing bulky masses of irritant drugs down a horse's throat and the subsequent accumulation of food in the rent. This is the product of "scientific" drug administration. Can we find its parallel in homœopathic practice? No! To parallel such heinous acts we must search through the barbarous practices of the savage, of the uncivilized heathen, whose ignorance is responsible for his barbarity.

Looking further through text-books of allopathic veterinary practice we find described traumatic pneumonia from the use of caustic drenches, artificial bronchitis from irritant fluids entering the respiratory tract and inflaming its delicate structure. Enteritis is an inflammation of the mucous membrane of the intestines caused by the action of powerful drugs given to relieve diseased conditions. Pleritis is an artificial disease—a sequence to blood letting, a practice once held in high esteem by the older school of practice. Asophagitis would be unknown except for the arch enemy of Homœopathy. No germ ever caused its appearance in the horse.

Acute laryngitis is a common disease in horses. The caustic action of chloral on the laryngeal tissues is its frequent cause. We see described ptyalism, mercurialism, iodism—diseased conditions, the product of a "scientific" *Materia Medica*. These diseases frequent in their appearance are only caused by the action of powerful and irritant drugs on the tissues or organs in which they come in contact.

Nothing can advance the science of medicine more than a study of its ætiology, and when we thoroughly understand the cause of disease we can make very rapid strides in its successful treatment. When we eliminate those practices which endanger the public good, and when we learn that the mission of the physician or veterinarian is to aid nature instead of hindering her, we will have advanced a step in the scientific treatment of disease, and reduced the condition responsible for its appearance within a sphere when if we cannot control them, we do not employ methods which favor its advance and with the elimination of heroic allopathic practice—a system of medicine founded upon conjecture and suppositions ill-conceived, will disappear one of the most potent factors in the cause of disease, and its most difficult apprehension.

*New York City.*



## STARTLING CURE WITH AURUM.

### Aortitis.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z.*,  
*March*, 1899.

The following case is of double interest, first because a single remedy sufficed to cure it, and secondly because I never saw the patient, who resided outside of Germany; besides this, the disease is a rare one, difficult to treat. Some persons, indeed, claiming to occupy the point of view of exact investigation and science, will straightway talk of quackery when a case is treated which cannot be visited nor seen, nevertheless when rationally examined, there is not much point to this objection, if the nature of the disease be once satisfactorily determined by a physician of scientific culture, whether the same be an allopath or a homœopath; for the art of diagnosing or determining the character of a disease is an art that is one and the same in both schools.

Mrs. A. of V. wrote on the 22d of October, that one of her maid-servants had become ill, but that she felt, she ought to consult a homœopathic physician, as the disease could not, in her opinion, be cured in the allopathic method.

The girl is large and vigorous, 24 years of age and has been suffering for about six months from aortitis. This, as is well known, is an inflammation of the aorta which conveys the whole of the arterial blood from the heart into the whole of the body. The aorta, of course, springs from the left ventricle of the heart, and accordingly the ailment had its seat on the left side, "between the shoulder and the heart." The symptoms of disease exhibited by the patient, set in toward evening, and made her nights unbearable; these symptoms consisted in alternate chills, perspiration, trembling, oppression (*i. e.* fits of pressure on the chest with anxiety). The whole of the left side is affected: the arm, the leg and even the eye; the place on the chest is swollen. *Bromine*, which was prescribed by the allopathic physician, alleviated the attacks "but had no abiding effect." With the exception of this ailment, which was designated as angina pectoris, the girl was quite healthy and performed her daily work without any trouble, only she had to guard against any unusual exertion.

The question will then arise; Can this disease be cured by any homœopathic remedy?

This question is not infrequently asked of the homœopathic practitioner after some chronic ailment has been endured with stoical fortitude under fruitless allopathic treatment. If the homœopathic physician should answer this naive question with a simple Yes! I think he might rightly be numbered among the quacks. But on the other hand it would be a cheap and cowardly evasion to answer shortly with No! The best plan is to be somewhat diplomatic and yet humane. "I will try conscientiously to do my best," would then be the answer.

The patient was given *Aurum* 6 and the report on October 31st was: "The girl on the whole, feels easier. After the first powder she had a sensation of obstruction in the left side of the breast. After No. 2, on drinking anything, after the second teaspoonful, water came from the eye, the nose and the mouth on the *left* side of the face. After No. 3 she felt a dryness in the throat and in the windpipe. She has had no severe attack. The patient performs her daily work and has a good appetite; in the evening there are slight indications, *she also has to lie very high with her head, when she goes to bed.*" (So-called orthopnœa).

As there were no anamnestic points given, I had suggested the question, whether there might not be some arseniacal influence, such as is caused by green wall-paper, etc. To this there came the following answer: The girl was last June for fourteen days at home with her parents in the country, where she slept in a chamber which was white-washed and had a *green* door. Immediately afterwards on her return she had her first attack, which returned after fourteen days, and after that with increasing frequency; in her present chamber there is nothing green." It seems quite improbable that the green door should have caused the disease, as this only developed after she had left the suspected environs.

"There does not appear to be any defective valve in her heart but there is a *decided* inflammation of the aorta with nervous complications. The (allopathic) physician excels in diagnosis, as has been shown on many occasions and only gives his opinion after a thorough personal investigation."

I continued with *Aurum*. But on November 12th, I heard that the powders sent November 3d had not caused any noticeable effect. "The girl feels on the whole decidedly better, and

has not been compelled to use *Bromine* for alleviation. She had been very much excited by her illness, but now as she has improved, and there have been no more severe attacks, she is becoming more quiet. She regularly attends to her daily work, which, indeed, she has done all along. Aggravation sets in *toward evening and at night*; she has when in bed, to keep her head very high (see above); then she can sleep quietly. The swelling on her neck and chest has passed away, only on the left side of the abdomen there is still a place which is swollen and painful."

I still continue *Aurum*, as it was manifestly in this case not a palliative but a really specific remedy. I regularly sent her four powders, each of which contained four drops of *Aurum* 6. I do not consider that the form in which the medicine is taken is immaterial. We must know how to keep the correct means between too much and too little, and I think that in remedies like *Aurum* (*Tart. stibiat.*, *Kali bichromic.*, *Arsen.*, etc., belong in this class) the sixth decimal is the right dose, while I would not deny that in such heroic remedies even the sixth centesimal might be found effective. I must in this connection express my agreements with the words of Dr. Schwabe in your last number, that besides the law of similars, Hahnemann's new *method of preparing medicines* is the corner-stone on which Homœopathy, *i. e.* the new and immovable edifice of the new therapy, rests. We may say that the one discovery supplements the other, as do the railroad and the telegraph. How incomplete the one would be without the other.

On the 26th of November, Mrs. A. wrote to me: "I am glad to be able to inform you, that my patient is much better. Changes of weather have no influence on her state of health—this and the following points of information were given in answer to my questions. The patient has never been troubled with rheumatism. There is nothing unusual with respect to thirst. I repeat that her health is strikingly improved, the symptoms are less violent. The *swelling* that appears on the abdomen, on the chest, the neck (always on the left side), is of the same kind, painful whether pressed upon or not; the muddled state of her head has also diminished."

The pertinacious painful swelling is remarkable, though in a former report (see above) it was also said, that "it had disappeared from the neck and the chest."

The patient has gone out into the town, which she was before not able to do, and felt well after these excursions.

Before Mrs. A. had called the physician, she had thought that the girl was exaggerating her dreadful state, "but the physician was very decidedly of the opinion, that there was no exaggeration in the matter, that the disease was rather rare, and as before said, after some fruitless experiments, he had settled down to *Bromine, which merely alleviated without curing the ailment.*"

Considering the rareness of the disease and the simple manner in which the cure was effected, I may still adduce the following two communications, especially as they throw light on the manner in which our opponents view such cases. They pass "without making an impression" as if there was "no moral to the tale."

On the 22d of December Mrs. A. wrote: "The patient has now been without remedy for 14 days, as you proposed, and I am glad to be able to tell you that our patient enjoys striking good health. I would never have expected such a sudden improvement, and both of us are very thankful to you for your able and successful treatment. Most of the symptoms have disappeared; *the girl can sleep again in her usual position*, there is no more swelling, no discomfort, no trembling, chills, etc. Only the left arm still shows a weakness, a sensation of lameness."

The final report came on January 27th of this year:

"Owing to your skillful treatment, my patient feels so well that I can hardly mention anything. I need no more have any special thought for her, and it is a pleasure to see how happy the girl is; small pains are quickly forgotten, but severe torments are long remembered; and she was really in a sad state. Our domestic physician examined her a few days ago, not knowing what treatment she had received in the meanwhile; he was astonished and said there were merely some traces remaining of the disorder."

Mrs. A., who is of a candid nature, now confessed to him, and did not conceal the fact that she had employed a homœopathic physician, etc. I have no doubt that, as she said, "he was unpleasantly affected." But would it not be more creditable in our opponents if in such cases they would examine further, and endeavor to satisfy at least their curiosity, and see whether our medical treasury does not offer some other remedies besides bromide of Kali and some which really *cure*. Suffering humanity

would be vastly profited by such mutual tolerance, and we would meet with a greater number of cures, analogous to the one here described, which, without lacking modesty, we can say, emulates the brightness of the metal by which it was effected.

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## IN THE ZODIACAL SIGN OF INFLUENZA.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Zeitschr.*, April, 1899.

The pandemy of la grippe is still ruling—at the end of March—over both the hemispheres of our globe. Yea, it even impresses its own character on other diseases. It is fit, therefore, that we should occupy ourselves with this pandemic disease again and again; and this all the more since, like a chameleon, it now prominently shows one set of symptoms and then again another, now appearing mild and then again malignant; in short, the *genus epidemicus* keeps changing. There is no universal influenza-remedy, though there are remedies which fit in excellently with its varying prominent characteristics. In the March number of this journal *Gelsemium* was mentioned, as also the treatment of pneumonia which so frequently appears during the course of la grippe and which is not always equally tractable. To-day I would call attention to a remedy which has a magical effect on one most troublesome symptom of this scourge; so that I received a few days after prescribing it the following grateful letter, which will best explain itself:

Miss L. writes as follows: “I wish in these lines to thank you expressly for the remedy *against that atrocious dryness*. The relief after taking it was so absolute that I am still amazed; so also that morbid sensation in the bronchial tubes has entirely disappeared. I would be very glad to receive from you the name of the medicine for future emergencies.”

I had given her *Phosphorus*, four drops on a powder of sugar of milk, to be dissolved in 60 grammes of water; every 3 hours two teaspoonfuls of the solution were to be taken. The effect from the patient's account must have been most striking, as, indeed, we ever and anon meet with such amazingly rapid effects of homœopathic remedies. It is just this sensation of dryness in the throat and the windpipe which is most troublesome

in the course of a catarrh. The patient longs for looseness, for eructation, for moisture in the mucous membrane. Catarrh, it is well known, may arise anywhere in the body where there is a mucous membrane. So we also speak of a catarrh of the conjunctiva of the eye (conjunctivitis), and also in it we distinguish between a moist and a dry kind (see A. von Græfe). I am not informed that *Phosporous* has also been found of use in dry conjunctivitis, which is often chronic. But there is no doubt that dryness arising from grippe is removed by this remedy.

We above mentioned *Gelsemium*. The author of the article there mentioned says that *Gelsemium* is a first-class remedy in the fever of influenza where the organs of respiration are not affected. But we can not think of any fever in influenza where these organs are not affected. It is pathognomonic, *i. e.*, inseparable from la grippe. Even in the very beginning a scraping sensation in the fauces appears. With children this frequently causes us to suspect croup or pseudo-croup. The respiratory organs are always affected, and this is as essential a feature of influenza as, *e. g.*, angina is of scarlatina and as conjunctivitis is of the measles. In any case we ought to remember *Gelsemium* in all cases of the headache which is hardly ever absent, and in which *Belladonna* seemed indicated, but refused to act. *Gelsemium* has also been warmly recommended in hay fever—so, *e. g.*, in England—and this also is characterized by a very decided catarrh, especially of the nose. But in hay fever even the whole of the respiratory passage may be seized with a catarrhal inflammation, even as in grippe, according to our estimation.

And even where a precursory stage of grippe is in question; *i. e.*, fever, pains in the bones, chilliness, thirst, etc., without any manifest symptoms in the respiratory passages, I would unquestionably prefer *Gelsemium* to *Aconite*. I have seen effects from *Gelsemium* which amounted to a clean check to influenza. With an outbreak of perspiration patients recovered over night.

A hydropathic treatment at the same time, the much lauded packing, also has its good features, but the opponents of Homœopathy will always be ready in such a case to ascribe all the credit for the cure in such cases to the water treatment, and in such a case our experience respecting the real therapeutic value of the homœopathic remedy given at the same time is obscured and may be invalidated. The main thing, of course, is the

quick recovery of the patient. Everyone should, therefore, act according to his best knowledge and conscience.

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## BOOK NOTICES.

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**Diseases of the Ear, Nose and Throat and Their Accessory Cavities.** By Seth Scott Bishop, M. D., D. C. L., LL. D. Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College; Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Post-Graduate Hospital, one of the Editors of the *Laryngoscope*, etc. Second Edition. Thoroughly Revised and Enlarged. Illustrated with Ninety-four Chromo Lithographs and Two Hundred and Fifteen Half-tone and Photo-engravings.  $6\frac{1}{2} \times 9\frac{1}{2}$  inches. Pages xix-554. Extra Cloth, \$4.00 net; Sheep or Half-Russia, \$5.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

The preface to the first edition is dated "Chicago, February 7, 1897," and that to the second edition "Chicago, September 15, 1898," and in view of the multiplicity of books the author has reason to feel proud of the reception accorded his work.

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**A Text-Book on Practical Obstetrics.** By Egbert H. Grandin, M. D., Gynæcologist to the Columbus Hospital; Consulting Gynæcologist to the French Hospital; late Consulting Obstetrician and Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynæcological Society, etc. With the Collaboration of George W. Jarman, M. D., Gynæcologist to the Cancer Hospital; Instructor in Gynæcology in the Medical Department of the Columbia University; late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynæcological Society, etc. Second Edition. Revised and Enlarged. Illustrated with Sixty-four Full-page Photographic Plates and Eighty-six Illustrations in the Text.  $6\frac{1}{2} \times 9\frac{1}{2}$  inches. Pages xiv-461. Extra Cloth, \$4.00 net; Sheep, \$4.75 net. The F. A. Davis Co., Publishers, 1914 16 Cherry St., Philadelphia.

The mere announcement of a second edition of this practical work is sufficient to those acquainted with the first edition. It is divided into four parts. I, Pregnancy; II, Labor; III, Puerperal State, and IV, Obstetric Surgery.

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**The Newer Remedies.** Including their Synonyms, Sources, Methods of Preparation, Tests, Solubilities, Incompatibles, Medicinal Properties, and Doses as far as known, together with Sections on Organo-Therapeutic Agents and Indifferent Compounds of Iron. A Reference Manual for Physicians, Pharmacists and Students, by Virgil Coblenz, A. M., Phar. M., Ph. D., F. C. S., etc. Third edition. Revised and enlarged. 147 pages. 8 vo. Cloth, \$1.00. Blakiston, Son & Co., Philadelphia, 1899.

This book might be termed a dictionary of synthetic medicines, and their number is bewildering from *Abiaba*, which opens the ball, to *Zymoidin*, which closes it; interspersed are gentle little things like Methylparaamidometaoxybenzoate and other sesquipedalians. However, if you want to know about these things this is the only book that contains them all.

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“WHAT the doctor needs to know” is the title of a thirty page, and cover, pamphlet by Dr. W. A. Yingling, Emporia, Kansas, author of *Accoucheur's Emergency Manual*. Though one might infer so from the title, it is not instruction to the physician, but intended for the patient, so that he may intelligently state his case to the physician—give what the doctor needs to know in order to properly prescribe. Published by the author.

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PROF. DEWEY'S “Essentials of Materia Medica,” has been recently translated into Spanish by Dr. J. N. Arriaga, editor of “La Homœopatica,” of Mexico. This is the fourth foreign language into which this book has been translated, the others being German, French and Portuguese. This is pretty good evidence of its popularity.—*Medical Counselor*.



**Leaders in Homœopathic Therapeutics.** By E. B. Nash, M. D.

The first sentence of the preface shows the kind of stuff Dr. Nash is made of. He says: "For offering this book to the profession, I have no apology to make, for I claim my right to do so; and if any one finds imperfections in it, remember I lay no claim to perfection."

Indeed, the doctor need fear no criticism. His book is what he claims for it—"Leaders in Homœopathic Therapeutics," as he sees them—and his own individuality upon the book is its chief characteristic. Dr. Nash has had the courage to cut loose from all leaders in book writing and write his book to suit himself and his subject. He is not hampered by classifications older than the hills. He takes up the remedies that are to him *leaders*, and he tells exactly what he knows about them. Sometimes it requires less than a page to tell what he knows of a remedy, while another may require several pages. It makes our ideal of a book. No man can read it without benefit, as Dr. Nash *knew* what he was writing, while two-thirds of our book-writers follow cut-and-dry forms, and fill it with hearsay matter.

While in this book there are about 160 remedies treated more or less fully in the text, there are a very great many more mentioned in a comparative or relative sense. It starts off with *nuxvomica*, then follow *pulsatilla*, *bryonia*, *antimonium crudum*, *mercurius*, etc., each receiving the treatment no doubt due it, as based upon the author's own experience. There is no pretentiousness about it, no attempts to brag or boast. There is no discussion of dose, no disposition to quarrel or quibble over symptomatology or pathology. He tells plainly what the drug will do, as he knows from experience, and I will guarantee that no physician, be he homeopath, eclectic, regular, or what not, can read Nash's *Leaders* and not be a better physician. Every doctor can use some drug or drugs in a superior manner, and this is what we all want to know. Here we have Dr. Nash's knowledge in an unvarnished state. You need it.—*W. E. B., Eclectic Medical Journal.*

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**CHANGE OF LIFE.**

There is no medical writer of the present day who gives to the world so lavishly of the fruits of his clinical experience as Dr. Burnett; and as Dr. Burnett emphatically believes in the possi-

bility of cure, and makes curing his aim, his works have for the clinical worker an amount of refreshment that we look for in vain in books of the academic mould. In his preface Dr. Burnett says:

"I have myself never heard a clinical lecture on the menopause that was the least help to me in my medical work, or one that afforded, to my mind, the least satisfaction; neither have I ever read any article or book on the subject that afforded me any mental enlightenment. As far as I know my way about in medical literature, the menopause is, to say the least, a very dark region indeed, wherein we are left to grope about in quest of unknown quasi-ghostlike awfulnesses.

"I have always tried at least to strike a match in any dark corner where medical mysteries midst ghastly terrors most abound; and, although the illumination emanating from one solitary match is not exactly binding, still it is more hopeful than utter darkness."

We have no doubt readers will agree with us that Dr. Burnett has thrown much more than a match-light on this dark subject, though he has left plenty of exploring for others who may like to follow him. There is much help on clinical matters in the volume that is not directly related to his subject, but for which readers will no doubt be grateful. We have sometimes heard it said that Dr. Burnett's style is too colloquial. That is a matter of taste. What is more to the purpose is that his works have good stuff in them and are eminently easy and pleasant to read.—*Homœopathic World*.

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"HAHNEMANN'S DEFENCE OF THE ORGANON," translated by Dudgeon and issued by Boericke & Tafel, Philadelphia, is one of the strongest presentations of the truths and beauties of the homœopathic Bible which has yet been given the profession. The Organon is a masterpiece in medical literature. But it is difficult for some physicians to become interested in it or to fathom its depths. Anything which throws light upon it, which explains or defends its precepts, which makes plainer to the ordinary reader its great truths, should be warmly welcomed by those es-saying to be homœopaths in fact as well as in name. The Defence was prompted by the attacks of Prof. Hecker, of Dresden, on Homœopathy and Hahnemann. This old-school author indulged in ridicule and abuse instead of arguments in criticising the founder of Homœopathy and his therapeutic law, thus laying himself open to the fierce javelins which this book hurls at him and all intolerants like unto him. It is written in Hahnemann's sharpest vein. There is no mincing of words. In defending his system manfully Hahnemann also meets the antagonist in sharp spirit and shows a capability in caustic debate which appears in no other production from his pen.—*Medical Century*.

# Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## THE MEDICAL EXAMINING BOARD OF THE KLONDIKE.

The *Boston Transcript* publishes a letter from Dr. Mary Mosher relating her experience in the Klondike region; part of it is reprinted in the *New England Medical Gazette*, from which we gather the following:

Dr. Mosher is a homœopath, graduated from the Boston University. No concealment was made of the fact that she would have to pass an exceedingly difficult examination, and so it was—full of catch questions, “and such queries as only a professor of anatomy or a specialist could possibly know.” The net cost to the applicant was \$50 and the result was a ukase from the haughty Examining Board forbidding her to practice. The candidate then set to work and studied night and day, and paid a “professor” \$75 to coach her; and finally, on the verge of nervous prostration, came up again for examination. This time she passed and one member of the Board “confided to me that they decided not to trip me up as I had shown tremendous pluck.” Such, in brief, is the story told.

There are two rather striking points in the foregoing. One is that this desolate, thinly peopled region should need an examining board to “protect” it. The second is that the mighty board magnanimously determined not to “trip” the candidate a second time. The fact that a young man or woman must spend four years in obtaining a degree, and then may be at the mercy of a board, like that of Klondike, which may or may not decide to “trip,” ought to throw a damper on those who would study medicine.

What, if any, benefit the public derive from these boards is a question yet to be determined; it ought to be very great when one considers the Czar-like power lodged in them.

## CONGRATULATIONS.

Editor of HOMŒOPATHIC RECORDER.

*Dear Dr.:* I beg to inform you, for the benefit of your numerous readers, that my colleague, Dr. E. A. Bradbury, of Norway, Me., had a very promising son come a few days since, whom he has named Samuel Hahnemann, after our "Immortal Master."

Fraternally,

DR. ESMOND.

*Norway, Me., June 8, 1899.*

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AT the annual meeting of the Board of Trustees of the Hahnemann Medical College, of Chicago, held June 2, 1899, Dr. C. H. Vilas was unanimously elected President of the College.

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DR. E. STILLMAN BAILEY has been elected Dean of the Faculty of Hahnemann Medical College, of Chicago to succeed Dr. C. H. Vilas.

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DR. J. H. KELLOGG, of Battle Creek, Mich., editor of *Modern Medicine and Bacteriological World*, in an address delivered in Massachusetts, is reported in the daily papers as having said:

"In India, not long ago, there was a case where one hundred and sixty students in a school were vaccinated from arm to arm, and sixty of those boys and girls came down with leprosy in three years. Think of that! You see vaccination is not a thing that is entirely safe; but there is some reason in it. But if you are vaccinated from a calf that has tuberculosis, then you get consumption. So you see that is not altogether safe. \* \* \* The man who is vaccinated is a little lower in vitality after he has been vaccinated than before."

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THE Tennessee Board of Pharmacy has been examining the quality of the drugs sold in that state and have unearthed some rather striking facts. For instance, out of forty samples of laudanum examined only two were of full strength; from this they trailed on down to one per cent. in strength. We can imagine what a fine time the drummer who sold one per cent. laudanum, "guaranteeing" it to be "just as good" as the men who gave full strength, would have in scooping in the orders,

while the old houses, not "up to date," who want "extortionate" profits, would look on, and, like *Puck*, think "what fools these mortals be." But theirs is the wiser course; it is not the "get rich-quick" plan, but the one on which a permanent business is based; one by which all departures from the normal is measured sooner or later. The man who offers marvelous bargains may flourish for a while, but he soon peters out, for his drugs would be costly as gifts, which even the bargain counter haunter sooner or later discovers.

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"SOME interesting facts as to consumption were afforded at a meeting of the Ventnor District Council, when the Medical Officer of Health reported the statistics he had received from the medical officers of other towns of similar population, but not health resorts, as to the deaths of inhabitants from this disease. At Ventnor for the past ten years the death rate of the inhabitants from consumption was 0.8 per thousand. At a town in Sussex it was 1.2 per thousand; at a town in Yorkshire, 1.6 per thousand; and at a town in Devonshire, 1.5 per thousand. The chairman of the cemetery committee said he had investigated the burial books, and found that the burials of inhabitants consisted almost entirely of young and old; therefore, the present theory that consumption was infectious was absolutely knocked on the head, as Ventnor had for fifty years been one of the chief resorts for consumptives."—*Health*.

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SOME of our exchanges are highly pleased with Governor Tanner's proclamation forbidding any transportation company to receive for shipment into Illinois, or any person to drive into this state, any dairy or breeding cattle without a certificate countersigned by the State Board of Live Stock Commissioners showing that such cattle have been ascertained by test to be free from tuberculosis. Every one knows that it was Virchow's statement that Koch's "lymph," or tuberculinum, was a potent means of developing tuberculosis that killed the article as a remedy to be used on human beings. How our veterinarians can reconcile this undisputed statement with their persistent use of this extract of consumption germs is something they have never deigned to explain. They have had a bloody and an expensive career now for several years, yet there is no sign that the "disease" has been "stamped out" in the least, but if anything, is worse than ever. Assuming that Virchow knew what he was talking about, it will be readily seen that these veterinarians are themselves largely responsible for the spread of tuberculosis, and will continue to be so long as they use the germs of the disease for "diagnostic purposes."

## PERSONALS.

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*Lancet* reports death of a patient from a prescription of Liquor strychniæ and liquor arsenicalis; the strychnine was precipitated as a pure alkaloid.

Dr. F. E. Boericke, founder of the firm of Boericke & Tafel has removed to his summer home on Lake Keuka, N. Y.

In reply to the Judge's query the African prisoner replied that he was not the defendant, but the man who stole the chickens.

French duelling is now made antiseptic.

The California State Homœopathic Medical Society has *Resolved*, That it is "thoroughly in favor of vaccination and re-vaccination."

A French doctor has found microbes, *streptococcus pyogenes*, in roses. Well, dip your American Beauties in carbolic acid and be safe.

The troops in the Philippines have been vaccinated four times since enlistment and yet the smallpox is among them.

**FOR SALE** TO a physician. A Colonial house with fine grounds, shade and fruit trees. Lot, 100x300, all modern conveniences, near Philadelphia. Owner going to retire from a twenty years' good paying practice. Splendid opportunity, only one other Homœopathic physician first-class, field. Price, fifteen thousand dollars, part mortgage if desired. Give full name and address when replying. Address, P. O. BOX NO. 2892, SUB-STATION S., PHILA., PA.

Man ariseth, flouteth (more or less) Dr. S. Hahnemann and then is heard no more. But the old man's works abide.

Life is an eternal *now*.

All great medical discoveries have been derided by the majority, hence when the majority is on the other side it may be well to be cautious.

A "regular" journal intimates that *Lycopodium* is more efficient in enuresis than *Belladonna*. How in the world did you find that out!

President-elect Walton's "don'ts" to institute presidential timber ought to be preserved for future generations.

The "smoker" of the Germantown Club was a brilliant success and a credit to the generous members of that organization.

So they say were the other social events of the great Atlantic City meeting.

In short, the whole affair, weather and all, was about the greatest of all the meetings.

One sample of that batch of *Ecchinacea* tinctures that attracted so much attention was "imported"—so the pharmacist furnishing it said.

"Unless you have uniform medicines," and true to the provings, "you cannot have uniform success," was the burden of Dr. Boericke's paper.

Guess it's about right.

THE  
HOMŒOPATHIC RECORDER.

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PROVING OF ECHINACEA ANGUSTIFOLIA.\*

By J. C. Fahnestock, M. D.

It becomes my pleasant duty to place before the American Institute of Homœopathy a collection of provings of *Echinacea Angustifolia*.

Four species of this genus are recognized. Two of them, *E. Dicksoni* and *E. dubia*, are native in Mexico.

There are two native in this country, *E. purpurca*, *Mœnch*. Leaves rough, often serrate; the lowest ovate, five nerved, veiny, long petioled; the other ovate-lanceolate; involucre imbricated in three to five rows; stem smooth, or in one form rough, bristly, as well as the leaves. Prairies and banks, from western Pennsylvania and Virginia to Iowa, and southward; occasionally advancing eastward. July—Rays fifteen to twenty, dull purple (rarely whitish), one to two feet long or more. Root thick, black, very pungent to the taste, used in popular medicine under the name of Black Sampson. Very variable, and probably connects with *E. Angustifolia*, described as follows: Leaves, as well as the slender, simple stem, bristly, hairy, lanceolate and linear lanceolate, attenuate at base, three nerved, entire; involucre less imbricated and heads often smaller; rays twelve to fifteen inches, (2) long, rose color or red. Plains from Illinois and Wisconsin southward—June to August. This is a brief description of the botany of the plant under consideration.

Your chairman, T. L. Hazard, in his usual characteristic manner, went vigorously to work and secured all the provers possible. I was also fortunate enough to secure a number of provers, besides proving and reprovng it myself. The results

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\*Read before American Institute of Homœopathy, Atlantic City, 1899.

of all these provings were handed over to me to present to you in such form as seemed best.

I must tarry just long enough to preface this collection and tell you that explicit printed directions were sent to all the superintendents of these provings. This being of too great length, I will give you the most important points in these directions, viz.: Let each prover be furnished with a small blank book, in which shall be written date, name, sex, residence, height, weight, temperament, color of eyes, color of hair, complexion; describe former ailments and present physical condition. In concluding give pulse in different positions, respiration, temperature, function of digestion, analysis of excretions, especially the urine; analysis of the blood, family history, habits, idiosyncrasy, etc.

The different colleges and universities were called upon to assist on these provings. The following institutions responded to the call: Cleveland, St. Louis, Minneapolis, the Chicago, Iowa City, and Ann Arbor. None of the eastern institutions responded; don't know whether dead or just hibernating.

I wish to publicly express my thanks to all whom have taken part in these provings. I think it but just to state that the University of Michigan furnished the best provings. Thanks also are extended to Boericke & Tafel for remedy furnished in the  $\theta$ , 3x, 30x, which were used in the provings. One lady, who commenced the proving and had begun to develop valuable provings, contracted a severe cold and stopped, for which I am very sorry. All the rest of the provers were males; medical students or physicians. Only a very few symptoms were produced by the use of the 30x attenuation, a greater number of provers not recording any at all.

The symptoms here compiled were produced by the 3x attenuation and the tincture, using from one drop to thirty drops at a dose. In proving and then compiling the symptoms produced by this drug, I am fully aware of the many difficulties to be met on every side.

The one great trouble that I find is that those who are unaccustomed to proving do not observe what really is going on while attempting to make a proving, and are not capable of expressing the conditions so produced. I find that there are a few who can take drugs and accurately define their effects. In selecting and discriminating the effects of drugs there must



exist a mental superiority, and no man had this genius so highly developed as Hahnemann.

After making three different provings upon myself, I have undertaken to select those symptoms which to the best of my ability were found in all of these different provings.

I have taken special care not to omit any symptoms, even though it may have been noticed by but one prover; but in the majority of cases you will notice the symptoms occurred two or more times in different individuals, thus confirming the genuineness of the symptoms.

Not giving you the day-book records of these provers, a few remarks, showing its general action, may not be out of place. As stated before, only two recorded symptoms after the use of the 30x attenuation.

After taking the tincture, there is soon produced a biting, tingling sensation of the tongue, lips and fauces, not very much unlike the sensation produced by *Aconite*. In these provers there soon followed a sense of fear, with pain about the heart, and accelerated pulse. In a short time there was noticed a dull pain in both temples, a pressing pain; then shooting pains, which followed the fifth pair of nerves.

The next symptom produced was an accumulation of sticky mucus in mouth and fauces. Then a general languor and weakness followed, always worse in the afternoon. All the limbs felt weak and indisposed to make any motion, and this was accompanied by sharp, shooting, shifting pains. In quite a number of cases the appetite was not affected.

Those using sufficient quantity of the tincture had loss of appetite, with belching of tasteless gas, weakness in the stomach, pain in the right hypochondriac region, accompanied with gas in the bowels; griping pains followed by passing offensive flatus, or a loose, yellowish stool, which always produced great exhaustion. After using the drug several days the face becomes pale, the pulse very much lessened in frequency, and a general exhaustion follows like after a severe and long spell of sickness.

The tongue will then indicate slow digestion, accompanied with belching of tasteless gas. In most of the provers, however, there was a passing of very offensive gas and offensive stools.

You will observe that the remedy exerts quite an effect on the kidneys and bladder, but I am very sorry to say that the urinary analysis made did not show anything but the variations generally observed in ordinary health.

I must say that the provers did not go into the details as much as was desirable. Likewise, I may say the same of the blood tests made, but what was given is very valuable.

I could give you an expression of its special action, but will merely give you the symptoms collected and then you can make your own deductions.

### Echinacea Augustifolia.

A collection of symptoms from twenty-five different provers, anatomically arranged:

#### MIND.

- 3 Dullness in head, with cross, irritable feeling.
- 2 So nervous could not study.
- 3 Confused feeling of the brain.
- 2 Felt depressed and much out of sorts.
- 3 Felt a mental depression in afternoons.
- 1 Senses seem to be numbed.
- 5 Drowsy, could not read, drowsiness.
- 2 Vertigo when changing position of head.
- 3 Drowsy condition with yawning.
- 2 Becomes angry when corrected, does not wish to be contradicted.

#### SENSORIUM.

- 5 General depression, with weakness.
- 8 General dullness and drowsiness.
- 4 General dullness, unable to apply the mind.
- 5 Does not wish to think or study.
- 3 Restless, wakes often in the night.
- 2 Dull headache, felt as if brain was too large, with every beat of heart
- 5 Sleep full of dreams.

#### INNER HEAD.

- 5 Dull pain in brain, full feeling.
- 5 Dull frontal headache, especially over left eye, which was relieved in open air.
- 2 Severe headache in vertex, better by rest in bed.
- 5 Dull headache above eyes.
- 4 Dull throbbing headache, worse through temples.
- 3 Head feels too large.
- 1 Dull headache, worse in evening.
- 2 Dull headache, worse in right temple, with sharp pain.

- 3 Dull pain in occiput.
- 3 Dull headache, with dizziness.

OUTER HEAD.

- 3 Constant dull pressing pain in both temples.
- 2 Shooting pains through temples.
- 2 Dull occipital headache.
- 3 Constant dull pain in temples, better at rest and pressure.
- 2 Head feels as big as a windmill, with mental depression.

EYES.

- 2 Eyes ache when reading.
- 1 Tires me dreadfully to hold a book and read.
- 1 Eyes pain on looking at an object and will fill with tears, closing them relieves.
- 1 Sleepy sensation in eyes, but cannot sleep.
- 1 Pains back of right eye.
- 1 Sense of heat in eyes when closing them.
- 2 Dull pain in both eyea.
- 1 Lachrymation from cold air.
- 2 Sharp pains in eyes and temples.

EAR.

- 2 Shooting pain in right ear.

NOSE.

- 2 Stiffness of nostrils, with mucus in nares and pharynx.
- 4 Full feeling in nose as if it would close up.
- 2 Full feeling of nose, obliged to blow nose, but does not relieve.
- 2 Nostrils sore.
- 2 Mucus discharge from right nostril.
- 2 Rawness of right nostril, sensitive to cold, which cause a flow of mucus.
- 1 Bleeding from right nostril.
- 1 Right nostril sore, when picking causes hæmorrhage.
- 1 Headache over eyes, with sneezing.

FACE.

- 2 Paleness of face when head aches.
- 1 Fine eruptions on forehead and cheeks.
- 2 Vomiting with pale face.

TEETH.

- 2 Darting pains in the teeth, worse on right side.

- 3 Neuralgic pains in superior and inferior maxilla.
- 2 Dull aching of the teeth.

## TONGUE.

- 2 White coating of tongue in the mornings, with white frothy mucus in mouth.
- 2 Slight burning of tongue.
- 2 Whitish coat of tongue, with red edges.

## MOUTH.

- 2 Accumulation of sticky, white mucus.
- 3 Eructation of tasteless gas.
- 2 Burning of the tongue, with increased saliva.
- 1 Dry sensation in back part of mouth.
- 2 Burning peppery taste when taking remedy.
- 3 Bad taste in the mouth in the morning.
- 3 A metallic taste.
- 3 Belching of gas which tastes of the food eaten.
- 2 Dryness of the mouth.
- 3 Sour eructation.
- 1 Sour eructation, which caused burning of throat.

## THROAT.

- 3 Accumulation of mucus in throat.
- 1 Mucus in throat, with raw sensation.
- 1 After vomiting of sour mucus, throat burns.
- 2 Soreness of throat, worse on left side.

## DESIRE.

- 5 Loss of appetite.
- 2 Desire for cold water.

## EATING.

- 3 Nausea, could not eat.
- 5 Loss of appetite.

## NAUSEA AND VOMITING.

- 2 Nausea before going to bed, which was always better lying down.
- 2 After eating stomach and abdomen fill with gas.
- 3 After eating belching, which tastes of food eaten.
- 2 Nausea, with eructation of gas.

## STOMACH.

- 1 Stomach distended with gas, not relieved by belching.
- 4 Belching of tasteless gas.

- 2 Sense of something large and hard in stomach.
- 2 Belching of gas and at same time passing flatus.
- 3 Sour stomach, "heart burn," with belching of gas.
- 1 Relaxed feeling of the stomach.
- 1 Pain in stomach, going down through bowels, followed by diarrhoea.
- 3 Dull pain in stomach.

HYPOCHONDRIA.

- 5 Pain in right hypochondria.

ABDOMEN.

- 5 Full feeling in abdomen, with borborygmus.
- 2 Pain about umbilicus, relieved by bending double.
- 2 Pain in abdomen, sharp cutting, coming and going suddenly.
- 1 Pain in left iliac fossa.

URINE.

- 6 Desire for frequent urination.
- 4 Urine increased.
- 1 Involuntary urination "in spite of myself."
- 2 Sense of heat while passing urine.
- 3 Urine pale and copious.
- 1 Urine scanty and dark in color.
- 2 Pain and burning on urination.

MALE SEX ORGAN.

- 1 Soreness in perineum.
- 2 Testicles drawn up and sore.
- 1 Pain in meatus while urinating.
- 2 Pain across perineum.
- 2 Perineum seems stretched.
- 1 Pain in right spermatic cord.

FEMALE SEX ORGAN.

- 1 Mucus from vagina in evening.
- 1 Pain in right iliac region, which seems deep, lasting but a short time.

LARYNX.

- 2 Irritation of larynx.
- 1 Voice husky.

COUGH.

- 2 Constant clearing of mucus from throat.
- 2 Mucus comes in throat while in bed, must cough to clear throat.

## LUNGS.

- 2 Full feeling in upper part of lungs.
- 2 Pain in region of diaphragm.
- 1 Pain in right lung.

## HEART AND PULSE.

- 2 Slight pain over heart.
- 1 Rapid beating of heart.
- 4 Heart's action increased.
- 2 Heart's action decreased.
- 2 Anxiety about the heart.

## CHEST.

- 2 Pain in pectoral muscles.
- 1 Sore feeling in the chest.
- 1 Feels like lump in chest.
- 2 Feeling of a lump under sternum.

## NECK AND BACK.

- 3 Pain in small of back over kidneys.
- 6 Dull pain in small of back.
- 3 Pain in back of neck.
- 4 Pain in lumbar region, worse from stooping.

## UPPER LIMBS.

- 3 Pain in right thumb.
- 2 Sharp pain in left elbow.
- 2 Pain in right shoulder, going down to fingers.
- 2 Sharp pain in left arm, going down to fingers, with loss of muscular power
- 2 Cold hands.
- 4 Pain in wrists and fingers.
- 2 Pain in left shoulder, better by rest and warmth.

## LOWER LIMBS.

- 2 Cold feet.
- 2 Pain back of left knee.
- 2 Sharp shooting pain in legs.
- 1 Extremities cold.
- 3 Left hip and knee pains.
- 2 Pain in right thigh.
- 2 Pain in right leg.

## LIMBS IN GENERAL.

- 7 General weakness of limbs.
- 1 Pain between shoulders, which extend to axilla and down the arms.

POSITION.

Pains and sickness of stomach better by lying down.

NERVES.

- 7 Exhausted, tired feeling.
- 5 Muscular weakness.
- 2 Felt as if I had been sick for a long time.
- 6 General aching all over, with exhaustion.

SLEEP.

- 2 General languor, sleepy.
- 3 Sleep disturbed, wakes often.
- 5 Sleep full of dreams.
- 1 Dreams about exciting things all night.
- 2 Dreams of dead relations.

TIME.

Worse after eating.  
Worse in evenings.  
Worse after physical or mental labor.  
Better at rest.

CHILLS.

- 1 Chills up the back.
- 1 Cold flashes all over the back.
- 2 General chilliness with nausea.

SKIN.

- 3 Intense itching and burning of skin on neck.
- 1 Little papules on skin, with redness, feeling like nettles;  
this occurred on the fifth day of the proving.
- 1 Skin dry.
- 2 Small red pimples on neck and face.

BLOOD

- 2 After proving found a diminution of red corpuscles.

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THE THERAPEUTIC GUIDES.\*

Primary and Secondary Symptoms, Their Relative Therapeutic Value.

By Thomas C. Duncan, M. D., Ph. D., LL. D., Chicago.

The idea that induced me to take up this subject was to try to throw some new light on drug study, with the hope that the selection of the remedy might be simplified, believing that the *sec-*

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\*Read before American Institute of Homœopathy, Atlantic City, 1899.

ondary and not the primary *symptoms* are the *therapeutic guides*, according to similia.

It is one hundred years since Dr. Hahnemann wrote the essay on "A New Principle for Ascertaining the Curative Power of Drugs," in which he stated :

"Most medicines have more than one action; the first, a direct action, which gradually changes into the second (which I call the indirect action). The latter is generally a state exactly opposite the former. In this way most vegetable substances act. *Opium* may serve as an example. A fearless elevation of spirit, a sense of strength and high courage, an imaginative gait, are part of the direct primary action of a moderate dose on the system, but after the lapse of eight or twelve hours an *opposite* state sets in, the indirect action, there ensues relaxation, dejection, diffidence, loss of memory, discomfort, fear."

This analysis of drug action is further explained in section 63 of the *Organon* :

"Every agent that acts upon the vitality, every medicine deranges more or less the vital force and causes a certain alteration in the health of the individual for a longer or shorter period. This is termed primary action. Although a product of the medicinal and vital powers conjointly, it is principally due to the former power. To its action our vital force opposes its own energy. This resistant action is a property, is indeed an automatic action of our life-preserving power which goes by the name of *Secondary* or counter action."

Then in section 64 he says :

"During the primary action of the artificial morbidic agents (medicinal) on healthy body, our vital force seems to conduct itself merely in a passive or (receptive) manner and appears, so to say, compelled to permit the impressions of the artificial power acting from without to take place in it and thereby alter its state of health; it then, however, appears to arouse itself again, as it were, and to develop (a) the exact opposite condition of health (counter action, secondary action) to this effect (primary action) produced upon it if there be such an opposite, and that in as great a degree as was the effect (primary action) of the artificial, morbidic or medicinal agent on it and proportional to its own energy;—or (b) if there be not in nature a state exactly opposite of the primary action; it appears to endeavor to differentiate itself, that is, to make its superior power available in the extinction of the change wrought in it from without (by the medicine) in the place of which it substitutes its normal state (secondary action, *curative* action)."

With this explanation these actions might be termed (1) disease producing or pathogenic and (2) curative action or therapeutic. It takes both, however, to record the full effect of the drug.

It is a little singular that more attention was not given to keeping the two classes of symptoms separate. Hahnemann, in



his works, carefully noted the time of the appearance of the symptoms (but rarely the dose taken or the description (temperament) of the prover). The effects of large doses and small in proving have been developed since his day.

The question of potency, it was thought, might be solved by a study of primary and secondary effects of drugs, so this subject was once before the Institute.

In 1875, at the Put-in-Bay meeting of the American Institute, there were papers read on this topic. These papers were not printed in the transactions, but from the *Medical Investigator*, that I had the honor to edit then, I find that "Dr. Dake thought that Hahnemann was right in distinguishing symptoms as primary and secondary." Dr. T. F. Allen's conclusion was, "that we cannot arrive at anything definite until more careful experiments are made with the same dose. What appeared like primary and secondary effects often were but successive series of symptoms. *Aconite*, for example, had four such series of symptoms." Dr. Wesselhœft's paper "gave a series of experiments with *Glonoine*. The effects were found to vary with the dose and with the individual. He was not able to draw any practical inference." Dr. Dunham believed that "as these symptoms (primary and secondary) can only be partially pointed out, no law of dose can be established, nor can they be used in the selection of the remedy." These conclusions should not deter further investigation, however.

To properly comprehend the effects of drugs upon the healthy body, the normal action of the various related organs must be well understood. Action and rest is the order in all the systemic organs. The brain rests when we sleep, the digestive organs have their periods of repose, and even the heart rests two-fifths of the time. The temperaments emphasize certain organic activities; the same is true of habits and environments. So called foods like tea and coffee, and drugs like tobacco and alcohol, also act upon the body to disturb the normal rhythm of the organs.

(I often wonder if the symptoms attributed to certain tinctures are drug effects, or alcoholic, or both.)

The systemic rhythm is exaggerated by *Alcohol*. The circulation and respiration are quickened and the brain functions and its nervous connections are stimulated. That is the primary effect of a small dose. Then follows anæsthesia, and of neces-

sity, retarded circulation, respiration, mentality and various other functions. That is the secondary effect.

But what shall we say when we find in experiments with drugs, *Strophanthus* for example, that the circulation is first retarded down to the point of an intermittent pulse and then the circulation becomes quickened? This is opposite to part of the action of *Alcohol* and must be drug effects, and may also be classified as primary and secondary, as far as the circulation is concerned. This rapid circulation of *Strophanthus* must also slow down, and perhaps it drops below the normal and may oscillate, showing a series of effects, if we overlook the normal activity and rest of the organs.

*Aconite* may give rise to a series of effects, yet we all recognize that its action upon the *nervous system* (giving a decided chill to be followed by a "feverish, restless apprehension") is a sort of grand outline of *Aconite*,—a therapeutic guide. We may, for the sake of classification, call the chill action primary and the feverish reaction secondary. When we come to examine the effect upon an organ, the dual action may be found to be clearly outlined. Among the organs is, perhaps, the best place to study the consecutive action of drugs, as we must do in the specialties. Hahnemann illustrates this in Sec. 65 of the *Organon*, to which the reader is referred.

If, for example, the use of *Alcohol* is continued in large doses, structural change in several organs develops. The tachycardia is followed by hypertrophy and dilatation of the heart. A drug to cure that heart must correspond. *Strophanthus* corresponds to the secondary organic cardiac change and that explains its remarkable curative effect here. (Seven drops of the tincture cured an alcoholic hypertrophied weakened heart and the alcoholic (brandy) appetite as well.)

That astute medical philosopher, Von Grauvogl, has pointed out that the action of the organs is phoronomic; "the result of the proportional oscillations of the organic activities." It is these, as we have seen, that are affected by drug action. However explained, he is of the opinion that the symptoms are those of drug action from start to finish. But that does not lessen the therapeutic value of the dual set of symptoms.

In drug pathogenesis it is expected that the drug effects upon all organs of the body will be so well developed that the full "course of action" of the drug will be brought out, often by

repeated provings. The materia medica student recognizes the fact that every record, obtained in the trial of a drug on the healthy, is only fragmentary at best; a series of trials must be instituted before anything like the full power, complete action of the drug, is recorded and ready for classification, which for our purpose should be physiological as well as anatomical. The course of action, from start to finish, should also be outlined by a master mind.

It is no accident, we have seen, that drugs produce dual or successive effects. Hahnemann wisely noticed these, and the problem given us by Dr. Dudley is to determine:

“What reasons are there for distinguishing the primary direct and counter effects from the secondary direct and counter effects of a drug.” Taking the two extremes of drug action, our answers would be:

1st That drug action, like diseased action, must follow a definite course and develop a natural history. Some drugs begin with certain organs, others with others.

2d. For classification of similar acting drugs, it is necessary to know the trend of effects among the organs.

3d. How can we know dissimilar drugs if not developed in the primary and secondary effects?

4th. How shall we know the antidotal drugs and why they antidote?

5th. The therapeutic reasons are more decided still. If the secondary, or reactionary, or latest symptoms are the curative ones, the full effect, consecutive effects, primary and secondary, must be clearly developed.

6th. The order of the drug effects upon the organs must correspond to the disease to be treated, according to Similia.

If, for example, a bronchitis begins in the pharyngeal mucous membrane and passes into that of the larynx and trachea and into the larger and smaller bronchi and gets well in a reverse order, then a remedy selected, according to Similia, must have a similar course of action to arrest the disease. Have we such a remedy? Are we not obliged to use two or more in succession?

7th. Drugs do not seem to have the full history of most diseases, hence as therapeutists we must select for successive stages of the disease, and to do that we must know the successive relations of drugs to each other.

8th. We need classification of symptoms into primary and

secondary so that we know what drugs will succeed each other in time, locality and severity.

If a bronchitis is so severe, or persistent, or aggravated in its course as to pass the tidal barrier, and the inflammation extends from the capillaries into the parenchyma of the lung, giving us a broncho-pneumonia (lobular pneumonia), and this disease gets well in a reverse order, we must select drugs with a similar lung record; *i. e.*, primarily, inflammatory and secondarily, catarrhal.

9th. The attention of the therapist will be centered upon the secondary effects of drugs and the convalescent symptoms of disease he seeks to hasten. The pathogenesis of drugs should be so classified that the physicians may readily learn the secondary symptoms.

(There is something more the therapeutic student should have, and that is a chance to study the persons and the order of development in the different temperaments before classification. Hahnemann was of a nearly pure nervous temperament, and hence the mental and nervous symptoms are well brought out in most of the drugs he proved. Take the proving of an acid, and if the prover is a full-blooded alkaline subject the symptoms would not be the same as in a nervous person. These points have a practical bearing in developing pathogeneses, and they should be noted for the guidance of the therapist.)

In practice, our effort in acute diseases is to cut them short by selecting sharply acting similar remedies. It is the convalescent symptoms we desire to hasten.

If we can, for example, lessen the stage of congestion in pneumonia and hasten that of resolution, we feel that rapid convalescence is begun. As Prof. Mays (Phil. Polyclinic) says: "There is a very close association between the crises of acute pneumonia and the fatty metamorphosis of the vesicular exudation which occurs in this disease. So soon as this chemical transformation is complete, which takes place in a comparatively short period, the time for the crisis is ripe; but if the *vital forces* are wanting in vigor there is danger that the fatty metamorphosis will be supplanted by the still slower process of cessation. In either case the crisis will be absent." Here is where *Phosphorus*, the similar remedy, has won its laurels in hastening fatty metamorphosis, the secondary organic effects of *Phosphorus*.

In chronic (organic) diseases, following the guide of Hahnemann, we seek to recall the earlier symptoms as rapidly as we

can. To accomplish that we must select a drug with a similar train of symptoms, if the law of selection is *similia*. Hahnemann calls the *secondary* effects "curative," and so it would seem that the last symptoms are the restorative ones.

Hughes, in his Pharmacodynamics, seems to agree with this, for he says that "the *primary* action of drugs are rarely available for true *curative* purposes." The *materia medica* men say that it will be difficult to arrange the symptoms in any sequential order, to divide them into primary and secondary symptoms. It will not be so difficult if the symptoms of each organ are studied separately, as is being done by the specialists. It is a great work, and both therapists and drug students can assist when they take the cure here outlined.

It is believed that the "characteristics" are chiefly found among the secondary symptoms. Why they are often therapeutic guides we now find an explanation. The expert in certain sections of the body are busy sifting out the curative end of drug effects.

In trying to condense the salient symptoms of the diseases of the heart and the remedies therefor, I was struck with what Baehr terms "the confusing, contradictory effects of drugs." What to give students as characteristic and curative was a vital matter. Should I tell, them for example, that *Digitalis* is used by allopathic physicians to "bring down the pulse," and then they complain of the cumulative depressing action of this drug? We must know this dual action of *Digitalis* on the circulation. Turning to Allen's great and invaluable storehouse we find in its pathogenesis 110 heart symptoms recorded, which should be stamped upon the minds of the young practitioners. Turning to Hawke's Characteristics, p. 69, we read under *Digitalis*, "all heart troubles accompanied by an irregular or intermittent pulse; pulse small and slow." Now ignoring all the primary rapid heart symptoms of *Digitalis*, the secondary ones only were given the students to memorize condensed as follows: "Very *feeble* and *irregular* action of the heart with *feeble*, *small*, *intermittent* pulse. Sensation as if the heart would stop, on motion." (Duncan's Handbook on the Heart, p. 57.)

As far as the heart is concerned, the secondary symptoms seem to be the therapeutic guides. Where did Prof. Porter (New York Post-Graduate School) learn this therapeutic hint?

"A more modern and better rule is to use *Digitalis* only when

there is a *general low tension* of the vascular area, with a tendency to *venous engorgement*. When the tension has been restored and the engorgement overcome, then stop the use of *Digitalis*." The secondary disease effect is here to be met by the secondary (curative) effect of the drug.

The size of the dose in proving must enter into this problem. As Dr. H. V. Miller well says: "The first symptom of a drug proving may be primary or secondary, according to the size of the dose. Comparatively large doses are required to produce, *upon the nerve centers*, a decided and powerful impression. This is primary, and may be either irritating and exciting or depressing, according to the nature of the drug. The succeeding vital reaction (organic) is secondary. But small doses produce a prompt reaction *without developing primary symptoms*."

If the small dose realm is in the secondary field, that will explain why modern skilled men, like chest experts of all schools, are giving small doses. This is especially true in the use of *Digitalis*. (Vide Ellingwood's *Mat. Med. and Therapeutics*.)

If the secondary symptoms (on the organs) are the curative guides, we must not underestimate the great value to the practitioner of the most complete provings. He must refer to and study such great collections of drug effects as *Allen's Encyclopædia* and *Hering's Guiding Symptoms*. He will long for more complete provings on various parts (organs) of the body than are given in the *Cyclopædia of Drug Pathogenesis*. Hahnemann's day books we should have to study the course of the action of drugs—as being dug out by Woodward. *Heinicke's Outlines* help at this point also, so does Gross in a comparative way. The condensed works of Lippe, Hering, Cowperthwaite, Allen, etc., are made up largely of secondary symptoms of the drugs. Some give both and confuse the practitioner thereby.

Teste, Dunham, Hughes, Burt, Farrington *et al.* are physiological studies of value, read by the light of secondary curative effects. The new crop of hand-books (Hawkes, Dewey, H. C. Allen, Nash) in a measure give only the secondary symptoms and are useful as therapeutic guides to a certain extent. The arrangement should be physiological.

When therapeutics (drug therapy) comes to be recognized as a separate department, and has a literature of its own, apart from disease study on the one hand and drug study on the other, then this drill of "the manual of arms" will not be so confusing.

Pathogenesis and Therapeutics are as distinct as Pathology and Therapeutics. In therapeutics we match, perhaps, a few symptoms of disease with a few symptoms of drugs. To do that scientifically and successfully implies accurate knowledge and sound judgment. In this battle the coming symptoms, the secondaries, are anticipated and removed.

We might outline our conclusions as follows :

1. Drugs, like diseases, have a definite course of action producing disease types.
2. Diseases take a definite course: (1) functional if acute, (2) organic if chronic, and (3) in an abnormal constitution.
3. Secondary symptoms of disease are the convalescent ones.
4. The *course of the remedy* action and *course of disease* must correspond, according to Similia.
5. Hence, *the secondary drug symptoms seem to be the therapeutic guides.*

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## A BRIEF OUTLINE OF MARYLAND'S HOMŒOPATHIC HISTORY.

By J. A. Clement, M. D.

We can truly say that the history of Homœopathy in Maryland has been a history of progress. While we are not able to show as rapid a growth in number of practitioners or institutions as can some of our sister states, we must take into consideration the fact that the people of Maryland are conservative and are not prone to adopt new methods or patronize new institutions until satisfied of their true worth. As the mercantile and financial institutions of this state are known all over the country as conservative, but reliable, and based on solid foundations, so it is with Homœopathy—what has been gained has been gained slowly but surely, and is here to stay.

When we consider that sixty years ago this community could not show a single homœopathic physician or institution, and now, in 1899, we can number physicians, a hospital, a college, two free dispensaries, several sanitariums, a state and local societies, a good registration law, and recognition in public institution and in the health department, we can point with pride to the fact that we have grown steadily.

In the following resumé of Homœopathy in Maryland I have

gathered data from various sources, and if errors have crept in you must be merciful. You must remember that in the early days of Maryland no health department existed, and even after the formation of that department, for a number of years, homœopaths received but scant attention. Some practiced the methods of similia "sub rosa," and a few openly; but as to the positive statement that such and such a one began homœopathic practice at such and such a date we must be a little careful.

According to Nelson's History of Maryland, the first physician of any school mentioned in the State's History was William Russell, and the first surgeon Anthony Bagnell. These gentlemen came with Captain John Smith, in 1608, to explore the shores of the Chesapeake and the Patapsco river, at the head of which our beloved Baltimore now stands.

According to the same authority, as early as 1839 Dr. Felix R. McManus, a graduate of the old school of medicine, embraced the doctrines of Hahnemann and must be considered the pioneer of Homœopathy in Maryland. In 1841 a German physician, Dr. Moritz Wiener, arrived in the city and commenced the practice of Homœopathy. Three others followed in succession, Drs. Amthor, Haynel and Schmidt.

Of the pioneers of Homœopathy in Maryland history has but little to say. But one in homœopathic historical literature is mentioned—Dr. A. J. Haynel.

Hartman says: "Hahnemann took two of his pupils to Cœthen, Drs. Haynel and Mosdorf." Hering says: "Dr. A. J. Haynel died at Dresden, August 28, 1877, æt. 81. He was an inmate of Hahnemann's family for more than ten years, and proved a number of remedies for him. About the year 1835 he came to America, and resided first at Reading, Pa., then at Philadelphia. In 1845 he lived in New York, and still later in Baltimore, from whence he returned to Europe several years ago."—*Bradford's Pioneers of Homœopathy.*

Other pioneers were Drs. Ward, Martin, Price, and Hammond. As their history is only recorded in memory (with the exception of Dr. Price), I have not attempted to record it in this paper.

Dr. Nicholas W. Kneass was the first homœopathic surgeon in Maryland, the date of his first operation (an amputation) being 1871.

Dearly would I love to pay tribute to the pioneers of Homœopathy in this State if data were obtainable, and in so doing



show my debt of gratitude to the men who were compelled to fight their way through opposition, prejudice and personal abuse in their efforts to inculcate the teachings of our Master, Hahnemann; but the historian must confine himself to facts, and I have done the best I could. But I cannot close this section without urging the present generation to remember what the past one has done for us; to remember such men as McManus, Haynel, Schmidt, Martin, Hammond and others, who cleared the forest that we might profit from the farm land.

### Institutions.

The Maryland State Homœopathic Society of Baltimore City was organized at the office of Dr. E. C. Price, December 16, 1875. In the following year it was incorporated. Officers were: President, Elias C. Price, M. D.; Vice-Presidents, Thom. F. Pomeroy, M. D., H. R. Feltehoff, M. D.; Secretary, H. A. Underwood, M. D.; Treasurer, J. Schmidt, M. D.; Censors: Drs. J. B. Crane, George Fechtig, A. A. Roth. The Society was discontinued in 1882, and in its place the Maryland Institute of Homœopathy was organized November 15, 1882. On April 11, 1887, this body adjourned *sine die*, and the present Maryland State Homœopathic Medical Society was founded. It now has 61 members, 45 in the city and 16 in the counties.

