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—THE—

HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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

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THE HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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SALUTATORY.

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

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

To assist in this noble work a pure, able Homœopathic journal was considered necessary. And, that this journal might exert a powerful influence for good, in our school, it was determined to ask the active co-operation of the best and ablest men in our

ranks. This was done : and the hearty, willing offers of assistance which came back to us were very gratifying, and moreover assured us of success : it was even more pleasing than this, as it proved our best men were alive to the danger, and eager to meet it.

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

The Law of the Similars.

The Single Remedy.

The Minimum Dose.

The first being the unfailing law : the last two its logical corollaries.

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

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

The law of similars is to Homœopathy what the “vital spark” is to the human frame : crush it out and we are but a dead mass, certain to become corrupt and decayed. To preserve this law, this vital spark, should be the earnest desire of all true

men and all earnest physicians. No true man could oppose such a noble work—noble, for it seeks to preserve and to perfect a science whose sole object is to relieve and cure human misery. To this work is this journal dedicated and for this purpose is it established. We ask the aid of all true Homœopaths, promising to be “independent in every thing, neutral in nothing.”

IN MEMORIAM.

BY AD. LIPPE, M. D., PHILA.

THE late Constantine Hering, M.D., devoted his long life to the promulgation and development of the new healing art, called by its founder, Samuel Hahnemann, “Homœopathy.” Dr. Hering furnished more valuable and reliable additions to our *Materia Medica* than all other physicians, since Hahnemann gave us his “*Materia Medica Pura*,” and his “*Chronic Diseases*.” Thereby he increased our ability to apply our immutable law of cure, with certainty and precision, to a larger number of diseased conditions.

The offerings Dr. Hering laid on the altar of the newly erected temple of our healing art were thankfully received by his contemporaries. They will forever be remembered as an evidence of the untiring devotion and industry of our late colleague to the cause he so earnestly and so sincerely espoused. He left us these fruits of his labors, but he left us much more to remember him by:—his example; his devotion to principle; his fidelity to the teachings of the Master; his steadfastness of character; and, last but not least, his late act in signing the Declaration of Principles. His very last admonition will forever endear his memory to those who honored him in life.

In memory of the father of Homœopathy in this country, to defend the principles he advocated and the parting admonitions he gave us, we found this Journal. We shall endeavor to show the correctness of the principles which he and others have de-

clared to be essential to Homœopathy, and also the absolute necessity of adhering to the strict inductive method of Hahnemann. The life and works of our late co-laborer show that he fully deserves that highest title among medical men; a title declared by Samuel Hahnemann, himself, to be the most honorable a true physician could deserve, that of the "Homœopathic Physician."

Dr. Hering uttered, in the last paper he addressed to the profession, a warning admonition to be found on page 31 of the *North American Journal of Homœopathy*, August 1880. He there says: "If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve to be mentioned only as a caricature in the history of medicine." The provocation for this sentence was a paper on *Apis Mel.*, published by Dr. Goullon, Jr., of Weimar, Germany. Dr. Goullon showed that he was really ignorant of his subject, that he knew nothing of this valuable American remedy, published by Dr. Hering in his great work, "The American Medicines Proved," 1857. Ignorant of the remedy, and setting aside the strict inductive method of Hahnemann, he necessarily failed in obtaining favorable clinical results. Hence he began a tirade against *Apis Mel.*, and against such men as Dr. Wolf, of Berlin, who had communicated the great healing powers of this American remedy.

The last sentence of this paper by Dr. Hering, reads, "One can not be purified by defiling others." That is just what Dr. Goullon tried to do. Because *he* did not obtain the same results, that others had frequently accomplished, all these men were by him defiled. Had Dr. Goullon used the same diligence as others had done, in becoming fully acquainted with the newly proved remedy, had he followed the strict inductive method of Hahnemann, he would not have committed the fatal error of attempting to purify himself by defiling others. Dr. Goullon was but one of many who have given up the strict inductive method of Hahnemann, and who, failing to obtain such results as are promised to those who make the experiment exactly as Hahne-

mann showed to be necessary—*absolutely* necessary—and when so performed are always obtained, invariably attack the method they *never* followed. Should then, as Dr. Hering said, our school give up this strict inductive method of Hahnemann, we are lost. It is obvious that Dr. Hering had fears that such a calamity might take place in the future and it is also obvious that he saw clearly how large a number of professing Homœopathists were led astray by just such men as Dr. Goullon.

Let us now examine the present position of our school, as observed by Dr. Hering, and then point out the remedy which would prevent the calamity which he thinks will befall us if the proper precautions are not taken in due time.

Ever since Hahnemann published his great text book "The Organon of the Healing Art," there have been men who could not appreciate the great and astonishing cures made by Homœopathists. It would have been but proper and right for every one who hoped to accomplish just such results as he had seen follow the practice of the healing art, as revealed and taught in that great master work of the founder of our school, to fully acquaint himself with the logically developed truths and methods of this work before he attempted to make the experiment. That such was not the case, even during Hahnemann's days, is very evident from his frequent lamentations over the perversion of his teachings, which are to be found in great numbers in all his writings and, even to the last, in his preface to "Arsenicum." In direct proportion, as the essential and fundamental declarations of the principles of our healing art were rejected, the necessary failures followed. These increasing disappointments led to further departures. Trinks and others first conceived the plan by which our *Materia Medica* could be made more acceptable to the materialists: this plan was to give pathological conditions and names of diseases amenable to certain remedies. It was this growing desire to give our school a scientific basis which caused a return to hypotheses concerning really existing forms of diseases, thereby expecting to facilitate the clin-

ical application of the law of the similars. It also brought us back to generalization instead of the more difficult and painstaking plan of individualizing each and every case of sickness. By what method of reasoning any one could possibly arrive at the conclusion that the law of the similars was applicable to fixed forms of diseases is utterly incomprehensible to any person fully familiar with Hahnemann's methods. There might be a plausible excuse for this fatal error if it were shown that systematized forms of diseases affect all sick persons alike; but it was shown by Hahnemann, and can be seen by any observing healer, that the contrary is the case; that each sick person complains of different symptoms. And as we are taught that the extraordinary and peculiar symptoms, in each case of disease are the most important indications for the choice of the curative Homœopathic remedy, it becomes obvious that this very first departure from our curative method is preposterous.

The earliest observations made by Hahnemann, clearly showing the necessity of individualizing, have since been confirmed by every true healer. Let it never be forgotten how these early observations were made. When Hahnemann translated Cullen's remark on *Cinchona*, viz., that it was a specific remedy for intermittent fever because it was the most bitter and aromatic medicine, he paused. That short sentence was so full of erroneous statements that Hahnemann, who knew that *Cinchona* cured some cases of intermittent fever and did not show any curative or other powers in other cases, that it was not even the most bitter and aromatic medicine, concluded, at that memorable midnight hour, to clear up this therapeutic chaos. Cullen was then an authority, but he failed to reason rightly. *Cinchona officinalis* was the first medicine Hahnemann proved on himself. That proving convinced this great observer and acute reasoner that the sick-making powers of a drug, revealed to us its healing powers. The characteristic symptoms of *Cinchona* were soon observed, and we learned under what peculiar indications it would cure certain forms of intermittent fever. The

observations then made are just as valuable to-day, will be as valuable for all time to come; as are now, and ever will be the inductive reasoning to which this and other observations led this indefatigable philosopher. Each medicine was further shown to possess its own peculiar sick-making and health-restoring properties, in intermittent fevers as well as in all other forms of diseases.

The desire to find specific medicines for specific forms of diseases, made by a class of men calling themselves Homœopaths in general, but also in particular, rational Homœopaths and specificists, was a violation of that inductive method which led Hahnemann to other, and always corroborating, experiments; and finally, to the development of Homœopathy as we find this healing art taught in his "Organon."

As a foregone conclusion these rational Homœopaths failed to cure, and so gradually fell into greater errors. In order to produce some results from the application of so-called Homœopathic medicines, they were compelled to increase the dose, and ended by finally denying the efficacy of such doses as Hahnemann and his followers cured the sick with. It was in this manner that at last these men, who already had made a caricature of Homœopathy, raised a false issue, making the posological question the distinguishing line between those who followed Hahnemann's methods and cured the sick with potentized drugs, and those who abandoned his methods, and on that account had to resort to cruder doses. Even to this day men, taking advantage of the ignorance of the masses, do not hesitate for a moment to divide the Homœopathists into high and low potency men. This distinction, this issue, has been shown to be erroneous and false, time and again. For the present, we will not further dwell on the motives of the men who have committed themselves to this fatal error. The true distinction between Homœopathists is to be found in the fact that some have accepted Hahnemann's inductive method, while others attempt to practice a caricature of Homœopathy, setting aside this inductive method

and with it, logically, all the other methods of Hahnemann.

These differences existed in Hahnemann's day, but they have become progressively wider, year by year. The caricatures to which these widening differences led have now become numerous. The *Materia Medica* was first caricatured by the so-called "Pharmaco-dynamics;" of late a new work—a superlative caricature—is making its debut in its first volume, called "*Materia Medica and Therapeutics, arranged upon a Physiological and Pathological Basis.*"* What reason there may be for this attempt to base our *Materia Medica* upon physiology and pathology, we can not see. Physiological and pathological knowledge are necessary to the true healer; for this knowledge will assist him in the examination of the sick, also in finding symptoms he otherwise would overlook. It will assist him in the classification of the symptoms of the sick, will assist him in ordering a proper regime for the sick. But when the true healer, in prescribing, seeks the similar remedy, he compares the symptoms of the patient, carefully arranged, with those of our proved drugs; and when a drug is found similar in all respects to the symptoms of his case, he knows he has his certain curative agent. The true healer does not neglect, in this comparison, the mental symptoms (of which physiology and pathology, as these collateral branches *now* exist, can take no cognizance); nor does he fail to note the most peculiar and extraordinary symptoms of the patient (not necessarily found always under the disease present), for these are to him most important.

The author of the "Pharmaco-dynamics" now asserts that Hahnemann was "led in numerous instances to put down as pathogenetic, effects which were, obviously due to disease, or occasional causes." This mere assertion, unsustained by proofs, fails to show any reason why we should *distrust* Hahnemann and *trust* the man who makes this bold, unproved assertion. This learned gentleman says further, in a lecture on Homoeopathy, entitled "What It Is." "There are two distinct ways of

* This work will be fully reviewed before long.

applying the method of Hahnemann among those who adopt it, both finding origin in Hahnemann himself—one diverging under the attraction of the light of modern science, the other prolonging his own line of advances into regions undreamt of by him.” How can there be a divergence from Hahnemann’s methods under the attraction of the light of modern science? Every observing and thinking medical man will by the light of modern science become more and more convinced of the correctness of Hahnemann’s strict inductive method. The fact is there are those who are misled by modern mock-science, and there are those who are not so misled but still follow Hahnemann’s “line of advances,” *i. e.* his strict inductive methods; that the former class will reach regions not dreamt of by that great philosopher is to be expected. If our learned friend believes that physiology and pathology have become exact sciences and that we should therefore re-model our *Materia Medica* and apply our law of cure under the guidance of these exact sciences, he is “*misled.*” What Hahnemann said about these collateral branches of medical knowledge in 1833* is just as true in 1881, and it will be so to the end of time.

What remedy can we then apply to promote the universal acceptance of Hahnemann’s inductive method? It becomes incumbent upon those who heed Dr. Hering’s last admonition to show by the light of modern science, that the fundamental principles on which Hahnemann based his new Healing Art are correct, and are sustained by every new step of modern science; this is the only remedy left us. The comparative results of the practical application of Hahnemann’s method have been shown, by his strict followers; the very frequent interrogations directed to men who have from time to time attempted to introduce new departures, have never been answered. The revelations made by Prof. D. Gustav Jaeger, of Stuttgart, will soon be published to show how modern science as applied by a learned man, not belonging to our school of medicine, comes

* “Hahnemann’s Organon of the Healing-Art.” 5th Edition.

unsolicited to our aid at this time. In future papers we shall endeavor to show how modern science affirms our fundamental principles.

CONSTANTINE HERING.

BY EDWARD BAYARD, M. D., NEW YORK.

If a great man is one to whom God has given large gifts, and who has cultivated them to the extent of his powers for the best interests of his fellow beings, then Constantine Hering was a great man. He was not a money getter. His powers did not work in the direction of accumulating property. He did not care to amass this world's goods; but he wanted to be rich in learning, especially in all that pertained to his profession.

He was logical, discriminating, a great lover of nature and a close observer of her. He was a hard student, of unwearied industry. He "sought truth earnestly, and he found it." He made note of all his observations: hence he left behind him a large amount of valuable writing.

He was engaged at the time of his death in a great work, his "Guiding Symptoms," and would to God he had been permitted to finish that work; but it was otherwise ordered. I am told by those who knew his habits, that every sentence in that work was studied over sometimes for hours, that his true meaning might be expressed. That he might lose no time, his writing desk and materials were brought close to the side of his couch, so that he could arise in the night light the lamp and continue his work. As for recreation and amusement, he knew little of either outside of his profession.

While a subject of the Saxon Government, he was commissioned to make collections as a naturalist in Surinam, South America. In the course of this study he found facts illustrating the truth of Homœopathy, and gave account of them to a Homœopathic journal in Germany. His Government objected

to this work as heterodox. Dr. Hering thought he ought not to be controlled in any respect in the service of scientific truth. Upon the instant he resigned his commission and sought a free land, where his thoughts or the expression of them for the advancement of his race would not be controlled. He found such freedom in this country.

This showed his noble independence of character, and his earnest search and love of truth, which would not permit him to weigh against her a social position and a money consideration. He sought this new world to work and plow the field the providence of God assigned to him, with gifts to carry out fully and nobly his work, ere he was called away to be set in the heavens by the side of Hahnemann, Benninghausen, Staff and Jahr—a galaxy whose light will continue when the things of this earth and its monuments of brass and stone have crumbled.

Is it not wise and right that we should look into the sheaves of the rich harvest garnered by our late beloved colleague, for our own instruction, and that we should examine into the principles that govern him in the profession and practice to which he devoted his life, and in which he stood out so eminently the acknowledged leader?