The Baltimore Homœopathic Medical Society was organized at Baltimore, September 24th, 1874, but was never incorporated. The officers were: President, E. C. Price, M. D.; Vice-President, N. W. Kneass, M. D.; Secretary, T. S. Townsend, M. D.; Treasurer, Thom. S. Shearer, M. D.; Censors, Drs. E. J. Hardy, T. F. Pomeroy, Benzinger. This organization met monthly until 1883, when it was discontinued.

The Medical Investigation Club of Baltimore was organized in November, 1881. The original members were Drs. Elias C. Price, R. W. Mifflin, W. B. Turner, J. A. Gwaltney (deceased), Eldridge C. Price. Later the following joined the club: Drs. Henry Chandlee, G. F. Shower, A. H. Barrett, T. B. Mickle (deceased), and Chas. H. Young. During the winter of '86-'87 the club limited its work to the study of materia medica. After much good work had been accomplished, it was decided to publish the results in book form, which was done in 1895, under the title, "A Pathogenetic Materia Medica."

The Homœopathic Clinical Society of Maryland and the Dis-

trict of Columbia.—A union of the Homœopathic Society of Maryland and the Homœopathic Medical Society of the District of Columbia was organized at Washington, October, 1890. Officers: President, Dr. C. H. Thomas; Vice-President, Dr. S. S. Stearns; Secretary, Dr. F. C. Drane; Treasurer, Dr. T. F. Macdonald. The society meets monthly alternately at Washington and Baltimore.

#### Dispensaries.

If free dispensaries are an indication of the charity of a city, surely Baltimore is a charitable one, as we could name more than a dozen, two of which are under homœopathic control, one at 16 W. Saratoga street and other at 1122 N. Mount.

The first homœopathic free dispensary was "The Maryland Homœopathic Free Dispensary," established early in 1875 by the Baltimore City Homœopathic Medical Society. The members of this society served in rotation gratuitously. It was incorporated in December, 1877, with a board of trustees. The physicians were at that time given a monthly salary of \$15.00. November 10, 1888, this dispensary was transferred to the Homœopathic Hospital and Dispensary of Baltimore City. After July, 1890, it was located at 323 N. Paca street, and became a part of the Southern Homœopathic College and Hospital. The dispensaries are now conducted under the management of the college and hospital staff.

#### Hospitals.

The first homœopathic hospital in Maryland was opened, in 1890, at 323 N. Paca street, Baltimore. It had twenty-five (25) beds, and, in connection with the hospital, a training school for nurses. The patronage of the institution rapidly increased from year to year, until the original capacity of the building became too limited. The management secured a large building and tract of land in N. W. Baltimore, and in 1894 the hospital was removed to its present location, 1122 N. Mount street. The building has been improved from time to time and has always been filled to its full capacity by private and free patients. It now has sixty beds and a number of private rooms, and the results obtained, both medical and surgical, compare favorably with any similar institutions in the State.

The first resident physician was Bartus Trew, M. D., who served until 1894, and was followed by J. O. Hendrix, M. D.,

Horace L. Fair, M. D., H. S. Stansbury, M. D., O. S. Everhart, M. D., and W. T. Willey, M. D., the present incumbent.

### Sanitariums.

Perhaps there is no better evidence of the fact that the people of Maryland have faith in Homœopathy and in its disciples than the cordial support of five homœopathic sanitariums for medical and surgical cases. The work done in these sanitariums is, of course, private, and no records are obtainable, but they must do good work or they would not be supported as they are.

### Colleges.

About the year 1890 it seemed to some of the homœopathic profession that a homœopathic college was needed here, and that in Baltimore, a centre of educational institutions, a college to follow the teachings of Hahnemann would meet with success. On May 15, 1890, the Southern Homœopathic Medical College was incorporated and dedicated October 7, 1891.

The original faculty was as follows: Elias C. Price, M. D., Prof. Institutes; C. H. Thomas, M. D., Prof. Clinical Medicine; N. W. Kneass, M. D., Prof. Gynæcology; H. F. Gary, M. D., Prof. Eye and Ear; E. H. Holbrook, M. D., Prof. Chemistry; John Hood, M. D., Prof. Hygiene; R. W. Mifflin, M. D., Prof. Practice; E. C. Price, M. D., Prof. Materia Medica; O. E. Janney, M. D., Prof. Pædology and Orthopedics; J. S. Barnard, M. D., Prof. Surgery; H. Chandler, M. D., Prof. Physiology; E. H. Cinden, M. D., Prof. Anatomy; Howard Lindley, M. D., Lecturer on Surgical Anatomy.

Thos. L. Macdonald, M. D., of Washington, was elected Prof. of Principles and Practice of Surgery, May 29, 1891.

At different periods Drs. Thomas, Kneass, Gary, Holbrook, Hood, Lindley and Drane left the faculty and their places filled by Drs. J. B. G. Custis and Wm. R. King, of Washington; Drs. G. T. Shower, C. L. Rumsey, E. Z. Cole and H. J. Evans, of Baltimore.

The college has always been upon a liberal basis, admitting women on the same terms as men, requiring each student to have a good education as a foundation for the study of medicine, and being one of the first colleges in the United States to establish a four years' graded course of study.

During the first year seventeen students attended lectures, the degree of M. D. being conferred upon six advanced students.

The number of students has gradually increased, until it has reached about forty.

The graduates of the Southern College have spread over the country, and brought honor to themselves and to their Alma Mater.

#### Legislation.

While not the first to demand a separate board of medical examiners, Maryland was not far behind, and in 1892 a new medical law was passed providing for two boards of examiners—one for the old school and one homœopathic. Some are opposed to the examination law and some approve of it; many claim that the simple registration law is best, but at any rate, as far as medical law goes in this state, we are upon an equal footing with our friend "the enemy."

In the political arena homœopaths have, in the past few years, had an equal chance with the old school. With the physician to the city jail a homœopath, and several homœopaths as vaccine physicians, we cannot feel slighted in that direction.

#### Pharmacies.

As Homœopathy gained a foothold in Maryland the necessity of a homœopathic pharmacy became apparent. In 1835 Mr. J. G. Wesselhœft conducted a book store at No. 17 Point Market St., Baltimore, which in 1838 was located at the corner of Camden and Eutaw Sts. As at this time he was selling Hering's Domestic Physician with boxes of homœopathic medicines at his stores in Philadelphia and New York, it is probable that these medicines were also sold at the Baltimore store.

The first regular homœopathic pharmacy was opened by Mr. John Tanner at the corner of Saratoga and little Sharp Sts., in 1850. Tanner had been cured by homœopathic treatment, when quite a young man, after the old school had given him up. He went to Leipsic and studied homœopathic pharmacy there. Returning to Philadelphia, about 1840, he opened the first homœopathic pharmacy in the country. He removed from Philadelphia to Baltimore, and in connection with his Baltimore pharmacy he practiced medicine. He sold out to Dr. Amelia Hastings, a lady graduate. In April, 1865, she sold the pharmacy to Dr. Elias C. Price. He kept it for two and a half years, selling to Dr. Boone, who removed it to No. 16 Eutaw St. It was afterwards removed to Green St., then back to 19 N. Eutaw.

Dr. Boone sold out to Dr. F. E. Boericke, of Philadelphia, in 1868. In 1869 the firm became Boericke & Tafel. The pharmacy was soon removed to 135 Fayette St., and later to 228 N. Howard, where it is now located.

As we look back over the records of Homœopathy in Maryland, we cannot but feel proud and encouraged to face the work that lies before us.

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## SOME OF THE NEWER REMEDIES IN DERMATOLOGY.

By M. E. Douglass, M. D., Baltimore.

### *Eucalyptus Globulus.*

The following symptoms have been cured by the use of *Eucalyptus* used locally and internally:

Ulcers from a varix, of a year's duration.

Fistulous ulcers, discharging ichorous matter of a foetid odor.

Eruptions on the skin, of a herpetic character.

It also is very useful to prevent gangrene, and in suppurating wounds, to control the discharge of pus, used locally.

Concomitant symptoms are:

A desire to be constantly moving about.

Nervous headaches and other pains of the head, which are not exactly periodic.

Thin, watery diarrhœa, preceded by sharp, aching pains in lower part of bowels.

I have come to rely greatly on *Eucalyptus* wherever there is suppuration of a wound, or where an antiseptic is needed.

In ulcerated conditions of the throat it is a sheet-anchor, used locally and as an internal remedy.

### *Fagopyrum Esculentum.*

The skin symptoms produced by this drug are quite numerous and pronounced. They are:

Persistent itching of various parts of the body, especially of left arm and *alæ nasi*; worse from scratching.

Papillæ sore and itch; worse from scratching.

Red blotches upon the face and body, very sore; they itch and burn, but do not suppurate.

Itching of knees and elbows, also upon the scalp and face at the roots of whiskers.

Red, itching eruption on back, limbs and body generally; resembling flea bites; also forehead and face.

Excessive burning and itching of the limbs after retiring.

Tickling, crawling feeling in various parts of the body.

The eruption nearly heals, then breaks out afresh.

Swelling in back of neck, nearly the size of a hen's egg; another on the left shoulder; they resemble blind boils and disappear without suppuration.

Heel blistered and suppurating, very sensitive to touch and on walking.

Profuse sweating of genitals, of an offensive odor.

Ears itch internally and externally, and sounds seem muffled.

### **Juglans Cinerea.**

This drug has caused and cured the following conditions:

A peculiar exanthematous eruption, very much resembling the flush of scarlet fever.

Erysipelatous inflammation of the skin of the body and extremities.

Erythematous redness of the face.

Eruption resembling eczema simplex.

Throat feels swollen, with pain on the right side.

My first experience with the butternut was when a boy of ten years:

My younger brother and myself were gathering the nuts before they were quite ripe, and breaking them open and eating the meat.

The following morning when I awoke my tongue at the tip was quite sore, and around my mouth was a red eruption that itched and burned. A little cold cream, applied locally, caused the eruption to disappear in a few days. My mother, who was quite a nurse in those days, used a "tea" made by steeping the leaves and inner bark of the limbs and roots in water, locally, in various forms of eruptions.

My individual experience with drug leads me to prefer its use in chronic rather than acute cases.

### **Lobelia Inflata.**

The skin symptoms of this drug are few, and would indicate its use in scabies—a condition that New England housewives a half century back used a strong "tea" or decoction for—as a wash.

The recorded symptoms are:

Eruptions between the fingers, on the dorsa of the hands, and on the forearms of small vesicles, with tingling itching.

Prickling itching of the skin all over the body.

Pressive headache at the occiput, left side; worse at night and on motion.

Sensation as if the œsophagus contracted itself from below upwards.

Sensation as of a lump in the pit of the throat.

Flatulent eructations, with acidity and heat of the stomach.

The four latter are valuable concomitant symptoms, and when present make the selection of the remedy comparatively easy.

I have had very little experience with *Lobelia* in skin affections, except as having seen it applied locally, with good results, in scabies by the country women of New England.

#### **Menispermum Canadense.**

I have used this drug with the happiest results in two cases of acne simplex, and failed to produce any benefit in three others.

I believe, however, that were the drug carefully proven it would give us some valuable skin symptoms, and be a valuable addition to our list of skin remedies.

The symptoms thus far recorded are:

A few pimples on the face.

Itching all over the body, especially over the gluteal muscles and thighs, *aggravated by warmth.*

Itching of surface, the pimples bleed easily.

It has proved curative in chronic herpetic eruptions and tertiary syphilis.

Concomitant symptoms are:

Tenesmus, but stool natural.

Urine dark yellow and scanty.

Headache through the temples, extending to the occipital region.

Tongue much swollen.

Excessive discharge of saliva.

#### **Myrica Cerifera.**

Itching and stinging sensation on the skin of the face, neck, shoulder, forearm, and right leg.

Persistent itching in different parts, worse near the point of insertion of the deltoid muscles, in both arms.

Itching of the face, giving way to creeping sensation, as of insects.

*Yellowness of the skin of the whole body.*

Concomitant symptoms are:

Dull pain under both shoulder blades.

Loose, light-colored stool, growing lighter colored daily, until it became ash colored and destitute of bile.

Urine darker than usual; grows darker every day, until it is a deep brownish yellow.

Urine scanty, saturated with the coloring matter of the bile.

Myrica cured for me, last winter, a desperate case of jaundice, with the above symptoms. The itching was very annoying.

### Plantago Major.

The skin symptoms of this drug are very important.

The skin of the whole body is sensitive and leaves a burning sensation when scratched.

Itching in the lower limbs, also in other parts of the body; rubbing feels grateful, but does not relieve; when the rubbing ceases a burning sensation is experienced.

Prickling or stinging pains in the skin of different parts of the body and limbs; these pains are sometimes of a prickling character, as if produced by very fine needles; at others with a burning sensation, as if from nettles, always confined to one spot at a time; worse in warm room and in evening, better during exercise in open air.

Eruption about the hips and thighs; the papulæ are isolated, hard, white, and flattened. Itching aggravated by scratching.

Papulæ exude a yellowish humor, soon forming a crust.

The plantago is used with benefit as an application for lacerated or incised wounds or injuries, and especially when attended with painful swelling and tendency to erysipelatous inflammations.

I have often seen superficial burns of an extensive character heal promptly from the local application of an ointment made by simply stewing the plantain leaves in lard and straining while hot to get rid of the leaves.



## WHAT SHOULD CONSTITUTE AN OFFICIAL HOMŒOPATHIC PHARMACOPŒIA.\*

F. A. Boericke, M. D., Philadelphia, Pa.

It is not the object of this paper to defend or attack any homœopathic pharmacopœia now in use, but to consider the fundamental principles which should serve as a guide in compiling such a work and to show the danger to Homœopathy in losing sight of these.

The very first principle in the preparation of homœopathic medicines must be to adhere strictly to the original methods of Hahnemann, and of those who were engaged in making the provings. A difference in the quality of the drug employed will cause a difference in the effects produced, and when used for making provings will produce different symptoms. Not even the supposed progress of science should be allowed to interfere with the upholding of this most important principle, for if Homœopathy is true *real* science will never conflict with it. The importance of this was seen by the American Institute of Pharmacy, which laid down the rule (North American Journal of Homœopathy, August, 1869) that:—"The Manual of Symptoms having been arranged from trials of medicines, its value to the practitioner can be made available only by the use of remedies as nearly identical as possible with those experimented with." This was unanimously accepted by the Institute at that time. This means that medicines should be made by similar methods from the same substance, and, in the case of plants, from the same species; gathered during the same season; and the same parts as those originally used.

Hardly second in importance, and really making one with it, is absolute uniformity in the mode of preparation. Let the whole school combine in establishing a uniformity of preparation; let the individual physician insist on this. If there is sufficient cause to make any changes, then this should be universally adopted. When one physician successfully prescribes a preparation made in a certain way, and another expects to reach the same results with differently made preparations, there will be disappointment and doubts, perhaps, of the truth of Homœ-

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\* Read before American Institute of Homœopathy, Atlantic City, 1899.

opathy itself. The cause of Homœopathy has suffered considerably on this account.

There have been established rules for the preparation of homœopathic medicines which have been in use for many years, and the resulting preparations have successfully served physicians in the past; a change in the mode of making these preparations must be considered as an experiment, and may jeopardize the welfare of Homœopathy.

There are essential differences in the tinctures of *Aconite*, *Belladonna*, *Bryonia*, etc., prepared from the juice of the plants and those prepared by macerating the whole plant in alcohol. There are essential differences in a tincture made from the root of a plant and one made from the leaves. There should be instruction on the differences of the methods pursued and a clear understanding obtained from comparisons and experimenting. To assist in the proper discrimination and identification of our preparations it is of considerable importance to have a description of a standard preparation as to color, odor and any additional indications that may assist to this end in an official pharmacopœia. It is to be regretted that in many cases the physician does not take enough interest in the subject to make the necessary investigations, and it is to be hoped that such an interest may be aroused by this discussion and that the physicians will thoroughly study the matter.

It is well known that two tinctures from different pharmacists rarely are the same, even where "scientific accuracy" is claimed; the physician should insist on knowing the reason. *Without uniformity in the preparation you cannot expect uniformity in the results.*

Consider well any proposed changes before making them, and do not leave this to the pharmacist. The pharmacist is the servant of the physician, and the physician should assert his prerogative by insisting on preparations which he *knows* to be made by the best methods and which he *knows* will correspond to the symptoms given us by the provers. When a change in the method of preparation is proposed, it must be considered whether the change is worth more than what may be sacrificed. In general it is not useful to make a change unless it is absolutely necessary. A change in the proportion of parts used is comparatively unimportant and the general idea of adhering to the proportion of 1-10 in the preparation of our tinctures, as the allopaths do, is in many particulars very useful, and the difference will probably only be in

the strength of the preparation, but to change the mode of preparation, to macerate a plant instead of using the juice only, or substituting different parts of the plant for those originally used, in my estimation, endangers the welfare of Homœopathy. No accurate prescriber would be willing to use tinctures made from the dry plant where the fresh plant has always been used, and it must make even more difference to macerate the plant in alcohol instead of using the expressed juice only, as heretofore.

It is not always possible to determine the exact method pursued by the prover in the preparation of his medicine, and provings of the same drug may have been made from preparations differing in some respects, but this cannot be used as an argument against endeavoring to follow the same methods where those methods are known, or, in the case of Hahnemannian remedies, to continue making them by the formulæ laid down by Hahnemann.

It is never in the province of a Pharmacopœia to combat or deny the practice or experience of any portion of the school. A Pharmacopœia should be a purely historical work. It is "a book of formulæ or directions for the preparation, etc., of medicines" (Dunghison), and it is entirely beyond the scope of a work of this kind to attempt to refute or defend any existing theory. It is a serious mistake for a Homœopathic Pharmacopœia to repudiate the effects of dynamization on drugs, or to put a limit on the potencies; leave that latter to the individual practitioner. As for the former, dynamization, we can establish its truth by the experiments of old school scientists, who repudiate Homœopathy, yet who are at this late day slowly arriving at the conclusions Hahnemann formulated over sixty years ago. Professor Schulz, of Greifewald, Germany (reported by Dr. Heingke in *Populaere Zeitschrift fuer Hom.*, August, 1888), made a series of interesting investigations which compelled him to this conclusion, namely: "Every irritant exercises an action upon the living cell, the effect upon cell activity being inversely proportionate to the intensity of the irritation." In him we have a scientist demonstrating by experiment the very point that Hahnemann and the earlier homœopaths contended was true, that is, the curative powers of an indicated drug are greater the higher that drug is potentized. Whether there is a limit to the development of this drug power in exciting the cells does not enter into

the scope of this paper, nor, it may be added, into that of a Pharmacopœia Prof. Jaeger, of Germany, by his Neural analysis, gave a tangible demonstration by purely scientific methods of the action of drugs attenuated to the 30th potency.

Carl von Naegeli's experiments are so recent that they need not be dwelt on here at any length. Briefly stated, he discovered that a solution of metallic copper of  $\frac{1}{10000000000}$  in water was sufficient to kill spirogyra. The manner in which von Naegeli made this copper solution brings up another point, peculiar to the early days of Homœopathy, which a homœopathic Pharmacopœia should not deny, namely, the solubility of metals, or the so called "insolubles." Von Naegeli obtained his solution by suspending four clean coins in a litre of distilled water for four days.

More instances of the solubility of metals might be cited, but as that fact is now no longer seriously questioned in scientific circles it would be useless. The fact, of interest to Homœopaths, remains, that the old Hahnemannian method of converting the so called insolubles into dilutions from the triturations of those metals, or drugs, was the proper one, and to day has the unconscious sanction of the most learned modern scientists. But we should believe this, not because a tardy science now admits it, but on account of the works of those old preparations. They have been weighed in the balance and not found wanting.

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### A PYROGEN CASE.

By H. R. Bellairs, M. A.

The patient, an elderly woman of slender means, has suffered for years from an awful ulcerated leg, which was, so to speak, riddled with deep, burrowing wounds, which discharged freely and were extremely painful.

Various remedies were prescribed and taken without the slightest perceptible change—*Hepar, Silica, Arsenicum, Hamamelis*, among others. Antiseptic dressings were equally futile in their action.

Suddenly *Pyrogen* flashed, like an inspiration, into the writer's mind. Its success in "bad legs" has previously been made known in the pages of *The Homœopathic World*. A few globules of the 200 (Heath) were dissolved in an 8-oz. bottle of distilled water; a teaspoonful to be taken once or twice a day.

The result was brilliant. To use the patient's words, "a large boil" formed on the calf of the leg, after the discharge of the contents of which all the various ulcers healed up directly.

There is no pain now, and but little irritation.

*Pyrogen* is one of our most powerful weapons, if rightly used. It is *invaluable* in varicose ulcer, and has, according to Dr. Kent, given great relief in the hacking night cough of phthisis, which it often removes. Why it should have been omitted from Dr. H. C. Allen's *Keynotes* is more than the present writer can conceive.

29 Banbury Road, Oxford, June, 1899.

*Homœopathic World*, July, 1899.

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### DR. MATHEWS VS. DR. RUATA.

President Mathews has stirred up a decidedly lively hornet in Dr. Charles Ruata, Professor of Hygiene and Materia Medica in the University of Perugia, who, like so many European professors, is at home in several languages. The following is the way Dr. Ruata opens in a long letter in *New York Medical Journal* of July 21st. It is interesting reading.

SIR: In his Presidential address to the American Medical Association Dr. Joseph M. Mathews had the goodness to call *mad people, misguided people*, those who have not the good luck to be among the *believers* in the preventive power of vaccination against small-pox. It is not surprising to hear such language from fanatics; in fact, it is most common to see ignorant men make use of similar vulgar expressions; but it seems to me almost incredible that the president of such a powerful association as the American Medical Association, in his address, showed himself so enthusiastic in his belief as to forget that respect which is due to his colleagues who do not have the same blind faith.

It may be that we antivaccinationists are "mad" and "misguided," but I feel that we are far more correct in our expressions, although we do not *believe*, but are *quite sure*, that vaccination is one of the most wonderful and most harmful mistakes into which the medical profession has ever fallen. I can assure you that if I am a madman, my madness is very contagious, because all my pupils for several years have become as mad as I am, so that *several thousands of medical men* in Italy are suffering now with the same kind of madness.

One of the most prominent characteristics of madness as shown in illusions and hallucinations which are accepted as fundamental truths. Now, let us see what are the main facts about vaccination and small-pox in Italy:

Italy is one of the best vaccinated countries in the world, if not the best of all, and we can prove that mathematically.

All our young men, with not many exceptions, at the age of twenty years must spend three years in the army, where a regulation prescribes

that they must be *directly* vaccinated. The official statistics of our army, published yearly, say that from 1885 to 1897 the recruits who were found never to have been vaccinated before were less than 1.5 per cent., the largest number being 2.1 per cent. in 1893, and the smallest 0.9 per cent. in 1882. This means, in the clearest way, that our nation twenty years before 1885 was yet vaccinated in the proportion of 98.5 per cent. Notwithstanding, the epidemics that we have had of small-pox have been something so frightful that nothing could equal them before the invention of vaccination.

To say that during the year 1889 we had 16,249 deaths from small-pox, 18,110 in the year 1888, and 13,413 in 1889 (our population is 30,000,000) is too little to give a faint idea of the ravages produced by small-pox, as these 18,110 deaths in 1888. etc., did not happen in the best educated regions of our country, but only in the most ignorant parts, where our population live just as they lived a century ago—that is, the mountainous parts of Sardinia, Sicily, Calabria, etc.

After giving columns of startling figures of the same nature, Dr. Ruata concludes, as follows :—

After these facts I would most respectfully ask Dr. Joseph M. Mathews if he can show that in considering them I have lost my mind. At any rate, I do not consider it correct for a medical man to make use of such language against other medical men, however few, who have the only fault of considering things as they are, and not as one wishes they should be.

The progress of knowledge has for its principal base truth and freedom, and I hope that in the name of truth and freedom you will publish these observations, badly expressed in a language that is not my own, in your most esteemed journal.

In view of such statements from no obscure or fanatical man, would it not be well for our homœopathic bodies to think twice before they fall into step with the American Medical Association on this subject? Perhaps the best course will be to leave each physician in freedom to exercise his own judgment—as he will do, resolution or no resolution.

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### SOME HOMŒOPATHIC CASES.

Dr. Majumdar's *Indian Homœopathic Review*, just to hand, contains some refreshing homœopathic cases. One man who put a dose of gonorrhœa and a big spree on top of a lingering case of malarial fever was laid by the heels with an attack of Asiatic cholera. Dr. Majumdar was called in and on the rather mixed symptoms prescribed *Nux vomica* 30. Next morning as the case was no better *Sulphur* 30 was given on the old plan of "clearing up the case." It did; in a short time the doctor was hurriedly called as they said the patient was dying. He was found icy cold, breathing hard, bad hiccough, and the typical cramps of

cholera. *Cuprum ars* was given twice during the night, and the patient was soon better. A sore mouth followed and was promptly cured by *Lachesis* 30, and since then the man is "in better health than he has been for years." All which seems to show that the Hahnemannian remedy in the 30th potency will *cure* even in desperate cases.

Also the following from the same journal:

"Shib Nath Acharji an astrologer, aged 50 years was dangerously attacked with a malignant carbuncle on the left side of the spine. It swelled to the left shoulder blade."

"The astrologer went to the assistant surgeon to be treated. When the doctor came out with his lancet to open it, he was greatly frightened and came to me."

"At the very beginning we administered a few drops of *Silica* to expedite the course of suppuration. After three days we found some healthy pus coming out. Again after two days we saw all the openings become one and then there appeared a large white slough closely adhering. Next day we saw it become bluish and administered two doses of *Lachesis* 1000 dil. It was loosened and was hanging on the back. The next day it dropped from the back and the patient was cured within a fortnight."

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## HÆMORRHAGES FROM THE BLADDER.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger P. Zeitschr.*,  
March, 1899.

A short time ago I was called in to a little girl, nine years of age, who since the previous day had suffered from hæmaturia. It appeared to be a case, not of hæmorrhage from the kidneys, but from the bladder, for the blood was not intimately mixed with the urine—as is usual in hæmorrhages from the kidneys, but it was discharged after urination without being mingled with urine. Other symptoms also pointed to hæmorrhage from the bladder. As is well known in hæmorrhage from the kidneys, the blood is more light red and thinly fluid than in hæmorrhages from the bladder, it also usually contains much albumen, and generally there are pains in the renal regions, especially on pressure. In hæmorrhages from the bladder, however, the pains on the application of pressure are more in the region of the bladder, and there is nearly always more or less of a pressure to

urate; the patients have to rise several times in the night for micturition, and the urine contains not only blood, but also pus and mucus. The fact that, as the parents told me, the child had suffered two years before, according to their former physician, from a catarrh of the bladder which lasted some time—a consequence of a gastric fever, also led me to think it a hæmorrhage from the bladder, though this is seldom found in children; I, at least, have not in my fifteen years' practice found any other case of hæmaturia with a child.

Besides absolute rest in bed and a diet consisting of milk and fruit, I gave her, on the first day, every two hours, one drop of *Cantharis* 3 in a teaspoonful of water. In consequence the hæmorrhages diminished even on the first day. Next day I gave her two drops of this medicine every 3 hours, and I promised to return in 48 hours. When I returned after this lapse of time I found the little girl completely restored; she was already out of bed and at work on her lessons.

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### TOXIC PROPERTIES OF BEEF TEA.

(The following is from the editorial page of *Modern Medicine* for June and is worthy of investigation):

In view of the fact now so well known respecting the toxic character of beef tea and meat extracts of all sorts, it is certainly surprising that physicians continue to prescribe meat extracts, broths, bouillon, and similar preparations in all sorts of conditions. It is indeed especially surprising that such pseudo foods should be recommended in cases of acute general toxæmia such as is present in typhoid, pneumonia, diphtheria, and allied conditions. An eminent French surgeon not long ago remarked, "Beef tea is a veritable solution of ptomaines." The analysis of beef tea shows that it contains urea, uric acid, creatinin, and a variety of other toxic substances. Grijns has shown that solutions of urea have a most destructive effect upon red blood-corpuscles. Such solutions cause the corpuscles to swell up and burst, as they do when exposed to the action of distilled water.

A most remarkable fact respecting solutions of urea is that the addition of chloride of sodium in sufficient quantities to give the solution the same specific gravity or osmotic tension as the blood itself does not in the slightest degree prevent this destructive action upon the corpuscles, thus showing that its noxious qual-



ities are specific, and that it is not, as was suggested some years ago by Bouchard, a comparatively neutral and innocuous substance. An extract from the tissues of a dead and decomposing animal is about the last thing that ought to be given to a patient who is already struggling against the toxic influences of a flood of systemic poison. In the juices of fruits, nature has given us a source of energy in the most available and acceptable form. Fruit juices of some sort may be recommended as preferable in every condition in which beef tea might be considered a desirable food. Properly prepared fruit-juices, preserved by sterilization without fermentation, actually present the body with stored energy in a form available for immediate use; whereas, beef tea is simply a solution of products whose energy has been exhausted, and acts merely as an excitant without really augmenting the bodily energy to any appreciable extent.

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### THE PEPSIN CRAZE.

If some charlatan would put upon the market a brand of ostrich pepsin, it would quickly attain great celebrity, and would boast of the endorsement of any number of persons who had realized good results from its use, even though it might be nothing more than powdered starch or sawdust.

Morro's experiments showed long ago that the element lacking in the dyspeptic stomach is not pepsin, but hydrochloric acid, and his observations have never been shown to be faulty. The writer has carefully studied the results of more than a thousand chemical examinations of stomach fluids, made after the methods of Hayem and Winter, and has to record that in less than one per cent. of these cases has there been found any deficiency of pepsin. Unless the peptic glands have been destroyed by cancer or some other degenerative process, pepsin is present in sufficient quantity to do all the work required of it.

The fact has been before the medical profession for years, and yet we go on prescribing pepsin in all its combinations for our patients from mere force of habit; or do we use it as a mind cure?—*Modern Medicine.*

**PURE WATER A POISON.**

(The following is clipped from Foulon's *Clinical Reporter* and will be comforting to drinkers of Schuylkill, Croton, Ohio river and other waters that are not chemically pure):

We doubt whether Germany has any "Ralstonites," who insist that only distilled water should be used as a beverage, but it has a Dr. Koppe, who, in the *Deutsche Medicinische Wochenschrift*, knocks the pins from under the Ralston doctrines. The *National Druggist* gives an abstract of the article, from which we quote: "By chemically pure water, we usually understand perfectly fresh, distilled water, whose behavior and properties are well understood. It withdraws the salts from the animal tissues and causes the latter to swell or inflate. Isolated living organic elements, cells, and all unicellular organisms are destroyed in distilled water—they die, since they become engorged therein. They lose the faculty, upon which life depends, of retaining their salts and other soluble cell constituents, consequently these are allowed to diffuse throughout the water.

"Distilled water is, therefore, a dangerous protoplasmic poison. The same poisonous effects must occur whenever distilled water is drunk. The sense of taste is the first to protest against the use of this substance. A mouthful of distilled water, taken by inadvertence, will be spit out regularly. \* \* The local poisonous effect of distilled water makes itself known by \* \* \* all the symptoms of a catarrh of the stomach on a small scale.

"The harmfulness of the process, so much resorted to today, of washing out the stomach with distilled water is acknowledged, and we find the physicians who formerly used that agent are now turning to the 'physiological solution of cooking salt,' or 'water with a little salt,' or the mineral waters recommended for the purpose. The poisonous nature of absolutely pure water would surely have been recognized and felt long since, were it not that its effects in their most marked form can seldom occur, for through a train of circumstances 'absolutely pure' water can rarely be found. The ordinary distilled water, even when freshly distilled, is not really absolutely pure, while that used in the laboratories and clinics is generally stale, has been

kept standing in open vessels, generally in rooms where chemicals of every sort abound and whose gases and effluvia are taken up by the water."

This poisonous action of pure water is, according to Dr. Koppe, responsible for some of the unexplained effects of administering ice to invalids. He says:

"Patients with hitherto perfectly healthy stomachs, who, after operations, are for any reason allowed to swallow 'ice pills,' \* \* \* not infrequently contract catarrh of the stomach. There are well known sequelæ of the use of ice, but up to the present no reasonable hypothesis has been offered as to the etiology of the same. It has been charged, it is true, to the 'bacteriological contents' of the ice, but examination of the latter has demonstrated it to be almost free from bacteria such as would account for the phenomena, though otherwise frequently containing bacteria. As a remedy our clinicians say we must use only artificial ice, made from distilled water. Well, it is possible that artificial ice may be better borne than the natural, but it is not because it is purer than the latter, but *exactly the contrary*. It is simply because the melted water thereof more closely approaches our ordinary drinking-water.

"This point in the care of the sick, which is certainly worthy of investigation and explanation, finds its analogy in daily experience of the travelers in the high mountainous regions. The guide books warn him against quenching his thirst with snow and glacier water, and the waters of the mountain brooks as well, for, as is well known, these not only do not quench thirst, but give rise to much discomfort. \* \* \* \* \*

"The harmfulness of glacier water, like that of the pure, cold mountain brooks, most of which, indeed, spring from glaciers, arises from the fact that they are exceedingly pure waters and produce identically the effect of the use of distilled water, they are poisonous. The supposition that the coldness of the water causes the sick, uneasy feelings cannot stand for a moment, though this coldness is very probably the reason that its unfitness for use is not at once recognized and the liquid rejected.

"The last link in our chain of prolegomena is found in the case of one of the Gastein springs. The water of this spring has an electrical conductivity of 31.9, therefore far excelling ordinary distilled water in this respect, and hence, according to

our proposition, its use should demonstrate the poisonous nature of pure water. By a most strange coincidence, from the oldest times, for hundreds and hundreds of years, this spring has been known as the *Giftbrunnen*—the ‘poison spring.’ Its water is never drunk, it is commonly regarded as poisonous, although no chemical examination of it—and they are almost innumerable—has yet been able to detect the slightest trace of poisonous substance. Its poison lies in the fact of its extreme purity! This, we know, is a proposition that nobody will take in earnest—still it is devoid of anything wonderful in a physiological point of view, and furthermore, it is borne out by fact.”

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“*CINERARIA MARITIMA* seems to hold the attention of many enthusiasts who believe its local application has considerable power in curing cataracts. Others claim that its internal use is sufficient to produce the same effect and with less danger. It seems to have an affinity for abnormal tissue development affecting serous surfaces; it is supposed to cause softening and absorption of opaque structures. The efficacy of the application of this remedy locally and its internal use are not sufficiently settled yet to warrant too enthusiastic commendation. It is a matter, however, worthy of future investigation and we await, with much interest, the reports of our ophthalmologists and the general practitioner as well.”—*H. V. H. in The Clinic for July.*

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## BOOK NOTICES.

**Essentials of Homœopathic Materia Medica and Homœopathic Pharmacy**, being a Quiz Compend upon the Principles of Homœopathy, Homœopathic Pharmacy and Homœopathic Materia Medica. Arranged and compiled especially for the use of students of medicine. By W. A. Dewey, M. D. Third edition. Revised and enlarged. 376 pages. Cloth, \$1.75; by mail, \$1.87. Flexible morocco, \$2 00; by mail, \$2.12. Philadelphia. Boericke & Tafel. 1899.

Some idea of the amount of revision and enlarging this edition has received will be had when it is known that the 2d edition contained 294 pages, while this, the third, runs up to 376 pages—and as good, solid, homœopathic work as can be found

in print. The student who can answer the questions in this book is well up in homœopathic theory, materia medica, and pharmacy. As regards the latter feature, Dewey might well supersede the warring pharmacopœias, so far as the medical student is concerned, for he will find in this book *all* that he needs to know in the matter, tersely and accurately stated. As for the remainder of the book, we need only say it is the third improvement of Dewey's "Essentials of Materia Medica," and that is enough, for it is known in all languages that have a homœopathic literature.

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**Supplement to Malcolm & Moss' Regional and Comparative Materia Medica.** A very convenient arrangement of the most characteristic symptoms of four hundred and twelve homœopathic remedies as given by Hahnemann, Hering, Guernsey, Hale, Hoyne, Hughes, Jones, Burt, and two hundred other homœopathic physicians in all parts of the world. By J. G. Malcolm, M. D. 76 pages. Flexible leather, \$1.50. Published by the author at Hutchinson, Kansas.

The difference between a materia medica and a practice of medicine is that the former takes as its pivotal point a medicine, a drug, and discusses what diseases it is likely to cure, whilst the latter takes as its pivotal point a disease, and considers all the medicines likely to cure it. The Regional and Comparative Materia Medica combines the two. In the first part of every chapter is given the symptomatology; this is the Materia Medica. At the end of each chapter is the Repertory; it is the Practice of Medicine. In the former the medicines are arranged alphabetically, and in the latter the diseases are so arranged. It differs from the ordinary practice of medicine in that it only gives a list of the names of the medicines to be used, and refers the student to the Symptomatology for the symptoms, whilst in the Practice of Medicine the symptoms are given after the name of each medicine. In the Practice of Medicine there is an endless repetition of symptoms. The same symptoms are given from five to ten times in the treatment of the various diseases. No such useless repetition of symptoms occurs in the Regional and Comparative Materia Medica. There the symptoms are given in one place, and the only repetition is that of the name of the remedy in the repertory. This is simpler and better, and gives the same

information in a cheaper and smaller book. The Regional and Comparative Materia Medica is therefore not only the best arrangement of the materia medica, but is the most convenient and the best work, so far as it goes, on the practice of medicine. It make the most convenient Comparative Materia Medica and the most compact and convenient Practice of Medicine.

The Supplement is arranged on the same plan as the work of which it is the supplement, and contains about one-eighth the reading matter, but is printed in smaller type and has about double the words to its page. It contains about 412 remedies, 200 of which are not in the original work, which contains 260 remedies, about 50 of which are not in the supplement. The two books contain about 460 remedies. The Supplement explains itself and will give the reader a good idea of the value of the larger work.

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MR. W. B. SAUNDER, medical publisher in Philadelphia, as all know, announces the following books for publication in the early fall of this year:

**The International Text-book of Surgery.** In two volumes.

By American and British authors. Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery, Harvard Medical School, Boston.

**Heisler's Embryology. A Text-book of Embryology.** By John C. Heisler, M. D., Professor of Anatomy in the Medico-Chirurgical College, Philadelphia.

**Kyle on the Nose and Throat. Diseases of the Nose and Throat.** By Braden Kyle, M. D., Clinical Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia.

**Pryor—Pelvic Inflammations. The Treatment of Pelvic Inflammations through the Vagina.** By W. R. Pryor, M. D., Professor of Gynecology in the New York Polyclinic.

**Abbott on Transmissible Diseases. The Hygiene of Transmissible Diseases: their Causation, Modes of Dissemination, and Methods of Prevention.** By A. C. Abbott, M. D., Professor of Hygiene in the University of Pennsylvania.

**Jackson—Diseases of the Eye. A Manual of Diseases of the Eye.** By Edward Jackson, A. M., M. D., late Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine.

Proceedings of the Massachusetts Homœopathic Medical Society, 1889 to 1899. Vol. XII. Published by the Committee on Publication.

The Society having discontinued its arrangement with the *New England Medical Gazette* for the publication of its proceedings and having voted to have them published in book form, also included a condensed report of the proceedings of the intervening ten years. The result is a volume of 350 pages in brevier type, full of many excellent scientific papers.

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THE *Indian Homœopathician*, edited by S. B. Mukerjee, Lucknow, India, is the last comer in the homœopathic journal field. Part of its platform is embodied in the following: "The much neglected Philosophy of Homœopathy—the exposition of the principles laid down by Hahnemann in his *Organon of the Healing Art*—will be a special feature of the journal." If this is followed the new journal will soon make a place for itself, for the other branches are over-crowded, but not this one.

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WE have been favored with a copy of *Phials*, published by the Junior class of the University of Michigan for 1899. It is well edited and full of local jokes, some of them good enough to go out farther than the college, as witness: "The mental symptoms of *Antimonium crud.*, Miss Wilson?" "Oh I remember them, doctor. Poetical, you know, and romantic—a moonlight night mood. Oh, I know all about that." Dr. Helmuth contributes one of his inimitable poems to the number, "Semper paratus."

—I'm young again to-night,  
I'll send the old dean packing, and will be  
Helmuth, a graduate of '53.

Good work, Mr. Juniors.

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"THE Fallacy of Vaccination," by Alexander Wilder, M. D., is the title of a twenty-four page pamphlet published by the Metaphysical Publishing Co., of 465 5th Ave., New York. Price, 15 cents. It is a strong paper and inditement of a practice that for some unexplainable reason has taken a firm hold on mankind. For instance, what is to be said to the assertion that James Phipps, who, as the first vaccinated person, the centenary of which act was recently celebrated in England, afterwards had confluent small-pox? Also of the statistical fact that 86 per cent. of the millions who have had the disease since the introduction of the vaccination had been vaccinated? Or of the assertion, "Consumption follows in the footsteps of vaccination as directly as an effect ever follows a cause?" We would like to see the paper discussed in some of the great vaccination journals, in a dispassionate manner; it would be decidedly interesting.

OUR "regular" friend, the *Charlotte Medical Journal*, has the following to say of the fourth edition of Boericke & Dewey's *Twelve Tissue Remedies of Schuessler*, just published, and it hits nearer the truth than it wots when it mixes these remedies with Homœopathy:

Perhaps very few of us have an intelligent opinion of Homœopathy; we simply condemn it on general principles or use it tentatively when we only want to be doing something. The case is presented for what it is worth, and Drs. Boericke and Dewey give a reason for the faith that is within them, and to get an intelligent idea of what Homœopathy really is we should read this book. The Twelve Tissue Remedies are *Fluoride of Lime*, *Phosphate of Lime*, *Sulphate of Calcium*, *Phosphate of Iron*, *Chloride of Potassium*, *Phosphate of Potassium*, *Sulphate of Potassium*, *Phosphate of Magnesia*, *Chloride of Sodium*, and *Silica* or silicious earth. Therapeutical application is from abscess to yellow fever. The repertory is a well-arranged index of diseases, symptoms and treatment.

By the way, Boericke & Dewey's work, aside from Schuessler's own book, is the only one published that keeps up with the progress of these remedies; all the others are "plated" books while B. & D.'s is from type, and each new edition embodies all that has been learned on the subject since the appearance of the previous edition; for example, the first edition of this book had 303 pages; that was in 1888, and now, in 1899, it has grown to 424. But everyone knows there is only one Schuessler book, *i. e.*, Boericke & Dewey's. It has been pirated twice, but both the piratical editions are now out of date and have not paid the publishers of them for their shady business. It never does, for the world neither likes nor trusts that breed.

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THIS is what the *Homœopathic World* has to say of our friend—friend of all of us—Dr. Nash, and his *Leaders*, a book that has caught on with the medical world as *David Harum* has with the literary world:

This book is of the right sort. It is the work of a careful practitioner and an acute observer who has the faculty of putting into practical shape and homely phraseology the fruits of his long experience and observation. Dr. Nash belongs to that branch of the homœopathic body which numbers among its representatives such names as Hering, Lippe, Dunham, and H. N. Guernsey. Following in their footsteps, he has confirmed their teachings, and in the book before us has provided a series of drug sketches that have seldom been surpassed. One great charm about the book is its spontaneity. It is unacademic to the last degree, and correspondingly vital. There is no order in the book, not even the alphabetical but this is compensated for by an excellent double index—an index of the remedies and a clinical index. As one remedy suggests another the pictures are drawn and painted, and illustrated from the author's experience. Further there is no schematic order in the sketches. Dr. Nash begins to paint his pictures at any point which seems to him the most desirable. Hence the work is eminently readable. In a book of this kind, that is precisely what is wanted. For *materia medica* reference work the schema is an absolute necessity; but in comprehensive descriptive work all hard and fast lines break up the unity of the picture and mar the effect.

Dr. Nash's book may be confidently recommended alike to student and to practitioner. It will put the former in the right way of obtaining a vital acquaintance with the forces he is to handle; and the latter will find in it many a new light thrown on remedies he supposed he knew all about before.—*Homœopathic World*.



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## BLACK TRITURATIONS OF MERCURIUS VIVUS.

It has been asserted that black triturations of *Mercurius vivus* are an evidence of superior trituration, *i. e.*, that the particles of the quick mercury are subdivided so finely that they turn black this is decidedly erroneous, as any physician can see by a moment's reflection, and the blackness of such a trituration is due to the fact that it is black oxide of mercury. If it were truly *live* mercury, *i. e.*, *Merc. vivus*, it would of necessity be the color of mercury, a light gray. The microscopic test will also confirm this, as will, also, the "blue mass" and "blue ointments" of the old school which are triturations of *Mercury*. It is well for physicians and pharmacists to know these little things.

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## MISSOURI VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

ST. LOUIS, Mo., June 30, 1899.

Editor THE RECORDER,

*Dear sir:* Will you kindly state in your next issue that the Missouri Valley Homœopathic Medical Society will hold its 5th Annual Session at St. Joseph, Missouri, the first week in October. On account of the meeting of the American Institute at Omaha last year no meeting of the Missouri Valley Society was held, but it is proposed to make up for lost time this year in the size of the Missouri Valley meeting and the character of the papers read. The chairman of the bureau will be announced next month.

By running the above you will greatly oblige,

Yours fraternally,

L. C. McELWEL, M. D.,

*President.*

1113 N. Grand Ave.,  
St. Louis, Mo.

**THE DEATH OF DR. I. TISDALE TALBOT.**

We, the members of the Consulting Board of the Westboro Insane Hospital, shocked and profoundly saddened by the sudden loss of our honored chairman, Dr. I. Tisdale Talbot, desire to express our grief and our sense of personal bereavement in the sundering of the close ties which have so long united us as men, as physicians and as co-workers upon this Board; as well as our keen realization of the loss to this institution of his wise counsels, his ever active interest and his ripened experience.

We desire, also, to tender to her who labored with him for the welfare of this hospital, as in many other fields of usefulness, and to the other members of his family, our sincere and heart-felt sympathy.

HOWARD P. BELLOWS,  
CHAS. L. NICHOLS,  
JOHN PRENTICE RAND,  
For the Board.

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**WELL SAID.**

“The question of compulsory notification of tuberculosis in Michigan has been brought to a climax by the arrest of a number of well known physicians on a charge of not complying with the law. It is questionable whether any infringement of the law has taken place, but even if it has it is well that the breach has occurred in order to bring several questions before the public. The moral iniquity of creating a leper class out of the tuberculous is too grave a matter to be lightly condoned. The degradation of the physician's calling to that of an unpaid reporter for a bureau of statistics is one that he may justly resent. If dangerous communicable diseases are to be brought within public ken, let every alderman that has syphilis and every health commissioner that has gonorrhoea voluntarily make examples of themselves for the public good. There may be some wise reason for a correct collection by the State of the statistics of tuberculosis. This is best furnished by the death records. These statistics, however, should find some higher use than that of providing diversion for statisticians, nor should they be used as a means of projecting hazy generalizations based upon unreliable data, nor

for the preparation of graphic curves of uncertain geometrical purport. Unless some undeniable good can come to the living from labelling the tuberculous as dangerous, this should be resisted as an unwarranted encroachment upon the liberties of the individual. The usual plea of the notificationists is that this is the only way to educate the public to a sense of the danger of the disease. This, of course, is not so; but even if it were, to do an act of injustice to one individual sufferer that the rest of mankind may profit thereby must fall short of any genuine ethical conception of public or private duty."—*Medical Age, July.*

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### NEW ANN ARBOR HOSPITAL.

The following from the *Ann Arbor Daily Argus*, of July 6th, will be good news to homœopaths:

"The special election of last Monday, July 3, at which the people of Ann Arbor by a practically unanimous vote, 660 to 16, authorized the city council to donate a site for the new homœopathic hospital, is undoubtedly the beginning of a new era for the homœopathic medical college of the university and for the profession generally throughout the state. The property which it is expected will be donated is known as the Smith property, situated on Washtenaw ave., across from the gymnasium, and embraces about five acres. It is a fine location for a hospital, being situated on the street car line and quite near the college. The property will cost about \$17,000. There is already a large brick house upon it which will be fitted up for a nurses' home. It will probably cost \$2,000 or \$3,000 to do this, bringing the value of the lot and the building now upon it up to \$20 000. On this property the board of regents have by resolution agreed to build a hospital building which without the furnishings will cost not less than \$50,000. It may cost \$60,000. The entire property, including the site and the hospital with its equipment and furnishings, all new throughout, will, when finished, probably be worth \$90,000. The hospital will be placed back 500 feet from the middle of the street. The surroundings are beautiful and from the back of the hospital will be a delightful view of the Huron valley. The location is in every way an excellent one."

"This hospital will be for the exclusive use of the homœopathic department, the one now occupied by that department be-

coming a part of the university hospital. The new hospital will be thoroughly modern and up to date in every respect. It will probably have a fine lecture room in connection and a capacity for 75 patients. The rapidly increasing patronage of the new department makes this large increase of capacity a necessity."

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ODD things drift into a journal's mail. Here is a paper, four pages, and not an advertisement in it, the *Christian*, run by a male "Christian scientist," and here is a letter from one of his patients:

"It is with a heart full of joy and gratitude that I report to you my daughter's convalescence. She is a living wonder. The doctor had no hopes of her recovery. Temperature was 105. She was almost lifeless when I wrote you, but there was a change for the better in a few hours after I mailed the letter. Her little girl is so amenable to your treatments. She, also, became ill. Imagine my mental agony! I mustered mind and courage enough to say: 'Hurry, Dr. Shelton! She must not get sick, for it will just kill her mother in her weakened state.' She stopped crying, as quick as lightning, and was sweet and nice about being put to bed. Next morning she was all right and quite content. Another peculiar circumstance. A few days before the mother went to bed so ill, the little daughter sprained her wrist. She cried for three hours. I suddenly thought of you, and said, in the Silence, 'Doctor, my granddaughter has sprained her wrist.' To the wonder of her mother, father and nurse, standing around, she stopped crying and called for the kitty. She was all right after that. God is in you, and you are in God. I trust and honor you."

And we can only wonder whether the man paid the healer for his marvelous work in money or gratitude, probably the latter, for a man in God does not need cash.

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MODESTY has never been a prominent trait in the men who advertise a medicine, and what little they did possess seems to have gone glimmering, as witness the following clipping from a sixteen page dodger that is being showered on humanity as thick as leaves in Vallombrosa:

The hand-scythe has given way to the mowing machine; stage coaches to the steam cars; the tallow dip to the electric light. So it must be with medicines—big doses of calomel, quinine, etc., must step aside for IMPROVED HOMŒOPATHIC REMEDIES, which have completely revolutionized the old methods and traditions of medical treatment. While based upon the leading features of progressive and enlightened Homœopathy, his Remedies are as far in advance of the regular school of Homœopathy as Homœo-

opathy is above all other schools. These IMPROVED HOMŒOPATHIC REMEDIES, which Professor — has given to the world, *combine all that is best in all systems.*

This sort of thing is made possible, only by the absolute ignorance of the people concerning the A B C's of Homœopathy, as persons with even the merest surface knowledge of Homœopathy can see the gibbering idiocy of the above claim and all interested in the good cause should do his best to let the people know *what Homœopathy is.*

THE *Eclectic Medical Journal* of July says:

We note that our homœopathic friends are torn up concerning the infallibility of Dr. Hahnemann. "One says he is and the other says he isn't." They are now concerned over the suggestion by our Prof. Lloyd, to the effect that in case Dr. Hahnemann were alive he would probably accept pharmaceutical improvements. One says he would, the other says he would not, all of which is out of place if Hahnemann were superhuman, and in place if he was a mortal.

The question hinges on his infallibility, and our homœopathic friends should settle that point first. If he was infallible he knew it all, and it is useless for his followers to attempt to improve on his methods or his medicines. If he was a mortal he did not know. Settle the point among yourselves, gentlemen; don't let the *if* of outsiders disturb your deliberations.

Hahnemann was not infallible, good sir; nor has anyone ever said he was, and the "ifs" of outsiders will not disturb homœopaths in the least—send them in as often as you please. Homœopathy, we would inform our worthy contemporary, is the science of curing disease with drugs; in other words, the science of therapeutics. It was built up so far with proving of drugs prepared in a given manner, and it follows as day does night that if anyone wants to "improve" the drug he should also at the same time re-prove the improvement. The juice of fresh plant *Aconite* is the same as it was a hundred years ago, and all the "pharmaceutical improvements" under the shining sun cannot "improve" it. That is all. Do you see the point?

EVERY one should keep a stock of Biddle's *Answers to Questions Concerning Homœopathy* on hand to give out to the public. No better missionary pamphlet published.

## PERSONALS.

Cooper, of the *Gleaner*, defines "heart failure" as "damfino."

Query.—Is there *any* stop to the "evolutionary" process? Please answer.

Should he advertise the mosquito would make it: "Wanted: summer boarders."

Well, yes, John, in a sense a hennery is an egg-plant.

Dr J. B. Gregg Custis has removed to 912 Fifteenth St., McPherson Square, Washington, D. C.

And now the odor of fresh earth is "due to microbes," *cladathrix odorifera*. How long, oh Lord, how long!

A "health" journal affirms that chair backs are unnecessary. We'll take 'em in ours, however.

Time was when Homœopathy was even more "irregular" than "Christian science," therefore do not be too lusty in hurling stones.

Plenty of toleration for the brother's fads and fancies is a very good thing to cultivate. We all have 'em.

If he wants to spend his money for therapeutic prayers let him do it without kicking. He'll be more apt to come to the tolerant man when he recovers sanity.

Send your State Society, local society or American Institute papers to the RECORDER—big circulation and world wide.

No, John, it is not essential to use black tea while in mourning, though there can be no objection should you wish to.

"This is unquestionably the best work on the tissue remedies that has yet been published." *The Critique on Boericke & Dewey's Twelve Tissue Remedies of Schuessler*. Fourth Edition.

Dr. Halbert calls attention to the use of *Anacardium*  $\theta$  5 drop doses acute mental perversions. It has done good work in his hands.

If you have a "kissing bug" case rub it with *Plantago major*  $\theta$ , and give a little internally, so says our old friend, Dr. Cresson, of Germantown.

The *British Medical Journal* fears that beards are the haunt of bacilli. God forbid!

We read of a doctor who administers antitoxin per rectum. Wise man.

There is not a great deal of difference in life between "taking the middle course" and "sitting on the fence."

Certainly, Sarah, a preacher is a joiner, but he is not a mechanic.

"Shock" is chiefly important in damage suits.

David Harum says most men's hearts are located near their trousers' pocket.

Dr. John C. Rolleman has removed from Burr Oak to Ann Arbor, Mich.

And the HOMŒOPATHIC RECORDER is one dollar a year. Subscribe for it.

# THE HOMŒOPATHIC RECORDER.

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## A STUDY OF ECHINACEA.

By Thos. C. Duncan, M. D., Ph. D., LL. D., Chicago,  
Prof. of Principles and Practices of Medicine, Etc.,  
Dunham Medical College.

I have been very much interested in the report of Dr. Fahnestock on *Echinacea*, and also in all new remedies since 1866, when, as Secretary of the N. W. Provers' Association, I assisted in several original researches with new drugs.

Recently provings have had a new interest to me. I am looking for the *course of action* of the drugs, and especially the secondary or last effects.

In the outline of the action of *Echinacea* is first "a biting, tingling sensation." This is a surprise to the system, that should have, like *Aconite*, chilliness; the author says it has "fear." This is followed by "rapid circulation" and "fulness of the head," due to the increased action of the heart. This cerebral hyperæmia seems to extend to the spine also, with the attendant pain or myalgia. That is primary, and, as Hahnemann pointed out, must have a counter-effect, which the expert student of drug pathogenesis can fill out even if not in the proving. The final effect is "weakness," mental and physical, due to the hyperæmia. This hyperæmia, like that produced by work, must be followed and relieved by rest and sleep.

Here is something noteworthy and perhaps characteristic of this drug. With the rapid heart and fulness of the head there is not an increase of the mental activity, doubtless because of the stuffy nose the respiration (and oxidation) is defective, hence there is a rapid venosity and lethargy. This catarrhal condition extends down the whole alimentary canal, thereby doubtless af-

fecting the lymphatic glands—lessening the genesis of blood and anæmia might result.

The hyperæmic, and finally the catarrhal condition, also extends down the larynx, trachæa to the lesser bronchi. This explains the blocking of the upper part of the lungs. The pain in the right side is doubtless hepatic rather than pulmonary.

The increased action of the heart, the rapid venosity and hyperæmia explains the chest and heart symptoms.

More provings with day-book records will throw much more light on the range of action of this drug. Certain symptoms will doubtless be brought out more fully by certain temperaments, and others in others. We shall not know more definitely what may be the secondary or restorative symptoms until we see all the records. Then we may be able to ascertain the related drugs and determine the therapeutic range.

The profuse saliva, loose stools and profuse urination, as well as enforced rest, is Nature's method of relief from the effects of this drug.

The pale face, slow pulse and exhaustion are secondary effects and may prove diagnostic.

It is from among the secondary effects that we must select the therapeutic guiding symptoms. Possibly the pale face, sluggish circulation, lack of appetite, depression and weakness will be the symptoms that *Echinacea* will cure. These symptoms are not bilious, for the tongue is white—showing a nervous weakness—like the onset of a fever.

### A Proving of *Echinacea*.

March 10, 7 P. M., Dr. T. C. D. (Nervo-bilious lymphat., weight 180 lbs., 5 feet 5 inches in height, æt. 58, fair health, pulse 72.)

After supper took 5 drops of *Echinacea*  $\theta$  in water.

7:15 P. M., Pulse 80, full and strong. Full feeling in temples. Pain burning under left scapula. Sharp burning pain under the sternum. Pain of supra-orbital nerve momentarily.

7:30, Temperature,  $99\frac{2}{3}$ ; pulse, 72. Full feeling in head. Stitching pain in left chest (apex of heart). Dizzy feeling in head. Chilly sensation in left occiput. Face flushed.

7:40, Perspiration chiefly on upper part of body. Pain in right deltoid muscle (stitching).

7:50, Sudden pain in left temple.



7:55, Pulse full and strong, again up to 80. Face still flushed. 8 P. M., Pain (neuralgic) in left upper branch of fifth nerve. Painful fulness in both temples, as from blood pressure.

Profuse flow of saliva.

Eyes feel brighter than natural.

Sudden pain in left head, above coronal suture.

8:15, Pulse 84, full and strong.

8:30, Rumbling in bowels.

Slight pain in cardiac region.

10:30, Chilliness in right leg.

Brain weary. Felt moist in left hemisphere (am right-handed). Weary all over; must retire. Next day felt wearied, but no definite localized disorder except a weak back.

The first thing to note in this proving is that the pulse rose at once, then fell, then rose again, while the temperature was up nearly a degree. The pulse was taken by a young physician, Dr. Dakin, and is accurate.

The flushed face, full head, chilly sensation and lassitude resembled a coming fever. This drug will doubtless have more effect upon a lymphatic temperament than one where venosity cannot be hurried. The catarrhal and neuralgic symptoms are early brought out in this proving. There was a weariness or weakness of the back (small) next day, but whether due to the medicine the prover was not certain. If this drug produces severe spinal hyperæmia a weak back should belong to its pathology. This drug promises to be a valuable addition to our armamentarium.

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### THE TRUE ECHINACEA ANGUSTIFOLIA.

Now that Drs. Fahnenstock and Hazard have succeeded in thoroughly arousing the attention of the profession to this remedy everything concerning it is of interest, and this is the excuse for reprinting the following characteristic blast from Cooper of the *Medical Gleaner* and also the letter from Prof. John Uri Lloyd. This is from Cooper (*Medical Gleaner*, August):

#### IMMITIGABLE CHEEK.

There is a homeopathic pharmacal establishment in St. Louis which floats on gall. Its literary representative has a genius for invention which, if it could be diverted to physics, would make a multi-millionaire of him in almost no time. Amongst his latest achievements is the following:

"*Echinacea angustifolia*, the priority of the introduction of which is claimed by some eclectics, was formerly made from the black Sampson, an altogether different plant from the purple corn flower. Recognizing the merit of this remedy, our investigations led to the discovery of the above mistake. The *echinacea* we offer is made from the fresh green plants of the purple corn flower."

If these people knew more about botany they would perhaps appear less asinine in some of their mouthings. No one could overlook the declaration that "*echinacea angustifolia* was formerly made from the black Sampson, etc." now they make "*echinacea angustifolia* from purple corn-flower." Certainly they are magicians.

Now for the *truth* about this *echinacea* business. Prof. John Uri Lloyd, who is built upon a very different plan from that of the writer above quoted, in response to inquiries of mine in reference to the development of *echinacea*, makes these statements:

"Dr. King and I introduced *echinacea*, having obtained it from Dr. H. C. F. Meyer, of Nebraska, who used it in a secret mixture. It was the *echinacea angustifolia*, a western species of *echinacea*.

"Imitators or substitutors put the old, well known black Sampson on the market, or at least recommended it for our *echinacea*.

"C. G. Lloyd long ago called attention in the *E. M. Journal* to the fact that they are not the same.

"Felter and I repeated this notice in the *American Dispensatory*. I have taught these facts and given them to the world upon every occasion offered. I challenge any man to show that the foregoing statements are not true in every particular. What next? Will some one soon claim that I buy my preparations of hydrastis, or deny that I made wintergreen salicylic acid in Cincinnati second to Prof. Wayne of this city? The audacity of some of these circular writers is marvelous. These people not only try to take from eclectics the credit of introducing *echinacea*, but attempt to show that eclectics use, as a substitute, the old *Black Sampson* of *King's Dispensatory*, 1845."

In the foregoing statements you get the *truth* from a man whose world-wide fame depends scarcely less upon his immaculate probity, than upon his scientific and literary attainments. Wonder if this remarkable St. Louis firm does make "*echinacea* from fresh green plants?" All the rest of their statements concerning it being false, wouldn't the truth of this one have to depend upon a slip of the pen? C.

If the firm here alluded to is using the "purple corn flower" their customers are being supplied with a tincture *Centaurea cianus* when they order *Echinacea angustifolia*. This shows that Drs. Fahnestock and Hazard made no mistake when they selected the B. & T. tincture of *Echinacea angustifolia* for their

proving. It is also not a little amusing to see how carefully the several journals which have published this proving have deleted the fact that only the B. & T. tincture was used in the proving. However, business is business, and they must not run the risk of offending an advertiser by little facts of this nature. The following is from one who speaks with botanical authority in this matter, Prof. Lloyd, in same number of *Gleaner*:

AUTHENTIC MEDICINES.

John Uri Lloyd, Cincinnati, O.

When a physician proposes to investigate a remedy scientifically he seeks an authentic specimen. Not only does he demand that the drug be authentic and true to name, but that the preparation made from it be unexceptionally representative. Physiological experiments on dumb brutes even are not made by the experimenter with remedies that bear any question whatever. Great pains and expense are taken to make sure of authenticity and of reliability. The drug must be true to name, and the product scientifically exact. That this is true I know from an experience of many, many years, wherein I have united with famous physicians in America and abroad who came to me personally because they wished to run no risk concerning their work.

But if it is so important that a drug intended to be used in experimenting upon an animal should be of unquestioned authenticity, is it not doubly important that one destined to be used for a sick child, or for any human being, be above suspicion? I contend, yes. And I insist that the physician who proposes to treat human beings should be no less careful concerning his remedies than is the scientific experimenter who wishes to establish the physiological action of a drug on animals. For this reason I have these many years insisted that it is a crime to make one remedy for medical authorities and another for the market.

I insist also that it is a double wrong to sell an imitation preparation for the genuine, or to substitute one drug for another that the physician orders.

And I have no patience with men who are willing to lend themselves to a fraud, either by intent or purpose or interference to fact. Have I not told my eclectic friends until I am afraid of being wearisome that epilobium herb is not a willow? That there are two species of *æsculus*, and that black willow aments are not the bark of either tree or root. That helonias is not *aletris*, and that *grindelia robusta* is not *grindelia squarrosa*. That *apis* should be made from live, vicious honey bees, etc., etc., until I feel ashamed to mention such facts again.

It is provoking to find pharmacists so careless as to pay no attention to these facts, and more so to find physicians indifferent

to quality or origin. Do not forget the reputation of these remedies was established by the use of *authentic drugs* and of carefully made pharmaceutical preparations.

And now comes the last claimant for favor; a fine remedy is true to name, echinacea. And now again I write, *black Sampson* of the East is not the plant Dr. Meyers used and Prof. King introduced I speak by authority, for I insisted on its being botanically identified. I obtained the first plant from Dr. Meyers [and have that specimen yet]. Brother C. G. Lloyd named it, and I published the record. I made the preparations Prof. King employed, and I know that he used the true echinacea angustifolia. C. G. Lloyd published in the *E. M. Journal* that echinacea angustifolia is not the old black Sampson of the East, and Prof. Felter made the same statement prominent in the new *American Dispensatory*. And yet some physicians seem to think that the remedy King introduced in 1885, as a new remedy, is made from the old plant he described in his dispensatory in 1845. Bear this fact in mind, echinacea angustifolia is a *Western* plant, while black Sampson [echinacea purpurea\*] is found in the East. Remember, too, that the remedy known as echinacea, introduced by King and made first for the profession by me, is made from echinacea angustifolia, and has never been made from the old black Sampson.

Notwithstanding the above, the substance of which I have written more than once, it will not surprise me to hear some physician ask, "Is echinacea made from Sampson?"

The foregoing also throws some light on that wonderful array of *Echinacea* tinctures from fourteen pharmacists that was displayed at Atlantic City.

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## DISTILLED WATER.

J. A. Clement, M. D.

The exact percentage of morbid conditions caused by impure water is hard to determine, but there can be no doubt that the ingestion of water loaded with impurities, organic and inorganic, plays an important part in causing and adding to those diseases that all flesh is heir to. Not *all* the danger lies in the presence of disease germs, but according to our knowledge of drug action the presence of the sulphate of lead and zinc salts, earthy carbonates, chlorine, etc., may have and very probably does have a deleterious effect on the economy. Some of the

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\* Echinacea purpurea was known in King's Amer. Dispensatory as *Rudbeckia purpurea* or *Black Sampson*.

diseases due to impure water are affections of the alimentary canal, such as diarrhœa and dysentery. Cholera and typhoid fever are probably the best examples of, and the most common, diseases transmitted through an infected water supply. The spread of malaria has been traced directly to the same source. Scarlet fever and diphtheria seem capable of being distributed by water, but this has not been proven conclusively. Goitre, cystic calculi, boils, etc., have been supposed to be due to impurities in the water, the most acceptable theories tracing them to variations in hardness. The production of metallic poisoning in its chronic forms is extremely likely to occur from the use of water containing poisonous metals in solution.

In most municipalities to-day the water supply is carefully looked to, and in the majority of cases fairly pure, and it is now rare that epidemics can be traced to this source; but if free from microbes and disease germs there are other disturbing elements that for the sake of health should be removed.

Three methods may be employed to remove impurities from drinking water: Filtering, boiling and distillation.

The first method, filtering, has some advantages to recommend it, but we must bear in mind that filtering is simply *straining*. As Dr. Nichols has pointed out, there is no material known which can be introduced into the small space of a tap-filter and accomplish any real purification of the water that passes through it at the ordinary rate of flow.

Boiling all of our drinking water is a very good plan, as boiling will rid it of disease germs; but we still have elements present that are not desirable.

The third method, distillation, accomplishes *all* that is desired, and the resulting distilled water is simply a chemical composition of oxygen and hydrogen and perfectly free from any substance, organic or inorganic.

The great objection raised to distilled water is its flat, insipid taste. This unpleasant taste can be removed by æration and also by its continued use the palate becomes accustomed to it. Most people do not drink enough water, and we will often find that by increasing the quantity of drinking water and having that water absolutely pure a better state of health can be maintained. In the exhibition of our medicines, when we realize what absolute purity is demanded in their preparation, we cannot fail to imagine that a remedy put into a glass of distilled

water has a better chance to bring about good results than the same medicine dropped into a tumbler of water loaded with various chemical substances. Some drugs are neutralized and some form chemical compounds with the substances they find there, and we are disappointed in the results we expected from the drug's action.

One great objection to the use of distilled water in families is the trouble of obtaining it. But there are a number of stills in the market, inexpensive and easy to operate and this objection to its use might not be allowed to interfere.

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### THE DISEASE "RABIES." DOES IT EXIST?

By Dr. Wilbur J. Murphy, New York City.

With the summer comes the usual reported frequency of rabies. Almost daily the press describes in graphic style the ravings of the victim of the rabid dog. There are a multitude of institutes where those bitten by the supposed canine maniac can receive hydrophobia preventive treatment and the system rendered an inhospitable host for the growth and development of the microbe of rabies, which, though supposed to exist, has never yet been isolated, identified or revealed. Madstones have been sold for fabulous prices and their virtues highly prized.

Notwithstanding the reported prevalence of this disease, rabies is a very rare condition in the dog or any other animal, if it exists at all or ever did exist. In ten years's practice in the city of New York, in a field largely canine, I never saw the malady myself nor know of anyone who has encountered it. It has been diagnosed many times, but it may be safely said that other conditions have almost invariably, if not in every instance, been mistaken for the disease so frequently mentioned but so seldom met. Last week the Police Board reported the destruction of 106 rabid dogs. There is little doubt but that there were destroyed 106 dogs, not one among them rabid.

The literature upon the subject of rabies is vague and misleading. Different accounts of the disease vary so much from one another that we can scarcely recognize the same condition from the many different descriptions.

Under the guise of rabies, any strange and unaccountable action of the dog can be most easily disposed of, and the abuse

of the term has furnished an ever ready cloak for a multitude of erroneous ideas and practices. Empirical acts have flourished with seeming success, because they were directed against a disease that did not exist and the only virtues such practices possessed was in allaying the groundless fears associated with this dreaded, imaginary ill.

No one doubts that at times the dog acts in a manner strange and often unexplainable, but in every instance such actions are from causes specific in their nature and properly understood are simple manifestations of cause and effect. Thousands of dogs have been destroyed as rabid, yet were victims of other ills, and hundreds of people have been tortured by barbarous acts of cautery and inoculation to cure a disease they did not have—that probably does not exist, except in the brain of dreamy diagnosticians, medical tricksters and such barnacles as live upon the fears and apprehension of a terror-stricken, hydrophobia-fearing people. The origin of the disease is clothed in obscurity. Everything concerning it is obscure and uncertain. In origin, its prevalence, its symptoms, its treatment. For this reason it should be carefully studied, its truths revealed, delusions associated with its name dispelled and a source of fear and dread forever driven away. Whenever we find a malady with conflicting descriptions we know that there is an ill not clearly understood. Rabies has more varying descriptions than any other condition ever discussed or mentioned, and when we thoroughly understand what is now erroneously termed a specific disease we will find that rabies will eventually be recognized as some exalted nervous phenomena due to certain and natural causes instead of to the antics of microbial organisms.

Outbreaks of rabies are described among farm animals, where there is no possible chance or trace of inoculation. Recently I read an account of a number of cows which suddenly developed symptoms of rabies. They were quartered on a small island, in the middle of a wide, running stream. They were supposed to have been inoculated by some passing rabid dog which sought them in their distant sheds, swam the intervening river and without leaving any trace of inoculation or laceration performed its rabid mission and hurried on. It was argued with logical force that the mad dog must have bitten the cows for them to have developed the manifestations of rabies.

It is difficult to understand how such irrational suppositions can be accepted without the slightest comment in this disease rabies and the plain truths of Homœopathy characterized as weird and unacceptable—suppositions embraced, facts rejected.

There is no symptom or set of symptoms diagnostic of rabies in the live animal—not the slightest sign by which this disease can be told. The actions described to the rabid animal are common to a dozen canine ills. Mr. Fleming says that in rabies there is a marked change in the disposition. Dyspepsia has changed the disposition of more dogs than rabies ever will.

A tendency to bite is not suggestive of the disease. Many writers agree that often the rabid dog displays no desire to maim or destroy, and in the description of dumb rabies the aggressive manifestations are entirely absent.

Neither are there any post-mortem lesions to identify the malady. Foreign bodies in the stomach or intestines is no more suggestive of rabies than it is of influenza. Dogs in perfect health often have foreign bodies in the alimentary tract. It is surprising that with a disease so frequently described and so thoroughly feared there does not exist a single ante-mortem or post-mortem sign to denote its presence.

The inoculation of a part of the spinal cord of a supposed rabid subject into healthy animals unusually susceptible to its influence is supposed to be a positive method of determining the presence of rabies in a suspected animal, but similar, if not identical phenomena, can be produced by inoculation with the spinal cord of animals known to be free from rabies. Animals have been tortured into a state of frenzy, destroyed, and the spinal cord inoculated into guinea pigs, and the operation has been followed by a train of symptoms identical with those described as rabies.

We have in rabies a disease of an obscure and questionable origin. It is supposed to arise spontaneously when no better or more plausible explanation can be advanced—a grotesque phenomena. It has no symptoms or lesions by which it can be recognized either in the live or dead animal. No reasonable theory of transmission has ever been advanced to explain its progress. The microbe responsible for its presence has never been discovered. The lesions obtained by the inoculation of supposed rabid material can be observed in experiments with material known to be entirely free from rabies. People have died from what was



apparently hydrophobia, yet had never been bitten by an animal sick or well and at times and under conditions where rabid inoculation was impossible.

The existence of rabies as a specific disease has long been questioned. Several French experimenters many years ago claimed that the disease rabies was but some nervous derangement from ordinary causes—not a virile disease of bacteriological origin and influence.

It is necessary that we should know the truth concerning this disease. We live in an age of hydrophobia dread. Numerous cures are recommended for the victim of the mad dog. The fear of hydrophobia has worked a great deal of injury to people of nervous temperament. This fear has agitated the weak into serious ills, the timid into states of alarm and in many instances paved the way for a breaking down of the system under the apprehensive strain. Insanity has been a frequent sequel to the groundless dread of rabies. Barbarous hydrophobia cures have maimed and killed more people than ever died from the disease.

The science of medicine has advanced remarkably. New medical truths have been recognized, old delusions have been dispelled, cruel and barbarous practices have been abandoned and a scientific materia medica has rendered the word incurable almost obsolete, but if the approaching century shall witness a revelation of the truth concerning rabies and herald to the world the result of the discovery it will mark an era in the progressive advance of the science second only to the introductory of Homœopathy and its employment in combating the ills of the human race.

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## AMERICAN INSTITUTE OF HOMŒOPATHY.

LINCOLN, NEBR., August 15th, 1899.

*E. P. Anshutz, M. D., Editor:*

The Atlantic City meeting of the American Institute was admittedly one of the greatest and most satisfactory meetings of its history. This was the result of the more thorough appreciation by the profession of its debt to the Institute for the past; and a recognition of the possibilities of the future.

No business prospers that is only furthered by periodical spasms of interest. There is the necessity for a watchful persistent work twelve months in the year. The business of the

American Institute is no exception to this rule. The present officers of the Institute desire to be faithful to their trust to the very last minute of their tenure of office, that they may be able to place the Institute in the care of their successors strong and well equipped. Now, as in the earlier part of the year, this is only possible by the faithful help of the individual members. During the remaining four or five months of 1899 the canvass for new members should continue, each member being loyal enough to determine to secure at least one application for membership. This can easily be done, and we appeal to the Institute membership to give their attention to this promptly.

Application blanks may be secured of the Secretary, Dr. Eugene Porter, 181 West 73d street, New York city, New York, and when filled should be sent with the necessary seven dollars to Dr. George B. Peck, Providence, Rhode Island, Chairman of the Board of Censors.

And yet, after all, what does it profit a society if we enlist new blood only to lose each year nearly as many who have only joined from chance or some circumstance of social interest? We appeal to the "old guard" to stand firm, not merely retaining their membership, but keeping in close touch with the officers and committees of the Institute and doing continual missionary and organization work in their respective localities. We want every present member of the Institute to remain in the work. We want applications and fees for 500 new members in the hands of the Board of Censors by January 1st, 1900. So easily done if each one does his duty.

To foster this work we request that those who have been faithful members of the Institute give to the Medical Press in a few words the reason for their faith and loyalty. We are sure that the journals will be more than glad to give space for hundreds of such short twenty or thirty word letters. You love the old institute, tell your fellow why! Arouse his interest, push the work along. *Don't wait.* Write that word *at once.*

This is a work the body of the Institute can prosecute. That the committees will vigorously execute the detail of committee work we have no question; but there is a work resting in the hands of one Committee that cannot be carried to successful completion without the aid and abettment of the individual, this is the work of the Hahnemann Monument Committee. A monument already completed and ready for erection in Wash-

ington, that noble Capitol City of our land. A work of art second to none. When erected a constant reminder to an ever passing public of our honor and gratitude to the father of our faith. An argument stronger than words for the strength of our school, and such an example of art that he who sees cannot forget, and remembering he thinks again and gratefully of you, of me, of all that school of medicine that through their love and loyalty have given such a gift of love to the people.

Would we be known and respected throughout the length and breadth of the land, we must write our history and work on the public scrolls. This committee under the direction of the American Institute and the encouragement of the profession contracted for this work. The Monument Committee have done its work and done it well, and now asks you who gave them your work to do for the necessary amount to meet their liabilities so that this monument may be erected free from debt early in 1900.

The Committee will make a most vigorous canvass during the fall—the money must be raised—it will be raised. We know enough of the personnel of our profession to rest assured that early, yes, easy response and success awaits the work of this Committee.

Proud of your inheritance, anxious for the perpetuity of the memory of your benefactor in the faith, lay aside something for this work.

Fraternally,  
BENJAMIN F. BAILEY, President,  
American Institute of Homœopathy.

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## INTERNATIONAL CONGRESSES AT THE EXPOSITION OF 1900.

### Sixth International Homœopathic Congress.

This congress will open to all persons legally authorized to practice medicine in their country. Persons not having this right may be present at the sessions, but will not be allowed to take part in the discussions.

The Committee of Organization seeks to put itself in communication with foreign physicians: First, to obtain special reports for each country, giving all facts concerning Homœopathy

since the last quinquennial report (London, 1896, the date of the present congress having been advanced one year, on account of the Exposition); secondly, to secure papers on the different branches of homœopathic theory and practice. The papers are to form the subject matter of discussion during the sessions and will be printed in the Report of the Congress. All papers should be in the hands of the Committee of Organization by the 1st of January, 1900. Such papers as may be approved by the committee will be printed beforehand and distributed to the members of the congress who ask for them, instead of being read during the sessions.

The subjects of discussion are divided into the following groups:

1. General medicine, physiology, general pathology, bacteriology, ætiology, diagnosis and prognosis.
2. Materia medica and pharmacy.
3. General therapeutics, posology, polypharmacy, isopathy, serotherapy, opotherapy, electrotherapy, hygiene.
4. Applied therapeutics, monographs and observations.
5. Specialties—Obstetrics and gynæcology, diseases of children, dermatology, ophthalmology, otology, laryngology, surgery, odontology, veterinary medicine.
6. Varia, history of Homœopathy, professional interests, (teaching, propaganda, press, hospitals, dispensaries).

Different members of the congress will be named beforehand to examine the papers concerning each of these groups and to prepare summary reports. Ten minutes will be taken for the reading of each of these reports. The discussion will begin immediately after; each speaker will have the floor for five minutes. The discussion may be closed by the president if it threatens to crowd out the discussion of other important subjects. The authors of papers, if present, will have the right to speak last, during ten minutes.

French is to be the official language of the congress, but English, German, Italian, and Spanish may be used during the discussions, on condition that an interpreter is found among the members of the congress.

Active members pay a subscription fee of 20 francs; those who are merely present at the sessions pay 10 francs. These fees, which are intended to defray the expense of correspondence, printing of papers, reports, etc., give a right, for both classes of

subscribers, to a copy of the Report of the Congress.

The French homœopathic physicians offer the banquet to their foreign associates.

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## ESCAPING AN AMPUTATION.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipsiger Pop. Zeitschr. für Hom.*, June, 1899.

Even if it were only a matter of the big toe, it would be a matter of regret to be deprived of it without a good and sufficient reason. It is a matter of deep regret that so many men are still ignorant of the use of our homœopathic remedies, and that to thousands of physicians Homœopathy is a *terra incognita*, while owing to the technical progress of surgery with respect to the indications for performing operations a certain levity could enter, and, indeed, has entered. And still the very case we are about to relate shows how defective and insufficient these operations frequently are; while if the right internal remedies were known and applied everything might proceed much more simply and comfortably and in agreement with the best interests of the patient.

These reflections naturally rose to my mind when Mr. K. came to my office on the 27th of February to show me his leg perfectly restored. The case may be dated back to the year 1891. It had commenced with a corn on the plantar surface of the big toe. Gradually ulcerations and holes had appeared, attended with dreadful pains and a considerable swelling. Finally, in September, 1895, the patient had gone to L., where on examination the diagnose of *inflammation of the periosteum* was established and an operation, apparently thorough, was performed, in which some splinters of bones were removed. The cicatrice, which still remains, shows to what extent the knife performed its duty. Nevertheless, the result was by no means a radical one. On the 7th of July last the patient came to my office, because, as he said, I had cured another patient in his town of a pertinacious case of herpes on the lower part of the face. The chief opening on his toe was about the size of a dime, and the secretion of matter was continuous. Even before this the patient could pass with a probe through various fistulous channels, as he had seen them do when he was being operated on in L. They

had requested him to present himself there every three weeks. A plaster with *Salicylic acid* had violently increased his pains, although *Salicylic acid* is a remedy of no light value in the usual corns. (The following prescription is quite popular for this purpose: *Acid Salicyl.*, 2.5, *Collod.*, 20.0, to be externally applied mornings and evenings for 14 days). But frequently remedies applied erroneously, with ever so good intentions, instead of allaying only increase the pains. This applies especially to external applications in chronic ulcers of the legs, in which the sensitiveness and irritability are frequently enormously increased (in so-called erethic ulcers). In such cases *Hamamelis* ointment of the usual strength cannot be borne, while what is called *Ulnua's Cooling Ointment* has proved itself very efficient in my practice. This consists of equal parts (ãã 10.0) of *Oil of Almonds* and *Rose Water*, with equal parts (ãã 1.0) of *Cera alba* and *Cetaceum*. But this only in passing.

It was interesting to see how this patient under continual homœopathic treatment, though as a farmer he could not give himself any rest, nevertheless arrived at such satisfactory results. If the patient had not told me, my exact examination would not have disclosed the fact, that now and then a little humor is still being secreted. There is not, however, any swelling or pain, and he has a perfect use of his foot. An abnormally thick layer of horny skin serves to protect the affected toe.

The satisfaction of the patient is the greater as he had been requested to again appear in L., this time with the assured promise that the toe would have to be amputated. But even then he could not have been guaranteed a radical cure. On the contrary, I know of a case quite analogous, in which, in spite of the amputation of the toe—also owing to inflammation of the periosteum—and though the operation was performed by one of the most skillful surgeons, there was a fatal issue; for the vigorous young man died in consequence of the operation, or at least in spite of it.

Now I come to the gist of the matter. What preserved the toe and perhaps the life of this patient? Even the same remedy which has performed this same service in dozens of other cases, which has performed wonders in cases of panaritium of high grade, *i. e.*, in affections of the periosteum or the loss of a phalanx, and has made a seemingly unavoidable amputation unnecessary, namely, *Silicea*. And to tell the truth, the best progress

was made, not through the use of the twelve potency, which was first prescribed, but on the use, once a day, of the third decimal trituration of *Silicea*, thus a small triumph for Makrodozism.

An allopath would probably say: Small dose or large dose, *Silicea* as an indifferent substance can help neither in small nor in large doses. "Yes, if we knew no better," we have to exclaim, as we look back on the clinical experience of several decennia. But our intolerant opponents who have no longing for Hahnemann's therapy never get to see or to know of this experience. They would rather steer clear of Hahnemann, and forgetting that their real duty in the interests of their patients is to accept everything good they still cling to their surgical therap.

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### BELLADONNA IN CERTAIN TUBERCULOUS ULCERS.

Translated for the HOMŒOPATHIC RECORDER from *Allgem. Hom. Zeit.*

Prof. Remy, in 1895, conducted an operation on a patient suffering of tuberculosis of the right inguinal gland. In the part operated there remained an ulcer, showing numerous tubercular bacilli. Bandages with Iodoform, Sublimate, Salol, Chlorine, Zincum, etc., remained without effect; the ulcer about as large as a gold dollar underwent no change. When after six months very violent pains appeared in it, the author had it dressed with a salve made of *Belladonna* 3.0: 30.0 Vaseline. After using this for four days the suppuration diminished, the pain had disappeared and a good granulation followed. When, *after a treatment of three weeks*, the cicatrization was almost complete, it was supposed that a dry Iodoform-gauze bandage might be substituted. But after three days a violent burning set in and the ulcer again broke open. After again using the *Belladonna*-salve the ulcer healed up in another three weeks, and has remained well now for three months.

In a *second* case of a tuberculous ulcer in the temporal region the salve effected *a complete cure in three weeks*, after other remedies had been used ineffectually for six weeks.

In a *third* case, a *tuberculous ulcer of the skin* accompanying a tuberculosis of the tibia which lay bare, was *influenced most favorably*; before its use no cicatrice formed after the operation had been performed.

*In ulcers which are not tuberculous the salve is without effect.*

That *Belladonna* will cause inflammatory processes with the pronounced signs of “*Color, Calor, Tumor et Dolor*” on the skin, with a tendency to suppuration, as also hyperæmia, stasis and exudation in the glands, with a passing over into suppuration, is known from the provings of the remedy. According to the nature of the remedy we must conceive in such cases a venous stasis of blood. Hahnemann also observed the effect of *Belladonna* on ulcers already existing. We read<sup>d</sup> in his observations:

“The ulcer pains almost exclusively at night (from 6 P. M. to 6 A. M.); it burns as if it would squeeze out something, and as if the part was, as it were, paralyzed and stiff (after 48 hours).

“The ulcer hardly exudes anything but a bloody ichor; it becomes painful to the touch, with burning pain (after 4 hours).

“In the ulcer there is violent itching (after 1 hour); a cutting pain while at rest and a tearing pain while moving the part (after twenty hours).

“Within the limit of the ulcers a sore pain (after four hours).”

If we add to this the curative effect of *Belladonna* in scrofulous diathesis, effects which have so frequently been confirmed by clinical observations, it is incomprehensible to us that Dr. Bœnninghausen could number it among the antipsorics. From scrofulous to tuberculosis, especially to tuberculosis of the skin with its glands, there is only one step. Hahnemann also speaks of cold, painful knots of long standing, with swellings, which, however, as he remarks in a footnote, seem to him to be after-effects. In any case the manifest curative effects of *Belladonna* in the instances cited above, showing its effect on ulcers which are indubitably of a tuberculous nature, and in an external application, is worthy of consideration. It might be that this remedy, which is homœopathically indicated in such cases, would be equally effective when given internally.

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“I CAN conscientiously recommend the work to all who wish to get a modern text book on this subject as one in which he will not be disappointed, and one that it will be a pleasure to read.”—*From Review of Norton's Ophthalmic Diseases and Therapeutics, 2d Ed., in Eclectic Medical Journal.*



**DISEASE OF THE SPINAL MENINGES.**

By Dr. Med. Mossa in Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Willst du gesund werden?*

A boy of nine years, who had been hearty and bright, except that two years ago he had had pneumonia, lost his appetite, and on August 12 and 13 complained of weariness in his limbs and also vomited once. On the 14th of August he showed feverish symptoms, so that he had to go to bed. The mother had given him a few pills of *Aconite*. When I visited him on the 15th, in the morning, I found the following symptoms:

The little patient lay on his back, *stiff, without moving*; the neck also was stiff, the head somewhat bent backward. The face reddened, anxious, the eyes bright and staring, but able to accommodate themselves. When I tried to *move* the stiff limbs, *he cried* for pain; every motion, especially of the lower limbs, caused him pain. The pulse was quickened, 120 beats, and of very small dimension. The body was painful below the navel, toward both sides. He also complained of pains in the throat, so that he found swallowing difficult. He could stretch out his tongue only a little ways by an exertion, and his answers to my questions, which he seemed to find difficulty in comprehending, caused him much trouble, consisting in yes! or no! uttered with difficulty. In the evening before he had complained of headache, so that his mother had applied cooling compresses. His neck also was painful to the touch, his respiration short and flat. From time to time he groaned for pain; he cried, as if a sudden pain rushed through his limbs. The patient was thirsty, but could swallow but little fluid, and no solids at all. The skin felt hot and was covered with a warm, somewhat sticky perspiration, which had already set in during the night. The urine was dark red, the bladder and intestines remained free. While I was synthetically combining these symptoms which I had secured with considerable trouble, so as to make a regular diagnosis, the thought first entered my mind that it might be an acute general rheumatism of the muscles of the back. But on further consideration I came to the conclusion that it was a disease of the meninges of the spine, because the stiffness of the muscles was entirely too great and the pains over the abdo-

men reminded me too strongly of the "girdling pain;" the sensorium was dulled, and the sudden twitching pains in the legs had the spinal character. Besides there is only a step between the rheumatic affection of all the spinal muscles, and especially of those lying deeper, and the affection of the meninges themselves.

This scientific diagnosis was, however, of but little moment, so far as the homœopathic treatment was concerned. Whether it was rheumatism or nascent meningitis, the remedy indicated to me by the similarity of symptoms still remained *Bryonia alba*. Of this remedy the patient therefore received two drops of the 6th. potency in a tablespoonful of water every three hours. The pains in the abdomen ceased within twenty-four hours, as also the headache. But the face still retained its distressed expression, and the other ailments continued. The perspiration still flowed copiously. The urine was scarce, dark-red; also, a stool had been discharged. It was rather peculiar that the boy who else lay so stiff in his bed, nevertheless, at night when the watchfulness of the parents had much remitted, had gotten out of his bed to urinate; still he could not regain his bed without assistance and only with increased pains.

Later on he had received *Bryonia* 6, six drops in a tumbler full of water, one teaspoonful every three hours. On the third day his eyes were not so staring, the expression of the face less distressed, the stiffness of the neck less. He could more easily swallow (milk and barley-gruel); but the answers were still given very slowly and with a great effort. The arms were more movable and not as sensitive to the touch, and the legs were no more as stiff as a board. The perspiration continued, it was especially copious at night. The last night the patient had an undisturbed sleep, while the preceding nights had been very restless. I could not give a more favorable prognosis.

In order that the organism might not be tired out in its reaction against the remedy, I now gave a dose of *Mercurius* 30th.

On the 21st of August the whole condition showed a gratifying improvement. The stiffness of the muscles had almost disappeared, he was only fearful of moving his legs. He is now able to swallow more easily, so that he could eat more solid food. Both the stool and the urine (now lighter in color) were normal. Only the pulse was not yet quite normal; it still showed 100 small pulsations. At night the perspiration was

still copious; a dose of *China* 30. On the 23d of August I found the boy sitting in his bed, bright and cheerful, with the full use and enjoyment of his muscular activity. He soon made a complete recovery and I often afterwards saw him playing with his comrades on the street, blithe and active.

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### THE SICK CHILD.

Translated for the HOMEOPATHIC RECORDER from the *Hom. Monatblätter*.

When is a child ill? The answer to this question is not always easy, when the infant cannot speak as yet, nor utter his complaints. The crying of children is not always an utterance of pain, nor does it always show hunger. When a child cries loud, continuously and vigorously, we may, at least, be sure that there is no disease of the respiratory passages. It might, however, indicate a disturbance in the digestive canal. If an inflammation of the internal ear is the cause of the crying—and this is by no means a rare occurrence—or some other deep seated supuration or inflammation of the periosteum, then the child will cry louder when the suspected place is touched or pressed upon. Single shrill cries, occurring also in sleep, should direct our attention to cerebral troubles; a soft, dull, discontinued crying, more sighing and moaning, points to pulmonary disease. If the cry is hoarse and toneless, we should think of laryngeal troubles. A labored, softly moaning, whimpering is often found in severe, exhausting diseases, or in infants born prematurely and apparently dead. A soft, long-continued whimpering should cause us to suspect an inflammation of the abdominal organs; a weakened, but rather continuous, crying is a concomitant of the setting in of fever.

In judging of the illness of children, the expression of the eyes and of the face of the child is also to be noticed. A reddened face, showing pain and distress, with irritation of the brain and a rush of blood to this organ, while the countenance has a staring, motionless, indifferent expression, should make us think of paralytic symptoms. A relaxed, peevish, old expression appearing on the pale, emaciated, wrinkled face, with narrow, thin lips and pointed nose, points to long continued alimentary disturbances, or severe loss of fluids through intestinal troubles and by diseased states of the mass of the fluids. Transitory, painful grimaces of the face point to colic troubles; an anxious expres-

sion of the face, with staring eyes wide open, violent elevation and depression of the nostrils and open mouth point to a disease of the larynx and of the lungs, attended with dyspnoea and hungering for air. The smiling of infants while asleep is not always a sign of pleasant dreams, but often an incomplete symptom of an irritation of the intestines or of the brain. A bloated face is shown in disturbances of the circulation, in diseases of the kidneys, or at times also in whooping cough.

A violent dilation of the pupils, with bluish rings around the eyes, is a frequent symptom of invertebral meningitis. A quick change of color in the face while the eyes are immovable, directed far off, while the eyelids are wide open and rarely wink, is remarkably characteristic of inflammation of the meninges, and this symptom may occasionally furnish the most reliable means of distinguishing between such inflammation and typhoid fever.

We should also give attention to the position of the arms and legs. A healthy nursing baby usually bends its arms in an upward direction, so that its fists come to lie beside the ears. A little child, whose arm hangs down loosely, is severely ill. As soon as infants have at all learned to use their arms they regularly place them, if there is pain, on the seat of the pain. In headache they grasp their head: in toothache, they put the hand in the mouth, as also when there is trouble in swallowing and breathing: boring in the nose is considered an indication of irritation in the cerebrum, boring in the ears an irritation of the middle of the brain. Children may also be led to bore in the nose from an irritation in the intestines caused by worms. Grasping after the sexual parts is also considered an indication of irritation caused by worms but it may also point to spasmodic urinary troubles, or to an inflammatory irritation of the cerebellum.

Alternate drawing of the legs upward to the abdomen and then pushing them downward is usually regarded as a sign of flatulent colic or of urinary troubles. Drawing up *one* foot and then pushing it downward, mostly the left foot while the rest of the body is relaxed, is a consequence of exudation in the brain. Acute peritoneal inflammation is characterized by an immovable position on the back, with legs slightly drawn up to the abdomen. In pleurisy, with inflammatory exudation, the child always lies on the side affected.

The number of respirations is with infants excessively varied.

It is to be remembered, however, that it has a fixed relation ( $1:3\frac{1}{2}$  or 4) to the number of the pulsations. Where this proportion holds true, we are safe in excluding an affection of the lungs from the causes of an increase in the respirations. A slower respiration is an attendant symptom of diseases of the brain.

The frequency of the pulsations in infants is subject to even greater fluctuation than that of respiration. A normal frequency of pulsations in the first half year is supposed to be 120-140; in the second half year, 100-130; in the second year, 90-120; from 3-5 years, 72-110; from 6-10 years, 70-100. By crying and in fever the frequency of the pulse is increased by 20-50 pulsations. A retarded and irregular pulse is found most frequently in cerebral troubles, in every kind of jaundice (in older children); also in gastric inflammation.

We shall return to the characteristics of the particular diseases in the part specially devoted to this subject.

I shall append some *general directions* as to the *nursing* of sick children.

For a sick room we should always choose a large room, which may easily be heated and ventilated, remote from the noise and dust of the street. Unnecessary furniture should be removed. One window should be kept open night and day. The temperature of the room should not exceed  $63^{\circ}$  Fahrenheit nor fall below  $54^{\circ}$ . At night and in winter, therefore, it should be heated so as to secure the above temperature. There should be no feathers in the pillow or bedding. Air, light, and the greatest cleanliness (the latter especially also with respect to what is worn on the body and with respect to the sheets) are to be recommended as the most important curative factors! As to diet, we will here only remark that we should not press anything on a sick child which it is unwilling to take, and as far as practicable all its "longings" should be satisfied. A child sick of fever should not receive any solid food, but much liquid food; indeed, as much as it desires, but no alcoholic liquors!—these should only be given in moments of danger, on express prescription of the physician. There are many children's physicians who are unwilling even with sick children to give alcoholic liquids (beer, wine, etc.) *under any circumstances*.

THE HOMŒOPATHIC CURE OF DIPHTHERIA ES-  
PECIALLY BY MEANS OF MERCURIUS  
CYANATUS.

By Dr. Goullon, of Weimar.

The pamphlet of Dr. Villers embodying this treatment has been published anew by Carl Gruner Homœopathic Pharmacy, Leipzig and Berlin. This is the eleventh edition of this pamphlet and has been revised by a homœopathic physician.

*Mercurius cyanatus* continues to prove effectual in typical diphtheria, as well as in the malignant gangrenous form, which has proved most fatal. As a prototype of this treatment we may consider the case of the little son of our revered, now deceased, brother, Dr. V. Villers, at whose sickbed the despairing parents were sitting, expecting the imminent certain death of their beloved child, when Dr. Beck appeared as an angel of rescue. He recommended, founded on purely theoretic homœopathic principles, giving an appropriately diluted form of this intense poison, and the miracle of a cure was effected. Since that time *Mercurius cyanatus* has been used by the physicians of both schools, but I think that the pamphlet is in error in alleging that the allopathic physicians have dropped the remedy because it is of homœopathic origin. A Swedish allopathic physician has published a copious list of cases of diphtheria cured with *Mercurius cyanatus*. He has had hardly any fatal issue in his cases.

The small pamphlet insists on the necessity of highly potentizing the *Mercurius cyanatus* and old Dr. Villers never gave a lower potency than the thirtieth. This course ought to be generally followed, but in case of failure we ought not to hesitate to descend a few steps on our scale of doses. It is hardly likely that the 12 and 9 dec. will produce toxic symptoms; allopaths find even the 1st centesimal not too low, and also they have had good results. We should, however, be very particular to use freshly prepared medicine.

We would call especial attention to the fact that in Villers' case there was actual diphtheritic croup (p. 10), in which the old school knows of no other treatment than tracheotomy; though we notice that a children's physician in Munich has of

late introduced a treatment in which the membrane is removed without the knife. So we may see that especially in such desperate cases of diphtheria we have a reliable remedy in *Mercurius cyanatus*, though we may expect the admirers of *Acidum nitric.* to remain faithful to their panacea so long as it performs its use.

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### A CASE OF POISONING FROM HYDRASTIS CANADENSIS.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Z.*, July, 1899.

Dr. Miodowsky has reported in the *Berliner Klin. Wochenschr.* of the 30. January, 1899, the following case of poisoning from *Hydrastis*:

A man 65 years of age had received, because of bronchitis with copious expectoration, the fluid extract of *Hydrast. Canad.* in doses of twenty drops. According to his own statement, he had taken two doses, the last before going to bed. Soon after, he had trouble in breathing, so that he had to get up and walk about in the room. The symptoms became aggravated, and when Dr. M. was called he found the patient leaning forward, clasping the back of his chair with his hands. His face was livid, the eyes wandered anxiously about the room. The respiration was rapid with a great straining of the muscle which assists in respiration. During inspiration there was heard a rattle, even at a distance; the expiration was attended with a whistling sound. The pulse was small, soft, easily compressible and slow. The forehead was covered with cold perspiration. The percussion of the lungs nowhere indicated any dullness, but in auscultation there was heard all over (a fine or medium) crepitation, especially on the left side, where there was in spots also bronchial respiration.

The sounds of the heart were difficult of recognition at first, owing to the pulmonary sounds, but later it was seen that they were clear but retarded. The percussion of the apex of the heart could not be felt. After using some stimulants (ether, wine, coffee, mustard-paper, etc.) a gradual amelioration took place. The respiration became slower, with less crepitation and whistling, the pulse became stronger and more regular, the sensory organs clearer, so that the patient could answer questions.

Since the sounds of the heart could not be heard during this attack, and the patient was otherwise a vigorous man, Dr. Miodowsky believes that the remedy caused weakness of the heart with secondary congestion and œdema of the lungs. This explanation agrees with the results obtained by Felmer in his experiments on animals.

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## BRYONIA AS A WOMAN'S REMEDY.

According to Dr. F. Hartmann.

Translated for the HOMŒOPATHIC RECORDER from *Med. Monatshefte fuer Hom.*, July, 1899.

*Puerperal Fever.* Cases suited to *Bryonia*, are according to my experience, such as are connected with an inflammation of the organs serviceable in parturition. Whatever the exciting cause may be, fright, vexation, grief, sorrow, errors in diet or suppressed perspiration, the homœopathic physician will endeavor to cause their consequences to disappear through means of the suitable remedies; but they will always find themselves directed to *Bryonia* when the patient complains of external chilliness, even while there is internal heat and great thirst. The chief criteria are supplied by severe pressive headache, especially in the forehead and temples, which by its violence causes obscuration of the senses and even delirium, and is nearly always attended with a severely reddened, bloated face, lacking, however, the shining, fiery glow as from fury, which points so distinctly to *Belladonna*. Additional characteristic indications are: Constipation (we do not mean during the first 5 or 6 days after delivery, for this may be esteemed a regular attendant of parturition); a more copious secretion of urine attended with a burning sensation during micturition; reappearance of the bloody lochia which had already disappeared; these seem suppressed only where inflammatory symptoms of the uterus or of the ovaries are unmistakably present; these are indicated by burning, lancinating pains, increased by touch or motion, and by pains in the thigh of the side affected; other characteristics are the nightly sour perspiration and an unquenchable nocturnal thirst; pressure of the milk into the breasts or an empty state (a sudden disappearance of the milk in the breasts) afford neither a contra-indication nor a call for the use of *Bryonia*, if the



symptoms are otherwise suitable. With this should be mentioned an irritable, depressed, gloomy, desponding disposition, alternating with extreme irritability and bursts of passion. These latter symptoms, where the other symptoms do not plainly indicate this remedy, take away every doubt as to the choice of *Bryonia*.

*Rheumatism of the uterus.* I have frequently noticed this ailment during pregnancy, especially towards its close and found *Bryonia* 18th very often useful, if the attack was brought on by a cold in the feet, which caused a congestion of blood to the uterus, and thus produced this state, which is also known under the designation of *false pains*. This name is really inappropriate, for although the pain is periodically aggravated nevertheless the painfulness of the whole abdomen never disappears altogether. The pain in the small of the back is frequently intolerable, especially at the least turn. The longer this ailment lasts the colder the extremities, the head also participates ever more distinctly in the pains. It is always attended with constipation.

*Inflammation of the ovaries.* There is no remedy more suitable for inflammation of the ovaries than *Bryonia* 12th, which seems to have a specific relation to this ailment, as I may assert quite positively, founded on manifold experience. The symptoms pointing to the use of *Bryonia* are: A violent lancinating pain, much aggravated by moving the thigh of the side affected and by external pressure; the pain is in the groin, where we may sometimes clearly recognize a hardish swelling. Frequently the whole of the abdomen is painfully affected, the secretion of urine diminished, and the stool obstructed. The fever plainly shows its synochal character, on which account it is also quite in place to give first a dose of *Aconite*; though this may be omitted in a chronic inflammation of this organ.

*Inflammation of the mammary glands and of the lactiferous ducts.* This most frequently occurs during the period of nursing and when weaning an infant. The cause is frequently quite unknown. *Bryonia* 18th is indicated when there is a sudden congestion in the breasts (distension of the breasts from milk—in such cases *Bryonia* is a specific); this causes the breasts to become indurated and knotty to the touch. The indurations then begin to be inflamed, they become red and the patients then feel a violent pain, a complication of tension, pressure,

burning and lancination, and this pain as the ailment increases becomes even more severe and violent. If the physician is called in time one dose of *Bryonia* is often sufficient to remove the diseased state; but if it is already more advanced, the cure will not always be effected by one dose, but it will be necessary to repeat it; and even this may not be sufficient to check the advance of the disease, but this must be effected by other appropriate means.

The *milk fever*, which appears at times during the first days after parturition, consists of a slight shuddering, heat, anxiety, distressed respiration and increased thirst; it is caused largely by the great quantity of milk pressing into the lactiferous ducts; it is largely favored by a suppression of the perspiration which attended parturition; this fever often yields in a few hours, after a single dose of *Bryonia* 30th. This is especially the case when the patients complain of a headache pressing outward in the forehead and the temples, which pain is only endurable when they lie very quiet (fr. Dr. Gross On the Care of parturient Women and Sucklings).

*Epistaxis and menstrual troubles.* The epistaxis, which is caused through a sudden suppression of the menses owing to a cold, in persons with whom the menstruation generally sets in *too early*, will yield to a single dose of *Bryonia*, which remedy also, if repeated, will regulate the *faulty menstruation*; if the trouble is carried to the higher organs by an orgasm of blood, causing fulness of the chest, oppression of the same with distension of the pit of the stomach, sensation of fulness in the nose and in the head, which gradually increases to a splitting headache in the forehead and the temples, the violence of the pain causing numbness or driving to despair, while the feet are icy cold. This premature menstruation is cured by *Bryonia*, even when it degenerates into actual metrorrhagia, in which dark-red blood is excreted, which seems driven out by vio

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## A CASE OF GENERALIZED VACCINIA.\*

By James Tyson, M. D., Philadelphia.

After two unsuccessful attempts at vaccination with the so-called ivory points, a little girl, aged six months, was vaccinated on the right leg with the Alexander liquid lymph on January 9th. On the 12th I examined the seat of vaccination, and it

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\* Read before the Philadelphia Pediatric Society.

was evident that it was going to be successful. On the morning of the 14th her mother noticed several pustules on one of the arms, while there was also a punctiform rash on the back, which subsequently became partly pustular. The isolated pustules became umbilicated, and increased in number, until, on January 16th, there were about thirty perfectly developed umbilicated pustules on the left arm, and nearly as many on the right. There was also a smaller number on the legs. The pustules were large, several at least half an inch in diameter. The average diameter of the others was half as much. There was no serious constitutional disturbance, and only slight fever, the temperature never reaching 101 degrees. The most noticeable effect was that the child wanted to nurse often. As early as the 17th some of the pustules began to dry, although most of them continued purulent and grew in size. They closely resembled the pustules of smallpox in the umbilicated stage. Very interesting was the fact that they did not appear in one crop, but continued to appear in successive crops of one or more up to February 1st. The later ones assumed various sizes, and one in the immediate vicinity of the original vaccination was fully an inch in diameter, and became eventually a large, angry-looking ulcer. The vaccination pustule also became a large, ugly granulating ulcer, raised one eighth of an inch above the surface. There was remarkably little constitutional disturbance at any time, and the child, on February 5th had no fever. On that date many of the original spots were still present in the state of half-dried pustules. They were slow to disappear, and on February 24th there still remained on the right leg one angry-looking pustule. The others, including the vaccination, were dried up.—*Pediatrics*, July 15, 1899.

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### HÆMOPTYSIS.

A short time ago I was called to see a girl fourteen years of age, whom the messenger said was bleeding to death. At the first sight of the room one would believe his statement. She went to school considering herself well, but was taken very suddenly. The sudden onset, the intense hyperæmia of the lungs, and a temperature of 104°, the hard, full, quick bounding pulse, with short rapid respiration, led me to put fifteen drops of *Veratrum viride* 1x in one-third glass of water. A teaspoonful was given

every ten minutes for a few times, and then at lengthened intervals, and relieved the patient as only a homœopathic remedy can.

When the nervous symptoms predominate, *Aconite* should be given; when it is the arterial system, *Veratrum viride*.

During the fall of '95 I was called to see a man who had been spitting blood continuously for three weeks; the blood was dark and came up without effort. There were varicose veins of the legs, and a history of painful bleeding hæmorrhoids. This patient was cured with *Hamamelis*. *Ipecac* is a remedy that every homœopathic physician has verified so frequently in hæmorrhages that it requires but to be mentioned here. There is the marked weakness and aversion to food with great and long continued nausea. Hæmoptysis comes from the slightest exertion.

*Phosphorus* has frequently proven itself master in the typical tall, slender individual with lively perceptions inclined to stoop forward, with the empty, gone feeling of the whole abdomen, and tightness across the chest. The hæmorrhage is profuse, will cease for a time and then return.

*Ferrum* has assisted in a few cases where the patient has been weakly. The pale, anemic face becoming fiery red at times, stools are undigested, œdema of feet and legs. Hæmoptysis is better when walking slowly.

*Millefolium* gives gratifying results in cases of hæmoptysis due to pulmonary tuberculosis with cavities. There is the profuse flow of bright red blood without the fever or restlessness of *Aconite*.

*Geranium maculatum*. A man in last stages of pulmonary tuberculosis had hæmorrhages that resisted all other forms of treatment, but they were controlled readily by this remedy in from ten to twenty drops every twenty or thirty minutes.

*Arnica* when there is a history of traumatism. The patient feels sore, as if bruised. There is the hot face with cool body and limbs. The patient is weakly and is troubled with pains in all the voluntary muscles.

*Belladonna* in robust, plethoric individuals. The hæmorrhage comes on suddenly, and is worse toward night. The blood is bright red, there is great congestion of the chest, throbbing headache and aggravation on movement.

*Pulsatilla* and *Crocus* have each been of valuable service in cases of vicarious menstruation.

*Sulphur* is valuable in cases that appear to get about well and then relapse.

*China* in great anæmia from loss of blood where debility is a prominent symptom. There is a sensation of great distension of the abdomen not relieved by eructations or dejection. Another symptom is the sour stomach, associated with watery diarrhœa, worse at night, with copious night sweats.

The patient should not be given *China* on the mere fact that there has been a loss of blood, but the totality of the symptoms should be the guide in the selection of a remedy.

The remedies I have mentioned are not all that are of service in hæmoptysis, but are those I have verified.

In some cases it is necessary to compress the large superficial veins, but not the arteries, that the blood may continue flowing into the limb while the return flow is obstructed. By this means the arterial pressure is reduced in the lungs. These ligatures with compresses over the veins should be worn from twenty to thirty minutes and then removed one at a time.

The bowels should not be allowed to become constipated. Should a large quantity of blood be lost at one time, and as a result the blood pressure greatly reduced, there is danger of death from heart failure. This may be avoided by using salt water, a teaspoonful to the pint injected into the rectum or under the skin.

In mild cases, rest, liquid food, and later semi-solid food, such as milk toast, eggs and junket, are all that are necessary — *A. L. Blackwood, M. D., in The Clinique, July.*

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### CLINICAL.

The following items are taken from Dr. H. V. Halbert's "Hospital Notes" in August *Clinique*:

#### Stigmata Maidis in Acute Albuminuria.

Mr. H. suffered with an acute attack of prostatitis, induced by gonorrhœa and the careless use of injections. He was indiscreet about getting his feet wet during convalescence, and before we knew it all the old symptoms were augmented, and he was put to bed with a fever, and soon albumin and blood appeared in the urine. His condition was soon complicated by cardiac weakness and considerable general dropsy. Every symptom grew worse

from week to week, and nothing, suggested by consultation and the constant study of his case, seemed to offer any relief. At last he was given *Stigmata maidis* in ten drop tincture doses six times daily, and in a short time there was apparent improvement. The remedy was faithfully continued, and in a few weeks not the slightest trace of albumin was found. Then the remedy was continued less frequently, and he gradually progressed toward a permanent cure. There was no doubt of the efficacy of the remedy, for he had been ill for a long time, and previous to its use there was no evidence of any improvement.

The diuretic action of this remedy is well known, and it was natural to expect an increase in the amount of excreted urine; in this case, however, the contrary effect was experienced, for the extreme polyuria gradually decreased. This was somewhat surprising, inasmuch as such heroic doses were used. It is safe, then, to assume that the action of this remedy so clearly affects the kidney that it relieves the inflammatory invasions sufficiently to decrease the polyuria and remove the albumin.

#### Echinacea for Boils.

Mrs. C., age forty, was always supposed to possess what was termed a scrofulous diathesis. Every spring she suffered with a periodic attack of those local comforters; for which she usually took any "spring medicine" prescribed by her most intimate neighbors. For some reason her last attack was apparently aggravated by her patent prescription, and she went through every sort of medical experience, from cathartics to massage, and yet for two or three months these boils appeared and increased in size and ugliness. For a month longer I worked away at her case, but accomplished no permanent result. Perhaps I did not get the right remedy or could not discover the true simillimum. However, my attention was called by one of the journals to echinacea. I had not used it before, but I am able to record the most satisfactory result. I used the first decimal potency, ten-drop doses, six times daily.

### CUPHEA VISCOSISSIMA IN CHOLERA INFANTUM.

Ten years ago Dr. A. A. Roth reported his experience (*Homœopathic Recorder*, November, 1888) with this remedy in the treatment of cholera infantum. It read like an Arabian tale, but a little experience with the drug has taught us to have a great deal of respect for the red pennyroyal. Dr. Roth noticed that the best results were secured in those cases arising from acidity of the food; vomiting of undigested food or curdled milk, with frequent green, watery, acid stools; child fretful and peevish; can retain nothing on the stomach; food seems to pass right through the child. The symptoms remind one a little of *Chamomilla*, but as they are studied it is seen that the systemic affection is deeper than one finds under the latter remedy. Dr. Roth used it in from one to five to ten-drop doses of the tincture, which is a beautiful dark-green color when made.—*Pacific Coast Journal of Homœopathy.*

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#### “HOUSE CLEANING.”

Dr. G., æt. thirty-eight. Hard-working country practitioner, exposed to all kinds of weather, after a winter and spring's hard work was all played out; skin sallow; eyes slightly congested; complained of lassitude; pains in head, also around the heart; distress along the transverse colon; bowels irregular; alternate constipation and diarrhœa; sensitive around umbilical region; liver also sensitive; tongue coated yellow; appetite capricious; said he made seven different diagnosis of his case every week, was sure he had cancer, paresis, some organic heart trouble, or some incurable malady of one kind or another and wanted to know just what.

Suggested a thorough house-cleaning; rest, massage, and a liberal, simple yet nourishing diet, with remedies to cover the general conditions as they should come up. About three weeks later had the pleasure of seeing him again and his remark was, “Doctor, I always thought I was a fairly clean man, decent in my habits, but the amount of old sewerage I was carrying around was a revelation to me. I can account now for the feelings, it was simply slow suicide by poisoning.”

In closing permit me to say that I do not believe you can do everything with any one remedy, be it mechanical or dynamic, but the judicious use of all the means at our hands and the treating each individual case as a whole and each system as a complete system, each part depending on the proper function of every other part being performed, then we may obtain some degree of success in relieving the ills of our fellow man.—*From paper by Dr. W. P. MacCracken in the Clinique, July.*

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“My second proposition is: The remedy should be administered in the most suitable potency. I am going to say but little on this proposition. The potency question always brings out an amount of useless talk in all associations, so it will be dismissed now with the statement that when the chemists ascertain which potency gives us the greatest number of free ions, *that* will be the potency in which to exhibit the remedy. Until that is done, we can only give a few general directions, viz.:”

“1st the metals should always be given in the 30th, or higher.”

“2d. For chronic cases, use the higher potencies.”

“3d. Nervous, susceptible patients should never be given strong, crude drugs in the lower potencies.”

“The third proposition is: That after improvement has begun, the dose should not be repeated so long as that improvement continues.”—*Dr. George Royal, Am. Institute, Atlantic City, Hahnemannian Monthly.*

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“LET hospitals and sanitariums for consumptives continue to be established; let hygienics be applied more assiduously; let foods and reconstructives for consumptives continue to be produced and improved; let antiseptics and the appliances for their use multiply; but do not expect that consumption will be exterminated until we know what vital force is, and until we are able to manufacture it at will. The treatment of consumption is far more than ‘bug fighting.’ The *patient* is the first consideration; the ‘bugs’ second.”—*Medical World.*

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DR. LAURA M. PLANTZ, of Putney, Vt., writes the following for the *New York Medical Journal* of July 1st:



SIR: Permit me, through the *Journal*, to call the attention of physicians and others to the relief afforded by gargling the throat in hiccough. I have had no very serious cases; but in every case where a gargle has been used it has been prompt and effective in its results. In most cases, one gargling has been sufficient. Cold, warm, and slightly medicated waters have been severally used, but the act of gargling seems to be the one thing needful. I should like to have this method of relief thoroughly tested.

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*Asclepias tuberosa* is the finest, non-stimulating diaphoretic in the *Materia Medica*. In former days, it was the sheet anchor of the profession in the treatment of all pulmonary diseases. It is still used, to a considerable extent, by practitioners who adhere to principles of treatment acquired in the days when more attention was given to the practical side of the healing art.

The older practitioners will bear us out in the statement that *Asclepias tuberosa* gives better results in the treatment of pneumonia, pleurisy, and other acute diseases of the lungs than more modern methods. In fact, if the editor of the *Brief* were restricted to the choice of a single remedy in the treatment of pneumonia, he would select this drug.—*Medical Brief*.

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CONCLUDING a paper on "Does Tobacco Cause Amblyopia?" Dr. Willard H. Morse (*Medical Summary*, July) says:

I have made this matter the subject of extensive and long-continued research, undertaking to present an indictment against tobacco, and it is to be admitted that full justice requires that I dismiss the case. I have called witnesses by the hundred, in this country, Europe and Australia, and, whether tobacco is used for smoking or chewing or as a drug, the charge goes unsupported, except, of course, as indicated in producing a mere condition—a simulative condition. Tobacco, the narcotic, and tobacco, the diuretic, do not, cannot cause amblyopia. Tobacco, as a nauseant, may cause an amblyopic condition.

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"AN English journal of the icteric type recently published a notice of Mr. Gladstone, in which it mentioned, as a partial explanation of his power in debate, that he had nictitating membranes in each of his eyes, and that he could by winking them during argument so startle his opponent as to leave him speechless."—*Medical Record*.

**BAPTISM DISEASE.**

From the remarks of a writer in *La Progrès Médical* of recent date, it would seem that in France they suffer more than elsewhere from that unfortunate tendency to obscure medical terminology by appending personal names to newly-discovered diseases and newly-invented instruments. The writer alluded to treats this tendency as a positive malady, and designates it "baptism disease." The symptoms of this disease, he maintains, are generally cerebral ones, and the patient—usually a physician—is seized with an irresistible impulse to discover some disease and baptize it with his own name. The causes of the disease are not numerous, but very active. The subject experiences an immoderate desire to diffuse his name throughout the scientific world. In doing this, financial considerations are not the primary incentives, though, of course, it is natural that an individual attacked by Spitzbube disease would like to consult Spitzbube himself, so the name-giver obtains some of the benefits. The differential diagnosis of the disease is extremely difficult, as discrimination must be made between those who consciously give their names to instruments and diseases and those to whose discoveries the medical profession have affixed the names of their protégés. Paquelin's cautery and Potain's aspirator and the needle of somebody else might be taken as illustrating this difficulty of differential diagnosis.