Dr. Hering made this the essential point of doctrine and practice: to cure the sick easily and permanently, by medicines capable of themselves of producing in a healthy person morbid symptoms similar to those of the sick. He sought no other cure, nor recognized it as one, unless it was under the law proclaimed by Hahnemann. He sought no palliation, except under this law, believing that it hindered and endangered a perfect cure. He believed that the morbid condition of tissues and organs is the result of the dynamic disturbance, and not the cause of the disease. He was therefore a Vitalist—believing disease to be the disturbance of the vital force, and its equalization the state of health. He believed that the totality of symptoms, subjective and objective, is the only in-

dication for the choice of a remedy. He did not believe that prescribing on the pathological states, nor diagnosis where the vital powers were tending to those states, was sufficient to effect a cure. The symptoms in their totality alone were the only guide for a cure to him.

He believed that the only proper way to ascertain the disturbing properties of medicine on the vital force is to prove them on the healthy: that thereby only the true expression of that disturbance can be observed. And he believed that, in order to obtain and secure the highest curative results, medicines must be administered singly and in a dose just sufficient to cure, because he knew that all action is followed by reaction: (there is no exception to this law) that all action on the vital powers is by an inherent law followed sooner or later by reaction which terminates in cure and health. Hence an overdose must by its intensity of action delay or prevent reaction and cure.

I remember on a certain occasion early in my practice, I told Dr. Hering of my suffering. He asked me the remedy I had taken, and seemed to think it well chosen. He then asked the dilution. I told him the third. "Ah;" said he, "you have stopped it, but perhaps not made a cure." He shook his head and seemed much disappointed. He said no more; but he caused me to reflect that it might well be so — that I had thrown an obstacle, before the diverted vital force — that I had stayed its forward movement by a shock that injured its reactive power — as a boulder thrown before a carriage wheel in motion stops it, but cripples the wheel.

Dr. Hering believed that when he produced the impression at the right point, and in the right direction, the force must be permitted to be exhausted; therefore he waited. Shorter or longer the time he waited, his eyes wide open, and his observation on a stretch, looking for that action which is to end in equalization.

Dr. Constantine Hering was a true Homœopathist. He be-

lieved in that law and lived up to it. He believed that the highest results in his art were obtained by close individualization alone, not by generalization. I loved him for his simplicity and directness of character: for his large and brilliant enquiry after truth, and for his resting on principles derived from a patient examination of facts.

He enriched our *Materia Medica* by his severe labors. I will not name the many remedies he has proven, arranged and published. You know them all. The diligent student of our *Materia Medica* must have observed how full, exact and characteristic were the medicines proved and arranged by Hahnemann. Just so were the provings and arrangements by Dr. Hering equally clear, full, exact and characteristic. He took his great master, Hahnemann, as his model, and we only hope that those who may have the direction of arranging and publishing his writings, will give them to us just as he set them down. Then we shall feel that the seal of reliability is placed upon them.

When some patient astronomer who night after night has been watching the stars, brings to light some unknown planet, to do him honor the new-born world is called after his name and the discoverer is never to be forgotten. If the astronomer is worthy of this distinction, what shall we say of the man who brings to light a new remedial agent to relieve suffering humanity, ward off death, and bring back health? He, methinks, has done a greater work. And so the great discoverer of *Lachesis* will be gratefully remembered by those who know how to apply this remedy in all its varied forms, for which in the provings he suffered. And his only suffering was from the seal set by *Lachesis*, from which he never wholly recovered. That suffering was a crown of glory to him.

Constantine Hering showed in his death his medical principles, and showed that if the Homœopathic law, the law proclaimed by Hahnemann, was followed, a man would live longer and die easier than under any other practice: for he that is filled with disturbing drugs must die as the hunted fox, torn

and rent by the bloody mouths of a pack of hounds. But he that follows the practice of our beloved colleague will have sleep rather than death. The forces equalized, he has rest. He ceases to exist by the withdrawal of his life by the giver of life; as some locomotive running smoothly upon the track, after exhausting her fuel, slows down and stops—not thrown from the rails by broken machinery, and rushing to ruin with terrible violence.

At six o'clock in the evening he made his last prescription to a patient, observing to his wife with great animation and interest that this patient had been prescribed for by many physicians, and he believed he should cure him. Then he went, as he was accustomed, to take his evening meal with his family, which he greatly enjoyed in that social circle under an arbor in his garden. At eight o'clock, the meal being over, Dr. Hering said he would retire to his study and his couch. His devoted wife went with him to aid him in preparing for bed. He said to her: "I believe I shall sleep." She left him to his repose. At nine he touched his bell which summoned her at once to his side. He remarked that his breathing was embarrassed, accompanied by constant yawning. He asked her to get a book in his office that he might examine this symptom. She did as directed; but being alarmed sent for a physician. I believe he selected the remedy and laid down to sleep. In a short time, without pain, without a struggle, he passed into that sleep which knows no waking—and the great physician demonstrated the benign, gentle, but controlling influence of the action of the great law to which he devoted his life. Thus died Constantine Hering, dear to Homœopathy, and to be forever honored by its true practitioners.

THE ORGANON, SECTION 153.

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

IN Sect. 18 of this much neglected book, we read "that the totality of the symptoms is the sole indication for the selection of remedies." This is true if we understand that in this totality are contained the symptoms which control the choice. It is not true if by this be meant that all the symptoms in this totality are of equal authority in their control of this choice. That this is not what the author intended to teach is made quite plain by Sect. 153, which may be taken as a commentary on Sect. 18. In this, Sect. 153, he says, "In searching after the specific remedy *** we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary* and *peculiar*, (characteristic) *for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond*, in order to constitute it the remedy most suitable to the cure. On the other hand the more vague and general symptoms *** merit little attention, because almost all diseases and medicines produce something as general."

Now, in seeking for the specific remedy for a given case of sickness according to the Homœopathic method, a right understanding of Sections 18 and 153 is indispensable, if mistake and failure are to be avoided. To find all the symptoms of the case to be treated in a single remedy is often impossible, for the reason they are not in the record of any one, so to seek for them will often be only labor lost. Natural diseases are not gotten up in patterns exactly adapted to those recorded as the result of the action of ingested drugs. The "like" which cures does not necessarily consist in this resemblance in its *intirety*. When this does obtain and can be found, the cure is for this reason the more certainly assured. But if cures were limited to such cases the practical value of the

Homœopathic law would be reduced far below its true standard.

How then are we to reconcile these two sections when we accept them as our practical guides? The one requires the *totality* of the symptoms, the other, those most *striking*, etc. The one seems to demand the *whole*, the other but a *part*. We answer. Sect. 18 teaches simply this, that we have no other guides to the selection of curatives than the symptoms of the case to be cured. Its chief intent is to exclude from this selection all abstract notions and hypotheses of whatever name. This was the more needed at the time this paragraph was written, for the reason that these then constituted almost the entire furnishing of the then current school of medical practice. It is still needed for the reason that the old time poverty in practical resources is still prevalent, as is the old endeavor to conceal this fact by pretences to knowledge of that which only exists in the imagination, which pretences are not more respectable because presented in terms which time and teaching have incorporated into current medical thought and practice.

“The symptoms *alone* the guide!” says the objector. That is just what this paragraph is intended to teach, and not that every symptom of a case is to be found in the record of its curative before it can be accepted as such. “Then,” continues the objector (*old school*) “you treat only symptoms, and not *diseases* at all.” This has been cast at the Homeopathic school as a reproach, from the beginning; and with as much of boldness and arrogance as if its opponents had really something else to treat. “We treat diseases.” Indeed! What are these but names, often arbitrary and without significance, of which nothing is or can be known, except through manifestations to the patient or physician which we call symptoms? Aside from these diseases are, as to all knowledge of them, but abstract ideas of things unknown, and except through these manifestations, unknowable, as objects of curative endeavor. The old school pretence that it treats diseases, as something distinct from these, resolves itself into the very empty abstractions and hypotheses which this eighteenth section was intended to antagonize.

But if the symptoms are the only guides to the selection of the curative remedy, what becomes of the vaunted pathology of which we hear so much, and so often from those who are slightly informed as to its nature, place or importance in our practical duties. To guard against the *wrong use* of this valuable science was another occasion for giving us this eighteenth section. To put it as a teacher in the selection of curatives, to the exclusion of the symptoms from that function, is to put it where it has no place in a rational system of healing, certainly none under the control of a natural law, which discloses the curative relationship as existing in the similarity between the symptoms of the drug and the disease. Where, then, is the practical use of this so highly prized science of pathology? In the duty of prescribing for the sick, its use is limited to aiding a right understanding of the nature and value of the symptoms revealed in the case in hand. Beyond this it has no function in the process of prescribing. Pathology, to illustrate, teaches a difference between inflammations and neuralgias. Both are attended by pains of the severest kind, but this science teaches that these have a different significance and often different importance, as the case in hand belongs to one class or the other. A knowledge of the science of pathology will enable us to relegate our case to its proper class, and there its function ceases. It can not go beyond this: and having decided the case a neuralgia, say the remedy is *Aconite* or *Bell.* or *Bry.* or *Colocyn.* or *Hyosc.* or *Lach.* or *Merc.* or *Nux* or *Puls.* or *Rhus* or *Spig.* or either of the other many remedies which a given case may demand for its cure under the law. To attempt to give to this science this decision is to inpose on it a function wholly out of the sphere of its legitimate use. This is guarded against by the wise direction of the eighteenth section.

The one hundred and fifty-third section of the *Organon*, if taken as a commentary on the eighteenth, plainly indicates the above as the true intent of the author of that section. The direction to have in our search for the specific curative, chief reference to those symptoms which are *striking, extraordinary and peculiar*, paying but slight regard comparatively, to those more common and gen-

eral, confirms this perfectly.

But how shall we understand the terms of the commentary? What by the words *striking, extraordinary, etc?* Our first remark in our endeavor to get at the true meaning of these is that by the "*most striking,*" the author can not mean that symptom which first and most forcibly seizes the attention of the physician, the patient and his friends. To make this apparent take a case of dysentery. That which first arrests and holds the attention of all is the pain and tenesmus. But these are so general that they belong to all cases of this disease, and therefore by this fact are relegated to that category of symptoms which the author assures us "merit little attention." Without these no case is dysentery. It is evident, then, the author does not use the word in this sense. Its selection seems less felicitous than is common with him, and has led often to a wrong conclusion as to the importance of these general, or defining, symptoms in the search for specific remedies according to the requirements of the practical medicine he taught. That that is the most "striking," which is the most painful and intrusive on the attention, has been the understanding of this direction, and this has led to giving to these general symptoms just the consideration which the author tells us they do not merit. His real meaning is better expressed by the last term employed to indicate the class of symptoms to be chiefly regarded in our search. "Peculiar." This is it. But what does he mean by the word here? Evidently that we are to give chief attention to symptoms which are "peculiar" to the case in hand. Not necessarily to those which cause the patient most suffering. That which is peculiar to the case characterizes it as a member of a family. The general, or defining, symptoms declare the family to which this member belongs. Then it is the peculiar, or specific symptoms which are our chief guides in our discovery of the specific cure of the case. But it may be asked, is not that peculiar to a disease which is found in each example of it? In a certain sense it is; but not in that in which it is used here. If this were so, then in a case of dysentery, for example, we should have, under this direction, only

to notice the pain, tenesmus, and the other defining symptoms which belong to this, and all other cases of the class, and find in the similar of these the curative under the law. We have all tried this, and have been disappointed in our expectations of the cure we supposed the law promised as the result of this proceeding. The disappointment came from our misunderstanding of the requirements of the law. It will come in every case so treated. Success can follow only in those where the remedy chosen happened to have in its record, with those defining symptoms, those other and less obtrusive ones which individualize the case, and in which curative relationship between drugs and diseases alone resides. If the cure follows in cases so treated, in the prompt and pleasant manner a right compliance with the demands of the law assures, it is because the practitioner has been guilty of a fortunate blunder. This will be sufficiently plain if we remember that *Homœopathic* prescribing is *specific* prescribing. That is, finding and giving to the sick the one specific medicine the cure of his case requires under the law. Homœopathy presumes the existence of such a remedy in every case of sickness. It imposes on the physician the duty of finding it. If in any case, as may well happen, either from poverty of our resources, or from lack of knowledge, the one remedy can not be found, *i. e.*, a remedy which in its known effects on the organism are found the symptoms which constitute it the specific in the case, by virtue of the required similarity, then that must be selected which has greater similarity to the elements of the diseased manifestation than any other. This resort to that which is less than perfect, because of the above necessity, is no argument against the right of the presumption of the existence of that which is perfect, *i. e.*, some drug in which is the power to produce symptoms with the required resemblance to constitute it the required specific. This drug may not yet have been proved, or if proved, not known to the physician, and hence the necessity of this resort to that which is less than perfect. Neither does the fact that this resort is followed at times by a cure, which though less prompt and complete than that from a

specific remedy, is nevertheless ultimately a *cure*, excuse the prescriber from the utmost endeavor to find that which is perfect. This is ever to be the one object of his life work, to find the *one* specific; failing in this endeavor is failing in the first and most important of his duties. Success in this is that which gives brightest joy to the life of the physician. The fruits of this success are the glories which crown the immortal discoverer of specific prescribing, which when he had found, he called *Homœopathy*.

That the above view of the one hundred and fifty-third section which refers defining symptoms to a subordinate importance, in the search for the specific remedy, is the true one, may be seen still more clearly, if we attempt a prescription based on these as a chief guide. The impracticability of this will appear if, when we accept these as our guides, we remember that one remedy is the only specific for our case, and this, that it may be such it must be in its effects on the organism that which is most like those defining symptoms of our case. The case is dysentery, the defining symptoms of which are—*frequent discharges from the rectum of blood or mucus or both, with colic pains, tenesmus and fever*. Now there are, as to the first of these, a multitude of cases met with in practice, the discharges of which are so much alike, and so like those recorded as having resulted from the action of a multitude of remedies on the organism, that no man can tell from these, in a given case, which of this multitude in this particular, is more like the case in hand than the others, and therefore is for this case its specific cure. The discharges are small, of mucus mixed with blood, and here is all they have to tell in very many cases, and the records of the effects of many drugs tell the same story so exactly that no man can tell which of them has most resemblance to that of the case in hand. The same is true of the pains. From these alone no man can tell whether they are more like those which have resulted from one or other of the many drugs from which we have to choose in treating our case, and therefore we can not tell whether one or the other is most like the pain in the case for which he is seeking a remedy. This he may feel sure of, that that which he

seeks is one of the many, but which of these? To answer this question on a better foundation than a guess, will necessitate a reference to other elements of the case, and these belong evidently to that other class of symptoms which this one hundred and fifty-third section commends to our chief attention—those which are the specifics of the case. These remarks are equally applicable to the other defining symptoms—the tenesmus and fever.