Among the conscientious savants who escaped this malady must be mentioned the immortal Pasteur, who, seeing that no particular use would come from calling microbes by his own name, and distrusting his own knowledge of Greek, asked Littré to suggest one. The great lexicographer suggested the term "microbe," which he considered euphonious, and to which he subsequently accorded philologic recognition. Microbes, however, did not entirely elude the vagaries of baptism. The streptococcus and the gonococcus won their place in literature honestly and by their own efforts, but the colon bacillus endeavored to show its disputed parentage by calling itself Eberth's bacillus and Nicolaier's bacillus. It must be said for them, however, that they do not abuse these titles to nobility. The odorous bacillus of ozena has distinguished itself by the title bacillus of Lewenberg,

though Nasenberg would have been more characteristic and felicitous. Exophthalmic goitre is a disease of very aggravated pater-  
nity. Some call it by the name of Basedow and others by the name of Graves. Observing the propensity of goitre to collect proper names around it, one will not be surprised to learn that the operation of exothyropexy should really be called the operation of Gangolphe-Jaboulay-Poncet.

The manner in which these names come to be applied is very various. For instance, Professor Jolinon, at the end of a brilliant clinical lecture, designates one particular sign whereby he is able to differentiate infantile pneumonia from senile gangrene, and his admiring students immediately dub this "Jolinon's sign." This habit has prevailed to such an extent that medical nomenclature is now encumbered with such terms as the signs of Rosenbach, Koplik, Kernig, Olivier, Philippowicz, Stellway, and Babinski. We are stupefied by hearing of the symptoms of Millard-Gubler, Weber, and Wichmann, and we are paralyzed by learning of such diseases as those of Cherchewski, Barlow, Stoker-Cadam, and Rougnon-Heberden. Not one of these fervid name-givers has so far bestowed his name upon syphilis. Diday maintained that Job was syphilitic, but the term "Job's disease" has not prevailed. During the famous outbreak of syphilis in the fifteenth century everybody endeavored to connect the disease with his next-door neighbor. It was called the Spanish disease, the French disease, and the Neapolitan disease. Some wished to connect it with the new world and call it the American disease, but Amerigo Vespucci protested. "If you wish," he said, "to give my name to something I have not discovered, give it to the West Indies." So America was called by his name, first, doubtless, by some one suffering from baptism disease.

In conclusion, the writer asks pity for those who invent forceps and bistouries and those who cultivate microbes. He asks pity for the students who cannot comprehend the significance of these various terms, for the practitioner who cannot return to school to learn them, and for the patient who does not want "apocalyptic neologisms," but active treatment. He urges a return to a simple and exact scientific terminology, and asks that in naming new discoveries there shall be displayed more modesty and less personal vanity.—*Medical Age, August.*

## BOOK NOTICES.

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**Mind and Body.** Hypnotism and Suggestion Applied in Therapeutic and Education. By Alvin C. Halphide, A. B., M. D., B. D., Professor of the Theory and Practice of Medicine in Hahnemann Medical College, Chicago, etc. Illustrated. 231 pages. Cloth. Published by the author. For sale at the Boericke & Tafel pharmacies.

In his preface Dr. Halphide says: "Many have come to me for instruction in suggestive therapeutics and many others have written to enquire about it. I have been asked to recommend a suitable text-book. I could not, there is none. This little volume has been written to meet the demands for a simple statement of the fundamental elements of the subject." That is the case in a nut-shell. The book, so far as we can judge, is just what it claims to be, and if any of our readers want to enquire into hypnotism, or suggestive therapeutics, this is the book to buy.

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**A Text-Book of Diseases of Nose and Throat.** By D. Braden Kyle, M. D., Clinical Professor of Laryngology and Rhinology, Jefferson Medical College, etc. With 175 illustrations, 23 of them in colors. 646 pages. Cloth, \$4.00. Half morocco, or sheep, \$5.00 *net*. Philadelphia: W. B. Saunders. 1899.

This book is divided into twenty-three chapters, and its aim is to present to the reader the subject of diseases of the nose and throat in as concise a manner as is compatible with clearness. The illustrations are mostly original, and, together with paper and presswork, are fully up to the high standard that prevails in all Mr. Saunders' publications.

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**The Hygiene of Transmissible Diseases: Their Causation, Modes of Dissemination and Methods of Prevention.** By A. C. Abbott, M. D., Professor of Hygiene and Bacteriology, and Director of the Laboratory of Hygiene, University of Pennsylvania. Illustrated. 311 pages. Cloth, \$2.00 *net*. Philadelphia: W. B. Saunders. 1899.

A very interesting and useful book, though, we think, the author puts too much faith in the bacilli as the cause of disease; however, as any other alleged cause than these wonderful things would not be accepted, the reader will have to take them along with the useful parts of the work. Some day the microbe will be sized up to his true place, let us hope. To-day his place is bigger than his importance merits.

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**The Treatment of Pelvic Inflammations Through the Vagina.** By William R. Pryor, M. D., Professor of Gynecology, New York Polyclinic, etc. With 100 illustrations. 248 pages. Cloth, \$2 00 *net*. Philadelphia: W. B. Saunders. 1899.

To those who believe in the treatment of this class of diseases through the vagina this is the book to get, for it embodies the latest of that treatment. There are undoubtedly cases requiring such treatment, but, perhaps, not so many as receive it. The only way to eradicate a disease is by constitutional remedies; all other treatment is but palliative, useful, but not curative.

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**American Pocket Medical Dictionary.** Edited by W. A. Newman Dorland, A. M., M. D. Containing the Pronunciation and Definition of over 26,000 of the terms used in medicine and kindred sciences, along with over 60 extensive tables. Second Edition. Revised. 518 pages. Flexible binding. \$1.25 *net*. Philadelphia: W. B. Saunders. 1899.

One wonders how many of these over 26,000 words could be dispensed with to the advantage of the profession in the way of greater simplicity. Why not say sea bathing instead "Thalassotherapy?" However, the words are with us, and when a man hurls them at us if we would know the meaning (99 times out of a hundred no one takes the trouble) we must go to the word-book, and this is a handy one, pocket size.

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DR. STACY JONES' *Bee-line Repertory*, a most successful book, has been out of print for some time and his publishers, Messrs. Boericke & Tafel, have about completed its successor, which can hardly be called a second edition owing to its great increase in matter and arrangement. *Bee-line Therapia* is the title of the new book, and it will contain over twice the matter of the old

*Repertory* and be far better arranged in all respects. All the keynotes of Homœopathy will be found in it and an immense amount of other matter. It will be pocket size, and the most useful companion a physician can have, whether he be high, low or no potency, for Dr. Jones takes them all in. Get a copy when it is out, which will be soon, perhaps as soon as this number of the RECORDER.

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DR. T. C. DUNCAN has a book going through the press of Boericke & Tafel under the title of *Acid and Alkaline Children*. It will be original and worth reading.

The same firm have also a new work by Dr. T. L. Bradford, a complete collection of all the statistics of homœopathic treatment in comparison with that of other systems ever published. This work has been needed for years, and Dr. Bradford's name is a guarantee that it will be well done.

*New, Old and Forgotten Remedies* is also approaching completion. It is intended to meet the never-ceasing inquiry for the many remedies not found in the *materia medicas*.

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MESSRS. BOERICKE & TAFEL have in press a work on the "Diseases of Children," by C. G. Raue, M. D., that promises to be the most successful homœopathic work on the subject ever published. Dr. Raue, like his father, the author of the famous *Special Pathology and Diagnostic Hints*, is a true homœopath, yet one fully up in all that is claimed by scientific medicine; he also has the trick of conveying his meaning without burying it under words; he also writes of what he *knows*, having been connected with the Children's Hospital in Philadelphia for a long time. It is hoped to have the book out by the time the colleges open.

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DR. OLIVER EDWARD JANNEY, Professor of the Principle and Practice of Medicine at the Southern Homœopathic College, Baltimore, writes of Arndt's *Practice*, just issued, that it is a most excellent work and will be one of the works recommended to the students of the Southern.

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THE *Medical Record*, the leading old school journal of the United States, reviews the last edition of Boericke & Dewey's *The Twelve Tissue Remedies of Schüssler* as follows:

This work, now well known, comprises the theory, therapeutic application, *Materia Medica*, and a complete repertory of these remedies. The present volume, more complete than its predecessors, one may say, exhausts the subject of the so-called twelve tissue-remedies. The authors, who are by experience abundantly qualified to recognize and avail themselves of all advances or knowledge pertaining to their task, have acquitted themselves well, and now present to the school they represent a complete guide so far as these "remedies" are concerned. There is first an introduction, then follow the *Materia Medica*, symptoms, common name, chemical data, etc., followed by an alphabetically arranged therapy, and then the repertory arranged upon a pathologico-anatomical basis, the whole making a work of four hundred and twenty-five pages.

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THE *Syracuse Clinic* says of Nash's *Leaders in Homœopathic Therapeutics* :

From the time of Hahnemaun down to the present, it has been made emphatic by the physicians of the new school that "the sole duty of the true physician is to cure the sick," and to do that so gently and so perfectly in accord with the laws of nature that no after-effects are produced. Therefore, it is with pleasure that we review a work giving in brief the result of many years conscientious study of the law of cure by one who plainly states that if there is any one point in the homœopathic system of therapeutics that recommends it before that of the old school, it is that we have discovered a law by which we are able to apply remedies for the curing of the sick without entailing upon them drug effects, often more serious than the original disease.

Dr. Nash handles a very ready pen. He makes it interpret his moods, opinions and experiences with rare facility. While not attempting to give a complete system of therapeutics he offers a fine resume from *Aconitum* to *Zincum* of 259 of our most frequently indicated drugs. It is eminently a practical work for the busy doctor, written with the charming directness of Hempel, Raue and Hering. Dr. Nash tells his experience with various drugs, how he gives them, and the results he has obtained without circumlocution, explanation, or apology. The strong points of each are made duly prominent. All the way through the reader is impressed with the fact that the author believes firmly in what he has to say. His motto is "facts not theories." He records under each drug its true worth in curing disease, and leaves it for more pretentious and less valuable works to waste pages in theories. The student young or old need not wade through pages of symptoms with nothing to indicate the relative value of the drug under consideration. Comparisons abound on every page.

It is one of those rare books where a great deal is left to be said; one which the reviewer lays down without a feeling of relief, and one which will be a real addition to the library of any regular progressive physician whatever his school of practice.

In the matter of typography, press work, paper and binding the publishers have no reason to apologize.

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## HOMŒOPATHIC PHARMACY IN ENGLAND

The pharmaceutical Cheap John, so rampant in the United States (to the great detriment of the afflicted), has broken loose in England. He has but one method, noisy claims of being "just as good", and cheap prices on inferior medicines. Those who patronize this class of pharmacists lose whatever benefit there is in medicine, and sooner or later have no faith in medicine. The English homœopathic press, however, size up these pharmacists correctly and raise a warning voice to the profession. The *Homœopathic World* says:

“ ‘Demoralization’ is the only word to describe this state of things. It is impossible to have homœopathic medicines cheap and at the same time good. The expense is not so much in the materials as in the character, honesty, and scrupulous care of those who are employed to select, prepare, and dispense them. If patients are not willing to pay for these, they deserve all they get or fail to get by purchasing a medicine because it is cheap. We know of one case in which a patient, who was a principal in one of the great emporiums, purchased his homœopathic medicines at the drug department of his stores. He found he never got any good out of them. Prescriptions made up there never worked. His medical man discovered what he was doing, showed him the error of his ways, and sent him to a homœopathic chemist of standing, when there was a different tale to tell. Cheap homœopathic medicines are very dear at the price.”

The *Monthly Homœopathic Review* devotes four pages to the question. Among other things it says: “If certain wholesale manufacturers find it convenient to sell their goods at rates which enable their customers to retail them profitably at ludicrously low prices, our withers are still unwrung, *provided al-*



ways that what they so vend corresponds accurately with its title, and is so dispensed that it retains its essential characters unaltered between sale and consumption. The proverbial association between 'cheap' and 'nasty,' and the fallibility of the human conscience where a profit is concerned, make us fear that the warriors in this war of rates may be tempted to overlook the interests of certain non-combatants who are necessarily concerned in the *casus belli*; we refer to the pharmacist, the prescriber and the patient."

A firm determines to increase its business, and, as the average business man is not very fertile in new ideas, the one plan adopted is to slightly cut under competitors. Mr. Competitor "sees" him and goes him one better; then there is nothing left for the original unoriginal business man but to go still lower. Soon profits on properly made medicines vanish, and then the cutting down in cost of production and quality begins and is carried to extremes undreamt of by the physician. "How can tablet-triturates be sold at those prices?" was the question put to a man who knows, the other day. The grinning reply was "they don't triturate."

You cannot buy a silk purse at the price of a sow's ear no matter what the drummer says.

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THE *Clinical Reporter*, now edited by Dr. D. M. Gibson, quotes the following from *Alkaloidal Clinic*: "There is no doubt that many obscure country practitioners are successful in curing and alleviating conditions with remedies, with the names of which remedies many of our great men may not be familiar. Each man's own experience is better for him than is the experience of others. If he finds that certain remedies relieve certain conditions, without evil results, that is the one he should use, no matter what others may say to the contrary."

You will find many of these almost unknown remedies in *New, Old and Forgotten Remedies* now running through the press of Boericke & Tafel.

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#### OBITUARY.

On July 4, at 11:30 P. M., at the age of 74, crowned with the glory of a well-spent life, there passed away from earth to Heaven the soul of Hervey Milton Cleckley, M. D., of Charleston, S. C., for over fifty years a practicing physician of marked

ability and usefulness. He was pre-eminently the ideal physician, whose very presence was a benediction to his patients, his gentle step, heard in the hallway, bringing relief and comfort even before his noble, kindly face was seen in the sick chamber.

He graduated from the Charleston Medical College in 1847, but later, his attention being directed to the study of a newer and more scientific method of cure, his liberal mind, ever eager and ready to hear and accept the truth, was soon convinced that the new school of medicine was far superior to the old, and as his conscience would no longer permit him to practice the old, when something better was found, he gave up the practice of allopathy, went to Savannah, Ga., to study under Dr. Montie Schley, who had just returned from Paris, where he had graduated in the new science of healing. After studying under him he went to Philadelphia and graduated in the Homœopathic College there. Thus he was better qualified and equipped than most physicians, knowing the merits of both schools of medicine. He was eminently successful in the treatment of chronic diseases, also diphtheria and yellow fever in the epidemic of 1872, not losing a patient out of sixty who had that much dreaded disease. In diphtheria he was never known to lose a case.

A native South Carolinian, of noble and famous Revolutionary ancestry, he loved all things high and holy, and his life was a beautiful lesson of faith and trust in God and loving service to humanity. His was pre-eminently the charity that suffereth long and is kind, is not easily provoked, thinketh no evil, and his pure soul well merits the "Well done thou good and faithful servant; enter thou into the joy of thy Lord."

In 1852 he was happily married to one of Georgia's most lovable and noble daughters, Frances P. Schley, who proved a devoted companion through a long life of rare unselfishness. Of these two faithful hearts it might be truly said their marriage was made in Heaven; there it had its beginning, and there it found its full fruition, for the devoted husband-lover could not long survive the irreparable loss of his precious peerless wife, and in three short years he went to spend her dear birthday with her in Heaven. In his home life he shone resplendent in all the beautiful virtues that make home a fit abode for the angels, ever appreciative, tender, considerate, loving and true. The sordid, selfish world has seldom seen such rare devotion as

exemplified in his life as husband and father, and sadly now is that gentle, loving presence missed by children, patients and friends, but they sorrow not as those who have no hope, for to this pure, spotless soul death was only a glorious awakening to a higher, holier, more beatific state of existence. This poor, selfish world was not worthy of him, and God sent His angels to waft his pure soul to that blessed home He had prepared for him in Heaven. But the sorrowing hearts of his children long for the touch of the dear vanished hand and the sound of the gentle voice that is still. Hasten! oh bright-winged angel of the Resurrection, sound the trumpet that shall usher in the longed for glorious morn, when the darkness of this life shall forever fade away and there shall be no more death, neither sorrow, nor tears, for our Redeemer, Saviour, shall come to claim His own, and there shall be no more partings forever more.

EMILY SCHLEY CLECKLEY.

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### PASSIFLORA INCARNATA.

The following is an extract from a paper by H. Fischer in the *Wisconsin Medical Recorder*:

The beneficence of *Passiflora* is nowhere more frequently manifest than in the treatment of hysteria and neurasthenia. The shifting pains, morbid fears and irregular motor phenomena of the hysteric woman are dissipated as by magic and the whole household released from the demon's spell. By anticipating explosions and keeping them in abeyance, removing apparent causes and enjoining better habits of mind and body, one is often able to materially improve the condition of those persons who are doubly victims, subject to habit as well as disease. *Passiflora* will enable the discerning physician not only to relieve, but sometimes, with the other means at our command, permanently benefit them.

Hystero epilepsy affords another useful field for its employment. It certainly lessens the tendency to exaggerate bodily impressions and relieves the irritability of the neurasthenic. Cardiac irritability, the insomnia, the haunting dreams, the impotence, back pains, ocular disturbances; the feeling of nervous and muscular uncertainty are allayed, physiologic balance restored, and self-confidence reestablished—preparing the way for the hygienic and therapeutic measures appropriate for

each individual case. The restless fretting of infants, the toxic instability of the cigarette smoker's nerves, the tremors and depression following alcoholic excesses, the distress of the opium eater, the shopping-day headaches, the overtrained musician's breakdowns, the student's undoing from long application to his studies, the worried banker's collapse, and, in fact, brain and nerve fag from whatever cause, with peevishness and irritability, are all indications for the use of *Passiflora*.

Bearing in mind that reducing reflex irritability may serve a purpose and tide the sufferer over many a stormy hour, to his comfort and the physician's credit, even though no cures be effected, we may find *Passiflora incarnata* a valuable aid in the management of many troublesome cases.

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FROM a paper, "Some Neglected Remedies," by Dr. H. W. Felter, *Transactions of the Ohio State Eclectic Medical Association*, we select the following notes on several drugs:

#### Lycopus.

Bugle weed takes a first rank among my steadily employed medicines. It is second to no remedy for the control of passive hæmorrhages from the lungs, besides being a valuable heart sedative. Wild and tumultuous beating of the heart is controlled by it, and this is a condition frequently preceding or accompanying pulmonary hæmorrhage. It alleviates the cough of phthisis, as well as most remedies of balsamic class, and is always kindly received by the stomach. It acts as a tonic and appetizer.

#### Melilotus.

I have used melilot sufficiently to convince me that we are overlooking a remedy of value for the control of pain when we neglect melilotus. As a remedy for neuralgia, for which it has been praised by some physicians, I have not used. But in ovarian neuralgia it has operated as quickly and permanently as any agent I have employed. White sweet clover I have not tried, though it has been recently reported useful in conditions similar to those for which the yellow species is employed. I have thus far relied on a tincture of the fresh plant prepared when in bloom, and the dose ranges from 5 to 10 drops every hour.

**Trifolium.**

I have relied upon it solely in those disposed to cancerous growths, and, in my opinion, when persistently given it retards the progress of cancerous tumors and improves the general condition of the patient. Though I believe it strongly antagonistic to a cancerous cachexia, I do not regard it curative after an active ulceration has begun. I am disposed to believe, however, that if given persistently, as soon as the growth is discovered, it will in a large majority of cases be the means of preventing an early ulceration and the consequent involvement of the lymphatic structures. I have known of cases in which the breast was removed for cancer where no further trouble was experienced for years. These cases were given clover for periods of three or four months and repeated from time to time. Clover also assists in the cure of scaly and ulcerated conditions of the tibial region of the old.

**Ceanothus.**

Jersey tea has given satisfaction in affections of the spleen, especially enlargement of the spleen not due to malarial agency, or at least not accompanied with any of the ordinary palustral manifestations. As far as I have employed it I have found it to be an admirable remedy, and another who employed it on my recommendation reports perfect success with it in a case which had resisted the whole list of spleen remedies. It is not a new remedy for this purpose, having been largely employed during the civil war, but it has more recently been revived.

**Achillea.**

This common weed is the well-known yarrow. It is especially adapted to certain forms of hæmorrhage with debility. The condition in which I have found it most useful is menorrhagia in patients of weak constitution, where the menstrual flow each month is profuse and sometimes wholly sanguineous, sometimes partly leucorrhæal. The condition is always one of marked atony, and the debilitating discharges are often accompanied by severe backache and not infrequently with sick headache. When the hæmorrhagic discharge is due to polypus or other growths, fragments of membrane, etc., the remedy will do little more than to slightly decrease the flow, but it is of no value in accomplishing a cure. Here operative measures as the removal of the growths, or the use of the curette, will accompany that which no remedy will effect.

## PERSONALS.

"Don't worry," is bully advice; it is as good as "take plenty of sleep" to sufferers from insomnia.

An "advice trust" would go to pieces in a week. No company could control the supply.

"A Syphilitic Congress" is the rather peculiar headline of one of our esteemed.

When requested not to put his knife in his month when eating, the man asked where else should he put it?

The "Cheerful doctor" is O. K. if patient gets well, otherwise—.

Davenport, Ia., has passed an ordinance creating a Barbers' Examining Board.

Dr. Thos. H. Mann has removed from Fitchburgh, Mass., to Uncasville, Conn.

The several journals that printed Dr. Fahenstock's provings of *Echinacea* carefully deleted the doctor's statement that only the tincture and dilutions prepared by Boericke & Tafel were used.

"Business" is the sole god of some "medical" journals—and the advertiser is his prophet!

The latest bray is "mosquitoes breed malaria."

"Major Ross has discovered the malarial mosquito, and asks that assistance be sent at once!" Evidently too large for one man to tackle alone.

**FOR SALE.** Modern sanitarium in magnificent location in Eastern Pennsylvania for sale, or partner wanted. Address "SANITARIUM, care HOMŒOPATHIC RECORDER, P. O. Box 291, Philadelphia, Pa."

Bradford's book on Homœopathic Statistics is on press. Everyone will want a copy. Greatest homœopathic "missionary" ever printed.

The *Clinique* says of Dewey's *Essentials of Homœopathic Materia Medica*: "We recommend it with pleasure."

Professor T. C. Duncan, whose papers have interested the RECORDER'S readers during several years past, is now Professor of Principles and Practice of Medicine at Dunham College.

Dr. Wells LeFevre has removed from Hot Springs to Pine Bluff, Ark.

Dr. Jos. F. O'Connor has removed from 18 W. 43d St. to 29 W. 45th St., New York City.

That "ultimatum" is about the best bit of unconscious humor, and bad English, that has yet been launched.

Detroit has a new college. The Detroit Homœopathic College, Dr. D. A. MacLachlan, Dean.

Dr. B. Kaffenberger is again in practice at Key West, Fla.

At Hull, England, 83 cases of small-pox. Mr. Chaplain, House of Commons, said 62 showed evidences of vaccination.

"The anti vacs are making nuisances of themselves by asking questions."—*London Letter*.

# THE HOMŒOPATHIC RECORDER.

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## ACONITE.

By T. F. Allen, M. D.

One who studies cases of poisoning by *Aconite*, or who even reads over a few such cases, is impressed by the remarkable uniformity expressed in the accounts presented to him.

Whether the record be one pointing distinctly toward heart failure, with increasing coldness of the body, increasing feebleness of the heart, ending, finally, in complete collapse, and stoppage of the heart's action (in diastole), or whether he follows the subsequent history of a similar serious condition of affairs, terminating favorably, in a reaction attended by an increased temperature, increased rapidity and force of the action of the heart, he is conscious of a remarkable similarity in the mental characteristics exhibited by all such cases. This similarity shows itself in a dreadful anxiety and fear, with a restless condition of body and mind, which is intolerable. One may read over scores of cases of poisoning and numerous cases of experiments on different people, purposely undertaken to develop the action of the drug, and witness a similar series of symptoms, with almost identical results. It is the first and most prominent feature noticed, as the result of *Aconite* poisoning, either in large or small doses, and it is the key to the understanding, essentially, of the action of *Aconite*.

If the condition be one of heart failure, gradually ending in the death of the patient, or of violent febrile reaction, continuing for many hours, the same mental condition is found—one of restless anxiety, a dread of impending misfortune, even of death, which permits of no rest, generally with excessive thirst, etc., etc.

Unfortunately, cases of poisoning by this drug are not uncommon. They abound in European literature, for the shoots of the plant, coming up in early spring, tempt people to use them as

salad, and the bulbous roots, tuber-like in character, contain a large amount of starch, and are often eaten for the nutriment they contain; indeed, some species of *Aconite* are not at all poisonous, and may be eaten with impunity, while others, especially the blue-flowered species, and the species of East India and Japan, comprise the most deadly, poisonous vegetable substances known. The study of the pharmacology of the different species of *Aconite* is most interesting, with the varying amounts of alkaloids, and the varying effects of each, but chiefly, the blue flowered species, the *Aconitum napellus* of Linneus, *Stoerckianum* of Reichenbach, are the ones which chiefly interest us, since they afford the principal sources of the officinal drug called *Aconite*, the root of which is chiefly used in medicine, which contains the greatest amount of alkaloid, but which, however, is not the only source of activity of the *Aconite* used in the homœopathic school.

*Aconite* produces, in addition to the weakness of the heart, the symptoms above briefly noted, paralysis of sensation, commencing in the periphery, and becoming more central as the poison extends. It shows itself in the lips, tongue and mucous membrane of the mouth, especially, as numbness and formication. So distinct and characteristic is this feature of sensory peripheral paralysis that the symptom has been made use of to estimate the value, commercially, of samples of *Aconite* by means of the taste, which is, of course, a very crude, unscientific method, but, in the main, sufficiently accurate to determine the relative value of different samples. The formication and paralysis, commencing at the tongue, lips, and extending to the cheeks and neighboring parts, become quite violent, and speedily develop into a pain which extends to and involves the whole of the "*trigeminus*," and gives rise to a distinct neuralgia, involving the branches of this nerve, attended with heat, swelling and pain that also is quite characteristic of the action of *Aconite*.

But, without entering into any detailed account of the varying symptomatology of the drug, as developed in different parts and organs of the body, we may enter into a discussion of the febrile condition which *Aconite* produces. It seems certain that, though this febrile condition, with rapid pulse, rise of temperature, is preceded, early in the *Aconite* disease, by chilliness, these chilly feelings are apt to be transient, and not to persist for any great length of time. They also, like the fever, are attended by the same mental characteristics, of a restless anxiety, which is so profoundly characteristic of our drug.



The chills are generally transient, and rapidly alternate with conditions of fever. Even within a few hours, or even within a few minutes, a rapid alternation of chill and fever may be observed, followed by outbreaks of perspiration, following which there may be a renewal of the chilly creeps and febrile condition. But, through all these varying phases of chill, fever and sweat, the patient is unaccountably and intolerably restless and anxious, fearing every moment will be his last. It is noticed also, even at the beginning, with the earliest symptoms of *Aconite*, that these rapid alternations of febrile conditions are coincident with rapid alternations of other symptoms, for example, the state of the pupil, which will alternately dilate and contract within a few minutes.

But the point to which we wish to call attention, in connection with this phase of the *Aconite* disease, is that, from the pronounced and unvarying effects of *Aconite*, it is properly concluded that *Aconite* is useful in conditions of fever, with similar characteristics, that is, with fever characterized by rapid alternations of chill or fever or sweat; finally, by long continued conditions of febrile excitement, attended by high temperature, and especially by excessive mental anxiety. It has not been found useful for any form of febrile excitement, associated with a quiet, sensible condition of mind, or an apathetic condition of body.

This condition of febrile excitement of *Aconite* finds its parallel, chiefly, in the early onset of acute inflammatory diseases, in which the patient is attacked, as it were, with a perfect storm of chill and fever. When the fever does not seem to have localized itself, as in the prodromal stage of any inflammatory disease, a patient may be chilly or may be very feverish, always very restless, generally very anxious and thirsty. The physician is scarcely able to determine what organ is or will be affected by the inflammatory process. But, after some hours, the whole aspect of the case changes. The inflammation seems to have become localized, a definite lesion results, and the physician can determine, perhaps, that the lung is being involved, or that some other organ is becoming inflamed. As this condition develops, and the disease fairly localizes itself, the temperature may be higher, but the prodromal storm has passed. The patient suffers no longer from his undefined distress or mental anxiety, and the disease seems definitely to have developed, and the inflammatory process to have been fully declared. It is

then that the patient is not chilly, may have a higher temperature, but is not restless, is really more ill than at first, but does not feel so himself. The stage for *Aconite*, however, has passed. The indications for another remedy, such as *Iodine* or *Bryonia* (if there be pain), or of some other drug, may be indicated. But *Aconite* is no longer the appropriate remedy. Thus it happens that we are apt to say, that, in a stage of exudation, or of true inflammation with exudation, *Aconite* is no longer required.

*Aconite* thus seems to be indicated rather in the *prodroma* stage of inflammatory affections than in the stage of true inflammation (that is, of inflammation with exudation). While this is doubtless true of inflammation with exudation consisting of plastic lymph, and is certainly true of an exudation with serous effusion, and especially of an inflammation attended by purulent infiltration, nevertheless, it is most assuredly true that, a stage of exudation of any kind having been reached, *Aconite* ceases to be the wholly appropriate remedy, and it also seems as though the mental state of the patient might be taken as an index of the applicability of *Aconite*.

This is so characteristic of *Aconite* that we may here fearlessly give a challenge to any skeptical practitioner, who wishes to convince himself of the truth of Homœopathy, to make the following experiments:

1. Purchase an *imported tincture of Aconite*, that is to say, a tincture prepared from the fresh green root, the only preparation at all admissible, for *Aconite* must be prepared from the fresh green root, and must never have been dried, lest some of the qualities of the juice become impaired, and the virtues of the tincture lost. So get some fresh green tincture of *Aconite*; then, having taken any number of vials, I would recommend that the experiment be made with thirty or less small vials, say, half ounce. Fill each vial half full of alcohol, then add two or three drops of the tincture to the first vial and shake it well, and mark this *one*. Add two or three drops of this to the second vial, and mark that *two*, shake. Then, two or three drops of No. 2 to a third vial, and mark 3, and so on successively, adding two or three drops of each vial to a fresh vial, half full of alcohol, marking them with consecutive numbers, as far as you choose. I would recommend beginning the experiment by using from a vial marked 10 or 11. Now, select from your practice any patient you choose, attacked in the way I have mentioned, with a chill, rise of temperature,

extreme restless anxiety and thirst, a full, hard pulse, a person threatened with some inflammatory affection, such as pneumonia. Put a few drops from the vial marked 10 into half a tumbler of water, and administer to the patient a teaspoonful every half hour for a few times, say, half a dozen. You will surely have the following result: the restlessness, the anxiety, the tossing about will be relieved, probably in thirty minutes, or, at least, within a short time, and the effect of the *Aconite* will be shown in the fall of temperature, the diminished distress of the patient, perhaps the entire removal of the source of his discomfort and of the whole threatened inflammatory affection. Should it happen that two or three doses fail to produce this result, add some of the vials marked Nos. 3, 4 or 5, but, should you get the results noted, you might try further experiments with higher numbers, as far up as 30, for such results have been noted, even with the 30th dilution.

This experiment can be tried by any one, and will be a sure test of Homœopathy as exemplified in adaptation of the symptoms of *Aconite* poisoning to the cure of similar affections occurring in the sick. I, myself, have witnessed results from one single teaspoonful of the desired or appropriate dilution, which probably will vary, according to the susceptibility of the individual, some individuals being more susceptible to the higher dilutions, others requiring lower dilutions, even as far down as the 1st or 2d. But it is probable that an appropriate dilution will show its effects even after the first teaspoonful in water, and probably within thirty minutes. The patient will become more quiet, perspiration will break out, and then, *if the remedy be suspended immediately and no more administered*, the patient will continue to improve until he recovers. It will be advisable, as my experience has plainly shown, when the first perspiration shall be observed, to suspend entirely the medicine; otherwise the additional doses will cause a suspension of perspiration, and a renewal of the febrile symptoms, which had already commenced to disappear. My own habit in practice is to stop the medicine just so soon as the improvement appears, and this will be found advisable by those trying this experiment.

We cannot cease calling attention to the inflammatory affections produced and cured by *Aconite*, without directing the attention of the reader to a few of the most frequently observed conditions indicating this drug in a very characteristic manner.

One of these is an affection of the heart, not infrequently met

with in practice, which is quite obviously similar to a condition produced by *Aconite* poisoning, namely, heart failure. By this we mean extreme weakness of the heart's action, with tendency to diminution of rapidity of the pulse, a general fall of temperature, even to collapse. A very characteristic instance of this occurred in a man who recently had returned from the army. He had been subjected to great fatigue, and had been through some very trying experiences in engagements "at the front," and had been sent home in a state of complete exhaustion. He was said to be suffering from dilatation of the heart walls, by some thought to be aneurismal in character, by others said to be associated with aneurismal dilatation of the aorta. He had suffered from great præcordial distress; had been thought to be suffering from acute inflammation of the aorta. Be that as it may, the man's condition was pitiable. His heart's action was very unsteady, and extremely feeble. When first seen, his extremities were cold, and his mental condition was very distressing. He seemed to be in a condition bordering upon terror. He had entirely "lost his nerve," so to speak; he was dreadfully apprehensive of approaching death, concerning which he talked almost constantly, and he was sure would speedily occur, which, indeed, was the case. No remedies seemed to have had the slightest effect on him, at least they had not relieved this mental anguish. This case is instanced only to illustrate the relief which *Aconite* will sometimes give in similar and hopeless cases, though it seems to be powerless to cure. Certain it was that a few doses of *Aconite*, of the 7th dilution, in water afforded speedy and marked relief, and enabled the man to die peacefully, in the midst of his family, but was unavailing to do more. In cases of acute inflammation of the membranes of the heart, in endocarditis, and sometimes in the early stage of pericarditis, and even in the distress attending attacks of angina pectoris, with terrible anxiety, and sharp pains extending from the præcordial region, down the left arm, and even to the right side of the body, this remedy has been found to afford very marked and prompt relief.

In the onset of pulmonary inflammations, especially of pneumonia, before hepatization has taken place, while the patient is suffering from general distress in the chest, with chills, a high fever, but before the pneumonic process has become established, with the restless anxiety which so commonly attends this stage of pneumonia, we find in *Aconite* a much-needed and ex-

tremely useful remedy. But, so soon as hepatization shall have taken place, the patient has become less restless, even though he may still be very feverish, the utility of *Aconite* has probably passed and may give place to the remedy next in order, perhaps *Bryonia*, perhaps *Iodine*, or some other remedy dependent upon the peculiar symptoms of this stage of the disease.

But in no affection has the usefulness of *Aconite* been more brilliantly demonstrated than in a form of acute laryngitis commonly known as "membranous croup." We have repeatedly witnessed its marvellous action in the first stage, arresting and entirely removing an attack which threatened the most serious consequences. We have seen the little sufferer, with the peculiar cough, with a high fever, restlessness, anxious tossing-about, characteristic of the early stage of this form of laryngitis, become quiet after a single dose of *Aconite*, the breathing become less difficult, and the child drop to sleep, apparently from exhaustion, break into a gentle perspiration, and wake after a few hours, to all appearances, well, with no vestige of the threatened trouble remaining. We have seen this result accomplished not only in the so called spasmodic croup, but in cases where the epiglottis was swollen and inflamed, and a tough, creamy exudation had made its appearance lower down in the larynx, with extremely difficult breathing, drawing-in of the pit of the throat, after the croup-kettle, with lime water, and a whole lot of other truck had signally failed to give the slightest relief, that one or two other doses of *Aconite* would afford almost instant relief, and in other cases a complete cure, no further doses of *Aconite* being required after the patient dropped asleep.

It is surprising that physicians will often allow their prejudices to stand in the way of administering a single remedy like this, because it savors of being homœopathic.

In a recent instance a variety of applications had been used for several hours, and the child growing worse, with symptoms of increasing stenosis of the larynx, apparently suffering from sheer exhaustion, trying to get a little rest, but unable to do so, on account of the distress on breathing, with a hot skin, the stage for *Aconite* long since past, the case becoming apparently desperate, it was found necessary to give *Iodine*, which was done in the first dilution, after which the patient fell asleep, had a restful night, and the next morning was playing about the room.

I instance this to show that *Iodine* frequently follows *Aconite*, and that should *Aconite* fail to relieve only the restlessness and the fever and all symptoms of the stage of exudation and stenosis simply remain, then *Iodine* should be administered, for it has been found clinically that *Iodine* is quite as well indicated in the febrile stage as *Aconite*; *Aconite is not a remedy for fever or inflammation per se*, but only for the anxious restlessness which is apt to accompany the febrile stage, and when the anxious restlessness shall have subsided the indications for *Aconite* have ceased. Then, if fever remain, with symptoms of exudation or infiltration, *Iodine* should be given, and, under such conditions, its action is equally brilliant with that of *Aconite* in its peculiar sphere.

It is interesting to observe, in this connection, that *Bromine* differs widely from *Iodine*, but that *Bromine* frequently follows *Iodine*, as regards the indications for its application. *Bromine* is quite clearly indicated by a tendency to spasm, especially to a spasmodic cough, as in croup, but these conditions are not accompanied by fever. Indeed, *Bromine* is indicated rather in a much later stage of the disease, after the febrile symptoms have subsided. For example, we were once called upon to prescribe for a child who was "suffering from croup." This child had been sick seven or eight days, and was fighting for its life still. It was lying limp, across the shoulder of its mother, almost pulseless, and cold, with blue-cyanotic hue, wholly unable to swallow even a little milk, or to nurse, as it could not spare the time from the necessity of breathing to take even a swallow of nourishment. It did not seem that the child could live an hour; its condition was really desperate. It had a loose laryngeal rattle, with at times a hoarse bark, with extreme difficulty of respiration; it had been treated with all sorts of remedies, from *Tartar emetic* to hot steam, and, while it seemed as though nothing could be done, we hastily took out from our case a little vial of *Bromine*. This vial of *Bromine* was filled with pellets which from long disuse had become quite dry and discolored from age. At the same time a few pellets were put upon the child's tongue, and a messenger was dispatched to our office to get some fresh *Bromine*, which we always prefer to use in the dilution, freshly prepared. Before the messenger had time to return, the child was breathing easier, had taken a little nourishment, and had fallen asleep. The baby was not disturbed,

and on waking up was so much improved in breathing that no further *Bromine* was administered.

This, and similar instances to the above, have led us to the conclusion that the dilution and potentization of bromine seems a possibility, and that freshly prepared and potentized *Bromine* does not lose the medicinal power of the original drug; *that the potential activity of Bromine may be preserved, without chemical change from Bromine to hydrobromic acid.* This, however, is a pharmaceutical problem, and an experiment in potentization which should be cautiously and repeatedly observed before being declared even a probability.

The action of *Aconite* in neuralgic affections is extremely interesting. We have seen in cases of poisoning that it affects chiefly the "trigeminal" of the face. In this case it is always associated with a feeling of heat, more or less diffused, spreading over the face, with waves of pain shooting through the nerves, spreading up to the forehead and over the scalp. The feeling of heat which accompanies the facial neuralgia of *Aconite* is usually very marked, and sometimes, but not always, attended by numbness and formication in the affected parts. These symptoms of neuralgia are always associated with a peculiar mental distress, so characteristic of all cases of poisoning by *Aconite*.

In inflammation of the nerves (various forms of neuritis), especially from taking cold, with sharp, acute, sometimes shooting pains, usually with burning and numbness, sometimes with stinging along the tract of the nerve, always with extreme restlessness and anxiety, the peculiar mental conditions which prevail when *Aconite* is indicated, it has been found of great value. The pains, wherever they occur, are generally intolerable, being sharp, tearing, cutting, apt to be accompanied by numbness and formication, and generally also by heat, and always by a mental distress, characteristic of *Aconite*.

We might devote much space to a detailed account of the various diseases indicating this drug. Enough, however, has been cited to enable the greatest skeptic to verify the conditions above given. These are very simple and very brief, and may always be relied upon: NEVER GIVE ACONITE FOR FEVER; *it should not be used as an anti-pyretic.* It is equally efficacious when used for weak heart, as when used for conditions of a hard bounding pulse. Follow closely the indications furnished by the cases of poisoning and experiments on the healthy. Make your experiments with the dilutions, as above indicated, using

always a fresh imported tincture as the basis of your dilutions, never buy a cheap, inferior article, and you will be convinced of the truth of Homœopathy, and possibly of the higher dilutions, though the latter may be problematical and wholly unessential.

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### FRAXINUS AMERICANUS.

Mrs. Carrie P., aged 25 years, married and mother of two children, consulted me for severe pain in right ovary and prolapse of uterus, her menstrual period occurring every two weeks and flowing severely for about ten days each time. This condition had existed for about two years, since the birth of her last child. Subinvolution of womb very great and patient weak and very nervous.

I used local treatment and indicated remedies for several months. As she was upon her feet most of the time she improved but little, and after reading J. Compton Burnett's "Organ Diseases of Women" I gave her 10 drop doses three times a day of *Fraxinus Americanus*—and stopped all other treatment. While she still worked and walked as much as before, in three months her periods were normal as to time and flow. Womb markedly less hypertrophied and in normal position. Ovarian pain and tenderness gone and she felt well. As *Frax. θ* is a remedy little known, I report this case hoping other physicians may use it in similar cases.

D. DEFOREST COLE, M. D.

*Batavia. N. Y.*

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### MALARIA OFFICINALIS.

Excerpts From a Report to the I. H. A., 1899.

By DR. W. A. YINGLING, EMPORIA, KANSAS.

This remedy was originally introduced to the attention of the profession by Dr. G. W. Bowen, of Indiana. In his experiments, in 1862, with decaying vegetable matter in three stages of decomposition he found most marked results, some of which were as follows, from simple inhalation:—

First stage (or week of decomposition): Nausea, headache, distress in stomach, white coated tongue.



Second stage (or week of decomposition): Fearful headache, nausea, aversion to food, distress through the hypochondriac region, first in the spleen, the liver and stomach, and on the third day chills.

Third stage (or week of decomposition): Extreme lassitude, loss of appetite, continued fever, with an unlimited amount of pains and aches and a lassitude that limited locomotion.

With direct provings of the remedy we have bilious colic, nausea, cramps, diarrhœa and headache, the liver, spleen, stomach and kidneys are apparently seriously involved, intermittent fever with shaking, some daily, some tertian; many patients were confined to their beds with a typhoidal or semi-paralytic condition.

For a further record of this very interesting remedy see Transactions of Indiana Institute of Hom. for 1895 and Hom. Recorder, Vols. X. p. 560; XII. pp. 387, 492.

Considering that the third degree of decomposition contains all that is in the first two and much more, I secured some of the 30th potency of the original matter through B. & T. and had it potentized by Dr. W. D. Gorton to the millionth potency.

C. F., æt. 28. A Kansas Volunteer.

Oct 18 After a week or ten days of rainy and chilly weather in camp he came home sick. Had a chill on the 13th, followed by a fever. Aching all over body. *Nausea continuous, vomiting bile and retching*. Wants cold drinks. Can't eat anything; vomits everything, except once he could eat raw tomatoes. Craves sours. Tongue white and thick coated. Lips parched and dry. Urine highly colored, like strong tea. Retching and gagging from hawking mucus. *Ipecac. c. m. (H S.)*

Oct. 19. Nausea some better. Vomited twice since yesterday. Thirsty, *would like much cold water*, but is fearful to drink, yet it does not sicken. Slight dizziness, especially on rising, or on raising the head. No appetite, *averse to all food*, thoughts of it sicken. Costive. Feels very weak and languid. Mouth very dry; saliva pasty. Skin dry all over. No sweat at all. *Bryonia 9 m. (F.)*

Oct. 20. No nausea; sight of food does not nauseate now, but the *thought of his army* life gags him. *Mouth very dry subjectively*, but really moist. *Thirsty*, but desires less quantity. Very weak and tottering. Great uneasiness through abdomen; a sense of heaviness. Has eaten nothing, but drinks some cherry juice. Throat dry and sense of slight drawing in it.

*Face and eyes and skin very yellow.* No stool for 48 hours. Vomited *bile* this morning. Skin very dry, no moisture. *Malaria off.* 1 m. (G.).

Oct. 21. Feeling *better* generally. No nausea. Has eaten twice for the first time. Bowels sluggish. No sweat, *skin dry and yellow.* Feels weak. Mouth less dry. *S. L.*

Oct. 22. Much better. Less thirst. Has eaten with relish. Mouth less dry. *Slept all night.* No sweat, but some better in color. *S. L.*

Oct. 24. Generally better. Eat a good dinner yesterday and breakfast this morning, with relish. Feels like getting up. No nausea. Less yellow.

Oct. 26. Doing well. Weak and totters yet. Appetite improved, eats with relish. Tongue cleaner. Bowels moved normally. Mouth dry at times with plenty saliva. *Skin yellow and dry, no sweat.* *Malaria off.* 1 m. (G.).

Oct. 28. Doing finely. Walked a mile to the office. Yellow eyes and skin fading. Rapid restoration to *better than usual health.*

R. A., æt 22. Another soldier boy, with similar symptoms to above, was promptly cured. When he returned to camp he called to get some of "those magic powders."

Mrs. S. A. H., æt 63. Not well for some days. *Shooting pains* all over in the muscles; *bones ache.* High fever during the night. Restless tossing about. Thirsty for lemonade, not so much for water. *Diarrhœa*, 5 or 6 stools this morning, no pain, weakness in bowels, tenderness in right iliac region; stool watery, thin, yellowish, somewhat foul. Bitter taste; mouth parched; tongue white. Ravenous appetite for some days past, but none to-day. Dizziness on arising. Head feels badly as though it would ache. Pulse 98. Skin hot and dry. Restlessness most marked in her arms, tossing them about. Very stretchy, gaping this morning. *Malaria off.* 1 m (G.). Relieved and up and about next day.

M. H., æt. 16. Had *dumb ague* a year ago. Last 4 days has been *very tired and languid.* Backache in lumbar region, and shoots up the back; worse when first lying down, then gets better; worse after walking; better lying on the abdomen. Bowels loose yesterday, but no stool to-day. Aching through forehead and temples. Feels well on arising in the morning, worse after being about for awhile; worse toward evening. Last fall had slight chills with fever, no sweat. Yawning. Malari-ous feeling. Poor appetite. Thirsty all the time. *Malaria off.*

6 m. (G.). Improved at once and said she felt no further need of medicine.

Mabel H., æt. 12. Peevish for a few days. Last night had severe frontal headache. Restless tossing about all night. Pain in chest, and upper abdomen, < breathing; may be from indigestion. Fever during the night and also this morning. Pulse 112, soft and yielding. Tongue white with brown streak down the middle. *Malaria off.* 6 m. (G.). Prompt cure.

M. B., æt. 13. Each evening about dark, getting earlier each day, he will be *chilly with flushes of heat*, great desire for fresh air and *cannot breathe on account of pain in the liver*; worse lying down, must jump up; (may be) better from hard pressure on region of liver; *during the day has no trouble and no tenderness*, seems perfectly well. Slight fever for a couple hours in the evening; *raves, sings and talks all night; restless*. Appetite variable. Craves potatoes, apples and beefsteak. *Tongue about clean.* *Malaria off.* 1 m. (G.). Next morning eat breakfast with family, the first time in several weeks; much > in every way, and had no trouble with liver the evening following the remedy. Cure rapid and remains, no more trouble.

G. C., æt. 28. Ague every other day, icy cold from hips down, chilly all over, fever worse about the trunk and general sweat, but slight. Begins about noon. Has had ague bad when on the Pacific coast and is run down. Used to have ague often and long at a time when in Missouri. Feels languid, weak and drowsy between attacks, unable to be up. Pulse weak. Very poor appetite. Bad breath. Flashes of fever all the time. Very thirsty. Has taken much quinine. Dizzy when up, with nausea. Costive, has taken salts, stool hard, and bleeding after stool at times. Intense headache as though it would burst. *Malaria off.* 1 m. (G.). 3d. 2 hours.

No chill the next day except *soles of feet very cold*, almost numb. No fever except very slight on back for a few moments. Sweat over the body. Dizzy when up, with some nausea. "Feels wonderfully better; did not think one could feel so much better so soon." Head is heavy and aches some, he thinks it is from the quinine. Bowels have moved twice, thin water, foul odor (from salts?). Urine smells very strong and is very red some days. Short hacking cough for some days, better to-day. Not so languid and weak. Is sitting up reading.

He missed two or three chill days and made general improve-

ment so as to be able to go home, and went from under my supervision.

F. B., æt. 80. For three times, one week apart, has had *dumb ague*, feeling bad all over; head feels thick and mean; bones ache some; no chill, but profuse sweating. Sweats profusely very easily on least exertion. Right knee weak and painful; worse when bending down to work and raising up; must help himself up. Dizzy when getting up in the morning, and on rising up "thirst like a horse;" sleepy, falls asleep reading. Has had chills and fever several times. *Malaria off.* 6 m. (G.). Prompt relief.

Three months afterward he came for help. "Feels bilious," as though he was "going to pieces;" feels tired, uncomfortable, no pain, but languid; don't want to move, listless. "Feels malarious." No chill nor fever. Dizzy when getting up, must steady himself before starting to walk, sleepy and drowsy when reading or sitting quietly. *Malaria off.* 6 m. (G.). Prompt relief again.

L. H., æt. 50. For about three weeks has had pain in right side of back about the floating ribs, hurting through the right side; aching; < sitting, lying a long time, in the evening possibly; better walking a little. Had something similar four years ago and was sick for a long time. Doctors thought it might be kidney trouble (?). Feels weak and languid. Good appetite, eats a good deal without inconvenience. No trouble in urination. Costive. *Drawing or puckering feeling in the region of the liver*, a kind of cramping. Tongue coated slightly yellowish white. Had malaria and ague badly years ago; took lots of quinine. Had dumb ague badly; took iron wood tea. Has used much mercury and physics. *Malaria off.* 6 m. (G.). 2d. 2 hours.

Reports himself a great deal better; "feeling better than in a long while." "*The drawing feeling in liver* let go on the second dose and has not returned." Pain in posterior aspect of liver much >. Could hardly walk to office before, but now "feels that he could walk all over town." A month later, after hard work and picking up potatoes, he felt some trouble in liver which was relieved by the same remedy.

Mrs. H. H., æt. 36. Complains of feeling "malarious" and says she had the "dumb ague." Feels depressed and languid. Is sleepy all the time, can go to sleep standing. Had a *dumb chill* eight days ago and again in one week. Occasionally has a

sudden cold spell at night. Back seems as if it would break, pain comes into the hips. Limbs get numb and cold. Frequent spells of headache, forepart of head. *Malaria off.* 6 m. (G.). Soon feeling much better and over the "dumb ague."

Mrs. J. E. G., æt. 25. Every day for four days at about 11:30 A. M. she has *great aching all over*, commencing in small of back, then hot fever; short of breath; headache all the time, day and night; each day the trouble gets later; during the morning feels weak, head whirls, sense as if the head made the stomach sick; eyes feel heavy. When in the open air she seems cold and *shakes inside* till she fairly cramps. Dull and stupid. Aching under the right scapula. A kind of cramping in region of liver; very sore and sensitive in region of the liver, worse from pressure, and at times has sharp pains; sleepy and drowsy, but sleep does not rest her, wakes up tired and feeling bad all over. No appetite at all. No thirst. Breath seems very short. Eyes burn like coals of fire. Must urinate often, urine high colored, very strong odor, scanty; feels like a burden, she wants to urinate, but cannot. In the morning feels as if just getting over a long spell of fever. Dizziness, feels that she does not have any sense, worse walking or turning around, rising, stooping. Cannot have the house closed up for it aggravates the head and stomach, but fresh, cool air chills her. Very bad taste, bitter, nasty. Tongue about clean. Headache in the forehead and down cheek bones. *Malaria off.* 6 m (G.). Reported a very prompt relief.

H. F., æt. 35. A farmer. *Rumbling* and hurting in the stomach and abdomen, burning of stomach; feels very weak and nervous; frontal headache going all over head; face feels stiff; *dryness at root of tongue*, draws up like from green persimmons; feels drowsy and sleepy; aching all over body and in anus and eyes; chilly feeling, then breaks out in a slight sweat for a while, both come and go; sighing, takes a deep breath; restless and nervous; hands *seem* to be useless, but can use them by force of will. *Malaria off.* 6 m (G.). Reports every symptom markedly and promptly relieved.

G. E., æt. 15. Chill every second day at 6 P. M., hard; thirst variable; slight hot stage after chill; sweats during the night, profuse, wakes up chilly and gets cold from the sweat drying up; feels pretty well between times; sleepy during day of chill; lips dry and parched; *a constant hacking cough, half minute guns, when talking and when turning over in bed.* *Malaria off.* 6 m (G.). Reports a prompt cure, and no more trouble.

E. W. E., æt. 56. *Pain in right side* in region of the liver, steady, dull ache, better after urinating; throbbing in scrobiculum, lower part of stomach, worse lying down; very cold hands during the day, and both hands and feet at night; skin yellowish; piles of many years, external, bleeding some, not painful, but unpleasant, < using tobacco; bowels inactive. *Malaria off.* 30 m (G.). Report pain in liver all gone and all other symptoms greatly better.

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### THE PHYSOSTIGMA HEART.

By Thomas C. Duncan, M. D., Chicago, Professor of Diseases of the Chest, Etc.

I have been curious to see what was said about the action of calabar bean or *Physostigma venenosum* on the heart.

This bean is used in West Africa to prove the innocence or guilt of persons charged with crimes. The fact is, if the person vomits it up they escaped both death and punishment.

*Physostigma* has come into practice chiefly as an eye remedy. It produces contraction of the pupil something like *Opium*. It is, therefore, used to counteract, and antidote, the effects of atropine. Some of your oculists can enlarge upon its value in eye diseases. Turning to Hering's Guiding Symptoms we find only these cardiac symptoms given, which we suppose are characteristic: "*Tremor of heart, due to emotional disturbance; violent palpitation.*"

Turning now to that most invaluable work, Heinigke's *Pathogenetic Outlines of Drugs*, under *Calabar bean*, p. 99, we read the following general outline of the action of *Physostigma*:

"According to Fraser's investigations, *Calabar* acts with paralyzing effect upon the cardiac ganglion and spinal marrow as reflex centre. There appears as early as five minutes afterwards (taking it) a peculiar painful sensation in the gastric region below the sternum, eructations, vertigo and weakness in the muscles of the limbs, besides twitching in the pectoral muscles and very violent vertigo. Decrease of sight, increased salivary secretion, slight perspiration. Attempts at walking and moving the limbs remained without result, consciousness undisturbed, paralysis of the motor nerves. The effects upon the eye do not set in regularly after the internal use, but unfailingly upon the local application to the eye."

“*After large doses*: Pain in the bowels, slight diarrhoea, moderate and long-lasting vomiting, muscular weakness and paralysis, *small and slow pulse*; sinking of strength; cold limbs and cold perspiration; sunken in, ashy face; vertigo and double vision. Profound, sound, long sleep followed, after which the greater portion of the complaints disappeared. The grave symptoms continued only 24 hours.”

“*Post-mortem* (of 15 cases of poisoning one death resulted): Brain, spinal marrow and lungs free from any perceptible change, cardiac *muscles completely relaxed, left ventricle flabby*, in all four cavities blood and coagula. (Heart stopped in diastole.) Gastric and intestinal mucous membrane moderately inflamed. In the stomach and duodenum emulsion-like masses.”

Turning to one of the most recent allopathic works (Prof. White's *Materia Medica and Therapeutics*, edited by Prof. Wilcox, New York Post-Graduate School), we read an outline of action very similar to that so ably given by Heinigke. (By the way Heinigke's work should be in the library of every physician who believes in accurate diagnosis.)

“The effect of *Physostigma* on the heart is obscure, but it appears that the irritability of the peripheral terminations of the vagus is at first increased and that subsequently the heart is *slowed*.” “Very large doses are said to *decrease the irritability of the vagus*. In addition to its effect upon the vagus, *Physostigmine* (the active principle) powerfully stimulates the contractile force of the heart. The beat is, therefore, both more forcible and slower. Ultimately the organ is paralyzed and stops in diastole.”

“The blood-pressure rises very much; this is largely due to the increased force of the cardiac beat, but, perhaps, partly to the irritation of the muscular coat of the arteries by *Physostigmine*, for it *stimulates most of the involuntary muscles* of the body.”

“Respiration is also first quickened, but soon retarded and death takes place from *asphyxia*.”

“*The reflex activity of the cord is inhibited*.” This is believed “due to depression of the anterior cornua of the cord. Later on the pastern part of the cord is also paralyzed, so that there is a diminution of cutaneous sensibility.”

The dose indicated in this work is  $\frac{1}{2}$  to 2 grains. More than that would be “a large dose.” The comparative effects of large and small doses are well brought out in the various experiments with this drug, as we shall see.

The various experiments (provings) with this drug make in-

teresting reading. We will study now only the effect upon the heart pump. We quote from Allen's *Encyclopædia*. The famous author on poisons, Christison, in '55, ate  $\frac{1}{8}$  of a bean in the afternoon and  $\frac{1}{4}$  next morning. The first effect he noted was: "The heart and pulse extremely feeble and *tumultuously irregular*." (40 minutes after 12 grains.)

"Happening to get upon the left side my attention was, for the first time, directed to the *tumultuous* action of the heart (simulating hypertrophy), which compelled me to turn again on the back, to escape the strange sensation." (After 12 grains.) After his morning dose he "took a cup of strong coffee, after which I speedily felt an indefinable change within me, and on examining the condition of the heart I found it had become perfectly and permanently regular." This is a valuable fact worthy of memory and study. Coffee has a marked effect to stimulate the heart. We read on, still quoting from that great storehouse of drug pathogenesis, Allen's *Encyclopædia*:

"*Dull pain* in region of heart lasting nearly an hour (after 3 hours). (From 3d trit. repeated doses)." 62.

"Violent *palpitation* of the heart, with *throbbing* all over the body at midnight (first day). 43.

"Woke at 2 A. M., with a rapid *tumultuous* action of the heart as in high fever; but there was no unusual beat (fourth day). 43. Dr. Swan."

"Uneasiness and distress about the heart, mostly without *violent palpitation*, but with a fulness and pulsation over the body, so that I counted the pulse, 72, by the ear; this uneasiness is principally at night causing restlessness, tossing from one side to the other with dry heat all over. 43."

These symptoms are the reported effects of one dose 1 m.:

"Could readily count my pulse in the carotids and hear the two sounds of my heart as my head lay upon my pillow. (Second day). 58. Dr. Titus."

"While sitting still he felt a pulsation through the whole body, particularly in the chest and temples (after thirteen hours, third day, and other times) 26." C. Wesselhœft with 3d trit. repeated. Dr. W. is a nervo-bilious person, critical and conservative. "*Violent palpitation of the heart* with the nervous motions (fourteenth and fifteenth days). 33." (Lady prover under supervision of Dr. H. P. Wesselhœft.)

Here is a most wonderful combination of effects, startling and peculiar:



“As the fresh bracing air strikes me, a choking sensation, with fluttering of the heart (suffered frequently from this nervous affection between the age of 16 and 20) overcame me and oppressed me during the whole forenoon. I heard and felt the fluttering of my heart in the throat, with the sensation of faintness by motion, and some relief in a recumbent sitting position, not by lying down (*Bromine* 50 without relief); fluttering keeps steadily on, with attacks of vertigo towards evening, especially when changing position; heart’s action irregular, thus about its action — — — v v v one, two intermission, one, two, three intermission, one, two, three, four; the choking sensation in pit of the throat is steadily present; sometimes it seems to me as if I could hear every artery of my body; I took a dose of *Sulphur* 30; in about 20 minutes afterwards a severe aggravation set in; I had to lean forward to catch my breath; deep sighing relieved me; hot sweat stood on my forehead; my hands were cold and damp. This lasted about a quarter of an hour, when the spasmodic action of the cardiac ganglia gradually ceased and I had a comfortable evening (fifth day).” After that storm he repeats again. Heart’s action still irregular and sometimes tumultuous; radial pulse weak, 75, every eight to ten minutes bear intermitting (sixth day). 38. This is a most remarkable record. This prover was old Dr. Lilienthal of *nervo-sanguine* temperament. He called himself “a fire brand” in a medical society. He tells us he formerly had while young attacks of *tremor cordis*. He took one dose of the 30. The effect of *Physostigma* is first to quicken respiration and then secondarily to retard it. The fresh, bracing air inviting deep respiration, but that we see produced “a choking feeling;” then the circulation should also be quickened, but a flutter of the heart is the result. This lasted all forenoon of the fifth day, and as the blood does not get to the head properly faintness, ensues on motion but relieved by recumbent position. Then notice the heart, how like *Muriatic acid* (and most of the chlorides). The heart is reinforced by arterial contraction, doubtless due to the action of this drug. Was the aggravation due to the *Sulphur* or the motion?

The “tumultuous” action and irregular intermissions are noteworthy. Six days after the one dose the action of the heart is weak and it intermits. The other records are equally interesting. We note the “dull pain” evidently from forcible cardiac contraction. The palpitation at night is noteworthy

and doubtless characteristic. Dr. Swan, the prover, was a sanguine, nervous man of strong feeling. The strong heart beats "felt in the ears and all over the body" is unique. It looks like a bad case of hypertrophy. We will now study the pulse. The first record is made by Prof. Fraser, of Edinburgh, who took six grains of *Calabar bean*.

"The pulse had been examined at different times within 15 minutes and found to average 68 (before the experiment); after six minutes, 74; after 10 minutes, 72; after 15 minutes, 76; after 20 minutes, 75; after 30 minutes, 72; after 35 minutes, 69; after 40 minutes, 66; after 45 minutes, 68; after 50 minutes, 64; after 55 minutes, 65, full and regular; after 60 minutes, 62, and rather feeble; after 65 minutes, 62; after 70 minutes, 60, very small and wiry, but regular; after 75 minutes, 62; after 80 minutes, 60, thready and difficult to count; after 85 minute, 60; after 90 minutes, 58; after 95 minutes, 59 and very feeble, with occasional intermissions; after 100 minutes, 53; after 105 minutes, 56, thready and intermitent; after 110 minutes, 58; after 2 hours, 60; after 2 hours and 5 minutes, 59; after 2 hours and 10 minutes, 60; after 2 hours and 20 minutes, the pulse was 58." The effect of the big dose first increases then rapidly depresses. He made another trial. "Three calculations of the pulse within 15 minutes gave an average of 74 per minute. Took 8 grains of bean. After 3 minutes, 76; after 5 minutes, 70; after 10 minutes, 72; after 15 and 20 minutes, 66; after 30 minutes, 68, soft and compressible; after 35 minutes, 62; after 45 minutes, 64; after 55 minutes, 58, and very feeble; after 65 minutes, 60; after 75 minutes, 57; after 80 minutes, soft and compressible, and with occasional intermissions; after 95 minutes, 57; after 2 hours, 63, rather stronger; after 2 hours and 10 minutes, 58. The pulse continued to range between 60-70 till 3 hours after the commencement of the experiment." The action here is to decrease the frequency of the pulse.

Pulse averaged 70 before the experiment. He now tried the effect of 10 minims of the tincture. "After 5 minutes, 76; after one hour, 63, thready and feeble; after one and a half hours, it was down to 54, and for an hour longer the pulse was between 52 and 60; after 4 hours, 68, full and strong." This dose ran it down also.

An experiment with the 3d trit. gives this increase only: "Pulse averaged before the experiment 60-65, which was normal; at 5:30 P. M., 83, full and strong; third day, 74, full and

strong; next morning, 76, and not as full or strong; fifth day, 5 P. M., variable, 76, and quite weak. Not having taken any medicine for three days it returned to 60 beats per minute."

Other experiments reported were:

"No change in frequency of pulse till 20 minutes, when it began to diminish in frequency and strength; afterwards could not be counted. (Effect of 10 grains of the powdered nut.)

"Pulse variable (after one hour); 36a, one dose 3d trit.

"Pulse variable, full and strong (after one hour and a half); 36, effect of 30th trit., one dose.

"Pulse 60 at night (first day); 84 in the morning second day, 60, effect of 30th.

"Pulse 93 (second day); 58, Dr. Titus 3d trit., one dose.

"Full pulse 72 (second day); 55, from 3d trit.

"Pulse (before proving 70) reduced to 65; at times 52.

"Pulse slow (after 3¾ hours and second day); 49a.

"Pulse slow by several beats (fourth day); 49, from 30th trit., one dose.

"Pulse of right side nearly double in strength that of the left side (fifth day); 44, one dose 30th.

"Pulse accelerated (fifth day); 37 (30th).

"Pulse 50 to 60, with feeble impulse (sixth day); 31, effects of 1st trit.

"Acceleration of pulse to 96, usually about 74 (tenth day); 34a (Dr. W. E. Payne, 3d trit.).

"The pulse has been, through the whole time, from 66 to 69; when well about 70; 54, effect of one dose 30th trit.

"Pulse small and frequent; 18, after eating a whole bean.

"Extremely feeble pulse; 14, effects of children eating 2 to 4 beans.

"Feeble pulse; 15, ditto in a woman.

"Pulse feeble and slow; 12, boy æt. 3, ate one bean."

The dual action of this drug is very apparent. The large doses decrease the irritability of the vagus and we have as a result the "feeble, slow intermitting pulse." Small doses stimulate the heart and this lasts a long time.

*Physostigma* will, therefore, be similar and curative to palpitation of the heart (tumultuous nerves). Not temporary but paroxysmal and attended with dyspnoea. Hering has selected the characteristic symptoms first quoted. It should also be curative for "tremor cordis"—that singular nervous fluttering of the heart, for which we have few remedies and know less about the disease.

## THE ELEMENTS OF MATERIA MEDICA.

By C. M. Boger, M. D.

It is with some hesitancy that I bring forward a schema for the systematic study of our voluminous materia medica. If, however, this will be the means of advancing or simplifying our methods it is well that the step has been taken and we may hopefully look to the future for further advances. The method of presenting a given remedy doubtless largely influences our grasp on its pathogenesis. In the present series of papers it is proposed to show the symptom picture from a somewhat new point of view, hoping thereby to attain a more comprehensive idea of each remedy as a composite entity, and being based on the constituent elements of the pure symptomatology it is believed to be eminently practical in application as well as theoretically and schematically correct.

The headings of the several columns are self explanatory. Under "THE PATIENT" are described those generalities which indicate the mental state, the constitutional bias or peculiarity and general sensibility.

LOCALITY includes the organopathic relation of drugs as displayed by their primary action on the human economy, the organs being placed in the order of their relative importance; the combination of affected organs affords perhaps the most certain guide for the correct homœopathic prescription, *Coccus cacti*, for instance, showing oftenest simultaneous or consecutive and the action on the mucous membranes of the upper respiratory tract and the kidneys; hence, in a given case, where such a combination occurs our attention should at once be drawn towards this remedy, when if the modalities agree the choice is almost certain.

MODALITY is so well understood that a mere reference to the tabulated form, pointing out that general indications stand at the head of the column and are followed by the special ones opposite their respective organs under LOCALITY, is sufficiently definite. < indicates aggravation and > amelioration.

SYMPTOMS are so varying in their expression that it has been deemed best to use them for the purpose of denoting states as well as sensations. In their most expressive form they are known as *key-notes* and as such are largely incorporated in this division.

It will be observed that the use of the cochineal in spasmodic

respiratory troubles is clearly set forth and defined in the provings. The genito-urinary phase of its action has, however, been undeservedly neglected in those conditions where nephritic symptoms accompany coughs, pneumonias, etc. I can positively say it will earn for itself a high place in the estimation of the careful prescriber; in diphtheria it is undoubtedly indicated by several very distinct symptoms, as "sensation of a hair in the throat," "AGGRAVATION FROM HAWKING," etc., always combined with nephritic symptoms.

Many symptoms point to its usefulness in secondary nephritis due to the irritation of uric acid.

COCCUS CACTI.

THE PATIENT.	LOCALITY.	MODALITIES.	SYMPTOMS.
Exalted sensibility.	MUCOUS MEMBRANES.	<i>General.</i> WASHING, especially in cold water > Evacuations >	<i>Secretions, increased, CLEAR ROPY, tenacious, albuminous, thick.</i> Sensations of burning or swelling in many parts. Sensory illusions, as of a hair, a thread, feather, being furred or dust in air passages.
Aversion to warmth.		Motion < Pressure < <i>Special.</i>	Sensation as if a cold wind blowing on occiput, teeth or stomach. Sore pricking in integument, in urethra; as if glass splinters, especially under nails.
	FAUCES and Larynx.	HAWKING < Rinsing mouth < Brushing teeth <	Irritation of the faucial and respiratory mucous membrane is so great that COUGHING, hawking, rinsing the mouth, brushing the teeth, or even speaking, INDUCES VOMITING of CLEAR, ROPY MUCUS, hanging in long strings to feet; hence of great use in WHOOPING COUGH and phthisis. Tickling in larynx, waking at 11:30 P. M., causing cough, with expectoration of much tenacious mucus.
	Respiratory Organs.	Warmth, especially of room < ON WAKING < Morning <	Cough, paroxysmal; with expectoration of much viscid albuminous mucus. Cutting pains especially from kidney to bladder; urine heavy and thick, hot excoriating; urinary calculi, red sand in.
Group for comparison.	Urinary Organs.		Strangury.
	Female Sexual Organs.	Menses flow only when lying, or intermittently.	Menorrhagia, discharge of large clots. Congestive symptoms; sensation as of a hot constricting band extended from one mastoid process to the other, at last affecting the whole scalp, it seemed as if the bones were drawn closer and closer together.
Canth. KALI-BI. Lach.	Head.		Scalp feels as if drawn tightly over skull; creeping at roots of and bristling of hair.

RABIES DOES EXIST.

Editor of the HOMŒOPATHIC RECORDER.

Dr. W. J. Murphy (HOMŒOPATHIC RECORDER of September, p. 392-395) doubts the existence of said disease. Last year a case of rabies occurred in this city which, by the tragic death of

its victim, proved only too plainly the existence of this horrible disease. Dr. Todd, assistant physician of the Ohio State Insane Asylum, in Toledo, O., was bitten by a stray dog, and a few weeks later developed all the classical symptoms of hydrophobia, followed by death. If anybody wants to know more about this case ask Dr. H. Tobey, superintendent of said asylum.

DR. C. ZBINDEN.

*Toledo, Ohio, September 19, 1899.*

HELPFUL HINTS GLEANED FROM THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, 1898.

The following items for the general practitioner are picked from this volume:

Quinsy.

Dr. H. Worthington Paige, after stating that "there is no question if we could catch these cases during the first twenty-four hours, in their incipiency, at the time of the initial chilliness, when the first rise of temperature manifests, with general achiness and malaise, thirst and scratchiness of throat, that *Aconite* would many times prevent the threatened attack," continues as follows:

"I believe, too, that in these habitual cases of quinsy, if we could be certain from the first that they were destined to go on to suppuration, *Hepar sulphur* would be the only remedy to consider in the vast majority, for by beginning its administration at once we would limit the inflammation, hasten the breaking down of tissue and the early, spontaneous evacuation of the pus, thus shortening the course for the patient by many hours or days. There is always the element of uncertainty, however, for even the most habitual cases will occasionally have false alarms or abortive attacks, which disappear under other remedies and in which *Hepar* given low might induce suppuration when it otherwise would not have occurred.

After the first few hours, or *Aconite* period, has passed there is a stage of the disease when *Belladonna* may be indicated, but in my own hands it has been of little service as far as I could observe. A bright red, swollen throat, intensely stiff and painful so as to force tears from the eyes when swallowing, with dry

tongue, little thirst, fever, flushed face, headache and throbbing carotids make its picture. But in my experience as soon as the initial stage passes the indications are generally clear for *Mercurius biniodide*. On the suppuration basis we are tempted to give *Hepar* at once, though it may not be indicated otherwise. However, symptomatically *Mercury*, and especially the *Biniodide*, is more suitable. In my hands it has not infrequently caused the abortment of the disease, even when so far advanced as this and in persons whose quinsy habit seemed to make suppuration inevitable if they were attacked at all. Besides the *Mercury* doubtless paves the way for the prompt action of *Hepar*.

In this stage the tonsil and the subjacent connective tissues are the seat of a deep phlegmonous inflammation. The glandular structures, muscles, and connective tissues are intensely swollen; the inflamed region bulges into the pharynx and the induration extends, via the palate, over to the opposite side; the tissues are exquisitely sensitive; swallowing causes great anguish and it becomes impossible to open the jaws but the briefest space; the whole pharynx looks red and angry; the tongue is covered with a thick, dirty yellow coating; the mouth is constantly filling with sticky saliva and breath becomes foetid. The pain and distress is worse at night and the patient, though in fever, is disposed to perspire offensively. This is the time for *Mercurius biniodide*. The *Biniodide* seems better than the *Protiodide* because of the activity of the condition. The fever, soreness, swelling, pain and glandular infiltration are all intense. The usual prostration is as much from lack of nourishment because of the inability to swallow as from the disease itself. The *Protiodide* is of more service in less active conditions, leaning toward the chronic; catarrhs, ulcerations, follicular conditions, etc., with less acuteness and glandular infiltration and fever. If after twenty-four hours' administration of *Mercurius biniodide* the condition is still on the increase, it is evident that pus is forming, and *Hepar sulphur*, or, better still, the *Calcic sulphide* 1x should be given, a five-grain powder in half a glass of water, a teaspoonful hourly. This I have found as effectual as a tenth of a grain every two or three hours as administered by some. The *Hepar* should be given, not only until the abscess is evacuated (spontaneously or by incision, as spoken of subsequently) but for a day or two afterward to complete the inflammatory process. *China* will then restore the patient's strength. *Apis* I have frequently used, either alone or in alternation with the *Hepar*, in those cases with severe œdema of the uvula and adjacent tissues.

**Pseudo Hay Fever.**

Dr. Irving Townsend, of New York, says of the treatment of this disease, not always distinguished from true hay fever:

“Remedies aid much in effecting a cure, and I depend more than formerly on symptomatic indications. *Arsen iod.*, *Euphrasia*, *Sanguinaria*, *Ignatia*, *Strychnine* and *Gelsemium* are beneficial in many cases. Cold baths in the morning, and friction with a coarse towel or brush are valuable adjuvants to treatment. Attention to diet and daily routine, with assurance of ultimate cure, is of much assistance. Tonics may be called for if nutrition is faulty.”

“Local treatment is necessary in most cases, and is advisable in all, if only to obtain the mental effect on the patient. In purely neurotic cases, a spray with the Normal Salt Solution, ʒi to Oi of water, is all that is required. Operative cases, of course, should have the necessary after treatment.”

“In spite of the most careful treatment, many cases require a change of climate and surroundings to effect a cure. A sea-voyage, or out-door life in a dry climate (at a moderate altitude), is usually effective in giving relief to the most obstinate cases.”

In the discussion of Dr. Townsend’s paper, Dr. Paul Allen said:

“I have read Dr. Townsend’s paper with a great deal of interest; it touches upon a disease that is often seen and about which nothing definite has been written. There are a few points that I wish to mention: One, that we frequently find severe neuralgias accompanying this trouble, particularly during its suppression from an acute cold. Dr. Townsend says that hay fever is seldom or never cured; I beg to differ with him. I have cured the large majority of my cases. It has taken time, to be sure—3 to 5 years. As Dr. Townsend states, if the disease is caused by a foreign body (I class as such, spurs, polypi, chronic hypertrophies, etc.) the cause must be removed. Nevertheless few of these cases are permanently cured unless the properly indicated remedy is given. In addition to the remedies named I would suggest the following:”

“*Kali iod.*—Streaming of water from nose, < cold air, < early morning.”

“*Nat. carb.*—Total loss of smell and taste, > with perspiration.”

“*Bromium.*—With sensation of suffocation.”

“*Chlorum.*—With spasm of the glottis.”

“*Lycopodium.*—With extreme stoppage of the nose.”



“*Sabadilla*.—Where there is < in the open air.”

“*Sinapis nig.*—With oppression of the chest.”

### Appendicitis.

Dr. W. H. Nickelson, of Adams, presented the following paper on appendicitis, short and to the point:

“My experience with appendicitis during seventeen years of active practice has been confined to three patients.”

“A. has had three attacks; I treated him during the last two. His last attack was in the winter 1892, from which he made a full recovery and has had no trouble in this line since, or for over five years.

B. has also had three attacks, the last one in the summer of 1893. Has been entirely well for the last four years. Neither of these patients had any pus or bloody discharge.

C., the only woman whom I have treated for appendicitis, was taken sick in March, 1897. She made a slow but gradual recovery after passing pus and blood from the tumor into the vagina. I treat my cases on symptomatology, and find *Aconite*, *Belladonna*, *Bryonia*, *Chamomilla*, *Colocynth*, and *Dioscorea* the remedies usually indicated in the early stage, especially *Belladonna* and *Bryonia*. I also order all the olive oil the patient will take without nausea, and use as an enema every four hours one part Lobelia, four parts valerian root, taking one tablespoonful of this powder in as much water as the bowel will hold, using a long rectal tube and throwing the water as far up as possible towards the appendix. I find that after a thorough cleansing out of the bowels the tympanites subsides and the patient begins to improve, I use valerian for its quieting effects and the lobelia for its relaxing effects.”

“Since there has been so much written in the past few years on this subject, I simply have given my experience in the shortest space possible.”

### Eye Glasses.

Dr. A. B. Norton, in his paper on the Hygiene of the Eye, said:

“The prevalent habit of going without glasses, for reading, as long as possible is also a bad one. The public should be taught that all normal eyes require glasses for near vision about the age of forty or forty-five. That postponing their use later than this age causes an effort of the accommodation which does harm. The prejudice to the use of glasses seems to be dying out and the laity

are realizing more and more the necessity of attention to the eyes."

#### Antitoxin.

In the discussion of this much-lauded and much-condemned remedy, Dr. W. L. Hartman said:

"Do those of us using antitoxine rely upon it entirely in the treatment of diphtheria, or do we use other remedial agents? I think that upon asking physicians individually that question, ninety-nine out of every hundred will tell you that they use other agents. In one house where there were five cases, two treated with antitoxine, one lived nine hours and the other lived eighteen hours after its administration. Those treated homœopathically were apparently as ill but all recovered. Those receiving antitoxine sank so rapidly that they failed to respond to stimulants of any kind. Of course they might have died under homœopathic treatment."

#### Appendicitis Again.

Dr. Homer I. Ostrom, in his paper, said: "I believe that at least ninety-five per cent. of the cases of appendicitis should be operated on, and must be operated on before the patient is cured. By this I do not mean that unless an operation is performed the issue must necessarily prove fatal, but that the individual who has once suffered from an inflammation of the appendix will be in better health if the organ is removed. I do not believe that an appendix that has once been inflamed ever regains its normal condition, or its relations with other organs; and while a return of the inflammation is not the *sine qua non*, it is the rule, and each subsequent attack of inflammation adds to the local pathology, and increases the risk of delay in removing the diseased organ."

The discussion developed a decided difference of opinion, as witness:

"G. G. SHELTON: I would like to say a word for the medical side. I take exception to the classification of appendicitis as a surgical disease; there are cases, doomed from the outset, that will die from the best of care. I believe the appendix, like all other portions of the body, is amenable to homœopathic treatment."

"E. P. SWIFT: My experience accords with that of Dr. Shelton and Dr. Dearborn. During sixteen years of practice I think I am safe in saying that I have treated at least twenty cases of

appendicitis, with but one death, and that is the result (?) of an operation. A saline laxative in the beginning, hot applications, and our homœopathic remedies, may be relied upon as a safe method of treatment in the majority of cases."

### Great Power.

In the Bureau of Public Health Dr. W. L. Hartman said:

"The health officer has unlimited power. You may not realize this, but he has more power than a Supreme Court judge. He can order a train or any public conveyance stopped or destroyed, or a building torn down, if in his judgment it is necessary for the protection of the public health; if the owner does not pay for this work he can sell the property and give a clear title, notwithstanding the fact that the property would be incumbered. Such a bill of expense precedes all other incumbrance on property."

### Is the State Exceeding Its Privileges?

DR. F. PARK LEWIS: "Wholly aside from the merit and efficiency of vaccination as a prophylactic measure against small-pox, it is a grave question, and one which should be tested, whether the State is not far exceeding its privileges in infringing on the constitutional prerogatives of the individual when it forcibly compels the inoculation of a virus, the effects of which may be serious injury if not, as sometimes occurs, death—and making its evasion practically impossible by on the one hand preventing attendance at school until this rite shall have been performed and on the other making attendance upon school a compulsory duty."

### Kali Phos. in Nervous Dyspepsia.

DR. W. T. LAIRD: "Clinical experience has shown that *Kali phos.* frequently proves curative in those cases of nervous dyspepsia in which *Anacardium* is apparently indicated but fails to relieve. In many symptoms these two remedies are almost identical."

"Both have accumulation of gas in the abdomen, frequent eructations and the same weak, gone, sinking feeling in the epigastrium extending through to the spine. In both these symptoms occur as soon as the stomach is empty or partially empty, and in both the distress is relieved by eating. How then shall we distinguish between them?"

"In *Anacardium*, the symptoms recur, with almost clock-like

regularity, two hours after a meal; in *Kali phos.* the interval may vary from one to three hours; but patients are not always close observers, and we can therefore place but little reliance upon this distinction. Neither can we depend upon the fact that *Anacardium* has a more marked gastralgia than *Kali phos.*, for many of our worst dyspeptics never have any severe pain in the stomach."

"Clinical experience has taught me to rely upon the following symptoms in making a differential diagnosis: Both the *Anacardium* and the *Kali phos.* patients have frequent aggravations or relapses; but in *Anacardium* these are always due to dietetic errors, while the *Kali phos.* patient is invariably worse after excitement or worry, no matter how rigid the diet may have been. In other words, the causes in the former are physical, in the latter mental."

"Again the *Kali phos.* patient is always decidedly nervous, and the more strongly the neurasthenic element is marked the more surely is the remedy indicated. A third important distinctive sign is the condition of the urine. Two years ago one of my patients drew attention to the fact that every outbreak of the gastric trouble was accompanied by a marked diminution in the quantity of urine, which had a milky appearance and deposited a thick, white sediment on standing; chemical analysis showed that this deposit consisted of phosphates. Repeated observations have shown that this condition is invariably present in nervous dyspepsia when *Kali phos.* is indicated. The excess of phosphates varies greatly in different patients; in some instances it is so great that the urine is turbid; while in others it is so slight that it can be detected only by careful chemical analysis."

"Several other remedies beside *Anacardium* may be regarded as analogues of *Kali phos.*: *Kali carb.*, *Natrum carb.*, *Natrum phos.*, *Phosphorus*, *Sepia* and *Sulphur* resemble it in the weak, gone feeling in the stomach; while *Chelidonium*, *Graphites*, *Meze-reum*, *Natrum phos.* and *Petroleum* are similar in the temporary relief of the gastric trouble by eating; but in other respects these remedies differ so widely from *Kali phos.* that no comparison is necessary. The indications for this drug in nervous dyspepsia may be summed up in four lines: A neurasthenic patient. "All gone" feeling in stomach temporarily relieved by eating. Aggravation of the gastric symptoms by excitement or worry. Diminished urine with excess of phosphates."

## Lycopodium.—Clinical.

In his paper on this drug Dr. Gordon M. Hoyt gave the following clinicals:

“Diabetes mellitus with aggravation of symptoms from 4 till 8 P. M., urinary sediment, constipation, mental indifference, dependency, pain in kidneys ameliorated by micturition; curative, no sugar traceable.”

“Croupous Pneumonia.—Second stage. Temperature 105°, expectoration of thick, stringy, offensive matter; awakens cross, irritable; red sediment; soporific. Right side (sometimes left). Complete absorption of exudation follows, no cough nor expectoration; temperature reduced to normal in two days.”

“Peritonitis.—Excessive flatulency and distension; rumbling in abdomen; “red sand;” aggravation of symptoms from 4 till 8 P. M.; when lying on left side feels as if a hard body rolled from umbilicus to that side; sleeplessness.

“Liver Affections.—Congestion. Cirrhosis. Fatty liver. Pain in right hypochondrium aggravated by touch, motion and at four P. M.; eating suddenly repletes. Chronic liver trouble. Jaundice with these symptoms.”

“Rheumatism.—Chronic rheumatism when urine contains the uric acid deposit, ameliorated by slow motion. Lumbago made better by motion, where *Rhus* and sometimes *Bryonia* fail.”

“Bronchial Catarrh.—Especially in the aged. Cough aggravated at night; sweat at night; sallow, yellow complexion; pain in lumbar region when he or she coughs.”

“Mastitis.—Intense sensitiveness of breasts; pain aggravated from four till eight P. M.; flatulency, pyrosis; uric acid sediment.”

“Constipation.—From inactivity of rectum; no desire; anus contracts and prevents stool; flatulency.”

“Skin Affections.—Ulcerations. Carbuncles. Boils with offensive pus. Eczema on face, genitals, neck, hands. Herpes. Psoriasis, fissures bleeding. Lupus, with characteristic symptoms.”

“Phthisis.—Dry cough; febrile excitement from four till eight P. M. Formation of cavities from old attacks of pneumonia that threaten phthisis. Badly treated cases of pneumonia with tendency to phthisis.”

“Children emaciated about the neck, and with a dry cough, night sweats, evening fever, nostrils distended, red sand in

urine. four P. M.; aggravation; these symptoms will cause *Lycopodium* to relieve."

"Thus have we but suggested and generalized with regard to the great uses of this wonderful drug."

"Several diseases have been mentioned where it may be used, but wherever 'Similia similibus curantur' calls for its application there shall it do its work best."

### Nervous Dyspepsia.

Dr. William Morris Butler, in his paper, on this disease has the following to say on the subject of remedies:

"The selection of the proper remedy is often no easy task, as almost any drug in the *Materia Medica* may be demanded. The remedies most often successful are those which exert a marked influence upon the nervous system and bring about their results through an upbuilding of the lowered general vitality."

"The only remedy which in our hands has been almost a panacea is *Argent. nit.* A glance at its provings will reveal how close a similar it is to a large majority of these cases. Next in value we rank *Anacardium*, *Kali phos.*, *Gels.*, *Sepia*, *Nux moschata*, *Ars.*, *Nux vom.*, *Lyc.*, *Ign.*, *Carbo veg.*, *Puls.*, *Cinchona*, *Sulph.* The individual characteristics of these remedies are known to you all."

### Tonsillitis.

Of the remedies for this disease Dr. Walter Sands Mills says:

"*Aconitum* is frequently of value at the beginning of a case of tonsillitis. If the disease assumes the follicular or suppurative forms it has passed the point where *Aconitum* is of value."

"*Phytolacca* is the greatest remedy we have for glandular structures. It is useful in all forms of tonsillitis, and at any stage. It acts best, perhaps, in follicular tonsillitis. I have also found a course of *Phytolacca* of value in chronic hypertrophy of the tonsil."

"If the temperature is high, pulse full, face flushed, eyes congested, I find the most serviceable remedy to be *Belladonna*, third dilution. The prescriber should know when to stop it. A number of times I have seen the above symptoms aggravated after a few doses of *Belladonna*. When that happens I stop all medicine and give a placebo. A few hours finds the patient free from fever and fully convalescent. These three remedies will handle the majority of cases. The *Mercuries* I very rarely use."

"*Apis mellifica* I have used in one or two cases where the cedematous condition and the absence of thirst seemed to call for it."

“In one tedious case that was previously prescribed for by another physician I gave *Sulphur* 200 for the following symptoms: voice thick; tongue red and raw looking, dry; temperature 99° F. Next day the mouth was moist. *Rhus toxicodendron* 3 completed the cure. The leading symptoms were: can swallow hot things better than cold; cold always aggravates.”

“If suppuration is inevitable *Hepar* 6 will bring it to a focus and end the trouble more promptly than anything else.”

#### Antitoxin Not a Drug.

In a discussion Dr. John L. Moffat incidentally let fall the following rather interesting fact:

“The proving of Behring’s diphtheria antitoxin by the Kings County Society was barren, with the exception of a few carbolic acid symptoms. Behring uses (or used then) carbolic acid as a preservative. This seems to bear out the statement that antitoxin is not a poison—not a drug in the ordinary sense.”

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### MISCELLANEA.

Translated from *Med. Monatsh. fuer Hom.*, etc., July, 1899.

#### Strengthening the Vision.

To strengthen the eyes, the eyelids as well as the eyebrows and temples should be moistened with cold water every day, best before going to bed. There is nothing which will strengthen the nerve-power of the eyes more and do so more lastingly, removing at the same time congestion of the blood, than this simple and harmless remedy.

#### Hay-fever.

This unwelcome accompaniment of the fair season consists in a catarrhal affection of the mucous membrane of the nose, eyes and larynx, which is not infrequently extended to the bronchia, causing attacks of asthma of greater or less intensity. Whether the grainlets of the pollen of various grasses are really the cause of hay-fever is not yet fully established. Dr. Ferber has made the observation in himself that vigorous and continuous rubbing of the ears is a grateful relief for this irritation.

## BOOK NOTICES.

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**Diseases of Children.** By C. Sigmund Raue, M. D., visiting physician to Children's Homœopathic Hospital and chief of Children's Clinic, Philadelphia; also visiting physician to Children's Wards in the Woman's Homœopathic Hospital, Philadelphia. 473 pages. 8 vo. Cloth \$3.00; by mail, \$3.22. Philadelphia. Boericke & Tafel. 1899.

It requires no exceptional insight to see that Raue's *Diseases of Children* will, when it becomes known, rank among the homœopathic standard works like Norton's *Ophthalmic Diseases*, Wood's *Gynecology*, Bell's *Diarrhœa* and books of that class. The reason for this is very plain, the author has given us a thoroughly conscientious book, has put hard work and hard study into it, being at the same time a highly trained modern physician, and homœopath; that is a winning combination, for sometimes the good homœopathic prescriber is not quite up in modern medicine and too often the man who is, knows little of genuine Homœopathy. Dr. Raue knows *both*—hence our predictions that his book is destined to a high seat in homœopathic literature.

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**The Twelve Tissue Remedies of Schuessler, Comprising the Theory, Therapeutic Application, Materia Medica, and a complete Repertory of These Remedies, Homœopathically and Bio-Chemically Considered,** by Wm. Boericke, M. D., and Willis A. Dewey, M. D. Fourth Edition, Rewritten and Enlarged.

*The Tissue Remedies* from the pens of these two homœopathic authors is so well established that we have nothing to add beyond our usual recommendation that the homœopath without this book will miss a great deal of value in the treatment of his cases—information that he will not find in other of our *Materia Medica*. This system of medicine, when thoroughly understood, as these eminent authors explain it, is very attractive and a wonderful aid to the practitioner. Not least among its practical things is the admirable arrangement of its Therapeutics and the succeeding Repertory. In expectation of soon preparing a paper on *Natrum mur.* we hunted through the mass of our homœopathic literature for some points of information which



we had somewhere read in the times past. At last we picked up *The Tissue Remedies* and there, to our great joy, we found the information for which we had spent hours of fruitless search in our other books.—*The American Homœopathist*.

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**A Practice of Medicine.** By H. R. Arndt, M. D. Philadelphia: Boericke & Tafel. 1899.

This excellent book of over 1,300 pages, which looks like the life-work of any one man, was received by us early in the year, and a passing notice of its receipt printed in these pages. Press of other work, especially that connected with the American Institute of Homœopathy, caused us to defer this review in hope of having a better moment or two in which to do its excellences that justice which they deserve at the hands of every homœopathic reviewer; but the moment does not come. We know, however, that the delay has caused this book no injury, since we have seen other journals which have reviewed it, and all unite in declaring the work one of imperishable value. We, who have been repeatedly tempted by others to put our pen to paper and add one more book to the already over-burdened book shelf, always wonder, when we see so large and painstaking a volume as this, how a busy practitioner finds the time in which to put so much on paper—and that, too, of interest.

The book, however large it may seem at first glance, is so admirably arranged that it is as handy as a pocket in a shirt. It is divided into eleven grand divisions, each such division devoted to a consideration of all the diseases of that special division. For instance: Specific Infectious Diseases; Constitutional Diseases; Diseases of the Nervous System (which, by the way, is an exceptionally fine one); Diseases of the Muscles; Diseases of the Digestive Organs, etc. Then each such grand division is minutely subdivided. So that the special diseased condition of which the general practitioner is in search may be readily found and understood.

Those who have read after Dr. Arndt in his former works, practically on the same subject, though far more limited in scope and research, will not need to be told that his pen has lost none of its attractiveness, and that his argument is as trenchant and convincing as of former and earlier times. His description of the diseased condition is always clear and terse, with no unnecessary redundancy of speech, and his topic is brought down

to the moment of publication. He writes, of course, for the homœopathic profession, but no allopath will find aught in these pages to cavil at, and will find many things to commend. This is especially true of the descriptive parts, having relation to the forms and appearances of the disease under discussion, as well as the treatment, aside from the distinctive homœopathic therapeutics. And even here, in this holy of holies of our school, there is never a trace of fanaticism or intolerance; but always a fair tendency to be reasonable and just, and to bring about conviction and conversion from the coarser methods of the old school to the milder methods of the homœopaths.

We have browsed in these pages for many a spare hour and have so far found naught to be hypercritical about nor even ordinarily critical. The text is well prepared; it shows in every page care and study of a scholar, of one to the manner born. There is a calm and studious revision and review of all the modern theories in medicine, not least among these the bacteriological addenda. Dr. Arndt handles this part of his work with rare judgment and skill. He is absolutely honest in his description of its reputed value in the causation of disease; no bacteriologist will find cause to be dissatisfied with its presentation. The treatment, wherever we have turned to its pages, has been homœopathic. The Division on Nervous Disorders ought to be read a second and even a third time, for it is most thoroughly considered and treated. When the general practitioner remembers how difficult it is to follow for a few pages some of the text-books on this specialty he will appreciate our notice to him, that in Arndt's Book the subject is put into living, everyday language, that may be read by those who are not and have no thought of being nervous specialists.

And if we may sum up its excellences in a paragraph it would be to this effect: that Arndt's *Practice of Medicine* is the best work on this subject to this moment of writing; that it is a clean book, in that it is free of objectionable references to other schools of medicine; that it is homœopathic, the author never for a moment forgetting his homœopathic training with a firm and steadfast faith in Homœopathy; that it is concise and very clear, so that everyone touching its pages will be refreshed and instructed; that it is the consummation of all the best knowledge on *Practice* in all the schools; and that it is from the famous homœopathic book-publishing firm Boericke & Tafel, whose imprint upon any book is the "hall-mark" of homœ-

opathy, and means the very best on that subject that can be found in our profession. If this paragraph doesn't say that we admire and recommend the book from the bottom of our homœopathic heart, then we here and now do so declare.—*The American Homœopathist*.

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**Dr. H. Gross' Comparative Materia Medica.** Edited by Constantine Hering. Second edition. Philadelphia: Boericke & Tafel. Price, half morocco, \$6. net; by mail, \$6.40.

This is a quarto volume of 520 pages. It was first issued thirty years ago, and was well known and much consulted by homœopathic physicians. The edition became exhausted, and it has disappeared from the notice of the younger generation of our school so as to be almost unknown. Through the enterprise of the firm of Boericke & Tafel it has been reproduced, and is once more a candidate for professional favor.

For the information of those who never saw the first edition, we may describe it as quarto page with double columns, the left-hand column being given to the symptoms of one remedy and the right-hand column to the symptoms of another, that the eye may discover instantly the similarity of two remedies and the points of difference. The first two remedies compared are *Aconite* and *Apis*. The next are *Aconite* and *Arnica*, then *Aconite* and *Belladonna*, then *Aconite* and *Bryonia*, *Aconite* and *Cantharides*, *Aconite* and *Chamomilla*, *Aconite* and *China*, *Aconite* and *Coffea*, *Aconite* and *Ignatia*, *Aconite* and *Nux vomica*, *Aconite* and *Opium*, *Aconite* and *Phosphorus*, *Aconite* and *Pulsatilla*, *Aconite* and *Rhus tox.*, and, lastly, *Aconite* and *Veratrum*. In the same way we find comparisons of *Alumina* with various remedies, *Arsenic* and various remedies, and so on. The whole is preceded by an introduction by Dr. Gross; a pharmaceutical key by the indefatigable Dr. Hering, and some remarks by Dr. Hering. The whole constitutes a book that must be a help to the industrious practitioner seeking the true simillimum for his patients. The labor of this search is so great that there cannot be too many helps on our book-shelves. What we fail to find by one book we may successfully get by consulting another. Doubtful points of resemblance and difference may cause hesitation in giving a remedy, but if we can consult an authoritative set of comparisons like the book now under notice we may be able to decide more quickly and confidently between the indications of two nearly similar remedies.

Most of the greater books that enabled the old masters to make their wondrous cures have gone out of print. Yet they are still needed. As was said by Dr. J. B. Bell, in his famous work on diarrhœa, "Homœopathy is not making that kind of progress that renders a whole medical library obsolete every ten years," and so these old works are still needed. Boericke & Tafel are keenly aware of the need, and so we find them now and then reproducing some old book. Hahnemann's *Chronic Diseases* was a notable one of these, and was reviewed in *The Homœopathic Physician* for April, 1896, p. 195. Now comes Gross' *Comparative Materia Medica*, and we may expect others. —*Homœopathic Physician*.

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**Leaders in Homœopathic Therapeutics.**—By Dr. E. B. Nash, M. D.

In this book of 380 pages Dr. Nash has condensed a vast amount of highly important information for homœopathic physicians and students. It is as he says, "not a complete materia medica, nor yet an exclusive work on practice, but rather facts and observations in practice and principles which I have abundant reasons for believing true and reliable."

The statement exactly covers one's impression of the book. Its practical value is apparent on every page. Although one may be perfectly familiar with the general tenor of what the author says, yet his comparisons and acute insight into the very genius of the remedies at once attract and hold the attention. Whoever has this book will read it many times and each time with renewed interest. The beginner will find it a steadfast companion and a most reliable guide for the successful administration of our leading members.—*The Critique*.

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In a personal letter, Dr. W. A. Yingling writes concerning the *David Harum* of medical literature of the year, *i. e.*, Nash's *Leaders in Homœopathic Therapeutics*:

"I am very much pleased to see that Dr. Nash's '*Leaders*' is taking so well among the profession generally. It is a fine book, and reliable. Every prescriber should have it, study it and record the '*leaders*' in the *Materia Medica* by placing a  before each symptom in the margin of book most used. By this means these valuable symptoms would be available when desired. The '*lead*

er' or 'keynote' or 'general,' by whatever name you chose to call it, is most valuable and helpful when used as it should be, and not used as by the indolent prescriber."

And, while on the subject, remember that the *one* grand, reliable and most complete homœopathic Materia Medica is Allen's *Handbook*. There are many excellent condensations, but no other full and unabridged work on the subject than this. Remember, too, that a homœopathic physician without a complete Materia Medica is badly handicapped.

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HAHNEMANN'S *Chronic Diseases* is a powerful, masterful production appealing to reason. Clear, clean-cut, concise, and from my experience it is true. Read it and the *Organon* and then read shallow, vacillating, shifting, experimental subterfuge of allopathic methods, the more you read the less you are sure of and ends in—oh, well, an anodyne—or some make shift. Verily "A diarrhœa of words and a constipation of ideas."—A. G. Downer, M. D., in *Medical Visitor*, September.

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**The Change of Life in Women, and the Ills and Ailings Incident Thereto.** By J. Compton Burnett, M. D.

This is another of quite a series of most interesting and useful books by Dr. Burnett. He is a man who thinks and reasons, and the outcome of these actions are these books. No physician of any school can read any one of them without being made to think, and the physician who *thinks*, like the religionist who thinks, is bound to progress and to learn. How many new physicians think of the female breast as a part of the genital system, and look in the pelvis for the cause of breast disease? Read this book to get at reasons for menstruation. Find in this book how to cure the diseases falling within the subject. I like it, and I think it is worth any man's dollar.—W. E. B. in *Eclectic Medical Journal*.

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MESSRS. BOERICKE & TAFEL have in press a work on Diseases of the Skin, by Professor M. D. Douglass, of the Southern Homœopathic Medical College. It will be out in November, having been somewhat delayed by the numerous colored plates it will contain.

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THE second, and greatly enlarged, edition of Dr. H. C. Allen's *Keynotes and Characteristics* is nearly out of press.

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## A BLOODY AND AN EXPENSIVE FAD.

The following is from a paper by Edward Moore, M. R. C. V., of Albany, N. Y., in the *New York Medical Journal* of Sept. 2, on the subject of "Bovine Tuberculosis:"

"*Legislative Appropriations for Stamping Out.*—The chief aim of health boards heretofore has been to destroy tuberculous cattle; the greater the number condemned and slaughtered, the greater the glory. No matter that it struck consternation into the ranks of the proprietors of a great industry. No matter that in many cases the richest blood of heredity in pure-bred herds was forever lost—lost though it had cost lifetimes and fortunes to obtain; lost through the wanton, needless, insatiable thirst for a big killing bee. What did it matter that a great paying institution employing many hands was wiped out; that the proprietors were financially ruined; that employees were thrown out of work; that great farms were deserted? Slaughter was the war cry. Salvation they dreamed not of. If it were proved that our people contracted the disease from the cattle, I would heartily favor such slaughter. Or from the cattle-owner's standpoint I would favor it if assured that the undertaking were practical, and that its cost would not be too exorbitant, and that the infection could then be kept out of the State. The framers of the laws under which the inspections have been made and the members of the State boards of health seem to have given no thought to the immensity of the task, or the expenditure such a plan entails. If they have, we have not been told how they propose to succeed. The yearbook of the Department of Agriculture for 1897 states that the government has made and distributed to State authorities sufficient tuberculin to test fifty-seven thousand cattle. The census of 1890 gave New

York State alone 2,131,392 cattle. How much tuberculin would be needed then to examine the cattle in all the States? The United States Government reports for 1897 placed the number of milch cows at 18,113,000; other cattle, 32,647,000. Total valuation, \$877,169,414."

"Tuberculosis in cattle does not necessarily kill; on the contrary, many animals maintain ordinary health and high condition, apparently suffer no inconvenience from it, and finally die of some other cause. In other instances there are signs of constitutional disorder with more or less of the symptoms common to it, and in acute cases followed by death within a few weeks or months."

"Practically all the people of the State eat the products of cattle all their lives, and tuberculosis in cattle is well distributed throughout the State. Now, then, if the disease passes readily to man, even laymen should be able to note the fact where large numbers of cattle are infected. But they, and their physicians, and their veterinarians have merely presumed, imagined, believed, supposed, and concluded that such 'might be the case.'"

If these "tuberculin bigots" are given free foot a great many citizens of this country will be forced to become vegetarians because of the enormous rise in the price of beef. The price of beef has been advanced, and the newspapers blame the "beef trust" for it, but probably the blame lies in these half-baked "scientists" who are authorized to "stamp out" tuberculosis and are only stamping out the cattle-raisers' business.

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### WHICH IS THE HIGHER COURT?

The Fort Wayne (Ind.) *Medical Journal Magazine* is elated over the fact—if it be fact—of the downing of Ostœopaths, Christian Scientists, *et al.*, by the State Board of Medical Registration and Examination. They haled representatives of these two sects before the lower courts and the jury lost no time in acquitting them. "The cases were promptly appealed by the State Board," and Attorney General Taylor has given the opinion that the practice of faith curing, christian science, ostœopathy, or anything else that has not received the approval of the Examining Board is illegal. The *Medical Journal Magazine* says of this: "This opinion will have a wide-reaching effect and it is hoped will result in the practical abolition of Christain Science, Ostœopathic and similar medical practice within the state of Indiana."

The jury decided in favor of the defendants, so it is safe to say the people are against the State Board; if so, the latter might as well hope to whistle down the wind as to suppress these "irregular" practitioners by legislative enactments. It would be a good thing for all State Boards, and some medical editors, to get down on their knees and prayerfully wrestle with this vexed problem, and seek for the light. Their prayer should be:

"Oh Lord, why is it that these sinful, and irregular, practitioners spring up as the weeds and flourish as the green bay tree? Is it that the people are hard of heart and a stiff-necked generation refusing to believe in our science, or is it that we are remiss, and are naught but blind leaders whom the people refuse longer to follow? Can it be as thou saidst of old to one who denounced the sin of another—'Thou art the man!'"

Something like this might clear the mists away, for it is a notorious fact that wherever they have the least freedom the "irregular" flourishes. Is it because the people are fools and dupes? Abraham Lincoln would not have said so; he would, rather, have trusted the instincts of the people. They are *not* satisfied with "regular" treatment, for if they were the "irregular" would vanish like mist. What show have these fakirs with the clientage of a sound, straight homœopathic physician? None.

*Verbum sap.* Put not your faith in examining boards and the vain traditions of the "regular," but in true Homœopathy.

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### LITTLE PILLS.

Most of our readers can recall the slurs cast by the regular profession upon our Homœopathic friends in times gone by. Among these, the most common was that twitting term, "Little Pills." No meaner thing seemingly could be said by these gentlemen of boluses and heavy doses, of blisters, mercurials and emetics.

But times have changed. The most regular of the regulars ranges his little pills, pellets and tablets in lines about his office, and counts them out by the dozen, and measures them by the million, too, perhaps, judging from the number they buy—counts them out and into the hands of his patients who no longer patronize the pharmacist.

But there is one great distinction between the homœopathic man of little pills and the regular man of little tablets, a distinction with a difference. The homœopathic physician uses pure sugar pellets, and medicates them with tinctures that are medicines, and gives his patients real medicated pellets. He uses medicines made by pharmacists in whom he has confidence, and he pays enough for his medicines to warrant the pharmacist in making the best medicines possible. But the regular physician falls



into the toils of the ready-made, hand-me-down stampers of tablets, cheap enough to please any physican with a contract to supply the out-door poor.

Wonderful change this! the man, who a few years ago, sneered at him who used little pills of unquestioned medicinal exactness, is now using little tablets, that, so far as he knows, may have some medicine in them, and may have none.

### Another Sneer.

The foregoing editorial leads to another thought, which concerns another sneer our regular friends used to get off on our homœopathic brethren. Do you remember, about twenty-five years ago, how they used to curl up their lips at "tincture apis" of eclecticism and Homœopathy? How they used to sneer at men who gave medicines made of tarantulas and of bees? Well, what are they doing now, these sneerers? Is there an organ of the body of any animal they can get in sufficient amount that they do not commend as a wonderful medicine? Does the stomach of any hog in a Chicago slaughter house go to waste? Go to, thou drawers of serum out of decrepid mules and horses; thou driers and powderers of thyroid glands. You have but one step further to take to get back to the medicine made in medieval times—but one step, and then you will be using the fat of the negro for love sick maidens, and the mould that grows on the skull of a man who was hung for the cure of an evil conscience. And, judging from the fads our regular friends take up and swallow, this day is not far distant.

### Be Consistent.

But the foregoing is not intended other than as a pleasantry. We have no ill will towards our rivals, be they homœopathists or regulars. We believe each is relinquishing part of his dogmatism, and should be credited for advancing. We believe that in a day to come the members of the various schools in medicine will agree that their rivals are gentlemen, and will be consistent then, for there are gentlemen in all schools. But not while the dominant school claims that the others are all made up of ignorant men; not while they pat the scalawag on the back in their own ranks, and revile cultured gentlemen among their rivals, will this be true. And not while they damn their rivals for doing the very things they do to a greater degree, will they succeed in wiping them off the face of the earth, or in crushing their reputations.

So long as there is oppression, ostracism, inconsistency, in the regular school of medicine, so long will eclectics and homœopaths thrive in this land of America. But when the golden rule governs, when each school becomes content to go on in its own way, seeking truth from nature's field, and giving facts to all the others, then will dawn the beginning of the end of factional antagonism and ill will.

And then, too, each will find a vast field before it—a field that will make its votaries welcome the help of those working for the good of humanity in other lines. Then will the medicated little pills of pure sugar of the homœopathists, and the specific medicines of eclectics, be a greater boon to humanity than is possible now.—*Eclectic Medical Journal, September.*

### STABILITY IN THE PRACTICE OF MEDICINE.

“Through all the perplexities and doubts of generations, the theory and practice of medicine has survived every villification, overcome the criticisms of the pessimist, improved and developed its practical utility, and no doubt saved many undeserving lives. So far it has been supplanted by no ‘ism;’ the ‘cure all’ theory or the furnishing of a remedy for the name of every disease is not a part of its business; but as a result of the sacrifice and the study of many unappreciated ‘doctors,’ the application of a remedy in accordance with symptoms, the care and nursing of the patient under correct principles, the prevention of disease by sanitary foresight have minimized our mortuary statistics. Who dares to say that medicine is not a science? Let those in the laity who are foolish enough to follow the insane pretensions of a divine (?) healer (heeler) continue their mad career; let those who honestly believe that ‘Christian Science’ (?) furnishes isolation from the possibilities of disease get what comfort they may from such inconsistent hope; yet let the profession have full appreciation of its own science and hold to it, and perfect it and apply it with wisdom for the dethronement of disease. That physician who wanders and wavers in his practice always grasps the latest fad; but the conscientious and successful doctor studies and learns to prove all things and he employs as a means for the desired end only that which science and consistent experience approve.—*H. V. H. in The Clinique, Sept.*

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### ONE THING LACKING.

“Fifty years ago the New England Baptist preacher would rather have seen his children attend a theatre than a Methodist meeting; and in those days the theatre was nothing less than the temple of satan. So in more recent times the hydropath, homœopath, and the eclectic were looked upon by those of us who claimed to be regulars as little better than quacks. Any recognition of them in consultation would have been beneath the dignity of the profession. But the educated doctor of today yields to no class of men the monopoly of the title eclectic. He reaches out into the fields of discovery, and what he has found to be of benefit in his practice he appropriates.”

“Did we speak lightly of the pack sheet and shower bath of the old water-cure doctors? We have out-Heroded Herod himself in this regard. The manner in which our typhoid patients are plunged for fifteen minutes several times a day into a bathtub filled with cold water would have astonished even the most sanguine water-cure advocate of sixty years ago.”

“We no longer sneer at the 30th dilution of our homœopathic friends. In fact, their colleges are presided over by eminent and highly educated professors, and the progressive disciple of Hahnemann is perhaps as near hearing the voice in the wilderness as his more regular compeer. Besides all this some of our more advanced alkaloidal students are treading dangerously near homœopathic soil with their 1-300 of a grain doses. Even the Woodbridge method of treating typhoid fever, which no one ridicules and which some of us have tested with favorable results, has as one of its doses a tablet containing podophyllum resin grains 1-960. I am not certain that antitoxin serum is not an illustration of microbic attenuation and of the principle that underlies the motto, “Like cures like,” more potent than Hahnemann in his wildest flights of fancy ever dreamed of.”—*From President's address before Botna Valley Medical Association, Ia.*, by S. D. Tobey, M. D.

But there is still one thing lacking, Dr. Tobey. The mere fact of a small dose does not in any way make it homœopathic, even though it be “the 30th.” Only when the genius of the drug corresponds to the genius, or character, of the disease is it “homœopathic.” There is a whole world more in Homœopathy than small doses, a world with vast unexplored domains, awaiting the man who can read the genius of things. In it is found the true science of medicine.

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## OBITUARY.

### Israel Tisdale Talbot.

At a meeting of the Committee appointed by the President of the American Institute of Homœopathy to draft Resolutions on the death of Dr. Israel Tisdale Talbot, the following were presented and adopted:—

In accordance with the inexorable law which governs all created things, our colleague and ex-president of the American Institute of Homœopathy, Israel Tisdale Talbot, M. D., has been called to rest from his labors, therefore,

*Resolved*, That we deplore the loss of one who, having the deepest interest in the cause of Homœopathy, had done more than any other member to insure the growth and success of this Institute. Possessing great executive ability, eminently gifted in the organization and government of large bodies, to him this Institute is indebted for its admirable constitution and code of by-laws.

We shall miss him at our gatherings as he was rarely absent from our meetings, miss his words of counsel, his mature judgment in all matters appertaining to the futherance of this body, miss his cordial greeting and his interest in each individual.

He could truly say, "I have fought a good fight, I have finished my course, I have kept the faith." We are confident "that henceforth there is laid up for him a crown of righteousness."

*Resolved*, That the American Institute of Homœopathy extends to his widow and family the deepest sympathy in their bereavement; that these resolutions be entered on our record, and a copy be transmitted to his family.

HENRY E. SPALDING, M. D.	}	Committee.
HIRAM L. CHASE, M. D.		
CONRAD WESSELHOEFT, M. D.		
ADELINE B. CHURCH, M. D.		
FRANK C. RICHARDSON, M. D.		

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WE have received a copy of "collective reports on Glycerinized Vaccine Lymph," by Alfred C. Barnes, M. D., a reprint from the American Gynecological and Obstetrical Journal for September. One paragraph suggests a lot of things. It is this:

Vaccine points are apt to lead to a false sense of security, inasmuch as they induce a local staphylococcic, or streptococcic, infection, which is entirely distinct from true vaccination. Such a result is not protective against smallpox.

We have had the glycerinated lymph with us less than two years and until it came we had no true vaccination, yet in spite of that appalling fact the centennial of Jenner was celebrated. Verily, this is a great world!

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"THE medical journals are now all talking about the 'standardization' of medicines. If the effort to bring them to a uniform standard of therapeutic strength has also the effect of put-

ting none but those of known purity on the market, a great good will be accomplished."—*The Critique*.

A great good would be accomplished were that to come about, but it won't. Just so long as doctors patronize the cheapest pharmacy, just so long will there be a struggle among the cheap Johns, and the practice of making "fresh plant tinctures" from fluid extracts and all sorts of games will continue. As a matter of clinical fact, most of the cheap medicine would be dear as a gift—from the curative point of view.

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"EVER since some of the health boards began to insist that physicians should report their cases of tuberculous disease there has been, besides resentment on the part of practitioners, the feeling that, on the whole, such reports would do more harm than good, unless great tact was employed. This feeling was well expressed by Dr. J. J. Mulheron in a recent case in which Dr. E. L. Shurly, of Detroit, the well-known laryngologist, was prosecuted for failing to report a case. According to the *Detroit Free Press*, Dr. Mulheron said: 'This measure will frighten people so that relatives of consumptives will be dropped out of places of employment and worlds of injustice will be done through a foolish fad of some theorists.'"—*New York Medical Journal*.

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A CORRESPONDENT of *Medical Sentinel* describes one of Koch's private rooms in Berlin containing about fifty canary birds in cages. The rooms are kept at a tropical temperature. "If you now examine closer you will see that near, perhaps in the cage, is a pool of stagnant water in which is some vegetation, moss, and mold. If outside of the cage it will be noted that there is a passage therefrom to the interior of the cage where the bird is. Now by a closer inspection the observer will note a single mosquito, or perhaps two or three. Elsewhere in the room will be seen generating pools, out of which the young mosquito is first feeling his new wings. Out of these apparently trifling processes have been elaborated the newer theories advanced and to be advanced by Koch on the subject of malaria. The malaria and the mosquitoes are both cultivated in the artificial tropical stagnant pool. As the canary sleeps at nights the mosquito awakens and with his infected proboscis carries into the circulation of the canary the material which is to give the unsuspecting bird a first-class attack of malarial fever."

We cannot prevent a lurking suspicion that, given a tropical temperature and stagnant water and decaying vegetation, you may look for the fever, mosquito or not. Koch seems to have a fatal trick of always placing his cart before his horse.

## PERSONALS.

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The veteran Dr. A. M. Cushing, of *Mullein oil*, *Homarus* and *Phaseola nana* fame, has removed from 175 to 137½ State St., Springfield, Mass.

**FOR SALE.** Modern sanitarium in magnificent well-known and popular location in Eastern Pennsylvania for sale or rent. Satisfactory reason. Address "SANITARIUM, care HOMŒOPATHIC RECORDER, P. O. Box 921, Philadelphia, Pa."

Dr. W. A. Fanning has removed to 115 W. 95th St., New York City.

Dr. Samuel Miller has removed from Pittsburgh, Pa., to 313 W. 42d St., New York City.

No, John, your joke about "telegraphing a skeleton" will hardly do unless you wire its point to our subscribers.

"Good stories" age rapidly, and there are few things more melancholy than meeting one in its old age.

The verdant think "life" consists in "seeing the elephant."

Whether it is better to get dog-tired walking in a "procession," or reach the same condition watching your fellow citizen walk, is a question for debating societies.

Dr. Ralph L. Souder has located at 1630 Pine St., Philadelphia.

"Great men reason; small men fight," scintillates one of our esteemed. Now you can size yourself up.

Dr. W. D. Foster, Professor of Surgery Kansas City Hom. Med. College, has removed his office to the Altman Building of that city.

Dr. N. C. Conant has removed from Philadelphia to Clifton Heights, Pa.

The man who knows a lot can make his fortune in real estate.

"Women organize to fight microbes," says a headline. Now, God help the little bug!

"Saturate the patient," is an advertiser's advice to the doctor, which, if followed, will make business good.

The Homœopathic hospital at Ann Arbor, Mich., is now prepared to take charge of obstetrical cases at very reasonable rates.

The bug-man now says that roast turkey and duck, fried chicken, etc., are "dangerous"—"bacteria," you know.

The bug-man must be the original "bogie man."

Bradford's last book, *Statistics*, is an iron club to smash the jeerers at Homœopathy.

Duncan's *Acid and Alkaline Children* is worth reading if you have to do with the little ones.

Removals and locations of physicians are inserted on this page free—as we supposed all knew.

Send in your subscription now for the RECORDER and we will send remainder of this year free. Also send us your papers.

THE  
HOMŒOPATHIC RECORDER.

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GENERAL THERAPEUTIC NOTES.

By Dr. T. F. Allen.

Opium.

It is interesting to note, in connection with *Aconite*, that *Opium*, not far removed, botanically, from the *Ranunculaceæ* (the natural order of plants, which comprises the "*Aconites*") shows a definite, though unexpected, therapeutic relationship to *Aconite*. *Opium* is frequently called for in a high grade of fever, viz., a high temperature without the development of a distinct inflammatory process. It seems like a "*prodromal fever*," similar to that calling for *Aconite*. The fever of *Opium* is, however, characterized by intense thirst and great sleepiness, but with no anguish nor fear and no restlessness. The fever of *Opium* is sometimes associated with distinctly periodic recurrences, and so is sometimes applicable to a fever of a remittent or intermittent type.

Gelsemium.

The fever which calls for *Gelsemium* is clearly without *thirst*; in this respect quite different from that demanding *Aconite* or *Opium*. The following observation may serve to illustrate the applicability of *Gelsemium*: A lady suffered from fever recurring daily about two in the afternoon, temperature 103 or above, with vertigo, a decided dullness in the head, mostly behind the ears, loss of control of coördinated movements, inability to walk steadily, an increasing difficulty to think clearly, etc. There was entire lack of thirst, no nausea, no perspiration. After a few hours the febrile stage gradually disappeared, the patient became cool and was simply lethargic till the next day. The immediate cause of the fever seemed to be *recurring, malignant sarcoma* which had twice been most skillfully removed

with an immense amount of tissue, with lymphatics which, apparently, had been involved, but the malignant growth had returned on the forearm and had produced enlarged glands and inflammatory symptoms in the arm when the increasing fever and alarming brain symptoms demanded attention. *Gelsemium* speedily, in a few days, dissipated the fever, caused a rapid disappearance of the malignant growth which simply *dried up and vanished* and the patient fully and completely recovered her health.