We have said Homœopathy is specific prescribing. Its practice is ever and only a successive finding of the one specific remedy for each succeeding case as it becomes a subject for treatment. This being found it needs no second for its aid in the cure. If otherwise, then it fails to fulfill the office of a specific, and this is proof sufficient that in this case, at least, the prescriber has failed in his duty as a Homœopathic physician. He has not found the true specific for his case, which, as a representative of this school he was bound to do, and failing in which, so far as this case is concerned, he *quo ad hoc*, ceases to represent that school. If it be true that there are such specifics for the cure of the sick, and that the finding of them is possible, under the guidance of the two sections of the *Organon* we have been discussing, then the superfluity, to say the least, of all so called adjuvants is demonstrated, whether these be of external or internal application. But we may go further, and as no man can tell beforehand how this so called adjuvant is or is not to modify the action of the specific remedy, that while it is in all cases needless, in many it must by such modifications become positively injurious. This view, it will be seen, effectually disposes of the liberty which has of late, so often and so earnestly, claimed to do as one pleases in the discharge of his practical duties, in this matter of adjuvants, and in all others at variance with the teaching of the two sections we have been considering. If one claims this liberty, and acts upon it in his clinical duties, to the prejudice of the action of the specific remedy selected, then there is another liberty, which, by so doing, he deprives himself of—the liberty to call himself afterward a Homœopathic physician.

The view of practical law and duty which we have been presenting, if admitted as authoritative, will also dispose of another fashion of practice (we can not regard it as aught but a fashion), that of prescribing at the same time two or more remedies to be given in alternation, at definite intervals of time, in the absence of all knowledge of what will be the condition of the patient at the lapse of either of these intervals, and therefore not knowing whether either of the given remedies will or will not be a specific for his case at the time it is directed to be given. If either of the prescribed remedies be the specific for the case in hand the other cannot be. The idea of a specific for a given case, made such by the law of similars, excludes the possibility of a second in the same case, as it is impossible that each of the two can be "*most like*." One or neither of the two may be, but both cannot. That which is not is at least useless, often mischievous, and never Homœopathic, if to be this it is indispensable that each prescribed medicine shall be that which in its ascertained action on the living organism presents the most perfect likeness to the phenomena of the disease to be cured.

HOMŒOPATHY.

BY AD. FELLGER M.D. PHILA.

THERE are but two kinds of laws, the laws of God, and the laws of man. The laws of God or of nature, are absolute, infallible, and eternal, hence they can not be altered or corrected by man. The laws of man are changeable, fallible and mortal like man himself.* It is the duty of scientific men to discover

* The great difference between the laws of man and of nature seems to be understood by very few. We were once astonished to hear a professor, in a Homœopathic medical school, in arguing against the infallibility of our law, compare it to the "Laws of the Medes and Persians," which he said were once proclaimed to be unalterable; the natural inference being that the law of the similars was, like those laws, the fiat of a tyrant or master.—ED.

and investigate the laws of nature, for they form the fundamental basis of all science.

It is an undisputed fact that before Hahnemann's time, medicine was never guided in the exhibition of its drugs, by an eternal and infallible law. That grand, acute observer was the first to discover that law of nature which governed therapeutics and upon it he built the system of medicine which he called Homœopathy. This system will and must stand as long as the laws on which it is built remain,—that is, forever.

On the other hand the history of allopathic medicine shows that the medical profession in healing the sick, was either guided by experience without any principle; or by principles and speculative systems concocted in the erring brain of man: which theories have been invariably contradicted by experience. The falsity and uncertainty of men's theories will continue to be shown, by the practical test of experience, as long as they are not based on unchangeable natural laws. The brightest stars of the medical world, in all ages, have candidly confessed this fallacy; their lamentations about the uselessness of such methods, and their despair of ever coming to any certainty under such principles, should be sufficient testimony as to the utter worthlessness of their treatment: especially when this is compared with treatment based on Homœopathic laws. Therefore the true physician (the investigator of nature and its laws) has no choice as to the treatment he should select if he would be most successful in relieving the sufferings of mankind. His sound reason will prove to him that he must adopt and strictly adhere to the unchangeable principles discovered and laid down by Hahnemann, in other words, he must become a Homœopathic physician.

Truly has it been said, by Galen, that the best method of healing the sick is that which accomplishes it; *Cito, Tuto, Jucunde*. And we may, with equal truth, assert that no medical system except Homœopathy, does cure in this manner. Let us now see how amply Homœopathy *does* fulfil this desideratum of Galen.

CITO.—It is well known to all Homœopathic physicians how wonderfully quick the manifold symptoms, incident to diseased conditions, are alleviated, also that even the most violent affections, though of long duration, or worse, aggravated by previous bad treatment, are promptly mitigated or completely cured, by the application of the law of the similars. These results we must attribute to the correct principles of Homœopathy; results which the old school can not produce even with its narcotica and anæsthetica, which drugs bring but temporary relief and seldom cure.

In the overwhelming majority of cases treated thus, *i. e.* palliatively, the original disease returns again and again, with augmented intensity, until the patient's constitution is totally wrecked, and its restoration to health is rendered well nigh an impossibility. The number of such cases is legion. It is my intention to narrate several marked cases of this kind in a subsequent paper.

TUTO.—Dr. Wolf, of Berlin writes, as early as 1858: "The Homœopathic physician is not only able to cure positively those diseases which have been shown up to the present time to be curable, but he can also eradicate from the human system the tendency to new morbid affections, as well as the causes of life-long infirmity, thereby preventing the continuance of disease from generation to generation." Whereas the allopathic school, with its massive doses and its so-called specific remedies suppresses disease, thereby engendering new and worse diseased conditions, which eventually leads to confirmed ill health or even to death. What Homœopathic physician is not cognizant of the injurious effects of mercury, quinia, the narcotica, drastica, etc., etc.? The countless detrimental effects consequent upon allopathic medication are spared mankind by the Homœopathic method of cure, for Homœopathy never suppresses an ailment; or transforms it into a chronic diseased condition, one injurious to health or even dangerous to life.

JUCUNDE.—In this particular, Homœopathy has surely verified

the most sanguine expectations that could possibly be entertained of any art of healing. Not only this, but it has completely done away with the whole allopathic* apparatus of torture, such as the moxa, the seton, blistering, cauterizing (even to the bone) etc; it has done more yet, for it has caused those nauseous and disgusting drugs recently in use, to be thrown aside. Such diseases as tumors, fistulæ, strabismus, condylomata, etc., for the cure of which the old school has no other means than the knife or the cautery, are healed by Homœopathic remedies, when indicated by the eternal law of the similars. Not only does Homœopathy cure the above mentioned diseases, but it also improves the constitution of the patient, and hence prolongs life. The operative procedures of the old school never eradicate the real *internal* diseased condition (of which tumors, etc., etc., are the mere manifestation), on the contrary it is brought into a more rapid decline and, not seldom, to a speedy death. We can proudly claim that the influence of Homœopathy on the old school has been so great that it has forced them to abandon, in great part, those barbarous methods which were in vogue before the days of Hahnemann. Had Homœopathy accomplished nothing more than this, and could it claim no more favorable results in the treatment of the sick than allopathy, even then it would still rank pre-eminent in medicine. What man of feeling would gainsay this when he remembers the unspeakable misery and unlimited suffering, which have become things of the past since the advent of Homœopathy.

The disciples of Hahnemann are counted by thousands, their followers by millions, and are spread broadcast over all lands;

* To illustrate how little the allopaths have sought to fulfil this "*Jucunde* treatment" we instance—*e pluribus unum*—the following: Magendie, the physiologist in discussing etherization before the French Academy of Sciences, declared that "pain always has its usefulness," also declared it to be "a trivial matter to suffer and a discovery, whose object was solely to prevent pain was of a slight interest only."—(*Gazette Medical de Paris*, Feb. 6th, 1847, p. 112). Simpson says, "Hildanus, the patriarch of German surgery, amputated the limbs of his patients with red-hot knives, in order that he might divide the flesh and sear up the vessels at one and the same time." Not much "*Jucunde*" in this practice?—ED.

this in spite of all the efforts of their opponents. The power of the truth and the success of Homœopathy were so convincing that many of its bitterest and most learned enemies became its staunch defenders, as soon as they were willing to undertake a fair trial of its law. He who knows the fate of Harvey, Auenbrugger, Mesmer, Reichenback and others, and who remembers that Velpeau, in 1835, as president of the Medical Society in Paris, rejected all communications concerning anæsthetics as chimerical, with the remark, that such fantastical ideas were not worthy of the consideration of scientifically educated physicians.* I repeat, he who knows all this will cease to wonder that Hahnemann also, when he first promulgated his immortal theory of Similia, experienced the same fate. All, even his best friends, although honoring his talents and immense learning, turned against him, and derided his discovery.

The law of the Similia, the single dose, the minute dose, the habit of allowing ample time between doses for them to act to their fullest extent, the proving of drugs on the healthy—all these, seeming innovations, contrasted so strongly with the practice of medicine then in vogue, that the scientific men of Hahnemann's time found it a very easy task to cover his great discovery with ridicule.

The whole medical world of that day sat in solemn judgment on Hahnemann's theory, *without* ever inquiring into the facts. Instead of following the experimental method of Galileo they adopted the logical method of Aristotle, and so passed sentence upon his discovery without adequate practical knowledge of it. All knowledge and erudition were marshalled in defense of the old doctrines in medicine and for the annihilation of the new.

* In speaking of Ambrose Pare's discovery of the ligature, Cooper says: "Almost one hundred years after Pare, a button of vitriol was employed, in the Hotel Dieu, at Paris, for the stoppage of hemorrhage. . . . So difficult was it to eradicate the *blind* attachment shown for the ancients, that Baronius, a professor at Cremona, publicly declared, in 1609, that he would rather err with Galen than follow the advice of any other physician!" ("Cooper's Dictionary of Practical Surgery," 7th ed., p. 46).—ED.

Thus a very learned physician* of Hamburg wrote a book against the "Organon," exceeding it in volume five fold, in which nearly all the ancient classical writers of Greece and Rome are cited. Having read this book, we involuntarily arrive at the same conclusion, as after reading Tycho de Brahe's works and polemics against the Copernican system; namely, that no doubt not only an immense amount of learning is necessary to compile such works, but also that all the learning of the world does not suffice to cast eternal truths into doubt, or to philosophize errors into their place; and furthermore, that it is an impossibility for one not so well versed in the classics to say so many silly and absurd things.

Only slowly and by degrees did Hahnemann, by the success of his method of treatment, prove to the world the truth of his theory and thereby gain proselytes. As the observations of Hahnemann were verified daily in the practice of his followers, it was but natural that Homœopathy should rise to its present eminence, in spite of all opposition, even of governments egged on by influential lay and medical men. If we adhere, with the utmost strictness, to the principles bequeathed us by Hahnemann in his "Organon," the time will not be far distant when Homœopathy will reign supreme everywhere as the benefactor of suffering mankind.

It is true that many deceive themselves with regard to the amount of unremitting mental labor which is necessary in order to be an able Homœopathic physician. For one must toil continuously, as long as life lasts, to overcome the difficulties and problems presenting themselves in endless succession, as Homœopathy advances. Routine *can* never be acquired by the *true* follower of Hahnemann, as every new case must be individualized and treated strictly according to the law of *similia*. The

* As another instance of this tendency to erroneous opinions on the part of those supposed to be learned in any branch, and also to show how one not so learned (professionally) may form a more correct opinion, we would mention the following. In 1856 an engineer wrote a long dissertation, in the *Edinburgh Review*, in which he scientifically proved "the absurdity" of the Suez Canal. Yet that "absurdity" was afterward built by one who was not a professional engineer.—ED.

closer the physician adheres to this law, and the more conscientiously he follows its precepts, the more he will be rewarded by success; and the more will he be admonished of the necessity of continued study. With such experience as may be at my disposal, I shall endeavor, on a future occasion, to illustrate some of the great difficulties in the path of every practical physician.

Whilst we adhere rigidly to the principles of the "Organon," we must not fail to appropriate all new discoveries which may extend the application of Homœopathy, be they discoveries in hygiene, dietetics, or medicine proper. We must also acknowledge our indebtedness to the scientists who have, since the origin of Homœopathy, made many discoveries tending to prove the correctness of its principles.

I will offer proof, at another time, that Homœopathy, with its principles, in the treatment of the sick, occupies a higher plain than allopathy. Judging from the proofs which science is rapidly accumulating for us, we may say positively, that in the course of time allopathy will be forced to admit the correctness of the principles of Homœopathy. I quote the closing words of Prof. Jaeger in his report on Neuralanalysis to the convention of physicists at Dantzig.

"The graduated increase in the physiological action of drugs as we raise their potency, being shown by Neuralanalysis, elevates Homœopathy at once to the position of an exact physiologically proven science and places it positively on a level with allopathy. In consideration of this fact, it will in the future be an impossibility for the old school to combat systematically the doctrines of Hahnemann and, by the power of Neuralanalysis, Homœopathy will take its place on the roster of the Universities."

THE "LAW:" IS THIS ALL?

BY C. PEARSON, M.D., WASHINGTON, D. C.

If the law of similars is all that constitutes Homœopathy, we are disciples of Hippocrates, not of Hahnemann. A class of pseudo-homœopaths insist on engrafting the name of the latter on the crude theories of the former; and could they succeed, the death of Homœopathy would only be a matter of time, for names without principles are short-lived.

This crude kind of Homœopathy has been dead and buried for over a thousand years, why resurrect it now? The facts are plain and unmistakable. When Hahnemann first commenced to apply the law with crude drugs he found it difficult to diminish the dose sufficiently, and in his efforts to do this discovered the process of attenuation, out of which grew his theory of dynamization. In judging of his system we are not to accept as the standard the years of his experimenting for its development, the mere skeleton or model of the future structure, but rely on, and profit by, what time and experience taught him.