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### SLIPPERY PLACES IN DIAGNOSIS.\*

By L. Q. Spaulding, M. D., Ida Grove, Iowa.

It is not my purpose in this paper to treat exhaustively of the subject of difficult points in diagnosis. I will attempt nothing more than to relate a few incidents bearing upon the subject which have come within my knowledge, and which will serve to remind us of the great variety of ways in which the practitioner may find himself at fault in matters of diagnosis, as well as to suggest in some degree how best to avoid falling into errors of that nature.

Some years since I happened to know of an amusing blunder in diagnosis. A little miss, eleven or twelve years of age, complaining of a sore throat, was directed by her parents to stop on her way to school at the office of a certain physician in order that he might ascertain the cause of her discomfort. It happened that an epidemic of scarlet fever was prevalent in the community at that time, and it also happened that that particular doctor was in the habit of making a diagnosis of scarlatina from inspection of the tongue only. The patient appeared in the presence of the physician, stated the nature of her ailment and desired an opinion as to its cause. For answer the doctor requested the patient to put out her tongue. Inspection of that member being conclusive to his mind, he assured the now thoroughly frightened child that she had scarlet fever, that she was going to be very sick, and advised her to return home at once. Presently the candidate for a severe and dangerous illness perceived a way out of the dilemma. "But, doctor," she interposed, "I have had scarlet fever once. Do people have it twice?" "'Taint

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\* Read Sept. 13th before the Northwestern Iowa Homeopathic Medical Association.



that then," promptly replied the doctor. The last diagnosis proved correct but the incident was a source of much amusement to the little miss, who for years afterward was wont to repeat the story to her friends, laying particular stress on the unlucky phrase, "'Taint that then," and always ending with a merry laugh.

It chanced that I once succeeded this same physician in a case in which he had made a mistake of a more serious nature. Having treated the patient, a little girl, seven years of age, about five weeks for a disease which he called typhoid fever, he finally told the friends that meningitis had developed and that the case was hopeless. It was under these conditions that my assistance was desired. I found the child in a profound stupor, almost insensible to all external impressions and without control over the bodily functions the temperature was over  $104^{\circ}$ ; the skin showed a pronounced yellowish cast and the patient was reduced almost to a skeleton. A little inquiry in regard to the remedies in use revealed the fact that *Opium* and *Quinine* were given in alternation in large and oft repeated doses, apparently with the idea that these two drugs thus used would reduce the temperature and control restlessness. It is doubtful if the temperature was materially reduced, but any possible tendency toward the manifestation of restlessness was most effectually overcome. Taking all things into consideration, I revised the diagnosis previously made and substituted therefor a diagnosis of remittent fever plus drugs. The event showed that the apparently almost hopeless condition of the patient at that time must have been mainly due to the latter cause. Within a week the child had nearly regained her usual health.

Several years ago a farmer of middle age, who had been bereaved of his wife a few months previous, called at my office to obtain a remedy for his niece, a girl some fifteen years of age, who was then installed as his housekeeper and charged with the duty of looking after his numerous brood of young orphans. According to his story, the girl had found it necessary, a few days before, to leave a steaming wash-tub and go to a distant part of the farm in a violent snow storm to search for and bring home one of the aforesaid orphans who had been suddenly caught in the storm while out after the cows. All this had occurred at a critical time, and the result was a suppression of the menses with much attendant suffering. Reflecting that such heroism is worthy of the highest consideration, I prepared one

of those prescriptions such as "can't do any harm if they don't do any good," and directed the uncle to report results within a few days. Some four or five days later he returned and reported no results, at the same time insisting that a more effective remedy be given. Being determined to secure more exact information before proceeding further, I suggested the propriety of driving out to the farm. On my arrival there an hour later it was at once apparent that I was expected to conduct my examination of the case in the presence of the uncle and the orphans. What I most desired was to hold a private interview with the patient without giving the uncle a chance to interpose. In due time the opportunity came. After a few moments' conversation and a merely perfunctory examination I seated myself at a table and began the preparation of a remedy. The uncle, no doubt thinking the most interesting part of the performance was concluded, thereupon betook himself to the stable to care for his stock. As soon as he was well out of the house I directed the girl to go into an adjoining bedroom and lie down on the bed. Having made a digital examination, which revealed nothing, but which impressed the patient considerably, I began with the query: "Who is the young man that you are intimate with?" The reply was: "It isn't a young man." "Oh!" said I, "it's your uncle, is it?" Yes it was the uncle, and the diagnosis was thereafter fairly well established. That worthy visited me the next day in a state of high dudgeon because of my ruthless betrayal of his confidence. Such confidence is a beautiful thing to see, and should never be betrayed—except sometimes. I have good ground for believing that some person more or less skilled in the production of abortion must have taken the case in charge some two or three months later.

One cold day during the past winter I was called some ten miles into the country to take charge of a case that had been for several days under the care of a neighboring practitioner. The patient was a young married woman of German descent, about 23 years of age, with an infant child only a few weeks old. According to the statements of the family the doctor had made a diagnosis of quinsy, and, after the application of poultices for two or three days, had lanced the swelling on the right side of the neck. Failing to obtain pus, he had then stated that the trouble was not quinsy and ordered a local application to drive away the swelling. Immediately thereafter the symptoms

became much more threatening. At the time of my first visit the right side of the neck was enormously swollen and all the tissues of the throat were much tumefied. Inspection of the faucial region was difficult and unsatisfactory, owing to the swelling and the rigid condition of the jaws; the temperature was above  $103^{\circ}$  and the pulse 120; the urine was scanty, was loaded with sediment and highly albuminous. The patient was unable to sleep and was delirious at night. I treated the case on the theory that the original diagnosis of quinsy was correct, and that acute nephritis had developed as a result of the absorption of decomposition products into the blood. By inserting a grooved director through the cut already made and not less than two and one-half inches into the tissues of the neck in the direction of the right tonsil, I succeeded in reaching and evacuating a considerable accumulation of pus. Under appropriate general and local treatment the patient improved rapidly and made a speedy recovery. To my mind it seems fairly certain that had a deep exploration of the region been made at the time of making the first incision, whatever accumulation of pus may have been present would have been drained away and the whole disease arrested; also no change of diagnosis would have been made or thought of. The above cases are presented, not so much because of any unusual interest in themselves but rather as showing how a certain shrewdness and keen insight in such matters may often enable us to succeed where others fail.

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## VETERINARY HOMŒOPATHY IN NEW YORK.

By Dr. Wilbur J. Murphy.

The homœopathic treatment of animals is at a low ebb in the city of New York—the foremost horse centre of the universe. I do not know of a single veterinarian who practices according to its doctrines. There are some feeble attempts made at its use in what is termed the simpler ills, but its general employment is limited indeed.

Not long ago I tried to find a homœopathist, but the search was made in vain. Few even understood the term. More had an inspired prejudice against its use, and most of those with whom I spoke had heard of Homœopathy and its successes, but feared to brave the ridicule of those arrayed against its use. Long ago I was ostracised by practitioners and societies on account

of homœopathic tendencies, but I have experienced no inconvenience from the weird decrees. For a number of years I employed homœopathic treatment for animal ills, with the most encouraging results, and in the face of the most pronounced opposition.

Whatever progress Homœopathy has made in this city has been a forced one. It has been employed against the advice of the most prominent, but not the most successful veterinarians, and progressed under the most trying circumstances. It has had but few advocates and many opponents, yet it has succeeded in withstanding the united opposition of prejudiced and ignorant antagonists.

When the various surface roads here were drawn by horse power, Homœopathy was the treatment the sick animals received, and the results were satisfactory to owners of the stock. The large stage lines used it and were enthusiastic in its praise. The big menageries were within its care, and in every instance it fulfilled every requirement against the united opposition of the veterinary profession generally.

Some concessions have recently been made to the virtues of Homœopathy. It is admitted in a half-hearted manner that Homœopathy is at times successful, but by the employment of remedies used in the older school of practice. Homœopathy is successful with *Aconite*, with *Phosphorus*, with *Arsenicum*, with *Belladonna*, with *Nux vomica* because they are homœopathic to the ills they cure, and their employment is a recognition of the law upon which the practice of Homœopathy is founded.

Not long ago a young man came to me about the use of Homœopathy. He said that while he was a believer in the virtues of the practice, he was averse to putting the word *Homœopathic* on his sign and card. He feared that few would know what it meant.

I advised the young man to put in bold type the word *Homœopathic* wherever he put his name. "Write the two into a single term, and say to those who ask what it means, here you can find a man far more advanced than others whom you meet." To those who are unfamiliar with the term, tell them it means success. Tell them that wherever they see the word *Homœopathic* there can be found a man who cures when others fail—a man with whom incurable diseases are the rarest that are met, and for them to bear in mind that when disease withstands all other efforts, when epidemics flourish unabated, when prayer fails, when faith accomplishes but little good, when everything is dark

and all is gloom, when appeals are made in vain, tell them that is the time to seek the man who has *Homœopathic* on his sign—tell them better to come late than not at all and their reward will be returning health from sickness and disease, convalescence from draining ills and happy restoration from desparation and despair.

Tell them that with Homœopathy suffering will be abated, pain will be assuaged, life will be prolonged, and in that way Homœopathy will become established upon a pedestal of everlasting fame, to remain until the world passes from the present state of warmth and life into the future state of cold and lifeless desolation for which it is destined.

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### CONVALLARIA MAJALIS.

By C. M. Boger, M. D., Parkersburg, W. Va.

The lily of the valley belongs to the natural order from which we derive *Aloe*, *Asparagus*, *Cepa*, *Colchicum*, *Helonias*, *Lilium tig.*, *Paris quad.*, *Sabadilla*, *Sarsaparilla*, *Scilla* and *Trillium pend.* Some authors also place *Veratrum* in this order, others put in the related *Melanthaceæ*. All of these have symtomological points of contact with *Convallaria*; its nearest congener is *Lilium tig.* In common with it it affects the heart and female genital sphere conjointly; in the case of the latter, however, the primary impression is on sexual organs, the heart and other symptoms being generally regarded as reflex. In the former the action is first manifest on the heart muscle, the general muscular system quickly following with analogous symptoms; its homœopathicity to rheumatic myocarditis is undoubted, but seems to have been overlooked; it has the same muscular enfeeblement of the heart and hæmorrhagic tendency, as well as the general sense of muscular soreness; its use in dropsies shows it to be the true similar where due to myocardial weakness, as in the case cured by Nash, using the 30th potency. It must, however, not be supposed that a curative action can be obtained where this muscle weakness is the result of leaky or stenosed valves. This remedy pictures *relaxation* in its every phase, with mental depression and tendency to chilliness, especially from drafts; eating and rest ameliorate many symptoms, the system is evidently poorly nourished and the stimulation of food therefore helps.

Labor-like pains better when standing is a very valuable hint and differentiates it from numerous other remedies,

The comparisons embrace the botanically related remedies, also *Cactus* and *Digitalis*; like *Cactus*, its picture embraces a combination of heart and hæmorrhagic symptoms its action on the heart is most similar to *Digitalis*; it is similar to the *Veratrum*s and *Colchicum* in the gastro intestinal sphere.

## CONVALLARIA MAJALIS.

THE PATIENT.	LOCALITY.	MODALITIES.	SYMPTOMS.
Depressed. Irritable. Dull. Sleepy.		<i>General.</i> MOTION <. Ex- ertion <. Deep breath- ing <. <i>Sitting</i> <i>straight</i> <. Draft or cold <. Eating > many symptoms. <i>Lying</i> >.	WEAKNESS; relaxation; <i>sensitive to cold</i> , chilliness from least draft. Eyelids heavy; trembling of hands, staggering or walking sideways.
Relaxed with tendency to <i>coldness</i> .	HEART. (Mus- cle).	<i>Special.</i> Exertion <. Ascending <. Lying >. Open air >.	Heart irregular; weak; as if stopped then suddenly started, causing very faint sick feeling; slow; uneasiness about; reflex palpitation. Prickling in forehead; feet numb as if asleep.
Group for com- parison.	Gastro intes- tinal tract.	Beginning to eat < (con). Coughing <. Pressure of clothes <. Walking <. Passing stool or urine >. Sitting down <. Standing or leaning for- ward >.	Small wound bled profusely; (bloody urine); epistaxis waking him from sleep; slight loss of blood caused faint- ness; (bloody expectoration). ( <i>Dropsical effusions due to heart lesions</i> ; muscular exhaustion of.) Tongue feels scalded; on tip; water tastes bitter; hydroæ on left corner of mouth and left nostril. Sense of filling up causing dyspnœa, and desire to breathe deeply. Soreness in abdomen.
Cactus. <i>Digitalis</i> . LIL. TIG.	<i>Female pelvic</i> <i>organs</i> . <i>Muscles</i> .	<i>Lying on back</i> >. Bathing parts in cold water > itching. Draft <. Cold drinks <. Mo- tion <. Touching cold things <.	Alive sensation in, < if on feet. Labor-like pains > standing. (Soreness in uterine region, with sym- pathetic palpitation.) <i>General aching and SORENESS</i> . Muscular relaxation. Rheumatoid symptoms; <i>in left elbow</i> ; left scapula; left nipple region; chill with trembling hands, < on right side; interscapular; with hair sensitive to touch; commingled with heat; worse the harder it rains; cold sweat about waist. (Verat. a.)
	Fever.		

## SUUM CUIQUE.

By Eric Vondergoltz, M. D., New York.

Brilliant results in the homœopathic practice on one side and dire failures on the other side caused me to inquire into all possible methods of homœopathic drug-selection.

In so hunting around my eyes were finally riveted on the literature of Biochemistry so on the three authors, O'Connor, Shannon and Boericke & Dewey.

I began to study the publications of these authors, but I was unsatisfied till either I could find Schüssler himself or an absolutely faithful translation of him.

So I came into possession of the translation by Professor Louis H. Tafel of the twenty-fifth edition of Schüssler's *Abridged Therapy*.

The study now of this small and simple book gave a fully changed picture. The doctrine and explanation of Schüssler based especially on the teachings of my teacher and friend, Gustav Bunge, late Professor of Physiological Chemistry at the University at Basel, Switzerland, showed at once a great difference that existed between especially the authors, Boericke & Dewey, and old Schüssler's booklet.

Every reader will understand the differences between these two books, when we compare :

## Puerperal Fever.

*Schüssler.*

Specific remedy:

*Kali phosphor.*

*Boericke & Dewey.*

*Kali mur.* This remedy alone may suffice for this disease.

*Kali phos.* Puerperal mania or fever, when illusions, abused notions, or violent madness set in. Specific remedy.

*Nat. mur.* A useful intercurrent remedy in puerperal convulsions.

## Croup.

Genuine croup:

*Calc. phos.* to be altered with *Kali sulph.*, also this alteration with white exudation.

Pseudo croup, *Kali mur.*

*Kali mur.* Is the principal remedy for the membranous exudation, alternating with *Ferr. phos.* The chief remedy in false croup, etc., etc.

*Calc. fluorica* is the chief remedy in true croup.

## Influenza.

*Nat. sulph.* the only remedy.Besides *Nat. sulph.*, *Kali phos.*  
and *Magn. phos.*

## Typhus and Typhoid.

Specific remedy:

*Kali phos.*

Stupor:

*Nat. mur.*Ferr. phos.; *Kali mur.*; *Kali phos.*;  
*Kali sulph.*; *Nat. mur.*; *Calc. phos.*

I could go on ad infinitum.

So every reader will understand when I say that Boericke & Dewey squeeze Schüssler nolens volens into the service of Homœopathy.

So now such differences exist, we must only consider the book of Boericke & Dewey as a very good homœopathic one, perhaps an exhaustive essay on twelve especially selected sulphates, phosphates and chlorates, inclusive of *Terra silicea* or *Silicinea* (both derivate from *Silex*), but we must deny to Drs. Boericke & Dewey to call their book "The Twelve Tissue Remedies of Schüssler" no more, as Schüssler and his teaching occupies the smallest part of this book.

I have followed Schüssler faithfully, no more, as I have to deal very often with people by the aid of translations by relatives (!). In these cases now the plain therapy of Schüssler proves itself. It's here in such cases Boericke & Dewey, with their guiding symptoms as homœopaths, could not work—as anybody after pure Schüssler always will be able. The physician is not bound down to such *guiding symptoms* as necessary in Homœopathy, but is only depending on his knowledge and the right understanding of pathology. The understanding of the pathology calling for the right remedy is understood by the term of Schüssler—Facial Diagnosis—which cannot be described by words, but must be acquired by actual study.

As a proof for the theory of Schüssler the following cases may serve:

Using the tissue remedies I made the following interesting observation: That (not desirable but not injurious so far) the patient will not be influenced beside taking the tissue remedies—by taking of allopathic remedies in allopathic doses, as easily to be understood that the tissue salts in their infinitesimal dose are not interfered with by the clumsy and ponderous doses—as I have observed more than once that a patient got better under the biochemical treatment. So in a case of malaria under *Natrum*



*muriatric.*, and besides taking a cathartic and then again a tisane of flower *Chamomillæ*—an absolute impossibility under true homœopathic remedies.

This proves that Schüssler's theory is a fact, based on the deepest thinker next to Hahnemann—von Grauvogl—that the blood corpusculum, etc., is only taking that minimal dose into itself and that nothing in material dose can penetrate its structure, etc., as on the other side I could not understand that it happened to me that I saw patients taking drugs without harm besides my homœopathic treatment.

The records of these cases now prove that in that time I had administered tissue salts unknowingly!

I do not swear off Homœopathy, but at least I believe from my observations that if we come to use Schüssler's remedies *we shall use them in the true sense of Schüssler's exposition* as so ably given to the American reader by Professor Louis H. Tafel.

### Cases.

1. Inflammation of the only remaining kidney (right side), with uræmic symptoms and high fever. Left kidney was extirpated one year ago for a tumor. *Kali mur.* cured the case in 24 hours.

2. Case of dysentery—given up by allopathic physicians—drug-physiognomy—*Kali phos.* Case was cured 14 days, with few intercurrent remedies: *Magnes. phos.* and *Calc. phos.*

3. Febris puerperalis, with all characteristic pathological facts of metritis and perimetritis with sanious discharge. Pulse over 140, etc., *Kali phos.*, changing later on to *Magn. phos.* patient cured in 3 weeks.

4. Patient of Dr. S. had fallen down in a sitting position. The next day patient could not move nor sit. Patient was pregnant in the 3d month, had crampy sensation (like faint labor pains) in abdomen, so that Dr. S. was afraid of an imminent abortus.

Every effort to relieve the pains, etc., failed, even homœopathically (!)—patient was speedily cured by few doses of *Natr. mur.* given on facial diagnosis.

5. Hysterics. Patient was suffering from spasmodic cramps all over, but mostly from hiccough, since longer than 10 years (appearing with married life)—*Magnes. phos.* without result;—on face and tongue-diagnosis—*Kali sulph.* speedily cured the patient.

In such a way I could give more cases, but enough. I have

only to remember especially that these patients were all Hungarians; and I do not speak that language. Few of them had a limited knowledge of German.

It must be well understood that many times the book of Boericke & Dewey will come to the same remedy; but their way is a different one, and finally the coincidence of the remedy is nothing else than an accident as we must finally compare the symptoms of the drug.

So, for instance, *Calcareo fluorica*; we will compare only the most important moments:

*Schüssler:*

1. Hard lumpy exudations on the surface of the bone.
2. Relaxation of elastic fibers.
3. Crusts firmly adherent to skin.
4. Cephalotematum.
5. Hardenings in mammary gland, testes, etc.
6. Worse in damp weather; relieved by rubbing and fomentations.
7. Enlargements of the vessels, hemorrhoidal knots.
8. Relaxation and change of position of the uterus.
9. Relaxation of the abdominal coverings, sagging down of the abdomen.
10. The after pains are deficient and so causing hemorrhage postpærtum.

This is the abstract of Schüssler's explanations and prescriptions for the use of this remedy.

*Boericke & Dewey:*

*Mental symptoms:* Great depression, groundless fears of financial ruin, indecision, etc.

*Head and scalp:* Headache with faintish nausea in afternoon, better in the evening, etc.

*Eyes:* Blurred vision after using eyes, eyeballs ache, better closing eyes and pressing lightly. Cases of partial blindness, etc., etc.

*Nose:* Copious, offensive, thick, greenish, lumpy, yellow nasal discharge, etc., etc.

*Face:* Cold sores, etc., etc.

*Mouth:* Gumboils, great dryness.

*Tongue:* Cracked appearance.

*Gastric symptoms:* Vomiting of undigested food.

*Respiratory System:* The chief remedy in true croup, etc., etc.

*Febrile symptoms:* Attacks of fever, lasting a week or more, with thirst; dry brown tongue, etc., etc.

It would go too far to reprint Boericke & Dewey's book from page 37-41; but I believe that I gained my point in proving that the true Schüssler book is quite different from this elaborate symptomatology.

I say, therefore, let us first try Schüssler's Own, and then if not satisfied let us remodel Schüssler into Boericke & Dewey's Symptomatology, but before etandiatu altera pers—so that we can see where faults and manifested weaknesses are to be expected and to be found. Only it must be ascribed to this mixing of Homœopathy and Schüssler that homœopaths are attributing and conceding a certain splendid auxiliary result to Schüssler's remedies—but these authors are overseeing that their results are not their homœopathic appliance of the tissue remedies, but finally nothing else as—*Schüssleriana involuntaria* (vide von Grauvogl) as allopathic results are nothing else then—*Homœopathia involuntaria*—as proved by von Grauvogl.

(If Dr. Vondergolz will turn to the title page of Boericke & Dewey's book he will note that the tissue remedies are to be "homœopathically and biochemically considered" therein, hence it is to be expected that such a book will radically differ from Schüssler's *Abridged Therapy*. Furthermore it is a well known fact that the great popularity enjoyed by the tissue remedies is due almost entirely to the work of Boericke & Dewey, of which four large editions have been printed, and two of them (the first and the third) pirated by firms whose sense of honor—if they ever had any of the latter—was conspicuous by its absence. Editor of HOMŒOPATHIC RECORDER.)

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## LETTER FROM AN OLD-TIME HOMŒOPATH.

RIVERSIDE, BURLINGTON CO., N. J., Sept. 18, '99.

*Messrs. Boericke & Tafel:*

I was much interested to see on your "Hints for Summer and Fall" that "*Ambrosia artemisifol.*" is recommended as a remedy for hay fever. About the year 1882 I made a preparation of it, and requested Dr. John Detwiller, Sr., of Easton, to make trial of it for this disease, as I had found that whenever the *Ambrosia art.* ("rag weed") came into bloom I was seized with violent hay fever symptoms which were greatly aggravated when I

passed through a field covered with the noxious plant. My hay fever, however, never occasioned asthma, but only a terrible cold in the head, with itching of the eyes that was aggravated by rubbing, so that they would swell up. After about six weeks I had several severe nightly paroxysms of coughing and spitting up of quantities of phlegm, so that I felt quite weak next day; after which the disease quickly disappeared. Dr. Detwiller, Sr., recommended *Melilotus alba* for the asthmatic form of hay fever. He died shortly after I had made his acquaintance.

I would be much obliged if you could give me your authority for the recommendation of *Ambros. art.* for the disease in question.\* Was it Dr. Detwiller? altho' it is quite likely that some one else also has observed the effects of the rag weed pollen.

I myself have been a sufferer from catarrhal hay fever for more than forty years. For five or six years past the attacks had been comparatively slight, lasting only for about three weeks. *Ambros. art.* did not cure or help me. I have derived much more benefit from *Artemis. absinthium* and have found it admirable when attacked by the grippe also. Perhaps the *Artem. vulgaris* which I have also tried with benefit might be as good.

I have been a homœopath since I was about six years old, when my father got a box of Hering's Haus-Artzt from Dr. Friday (Freitag), of Bethlehem, Pa. I am now in my 66th year. This long homœopathic experience will be my excuse for the liberty I have taken in addressing the above to you.

Respectfully,

REV. C. L. REINKE.

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## AN OUTLINE OF THE ACTION OF ACONITE.

By a Recent Allopathic Authority.

(T. C. D.)

“Applied to the skin, to a mucous membrane or to a raw surface, *Aconite* or its alkaloid first stimulates and then paralyzes the nerves of touch and temperature; it, therefore, causes first *tingling*, then *numbness* and *local anæsthesia*, which lasts some time. Unless it is very dilute numbness and tingling are produced in the mouth. There are no other gastro-intestinal symptoms unless the dose is very large, when there may be vomiting.

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\* It was recommended by Dr. C. F. Millsbaugh while editor of this journal about ten years ago. He had great success with it in his hay fever cases.—ED. RECORDER.

“The rate of the heart beat may be at first a little increased by *Aconite*, but soon the pulse is very decidedly *slowed*, shortly after that the *force* and *tension* become *less*. Finally the heart is arrested in diastole. It is certain that towards the end of its action *Aconite* influences the heart itself, for it will retard the excised organ when applied directly to it. It is extremely probable that in the early stages the drug acts upon the cardiac nerves or their centres, but the details of such action are not known. The effect upon the heart leads to a *fall of blood pressure*, but whether this is partly due to an action on the vasomotor system itself is undecided. [*Aconite* has been named the vegetable lancet.]

“The rate of the respiration is *slowed*, expiration and the pause after it are considerably prolonged. This is chiefly due to the action of *Aconite* on the centre of the medulla, but in part to the paralysis of the peripheral endings of the afferent vagus fibres.

The evidence is very conflicting, but it appears clear that *Aconite*, whether given internally or applied locally, *depresses* the activity of the peripheral *terminations* of the nerves; the nerves of common sensation and temperature are affected before the motor. Any *pain* that may be present is *relieved*. Later on the paralysis of the motor nerves gives rise to muscular weakness. It is doubtful whether the ear is influenced. The brain is not. The pupil is first contracted and then dilated.

“*Aconite* causes a febrile temperature to *fall*. The cause is not known. *Aconite* is a mild *diaphoretic*; in this case we do not know how it acts. Occasionally it produces an erythematous rash.

“It is said to be feebly diuretic, but its effect is very slight. We do not know the channel by which it is eliminated.”

### Toxicology of Aconite.

The toxic symptoms come on quickly; in a few minutes there is a severe burning, tingling sensation in the mouth, followed by numbness. Vomiting is not common, but may begin in an hour or so and then is very severe. There is an intense abdominal burning sensation. The skin is cold and clammy. Numbness and tingling, with a sense of formication of the whole skin; trouble the patient very much. The pupils are dilated, the eyes fixed and staring. The muscles become very feeble, hence he staggers. His pulse is small, weak and irregular.

There is difficulty of respiration. Death takes place from asphyxia, or in some cases from syncope. He is often conscious to the last. The usual signs of death from asphyxia are seen on post mortem."—*White's Materia Medica and Therapeutics*, p. 410.

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## CRATÆGUS IN HEART DISEASE.

By A. H. Gordon, M. D.

*Case 1.* Mrs. H., age thirty, became ill December, 1896 and was attended by her regular family physician, who is a competent homœopathic practitioner. A diagnosis of enlargement of the heart was made, and the case was carefully treated by homœopathic medicines for a period of six weeks. At the end of that time, there having been no improvement, but rather an increase in the distressing symptoms, at the advice of friends she consulted a prominent allopathic physician. She was treated at home for several months by this physician with no change for the better; but on the contrary she became incapacitated by her affliction that she was unable to move about the house at all without bringing on attacks of faintness and symptoms of complete collapse. At the time, in accordance with the advice of her physician, she was removed to St. Joseph's Hospital, this city, where she remained ten weeks in bed, under his constant attention, with the hope that the much vaunted "rest cure" would relieve her, for her condition was now so alarming that her friends had given up all hope of her recovery.

At the end of the ten weeks, there being no improvement, her husband took her home. At that time she was unable to walk across the floor without the symptoms of heart failure appearing. After a course of treatment by electricity with the usual result—no improvement—I was sent for, having been recommended by one of the students of my class, who was a friend of the family. An examination of the heart determined the presence of hypertrophy with dilatation, displacement of apex beat, weak action, heart sounds prolonged, but no valvular lesions. Further physical examination disclosed an irregular and intermittent pulse, general anasarca, etc.; the least exertion caused dyspnoea, faintness and symptoms of collapse. No special cause for the heart trouble could be given by her, except many years of overwork and the abuse of coffee.

After listening to her account of the several courses of treatment she had received, I came to the conclusion that it was

wise to try a new remedy in her case, which I had been using with good results when the usually indicated remedies had failed to relieve. I therefore prescribed *Cratægus oxyacantha*, five drop doses of the tincture in water every three hours. The results were simply marvelous; in three weeks she was able to visit me at my office, about two miles from her home, walking to and from the car with very little assistance, and her improvement was continuous from the first. In about three months the dropsy had disappeared, the heart's action was strong and regular, with only an occasional intermittence, and to live had become again a pleasure to her.

About this time she became pregnant (she was already the mother of three children, all living and in good health), which naturally alarmed her greatly, as she had no idea that it was possible for her to endure such a strain, as she well knew from past experience what was required, even in labor which was fairly normal, as hers had been. However, I did everything possible to get her into good condition before the time expired, and she passed safely through the crisis, with no further accident than a slight post-partum hemorrhage, which was easily controlled. She is now fairly well, as well I think as any one with an enlarged heart can expect to be. She does all her work in her own flat, for her family of five, and has gained greatly in weight and strength, although her nursing infant is now only eight months old. In her case *Cratægus* seems to have made it possible for compensation to be restored with results as stated.

*Case 2.* Mr. L., age thirty-eight, a foreman of stock room in large shoe factory, came to me for treatment for what had been called nervous prostration, in March, 1899. The history showed progressive loss of strength, indigestion, palpitation of heart, so severe as to interfere with rest at night; night sweats, profuse and exhausting, and intemperate use of liquor "to keep up on." He confessed to many forms of dissipation, late hours, the abuse of stimulants above referred to, excessive venery, etc. The rapid, irregular and intermittent pulse directed my attention to the condition of the heart, an examination of which disclosed hypertrophy, apex beat in sixth interspace to the left of nipple line, increased area of dullness on percussion, and of cardiac impulse which was of that heaving character noticeable in enlargement of the heart. There was present violent palpitation on excitement, and when more quiet distinct intermission every four or eight beats.

Having had gratifying results from *Cratægus* in several other cases, as well as in the one previously reported, I administered it to this patient also, five-drop doses of the tincture, four times a day. His improvement was immediate, and after about four weeks' treatment he felt so well I thought it unnecessary to continue the medicine, so dismissed him with careful directions as to diet, habits of life, etc. On my return from my vacation this summer I found an urgent call to Mr. L.'s on my book. Arriving at his home I found him in a pitiable condition. It seems that he felt so well after the attention in the spring he had thought it possible for him to resume his former habits of dissipation, which had culminated in a prolonged spree and had laid him flat upon his back. Unable to reach me on account of my absence from the city, he called in one of our allopathic brethren, who dosed him with all sorts and combinations of drugs, as evidenced by copies of his prescriptions, which I had friends obtain for me from the druggist. The doctor had informed the friends that unless he rallied under the influence of medicines last prescribed it was useless to do anything more for him, as death was inevitable.

Under the benign influence of *Cratægus*, however, he rallied slowly, and with the help of some intercurrent remedies has made a recovery which is fairly complete. He has resumed his accustomed occupation, eats well, sleeps well, and feels well; the disagreeable and dangerous symptoms have completely disappeared, although, of course, the hypertrophy still remains and there is an occasional intermittence, perhaps once in fifty beats. He is still taking the *Cratægus*.

In conclusion would say that I have used *Cratægus* with uniform success in weak heart accompanying or following la grippe, diphtheria or any disease of like nature. I have also used it in two cases of valvular disease, one of which was benefited greatly and the other not at all. I will not give them in detail, as I have already taken up so much time; suffice it to say that I believe we have in *Cratægus oxyacantha* an exceedingly valuable remedy in many cases of heart disease, and no doubt other diseases as well, and one that will be well worthy of much study and investigation and infinitely superior in weak heart and conditions of collapse to the *Digitalis*, in potency, which it was custom formerly to use, or the *Strychnia*, *Glonoine* or the diffusible stimulants used by our allopathic brothers.—*The Clinique*.



A woman, aged thirty, in her fourth pregnancy, had repeated attacks of hydrorrhœa in the early months. In a few weeks these watery discharges ceased and by the eighth month the abdomen was enormously distended. Inunction of olive oil afforded some relief from the painful stretching of the abdominal walls. But the pains from the stretched tissues did not entirely disappear. Solutions of *Calendula* were then applied, on the supposition that some of the tissues of the abdominal or uterine walls had been wounded from the excessive distension, but this experiment was without avail.

I then gave her *Calendula* 6x, a dose each hour. After a few doses she experienced relief, which continued up to time of delivery, when she gave birth to twins and in every respect got along well.—*B. in The Critique.*

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## NATRUM MURIATICUM AS A REMEDY FOR WOMEN.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from *Algem. Hom. Zeit.*, Aug., 1899.

In considering *Natrum muriaticum* as a woman's remedy, we only mean to state that there are a number of morbid states with the female sex which, according to physiological facts as well as according to symptomatic phenomena, find their corresponding counterpart or *homoion* and therefore also their cure in common salt. We cannot consider it merely a chance that the female sex in such numbers flock to the mineral springs containing common salt.

Even in considering the provings of common salt, made by Hahnemann and his co-laborers, with females, we see in part very characteristic and far-reaching symptoms, and most of these have been confirmed and supplemented by the secondary provings instituted by the Austrian homœopathic physicians.

We here find images of the hysteric type, such as are hardly found in any other remedy except *Sepia*, actual hysterical crisis; thus we read in Hahnemann:

“An attack: from the neck which was stiff it ran into the head; her eyes ached, she felt sick at stomach, with chill and loss of consciousness (on the eighth day).

“Attacks like those of hysteria; the pain drew from the left

shoulder toward the head; it then pressed in the temples as if the brain would split; the brain ached as if beaten and bruised, with a constant drawing pain from the shoulder toward the head, and a constant inclination to vomit, as if coming from the stomach; she had to lie down, with a chill and heat of the face (8th day).

“An attack: about supper-time she occasionally felt sick at stomach (without having eaten first), and at every paroxysm of nausea she was seized with a severe chill. After lying down in bed she soon got warm without subsequent heat, and woke up twice during the night with an acute drawing in the forehead, to and fro, with a fine throbbing between the paroxysms.

“She is exceedingly excited, then with great anguish formication in the finger tips sets in, then in the hand and arm; the arm goes to sleep, as if it was dead, and the tingling and loss of sensibility rises up in the neck even up to the lips, and to the tongue (which becomes, as it were, rigid), while there is boring in a tooth; then weakness in the head, with defective vision; the lower limb also goes to sleep, and feels dead in the joints,—chiefly toward evening (after 10 hours).

“Attack: early in the morning after drinking milk she felt sick at stomach and trembling in all the limbs for one hour; she became dizzy, things turned black before her eyes, and she would have fallen over if she had not held on to something.

“Attack of inclination to vomit in the forenoon, with vertigo and a digging in the scrobiculus cordis, with a chill as if cold water had been poured over her; wherever she looked things seemed to whirl around with her, as if she was about to fall forward. Her head felt so heavy that she could scarcely walk, and it seemed to her that her head was heavier than the rest of her body.

“She was most tired early in the morning, in bed and while sitting down; while walking, she felt no weariness.

“She must not exert her lower limbs in walking, else she feels quite weak and sick from weariness.”

Many a one might think that the whole complex of these symptoms are appearances hatched out by the fancy of a hysterical person. But we may here remark that since the publication of Charcot's treatise on Hysteria we cannot any more approach with such vague, contemptuous views this pathological state which so powerfully affects the female organism and, according to Charcot, even males; and we may here add that

homœopaths have even long before Charcot, acknowledged the reality of these hysterical phenomena, and had regard to them in their treatment of cases ; and homœopaths have been led to this just because of the strange and bizarre changes in the corporeal as well as the physical states appearing during the provings of remedies.

It is quite possible, indeed, that a hysterical disposition may have existed in the case of this female prover of Hahnemann's ; this may be granted, and it made the action of *Natrum muriaticum* in this direction all the more easy.

That Hahnemann, however, did not refrain from a critical examination of the provings of other persons and especially of females may be seen from the remark of Dr. Watzke in his excellent summarizing of the later provings of common salt as made by the Austrian homœopathic physicians, where he says that Hahnemann had not received in his register of the provings of *Natrum mur.* the results which were obtained from common salt in the provings of a girl of 18, which provings had been made under the supervision of Dr. Schréter. And yet this young girl was healthy, excepting a scale of the head, which may perhaps have been still present during the provings. If we consider the inner circle of the feminine domain, that of sexual life and of the sexual organs common salt has a very pronounced action upon it.

Dr. Reiss reported concerning one of his provers, a girl of 24, brunette and of lively color, choleric in her temperament, active in spirit and strong of constitution, who had some time before become chlorotic, but was then menstruating regularly. He noted the following symptoms as to her menstruation :

“Even before the appearance of the menses the prover had lancinations from the loins even into the uterus ameliorated by bending double and from sitting down, worse when walking. The menstrual flow was stronger, the blood showed a darker color ; during the menstruation there was a boring pain about the umbilicus, nausea, palpitation of the heart, weariness all over the body, trembling of the limbs and of the eyelids, a pressive headache, a scraping pain extending over one-half of the face ; she was at the same time fretful and sensitive. After the cessation of the menses the following ailments appeared : Lucorrhœa, a milky urine, colic with diarrhœa, dyspnœa, palpitation of the heart, lancinating and cutting pains in the head, twitching in the body before going to sleep ; acceleration of the

pulse, paleness of the face. After getting vexed her menses returned.

The sexual impulse was strikingly diminished during the proving.

The quantity of common salt used in these provings was large; in one case one drachm, then seven times at intervals of several days 2 drachms of the crude common salt.

In the Manual of *Homœopathic Materia Medica*, by Trinks and Clotar Müller, we find the following summary of the symptoms belonging here:

“Pressure and urging from the side of the abdomen toward the sexual parts early in the morning, compelling her to sit quiet in order to avoid a prolapsus uteri. Itching and falling out of the hair on the mons veneris. Dryness of the vagina, while coitus is painful. After coitus, at first a sensation of lightness and ease, but soon afterward great irritability and fretfulness. The menses which she had expected shortly, set in at once (almost immediately after taking the remedy) and more strongly than usual; as an after-effect, the menses seemed to be delayed and to become more scanty. In one case there was a return of the menses which had been interrupted for 85 days, with great heaviness in the lower limbs; and also reappearance of the menses in a woman of fifty years after they had ceased for six months. Very copious menses of blackish blood, also flowing at night; the menses are more copious than usual at the proper time, with less colic, but with a chill during the whole of the first day, with much yawning, especially in the afternoon. The menses were too early by 3 to 7 days, scanty, with headache while coughing, stooping down and sneezing, as if the head would burst. Increase in the menses, which were already flowing; prolongation of the same up to 8 days. At first shortening of the period, then prolongation of the same. Menses after 18 days, then after 7 weeks finally a total cessation; very pertinacious suppression of the menses, which before were regular.

“Before the appearance of the delayed menses anxiety and sensation of weakness, a sweetish rising from the stomach, and then a spitting out of bloody saliva. Before the menses a great sense of sadness, of anxiety and of swooning, while the pelvis is cold, attended with interior heat, tearing toothache, with lancinations when cold air comes into the mouth. After the menses appeared at night severe fever with violent thirst and sleeplessness, very hard stool, heat in the face, in the even-

ing; constriction in the abdomen, frequent burning and cutting in the sexual parts while urinating, as also while sitting at dinner.

“After the menses the head felt heavy and benumbed, as from congestion of blood to the head, female impotence, repugnance to coitus, and dryness of the vagina. Flow from the vagina, with itching of the parts, after previous colic, in the morning of a contractive nature, pressing down as if for the menses; at night, greenish appearance, worse when walking, very copious flow from the vagina, with frequently changing pain.”

The pathogenesis of the remedy supported by the physiological changes caused by it in sanguineous life gives to us several characteristic signs which may become of importance to us in its therapeutic application. Common salt, when used for a length of time, causes a dyscrasy of the blood which may manifest itself as anæmia, chlorosis or even as a scorbutic diathesis. While this dyscrasy is apt to disturb the function of the reproductive organs, especially of the uterus and the ovary, so on the other hand the disturbance of function in these sexual organs may manifest itself primarily and thus cause a state in the organism analogous to the symptoms of the disease caused by common salt.

An observation made by Dr. Rowley, in the *Medical Advance* of 1894, is very instructive in this direction:

A female who for years had used common salt to excess had gradually been seized with anæmia of a severe degree. The mucous membranes, as also the whole skin, showed an extraordinary paleness; there was also an excessive emaciation. Chronic constipation—a very irregular menstruation—great weakness and excessive hyperæsthesia and sensibility. Limiting her consumption of salt and giving a dose of *Natrum mur.* 200 gradually affected a complete cure.

The hyperæsthesia of the cutaneous nerves, which probably arises from an irritation of the spinal marrow, and which often appears among the clinical, though very indefinite image of spinal irritation, has in *Natrum muriaticum* this peculiar characteristic, that the patient feels better when *lying on her back*. This sense of alleviation is observed in such circumstances even when there is a change of position of the uterus, with its ominous pain in the small of the back.

One characteristic of the *Natrum mur.* patient is her sensitiveness to cold air, which she, therefore, avoids; and, still owing

to her shortness of breath caused by her anæmia, she has a real hunger for air and would gladly move about in the open air if she were not compelled to rest owing to the acceleration of the cardiac activity, palpitation of the heart and quivering or fluttering of the heart caused by every exertion.

The wave of blood conveyed from the heart to the arteries is so weak that the pulse easily becomes intermittent; in *Natrum mur.* (as also in *Acid muriat.*) the third beat is apt to fail or be omitted.

A peculiarly striking symptom of *Natrum mur.* is said to be coldness in the heart (or in the cardiac region?). The *Natrum mur.* patient is in general apt to be chilly. Chilliness and a chill running over the body, especially over the back, as also coldness of the hands and feet, which it is very difficult to warm by artificial means, are not unusual symptoms.

And yet the *Natrum mur.* patient feels worse in warm weather than in cold; the heat of summer brings with it an extraordinary sensation of weakness, so that a walk in the heat of the sun may cause a swoon (lack of oxygen, ozone in the air?). Perspiration also appears too easily during movement, and this is often very copious.

It may well be concluded that with such a bodily constitution the psychical states of the mind are apt to be mournful, anxious, solicitous and tearful, and thus are characterized by melancholy.

But this melancholy has, as it were, a salty admixture; it is not the quietly enduring melancholy of *Pulsatilla*, but an irritable, fretful melancholy. Instead of being soothed and pacified by consolation and sympathy, like the melancholy of *Pulsatilla*, the *Natrum mur.* melancholy is only aggravated by words of consolation. The *Natrum mur.* patient "will not be comforted."

At the same time the power of thought diminishes, the memory is enfeebled; mental as well as bodily activity makes the totality of the state worse.

A number of symptoms appear in the brain which have partly the characteristic of congestion and partly that of anæmia. It is well known how difficult and precarious the physiological interpretation of the symptoms appearing in cephalalgia usually is; and this classification is doubly difficult in the cases of headache with chlorotic and anæmic patients, and if we in our therapy merely rely on this support we easily go astray and make mis-

takes. But if we keep to the quality of the symptoms then we at times have a dull, stupefying pain; again, a lancinating pain, radiating even into the temples and ears, alternating with a pressure and heaviness over the eyes. At times there is a sensation of looseness and flapping about of the brain, then, again, a sensation as if the brain were too large and as if the head would burst. There is especially a digging, beating, knocking and pulsating, especially in the occiput, but also at the base of the skull, and also in the temples and the forehead; often there is a real hammering. The ciliary neuralgia, which we frequently find in chlorotic women, is also found in *Natrum muriaticum*.

In spite of the marked agreement of these symptoms in the female sex with those found in common salt our literature so far shows but few gynæcological observations and cures by means of this most important remedy, while balneologists never weary in praising the curative effects in such cases of the springs containing common salt.

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## SUCCESS WITH SILICEA.

By Dr. H. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, Aug., 1899.

An eminent gynecologist asserts that nature is the best accoucheur. And it is astonishing what great things nature can effect when it acts as *surgeon* or as an operator without a knife, especially when nature is properly supported by specific internal medicines. These must, however, be chosen and prepared according to the homœopathic method. The following case is in this respect one of the most remarkable and astonishing in my more than 30 years' practice:

On the 1st of January of this year Mr. R., whom I had been treating since the 30th of October last, called upon me. On that occasion I had treated him for a chronic, or at least subacute case of intestinal catarrh with vomiting, diarrhœa, which continued also at night, the discharge being of blood mixed with mucus, attended with a melancholy depressed mood. The case was especially characterized by the formation of acid. There was on this account also a considerable aversion to spirituous beverages, which often, indeed, give the first impulse to the for-

mation of acids. So also he could not assimilate vegetables, and this even at a time when the process of the disease seemed already ended. I may briefly mention here yet that the patient, who was more inclined to leanness than to corpulency, had good results from *Nux vomica* and *Arsenicum*. The vomiting ceased, and he also could again eat anything; so that I could note down on Nov. 18: No more trouble with his stomach, nor vomiting; the stool is regular; no more call for medicine. Still we had exulted to early. An error in diet (a dish of peas which has been found almost as disastrous to some persons as the dish of lentils was to Esau) produced a relapse, vomiting, followed by a good deal of acidity, a watery mucous diarrhœa, four to five discharges. This very unexpected, as well as unwelcome, relapse was completely removed by *Rheum* in doses of five drops of the 3 decimal.

On the 1st of January the patient returned to be once more thoroughly examined. The examination did not develop any unfavorable symptoms, and the patient was about to dress again, when he called my attention to another point, which could not have been considered in his first ailment, but which yet was manifestly a great abnormality and was visible, even externally; there was a swelling as large as an apple or a fist, a real tumor, a new formation on or in the right nates, in the upper part, *i. e.*, in the middle of the fleshy portion. The color of the skin was unchanged, nor was either hot or painful. I could not conceive that this tumor, which might be supposed to be an encysted tumor, could be of recent formation, and still the patient assured me that it had only come since a week, but had steadily increased. This fact, as well as the hard nature of the large, well-defined new formation, which was sharply distinguishable on every side, allowed a sinister interpretation, as if it might be a malignant sarcoma. In any case, even with a firm belief in the power of Homœopathy, the likelihood that internal remedies might suffice to relieve it was minimal. It would seem in this case, indeed, that a surgical operation was not merely the *ultima ratio* but really the *prima ratio*. Still I had known of a number of cases, well established facts, in which, after a steady use of *Silicea*, tumors and especially encysted tumors, even such as had existed for years, had been reabsorbed. In such cases usually abscesses formed and, following these, a disappearance of the swelling.

But despite the unusual size of the tumor, and in spite of its



threateningly rapid increase, the result was quite different. And in this respect I view the case, *i. e.*, the successful cure, as decidedly unique.

The patient received every evening as much of *Silicea* 3 d. in trituration as would lie on the point of a knife. He returned on January 8. The growth of the tumor had been checked, and it has even become somewhat softer and smaller; though this change was rather subjective than objective, *i. e.*, I myself could not find this to be the case as much as the patient himself. But a second examination on January 15 showed that the patient had not been deceived. Of course *Silicea* had been continued in the same dose. But now I made a change in the dose, and since I am no enthusiast with respect to low potencies in the antipsoric remedies I continued *Silicea* 30 d., giving two drops morning and evening.

On January 22 the swelling could hardly be noticed by external inspection; the surface on the right and the left side showing hardly any difference, and I could promise with absolute certainty the entire disappearance of the swelling within a brief period. In examining the place with the finger lumpy inequalities could be plainly felt; especially was there such a lump on the tip of the remnant of the swelling. There was no sign of the formation of an abscess. It seemed best to me to allow *Silicea* its full action, without, however, giving way to inactivity on my part. After having prescribed that *Silicea* 30 should from January 22-29 be given only every other evening, I also prescribed *Hepar sulph.* 3 d., two doses a day. On the 29th of January the tumor of the size of a fist, which had four weeks before been quite firm and homogeneous, was only half as large as a walnut, with an appreciably lumpy surface. On February 5, after using *Hepar* 3, the patient himself compared the place to a *pea*. Only on grasping the spot more deeply we can distinguish beneath this a basis distinguished from the surrounding parts by something of an induration. The time of the *complete* disappearance of this new formation, which is still a riddle to me as to its origin and nature, seems almost indifferent in comparison with the results obtained, which, we may well say, were brilliant and unexampled.

It remains yet to state that to-day (February 25th) nothing but a prominence of the size of a pea can be felt of this extensive tumor. The former indurated part cannot now be any more distinguished from the other side. Nature in conjunction with

a specific remedy has here performed wonders. No surgeon would have supposed the absorption of the tumor possible. He could not have resisted the opportunity of plunging his knife into this inviting case.

The patient on further reflection has been enabled to throw some light on the cause of the swelling; for he had over-exerted himself on an excursion of several miles, in which he was prevented by circumstances from returning by railroad. Thus an over-exertion of the muscles and their sheaths used in walking had been the antecedent cause, especially in the region of the right buttocks. An admirer of *Arnica* would in this case have first employed this remedy; but when the cause is remote in time from the traumatic effect I have found that its aid is by no means a reliable one.

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### SOME CURES.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, Aug., 1899.

#### I. Lupus.

While on a visit in B. (December, 1897) I was asked by a young lady whether I could not give her a remedy for her face, which was much disfigured. She had been treated by several physicians, by some for years; she had visited the university clinic in the neighboring city, but all without the slightest benefit. Her affliction had made steady, if slow, progress.

The patient is somewhat anæmic, but her internal organs are sound. On her cheeks and upper lip there are several spots affected with lupus. Naturally enough, there was much dependency.

I answered her: "I will try." I prescribed *Arsenicum* 5 d, three drops in water, morning and evening, besides this, twice a day for one hour, an application of clay (after *Kneipp*) was made to the parts affected. The mode in which this is applied is as follows: Put a layer of potter's clay into a pan and heat it on a moderate fire until the clay remains behind as a dry powder. This is then mixed into a porridge with water that has been boiled and afterwards cooled again, and this is applied to the parts affected. Extreme cleanliness is of course necessary in this process.

In the course of four months the affliction disappeared, with the exception of a slightly reddened scar, and also this scar took

on a lighter color within the months following. As I have recently been informed, the lupus affection of the patient has not come back.

## II. Hypertrophy of the Prostate Gland.

On the 19th of April last there came to my office an old farmer whom I had known for some time, and he complained of an increased urging to urinate (every half to three-quarters of an hour), and violent burning pains in the region of the bladder and the urethra since several days, during micturition. Cause unknown. An investigation showed what I had before known, a hypertrophy of the prostatic gland—an ailment found more or less with all older people and difficult to relieve; also an acute catarrh of the bladder. The urine did not show any albumen, showing that the kidneys were not involved. The remedies prescribed for this disorder, *Cantharis*, *Sulphur*, *Pulsatilla*, *Cannabis*, etc., had no effect. While I got the patient to again go over his symptoms, *Petroselinum* suggested itself to me on account of the sudden urgency to micturition. Since all the other symptoms\* were found in this remedy, I prescribed *Petroselinum* 4 d., every two hours, three drops in water. In a few days the pains had disappeared and the urgency to micturition had receded to its former degree and urgency, which resulted from prostatitis. This affection, as before mentioned, is almost incurable.

## III. Dropsy.

On the 30th of March of last year a servant girl of 18 years called at my house and her ailment was manifest at first sight. Her face was violently swollen, her eyelids also, to such a degree that the patient could only slightly open them. Her skin appeared tense and pallid. The fact that pressure made a dent which disappeared only slowly showed that it was dropsy. That this dropsy was the result of an inflammation of the kidneys, was shown by the considerable amount of albumen in the urine. Since inflammation of the kidneys frequently sets in after scarlatina, even after four or five weeks, I inquired whether she had had this disease, but was told that some time ago she had had some sore throat, but no scarlatina. It may have been that she had a mild form of this disease, without becoming aware of it. For several weeks her body had commenced to swell up, but she had, nevertheless, attended to

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\*Violent burning pains before and during micturition.

her work, but now she was unable to do anything. It may be mentioned in addition that the action of the heart was strong and rapid, and that, besides her face, also her body and feet were excessively swollen.

Prescription: *Apis* 3 d., every two hours three drops; complete rest in bed, and a milk-diet.

On the 3d of April the swelling on her face and body had gone down, and on the 5th the swelling disappeared from her feet, so that the dropsy was at an end. The amount of albumen in the urine decreased in almost the same ratio, for while it amounted on March 30 to 0.8 per cent., an examination on April 7th, as well as later, showed that the albumen had disappeared.

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### BLINDNESS AVERTED BY THE INDICATED REMEDY.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, Aug., 1899.

“No joking with eyes!” is an old saying, well to be heeded whenever anything more serious turns up than a sty or a cold in the eye. But we may as truly say there is no joking with the ears and the nose. And accordingly people often wander from one specialist to another, but frequently find good reason to rue their course. A good homœopathist ought not to despair at once, but ought first to carefully consult the homœopathic *Materia Medica* and the homœopathic literature before he follows the easier way of advising his patient to go to a specialist. Of course everything has its limits, also our confidence in our powers and our responsibility.

I will here give an instance of homœopathic aid in a case in which I might have appeared justified in refusing to undertake the treatment, especially as the patient was too far away to be visited and examined. In every case a physician should make a scientific diagnosis and to collect all the material necessary before he proceeds to treat a case.

On the 28th of April Mr. R wrote to me from B. “Three weeks ago there appeared small spots on the cornea of my wife’s eyes, which causes her to see grayish blue spots as large as plates on all objects, and the eye thus affected quivered. I gave her *Can-nabis* and *Conium* which caused these spots to become transparent

and like a thin veil. But a draught of cold, wet air the day before yesterday aggravated the case, so that the affliction is worse than before. She can now see hardly anything with the eye affected."

*Belladonna* seemed in such a case indispensable; but seemed insufficient of itself; so I prescribed *Acidum nitri* in alternation with it. I sent four powders, of which two contained four drops each of *Belladonna* 6 d., and the other two four drops each of *Acidum nitri* 6 d. I directed that powders one and two (*Belladonna* add *Acidum nitri*) should be dissolved in 60 grammes of water each, and every two hours two teaspoonfuls should be given in alternation. Thus the patient received every four hours one and the same remedy, either *Belladonna* or *nitric acid*.

The result was very satisfactory, for on May 6 Mr. R. was able to report: "The powders sent me for my wife's eye have acted well. The black veil before the eye affected has become lighter, and especially more transparent, so that she can already distinguish again the hands of a watch, etc."

### Enlargement of the Tonsils.

On March 29 I met Mrs. T., whom I had treated ten years ago for large tonsils. She was then about fifteen or sixteen years old. Everybody knows about large tonsils. Even if they are not troublesome while in their normal state, they will yet become very troublesome by their chronic swelling, during which these appendices, the physiological use of which is by no means as yet well understood, often appear like balls and occupy the whole of the posterior faucal cavity. When this hypertrophy is limited to *one* side, to *one* tonsil, it may be endured yet. But when, as in this case, both sides are affected, the symptoms become very troublesome. They cause snoring and sleeping with open mouth, causing this to become dry, and making respiration difficult, so also buzzing in the ears and hard hearing, because the enlarged tonsil will occupy the opening of the Eustachian tube, that short canal which maintains the ventilation between the tympanum and the bucal cavity and is of great influence on the vibration of the tympanum and on its ability to vibrate. It also serves for the discharge of secretions of that mucous membrane, so that its closing and obstruction may lead to many acoustic troubles. Enlarged tonsils also are said to be accompanied with *enuresis nocturna* (incontinence of urine and bed-wetting), though this statement of celebrated clinical authorities does not seem to have

much clear reason for its support. They allege that, owing to the restricted respiration, the air is surcharged with carbonic acid, causing paralysis of the sphincter of the bladder. Much more frequently incontinence of urine is caused by irritation from worms, which will be relieved by *Cina* 2 d.

Now what can we do in such a pathological enlargement of the tonsils? This affection also predisposes the patient to diphtheria. Those affected with such an enlargement actually suffer more frequently from diphtheria, because the enlarged tonsils expose a larger surface to the invasion of the *Micro coccus diphtheriticus*. But, however the case may be, observations like those we here communicate must not be neglected in order to answer the question properly.

Mrs. T., whom I had not seen for a number of years, permitted me to examine her throat. To my great astonishment I could not see anything, not even a remnant of the tonsils! I would add that there was a tableau! if this expression had not been worn out.

My first question was: "You have had your tonsils excised?" "You have excised them with your remedies," was the prompt answer. We then came to review the case and found that *Phytolacca* had been the last remedy used. But before that *Acidum nitri*, *Calc. jodata*, and *Sulphur iodatum* had been used.

From this it would appear that by persistent treatment the tonsils may be absorbed and a surgical operation becomes unnecessary, *i. e.*, in a number of cases. It would be almost inexcusable if we should not first try these healing factors before we grasp the knife or use the guillotine; for the very useful instrument used for the purpose really lays the tonsil on its basis and cuts off its head, pretty much like a guillotine decapitates the condemned person. The process has at all events its terror for nervous children, and where the patient is restless the operation is not without its difficulties. Besides, we can never be sure that the tonsils will not grow again. I therefore maintain that the internal treatment is justified and is the most rational indication at least for a certain length of time. The operators who are itching to use their knife will, according to modern views concerning operations, still find sufficient "objects" for cutting in other regions of the body.

## FROM VETERINARY PRACTICE.

By Jos. Reisinger, Veterinary Physician.

Translated for the HOMŒOPATHIC RECORDER from the *Leipz. Pop. Z. f., Hom.* Aug., 1899.

Some years ago I was called by a mill-owner to treat a young horse of three and a half years which, according to his statement, was very sick. I diagnosed inflammation of the bowels. Since the owner of the animal was opposed to all homœopathic treatment I used allopathic remedies, but without result. The animal continued to lose strength, and I told the owner on the fourth day that I had used all allopathic remedies possible, and I finally advised him to try the homœopathic remedies. I ventured to propose this because I knew that nothing further could be done with allopathic remedies and he had always full confidence in me. He answered that he did not care what I did with the young horse, as it was gone anyhow.

So I gave it *Aconite* 3, in alternation with *Arsenicum* 3, every quarter of an hour, 10 drops being put on a wafer, and from that hour the young horse improved. Next day I only gave it two drops of *Arsenic alb.* every hour, later on every two hours; I gave it flour and bran mixed with water and green fodder and in two weeks the young horse had perfectly recovered, and half a year later it was sold for 250 dollars.

The second case I would mention was that of a bull. I was called in on account of a painful swelling, as large as fist, on the side of the neck. The swelling was hot and hard to the touch. I gave *Hepar sulph. calc.* 3, in trituration, directing them to give it to the bull three times a day, and stated that I expected the swelling would open in a few days and discharge matter. When I returned on the fourth day the farmer told me that the day before, thus after three days' use of the powder, the swelling had broken open of itself and discharged a quantity of matter. He expressed his surprise at the action of the remedy and told me in his good-natured, frank way that he told his wife after I went away, having merely prescribed an internal remedy and only a teaspoonful of this, that he thought the veterinary doctor who used to be so smart must have lost his senses, else he would have ordered a liniment to rub in; still he had given the powder, because he thought it could do no harm; but now he had seen the wonderful action of Homœopathy..