It is humiliating to hear a professed Hahnemannian use such language as the following: "As a Homœopathician we consider ourselves bound solely by the law of the similars, and not by the dose or by the dynamization of the remedy." If such a declaration of principles is to be accepted as the standard of *the* Homœopathy of to-day, it is not difficult to predict what the end will be.

In advocacy of the law and crude dosing, every conceivable argument has been brought to bear; even the microscope is appealed to, but like the guests at the banquet, it can not see the ghost of Banquo. It is questionable whether it is more aggravating than amusing, to see these microscopists trying to dem-

onstrate how much *nothing* there is in the thirtieth or the C. M. potency. Will they be kind enough to weigh us out a portion of small-pox contagion, a charge of electricity, or the fragrance of a flower? No advocate of high potencies ever for one moment believed this possible. Hahnemann himself did not believe it; he says the doses he advises "are so small as to be undetectable by the senses, and by every conceivable chemical analysis." But are they to be rejected on this account, when their curative properties are increased with increased dynamization up, certainly, to the thousands? But what is the proof, and who are the witnesses in reference to this matter. No one is competent to testify who has not for years in daily practice tested both; an opinion formed without this experience must be received only as an opinion, not as knowledge. For the first ten years of my practice, my prescriptions were mainly made with medicines from the third to the twelfth, sometimes with the thirtieth. For the past twenty years they have ranged from the thirtieth to the C M very rarely now below 1 M and my experience has been that just in proportion as I have ascended the scale, in equal proportion has my mortality list diminished. And this fact, it seems to me, can only be accounted for in one of three ways: First, that with increasing years my knowledge of the *Materia Medica* has also increased, enabling me to select with greater certainty the truly Homœopathic remedy. While there may be some plausibility in this, it is not of itself sufficient to account for the difference.

Young practitioners usually feel more responsibility, hence, spend more time in studying their cases than older physicians, and they generally have more leisure to do this. Then it may be urged that as we ascend to that point where scientists lose all evidence of the material drug, the system, entirely uninfluenced by medicine, overcomes the disease by the sheer *vis medicatrix natura* alone. But if this argument is tenable, it proves too much for its advocates, and shows that the drug action, in the lower potencies, is manifested by its *killing*, instead of its

curative properties, and demonstrates that drugs in any form should never be administered to the sick.

Neither of these positions can be maintained, and the only satisfactory explanation is the conclusion that every physician will come to who will give the subject years of candid trial and investigation. What this conclusion will be after such clinical experience there can be no doubt, and, without it, no one is competent to decide. The great cause of eclectic-homœopathy and heterogeneous prescribing is, first, in being so instructed by those who know no better: and secondly, in young prescribers relying on their own judgments, which, if not biased by prejudice, certainly can not be reliable guides. What is needed is more clinical instruction under the supervision of experienced prescribers. Young men hurry through college and commence practice with more knowledge of almost everything else than how to cure the sick; this they are obliged to find out by years of experimenting at the expense of their patients. In this way a routine habit of prescribing is established—a therapeutic groove, or rut is formed, out of which the physician may not for years, if ever, be able to extricate himself.

Every prescriber could easily become a legitimate Homœop-athist with the proper clinical instruction, but as it now is we can only say in regard to very many of them, in the language of Dick Dead-Eye, "They mean well, but they don't know."

CALENDULA.

Its place in Homœopathic Therapeutics.

BY C. CARLETON SMITH, M.D. PHILA.

THE calendula officinalis, or marsh marigold is endowed with the specific power of preventing or largely diminishing, sup-puration in cases of mechanical injuries.

It is the Homœopathic topical remedy in all incised and in all lacerated wounds, and in every case where I have used

it according to its indications, it has done its work promptly and satisfactorily, leaving nothing to be desired.

While arnica stands head and shoulders above every other drug as the Homœopathic remedy for injuries occasioned by blunt instruments, for bruises and contusions, calendula is the specific for lacerated wounds, no matter how severe or extensive they may be.

I may say just here that it is a most remarkable fact, that many Homœopathic physicians use arnica as the specific in all local injuries, whatever the nature of these injuries may be; and hence they blunder most woefully, and in blundering, of course, fail to cure. Arnica is always out of place in wounds or injuries where the flesh has been torn asunder and the effect of this drug in such cases is to aggravate the suffering, and in many instances to induce erysipelatous inflammation, which complicates the case and puts the life of the patient in jeopardy, especially in cases of injury involving the scalp.

Only a week ago a patient of mine aged about forty-seven, punctured the end of her left index finger, making a slight wound. The smarting it produced, caused her to apply to the wound the tincture of arnica, and instantly a sharp pain shot up the arm into the axillary region across into the chest and down into her heart producing in that organ a fixed pain which was very acute and which caused her great alarm.

Calendula never has, at least in my experience, any such untoward effect. Its application is soothing from the first moment, and invariably, provided it is used from the first, prevents suppuration, or else reduces it to a few drops at the most. Even when used late in a case, and suppuration has been going on for some time, the part healing badly, calendula will stop the suppurative process and the injury will soon heal kindly.

In severe lacerations where a large surface is involved, I employ this drug internally in an attenuated form, as well as locally, in the manner already described.

And now, in the way of illustration, let me call your attention to a few cases which have been under my care :

CASE 1.—A lad, aged seven years, running with great speed while at play, came in contact with the wheel of a wagon which was being driven toward him at a rapid rate. His forehead just above the orbital region on the left side came in contact with the tire and cut out, as clean as if done with a sharp knife, a piece of flesh of an elliptic shape, an inch and a quarter in length. I saw the sufferer in course of half an hour after the accident and found the bone completely denuded. Not being able to find the piece which was excised, I washed the wound carefully to divest it of all foreign matter, and then with a velvet sponge I covered the bone and the edges of the wound thoroughly with a solution of calendula made by mixing a tea-spoonful of the pure tincture with a pint of tepid water, even squeezing a few drops into the wound before closing it. I then brought the tips carefully together and united them with three sutures of white sadlers silk. At the end of two days I drew out the sutures carefully, found the parts healed thoroughly without any suppuration.

CASE 2.—A young lad aged six years was playing in his father's stable. While in one of the stalls the horse that occupied it suddenly turned upon the boy, caught his upper lip between his teeth and bit out a portion about a half inch in width and the same in length the wound extending upward.

I was immediately sent for, used the calendula in the same way as in the former case closed the edges of the wound with two fine silk sutures, and applied adhesive straps to make parts more secure. The injury was healed in three days perfectly, and this, notwithstanding the fact that the patient had a crying spell in the night, waking up from a delirious sleep which had the effect of tearing out one of the sutures. In a few months after this injury the seat of it could scarcely be discovered, and both the parents declare that their son's lip is much handsomer than it was before the accident.

CASE 3.—A young mechanic had the middle finger caught in the cog-wheels of a machine which he was running. Before the member could be extricated a little more than half the first joint was taken off. I saw this patient immediately after the accident; the bone was protruding and a good deal of blood was being lost. With cutting forceps, I at once removed the protruding bone, cleansed the wound carefully and after thoroughly wetting the parts with calendula drew the edges of the wound together over the end of the bone, applied adhesive plaster, and covered the whole with a linen binder, instructing the patient to keep the finger continually wet with the calendula solution. Without any further interference, the member healed nicely, a good stump was formed, and even a rudimentary nail appeared, which very greatly improved the looks of the finger.

CASE 4.—This was an accident precisely similar to the case 3, and in treating it I met with the same success. In this instance, however, no signs of a new nail appeared.

CASE 5.—Just before this article was written a little boy three years of age had one of his little fingers caught in the cog wheels of a wringer just back of the nail, lacerating the flesh badly but not injuring the bone. The injury was dressed by an allopathic physician, and after three weeks the case was brought to me for examination as it did not seem to be healing properly. I removed the wrappings carefully, and found suppuration going on, and the lips of the wound standing apart bathed with pus. After cleansing the surfaces brought them in apposition, applied adhesive strips, and ordered a covering for finger made of linen, and the finger to be kept constantly wet with the calendula lotion. There was no further trouble.

REMARKS:—In the proving of this drug we find the following symptoms: wounds become *raw* and *inflamed*, and also become *painful* as if *beaten*, with *stinging* as if suppuration would ensue. The parts around the wound become *red*.

Great tendency to start, with great nervousness.

Restless night with constant waking, frequent drinking and

uneasiness in every position.

Feels as if falling from a height.

All these symptoms are exact counterparts of those we find in patients suffering from injuries and hence the Homœopathicity of the drug in question.

HONOR TO WHOM HONOR IS DUE.

THE complete exposure of the airy nothingness of the inert pillules known as high potencies is very generally credited to Milwaukee—to Milwaukee generously aided by sundry “Munchausen microscopists:” but we are happy to be able to announce that Philadelphia has a prior claim to this honor. For one of her physicians performed this Herculean task—cleansed this Augean stable, so to speak—not with his little spade, but with his little carbolic acid. Honor to whom honor is due! say we. This is a noble, a generous sentiment, yet we selfish mortals seldom willingly yield the honor due to genius.

Thus we remember how Harvey’s discovery has been disputed, also Columbus’, so too Hahnemann’s; it has even been denied that Julius Cæsar ever exclaimed *veni, vidi, vici*; and so in this case, of equal historic importance, honor will, we fear, be bestowed very unwillingly on this modern Cæsar, who carbolic acid in hand, also exclaimed *veni, vidi, vici!* We can not give the exact date of this remarkable experiment and discovery (one only equalled in Philadelphia’s history by Franklin’s kite-flying). but we are fully justified in asserting its priority to the Milwaukee affair, which was indeed but a base imitation and as inferior to the original as a “paste” is to the “brilliant.” The inner history of this momentous affair is now for the first time made known and let us hope the public will, for once, generously and promptly yield honor to whom honor is due! First let me state that this discovery was no “apple falling accident:” nay, it was solely due to the reasoning of a gigantic (eared) genius. Farmers foretell the “dropping” of a colt by the restless manner of the mare: so in this case. had any one been

watching he would have seen how "coming events cast their shadow before," by the peculiar conduct of this—donkey. His sleep was bad, being prevented by an aggregation of ideas (too much *coffea*?) which were always repeated (*calc.*), but finally they settled into the one fixed idea (*graph.*), that he was a genius, a reformer, that his intellect was so immense as to make him feel quite as if he were double-headed (probably due to his dandified habit of using *musk*): this, we believe, was a decided mistake for the headless-body illusion (of *nux*) is much nearer the truth. Awakening from this restless sleep he longed for the company of his friends (Plumb) that he might give vent to his imaginations of fancy (Bell.); so he called together his friends, from the east and the west, from the north and the south, and then he opened his mouth and—brayed.

We pause here in this interesting narrative to offer another proof—if another be necessary—that this experiment differed from the Milwaukee fiasco: there they presented prominently the (*Phos.ac.*) symptom of seeing ciphers before the eyes, while the Philadelphia experimenter had pre-eminently the (*Bell.*) symptom of seeing insects in fluids. Being in a destructive mood, (*Merc. iod. Flav.*), he desired to destroy these insects, to drown them (*rhus.*) with his little carbolic acid. This was the experiment! Simple, neat, conclusive. Thus was it done; animalcules, a size smaller than whales—for he is no mean microscopist—were placed in tubs, and into these tubs solutions of carbolic acid, varying in strength, were cautiously injected by a Babcock's fire extinguisher. The strong solutions quickly destroyed these animalcules, but as he used more and more dilute solutions, this killing became slower and slower, and finally ceased. As soon as the vermin destroying point was reached this logical therapist announced to his admiring friends that there also ceased the health restoring power of drugs. Or in other words, no drug can cure disease when administered in a solution too attenuated to kill vermin. Eureka!! This test was called by its modest author—vermin-analysis!

E. J. L.

REVIEWS.

“DIPHTHERIA,” by Rollin R. Gregg, M.D., Buffalo, 1880.—Here is presented to the profession a truly Homœopathic book. It deserves to be read and used by every Homœopathic healer; it shows that its author has followed Hahnemann’s teachings carefully and he confirms the wise admonitions of that close observer. Hahnemann advised the healer as to what was to be cured, how the remedy should be selected and how it should be administered. Dr. Gregg followed this advice and found that Hahnemann was right when he said in the 154th paragraph of the “Organon,” “a disease which is of no very long standing ordinarily yields, without any degree of suffering, to a first dose of this medicine.” The indications for the various medicines in Diphtheria are clearly given, they have been so often confirmed that they leave no possible doubt as to their reliability. The only addition we may ask to be made is that the characteristic symptom of *Lachesis* “worse after sleep” may also be added to *kali bich.*: though found from clinical observations, it nevertheless is a reliable symptom. Dr. Gregg shows clearly that there can never be found a specific remedy for a specific disease; but that we can and must find for each and every individual case the similar remedy and when found administer it in the single dose.—AD. LIPPE.

“TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, SESSION 1880.”—The members of the American Institute of Homœopathy will surely express their thanks to their secretary, Dr. T. C. Burgher of Pittsburg, for his prompt publication of the Transactions of 1880. Early in September every member of the Institute received his copy. Dr. Burgher, unmindful of disgraceful precedents, gives us a more truthful report of the transactions of the Institute at a very much earlier date than we were accus-

tomed to receive at a late date. The deviations from a perfectly correct report of the Transactions as discovered by Dr. Pearson, (Washington) and published in the Nov. No. of the *Advance* can hardly be charged to Dr. Burgher, who, contrary to precedents, reported all the transactions* without assuming, as his predecessor did, the right to trim the transactions to please designing men. No doubt Dr. Burgher will have an eye on the transcribed transactions and in future not only detect intermeddlers and wilful perverters of the truth, but if detected, expose them.

The reports of the transactions of the Institute in 1876 and 1879 are still due! The late secretary, failing to keep his solemn promises, recommended his successor, to whom he professed to have given all the MS. in his possession; his successor was endorsed on account of the aptitude he had shown when he brought out the "Transactions of the State Society of Pennsylvania;" he had shown his "aptitude" by aiding to "spirit away" a paper which Dr. Ad. Lippe had presented to the State Society with the provings of *Lac can.* the results of long and protracted study, showing its relation to other remedies. We hope the Institute will fully appreciate Dr. Burgher's promptitude and efforts to break through baneful precedents, that is, the right the former secretary and his near friends wrongfully assumed to serve and act as "Censors," scissors in hand to trim papers, or if it were not considered prudent, for private reasons or as an auxiliary and supplementary measure to extinguish true Homœopathy, to spirit them away, in the waste-basket or fire-place. Let Dr. Burgher be honored by a re-election to the post he so well fills, just as long he will be good enough to serve us.