## BOOK NOTICES.

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**Repertory of the Urinary Organs and Prostate Gland, Including Condylomata,** Compiled by A. R. Morgan, M. D. 318 pages. Genuine morocco, gilt edges, round corners, \$3.00; by mail, \$3.10. Philadelphia. Boericke & Tafel. 1899.

“Homœopathy,” says Dr. Morgan, “is either wholly and everlastingly true, or else it is a delusion and a fraud.” This repertory is the work of one of our veteran physicians who believes, after years of trial, that it is everlastingly true; to those who so believe, and who therefore conscientiously seek the *similimum*, this book will be a most useful and important aid. Dr. Morgan has done the work of repertorying the urinary tract, and it need never be done again in a lifetime. The book is well arranged, and the running heading at the top of page enables one to easily find what is wanted. The book, with its genuine morocco, and gold edges, is a beautiful specimen of work, worthy of its contents. It ought, and probably, will be accepted as one of the homœopathic standards.

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**The Logic of Figures, or Comparative Results of Homœopathic and Other Treatments.** Edited by Thomas Lindsley Bradford. 212 pages. Cloth, \$1.25; by mail, \$1.34. Philadelphia. Boericke & Tafel. 1900.

Dr. Bradford has raked our literature from the earliest days down to date of publication and gathered in all the comparative figures bearing on the results of homœopathic and other treatments; the result is so overwhelmingly one-sided, so strongly in favor of homœopathic treatment, that it will be surprising if any one who goes through this book will ever want any other. Opening at random, we strike one of the most convincing table of figures in the book, those of two military hospitals at St. Louis during “the war.” The “regulars” had 169 cases of dysentery, typhoid, diarrhœa and pneumonia, while the homœopathic hospital 177 cases; the “regulars” lost 37.2 per cent. and the homœopath 1.1 per cent. Who can explain away such figures! and this is but one instance out of 212 pages. It is a book that, for the good of humanity, ought to be widely circulated. In the hands of aggressive homœopaths it can be made a terrible



weapon against the enemies of Homœopathy, for the statement that statistics are misleading will not go against this mass, covering the biggest part of a century, and all leaning in one direction.

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**Catarrh, Colds and Grippe**, with Chapters on Nasal Polypus, Hay Fever and Influenza. By John H. Clarke, M. D. American Edition Revised from Fourth English Edition. 122 Pages. Cloth, 75 cents; by mail, 82 cents. Philadelphia. Boericke & Tafel. 1899.

A revised American edition of this popular homœopathic work on colds, grippe, etc., that has been so favorably received by our English cousins in the past. For a short, plain and practical book on the treatment of that disease that is always—or nearly so—in at the beginning of trouble we know of none better.

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**Pocket Book of Medical Practice**, Including Diseases of the Kidneys, Skin, Nerves, Eye, Ear, Nose and Throat and Obstetrics. Gynecology, Surgery by Special Authors. By Ch. Gatchell, M. D. 392 pages. Pocket size. Flexible Binding, \$2.00. Chicago. Era Publishing Co. 1899.

A handy little pocket practice covering the points enumerated in the above title; by means of small type, closely set, and very thin paper, Dr. Gatchell has managed to crowd a great deal of matter into a very small space. All of Dr. Gatchell's works have been very favorably received by the profession and this one will not, we think, prove an exception to the rule.

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**The International Text-book of Surgery**. By American and British Authors. Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery in Harvard Medical School, and A. Pierce Gould, M. S., F. R. C. S. Volume I. General and Operative Surgery. With 458 Illustrations in the Text and 9 Full-page Plates in Colors. 947 pages. Cloth, \$5.00. Philadelphia. W. B. Saunders. 1899.

Volume 1st of this big work contains twenty-eight chapters devoted to different phases, or subjects, of general and operative surgery, the work of twenty eight men eminent in the surgical profession. The work is brought out in good style as regards illustrations, paper, binding, etc. Volume II is promised on January 1st, 1900.

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**A Laboratory Manual of Physiological Chemistry**. By Elbert W. Rockwood, B. S., M. D., Professor of Chemistry and Toxicology in the University of Iowa. Illustrated with One Colored Plate and Three Plates of Microscopic Prepara-

tions.  $5\frac{3}{8} \times 7\frac{3}{4}$  inches. Pages viii-204. Extra Cloth, \$1.00, net. The F. A. Davis Co., Publishers, 1914-16 Cherry street, Philadelphia.

Running through the heads of the Table of Contents we find the following heads which show the scope of this *Manual of Physiological Chemistry*; they are: Carbohydrates, Fats, Proteins, Fermentation, Saliva, Gastric juice, Pancreatic juice, Blood, Bile, Bone, Muscular tissue, Urine and its sediments, etc. The chemistry and tests of these is the scope of the manual.

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### What the Eye Men Say of Norton's Ophthalmic Diseases and Therapeutics.

Dr. James A. Campbell, Professor Ophthalmology, Homœopathic Medical College of Missouri, writes:

*My Dear Dr Norton*: The second edition of your excellent "Ophthalmic Diseases and Therapeutics" reached me a couple of days ago. I have been waiting for an opportunity to look over it carefully, but as yet have been too busy to do so. My brief running through its pages enables me to say that I am very well pleased with it. It is a marked improvement on a good book.

I have always recommended it to our students and the profession at large, and it is with renewed interest that I shall continue to do so. It is an up to date book and you are to be congratulated on the success you have made of it.

"Very sincerely yours,

"JAMES A. CAMPBELL."

Dr. Wm. R. King, Professor Ophthalmology, Southern Homœopathic Medical College and Hospital, Baltimore, writes:

"Allow me to tender you my congratulations and you deserve those of the entire profession for the very practical work you have placed in our hands. At my initial lecture to-day before the class at the Southern College, Baltimore, I took pleasure in highly endorsing and recommending it as the first text book on this subject which a homœopathic student, at least, should possess."

F. M. Gibson, Professor Ophthalmology, College of Homœopathic Medicine and Surgery of the University of Minnesota, writes:

*My Dear Doctor*: I think it quite improved for the use of students as a text book by the additions which have been made. I shall continue to recommend it as there is no other single book with which I am acquainted that covers the ground so well and completely.

"Yours fraternally,

"F. M. GIBSON."

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## WHAT IS THE CAUSE?

That nothing happens without a cause is the flattest sort of a truism. When the thing happening affects hundreds of thousands of persons, perhaps millions, the *cause* seems to be something rather grave, and should not be lightly passed over, much less remedied, if it needs a remedy, by legislative enactments or examining board's say so, and general abuse.

"Prayer," "Faith," "Divine," "Christian Science" and other similar "healers" have been with us now for many years, and in spite of laws, examining boards, howls and sarcasm they grow and the number of their adherents to-day, is perhaps, greater than ever. This fact, and it will hardly be disputed, demonstrates that the opposition to these "irregular practitioners" has not been effective; indeed, it is quite likely that the full and free advertisements given them by the daily and medical press have rather helped them along than otherwise.

Still, to revert to our truism, there is a cause for this persistent movement, and it is evident that the cause is not in the "healers," but that it is something in, or needed by, the people that make the healers possible—find that something, and you have correctly diagnosed the case.

Assume that the cause of this in the people is an epidemic or a distemper, what must be said of the methods adopted by the profession to meet it? Is a widely prevalent epidemic to be combatted with abuse and the jail? The physician does not rail at his patient on account of the vagaries of illness, so why is it rational to do so when the epidemic takes the nature of "faith cure?"

Per contra, if this movement is the result of a need in humanity which the medical profession does not supply, what then?

Mr. Sedgwick, in a recent article in the *Atlantic Monthly*, in referring to the sincerity and enthusiasm of these "faith cure" people, said, in effect, that it was the evidence, not very intelligent, perhaps, but very sincere, of the revolt of a large class against the materialism that has grown up in the world, and especially in medicine. Medicine finds the origin of practically all diseases in a material "germ." When it comes to cure, theoretically it was to kill the germ, but as it was soon discovered the patient succumbed sooner than the germ this was abandoned and what was left, therapeutically, where the germ theory held? Nothing. And the people not believing in the germ theory turned to faith cure.

On this line of reasoning, then, the "faith cure cult" is a sort of Frankenstein monster indirectly created by materialism in medicine and in the world.

Furthermore, when a representative medical journal like the *Medical Record* will print a letter such as is found in their columns of October 7th it looks though the "craze" is still on the increase. The letter in question, from N. C. Steele, M. D., begins as follows:

SIR: I have just read your article on "Faith Curing in Illinois." I am not a Christian Scientist. There may not be any basis of truth for their claims as to curing people, but I am inclined to think there is such a basis. Of course Miss Eddy's book is mostly a conglomeration of nonsense, but the fact that Christian Scientists cure the sick is what influences people to accept their doctrine or theory as true. As far as human evidence can establish a proposition their "healers" cure as large a proportion of the sick as drug-physicians. Or what is the same thing to the sick as the "science," they are made to believe that they are cured.

That is pretty strong, is it not?

What is the cure?

In our opinion it is in sound, clean Homœopathy and in nothing else, and the sooner Homœopathy is cleared of "serum" and all other old school abominations the better.

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## A NEW HOMŒOPATHIC PAMPHLET SERIES.

(Communicated.)

In connection with one of the medical clubs of Boston the work of preparing a series of pamphlets on Homœopathy, more especially for the benefit of the laity, has been undertaken and accomplished. The general ignorance which prevails upon the

subject is astounding. It is certain that but a small number of our patients have a definite idea of Homœopathy and few indeed could defend it against attack from its detractors. In these days of general enlightenment many among the laity are qualified to intelligently investigate this and kindred subjects, if given the proper data. A thorough understanding of Homœopathy, its principles and advantages would strengthen the belief of its followers, and prevent some from drifting over to the heresies and fads of the day. Such practical reading matter could also be made the means of making many new converts.

The treatises on Homœopathy intended for lay readers which we have access to, and we believe we have read most of those that have appeared, are either incomplete or too voluminous. Such treatises should be written in very simple language, the facts presented tersely, and the logic unassailable. The matter of cost must also be considered. Sharp's Tracts are written in a most scholarly way and the style throughout attractive, but they comprise twelve closely written pamphlets, forming a volume of two hundred and thirty pages. The bound set, which was the only one the writer has been able to obtain, costs seventy-five cents. The Homœopathic League of England has published as many as thirty-five tracts, many of which are ably written and present strong arguments. The cost in lots is only a little over a cent apiece, but owing to the large number of them required for each reader their extensive use becomes expensive. If they had been more condensed and fewer in number they would have secured more readers. There are many other works on Homœopathy of this kind, but they offer the same objections as stated.

There are five pamphlets in all in the series under consideration; each treats of one or more special phases of the subject, is complete in itself and of convenient size. By the use of headings throughout, details are easily grasped. The entire field has been fully covered. Clearness and brevity have been aimed at in every particular. Gems of thought are quoted from prominent homœopathists, and extracts are given from recognized allopathic authorities, vindicating the principles of Homœopathy. The fallacies of old school methods are made strikingly apparent, not by resorting to abuse or ridicule, but by quoting statements made by allopathic authorities against their own system of practice. The evidence in favor of Homœopathy here gathered and presented is seemingly overwhelming. It is the most conclusive yet brought together in pamphlet form. Through the kind as-

sistance of two of the members of the Committee on Statistics of the American Institute of Homœopathy statistics up to the present time are given, not in the form of tables, but under the heading of each disease, ranging from cholera to measles. Comparative statistics from the health reports of nineteen cities appear. In this form the advantages of homœopathic treatment are readily seen. The difference between Homœopathy and Allopathy of the present day is also made plainly evident. The great changes brought about through the influence of Homœopathy in abolishing obnoxious and injurious methods of treatment are made strikingly apparent, and it is also shown how much has been accomplished by Homœopathy in other directions. The pamphlets have been submitted to the profession and leading editors of our journals and are generally acknowledged to be the best extant.

The method of the English Homœopathic League in having pamphlets issued without the author's name seems to be the correct one. Reading matter of this kind should not be under the suspicion of advertising the author, and the name of the editor of these pamphlets will not appear.

Physicians will readily see the advantage of circulating such pamphlets and of keeping them on the reading table in their waiting rooms. If judiciously distributed among patients and sympathizers they cannot fail to advance the cause of Homœopathy and promote the interests of its practitioners. Since the average physician would have to give his patients and friends the whole set of pamphlets, the expense must be reasonable. The cost of one hundred of these sets will be but six dollars; twenty-five sets, two dollars; a single set, ten cents. It will thus be seen that the price of the series when ordered in lots is very low, less than that of any others to be found on sale; in fact, it barely covers the actual cost of publication.

These tracts are on sale at the Bœricke & Tafel pharmacies.

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### OBITUARY.

Thomas C. Williams, M. D., one of the pioneers in Homœopathy in this city and a practitioner for 46 years in Philadelphia, died at his residence, 567 North Fifth street, on Sunday evening, October 1st, 1899, at the age of 85 years, after an illness of several months incident to old age. He was born in Bangor, Maine, in 1814, a son of the Rev. Thomas Williams

and Sarah Cushman Williams. During his early life he taught school in Massachusetts, and at the age of 19 was ready to enter college but left home to go South to do missionary work and teach the colored race, but poor health prevented him from continuing this work. He entered the Bangor Theological Seminary and graduated from that institution in 1845. Failing health finally compelled him to abandon the ministry.

In 1847 he came to Philadelphia and lived with his brother, Dr. Theodore S. Williams, now deceased, who was at that time the widely known pioneer homœopathic physician of Germantown, and through whose influence he became interested in medicine. He entered the Homœopathic Medical College of Pennsylvania, now the Hahnemann Medical College of Philadelphia, and graduated in the Class of 1853. He first located at Kensington, where he practiced a short time, removing to his late home in 1860. He was one of the organizers of the Philadelphia County Medical Society and of the State Homœopathic Medical Society, both of which were organized in 1866. He was a member of the American Institute of Homœopathy, the Alumni Association of the Hahnemann Medical College and a consulting physician of the Children's Homœopathic Hospital; also, a member of the Union League.

He was pre-eminently a consistent Christian. All who had the honor of knowing him felt the refining influence of his peaceful Christian character, which was nobly manifested in his work among his patients, whose devotion and loyalty he enjoyed until the close of his life. He was a remarkably successful practitioner and did a great deal to establish Homœopathy. His funeral was largely attended by his medical colleagues and patients. Dr. Williams was buried at Laurel Hill.

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THE *Medical Record* of October 21st says: "Glycerinized vaccine affords absolute protection against smallpox; vaccine points are uncertain in this regard."

Is it not rather late in the day to have discovered this? The same editorial also says that the glycerinized lymph is "free from staphylococci, streptococci, and other pathogenic organisms which are invariably found on vaccine points."

Here are two *very* grave admissions by the leading medical journal of the country:

1st. Vaccine points are dangerous.

2d. Vaccine points afford but uncertain protection.

Yet these dangerous and uncertain points have been used for many years, and their use compelled by law at that. Men who, in the past, affirmed what the *Medical Record* does to-day were termed "fools," "fanatics," etc.

What is the truth of the whole matter? Is it that the manufacturers have bought up the medical journals—the glycerinized lymph costs about 1-10 what the ivory point does and sells for the same price—or have the editors really examined into the matter and been convinced?

Verily, it is a mess!

"It is stated that the attorney-general of Louisiana has taken steps before the Supreme Court of the United States to obtain an injunction restraining the Texas authorities from enforcing an embargo against New Orleans on account of reports of the existence of yellow fever in that city. Without going into the merits of this particular case, we may express our decided conviction that the sooner the petty business of local quarantine is given up for good the better it will be for the entire country."—*New York Medical Journal*.

Amen!

Local quarantine, "stamping out" disease, and all manner of fads and petty injustice are the children, the "germ theory," and the sooner they are dethroned the sooner will men return to medical sanity.

In a paper read before the American Institute of Homœopathy, at Atlantic City, on "The Treatment of Acute and Chronic Suppurative Otitis Media," by Dr. Howard P. Bellows, of Boston, the Doctor says, in conclusion:

"I am sincere in the assertion that without the aid which I now receive from the homœopathic remedy, internally administered, in the treatment of cases of acute and chronic inflammation of the middle ear, as well as in many other forms of aural disease, I should be loth to continue the practice of my specialty."

THE *Medical Record's* summary of the opening address by Dr. Geo. Wilson before the last assembly of the British Medical Association is interesting as showing "the drift," and may be use-



ful to those who are prone to be led by the majority. The *Record* says:

“The address was from beginning to end a strong indictment of the manner in which bacteriological research is carried on by present-day investigators, and, according to Dr. Wilson, the erroneous premises deduced from these investigations. After offering up the usual meed of praise to Jenner—we are pleased to observe that Dr. Wilson is a firm believer in the efficacy of vaccination—he proceeds to show, at least to his own satisfaction, that the modern bacteriologists, while admitting that they base their methods of prophylaxis and cure on Jenner’s discovery, ignore the important point that no pathogenic microbe of smallpox or vaccinia has ever been isolated with certainty. He, therefore, argues that there is no legitimate analogy between Jenner’s discovery and these newer methods of prophylaxis and cure founded on that discovery. Dr. Wilson furthermore contends that the almost universal use of antitoxins by the younger generation of medical men is chiefly responsible for the existing widespread prejudice against vaccination; in fact, he claims that the members of the medical profession have to a great extent only themselves to thank for the present unfortunate situation. The latter portion of the address is taken up with the endeavor to demonstrate the worthlessness of most of the curative serums and of the mode of procedure of many experimental operators, and concludes with a vehement diatribe directed against the commercial methods of a considerable number of up-to-date bacteriologists.

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AN alkaloidal man, after describing his case and how he gave the patient *Atropine sulph.*, *Hyoscyamine*, *Codeine* and *Brucine* concludes as follows, on the subject of dose:

Let no one think from what I have said and from the minuteness of the dose of *Atropine sulph.*, gr. 1-3000, that this is Homœopathy. Not by a jugful!

And the editor at this puts in his oar in brackets thus:

[And a big “jug,” too.—ED.]

If these estimable gentlemen had ever been blessed with knowledge of Homœopathy, even the most superficial, they would never have been guilty the amusing disclaimer quoted above. No one would mistake the prescription for “Homœopathy” who knows anything of the “Science of therapeutics.”

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THE following is from the *Medical Brief*, and is a good indication to slow down on “serum” therapy:

“Since the discovery that *Carbolic acid*, or other antiseptic, was the only therapeutic agent in diphtheria antitoxin and other serums, *Carbolic acid* has been freely experimented with

in the treatment of a number of acute toxic diseases, more especially tetanus.

“ Previous to this time the mortality from tetanus had been very great, ranging around seventy per cent. Under the new treatment, with hypodermic injections of a *Carbolic acid* solution, the percentage of deaths has been reduced in an astonishing degree.

“ The *Carbolic acid* keeps down the fever in tetanus, antagonizes the toxic action of the poison in the blood, and by its sedative properties controls the convulsions.

“ Prof. Baccelli, Director of the Royal Medical Clinic of the University of Rome, deserves great credit for being brave enough to employ plain hypodermic injections of *Carbolic acid* instead of the numerous fraudulent tetanus antitoxins in the market. His example has been followed by many members of the profession in Italy, Germany, France, Russia, and not a few independent therapists among our own readers.

“ Statistics show that results obtained from simple *Carbolic acid* injections are very much superior to those which follow the use of any of the various tetanus serums.

“ Tetanus is such a terrible disease, and so rapidly fatal, this *Carbolic acid* treatment should have the fullest and fairest trial. The strength of the *Carbolic acid* solution employed varies from two to three per cent. It is made by dissolving the purified, crystallized acid in distilled water. The hypodermic dose is three to four centigrammes daily, although it is recorded that as high as thirty-five centigrammes have been reached in a single day without symptoms of drug poisoning developing.

“ Since it has been amply demonstrated by the indisputable logic of events that *Carbolic acid*, or other antiseptic, is the sole virtue in all serums, and that the serum itself is simply a poison, physicians who have consciences must abandon the filthy frauds if they would be considered worthy practitioners of the healing art.”

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THE publishers of the *Medical Visitor* still insist that “ a thorough trituration of *Mercurius vivus* should be almost black, ’ and indulge in some rather uncalled for personalities against us for daring to differ. Boericke & Tafel recently put the matter to the test by trituring a 1x of the remedy for many hours, until it got to the point where pestles would no longer take hold, and the microscope showed that for the last six hours

there had been no change. The color of the trituration was, as always, a rather light gray. The *Medical Visitor* men assert that their trituration "received as high as four hundred hours continuous grinding," which equals forty days. That is utterly abnormal, and if the product turned black it was simply because it became oxidized. Common sense impels to the belief that a trituration of so bright a metal as live mercury should not be black, and experience proves it.

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### TEXAS HOMŒOPATHIC MEDICAL ASSOCIATION.

The Texas Homœopathic Medical Association held its 15th session at Dallas, October 16.

Officers for the ensuing year were elected as follows:

President, Dr. J. R. Pollock, Fort Worth.

First Vice President, Dr. Geo. E. Blackburn, Vernon.

Second Vice President, Dr. Jno. E. Thatcher, Dallas.

Secretary, Dr. H. B. Stiles, Gainesville.

Treasurer, Dr. T. J. Crowe, Dallas.

It was resolved that all delinquent dues of old members be considered cancelled and all initiation fees of new members subscribing during the ensuing year be waived, giving old and new members all a fresh start.

It was further resolved that meetings be held in the fall when practice is light and at some State Fair town, or other point of popular attraction, so that very low rates can always be secured over the long roads of our big State. In this way we hope to secure the largest possible attendance.

All Homœopathic physicians in Texas and adjoining States who have not received communications from the Secretary are invited to send in their addresses. We want *all* to join the Association.

H. B. STILES, M. D.,  
Secretary.

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THE *New England Medical Gazette* says of the fourth edition of Boericke & Dewey's Twelve Tissue Remedies, just published, that it is a complete exposition of the subject in all its bearings." Also, "It will be generally agreed after a perusal of this book that, while there are drugs other than the tissue remedies without which the therapeutic resources of the profession would be sadly lessened, those selected by Schüssler as of preëminent worth are certainly deserving of more frequent applica-

tion than they have had heretofore. We think they should also have a more thorough and systematic proving that their actual value may be more accurately known, although a great deal of reliable information is furnished in Drs. Boericke & Dewey's latest work."

Not even the profoundest critic can tell us what it is about, or in a book that gives it life; but whatever it is it will be found in this work. Few medical works ever see a fourth edition.

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WATERBURY, CONN., NOV. 1, 1899.

BOERICKE & TAFEL, Philadelphia, Pa.

I am in receipt of my first completed specimen of *Morgan's Repertory*, and wish to express to you my satisfaction at its artistic appearance.

The new comer is so admirable in arrangement; so comely in form; so superior in typographical style and execution, and is clothed so handsomely in morocco and gold, that the contents should be of superior merit to deserve such excellent treatment.

Yours respectfully,

A. R. MORGAN.

And we may add that the context is worthy of the fine setting.

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MESSRS. BOERICKE & TAFEL:

It has been said that a man may be a successful teacher and yet fail in practice, but tell me how one can practice that he does not know.

Here a scientific professor of ripe years has carefully sifted all schools and given us what appears to him the surest indications for treatment of all diseases, of course, laying particular stress on that of Similiar Similibus Curantur.

I am a very old practitioner and wanted to see a resumé inclusive of 1898. After going through its every article exclaimed *Eureka*, with little more to be desired. Never have I received my money's worth more than when I purchased a copy of the *Practice of Medicine by Arndt*.

Faithfully and fraternally yours,

T. DOCKING, M. D., etc.

*San Diego, Cal., Sept. 12, 1899.*

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A GOOD tonic is something often needed even in Homœopathy, and the best all-round tonic in the world to-day is the PHYSIOLOGICAL TONICUM (Hensel), "the tonic of civilization." Some marvelously successful results have followed the use of this strength builder and blood maker.

IF any of our readers have any troublesome bronchial coughs that refuse to yield to the selected remedies, remember that *Narcissus*, 1 to 3x, is a grand remedy for such complaints. It has had a reputation for the relief of bronchial catarrh as far back as medical history goes. To get the results the tincture of the young buds and flowers must be used. We recently heard of a bronchial cough of over three weeks' standing that was promptly relieved by this *Narcissus*.

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BEE-LINE THERAPIA AND REPERTORY is the title of a work by Stacey Jones, M. D., which has reached its second edition. It is pocket size and numbers 333 pages, beautifully printed and handsomely bound in morocco. It is a convenient index for the determination of any given disease, or diseased or abnormal condition. It also gives the hints for the use of a large number of drugs. It is a veritable Vada mecum. Price, \$2.06, postage prepaid. Published by Boericke & Tafel, Philadelphia and Chicago.—*People's Health Journal*.

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### THE "RELATIONSHIPS" IN BÖENNINGHAUSEN'S THERAPEUTIC POCKET-BOOK.

The following explanation of the "relationship" of remedies that occupy about one hundred and sixty pages in Bœnninghausen is from the *Homœopathic World*:

"As no one has volunteered to enlighten our correspondent, Mr. Kelkar, whose query we inserted in our September number, we will endeavor to do so ourselves. (1) The 'relationships' show the genius of a remedy by revealing those which are most like the remedy compared, in each of the respects tabulated. (2) By knowing the remedies most closely related in any required respect it is easy to compare them in their side relations to see which most closely corresponds all round to the case for which a remedy is sought. (3) Having found from the list of relationships which remedies most closely resemble a medicine which has ceased to benefit a patient, it is easy to find among these the next best remedy to give. (4) Bœnninghausen means, so far as we understand him, that some remedies cause concomitant symptoms much more markedly than others, and if a case occurs in which the main symptoms are found, and in which there are concomitants, be these what they may, if two remedies correspond to the main symptoms and only one of these had concomitants (of whatever kind), that would be the similimum.—*Ed. H. W.*"

## PERSONALS.

Now we're shouting! Kansas has a journal named *The New Man*.

A suave doctor recently described a case of pregnancy in "a widow, though practically married."

And now Michigan has a "barbers examining board." Wonder if it be against the law to shave yourself out there without first passing an examination.

A "Christian Science" exchange threatens to drop all subscribers who do not pay up. Bully for you! Money isn't mind else all we uns would be rich.

And the same one writes of "old mother Eddy" and "her coffers." Looks like the end of this thing.

Confirming hobbies is often mistaken for "earnest seeking for the truth."

The man who seeks a short, easy path to a knowledge of the homœopathic *Materia Medica* will never get there. As well expect a "short cut" to the mastery of any other great science.

The trick of the Eclectic in always following the drug with the name of its maker may be good business but it looks—well, you know.

If only an auto-bill-payer could be invented!

*Don't* think (as do so many of the sons of women) that *your* powers are the limit of the possible in therapeutics.

And now the Don Quixotes propose to "wage war against the mosquitoes" because, they argue, no skeeter no ague.

Lord Bowen proposed the amendment "conscious as we are of each other's unworthiness."

Dr. Stephen Hasbrouck has removed from 157 West 123 to 68 Broad street, New York City.

Its mighty hard to keep a seal-skin wife on a musk-rat salary, says friend John.

When you come to think it over "stamping out disease" is a very peculiar expression and involves some *very* peculiar predicates.

How do the scientific gentlemen know but that the mosquito is more sinned against than sinning in the matter of the mysterious "malarial parasite?"

Many a man has been rudely shaken by malaria contracted where was ne'er a skeeter.

Don't be in too great a hurry to accept Koch's theories as the scientific gospel—ee's only a bloomin' hun an being after all.

"Why" he is not a homœopath still seems to worry Dr. Quine. The "why" is his misfortune, not his fault.

They say that Physiological Tonicum is "the tonic of civilization."

Hereafter Dr. Edward G. Tuttle, 61 West 51st street, New York, will confine his practice to gynecology and surgery.

It is astonishing how fast a weak little woman can run up a bill.

Whether your hands be "sterilized" or simply clean, it comes to the same—with a leaning to cleanliness.

If you are going to the International Homœopathic Congress next summer, write Dr. Frank Kraft, 57 Bell Ave., Cleveland; he is getting up an excursion, or club, for that event.

Dr. Allen's 2d edition of *Characteristics and Keynotes* will devote especial attention to the *nosodes*, something that has long been needed.

THE  
HOMŒOPATHIC RECORDER.

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VOL. XIV.      LANCASTER, PA., DECEMBER, 1899.      No. 12

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SOME OBSERVATIONS ON MALANDRIUM,

By A. L. Marcy, M. D.

As cold weather approaches there is more liability of some of us coming in contact with cases of small-pox or its milder form, Variola.

During the past winter the writer came in actual contact for the first time with this disease, it being at that time quite prevalent in this vicinity. One day, in response to a ring of the door bell, I found myself confronted with a young woman who said she came to get some medicine for her brother who had a breaking out that for the last two days had been getting worse instead of better. Upon inquiry I became convinced that the brother had Variola, and I learned her address and resolved to investigate. Giving her the remedies needed, she departed. Investigation showed that the wrong number had been given, as there were no such numbers found. The next week another person, a young man came to the office and wanted some medicine for his sister who had a breaking out.

I looked at him carefully, and saw he had unmistakable fresh scars of small-pox on his face, but denied having been sick and said he had lately been vaccinated, and showed me the scar, which was a large one and a new one. He also gave me a wrong address and could not be found. Thinking something must be done to protect myself, vaccination was performed with fresh reliable virus, and as an extra precaution I began the use of *Malandrinum*, B & T. 30—dose night and morning—with the following result: the vaccination did not take, neither did two after performed vaccinations, neither did the small-pox take. I next had a call to vaccinate four children in a family, and when I arrived, to my surprise, the mother of the children proved to

be the young woman who first applied for medicine for the breaking out. Each child was vaccinated and I left a vial of pills medicated with *Malandrinum* 30 to be given to three youngest children, telling the mother that the oldest child (seven years old) did not need it. The result was that only one vaccination took and that was the oldest child who did not take the *Malandrinum*. This took vigorously and required a few doses of the pills to allay the suffering of the arm and bring a favorable termination. One of the remedies the mother had received was *Malandrinum*, and she was only in bed two days and the eruptions seemed to be absorbed and dried up, and there was only one partly matured pox mark on the face. The three youngest children were re-vaccinated, but neither took. They were never vaccinated before this first that I performed. None of the children contracted small-pox.

The next trial was with five children ranging in age from six to seventeen years, the oldest boy had been vaccinated before and he showed a fairly good scar, all the rest had never been vaccinated.

Vaccination was performed on all but the oldest boy. All but the oldest boy were given a dose of *Malandrinum* and a vial of pills left for them to take from every day. Not one of the cases took. The oldest boy in the mean time came down with small-pox, but those that took *Malandrinum* were not affected by the disease. The patient received *Malandrinum* as one remedy, and in a few days was convalescent, having a very light case. Such is my first experience with small-pox and a remedy which from the experience detailed should be considered carefully and given further trial. What then are the conclusions to be reached from this trial: 1st. That not one person who had been exposed to the disease contracted it when he took *Malandrinum*. 2d. That not one who was vaccinated and took the remedy, had the vaccination work. 3d. That the remedy evidently aborts the course of disease, and the pox marks dry up before fully maturing. 4th and last. That it is the best remedy with which I am acquainted to relieve the severe symptoms caused by vaccination and will so modify vaccination during the latter part of its course that it is no more painful than the first part. I should be very glad to learn the experiences of other physicians on this remedy for the above conditions.

*18 East Main St., Richmond, Va.*



## LILIUM TIGRINUM.

By C. M. Boger, M, D., Parkersburg, West Va.

In the last paper we spoke of the cold and relaxed *Convallaria* patient exhibiting a tendency to bleed; the Russian peasantry have from time immemorial found it useful for ecchymoses, this like many domestic practices rests on a homœopathic basis.

*Lilium tigrinum* also pictures relaxation, but after a different manner. All the viscera of the trunk seem ready to escape thro' the pelvis, so that the patient involuntarily holds her abdomen or presses against the vulva with the hands. Nor does the heart escape, for it is affected both directly and reflexly. The heart muscle is weakened, especially on the right side, consequently the veins feel full unto bursting. The lungs are surcharged with blood, and the patient has a taste of blood in the mouth, and a constant desire to take a long breath. The latter symptom may however have a nervous origin, for the *Lilium-tigrinum* patient shows great erethism of the nervous system. She is always hurried, but on account of the physical relaxation is unable to accomplish anything. She uses forcible language, desires finery and has an exalted sexual instinct, in other words she is the personification of a certain type of sexual neurasthenia; she often suffers from neuralgia affecting the left side or the ovaries.

Thus we see this remedy offering a combination of symptoms frequently met with in practice, FEMALE SEXUAL ORGANS, HEART AND NERVOUS SYSTEM, with nervous irritability and weakness, of the muscular system

This remedy in common with its botanical relatives *Scilla* and *Arum triphyllum* produces excoriating discharges, This acidity is most intense under the Indian turnip. The patient has a sense of duality like *Baptisia Phosphorus*, etc. *Aurum* also has the symptom "the heart gives one hard throb."

The combination of heart and neuralgic symptoms is very similar to *Spigelia*. Usually when pains go from the left ovary to the heart *Naja* is indicated. It is, however well to remember that *Bromium* and *Lilium tigrinum* both have that symptom and have cured it.

Many authors call attention to the vesical and rectal irritation produced by it, pointing out that it is caused by a pro-lapsed uterus. That does not however explain why every procidentia does not cause similiar symptoms. The fact is that the general relaxation previously pointed out also involves these organs and the sagging of the uterus aggravates the trouble. The following outline will serve for the rapid differentiation of the two most similar Liliæ :

## Convallaria

Coldness.  
Dull and irritable.  
Bearing down >.  
Standing.  
Sense of piling up.  
Causing dyspnoea and desire to  
  breath deeply.

## Lilium tig.

Fidgety and irritable.  
Bearing down, < standing > hold-  
  ing up with hands.  
Sense of pressing out thro' vagina,  
  breathes deeply to draw up ab-  
  dominal walls.

## Lilium Tigrinum.

THE PATIENT.	LOCALITY.	MODALITIES.	SYMPTOMS.
Exalted sensi- bility. Irritability of temper with depression of spirits.		<p><i>General.</i> <i>Agg.</i> Evening and night. Weight of clothes. Ex- ertion. <i>Amel.</i> <i>Being</i> <i>busy.</i> Pressure and rubbing. Deep breathing. Fresh air (all but head).</p>	<p>{ A very slow acting remedy; affections predominate on the left side, neu- -ralgias, etc. GENERAL MUSCULAR RELAXATION, ES- PECIALLY RESULTING IN CONGESTION TO THE PELVIC VISCERA AND HEART, with coincident irritation of the nervous system; muscles obey the will slowly; weakness and heaviness of the legs; general aching and sore- ness in muscles and bones; <i>tremb- lings</i>. Excoriating discharges, leucorrhœa, stool, etc. Many, especially mental, symptoms alternate with or are reflex from uterine and ovarian complaints. ASSOCIATION OF HEART WITH SEXUAL OR NEURALGIC SYMPTOMS. Relaxes the heart muscle, at the same time causing sensations of constrict- ion, being squeezed, grasped, etc. Heaviness, &gt; by sitting, standing or walking; pulsation through entire body; as if blood would burst through veins; taste of blood in mouth in afternoon. Heart beat intermits, followed by a violent throb; <i>desire to take a long breath</i>. Fluttering; palpitation; twitching at heart. Pain from heart to l. scapula, or down left arm; numbness of left arm.</p>
	HEART.	<p><i>Special.</i> <i>Agg.</i> Lying on side. Stooing. Exertion. <i>Amel.</i> Pressure and rubbing Bending dou- ble. Rest.</p>	

THE PATIENT.	LOCALITY.	MODALITIES.	SYMPTOMS.
Generally too hot.	SEXUAL ORGANS (FEMALE).	<p><i>Agg.</i> Touch and weight of clothes. Stepping hard; jar. Standing. <i>Amel.</i> PRESSING UP WITH HANDS. Rubbing.</p>	<p>BEARING DOWN, WITH FEELING AS IF ALL INTERNAL PARTS WERE PULLED OUTWARD OR DOWNWARD FROM BREASTS AND UMBILICAL REGION THROUGH VAGINA, WITH IRRESISTIBLE DESIRE TO PRESS HANDS AGAINST VULVA; PRESSURE AND WEIGHT IN HYPOGASTRIUM; MUST SUPPORT ABDOMEN; WEIGHT, WITH FEELING AS IF ALL PELVIC CONTENTS WOULD PRESS OUT THROUGH VAGINA, IF NOT PREVENTED BY PRESSURE OF HAND OR SITTING DOWN. Cutting, gnawing, dragging, burning like fire, or loose sensation in ovaries; pains extending from ovaries into thighs. Heightened sexual instinct in both sexes; prostration from coitus, but irritability from suppression of desires. Menstrual flow ceases when she ceases to move. Acrid leucorrhœa.</p>
	<i>Nervous system.</i>	<p><i>Agg.</i> Craves fresh air, but it &lt; head. Walking &lt; neuralgias. <i>Amel.</i> Mental exertion &gt; mind.</p>	<p>Feels hurried, yet incapable; wants to do something but has no ambition; restless, desire to keep walking. Irritable weakness; angry, profane, full of obscene thoughts. Wants to be alone. Sense of duality; of a lump or ball in a part; pains in small spots; as if cold wind or water on a part. Chills going down over face, axillary, sweat increased.</p>
COMPARISONS. CONVALLARIA. <i>Helonias, Aru-tri, Scilla, Spigelia, Sepia, Platina.</i>	Rectum and Bladder.	<p><i>Agg.</i> Morning. <i>Amel.</i> Walking or riding.</p>	<p>Acrid morning diarrhœa with tenesmus, especially when associated with or dependent upon prolapsus uteri and ovarian irritation, Bearing down on rectum and anus with constant desire for stool (from prolapsed uterus). Constant desire to urinate; urine scanty, then smarting and tenesmus; irritable bladder due to uterine displacement; if desire is not attended to has feeling of congestion to chest.</p>

### THE CHICAGO MATERIA MEDICA SOCIETY.

Pursuant to call a number of physicians assembled in the Sherman House Club Room, September, 15th 1899.

Dr. Duncan called the meeting to order and Dr. J. B. S. King was elected Secretary pro tem.

In explanation of the purpose of organization the chairman said: Fellow Physicians: We have assembled here to consider the desirability and feasibility of a united study of the Materia Medica. The plan proposed is to take up some one drug and divide up its pathogenesis among those who are most familiar with a given portion of the body for study, and then come together at stated times and have a free exchange of views of its general and special action from a physical as well as anatomical standpoint.

One of the most interesting evenings I ever spent was at Dr. Hering's residence when there were present, among others, Raue, Guernsey, Morgan, Dunham, Allen and Lippe; the drug action was the favorite study of all. Hering was by far the best informed, but each added an idea or asked questions on the pathogenesis of *Ars.*, *Lach.*, *Sulph.*, *Nat. c.*, and *Stan.* that drew out many new and valuable facts; disease was not mentioned once.

We have not a *Materia Medica Oracle* like Father Hering, but some as enthusiastic and we have many silent sources of information, and these latter duly interpreted and simplified will make very interesting conferences.

We all realize we should know more how drugs act. It has been thought best to form ourselves into an organization with outlined duties and responsibilities.

A draft is herewith submitted for your consideration and adoption. It has occurred to some that many non-residents of Chicago would like to be identified with us, so the dues and limits will not be a bar to any one physician being elected a member.

#### BY-LAWS.

Name—The Chicago *Materia Medica Society*.

Membership—Any physician interested in its objects may be elected an active member, if proposed by an active member. Students of medicine and others interested in the objects of the organization may be known as elected associate members with all the privileges of active members except voting and holding office.

Officers—The officers shall be a president, vice president and secretary, who shall also act as Treasurer. The officers shall perform the usual duties of such officers and also be the executive committee to arrange the time and place of meeting, and also to select the drug for study and assign the different parts to the various members for study and report.

Meetings—The regular meeting shall be held every two weeks. These by-laws may be altered or amended at any regular meeting of the society.

After the adoption of the by-laws the following officers were elected for the ensuing year:

Dr. T. C. Duncan, President.

Dr A. W. Woodward, Vice President.

Dr. P. S. Replogle, Secretary and Treasurer.

The committee on preliminary organization suggested that the order of drug study shall be:

1st. Its identity, synonyms, description, chemistry.

2d. History of its development, parts used, who tested it and how.

3d. Order or sequence of effects, general action.

4th. Action on (1) the Visceral Organs, (a) brain, nervous system; (b) thoracic; (c) abdominal. (2) Special organs, eye ear, kidneys, bladder, sexual and skin, etc. (3) Conditions, better, worse, Modalities. (4) Relations and comparisons.

The chair said: "Now that we are organized, the outline of study and research it seems to me should elucidate the drug action along Physiological and Pathological lines. In that way we get at its general course of action and then we can take up the symptoms of the various anatomical sub-divisions and explain the reason for the symptoms. As stated in my paper to the institute, I believe (1) drug action must follow a definite course. (2) To classify similar drugs we must know the "trend" also (3) dissimilar drugs, (4) and antidotal drugs, and why they antidote.

If the curative end of the drug be the last or secondary symptoms, then the full course of the drug should be studied out. We should know the organs or parts first deranged, and also those last affected. Part of the work has been done; we should take it up and complete it.

One of the first things we should all do is to become clear on the physiological relations of the bodily organs and their functions. Then it seems to me there should be selected four or five expert physiologists who can read the actions of the remedy on the various systems: (1) nerves, (2) thoracic, (3) abdominal, (4) urinary, etc. Some expert should summarize its action in an outline way. Then there should be regions assigned for arrangement of the symptoms in a sort of sequential order.

Most of the small works give us the therapeutic end of the drug and they can be used as bases. Hahnemann's *Materia Medica* and T. F. Allen's works give the order or time of appearance of the symptoms. We must remember that the big dose brings out the severe or primary symptoms and there will need to be care in determining the range of action. This study and comparison will be perhaps the most profitable and interesting.

The order once established, there will follow the amount of trouble set up. The force of *Aconite*, *i. e.*, seems spent upon the nervous system, perhaps nervo-circulatory system, involving, of course, the respiratory. The severity of the effect will tell the storm.

Then there arises another practical question, and that is, the times and circumstances of aggravation, as, for example, the force of *Aconite* is worse in the latter part of the day and early evening, *i. e.*, when the bodily powers are fatigued and the system loaded with part organic matter.

This latter department should be taken up by some one who is familiar with the study of Modalities.

The President stated that *Aconite* had been selected for the first study and called upon several members to present reports.

The meeting adjourned subject to the call of the secretary.

P. S. REPIOGLE, Secretary.

## STUDIES OF ACONITE.

### The Active Part.

BY DR. J. B. S. KING.

The *Aconite* plant is a perennial shrub, growing in the mountainous regions of Europe; it varies from 2 to 6 or possibly 8 feet in height.

It has been cultivated in gardens as an ornamental plant and thus introduced into the United States. Its active principle, the alkaloid Aconita, when pure, is probably weight for weight the most poisonous vegetable substance in existence. Considerably less than 1 300 of a grain has produced serious results. In the shops, however, it is seldom found pure and this irregularity in quality together with its tremendous toxic power should, and practically has done away with its internal administration entirely. Its sole use is as an ointment.

The tincture of *Aconite* of the U. S. Pharmacopœia is made from the dried root about six (6) troy ounces to the pint, a fact that should be borne carefully in mind, for this tincture D is considerably greater in toxic power than the homœopathic mother tincture, which is made from the juice of the whole fresh plant.

Few adults can stand more than four drops of the old school tincture. Considerably more of our mother tincture could be given, even although it is one-half fresh juice and one-half alcohol.

I have seen several cases of *Aconite* poisoning. In all of them there were early symptoms of prostration and collapse, pale face, weak voice, small thready pulse and muscular weakness.

I was struck with the resemblance of the effects of a dose of *Aconite* to stage fright and have used it successfully for that condition. The pale face, sighing respiration, weak pulse, dry throat and lost voice all correspond closely with the symptoms of *Aconite*. Fear as a cause of the trouble is an additional and corroborative indication.

### Aconite on the Nervous System.

BY DR. E. R. MCINTYRE.

Replying to a question as to the action of *Aconite* on the mind, Dr. E. R. McIntyre said: "In my experience of twenty years, I am lead to the conclusion that the drug produces (1) chill; (2) frequent, full pulse; (3) elevation of temperature; (4) dry, hot skin; (5) restlessness; (6) anxiety; (7) fear."

Now to get at the cause of fear, which is usually a late symptom, it is necessary to go back to the chill and trace from cause to effect, and the nerve relations one symptom bears to another. Chills tell us of contraction of the cutaneous capillaries, owing to irritation of the vaso-motor nerves presiding over these vessels. This contraction forces the blood from the surface to the internal organs, and since the cerebral vessels have less resistance than others we get an undue amount of blood to the head, causing cerebral irritation, affecting the cardiac acceleratory centers, increasing the heart's action, which further increases the determination of the blood to the brain, disturbs the caloric centers, causing elevation of temperature with the logical results, viz.: Restlessness, anxiety and fear.

Later, we get the reaction established, when the cutaneous capillaries are thrown wide open, and profuse perspiration results; the vagus is irritated, producing a slowing of the heart's action, sighing, breathing and frequently vomiting. All this of course tends to relieve the cerebral vessels of their load, hence, relief of the mental symptoms first, and very soon all others.

### Aconite on the Respiratory Organs.

BY DR. T. C. DUNCAN.

I have been asked to explain the action of *Aconite* on the chest. The *Modus Operandi* of the action of *Aconite* upon the thoracic organs is worthy of deep study.

*Upon the Respiratory Organs:* If the first action of *Aconite* is something of a shock, causing a chill, the result of the shock

or chill is to cause a deep inspiration, which at once inhabits the blood flow through the capillaries about the twigs of the bronchial branches. If with this there is here, as in the skin, partial paralysis peripheral, then we will expect that there is an emphatic order from the nerve centers to increase the force of the heart pump. The constricted capillaries on the surface of the body send the blood into the large vessels (vomiting is one of Nature's methods of relief; so is stasis in the mucous surfaces everywhere, as well as transpiration by skin and kidneys). The secondary effect is rapid respiration.

When the systemic circulation is obstructed then the pulmonary is surcharged. Now with the local condition of partial paresis we have also a favorable state for pulmonary congestion or stasis.

The paralysis of *Aconite* is not profound, but temporary, as in elimination of any other acid from the body by the way of the pulmonary mucous membrane hence, stasis and inflammation are necessary results which are here as elsewhere blood extravasations.

This congestion of the pulmonary tissue reaches the pleura, and the friction of raw surfaces causes pain aggravated by the arrested acids in the muscles (Lactic and acid potassium phosphate). The pain is, therefore, a double one. The history of chill, the pain, the oppression of breathing, from interfered respiration through the diminished bronchi, the rusty sputum and reactionary fever all give a similar picture to pneumonitis, produced by this drug.

We have also the systemic restlessness and mental anxiety which attends this *Aconite* outline.

The congestion may, however, be localized as in the trachea, due to a weaker point of nerve supply perhaps, or possibly to chronic injection at this point. A chill has taken place (primarily). Now, with the high fever, rapid respiration and rapid heart, there is a constriction of the mucous membrane of the upper trachea and the muscles become involved, and this constriction frightens the system, and there is a violent effort to breathe and cough. This is the *Aconite* Croupal expression.

The constriction may only affect the lesser bronchi (and with the inhibitory paralysis), affecting the muscles of expiration, and we have the prolonged expiratory effort, the *Aconite* Asthma.



*Aconite on the Heart*: Coming to the circulation we see that the *Aconite* starts the storm by capillary (peripheral) contraction, and the heart starts slow and then rapidly responds to the increased blood pressure, and we have a rush of blood sent back to the peripheral capillaries and the *Aconite* storm is on. The rapid respiration increases oxidation so that the mind is very clear and acute. But motion changes the current, much leaving the head, frightens the nerve centers and a fresh supply is telegraphed for which again comes with a rush, then motion is compelled again. This continues and we can thus understand the "feverish, restless, apprehensive characteristic of *Aconite*." The partial anæsthesia that is observed aids in emphasizing the anxiety. If part of the body is lost to feeling, the clear mind computes "the day of death."

Any vegetable acid or wine, Hahnemann found, destroyed the effect of *Aconite* as well as other drugs that start circulation and nervous system in a similar manner.

There will be local congestions, blood stasis, under *Aconite* if there are nervous constrictions or old obstructions anywhere. The rapid respiration æration does not favor venous stasis.

If we now take the *Aconite* symptoms given in Hering's "Condensed" we can understand them better.

"Oppression about the heart, burning flushes along the back." That is an early, secondary symptom. With it and continuing is palpitation, we read "palpitation, with feeling as if boiling water was poured into the chest." Now with this we have the concomitant symptoms. "Anxiety about the præcordia, heart beats quicker and stronger." "Anxiety (mental), difficulty of breathing, flying heat in face, sensation of something rushing into the head." During this storm may be "Fainting with tingling" also "Fear of death." "Tremor Cordis."

The pulse at first may be 60 or 70, small and soft; after this, in one patient, it rose in an hour to 102, full and hard. With this there was agreeable warmth over the body, followed by perspiration; legs became cool. "Pulse hard and strong" is secondary.

In toxic cases the pulse does not rise but "sinks" below normal, intermits every 14th or 15th beat, and stops; "that belongs to the gross or primary effects and cannot be therapeutic guides." But we are not studying therapeutics or drug application now.

## Additional Remarks by Dr. Duncan.

There are other heart symptoms. The encyclopædia has collected 55 heart and pulse symptoms under *Aconite*. Three are printed in large type.

“Anxiety about the heart.”

“Palpitation and anxiety.”

“Pulse contracted, full, powerful, febrile, exceeding 100 beats to the minute.”

These are secondary and are characteristic, diagnostic and curative; verified hundreds of times by thousands of physicians in my work on the heart. I have given

“Frightened feeling at the heart.”

“*Feverish, restless apprehension.*”

“Effects of cold and wet.”

“Palpitation from wine.”

These take in the local and general symptoms as well as causes. The second symptom is diagnostic of *Aconite*, and is therefore emphasized. Hering in his condensed work gives a few pulse symptoms worthy of vote.

“Feeling of fullness; pulse hard, strong, contracted; stitches at the heart; lies on the back, with shoulders raised; contraction of chest.” That is an asthmatic picture, with an asthmatic pulse. “During three beats the apex strikes only one,” doubtless due to cardiac fright.

“Pulse full, hard, strong in fevers, inflammations; small, intermittent, irregular in asthma; (pulse) quicker than the beat of the heart; quick, hard, small in peritonitis; when slow, almost imperceptible, thread-like, with anxiety.”

The last reference to “slow” pulse is, primary symptom and is not a guide. The asthma pulse, then, is when the disease is so severe, like a shock, so that respiration controls the heart beat. It is easy to see that these are chiefly clinical symptoms, and clinical experience has relegated *Aconite* to the stage of congestion—the onset of the disease. “When once the tension of the nervous system (fright) and circulation have been relaxed, and the pent up beat liberated (by perspiration) *Aconite* has nothing more to do” (Hughes). The *Aconite* field is the storm burst.

Turning to the Pathogenic Materia Medica, we find that these heart symptoms passed muster:

“Stitches in cardiac region” (5 provers).

“ Pressive pain about the heart ” (where?) (2 provers).

“ Palpitation of heart (15) with anxiety ” (6).

“ Præcordial anxiety ” (3).

“ Pulse quickened (9), full (4), strong (3), hard (2). ”

“ Pulse slow (5), weak (5), intermittent (5). ”

The last symptom is evidently toxic and primary, still we see that is verified by 5 provers.

Therapeutists will discover that a symptom may be a true symptom of a drug and still not be available in practice. A cured symptom may not appear in any proving, and yet be verified so often as to make it a valuable one in practice. It is usually a secondary symptom, showing that the projectile range of the drug was not fully developed by the provers. We are thankful for any verification that helps us out.

### Observations on Aconite.

CHARLES B. SAUNDERS, M. D., MEMBER CHICAGO MATERIA MEDICA SOCIETY.

*Aconite* is indicated when the pulse is high and resisting.

Others have spoken of the use of *Aconite* in fevers, when there is dryness of the skin, restlessness, fear of death, etc.

It is often indicated and curative in common colds and neuralgia during wet weather, when the patient has no perceptible rise in temperature.

I remember that Dr. Duncan prescribed *Aconite* for a member of our class who had an attack of acute coryza. He (the student) had prescribed for himself without avail. Then two or three doses of *Aconite* completely cured him.

The workings of an indicated remedy was a marvel to him, and he often advised the boys to take *Aconite* for colds (often when it was not indicated).

In the initial stages of pneumonia there is a complete picture of *Aconite*.

*Aconite* may be prescribed in any stage of pneumonia, but as a rule is only indicated during the stage when there is a chill, followed by the characteristic fever and congestion.

*Aconite* may be used to advantage in some cases of functional disorders of the heart. It is sometimes employed in uncomplicated hypertrophy.

### Outline of the Action of Aconite.

Prof. A. W. Woodward has given a good deal of study to the course of action of drugs, and according to his study and observation of the action of *Aconite* upon the body it affected 1st, the skin and sensorial organs; 2d, the digestion; 3d, the respiration; 4th, the spinal; 5th, the mental functions. The chill was the first stage and he cited a case of nephritis in the Cook County Hospital that was cured with *Aconite* because the attack began with a chill and had at the time he saw it the apprehension of *Aconite*.

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### ŒNANTHE CROCATATA.

By W. A. Dewey, M. D., Ann Arbor, Mich.

*Œnanthe Crocata* belongs to the large family of the Umbelliferae which furnishes us with *Conium* and *Cicuta*. It grows in marshy localities in England and France. In botanical works of the 16th and 17th centuries it was often confounded with *Cicuta virosa*, an error which has even been made in more recent times in fact, only one botanist of the 16th century described the plant with sufficient exactness for its recognition, and that was De Lobel, who published his botany in 1581. It is one of the largest plants of the family, being 3 to 5 feet high. Our tincture is from the fresh root.

HISTORICAL.—*Œnanthe* was known to Galen and Dioscorides, and numerous citations might be made to show that the drug was used from the earliest times in various affections, affections that nearly every drug was tried in; but it is in the "Cyanosura materiae medicae of Boecler published in 1729" that we first find a hint as to its true action. "Those who ate much of it were taken with dark vertigos, going from one place to another, swaying, frightened, turning in a circle, as Lobilus pretends to have seen."

Hahnemann, in his Apotheker Lexicon (Leipzig, 1793), says of the drug: "It is said that the whole plant is poisonous and causes vertigo, stupefaction, loss of force, convulsions, delirium, stiffness, insensibility, falling of the hair, and taken in large quantities will cause death."

He says further: "That administered with great circumspection, it should prove useful in certain varieties of delirium, vertigos and cramps."

This is interesting coming from Hahnemann at the time when he had discovered the law but had not as yet given it to the world.

*Ænanthe* was considered in the last century as one of the most pernicious plants of Europe, especially for cattle who having eaten it can neither vomit nor digest it and they soon die in convulsions; this from the root, however, as they eat the leaves with impunity. It is interesting to note that animals poisoned with it decompose rapidly.

Much of the following study is taken from a series of excellent papers on the drug which have been appearing for over a year in "Le Journal Belge D'Homœopathie" from the pen of Dr. Ch. DeMoor, of Alost, Belgium.

GENERAL ACTION.—From a very large collection of observations of cases of poisoning with *Ænanthe*, dating from 1556 to the present time and recorded in Allen's Encyclopædia, the Cyclopædia of Drug Pathogenesis, and in the article by Dr. DeMoor above mentioned, we find that *Ænanthe crocata* produces, almost invariably, convulsions of an epileptiform character and which are marked by the following symptoms:

Swollen livid face, sometimes pale.

Frothing at the mouth.

Contraction of chest and oppressed breathing.

Dilated pupils or irregular eyeballs turned upwards.

Coldness of the extremities.

Pulse weak.

Convulsions are especially severe, at first tonic then clonic.

Locked jaws.

Trembling and twitching of muscles.

*Ænanthe* also produces a delirium in which the patient becomes as if drunken; there is stupefaction, obscuration of vision and fainting. The Greek name of the plant signifies "wine flower," and so-called on account of its producing a condition similar to wine drunkenness, and there is a difference, so I have heard, between wine and other beverages in this respect. Hiccoughs are also produced by the drug.

There is also great heat in the throat and stomach, and a desire to vomit and to have stool and a great deal of weakness of the limbs and cardialgia. Like other members of the same family, as *Conium*, it produces very much vertigo; this has always been present in the cases of poisoning with the plant. In a number of cases who had been poisoned by the drug the hair and nails fell out.

HOMŒOPATHIC ACTION AND APPLICABILITY.—The uses of *Enanthe*, homœopathically, have been taken from the reports above mentioned; the drug has never been proved, and it is doubtful if one could be found who would prove it to the convulsion-producing extremity. All the evidence in all the authorities shows clearly that the drug produces in man all the symptoms of epilepsy and it is in that disease that clinical testimony is gradually accumulating. Accepting the theory that epilepsy is a disturbance or irritation in the cortex of the brain, it would seem that *Enanthe crocata*, which produces congestion of the pia mater, would prove a close pathological simillimum to epilepsy. Its usefulness in this disease is unmistakable and only another proof of the homœopathic law.

Let us review briefly some of the evidence of its action: Dr. S. H. Talcott in the Report of the Middletown Asylum, 1893, notes that *Enanthe* possesses a marked power in epilepsy, stating that it makes the attacks less frequent, less violent and improves the mental state of the patient. He prescribes it in the tincture. 1 to 6 drops daily.

In the Materia Medica Society of New York its use has been verified several times. Dr. Paige greatly benefited a case with the 3x potency.

Dr. F. H. Fisk reports the cure of a case which had lasted two years with the tincture. This case during the last month before the doctor took it was having from 6 to 10 attacks daily.

Dr. Garrison, of Easton, Pa., reports a case of reflex uterine or hystero-epilepsy in which the 2x acted promptly.

Allen in his Hand Book mentions the cure of three cases with the remedy.

Dr. J. Richie Horner reports that the remedy greatly modified the attacks in a lady who had had the disease over 20 years and who for the two months previous had had a convulsion daily. He used the 3x.

Dr. J. S. Cooper, of Chillicothe, Ohio, reports the cure of a case of 25 years standing with the 4x.

Dr. Henderson reports the cure of a case of 9 years standing, where the patient was almost idiotic, the convulsions were relieved and the mental condition was greatly relieved and improved. In two other cases equally satisfactory results were had.

Dr. D. A. Baldwin, of Englewood, N. J., entirely controlled the convulsions in a young man of 16 with *Enanthe*.

Dr. Ord reports a case of petit mal cured with the 3x, and in a South American Homœopathic Journal a Dr. Rappaz reports the cure of a case of three years standing with increasing seizures with the remedy in doses ranging from the 6 to the 12.

The late Dr. W. A. Dunn reported a genuine cure of a young girl of 16, who had been epileptic for 7 years, latterly having as many as 4 or 5 attacks during a night. The remedy caused these attacks to entirely disappear. The girl commenced menstruating at 12, so the establishment of the menses had nothing to do with the cure.

Several cases of the cure of epilepsy with *Enanthe* in alternation with *Silicea* or some other drug have been reported, but as the question, "which cured?" comes in they need not be given.

In my own practice I have had some marked results from its action and have seen it modify attacks when everything else failed. In two cases, one a boy of 13, who had had the disease five years and who had suffered much of many sphincter-stretching orificialists and "lots of other things," the remedy made a complete cure; the other case was in a man of 30, who had the grand mal, the petit mal and the epileptic vertigo. *Enanthe* removed entirely the two former conditions, leaving only the latter, and that in a very mild degree. It also greatly improved the mental condition of the patient.