"The Transactions of the Homœopathic Medical Society of Pennsylvania," are in the possession of the members of that society in less than eighty days after it was held. A general index of the "Transactions," for the last fourteen years is also added. A determined effort to publish the transactions truthfully, in full, and at an early date will undoubtedly make mem-

bers more willing to attend the annual meetings and furnish carefully written, instructive papers. The thanks of the Society are due Drs. Z. T. Miller, R. E. Caruthers, I. F. Cooper, T. M. Strong, the Committee of Publication.—AD. LIPPE.

THE HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. I.

FEBRUARY, 1881.

No. 2.

EDITORIAL.

It has pleased a kind *friend* to take exception to our humble salutatory. To him there seems to be no danger threatening the continuance or purity of homœopathy. As there may be many, who likewise think we cry “wolf” when there is no wolf, we will briefly review a few of the insidious changes now going on, which jeopardize the future of homœopathy.

First, allow us to say that the wolf hidden in the sheep’s skin is the most dangerous of all foes. So, the most hurtful enemies homœopathy has to-day, are some of its *adherents*—so-called. These persons injure homœopathy in many ways. Their eclectic and unsuccessful methods of practising—being *called* homœopathic—detract from its reputation as a curative system. Their peculiar morals, professing one thing and practising another, give homœopathy a bad name, compelling honest men to declare that “for a man to practise homœopathy *at present* necessitates that he be either ignorant, foolish or knavish: that is, if it be knavish to live a lie.” In consequence of these things, the proper and natural growth of homœopathy is retarded. The honest inquirer turns away in disgust; the invalid, racked and torn by the harsh methods of allopathy, sees no relief in mongrelism.

The causes of this retrograde movement in our school are many; a few of the most prominent, we will mention. Firstly, our medical schools do not teach *pure* homœopathy. Instead of teaching the system as Hahnemann taught it, they wander into pathological and other equally erroneous deviations; instead of teaching the plain life-saving truth as demanded by the law of the similars, they dress it in fancy garbs, that they may masquerade as "scientific" physicians. In consequence of these "fatal errors" the works of Hahnemann are unknown to most graduates. As a bookseller informed the writer, they are "practically out of print," because there is no demand for them! Less than one thousand copies of the "Organon" have been sold to a profession said to number six thousand! Who nowadays buys Hahnemann's "Chronic Diseases"? It is idle to reply that Hahnemann's writings are sufficiently well taught by lecture, for it can not be done. Our learned professors might, at least, teach Hahnemann's "Organon" until they have leisure to write something better.

Another grievous source of injury to homœopathy, and a natural sequence of bad teaching, are many of the text books now published; works which serve only to corrupt our friends and furnish ammunition to our foes. There are many books professing to teach and illustrate homœopathy which are totally unfit for the purpose; these penny-a-liners may do little injury to the older and more settled members of the profession, for they know better; but to those of less settled opinion, they do incalculable injury. If the beginner takes one of these works as his guide in practice, he is almost sure to fail in his first venture; then he stumbles from bad to worse. From the single remedy, perhaps in low potency, he alternates his drugs, and, getting no good results from such doings, he promptly proclaims homœopathy insufficient, and resorts to quinia, palliatives, tonics, cathartics, etc., all of which is credited by suffering patients and watchful adversaries to homœopathy, and we are called deceitful knaves, etc. Says an allopath, "Allopathy

Homœopathy, Hydropathy—can any one or all of these be true? Some doctors hold to one, some to the other. Occasionally you hear of an individual practicing all three! To do this last *honestly* is a very clever thing!" (Dickson).

A third source of contamination, for our school, are articles which continually appear in our journals and disseminate their fatal germs throughout the profession. Articles which display gross ignorance of homœopathy, allopathy, and every other kind of medicine. "Our literature became such an admixture of truth and falsity, that only the most astute could sift them," (H. M., p. 693, Nov. 1880). When colleges, authors and journals, are continually belching forth their deadly poison can we wonder that the rank and file desert the law and depart from "the strict inductive method of Hahnemann"? When a professor in a homœopathic (?) college gives morphia to insure "needful rest," or a president of a state homœopathic medical society gives bichr. of potash, in massive doses, to change the name of a disease, is there no danger of a departure from "the strict inductive method of Hahnemann"? When an ex-president of The American Institute of Homœopathy proclaims that "one who only occasionally prescribes homœopathically is a homœopathist," or when a president of that noble body openly and proudly boasts of his exhibition of cathartics, etc., is there no departure from "the strict inductive method of Hahnemann"? As the editor of *The Hahnemannian Monthly* truly says, "we have wandered far from the principles of true homœopathy, and unless we return, our noble art will be buried in electicism."* "Truth is law" and our law is truth!

These wanderings "from the principles of true homœopathy," to which we have briefly alluded, can not be honestly denied; still less can it be claimed that they do not jeopardize the future of homœopathy. Shall we "be buried in electicism" to "live in the history of medicine, as a caricature?"

* Every one should read this admirable editorial, from which we have quoted. It is to be found in *The H. Monthly* for Nov. '80 p. 693.

THE LEGION OF HONOR.

BY AD. LIPPE, M.D., PHILA.

WHILE the American co-editor of *The Organon* was examining the December (1880) No. of *The Hahnemann Monthly*, looking for an answer to an oft repeated inquiry as to the nature of the accessory and supplementary principles to the law of the similars found and claimed to be in possession of the Hahnemann Club, the present owners of said journal, we found the following editorial.

“The energetic editors of *The Organon* have secured a list of names, comprising such homœopathic physicians as are willing to subscribe to a specified creed, *which has been derived from the principles of medicine as expounded by Hahnemann.** This list is denominated ‘The Legion of Honor.’ As a firm believer in Hahnemann’s method of treating the sick, we added our name to the list when solicited. But in so doing, we claimed the right to use any external application which was employed in accordance with the law of the similars; and, further, we protested against some of the company we were called upon to keep. We recognized the names of quite a number in the Legion who we know are not practicing as they claim to. One name in the list before us is singularly out of place, since we know that its possessor has treated his patients with extravagant doses of crude drugs, and has used pounds of purgative medicine, and this, too, since signing the roll.

“If, then, *The Organon* wishes to publish a list of such practitioners as desire to *openly** express their allegiance to Hahnemannism, let there be a conscientious revision of the list as published. This can be done, because one of the editors has already been informed of several on the roll who are violating their contract. Either this, or drop the title of ‘Legion of Honor.’”

* Italics are ours.

The chaos arising from different and contradictory definitions of homœopathy, induced some reflecting men in the profession to draw up a paper giving the essential points of the homœopathic doctrine; this "Declaration of Homœopathic Principles," was sent to such physicians as were known to practice homœopathy. Among others, one of the present editors of *The Hahnemannian Monthly* signed said declaration *without reserve*. We now find that he did so with the mental reservation to use any external application under the law of the similars, and we are further informed that he protested against some of the company he was called upon to keep. We are not aware of having seen or heard of any such protest. The learned editor may be sure of our most sincere sympathy, as there is nothing more humiliating than to be compelled to keep company with uncongenial persons. His request for a revision of the lists, comprising the names of the Legion of Honor, in order to dishonor any one who is practicing contrary to the homœopathic principles, is in itself very laudable, *but* the American co-editor of *The Organon* disclaims any positive knowledge of such a person or persons; true, he has been told by another member of the Legion of Honor that such persons exist, but no names were given nor was there any evidence offered to prove the correctness of such charges. There exists a maxim in law that every person shall be considered innocent till he has been proved to be guilty; furthermore, in our enlightened days, the accuser and accused are brought face to face and the onus of proof falls to the accuser. Hearsay testimony *even* if the informant enjoys the undisputed reputation for honest aims and strict veracity, is inadmissible. And as our learned friend appears to be very eager for a conscientious revision of the list as published, and as he *knows* at least one person who has violated his pledge grossly, it becomes his bounden duty to furnish us with the name (or names) and with positive proof to substantiate this accusation. Let him (or them) be tried before his peers and if found guilty his name (or their names) shall be dropped at once.

MY ADDRESS AT MILWAUKEE.

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

My address at Milwaukee has had at least *one* good result; it has compelled the mongrels to exhibit themselves in their true colors and display their irreconcilable hatred for the homœopathy of Hahnemann. Their denunciations and misrepresentations of myself, I treat with the silent contempt they deserve; I shall only deny the falsehood they have circulated about two of my friends. It has been publicly asserted that I prepared and read my address, at Milwaukee, at the instigation of Drs. Ad. Lippe and T. P. Wilson. This assertion, I pronounce *a deliberate and malicious fabrication.*

The only individual on either side of the "pond" who knew of the contents of my address was Dr. H. N. Guernsey, of Philadelphia. When Dr. T. P. Wilson heard of my intended visit, he wrote me a letter of welcome, telling me that I must be prepared to address the Institute; *but made no other suggestions.* Shortly afterward, Dr. H. N. Guernsey visited me, I read him the letter of Dr. Wilson, and asked what kind of address would be expected; whether a theoretical essay, some clinical cases, or what? He suggested a paper inculcating the study of Hahnemann's "Organon." I coincided with his views and wrote my paper. When I saw Dr. Guernsey, again, at my house, I read it to him. He made no further suggestions, but thoroughly approved of it, saying that he would vote for the printing of one thousand copies for distribution; but his absence from the meeting prevented him from carrying out his intention. The address was, with a few merely verbal alterations, precisely the same as read to Dr. Guernsey; for its sentiments *I alone* am responsible.

Dr. T. P. Wilson knew so little of it beforehand, that, when asked about it as president, he was unable to give even the title. While staying in Philadelphia, as Dr. Ad. Lippe's guest,

I intended to read the address to him and obtain his opinion and advice; but day after day passed by without a convenient opportunity arising; so (fortunately, as it happened), I did not read it to him.

From the above refutation of *one* of the falsehoods circulated by the mongrels, Homœopathicians will be able to form an estimate of their candor in other matters. *Ex uno disce omnes.*

FATAL ERRORS.

BY AD. LIPPE, M.D., PHILA.

GONZALVO C. SMYTHE, M.D., in his work on "Medical Heresies," commits a fatal error in the last sentence of his otherwise very welcome book. "This kind of homœopathy will not stand the test of recent advances in science." The only test of the kind of homœopathy here alluded to, the homœopathy taught by Hahnemann, are the "results." Experiment has clearly shown that the results, the absolute cures obtained, solely depend on a strict adherence to the principles governing the healing art of Hahnemann, called Homœopathy. The departures from these principles have steadily augmented, have really left nothing save a perfect caricature of Hahnemann's healing art; as these departures become more gross the ability to cure diminishes. In fact these departures were introduced by the same class of men and for the same reasons in this country as they were advocated in Hahnemann's days in his own native county. Then Hahnemann called these men "pretenders," and indignantly charged them with "laziness;" a deplorable want of knowledge causing just such failures as would follow the application of any other laws for any other purposes where they are not fully understood and conscientiously followed. The International Hahnemann Association, fully convinced that a faith-

ful adherence to Hahnemann's teachings would lead to the best results in healing the sick, this conviction being forced upon them by their own experiments tried by themselves, could no longer remain silent when efforts were made to palm off on the community, a caricature for the real healing art. The fatal error now committed by this learned author has been committed time and again by the "progressive men" in their departures and caricatures; but these men never could show superior results, although repeatedly asked to do so. Recent advances in science have clearly illustrated the correctness of Hahnemann's propositions and of his strictly inductive method. We would call the attention of the learned author, at this time to the discoveries made by Prof. Jaeger by means of his neural-analysis. There is science for you, showing that the sickmaking power of drugs increases in the same ratio as the doses are quantitatively diminished. It would have been a *fatal error* had the members of the International Hahnemann Association separated themselves from The American Institute of Homœopathy. Had they resigned their membership *then* Prof. Smythe would have found two separate bodies, of differing homœopaths. He could not be gratified in this particular. There can be but one kind of homœopathist, and they adhere strictly to the principles and rules promulgated by its founder in his "Organon." By remaining members of the American Institute the members of the International Hahnemann Association declare their opposition to prevailing departures. By publishing their own platform and principles, they guard against any possible suspicion of endorsing men who, under the mistaken idea of *freedom of medical opinion and action*, reject all and every law and rule governing the healing art; who declare their right to be guided solely by their own individual judgment in treating the sick; and who while to all intents and purposes advocating eclecticism (see *Hom. Times*, Dec. 1880, page 205) irrationally call themselves, what every sensible person knows they are not, homœopaths.

Another fatal error is now proposed. The enterprising pub-

lishers Chas. Robson & Co. 920, Chestnut Street, Phila., have issued a circular with interrogatories to homœopathic physicians for the purpose of publishing a book entitled, "The Homœopathic Physicians and Surgeons of America." It would be strange if Dr. Smythe & Co., after exposing the various departures and showing off the "caricatures," should find the followers of Hahnemann, the adherents of his *strict inductive methods*, permitting their names to be published alongside of men who are homœopaths only in name, thereby endorsing all these various shades of *pretenders* as full-fledged homœopathists. Can that "fatal error" be committed? Is it not also a fatal error if the adherents of Hahnemann's strict inductive methods endorse eclectic journals, such as publish eclectic papers, by writing truly homœopathic papers for them? Would it not be best to publish homœopathic papers "separately?"