I have several cases under treatment at the present time and some of them are showing a marked effect from its use. The question of dose I believe to be an important one. I used generally the tincture in water, but latterly I have been using the third and I believe with better effect than I ever obtained with the tincture, and I am now of the opinion that the lower dilutions, say, from the 3 to the 12, will be found more efficacious than the tincture and the higher potencies will suit certain cases. In order to prescribe the drug with accuracy provings will be necessary to develop its finer symptomatology.

Dr. Charles A. Wilson, of San Antonio, Texas, reports a number of cases cured with *Enanthe* in the 3x dilution and the same potency greatly lessened the number of seizures in others.

Dr. Purdon, of the University of Dublin, relates a case of epilepsy cured with this drug in one to six drop doses several times a day.

Dr. F. E. Howard in a case which had three or four attacks a

week gave 5 drops of the tincture every two hours, which caused violent pains in the head, but complete recovery followed on reducing the dose.

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## A NEW BOOK ABOUT BABIES.

A Review by Thomas Lindsley, Bradford, M. D.

The homœopathic profession has reason to be glad that for once the mantle of the father has fallen upon the shoulders of the son. Thirty years ago, when the practice of medicine, and especially of homœopathic medicine, seemed to the writer a golden opportunity to cure everybody *Cito, tuto et jucunde*, and when Hering's friend—Raue—had just given to us the *Special Pathology and Diagnostics*; that book with its plain, terse and simple pathology and diagnosis of disease and its careful but concise therapeutic hints became very valuable as an aid in curing quickly and pleasantly. It stood with a few others, Guernsey's *Obstetrics*, Lippe's *Materia Medica*, the *Chronic Diseases*, the *Materia Medica Pura*, on the top of the modest little desk in that first office, and when the sapient new graduate got stuck it was the book most often consulted.

Then as now the treatment of babies was my specialty, but then I used to hunt laboriously through the Guernsey's *Obstetrics* for the hints on children through Ruddock, Teste, Williamson, and I remember once I found hidden away in a volume of the American Institute of Homœopathy an article on Measles by Holcombe that became of great value. Now there lies upon my desk a new book devoted to the babies; a book with the simplest of titles and a title-page as plain and neat as the dress of a quakeress:—*Diseases of Children*.\* And it is a book whose pathology, and treatment is as plain and excellent as its title.

Its preface tells the story: In presenting this work to the profession, the author has aimed to make it a purely clinical one.

“He has endeavored to give his own experience as much as possible, and has sought to exclude all doubtful symptoms and theoretical indications.”

This is no figure of speech, for Dr. Raue, during his experiences as visiting physician to the Children's Homœopathic Hospital of

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\**Philadelphia. Boericke & Tafel. 1899. By C. Sigmund Raue, M. D.*



Philadelphia, and to the child-wards of the Woman's Homœopathic Hospital, has had large opportunities to test the hygienic and dietetic methods recommended by the best pædologists of the present day. And it is a fact that the directions for the care and proper hygienic treatment so plainly given are the result of much careful experiment by the author. He has tested the methods he recommends and in a few plain and straightforward words told us the results—there are no long spun theories—he takes the baby—new born—and tells us how to wash and dress and feed it—how to examine it when sick, and how to tell what ails it, in the plainest sort of way. He takes up its diseases, their pathology, diagnosis, hygienic, dietetic and homœopathic treatment. There are no useless words and the author seems to have the same happy faculty of concise distinctness his father before him so forcibly displayed in the THERAPEUTICS.

The book is divided into 18 chapters: Hygiene and Nursing; Methods of Clinical Examination; Methods of Recording and Prescribing; Infant Feeding; Diseases of the New Born; Diseases of the Mouth; Stomach; Liver; Intestines; Peritoneum; Respiratory Tract; Heart; Kidneys; Skin; Blood; Nervous System; Diathetic and General Diseases; Infectious Diseases. And—there is both a table of Contents and a real Index.

We are told that a new born baby does NOT need a *full* bath as soon as it enters this wicked world, that sweet oil is better than old-time lard for inunction. He tell us of the suit invented by Dr. Grosvenor that more physicians should know about, in which a baby can kick and grow without restraint. He describes all the minutæ of hygiene and nursing.

The chapter on clinical examination, which includes directions for determining the temperament (which, of course, points to the remedy), is not the least interesting. The directions for physical diagnosis are especially clear. It would be a good thing if some one would go farther with temperamental descriptions and the remedies fitting each; an article describing the *Calcarea* baby and the *Chamomilla* baby and the *Cina* baby, and the other kind of babies would be of value. The directions for feeding, are of great importance, for it is upon the food of the child that its health depends. In the earlier months of child life it is largely a question of digestion. Our author compares human milk with other milks and feeding mixtures, tells us the causes influencing the composition of the breast milk, discusses the modification of

cow's milk, with rules for varying the proximate principles of baby food; lays down rules for time between feeds, gives directions for the preparation of barley water, oatmeal water, albumen water, beef teas, etc. The great value of barley water in breaking up milk curds is very justly mentioned; and the names of the principal baby foods. The rest of this entertaining volume is devoted to the diseases of children, including those of the new born. Under each heading we find the pathology, ætiology, diagnosis, prognosis and treatment set down plainly, precisely and briefly.

In this, Dr. Raue's work is like that of his father. He seems to have the same happy faculty of putting in a few words the gist of a very great many; he just states distinctly the symptoms of the disease, its causes, the means of simple and differential diagnosis, and the indicated remedies, in which one finds many a familiar characteristic.

Dr. Leon T. Aschcraft, lecturer on Venereal Diseases in Hahnemann College, of Philadelphia, has presented a chapter on the commoner skin diseases peculiar to children, in which the general plan of the book has been followed and the pathology, diagnosis, and local and constitutional treatment very clearly given.

The section on Nervous Diseases was written by Dr. W. D. Bayley, lecturer on Mental Diseases in Hahneman College, and is not the least valuable chapter in the practical book.

It is a book for the student and will be valuable inasmuch as its meaning is concise, plain, easily understood.

It is a book for the desk of the physician, for daily reference and study, and is destined to be as valuable to the physician as the Therapeutics of that pioneer of pathological therapeutics, the father of this author-son.

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## VETERINARY HOMŒOPATHY SHOULD BE ENCOURAGED.

By A. P. Bowie, M. D.

THE HOMŒOPATHIC RECORDER does right in calling the attention of the profession to the subject of Veterinary Homœopathy; and it has always appeared strange to me that we had no college where this subject could be taught and the degree of

Homœopathic Veterinary conferred, for surely this is a field that needs cultivating.

I doubt not but what every homœopathic physician has had more or less experience in the treatment of the various disorders of our dumb animals. His exposition of Homœopathy is presented in such a telling way that it deserves a separate publication in tract form to give to the laity—even doctors should peruse it.

It has been said that Homœopathy is only good for women and children—but we in this line and the superiority of our treatment has been made manifest on many a trial. What is needed is to educate doctors for this specialty. Why could not some of our colleges add this to their curriculum? We have several good works on this subject. The latest one by Dr. Tut-hill Massey is a book every homœopath should read, for apart from the know-better man and the lower animals can be included in the list, and let the good work go on till homœopathic veterinary colleges and hospitals are established side by side with the old school institutions and when Dr. Bradford gives us a new edition of his "Logic of Figures" we will have a map of testimony showing as good results of Homœopathy in animals as man.

Why not veterinary college?

Uniontown, Pa.

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## SEVERAL ERRORS, A PARTIAL ERROR AND A HIT.

By A. M. Cushing, M. D.

To the Editors of the HOMŒOPATHIC RECORDER:

A well-preserved gentleman of 70 called at my office, saying he was a well man, except for two years past he had had *constant* bloody urine. During that time, at different times he had been under the care of physicians of both schools without the least benefit. They had examined the urine several times and some said it was disease of the kidneys, others of the bladder. He had never had any pain in kidneys nor bladder and no pain during urination. I doubted their diagnoses and formed my own. As he was to leave in one week for two or three weeks' vacation I wanted to hit him all I could before he left, and gave him *Saw*

*palmetto* 3x and *Phaseolus nana* 4x in alternation, four No. 35 globules every two hours, dry, on the tongue. In four days he returned and said that morning he had some pain in urinating, but the blood had nearly all disappeared. I told him to take no more medicine, but report before leaving in two days. He did so and reported all well, and has continued so. I think my diagnosis, hæmorrhage from the prostate, was correct, but I did not know what cured him.

A few weeks later I was called to see a man, 92 years of age, passing bloody urine, apparently as much blood as urine, but probably not. This had continued about one week. He had previously some trouble in passing water, had to urinate several times during the night and had to pass a catheter once or twice every twenty-four hours. For a little time past had not been obliged to use the catheter. I decided the trouble was in the prostate and gave him *Phaseolus nana* 4x, a few No. 25 globules in one-half a glass of water, one teaspoonful once in two hours through the day. In two days he was nearly well; at the end of four days was well, and has continued so more than a month. This was my *hit*.

*Springfield, Mass.*

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## THERE IS GOOD IN ALL FADS.

By J. C. Nottingham, M. D.

Prayer, faith, divine, Christian science and spiritual healers all have in common what every true physician learned in human diseases and dispositions have, viz.: A knowledge of the influence of *faith* as well as works.

To know when faith is necessary, and how to obtain that reliance, and how to use it when secured, may puzzle some of us often.

If we sift the chaff from the really golden grain in these "fads," we will find that faith is the germinating element used to control and direct the erring human applicant for cure of diverted nervous force or functional change.

Faith properly directed will enable us to *suggest* the diet, the habit and mode of living, and the perseverance in the osteopathic methods (massage), while the well-directed remedy will aid in the restoration and cure of even organic and tissue

changes, and the proper subjectivity to treatment is induced by the operation of faith, while medicine, massage, dietetics, hygiene, proper exercises, etc., will render most valuable assistance

All these methods use the well-known influences, but neglected "science of the mind" and mental influences which quiets erythisms, sexual ecstasies, sensual, social or intellectual illusions, and removes antagonisms by diversions, which is often necessary to obtain before a cure can be induced by the best selected or "indicated remedy," and in many cases will cure functional errors without any medicine.

This statement is not intended for an argument, but as "suggestions" to thoughtful, conscientious minds.

If the profession would end these "fads" they should learn the good they have and how to use them. There is much chaff to winnow over, but the sound kernel exists and will give a necessity for the existence of the fact with all its blandishments.

Who can blame humanity for flying to proprietary medicines, or *no medicines*, to free themselves of the constant reminders of an unnatural existence while they have no knowledge of Homœopathy and having no means by which they may select a homœopathic physician from the limited diplomied practitioner or the spurious "any-practice" man or woman?

*Bay City, Mich.*

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## FERRUM PHOSPHORICUM AND KALI MURIATICUM—CLINICAL.

(The following is taken from a very interesting paper by Dr. George Black, published in the *Journal of the British Homœopathic Society*, October, 1899, entitled "Some Experience with the So-called Tissue Remedies of Schüssler." The first part of the paper is taken up with a consideration of the theory of the tissue remedies, in which Dr. Black gives credit to Boericke & Dewey's *Twelve Tissue Remedies* for much of his information. The second part, his own experience, runs as follows) :

Ernest R, aged 9, with light blue eyes and flaxen hair, pale face, and of medium height and stoutness, was brought to me on Monday, October 28, 1895. Twelve months ago he began to wet the bed. According to his mother's account, he does so

half a dozen to a dozen times a night. He does not retain his water during the day, and when he cannot get out of school when he wants he wets himself. *Ferrum phos.* 5x trit., three times a day. Monday, November 25.—When he first took the medicine it seemed to have a magical effect, and for four nights he did not wet the bed. Since then he has done so pretty frequently, but, on the whole, he is decidedly better.

On July 24, 1893, I visited Gracie E., aged 5, fair, with grey eyes. Yesterday morning, about 9, she lay down; became very feverish; complained of pain in the back of the neck and a sensation as of a needle running into the stomach. She was very feverish last night, and her mother gave her *Aconite*. She says she fought the air, that her eyes had a wild glare about them, and the pupils were dilated. She points to the back of the neck as the seat of pain; complains also of headache. Pulse 120, temperature of 101.8°. *Ferr. phos.* 5x, every two hours. Tuesday, 25.—Out in the garden this morning. Skin cool; head and neck better.

On Monday, November 13, I visited Mr. D. He complained that for three days he could not get his feet warm. This morning he was very pale, and looked as if he were going to die. He had a hot bath, and although the heat was great, he did not feel it. Now he is reported to be as red as a turkey cock. He had taken two stiff glasses of whisky before I saw him, to try to get a sweat, but the only effect was to cause him to burn. I found him in bed, complaining much of his left heel and left knee. Pulse 80, large and full; temperature 100.8°. If he pulled his leg up tightly against the thigh, it gave him ease, but on letting go again it began to pain. No pain in any joint of the upper extremities. *Ferr. phos.* 5x, every fifteen minutes till four doses are taken; then every one or two hours. Tuesday, 14.—Much easier today. Had slight perspiration during the night. Very little pain today in right knee and foot. Pulse 72, temperature 99.2°. Continue. Thursday, 16.—Pain gone; up and dressed.

Mrs. A., aged 30, dark hair, grey eyes; has suffered from cold for a few days. Saturday, November 25, 1893.—She shivered, her teeth chattered, and she could not keep away from the fire. About 10.30 P. M. a misty sensation came over her eyes, and one object looked like three. Her throat then became very bad, and she could scarcely sleep all night. Monday, 27.—Yesterday and today she has felt bad; every limb has ached. When she at-

tempted to drink yesterday it ran out of her nose. She complains of great pain each side of the throat, smarting in character much increased by attempts at swallowing. The throat is brightly congested; the tonsils and surrounding structures looking very red. *Ferr. phos.*, every fifteen minutes, half hour, and hour. Tuesday, 28.—Slept fairly well; feels much better today. Could swallow better very soon after beginning to take the medicine. Pulse 80, temperature 99°. Throat not so acutely congested as yesterday. Wednesday, 29.—Can swallow much better. Temperature, normal. Continue the medicine occasionally.

On Saturday, January 21, 1893, I was called to Jack H., 8 years old, with dark hair and eyes. I found him in bed; his face was flushed, his skin hot and burning, and his eyes glistening. Pulse 124, temperature 103.6°. He complained of severe pain in the back—lumbar region—and of great difficulty on attempting to turn. He had been working hard for an examination. Thursday was a holiday; went and played football; shivered afterwards; then became very feverish. Urine clear; no cough. *Ferr. phos* 5x every fifteen minutes, half hour, hour and so on. Sunday, 22.—All right. Had wandered at night in sleep, but since then been himself. Perspired very freely. Could have wrung his hair, it was so wet with perspiration. Pulse 64, temperature normal. No pain.

Richard G., aged 5, fair, light gray eyes; began to vomit April 14, 1895, since which he has been sick quite ten times. He complains of pain, the situation of which is in front of right ear and up to the temple. He has had the pain in his head quite a week, but till the day previous to my seeing him had not vomited. Two or three weeks ago he received a blow on the head from a stone; it struck him, and cut him over the posterior part of right parietal bone; a swelling rose over the seat of injury like an egg. *Ferr. phos.* 5x. April 15—Has not vomited since taking the first dose of medicine. Pulse 108, respiration 16, temperature 99.8°, slightly less than yesterday. I have no further note of this case, but if my memory serves me he was soon all right.

I was consulted on August 16, 1894, by Alice W., aged 18, a stout, well developed girl, with pale face, dark brown hair and eyes, and prominent nose. This is Monday, and she says that on Friday she experienced a severe, aching pain in the forehead,

which became worse on Saturday. Yesterday she felt cold and shivery, and on the left cheek a reddish patch appeared, which spread towards evening. This afternoon I find an erythematous patch, extending from the side of the nose close to the eye, down under the lower eyelid and on to the cheek. It extends slightly on to the nose at its upper part. There is also a slight blush under the left nostril, and a patch of red at upper and inner aspect of right side of bridge of nose. The nose itself is swollen. Pulse 116, temperature 99.4°. *Ferr. phos.* 5x, every two hours. Wednesday, August 18.—The redness and swelling are gone from the face, and she feels and looks all right. Pulse 88, temperature 97.4°.

Miss V., age uncertain (perhaps 60), stout, fair. March 15, 1893.—In bed; cheeks swollen and of a dusky red hue. There is some redness on the forehead; the nose is swollen; the eyes are partially closed. Pulse 100, temperature 102°. The swelling of the face began the night before last in right submaxillary gland, went up to the right cheek, across bridge of the nose, down left cheek to corresponding gland on left side; now extended to forehead. *Rhus tox.* 30 given every two hours. 10 P. M.—Pulse 104, temperature 104.6°. No delirium. *Ferr. phos.* 5x, every fifteen minutes, half hour, hour, etc. Thursday, 16.—Lying on her back; face less swollen. Pulse 95, temperature 102.4°. Complains of head feeling sore to touch and on lying. No wandering in the night, but felt her breathing short. Tongue moist. 10 P. M.—Condition very satisfactory. Pulse 90, intermitting about once in a minute, but better in character than it was. Temperature 101.2°. Tongue and skin moist. Head and face less tender to touch; redness of cheeks less intense; upper eyelids less œdematous, skin beginning to have a wrinkled appearance. Continue. Friday, 17.—Had a very good night. Temperature at 6 A. M. normal, and at 10 A. M. 98°. Feeling much better. Right cheek much less flushed and much less swollen; right eyelid ditto; left better. Complains of pain at the back of the neck. Pulse 74, no intermissions in a minute. Continue. Saturday, 18.—Doing splendidly. Pulse 60, regular, temperature 97.4°. In this case a drain was found choked leading to the sinkstone, and bad smells had been experienced by the servants for months, but they said nothing about them to their mistress, whose sense of smell, since an attack of influenza, had been perverted.



Saturday, September 14, 1895—On Wednesday evening, Miss M. was at Chapel Hill, where she sat for a short time, then left and went round the Sea Road, and was seized with pain in the back which came suddenly across the loins. Began to shiver immediately after and on arriving home continued cold and shivery all night. Next morning the pain was very bad; she used some Chili paste in the afternoon which did her good, but it came on again very badly last night. To-day it has been bad all morning and she has felt very cold. She complains now of burning across the back, "just as if someone were placing a red-hot iron there." "All my limbs ache, it is one continual pain. My head has been aching badly for two days and the back of my eyes." The pain is not made worse by movement. Urine the other day felt hot and scalding; it is rather deep in color now. Temperature 102°. *Ferr. phos.* 5x every hour or two. Sunday, 15, much better. Pulse 72, temperature 98.6°. She still complains of her back and of cold perspiration about the legs. Tuesday, September 17, letter received: "I am happy to tell you I am feeling very much better and the pain in my back is nearly gone, only I am feeling very weak and shall be glad if you would send me something to pull up my strength. I shall go down to the office for part of the day."

Thursday, October 17, 1895.—On Sunday morning, Miss V. awoke with burning heat over the entire body. When she got downstairs she felt cold and began to shiver, then a terrible throbbing headache came on. Her appetite failed suddenly, but she was very thirsty. Limbs began to ache—legs and knees—"in fact I ached all over worse than on Sunday. I was in a perspiration and was cold and burning from head to foot. In the night when I looked at my legs they were swollen and sore, red blotches had come out upon them. They were hot at night and I slept very little. Kept getting in and out of bed, was in so much pain didn't know what to do." Began to suffer from cough on Sunday morning, a short, hacking cough. The urine contains a light orange-colored deposit. Pulse 88, respiration 18, temperature 101.4°. On examination I found a large number of red lumps on the anterior surface of the legs, some on the outer surface of the thighs, and on the buttocks, varying in size from a lentil to sixpence or rather larger. There are some also on the outer aspect of the forearm. They are elevated and tender to touch. There are also spots on the face and

amongst the hair. Her head feels as if it were parting right on the top. She says her temperature varies very much, sometimes a degree in an hour. *Ferr. phos.* 5x. Saturday, 19, complains of gnawing, aching pain in the knee-joints, restless feeling in the legs—wants to keep moving them constantly. Right down the bone from the knees to the feet there is a scalding, burning feeling. She has a dry, rather loud-sounding cough. She has lots of red blotches on her right cheek; they are elevated above the surrounding skin and have little vesicular heads that look as if they would become pustular. Right forearm is dotted all over with red, erythematous nodules varying in size and raised as the others; they are hot to the feel and hard. The right arm aches—a gnawing aching in the bones. The legs do not ache so much to day as yesterday, nor does the head. Tongue red and rather raw. She keeps constantly moving her legs about. There is great pain in both knee-joints. Pulse 92, respiration 24 temperature 101.4°. On examining the legs I find them covered on their anterior aspect with red lumps, varying in size and exquisitely tender; there are also some on the thighs and one or two on the hips. *Kali chlor.* 6 in alternation with *Ferr phos.* Tuesday, October 22, letter received this morning in which her brother says: "The whole of Saturday she was in great pain in nearly all her joints; her head also ached very badly. Towards evening she began to get very hot, and after being some time in a burning heat she began to sweat violently, which continued about two hours. She had a little sleep during the night. Yesterday on awaking two red lumps appeared on the left wrist, causing great pain; these lumps partially disappeared after taking a dose of the medicine (*Kali chlor.*) which you sent yesterday. During last night she slept several hours quietly, and this morning feels somewhat better. The spots on the legs are fading and she is not in such intense pain. Her temperature on Saturday was as follows: 4:35 P. M., 102°; 7:20 P. M., 103.1°; 9:30 P. M., 101.3°. On Sunday, 3 A. M., 102°; 7 A. M., 100.4°; 11 A. M., 100.1°; 2 P. M., 102°; 5:15 P. M., 101.4°; 9 P. M., 102.1°. On Monday at 3:30 A. M., 100.3°; and at 8:30 A. M. the same." I visited her to-day, Monday, about noon; she was coughing a great deal—a loud, barking, brassy cough, and complained that it hurt her left side a good deal to do so. "My bones ache," she said, "a good deal, but I'm perfectly easy compared with what I was. I was bad the other day and

did feel ill." Pulse 70, regular, respiration 18, temperature 99.4°. The erythematous lumps are fading from back of arms, front of legs, and side of thighs, and hips. Continue as before till fever is gone, then take *Kali chlor.* 3x. October 26, much better. She gradually got well.

On Saturday, October 22, 1892, I was sent for late at night to see Mrs. L., whom I found in bed suffering from her back and throat. It came on yesterday. She felt stiff in the arms last Monday; that passed away. Yesterday her throat became affected, and she was unable to swallow anything. Has as much difficulty in swallowing today. To-day it took her in her back, she says, so that she could not move. She was cold, and shivered, and wanted to sit over the fire. Has headache; also disagreeable taste in the mouth. Pulse 144, respiration 34, temperature 101.6°. On examining the throat I found the tonsils and adjacent structures greatly congested. On the left tonsils were a number of small mattery-looking spots, and on the right a dirty yellow-grey patch, about the size of a threepenny-bit. *Ferr. phos.* 5x every two hours. Sunday, 23.—Got relief from the pain in about half an hour; can swallow rather better this morning. *Kali chlor.* 3x every two hours. Monday, 24.—Throat much better. The patches are nearly gone; the parts about are still much congested. Pulse 126, temperature 99.2°. Tuesday, 25.—Doing well; no pain whatever in the throat.

Miss P. was visited for the first time on Friday, November 24, 1893. She complained of her throat; had not been quite right for two or three days, being hot and cold by turns. She has much difficulty in swallowing, and her throat is very painful all round. Voice is nasal. Pulse 104, temperature 101°. Both tonsils much enlarged, and very congested; surrounding textures present a similiar appearance. The right tonsil is studded on its inner aspect with numerous follicular ulcers. The left is not so dotted, but a streak of pus hangs down its inner aspect, close to the uvula, which is in contact with this tonsil. *Ferr. phos.* 5x every fifteen minutes, half hour, hour, and so on. Saturday, 25.—Did not sleep very well. Pulse 88, temperature 102.2°. Many of the ulcers are gone. The redness and swelling are less. Monday, 27.—Slept much better; voice less nasal; less swelling and redness than yesterday. Pulse 80, temperature normal.

I saw Niss N. on August 9, 1894. She is 25, above medium

height, stout, has dark brown hair and grey eyes. On the 5th her throat felt as if swollen on the left side, had dreadful headache in the temples as if they would burst. Monday, the 6th, was hot and cold alternately, felt light-headed and as if her strength were gone. Sunday afternoon had pain in the left side from the heart to the shoulder. On examination the throat was found to be greatly congested, both tonsils much swollen and congested with greyish-looking patches. These had very much the appearance of a diphtheritic membrane; and some of those cases of suppuration of the follicles, in which the pus has become matted so as to form a patch of greater or less extent on one or other or both tonsils, are often difficult at first sight to determine the character of. In this case, on closer inspection, I was able to detect the individual points of suppuration, and often in a doubtful case by scraping a little of the purulent matter that has become caked on the surface aside we are helped to a true decision. There was considerable subsequent œdema, but under *Ferr. phos.* and *Kali chlor.* the swelling declined, the patches disappeared, and she was soon all right again.

In another case of follicular tonsillitis in a young woman, aged 21, there were the following symptoms: Shivering, flushed face, sore throat, pain and stiffness in the nape, nasal tone of voice. Pulse 112, temperature 103°. Arms presented a rosy red appearance, but there was no rash on chest or legs. Her hands steamed when taken from under the bedclothes. Many follicles on both sides were in a state of suppuration. *Ferr. phos.* 5x was given frequently, and on the 7th, the second day after I had first seen her, the pulse was 88, temperature 99.6°; after this she was soon all right.

I was called to Annie D., aged 9, on Thursday, March 21, 1895. She is fair with blue eyes and rosy complexion. On going to bed the previous night she was a little hoarse. She has a dry, brassy, ringing cough, and complains of pain over the larynx. Pulse 142, temperature 101.4°. *Ferr. phos.* 5x and *Kali chlor.* 3x alternately every two hours.

Friday, 22.—Cough was very troublesome till 1 A. M. after which she coughed scarcely anything, and it is looser when she does so. Pulse 88, temperature 98.4°. Tongue moist, slightly coated with thin grey fur. Continue, but take *Kali chloricum* more frequently than the other. Saturday, 23.—Slept well; cough rather troublesome last evening, since then has coughed

little. Pulse 84. Temperature subnormal. Allowed up. Monday, 25.—Going on nicely.

I was called on Wednesday, March 20, 1895, to Percy C., aged 5, a stout little fellow, with light brown hair and grey eyes. On Sunday he was hot and burning all day, and had a hard, dry cough. The cough has continued since then and is now harsh, brassy and croupy in sound, but with a tendency to soften and a little phlegm to be dislodged; pulse 112, temperature 102°, respiration 40. Tongue covered except at tip with grey fur. *Ferr. phos.* 5x every two hours. In the evening his temperature was 103.2°, pulse 142. Coughing almost incessantly while I was in. *Kali chlor.* 3x in alternation with the other. Thursday 21, at 10 P. M., he dropped off to sleep, and slept a nice long time without coughing. This morning he is much improved; has not coughed once during my visit. Pulse 92, respiration 36, temperature 98.8°. I am told, when he coughs, it is much softer in character. Continue. Saturday, 23.—Doing well.

In a few instances I have used *Ferr. phos.* with advantage in epistaxis; it is also of service in feverish conditions following blows upon the head.

Wednesday, November 21, 1894, I saw Jamie H., aged 5. A week ago yesterday, while playing about in the back premises, he fell down a flight of eight steps; he struck his head, it is thought, upon a barrow that was lying at the foot and made a clean cut down to the aponeurotic fascia, which was exposed, but as far as I could ascertain the bone was not bare. The parents seemed averse to its being stitched, and having already plastered the part up with ordinary sticking plaster I removed this, and endeavored to bring the edges together as well as I could with strips of arnica plaster. He was also given *Arn.* 3 internally. Next day things seemed to be going on satisfactorily, but in two or three days more it was not so. By this time very offensive pus was oozing from the wound and his face was swollen, the lower lids œdematous and there were several red spots about the face and neck. Next day he was rather better. I bathed off the strips of plaster and applied glycerole of calendula. The day following I found him with a temperature of 102°, pulse 120; numerous red patches and an appearance as of vesicular erysipelas about the face; the left cheek was flushed, and it and the forehead were dotted over with little vesicles.

*Ferr. phos.* was given every two hours. Yesterday morning his temperature was normal, by afternoon it was  $102^{\circ}$ . The wound was gaping, the edges red and irritable-looking, tongue rather dry with a red triangle at the tip the rest was coated with whitish fur. He complained of pain in the umbilical region; no sickness. Continue the *Ferr. phos.* Very restless last evening, muttering in his sleep; towards night, better. To-day, at 2 P. M., temperature normal, pulse 100, wound looking better; tongue cleaner and more moist. Friday, 23.—All fever gone, bright and cheerful; the wound is converted into a granulating sore and looks much more healthy.

In a case of measles in which the rash came very imperfectly out, and which was complicated with croup and alarming bleeding from the nose, I found *Ferr phos.* of the utmost service in controlling the epistaxis and mitigating the patient's condition. I gave *Acon.* and *Spongia* for the croup, and under these the stridor left the breathing and the cough softened. Just then his nose bled ten or twelve times, and when I saw the amount of blood he had lost (for his mother had preserved it in a vessel for me to see) I could scarcely think it possible that a little fellow of eight should lose so much blood and not be in a state of collapse. His pulse was very weak and compressible, and the following day it was 124, temperature  $103.4^{\circ}$ ; there was also considerable muscular twitching. During the succeeding night he was very restless, and at times delirious. The rash had now come out well, pulse 124, respiration 28, temperature  $101^{\circ}$ . No return of the epistaxis. He was now troubled with retention of urine, which was remedied by the application of a hot sponge; 10 P. M., pulse 118, temperature  $100.4^{\circ}$ . For two nights more he wandered a good deal, but the pulse decreased in frequency and the temperature steadily fell, and if your experience is similar to mine delirium during the subsidence of acute diseases is nothing to be alarmed at.

Amongst other diseases that I have treated with these two remedies are scarlet fever and diphtheria. Had time permitted, I should have liked to place before you a detailed account of some of these, but already I have trespassed too long both on your time and patience.

This is the first time that I have had the privilege of addressing this society, although it is not the first time you have honored me with the request to do so. I thank you for your

kindness, and only wish that it had been in my power to traverse a wider area and give you something more uniform and consecutive than I have been able to do to-night.

However, such as my paper is, I leave it with you in the belief that as you pass judgment upon it it will be in that spirit of charity which is the finest trait in the character of the individual, and the grandest ornament of any profession.

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### SOME NEGLECTED REMEDIES.

(The following paper by Prof. H. W. Felter we reprint from the *Eclectic Medical Journal*; it originally appeared in the transactions of Ohio State Eclectic Medical Association:)

From a *Materia Medica* so rich in excellent remedies as that of our school, it is practically impossible for a practitioner to become familiar with the actual values of but a comparatively few medicines. It is not overstating the fact, perhaps, that no practitioner uses more than fifty or sixty remedies in his daily work. Occasionally a difficult case will present itself and then he is compelled to seek something outside of his ordinary list, and in doing so he is more apt to look for some new, rather than for some old remedy. We have in our *Materia Medica* an abundance of remedies that meet as fully, if not better, the conditions sought to be cured or relieved than the so-called newer remedies. Again, we are apt to select (and this is a habit borrowed from the old school) a remedy of a certain group—as *digitalis* for heart affections—and think because it is a “heart tonic” that if it does not relieve there is no need of searching further for aid. Perhaps *Apocynum* will be the exact remedy we desire, but we have not been in the habit of regarding it as what it really is, a most excellent remedy in many affections of the heart. We are too apt to think if *ergot* does not control hæmorrhage, nothing will. Here we neglect *Ipecac*, *Oil of erigeron*, *Cinnamon* and *Lycopus*. Too many times, when we have exhausted the ordinary remedies in cholera infantum, we give up the case as lost, when *Erigeron* or *Epilobium* might save our little patient. The intractable diarrhœa of typhoid fever may resist all medication, until *Epilobium* is brought into use.

The many remedies that are sadly neglected by physicians can not be considered in a brief paper of this character. It is

my purpose, therefore, to briefly touch upon a few of those which have served me so well that I do not feel equipped without them.

*Achillea*.—This common weed is the well known yarrow. It is specially adapted to certain forms of hæmorrhage with debility. The condition in which I have found it most useful is menorrhagia in patients of weak constitution, where the menstrual flow each month is profuse and sometimes wholly sanguineous, sometimes partly leucorrhœal. The condition is always one of marked atony, and the debilitating discharges are often accompanied by severe backache, and not infrequently with sick headache. When the hæmorrhagic discharge is due to polypus or other growths, fragments of membrane, etc., the remedy will do little more than to slightly decrease the flow, but is of no value in accomplishing a cure. Here operative measures, as the removal of the growths, or the use of the curette, will accomplish that which no remedy will effect.

*Æsculus*.—The smooth buckeye furnishes a medicine of limited usefulness in disorders affecting chiefly the intestinal tube. That it mitigates the discomfort of piles is well known, and given internally and applied externally well within the rectum in the form of an ointment, it has yielded fully as good results as any medicine I have ever used. In very few instances, however, have I found it curative, though it appears to contribute to the comfort of the patient, and assists other agents, particularly *Collinsonia* and *Hamamelis*, and remedies to obviate bowel obstructions, and to improve the abdominal circulation. Vague, uneasy, and deep seated pain of dull character, evidently due to some abdominal neurosis, or possibly to pancreatic involvement, has yielded to *Æsculus* in my hands. I have also used it successfully in some cases of sharp neuralgic visceral pain, though it has failed more often than it has relieved. Whether this is due to non adaptability of the remedy to these conditions, or whether my diagnoses have been imperfect, I am unable to say, for I consider it very difficult to diagnose abdominal affections merely by means of pain in the abdominal region.

*Agrimonia*.—I have found this to be a useful remedy, and one frequently demanded to meet the conditions which have been named in the indications given by Prof. Locke, viz.: deep seated, aching pain in the loins, and the voiding of badly smelling, muddy urine. In one case under my observation of a man who suffered for weeks with dull, undefined pains in the region of



the chyle receptable, was relieved only by an infusion of agrimony.

*Apocynum*.—As a remedy for œdematous infiltration, *Apocynum* has achieved a high rank among medicines. That it does so is probably due largely to its action upon the heart—a fact which was not recognized until a few years ago. Since good clinical results have been achieved with it in heart affections, physiological provings have been made, showing that its control over the heart is nearly as decided as that of *digitalis*. I have witnessed good results from it in *angina pectoris*, and for œdema with irregular or feeble heart action, it has given the best results of any drug employed.

*Ceanothus*.—Jersea tea has given satisfaction in affections of the spleen, especially in enlargement of the spleen not due to malarial agency, or at least not accompanied with any of the ordinary palustral manifestations. As far as I have employed it I have found it to be an admiral remedy, and another who employed it on my recommendation reports perfect success with it in a case which had resisted the whole list of spleen remedies. It is not a new remedy for this purpose, having been largely employed during the civil war, but it has more recently been revived. It will repay investigation.

*Chimaphila*.—Without prince's pine I would be at a loss to know how to treat certain chronic affections of the urinary tract. For this purpose I prefer the infusion to any alcoholic preparation. The indications for which I administer it are those which accompany a lax and a tonic state of the parts involved, viz: dull pain, often of a drawing or dragging character, extending from the loins to the prostrate portion of the urethra, with scanty urine loaded with mucus or muco-pus. Blood may be voided also. The heavier the discharge of mucus or muco-pus, the better the agents appear to act. Acute inflammatory symptoms should be absent, and the infusion may be freely administered.

*Epilobium*.—Willow herb is my main remedy for the control of the diarrhœa of typhoid fever. Not that other remedies will not sometimes check this complication, but thus far with *Epilobium* I have been able to control it with as much certainty as *Morphine* will relieve pain. \* \* \* Equally as good results are obtained from it in the summer diarrhœas of children, particularly in the chronic stage of cholera infantum, with profuse watery and debilitating discharges, and in sub-acute cases of

muco enteritis. It also serves a good purpose when the discharges are of half digested food, and are accompanied with colicky pains.

*Erigeron* is generally thought of only as a troublesome weed to farmers. It appears to be present everywhere. Few think of it as an excellent remedy for copious diarrhœal discharges of a watery character. If the discharges be slightly mixed with blood, its value as a remedy is increased.

*Euphrasia*.—Eyebright is a remedy that has been very much neglected by our physicians, while homœopaths have for years added to their reputation through its judicious use. Its field of action is in catarrhal affections, both acute and chronic. In acute colds, with hot, thin nasal discharges, and with incipient catarrhal conjunctivitis, I use the remedy with confidence; usually, however, with *veratum*, and less frequently with *aconite*. But I value it more in chronic catarrhal affections of the nose and throat, giving in conjunction with *Phytolacca* and *Iris*; none of these remedies alone doing the good accomplished by their combination. These I use without regard to particular indications, except that there is a catarrhal involvement of the Eustachian tube, and a partial occlusion of the same, due to enlargement of the tonsils. From the encroachment of these bodies, as well as the catarrhal condition, there is usually more or less deafness. No treatment has given me such satisfaction in nasal and post nasal catarrh.

*Lycopus*.—Bugle weed takes a first rank among my steadily employed medicines. It is second to no remedy for the control of passive hemorrhages from the lungs, besides being a valuable heart sedative. Wild and tumultuous beating of the heart is controlled by it, and this is a condition frequently preceding or accompanying pulmonary hæmorrhage. It alleviates the cough of phthisis, as well as most remedies of the balsamic class, and is always kindly received by the stomach.

*Melilotus*.—I have used melilot sufficiently to convince me that we are overlooking a remedy of value for the control of pain when we neglect melilotus. As a remedy for facial neuralgia, for which it has been praised by some physicians, I have not used it. But in ovarian neuralgia it has operated as quickly and permanently as any agent I have employed. White sweet clover I have not tried, though it has been recently reported useful in conditions similar to those for which the yellow species is em-

ployed. I have thus far relied on a tincture of the fresh plant prepared when in bloom, and the dose ranges from five to ten drops every hour. This plant (*melilotus officinalis*, resembles the common and everywhere abundant white sweet clover (*melilotus alba*) but has *yellow* flowers. It will repay a thorough investigation.

*Podophyllum*.—*Podophyllum* is mentioned merely to state that in my hands, it has accomplished better results in controlling the actions of the bowels than has the resin of *podophyllum*—*podophyllin*.

*Trifolium*.—In search for more active remedies, physicians have quite generally passed over red clover.

In those conditions calling for the so-called alterative—a term at once elastic, vague and indefinite, yet expressing to us a disturbed balance of the system, or a cachectic state—I regard *trifolium* as a remedy of the first importance. I have relied upon it solely in those disposed to cancerous growths, and, in my opinion, when persistently given, it retards the progress of cancerous tumors, and improves the general condition of the patient. Though I believe it strongly antagonistic to a cancerous cachexia, I do not regard it curative after an active ulceration has begun. I am disposed to believe, however, that if given persistently, as soon as the growth is discovered, it will, in a large majority of cases, be the means of preventing an early ulceration and the consequent involvement of the lymphatic structures. I have known of cases in which the breast was removed for cancer, where no further trouble was experienced for years. These cases were given clover for periods of three or four months, and repeated from time to time. Clover also assists in the cure of scaly and ulcerated conditions of the tibial region in the old.

*Arisæma*.—I desire to close this paper with a mention of Indian turnip, a remedy scarcely ever used by any one in general practice.

My experience with it is a local application in severe sore throat, particularly when deep or purplish red, ulcerated, fetid and intensely painful, has led me to regard it as a valuable medicine. I prepare a strong tincture of the fresh corm and employ it freely as a gargle mixed with water and with or without glycerine. I intend, as soon as I may procure a fresh supply of the corm, to give it a more extended trial. The dried corm is practically worthless.

That which I have stated in this paper is nothing more than a brief series of notes on the remedies considered. They are drugs largely neglected, but each has a special place in my practice, and I hope that the mere mention of them may lead those who have not employed them to give them a trial.

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## BOOK NOTICES.

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**Bee-Line Therapia and Repertory.** By Stacy Jones, M. D. Second Edition. 333 pages. Flexible Morocco, Round Corners, Gilt Edges. \$2.00; by mail, \$2.08. Philadelphia: Boericke & Tafel. 1899.

It was hardly fair to call this beautiful little book of practice, *Materia Medica*, repertory, and what not, a second edition, for it has been enlarged to considerably over double the size of the old *Bee Line Repertory*, and every word of it re-written by the author, who entirely discarded the printed copy of the old work and sent in the new one in manuscript from title page to remedy list. Well, what of the book? Why it is doubtful if you can think of a disease or a condition to which this book will not put you on the track of a remedy or several of them. The book is arranged alphabetically, including the whole human anatomy—Abdomen, Anus, Back, Bladder, Bowels, Brain and so on to Womb—the names of every disease from A to end; aggravation, amelioration, antidote, anæsthesia, weather, time and all that sort of thing, and then such remedies as *Acetanilide*, *Alcohol*, *Alum*, *Amyl nitrate*, *Benzoin*, *Bismuth. sub-nit.*, *Carbolic acid*, hot water, cold water, earths and the like, as to be simply amazing as to the amount of matter crowded into so small a space. And then, too, if you want a certain symptom we know of no better book in which to find it. For instance, shortly after the appearance of this book the inquiry came to the RECORDER for the remedies having pain from nape rising up; turned to “Head” and, under sub-head, “PAINS IN THE HEAD LOCATED OR EXTENDING INTO:” found in a moment the following—“Rising from the back of head or nape of neck, Cimi., Fl. ac., GEL., KAL. c., Lil. t., Sang., Sil.—” There you have them. Now suppose some had wanted the remedy with pain going the other way, why, there it is—“Extending from head

down the spine, *Cimi*." Or suppose you wanted the remedy, or remedies, with, say, the sensation of "A hairy tongue:" running the pages over and watching the heading we soon come to "TONGUE—see mouth." Back in a moment to "Mouth," run down the sub-heads to "tongue;" then down the page to "*sensation*," and there it is—"Hairy, Therid—As if a hair lying on it, Kal. bi., Nat. m., Sil.—Or loose skin, Rhus," and so on. The uses of all ointments are given. And the remedies, even such simple ones as hot water; of this there are given twelve uses that may come in very handy at times; of Hydrogen per oxide over thirty diseases are included with directions. In short, as Friend Cooper, of the Gleaner, said of it—he got his review in ahead of the RECORDER—"No wide awake homœopath will be long without it, and it will pay any modern eclectic to own it and frequently refer to it," and he might have included the other fellows, too, for they could find lots of use for it. It is, in short, a cosmopolitan therapia and repertory.

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**Saunders' Question Compend. No. 11. Essentials of Diseases of the Skin.** Including Syphilodermata, Arranged in the form of Questions and answers prepared especially for Students of Medicine. By Henry W. Stellwagon, M. D., Ph. D. Clinical professor of Dermatology in the Jefferson Medical College, etc. Fourth edition, thoroughly revised. Illustrated. 276 pages. Cloth, \$1.00. Philadelphia: W. B. Saunders. 1899.

Another of the well-known blue-bound "Question Compend's" that has reached the fourth edition. The publisher struck a popular chord in the medical heart, for up to date 175,000 copies of the Question Compends have been sold.

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**Saunders' Question Compend. No. 4. Essentials of Medical Chemistry Organic and Inorganic.** Containing also Questions of Medical Physics, Chemical Philosophy, Analytical Processes, Toxicology, etc., prepared especially for Students of Medicine. By Lawrence W. Wolf, M. D. Demonstrator of chemistry, Jefferson Medical College, etc. 5th edition, thoroughly revised by Smith Ely Jelleffe, M. D., Ph. D., Professor of Pharmacognosy, College of Pharmacy of the

City of New York, etc. 222 pages. Cloth, \$1.00. Philadelphia: W. B. Saunders. 1899.

The title tells of the subject matter, and this is the fifth edition. Enough.

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**A Text Book of the Practice of Medicine.** By James M. Anders, M. D., Ph. D., L. L. D. Professor of the Practice of Medicine and of Clinical Medicine in the Medico Chirurgical College of Philadelphia, etc. Illustrated. Third edition, revised. 1292 pages. Cloth, \$5.50; Sheep or Half Morocco, \$6.50. Philadelphia: W. B. Saunders, 1899.

Another well-known book brought right up to the close of the century. It is very thorough and complete old school practice.

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**A Text Book of Materia Medica, Therapeutics and Pharmacology.** By George Frank Butler, M. D., Ph. D., M. D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Medical Department of the University of Illinois, etc. Third edition, thoroughly revised. 874 pages. Cloth, \$4 00; Sheep or Half Morocco, \$5. Philadelphia: W. B. Saunders. 1899.

A materia medica and therapeutics of our friends in the other medical field brought right up to the end of the nineteenth century, and if any reader wants such a book, this one will serve him probably better than any other. Large type and well printed and bound.

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**The Surgical Diseases of the Genito-Urinary Tract, Venereal and Sexual Diseases.** A Text-book for Students and Practitioners. By G. Frank Lydston, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphology in the Medical Department of the State University of Illinois; Professor of Criminal Anthropology in the Kent College of Law; Surgeon in Chief of the Genito-Urinary Department of the West-Side Dispensary. Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; Delegate from the United States

to the International Congress for the Prevention of Syphilis and the Venereal Diseases, held at Brussels, Belgium, September 5, 1899, etc. Illustrated with 233 Engravings.  $6\frac{1}{2} \times 9\frac{3}{4}$  inches. Pages xvi-1024. Extra Cloth, \$5.00, net. Sheep or Half Russia, \$5.75 net. The F. A. Davis Co., publishers, 1914-16 Cherry St. Philadelphia.

A very handsome and complete work on the surgical diseases of the very important parts of man named in the title. In his short preface the author says: "I have embraced the opportunity herein afforded me of airing a few heresies of my own in juxtaposition with as much of the accepted and standard teachings, as it is practicable to present in a work chiefly designed for the student and general practitioner rather than the specialist." Dr. Lydston's "heresies" are rather more advanced ideas than prevail and will in time become respectable and accepted practice. The book ought to prove successful.

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**Loveliness.** A Story by Elizabeth Stuart Phelps. 43 pages Square, 12 mo. \$1.00 Houghton Mifflin & Co. Boston and New York. Philadelphia: Strawbridge, Clothier & Co.

Here is a case of sentiment, pure and simple, running square against science as it is embodied in vivisection. Haughty science does not recognize sentiment—even though it be sentiment that moves the world, even the world of science to a very considerable extent—yet sentiment sent thousands on the crusades, the Puritans to the bleak New England coast, and several other things of like nature. The pen that wrote *The Gates Ajar* has not lost its cunning. *Loveliness* is worth reading and if you want to employ sentiment against vivisection here it is. When the waist-coat of science becomes broader and its spirit less severe, and with more of the milk of human kindness in it, there will be no need of these books, or of every freshie cutting up a certain amount of live stock.

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**A Manual of Veterinary Practice.** Designed for Horses and all kinds of Domestic Animals and Fowls. Prescribing Their Proper Treatment When Injured or Diseased, and Their Particular Care and General Management in Health. 684 Pages. Half-Morocco, \$5.00. Philadelphia: Boericke & Tafel.

Messrs. Boericke & Tafel have reprinted their *Veterinary Manual* that has been so long and favorably known to physicians, veterinarians, farmers, horsemen and stockmen. The reprint is an immense improvement in paper, general appearance and binding. This book is easily the best one for the general practice of veterinary homœopathy ever published and ranges from the noble horse down to the insignificant hen in its scope.

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*Surgical Abuse of the Rectum* is the title of a 36-page booklet by Dr. W. C. Brinkerhoff, Chicago, Ill. It opens this way: "The object of relating the following experiences and observations is to afford the general practitioner of medicine knowledge of some facts which are rarely made public. In truth 'the least said about it the better' is generally considered correct when unfortunate results follow surgery upon the rectum." A blast against orificial surgery as a profession in itself; of the merits of the case we know nothing. If anyone wants to read a rather grisly tale (and incidentally of the "injection" treatment), he can get a copy of the booklet free by addressing the author at McVicker's Theatre Building, Chicago, Ill.

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REPERTORY OF URINARY ORGANS by Dr. A. R. Morgan. This great work, on which the author, Dr. A. R. Morgan, has expended nine years of hard labor, is at last accessible to the profession and is without doubt the best Repertory of the Urinary Organs yet presented to the homœopathic physician. It is a magnificent work, tastefully printed from new type, gilt edged and substantially bound in flexible leather.

It is a credit alike to the author and the publishers, and will prove to be a valuable addition to the literature of the homœopathic school.

E. G. WHINNA,

Physician to Philadelphia Home for Infants.

November 14th, 1899.

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NEW YORK, November 16th, 1899.

MESSRS. BOERICKE & TAFEL,  
1011 Arch Street, Philadelphia.

*My Dear Sirs:* I am in receipt of your favor of the 11th inst. also the "*Repertory of Urinary Organs*"—which you were requested to send me by the author.



I have not had time to look it over carefully—but trusting as it does from Dr. Morgan's pen it is sure to be good, and well worth any physicians' time to study it carefully. I have known Dr. Morgan well for more than thirty years and he is incomparably the *best* prescriber of Homœopathic Materia Medica that I have ever known and I have known the best.

Yours very truly,

DR. CLARK SWETT

GREENVILLE, S. C.

November 20th, 1896.

Messrs. BOERICKE & TAFEL.

*Gentlemen:* I am highly pleased with the copy of the *Repertory of the Urinary Organs*, by Dr. A. R. Morgan, which came duly to hand. Its admirable arrangement with close differentiation and the reference that can be placed on its accuracy will command the attention and the liberance of all true homœopaths. I am glad you have produced it in such legible type as it renders rapid reference much easier. The author is to be congratulated.

Very respectfully,

J. E. FRITZSCHE.

DR. STACY JONES has given us a second edition of his *Bee-Line Repertory*, which has just appeared upon our table, having been very greatly changed and enlarged and yet kept within the pocket book compass. As to its intrinsic merits it is the same little useful book that its first edition was. And everybody fell in love with that edition at first sight. As we said then, we will say of this newer and larger book, that it contains many things that an ultra homœopath would turn up his nose at in disgust; but fortunately there are remaining very few of the ultra kind. On the whole, the book is an efficient helper in a moment of need—that special moment when every bit of knowledge needed for an instantaneous decision has all gone glimmering. The *Bee-Line* doesn't pretend to be an encyclopedia of medicine in fourteen volumes, but it does pretend, and carries out its pretensions honorably to the letter, to being a quick reminder or remembrancer of the thing to do on the spur of the moment. Our good friends—Boericke & Tafel—are the publishers of the second edition, as they were of the first. —*American Homœopathist*.

DUNCAN'S *Children: Acid and Alkaline* will be out by the middle of December.

ALLEN'S *Keynotes and Characteristics*, second edition will be out this month, greatly enlarged.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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THE series of Materia Medica studies by Dr. C. M. Boger, now running in the RECORDER, and of which we are promised more, are very valuable. Dr. Boger is doing good work, work that will stand the test of time. The doctor has also completed a translation of Bœnninghausen's *Repertory of the Antipsoric Remedies*, a work, we believe, that has never before been translated. The early homœopaths valued this repertory highly as it went through three editions in the German, the last one appearing in 1833. Messrs. Boericke & Tafel will publish this translation and thus add another rare jewel to their book catalogue.

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SAYS Dr. J. W. Lockhart, in *Wisconsin Medical Recorder*:

"Under the germ theory the various treatments vaunted as successful in malarial diseases is a confused mass of contradictions and absurdities that are a disgrace to science and philosophy. The germ theory has not produced a single rational improvement in the treatment of this disease."

Very true. When it comes to *curing*, the homœopathic Materia Medica must be brought into use, even though Dr. Quine says it is humbug!

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DR. WM. J. CLARY, as quoted by King's *Dispensatory*, has the following to say of that grand old healer, *Calendula*: "As a local remedy after surgical operations it has no equal in Materia Medica. Its *forte* is its influence on lacerated wounds, without regard to the general health of the patient or the weather. If applied constantly gangrene will not follow, and I might say there will be but little, if any, danger of tetanus. When applied

to a wound it is seldom that any suppuration follows, the wound healing by replacement, or first intention. It has been tested by several practitioners, and by one is used after every surgical operation with the happiest effect. You need not fear to use it in wounds, and I would not be without it for a hundred times its cost."

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"To sum the matter up in a nutshell it would be better stated in this wise: Fifteen cases of diphtheria were treated by the writer, of that number six had antitoxine and every one is dead. Nine others, subjected to the same influences, receiving precisely the same nursing, were treated as nearly homœopathically as ability permitted and recovered. There is something in the inexorable logic of facts that one cannot easily get around. We give these facts for the consideration of those who are still looking forward for a specific stating that in our honest belief there will never be found a specific for anything."—*Harvey B. Dale, M. D., in Medical Visitor.*

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"No physician, however naturally gifted for the calling, can practice medicine with honesty or success unless he keeps in touch with current medical thought through the journals. No doctor should consider himself too poor to take less than five medical journals, and he should not only read but digest them, advertisements and all, for reputable journals aim to exclude the advertisement of fakes and frauds in favor of things which are useful and helpful to physicians."—*Medical Brief.*

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THE fable runs: "A skunk once challenged a lion to single combat. The lion promptly declined the honor. 'How,' said the skunk, 'are you afraid?' 'Very much so,' said the lion; 'for you would only gain fame for having the honor to fight with a lion, while every one who met me for a month would know I had been in company with a skunk.'"

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THERE may be a great deal of difference between faith cure and hypnosis, but there is a great similarity in their marvellous

results. Mrs. Eddy tells of a "mashed" foot that she cured without even ever having seen its owner; this is matched by the following which the doctor tells in his own words, in a "hypnotic" journal:

I give this case because it seems to be of a character that hypnosis could not reach. He was a merchant aged twenty-eight, strong and active. Had fallen from his bicycle which injured his hip and leg. Was in bed three weeks. Hip and leg very sore and stiff. He could scarcely endure any pressure on account of the soreness of the parts. He was walking at the time by the aid of a very heavy stick. He had great pain when walking. Was hypnotized and went into the lethargic state and was then made cataleptic. He experienced instant relief, and had no pain, stiffness or even soreness of the flesh and muscles when I awoke him, and never felt any thereafter.

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THE following extract from the Berlin Letter to *Medical Record*, of August 26, is respectfully commended to the veterinarians who are using the "tuberculin test" which seems to be no test after all:

"I visited the large dairy of Grube, in Vistoria Park, and was favored with a view of one of the largest milk establishments in Germany. All cows are given dry fodder, are kept scrupulously clean, and subjected to a careful tuberculin test. I was very much interested to learn that one large batch of one hundred cows (Swiss breed) was examined with the test, and eighty-five gave positive tuberculin reactions. Further inquiry elicited the following very interesting information, which when I transmitted it to our director, Professor Baginsky, he was not willing to indorse. A great many cows, in fact, almost all, react with the tuberculin test "when tubercle is present," but—and here is what I regard as vital—some cows, although tuberculous as proven by a post-mortem, did not show any reaction."

"Again: cows that were not tuberculous, *i. e.*, in which no positive evidence of tubercle in the shape of lymphatic glandular swellings could be found, gave very strong reactions; so that we cannot yet absolutely say that none but tuberculous cattle will react."

And never will.

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It has been frequently asserted that the *sole* virtue in the whole outfit of "serums" or "antitoxins" lies in the *Carbolic acid* used to preserve the animal fluid from decomposition. This seems to be confirmed in an editorial in the December *Pediatrics* where the editor says:

Tetanus antitoxin seems to be of service in chronic tetanus, but we cannot say that we have not been disappointed in the results obtained from its use in acute cases, whether it was administered hypodermatically or injected into the cranial cavity.

He then quotes a case of tetanus treated by Dr. F. H. Woods (*N. Y. Med. Jour.*), with a ten per cent. solution of *Carbolic acid* followed by complete recovery with no complications. On this the *Pediatrics* man comments :

*Carbolic acid* pushed cautiously may prove a valuable adjuvant to tetanus antitoxin, until the latter has been rendered more efficient by further experimentation and study.

What would you more than complete uncomplicated recovery?

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THE best paper we have yet seen on the boiling subject of faith cure, christian science and the like, is by Dr. George E. Gorham, of Albany, N. Y., in the August 19 *Outlook*, a weekly journal. Dr. Gorham, a graduate of a homœopathic college, looks at the subject from the physiological point of view, and shows how a fear or dread of any kind, will powerfully affect the digestive functions, and thus either produce illness or retard the return to health. "Is it any wonder that when we eliminate fear and implant a steady, serene faith our bodies recover from many ills?" He cites three cases that had baffled the most skilled men in the profession, one of a woman paralyzed, hysterical paralysis, one of a girl who could not rise without fainting and the last that of a young man whose stomach rebelled and everything was vomited. The physician who cured these cases first, after a very careful examination, arrived at the conclusion that there was no functional troubles and then set to work and made the patients have confidence that certain treatment would surely cure—they were not indicated—and in each case the result was complete recovery. Had these cases fallen into the hands of a christian scientist who could have induced the patients to believe in recovery, induced the "serene steady faith" the result would have been the same. While a serene belief in recovery is a good state in all diseases, yet there are not many, like the above, in which it is the sole thing needed, yet when they do occur they make a profound impression on all who know of the case and give the christian scientist a standing that in reality they do not deserve. It will be well for physicians to recognize the facts as stated by Dr. Gorham and thus be able to intelligently refute the claims of these people, who, having hold of one important medical truth, reject all others.

## PERSONALS.

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We are told that Lincoln, Loudon County, Va., is said to be a good place for a homœopathic physician to locate.

Whatley says that honesty is the best policy even though "he who acts on that principle is not an honest man."

According to Professor Mechnikoff old age is the result of the subjugation of the macrophagi by the microphagi. Hurrah for Mac. and down with Mic.

The true remedy for professional and business over crowding is for every one to do less work and charge more for it.

"Disinfectants stink so," said the Medical Freshman "that people open the windows and pure air gets in," and thus they do their good work.

It is easy to take some things as they come—five dollar bills, for example.

When told not to say "won't" she asked what word could she use that meant the same.

Dr. Quine advised the young medics: "Be honest; if you can't be that then be lawyers."

Garth Wilkinson is dead. October 18th. A grand man gone.

One of *Life's* girls hoped her mother would go to Heaven because it would be awkward you know to have it known one's mother was in bad society.

If you are thinking of going to Europe next year write to Dr. John B. Garrison, 111 East 70th street, (he of the *Hom. Eye, Ear and Throat Journal*), for particulars of his six tours. Will save you money and worry and put you in good company. Write!

Plans for the new homœopathic hospital at Ann Arbor have been accepted. Six wards, besides sundry rooms for operating, etc.

Some of our journals are getting so deuced "liberal" that they look down on poor old Homœopathy with almost regular contempt.

Howsomever Homœopathy will be flourishing when this generation's toes are turned up to the daisies.

Dewey—the admiral—may well feel the sentiments of Coriolanus after the way the American press turned on him.

A rather interesting number of the RECORDER, this?

Papers always welcomed by the RECORDER, and free, courteous speech always allowed.

They say that when a man says his "tonicum" is "just the same" as the Physiological Tonicum he capitally plays the part of Anannias.

What Dr. Marcy says of *Malandrinum* 30 in this RECORDER is curious and suggestive—suggestive of protection against small-pox and vaccination, and of the power of the potency over the crude stuff. Doubters can easily test it.

Every horse owner should possess a copy of Hurndall's *Veterinary Homœopathy*. It may save the price of the horse in a pinch.