It is a *fatal* error to suppose that truth and error can co-exist. In Hahnemann's days were found three distinct medical schools: the allopathic, the antipathic, and the homœopathic. To these were added in later days the eclectic school: it is this school of later origin which claims to have found the means by which truth and error can co-exist, and they call themselves rational physicians. What results they have obtained by this irrational mixing up of incongruous principles have not, as yet, been promulgated. It is a *fatal error* to attempt to clothe our *Materia Medica Pura* in a physiological and pathological livery. This fatal error appears to have been committed by the late Charles Julius Hempel, and has now been revived by H. R. Arndt, M. D., the author of the first volume of a work entitled "Materia Medica and Therapeutics arranged upon a Physiological and Pathological Basis, etc." The intelligent student of our *Materia Medica* will undoubtedly frequently find under the recorded pathogenesis of almost any remedy, groups of symptoms resembling groups of symptoms he and others have observed in certain classified diseases, or symptoms observed when certain organs or tissues were supposed to be affected by disease. The

intelligent student is supposed to be fully acquainted with the little that is known of physiology and pathology, hence these comparisons come to him naturally. If the intelligent student of our *Materia Medica* is led astray by false teachings; if he is made to believe that a remedy having caused, by developing its sick-making properties, certain symptoms, or groups of symptoms, analogous to similar symptoms also observed in natural diseases therefore becoming a specific remedy in that very form of disease, he commits a fatal error. As an example we will here only call attention to the many chest symptoms caused by *borax*, which resemble pneumonia, in a much higher degree than any other proved remedy; also to the fact that it is but very seldom, a curative remedy for pneumonia, and then only when the *characteristic* symptoms of the drug and the *characteristic* symptoms of the sick fully correspond. If such an attempt as we find the author makes, is to be used even as an aid to the student it should be made intelligently. The very grave diseases, for instance, which we find are very frequently characterized by symptoms similar to those caused by *æsculus hippocastanum*, are not even hinted at. They are *tabes dorsalis* and *locomoter ataxia*. The very first knowledge we had of the sick-making power of *æsculus hippoc* was derived from the poisonous effects it had on a large flock of sheep fed during the winter on the horse-chestnut; these all died of *tabes dorsalis*. Does it therefore follow that this remedy will cure all cases of *tabes dorsalis*? While it resembles in its effects on the cerebro-spinal system very much those of *nux vom.* the intelligent student of *Materia Medica*, of physiology and pathology, will by *comparisons* between the sick-making properties of *nux vom.*, *phosphor*, *zino*, *nux mosch.* and *æsculus hippoc.*, acquire a clearer idea of the healing properties of either remedy in the above named forms of disease.

It has been asserted that pathology having become an almost exact science since the days of Hahnemann, we might scientifically venture on the forming of a pathological livery for our

simple *Materia Medica*, that it might appear more acceptable in the eyes of our scientific adversaries. This is again a fatal error; we will now illustrate it. The most scientific pathologists, authorities in diagnosis, at intervals of a year, examined a patient (whose case will be reported elsewhere) and found, one and all, an insufficiency of the mitral valve: *therefore* he was treated with digitalis, etc., twice he was snatched from the grave by strict homœopathic treatment, twice was the diagnosis rejected. If then the most competent scientists, made such blunders in their diagnosis, how can any observing man propose to base *our* therapeutics on such a fallacious diagnosis; on such hypotheses as all these diagnostications have so frequently been proved to be? Finally this man died: and of what? On post-mortem examination his heart was perfectly sound, and the difficulty of breathing which was *assumed* to be caused by heart disease had been caused by an adhesion of the posterior left lung, remaining so diseased after allopathic treatment for pneumonia many years ago, the upper part being full of tuberculous deposits and cavities. This diseased condition was latent, and no active disease existed in the lungs at the time of his death. The patient died at an advanced age of chronic hypertrophy of the liver, of which he had suffered many years. So much for the pathology of the present having become an exact science! To put such a livery, such a hypothesis on our *Materia Medica* is next to madness. Hahnemann was right first and last, and will be right forever. He will be found to have been right just in the same ratio as exact sciences develop the truths broached first by that great observer and philosopher.

QUANTUM SUFFICIT.

BY C. F. NICHOLS, M.D., BOSTON.

“Be thou content to know not, knowing thus,
Thy way of right and duty.”

To understand doubters we should remember that all men growing up have seasons of doubting, ignoring, forgetting. “Pity ’tis, ’tis true,” that these “cry-baby” times of homœopathic medical men are so often, of late, inflicted upon their “brethren:” for there is much work to be done, and an ample literature is available, to teach and encourage Faint-hearts, Pliables and Ready-to-halts.

Further to understand doubters, yet another matter should be considered. A false modesty exists among doctors, oftentimes paraded by the “experienced,” who occasionally announce that their wisdom, faithfulness, and medical practice, are grown so great as to have led to their *discovery* that patients get well, independently of medical treatment. This originated in the old school. Abercrombie, Pereira and others having sincerely doubted the efficacy of drugs, it became the fashion to doubt, and an amusing array of skeptics promptly appeared in print and in the lecture-room, displaying such premature wisdom as might gain the respect of colleagues and students. Such self-abnegation digests better than similar disparagement from others.

Doubtless we all like at times to appear *blase*, and the narrow vanity inherent in skepticism has exerted its usual influence upon the doubters.

Dr. C. Wesselhoef reports numerous cures by thirtieth and two hundredth potencies, some of which he emphatically attrib

utes to his prescriptions;* then he figures at solubles, pretends to test metals,† and decides that the material vehicle (conveying curative power), must be visible—that is, the mould of the statue must not be removed. The mould conceals its own creation, yet it must not be taken away that the statue may be seen. The two hundredth potency *has* cured, yet it cannot cure!‡

Dr. Wesselhoeft can not “invalidate the good results achieved by others,” nor “remit a single iota” from the importance of his own cures. “The resources at the command of every physician,” diet, regimen and incidental curative agencies, aid the low potentist as well as the high.

Merely to be “*aware* of the arguments which will yet be brought in behalf of the clinical test,” does not annul the importance of those arguments. Taken by the horns that clinical bull will throw him; for the doctor says that the value of the clinical test will be greatly enhanced *when construed* according to his own propositions!

The single, final, requisite property of a curative agent is its power to *cure*. Highly potentized metals, chemicals, nosodes, plants, and inert substances have cured in thousands of instances. Their value depends upon such practical tests made as well upon the healthy as the sick. A confirmation of the existence of this singular and special medical power in these high preparations will, we trust, be ultimately vouchsafed by the nat-

* *Merc. Viv. and Corr., N. E. Gaz.*, 1866, p. 245; 1869, pp. 306, 361. See also *Hahn. Mo.*, 1866, p. 130; *Transac. Amer. Inst.*, 1870; “*Raue's Record*,” 1870-'75, etc., etc.

† “The Effects of Trituration,” by C. Wesselhoeft, M.D., Boston. In 1871 (*N. E. Gaz.*, p. 277), Dr. W. remarks, “In most cases the finest chemical tests and even the spectroscope cease to show the presence of a metal after the third or sixth attenuation. Some people would say it had *ceased to be present at all* * * * an empty nothing. Some minds may be satisfied with such arguments, *but they will not stand a single moment before the least effort at reflection.*” (Italics *ours*). *Id.* p. 528. “The properties of copper * * * recommended by Hahnemann for cholera in 1831,” in thirtieth potency and administered in thirtieth potency in Hungary, Austria, Prussia and England. “The result has proved, thousands of times, the correctness of his assertion.”

‡ In 1847 Dr. Kidd cured famine-fever in Ireland with medicines moderately attenuated. He fell into tincture-giving in 1878 with no superior results yet published.

ural sciences,* advancing in powers and means of investigation through the development of microscopy, spectroscopy and chemistry.

Let us inquire how much of pure Hahnemannianism has been given up by the doubters and compromisers.

1st. Potentization is opposed, though not completely by all.

2d. Mental symptoms: these are practically ignored. Would it be a long step in the logic of materialism if they were to be altogether blotted out?† True they have helped in the work of saving life and suffering. But the microscopic cap is very loose upon them whilst the pathological cap does not fit at all.

3d. *Similia Similibus Curantur*: This "prejudicial axiom" is attacked by Dr. J. Heber Smith.‡ Dr. McClatchey,§ hesitating to attack, delegates courage to an *imaginary philosophy* not to be found in the sick room. The law of the similars is, however, in great measure supported, apparently as a matter of prudence, until the removal of the last prop shall be in order.

4th. The single remedy. This, of course, is unappreciated.

* "An alcoholic dilution of Aconite, inhaled in all dilutions up to two hundredth dc., may always and with certainty be distinguished from pure alcohol, in comparison with which the highest potency gives an increase of excitability (Osmogram) of from eighteen to thirty per cent. With Thuya four hundred, the increase was forty-four per cent. Two hundredth of Aconite and four hundredth of Thuya always give clearly different neuralanalytic curves. Of the remedies hitherto examined the high, middle and low potencies are readily distinguished from each other. While in many instances the maximum sensitiveness of an individual was greatest under the middle potencies (fifteen to thirty) it remained in all examined individuals as great in the highest as in the lowest. * * * Neuralanalysis reaches in analytical power far beyond any other known method of investigation, even spectrum analysis. The mathematically constant and most readily observed increase of the physiological action of the drug, developed through potentization, raises Homoeopathy to the rank of an exact physiologically based method of cure, in which light its systematic study may justly be established at high schools and universities, and there be presented to the judgment of every man."—"Jaeger, on Neuralanalysis." Abstract from Dr. Korndoerfer's translation, *Hahn. Mo.*, November. Of course (Eds. *Hahn. Mo.*) prudence must be exercised—we suggest Dr. C. Wesselhoeft's taking up Neuralanalysis, confident of fair investigation, and hopeful of a staunch *reconversion*.

† No very serious attempt at this mutilation has been made so far. A *Pharmaco-dynamic Parade* by Rich'd Hughes, L. R. C. P., London, is now acknowledged on all sides to have been intended by its author as a caricature to be read for the entertainment of the moment, since each of its symptomatic indications depends on an appropriate pathological theory changeable from time to time by allopathic authority.

‡ *N. v. Gazette*, March 1874

§ *Hahn. Mo.*, xiii., p. 662. See also Dr. Dake, *Hahn. Mo.*, Jan. 1879, *Organon*, i., pp. 56, 195.

One must be familiar with the teachings of Hahnemann's "Organon" before its choice becomes a necessity.

Finally, a few sour arguments are revived from old reviews*—logic of the sort which would prove that Napoleon never lived—and the clinical test is repudiated as evidence. The object for which a physician is supposed to be trained and placed in the community is questioned; reports of diseases relieved are stigmatized as "useless experiments," and ordered to be abandoned, whilst intolerably abusive tirades are bestowed by H. M. Paine upon Hahnemann's personal character.†

Are doubters useful doctors? What do sick people want with them? they are not practical. Drs. S. Potter, C. Wesselhoeft, H. M. Paine, J. E. Smith and E. Guernsey forget, doubt, quibble, and in other highly original ways "test" our medical principles. They indulge in the absurd abuse which greeted the early advocates of homœopathy,‡ and strive to realize chimeras derived from chemical philosophy to be used as proofs to sustain their unnecessary and illogical opposition. Is all this done under the guidance and control of a desire to advance true Homœopathy?

Will a practitioner calling himself homœopathic gain respect from thinking men by prescribing immense mixtures, pills, and salves;§ his prescriptions exhibited by treacherous druggists to the laughter of the contemptuous enemy? Is it not obvious that there are many so-called "leading homœopaths," who are roosting and crowing on fences?

* A guide in the labyrinth of these discussions will be found in Dr. Moore's excellent paper, which excepts the views of Mill, Comte, etc., upon the complicated subject of medical statistics, (see pp. 22-26. "Old and New School Therapeutics," F. F. Moore, M.D., Boston, 1880). Note also Prof. Stille's conclusion that statistics in medicine are valueless unless based upon "some sound medical theory."

† *Trans. Am. Inst.*, 1878, *Hom. Times*, Feb. 1879.

‡ At the recent meeting of the American Institute. Dr. E. W. Berridge's advocacy of potentization being known to certain members, these actually voted against permitting that bad man to address the Institute as is elaborately revealed by Dr. Duke in the *Hahnemannian Monthly* for August. Dr. Duke's several stages of anxiety on this score peep thro' "blocks of marble" and bureau drawers marked "no room"

§ See *University Magazine*, and *Liverpool Mercury*, quoted in *Organon*, Oct., 1878.

We have in Boston, (albeit she has rivals in such possessions)* a collection of gems; together they constitute a diadem to deck (?) our city's brow. Let the druggists come forward at the crowning with these mixed prescriptions. They will make a very appropriate offering. On this august occasion commendation may flow from Allopathia, in this wise:† "Well done, sneakingly faithful servant, receive the left hand of our fellowship, your much desired reward—but mind! it means *left*, for no medical society is willing to receive you."

HERING MEMORIAL.

WE are glad to see that steps were taken, at the December meeting of the Phila. County Medical Society, looking to another and larger memorial meeting in honor of the father of American Homœopathy. The meeting held in October last, although due notices were published, was but slimly attended by the physicians of the city and vicinity. Outsiders seemed more anxious to honor the dead hero—the great exponent of true homœopathy—than were his immediate neighbors. This should not be.

We hope the physicians of our city—yea, even those from afar—will inaugurate a fresh memorial offering to the honored dead, and that steps will there be taken not only for a suitable monument for his grave, but also for the publishing of the memorial volume, and for the *correct* completion of his unfinished labors.

All honor is due to Constantine Hering, the noble man, the consistent physician. And let all his brethren show their admiration for their late friend and teacher by heeding his last admonition not to desert "*the strict inductive method of Hahnemann.*"

* See *The Organon*, i., pp. 829, 442; ii., pp. 8, 161, etc.

† Of course some of those on the fence occasionally hop off and perch behind upon the allopathic car. (Wyld, Pope and others). They are not wanted however (see *London Lancet*, and *N. Y. Hosp. Gazette*, 1879). *Dosis sunt, et quantum sufficit* (*Ap. in altum expulsa et in se cadens* Funkly paths are a dose, whereof "Enough is as good as a feast.")

DIFFERENTIAL DIAGNOSIS OF MERC. VIVUS AND
PODOPHYLLUM.

C. CARLETON SMITH, M.D., PHILA,

*Mercurios Viv.**Popophyllum.*

MENTAL.

FEARS he will surely lose his reason, and that he will become insane.

Low spirited, fears he will die. Becomes hypochondrical if his illness lasts long.

HEAD.

Frontal headache as if head would split open, with much fullness and heat, in the evening or later in the night. Headache as soon as he lies down at night; has to sit in chair, with sore mouth and aching in bones of extremities.

Temples throb, hot head and eyes ache, especially in the morning. Rolling of head from side to side. Child grinds its teeth and whines, especially at night. Slow dentition.

EYES.

Pustules appear on the cornea, lids become crusty; agg. eve. and night.

Scrofulous ophthalmia always worse in the morning.

MOUTH.

Very foetid breath. Tongue quite yellow *all over*, (*merc. iod.* only yellow at *root*) very moist and flabby. Saliva foetid and profuse.

Breath foul, with white, dry tongue. Saliva copious, but not foetid.

THROAT.

Throat very sore; left side generally worse; agg. from swallowing saliva or liquids; agg. from exposure to evening air.

Throat sore; worse in right side, and in the morning, and swallowing liquids.

STOMACH.

Nausea, vomiting bile, having *bitter* or a *sweet* taste. Fullness in stomach at times but flatus not quite so marked as in Pod.

Nausea with gagging and retching; vomits blood; retching is very painful.

ABDOMEN.

Liver so very sensitive to pressure he can not lie on right side, nor bear the least touch of finger. Costiveness with ineffectual straining. Colic very similar to worm colic, as we find it in children with hard, tense abdomen. Stools are small and crumble: sometimes *black*, sometimes gray approaching white: again they are watery corrosive, slimy, bloody, with much tenesmus: never gushing either sour or entirely odorless. Agg. eve. and night, until 3 A.M. (Time similar to *rhus. tox*). After stool great tenesmus with cutting pain. Sour sweat, trembling of body, and burning in anus. Rectum becomes prolapsed, and so inflamed in some cases as to become *black* from the terrible straining which the patient can not avoid.

Flatulency confined to *right* side of abdomen; palpitation with morning drowsiness. Liver feels hot and becomes sore with twisting pains; relief from rubbing over region of liver. Constipation, dry stools, and quite hard. Stools chalky and very offensive with gagging, profuse, painless, gushing stool, greenish, or yellow, or mixed with blood smelling like carrion; worse in the morning. After stool the patient is greatly exhausted, and pains continue of a cutting nature, weakness even after a natural stool. Prolapsus recti with the diarrhoea and from the least exertion. (The foulness of Pod. is almost indescribable, and not to be compared with any other drug unless it may be *psorinum*.)

URINE.

Scantiness of urine, with much urging (similar to *nux*).

Urine quite scanty, but frequent, especially at night and during pregnancy.

GENITALS.

Shooting pains from both ovaries toward the hips. Vagina becomes prolapsed and also uterus. Soreness of the genitals internally and externally. During pregnancy, stomach becomes very sensitive to touch or extra pressure of clothing accompanied with sore mouth, tender gums and teeth.

Dragging pains in ovarian regions. Prolapsus uteri with severe backache over region of sacral bone, especially after confinement and from standing over the washtub.

During gestation can lie only on the abdomen especially the first three or four months: passes water often, followed by prolapsus of womb.

CHEST.

Cough with sensation of burning and rawness of the bronchia, but no phlegm is expectorated: cough comes in convulsive paroxysms preventing conversation on the part of the sufferer. Whooping-cough comes in two distinct paroxysms and then a rest.

Cough loose during dentition. Palpitation from any exertion, accompanied with troublesome flatulency; heart feels as if moving upward into the throat.

On awaking, great agitation of the heart causing the patient to feel that death was imminent.

FEVER.

Pulse generally full and strong; chill mostly in the evening, sometimes 5 A.M., on getting out of bed. With the heat there is constriction of chest. Sweat usually cold, and gives no relief to existing symptoms. Patient gets chilly after

Pulse slow; sometimes can hardly be felt; almost collapsed. Chill 7 A.M.

Heat accompanied with delirium and talkativeness. Soon forgets what has passed.

Sweet on the legs which is warm while the feet are cold

MERC.

a stool. Agg. from draft of cold air coming in contact with body through seat of out door water closet.

PODO.

cold sweat of head: sweats while she sleeps. (*China.*)

AGGRAVATION.

Worse from making any sort of motion: worse eve. and night and after getting warm in bed (rheumatism). Agg. from *sweet things*—candy.

Worse from traveling over uneven ground, and from making mis-steps (*bry.*) Worse usually mornings. Worse from sour fruit, especially when combined with milk.

 THE WHAT IS IT.

BY C. PEARSON, M.D., WASHINGTON, D.C.

THE following is a partial copy of a circular recently sent out by a druggist of this city. He will probably be very grateful for having it noticed in THE HOMŒOPATHIC PHYSICIAN, for should this happen to fall into the hands of some of the hybrid school, they will see at once where they can procure their medicines without patronizing a house that persists in styling itself homœopathic. Thus, the circular reads:

“Thorough Triturations,
Elegant,
Accurate,
Reliable.”

“*The value of thorough trituration is so well established that argument is superfluous.*”

“The demand for diluted potent medicines, and the impossibility of making them satisfactorily upon extemporaneous prescriptions has induced the subscriber to offer the medical faculty a class of powders, diluted with pure sugar of milk, so that

ten grains will contain *one* grain of the medicine; thus affording physicians an opportunity to obtain with accuracy, a minute quantity of the extract or alkaloid desired; finely divided by *thorough trituration.*"

Then follow the names of the drugs, and the dose, among which are the following:

"Atropia,	Lactose,	Dose,	one-tenth to one-fifth grains."
"Cinchonidia,	"	"	five or more " "
"Digitalin,	"	"	one-tenth to one-fourth " "
"Morphia,	"	"	one to five " "
"Quinia,	"	"	five or more " "

Now here is an "eternal fitness of things." But shades of Galen! only think, one-half grain of quinine or cinchonidia at a dose! Why it would not be a smell for an eclectic homœopath on the Wabash! One of that class would give from fifteen to twenty-four grains of crude quinine at a dose without a *shake!* See *Medical Investigator* for 1879, page 243, also *Medical Advance*, 1878, page 248. Now this is equal to one hundred and fifty to two hundred and forty grains, or from one-fourth to one-half ounce of this druggist's trituration at a dose! If he can only succeed in getting the trade of these men, and I hope he will, as I like to encourage home enterprise, they will clean out his whole establishment in a short time. But I fear his preparations will not suit their heroic tastes. They might urge as an objection the inconvenience of feeding to their patients two hundred and forty grains of this powder every two or three hours, or the patients themselves might not take to it kindly. Yet Dr. Smythe, in his work on "Medical Heresies," has shown they do not hesitate to give ten times more medicine than the boldest allopath would dare do; hence, taking the doses recommended by this druggist as the standard, there is no trouble at all in doing this. Witness the following: "fifteen to thirty grains of chloral and bleeding for puerperal convulsions." (*Med. Invest.*, Nov. 15th, 1880).
Aconite 2d: Hamamelis 2d: also a tonic; two hæmatic blood

pills during the twenty-four hours: a clister of one ounce of *Petrocerate*: fifteen drops of *Hydrastin*; ten drops of *Hamamelis*, and ten drops of *Bell.* thoroughly mixed and warmed. (*Med. Invest.*, Sept. 15th, p. 256). *Gelsem.*, fluid extract, five grains, alternately with *Aconite*, three grains every ten minutes, and *Chloroform* by inhalation. Next day *Verat. vir.*, ten grains in two ounces of water, alternately with fifteen grains *Nux vom.* in two ounces of water, a teaspoonful every two hours. *slippery elm* poultice over the lungs, *Chloroform* as often as required (!), mustard poultice to the wrists and feet, extract of *Bell.* to the spine. *Morphia* full dose, *Chloroform* to be repeated if necessary (!). Next day not so well: *Acon.* 1st, *Morphine*, *Chloroform*, *Asafetida* and *Valerian*, each one drachm. *Bell.* to the spine, mustard to the feet and wrists. *Lobelia* and *Ipecac.* each two drachms every fifteen minutes, *Chloral Hydrate* fifteen grains.

Next day not so well. More *Morphine*, *Chloroform* and *Ether*, *Lobelia* and *Ipecac.* two drachms every ten minutes, also a poultice of tobacco, (something new) and fifteen grains of *Chloral*.

Next day *Elixer Valerianate* of *Ammonia*, and *Quinia* a teaspoonful every two hours, more *Chloral* and *Chloroform*. (*Med. Invest.*, Oct. 1st, 1880, p. 292.) And yet these men ask us to share with them the responsibility of such treatment as this, and wonder why we organize a separate medical association, or have the temerity to publish a journal wherein such heresies will not be tolerated! The reason is very apparent; we prefer to obey the command of the prophet of old. "Come out of her my people that you partake not of her sins and receive not her plagues." It is not, as they charge, that we are illiberal, or that we have left them. It is because^a they have left homœopathy and us; because we know there is a safer and better way, and because we can not and will not be responsible for the failures that have always and will always attend such heterogeneous prescribing. They tell us we would not re-

sort to these crude drugs to save the lives of our patients. This is not true. It is because we know that safety does not lie in this direction. A boy once in climbing a high precipice, looked down, and became frightened and dizzy. His father called to him to look up; he did look up, and was saved. Now why do these eclectics, when there is danger, always look down, when by looking up they might save their patients? Does this display liberality, and a disposition to resort to anything to save life? Their patients gain nothing by such treatment, while they lose the confidence of the community and their own self-respect. Their methods being mistaken for homœopathy, the latter is denounced as a fraud and a failure. Thus hundreds of patients are deterred from resorting to such treatment believing, and justly, too, that it is no better than that of the old school. The people want something better. They care nothing for names or theories, but they want to be cured. They are tired of swallowing drugs, and if they change physicians it is mainly in order to change the treatment. But when quinine, morphine, Chloral, *etc.*, meet them on every hand, what encouragement have they to change? A lady recently called to consult me, saying she had taken medicine constantly for one year from three different homœopathic (*f*) physicians without experiencing the slightest relief; and it was only the persistent urging of a friend that induced her to call. I gave one powder of the C.M. of *Cal. Carb.*, and in three weeks she returned to tell me she was well. Scores of such incidents could be reported, and hundreds more would be, if it were not for the reasons already given. But *excelsior!* is the word, and legitimate homœoprthy "holds the fort," and will continue to hold it till the "crack of doom," in spite of the allopathic, or the "rational school of Homœopathy." (See *Buffalo Investigator* for Nov. 1880, p. 251.)

DROPSY FROM MALARIA.

A Case in Practice.

BY W. H. JENNEY, M.D., KANSAS CITY, MO.

MR. P——, the subject of this article, came under my care, from allopathic hands, July 15th, 1880, and has been treated by me since that date. I will first give his statement direct:

"In October 1877, I was affected with malaria and chills, which ended in neuralgia of the head (mostly about the vertex). Was treated by an allopathic physician who gave me, to start with, forty grains of quinine in two hours' time, which occasioned great distress and nausea; this was allowed to act until its effects had passed off—about twenty-four hours. I was then obliged to take thirty grains a day for one week, with no abatement of the neuralgia, but with high and constant fever. After a rest of one week the quinine was resumed; but I grew no better, which resulted in confining me to the house for four months, without alleviation from pain except when under the influence of morphine. Had a consultation of physicians, who determined I had but a slight prospect of recovery. At the expiration of five months, and after taking more than six hundred grains of quinine (with morphine, etc., as usually prescribed by the allopaths), I began to improve, so that by the sixth month I was able to resume my duties as an expressman, remaining in charge of my office until October 1878, having been at work since May, 1878. I had attacks of neuralgia until September 1879, when my feet commenced swelling, extending to the limbs and body and having the appearance of dropsy. Consulted my physician again, calling attention to said dropsy. He called it weakness, and predicted it would disappear as soon as my strength returned; the swelling, however, continued until my weight increased from one hundred and twenty-five to one hundred and seventy pounds. For this condition I took large

doses of elaterium, which so deranged my stomach I had to discontinue it. After this I was confined to my bed for two weeks, being told that all now would be right, and being urged to continue the elaterium, which I could not do, on account of nausea. I now changed physicians; and was given, among other things, large doses of jaborandi, but continued to fill up at the rate of two to five pounds per day, my weight increasing to one hundred and eighty pounds. On October 16th, 1879, I was tapped, twenty pints of water being removed; in fifteen days was again tapped, but continued to fill again. My physician again resorted to elaterium, with the same results—nausea and debility. Was again tapped and relieved of twenty-two pints of fluid. On November 15th I refused to take any more medicine, and was given up to die, to which I did not object. Took a mild tonic after this, and by the last of December was able to sit up for a time, finally becoming able to walk. The tapping was continued, however, until I had been operated upon thirty times, and parting with five hundred and ninety-six and a half pints of water!"

The history of this case is certainly interesting, and bears a moral—that however desperate a case may be not to give up so long as we possess our wonderful *Materia Medica*, and are able to find the *similimum* remedy. When called to this case, it was with great hesitancy that I took charge of it; the patient seeming to have but little chance for recovery. The dropsical effusion extended from the feet to the chest, causing much distress from distension of the bowels and impingement on the diaphragm. On being called the period for tapping had arrived, and I endeavored to extend the time, succeeding by means of *Arsenicum*, in holding my case, but had to resort to tapping later, drawing off twenty-one and a half pounds of fluid. But I continued with *Arsenicum*, there being constant and intense thirst, with fear of drinking, lest there should be faster accumulation of dropsical fluid. I continued this remedy until the end of three weeks, and tapped again, this time removing twenty-

three and a half pounds of water. Examined the dropsical fluid, and found a heavy precipitate of albumen; after standing over night, found a column of solid albumen the size of a cigar and two inches high. Studying now my case closely, I determined that *Apis* was *the* remedy, the thirst arising from dryness of the fauces; he had great restlessness and despaired of getting well; urine was diminished and high colored, swollen extremities, etc. The patient continued to swell, as before, until the third week, when he desired to be relieved by tapping. Now re-examined my patient and concluded to continue *Apis*, it being apparent that the effusion in the limbs was decreasing. From this time the patient continued to improve, losing bulk and weight until the eighth week, when the flesh began to increase and solidify. Now, after four months, he appears well, weighing one hundred and forty-five pounds, and has resumed his business, a sound man, physically and mentally.

EUTHANASIA.

BY GEO. G. GALE, C.M., M.D., QUEBEC, CANADA.

MALE, about thirty years of age, last stage of consumption; troubled with diarrhœa and *severe* colic. The allopathic doctor has been prescribing astringents and opium. This intoxicates him; he wakes up with his pains increased; his head aches and his mind is dazed from the effects of the opium.

Colocynth 200, in water removed the colic, but produced no headache, etc. The man died *without* pain three weeks after. In another case similar to the above, *colocynth* removed the pains and the patient died three days after *without* experiencing a return of the pains.

CARIES OF THE JAW.

BY GEO. G. GALE, A.M., M.D., QUEBEC, CANADA.

Miss B——, Æt. 20. Seven months ago disease began in the left side of the inferior maxilla. The gum of the diseased side is swollen, there are two fistulous openings at the inferior border and to the inside, discharging thin, offensive, bloody matter. In Royle's "Materia Medica" (allopathic) one of the effects of phosphorus is to produce caries of the lower jaw. Because "*Similia Similibus Curantur*" is the law of cure. *Phosphorus* in the C.M. potency cured her in six weeks.

SOME CLINICAL CASES.

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

1. SULPHUR.—Nov. 20th, 1880. A boy, aged seven and a half, was brought to me at 9.30 A.M., with the following symptoms, which had appeared the same morning: End of prepuce considerably swollen, red, and partly retracted, exposing glans. "Allen's Index to the Encyclopedia" had recently arrived; this was a good opportunity for testing its utility. On referring to page 891, I found that only *Sulphur* corresponded to all three symptoms, *i. e.*, redness, swelling, retraction; while it also has smarting in morning after waking. The similarity being so complete, I gave only a single dose of *Sulphur* M.M. (F.C.) When I examined patient again, at 1.15 P. M., all the symptoms had disappeared, and he had been playing.

2. CARBO AN.—May 6th, 1880. Two days ago Mrs. ——, while playing in the evening, struck her coccyx violently against the sharp edge of a piece of furniture, having at the time only her night-dress on. The pain made her feel sick at her stomach and

faint. *Arnica* was applied locally, but the pain steadily increased. I saw her next day, at 10.30 A. M.; there was an aching and burning pain in coccyx, which was also very tender to the touch; pain in coccyx, on stepping with right leg: it was better when standing with right foot raised from the ground; last night could not lie on right side on account of the pain. In C. Lippe's invaluable repertory, I found (p. 204), "Pain in os coccygis when touched, *carbo an.*, *Kali bichr.*, *Lach.*" Of these only *carbo an.* has burning in coccyx, therefore I selected it as the *simillimum*. As, however, the conditions of the case had not been observed under this remedy, I was not sure that a single dose would prove sufficient. I, therefore, dissolved some globules of *carbo an.* 3 M. (Jenichen) in water and ordered a spoonful, to be taken, every three hours till better. Saw her again at 10 P. M.; she felt relieved soon after the third dose. When I saw her the aching was very much better, but the burning and tenderness yet remained. She could sit with much more comfort and could rise more easily from a seat. Could not use right leg yet, and the pain returned on stretching right arm out, as well as from treading on right heel. Faintness and nausea were much less. I did not consider the improvement sufficiently marked to stop the remedy, therefore it was continued every four hours, till decidedly relieved.

May 7th, 9 A. M. Has taken two doses, one last night and one this morning. Is much better, can move without pain. Stopped medicine.

May 8th. The burning and aching all gone, parts still tender, can stand on right leg without pain.

May 9th. More tender to-day, having stood much yesterday; can put foot to ground naturally.

May 10th. Much better; walked out doors, and soon recovered. In this case the routine practice of applying *Arnica* to a bruise, failed; the symptoms were cured by the internal administration of the dynamized homœopathic remedy.

3. *LACHESIS*.—Mrs. — had after pains, beginning in left lum-

bar region, going around left side, across to right side of abdomen, and down left thigh. Before I arrived the nurse, whom I had instructed in true Homœopathy, gave a dose of *Lachesis*, very high. On examining the symptoms, the remedy seemed well indicated by the direction of the pain from left to right; though *Lac Caninum* has ("C. Lippe's Repertory," p. 155) "after pains going down to thighs." I ordered the *Lachesis* to be repeated as occasion might demand, leaving *Lac Can.* in case it failed. The *Lachesis* cured without the need of any other remedy.

4. LAC VACCINUM DEFLOMATUM.—While nursing the patient just mentioned, the nurse was attacked with the following symptoms: boring pain, sore as if bruised and throbbing in right kidney, extending as a dull aching to right hip, to spine, up to right shoulder, and across right side of abdomen to shoulder; afterward the boring affected the left kidney also, with a little aching there; backache across sacral region, much worse in the centre—a breaking pain; all the pains worse from movement; afterward sensation as if abdomen were full of water, catching the breath like a spasm. After suffering for twenty-four, she took *Lac Vaccinum Defloratum* 200; in three hours she was better, and was speedily cured.

Some months ago she cured herself of a similar attack with the same remedy. The selection was made according to Dr. Laura Morgan's clinical case reported in *The Organon*, vol. ii, pp. 255-6.

CHRONIC CONSTIPATION.—SILICEA.

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

AUG. 14th, 1879. M. D., young lady aged twenty-five, single, dark hair and eyes, rather tall and thin. Symptoms: constipation of many years' standing, can hardly remember when she was not so. Has taken much cathartic medicine; can not have stool without cathartic medicine or an enema. This enema now fails

to procure a passage and causes a sick headache. Appetite good except when she takes her cathartic pills (Herricks), of which she has to take as many as four at once. Then she loses her appetite and has a weak, gone feeling in stomach, with soreness. When she tried to have a passage without her cathartics (as she is inclined to do) "*it comes to the verge of the annus and then recedes as though she had not the strength to expel it. The constipation is always worse the week before her menses and she is cold, particularly hands and feet, during that time. Cold sweat of feet sometimes offensive.*" Chills run up her legs. Constipation temporarily improved *during menses.*

Has had, for a long time, attacks of sick headache, not at menses. Headaches generally come on between 10–11 A. M., pain *beginning in back and nape of neck* and extends over to forehead, where it is very severe, is accompanied with nausea, sour and bitter vomiting. Enemas bring this on her. Menses, regular, painful and scanty, which is growing worse. Patient is reduced in flesh, feels discouraged; says she will never be well again. Has tried cathartic medicines, also dieting, and no medicine, but all these failed her and she continues to get worse.

Prescribed *silicea* 200, a powder dry on tongue, two nights in succession, then omit two, etc. Latter part of August she wrote me, "am much better in every way, have a natural stool every day now, and believe you will cure me. Stomach seems sore, food hurts me as it passes through the œsophagus." Continued *silicea* at longer intervals.

Sept. 17th, has had only one headache since beginning the treatment; natural stools every day except the first few days. Has now been out of medicine some time; for the last week has had a slight return of the constipation, yet stomach is better and food causes no more pain, menses are freer and easier; hands and feet warmer; back improved since first prescription; gained in weight. Prescribed the *silicea* 50 M. (Swan).

This patient remained well up to Feb. 1880, when she came to office on account of a slight gastric trouble.

Comments: I do not know how to classify this disease, pathologically. I treated the patient's symptoms. It was a chronic case, in which allopathic medicine, dieting, etc. were tried and *failed*; I gave nothing below *silicea* 200th, yet my patient recovered, notwithstanding the microscope, the spectroscope, chemistry, etc. can detect nothing therein.

BOOK NOTICES AND REVIEWS.

MEDICAL HERESIES: HISTORICALLY CONSIDERED. By Gonzalvo C. Smythe, M.D., Phila., Presley Blakiston, 1880.

This little book gives a review of all the strange theories and singular practices that have prevailed in medicine from the earliest ages down to our own day, with a particular reference to homœopathy. It is indeed specially leveled at the latter, the other heresies being considered only by way of introduction.

Ever since Hahnemann first gave to the world his immortal discoveries that have led to a grand reform in the most important of all sciences—the science of medicine,—efforts more or less malignant have been made to excite contempt for his doctrines and break up the influence they have been exerting upon medical practice.

Most of these efforts have been conducted with a combination of malice, prejudice and partizanship truly astonishing. But as these passions were so plainly visible in the attacks, they have been comparatively unsuccessful; their influence having, if anything, the quality of increasing the number of the adherents of the hated system from the fact that unjust persecution stimulates investigation. In the little book before us there is a singular absence of these blinding passions in its treatment of the subject. Homœopathy is considered with a coolness, calmness and liberality that excites our surprise. This spirit of fairness will cause it to be extensively read, and to command a large share of respect. It must prove a very damaging blow to our

school from which it will take us a long time to recover. When an allopathic doctor finds his patient going over to the new heresy he will simply place in his hands a copy of this book and thereby change his intention.

Nevertheless the author has not escaped committing one or two gross acts of injustice. Thus on pp. 149 to 153 he estimates the number of strokes necessary to make a given high potency and shows that the number is practically infinite. His method of doing this is peculiar. On page 150 he says: "Take, for instance, one drop of this mother tincture; this is mixed with ninety-nine drops of alcohol contained in a vial and having received twelve strokes is called the first dilution. The second dilution will consist of one hundred vials and twelve hundred strokes." Thus our worthy author makes out that having raised one drop of the first dilution to the second dilution, that we then proceed in the same way with each one of the remaining ninety-nine drops of that first dilution: that this same thing is continued with the second, and then with the third and so on. By magnifying in this untruthful way he calculates that the tenth dilution will require one quintillion vials and twelve quintillion strokes: whereas every homœopathist knows that when he asks for the tenth dilution at the pharmacy the preparation he gets has been through ten successive vials and has received one hundred and twenty strokes. Now, inasmuch as the author has already acknowledged that having taken a drop from any given dilution in order to make the next higher he throws away the remaining ninety-nine drops (or ninety-nine per cent. as he expresses it) the wilful injustice of these figures is perfectly apparent. By the same method the thirtieth potency would require one hundred and twenty sextillions of duodecillions of strokes (that is to say one million raised to its tenth power and the product multiplied by one hundred and twenty.) To accomplish this task would take more than six hundred and sixty-one quadrillions of decillions of years!* But the arithmetician has

* One million raised to the eighth power and the product multiplied by six hundred and sixty-one!

succeeded in deceiving himself, for he triumphantly exclaims (p. 153); "In the face of this calculation the principal homœopathic pharmaceutical establishments in the United States advertise that they have carried up to the two hundredth potency, two hundred and fifty remedies * * * can it be that the fool-killer has visited this planet since Hahnemann proposed this theory?" Evidently not, else the professor from Central College would not be alive to tell the above tale.

Again at pages 141 and 142 we get a very incomplete statement of the pathogenesis of Calc-carb. No mention is made of the great characteristics of this remedy by which we are enabled to make those wondrous cures which compel a large following of the despised creed. Why does he omit the perspiration on the head while sleeping, so profuse as to "wet the pillow far around;" the coldness, flabbiness, and paleness of the skin; the *disgust* for fat, butter, etc.?

The writer of this article was once undergoing an operation upon his teeth by a well-known dentist in this city when the dentist's little daughter three years old ran into the office. The dentist, who had no faith in homœopathy, spoke of a flow of bland pus from the child's right ear which had continued for six months and had resisted all treatment. The father jestingly asked us to cure the flow. We took the request seriously and immediately proceeded to get the "totality of the symptoms." We were informed that the child perspired much about the head whilst sleeping. That the perspiration was apt to be sour, and that there were clay-colored passages from the bowels. The skin was cool, flabby and pale. Here was a group of symptoms calling for *Calc-Carb.*, which we were permitted to give the little patient. In one week the flow from the ear stopped and the perspiration ceased. When prescribing we had not recollected to ask whether the child disliked meat, but the parents voluntarily informed us that the infant had asked for both butter and meat neither of which could she previously be induced to touch. Now this desirable result was brought about by attention to

the silly symptoms which a diseased fancy (?) and gross superstition (?) had developed as the toxic influence of a piece of inert oyster shell. Will our allopathic friend credit this statement, or will he mentally decide that we must be "either foolish or knavish"?

Chapters twelve to fourteen are devoted to a statement of Hahnemann's doctrines with a discussion of their merits. With but a few exceptions (two of which are already noted) its statements are true from an allopathic stand-point. In chapters fifteen and sixteen the fallacy of this doctrine is shown by the strongest of all evidence—the testimony of the men who are supposed to be its defenders and professors; thus getting a kind of states evidence. By quoting the assertions of a certain kind of pretenders to homœopathy he secures a mass of testimony that, if it is to be believed, renders his argument almost unanswerable.

But who are these men whose testimony is taken to refute the very doctrine they are supposed to uphold? We will answer. They are men who do not know, and never did know, any thing about the homœopathic principles; who never gave a homœopathic prescription; who, whilst professing the name, are really making war upon the cause; who are denying and denouncing cures made by infinitesimal means whilst continuing to sail under the flag for the sake of the trade advantage it gives them; who wish the favor of the public at the same time that they are striving to win the recognition of the old school that they may enjoy the trades-union advantages of the latter; who cater to the medical prejudices of the old school in every possible way; who denounce a consistent homœopathist with all the venom of an allopathist; get up clap-trap tests in which to ensnare the unwary, and seizing upon the unlucky deliverances of the late Dr. Dunham, clamor for "liberty of medical opinion and action;" who hold professorships in homœopathic colleges and brazenly declare that they give emetics, purgatives, etc., and consider themselves *very good* homœopathists; who talk learnedly

of the "collateral sciences" and proclaim what no old school practitioner will venture to assert, that pathology is an "exact science."

One of them, devoting himself to the praiseworthy task of exposing the fallacy of prescribing inert substances, points the scornful finger at the adamant rock, bids us consider the ways of nature, and then dramatically demands if *now* we believe Silicea soluble? Thus at one fell swoop he annihilates the whole Hahnemannian horde and even brings confusion upon the learned Storer's assertions in his "Dictionary of Solubilities" (art. Silicic Acid). Another warrior excitedly denies that he "sees one particle of proof that the dynamized remedy given singly and in the smallest dose * * * is alone homœopathic;" declares his opinion that "the man who never uses topical applications or mechanical appliances in non-surgical cases is unfaithful to his patients," and finally exclaims, "if this is heresy, make the most of it!"* Well, yes! that's precisely what Drs. Gonzalvo C. Smythe and H. C. Wood are doing this moment! We hope he is pleased with their work.

Do these champions of "liberty of medical opinion and action" gain the ardent desire of their hearts—the recognition and favor of the old school? Not at all. Dr. H. C. Wood the learned editor of the *Phila. Medical Times*, looking on with contemptuous smile penetrates their motives and derisively exclaims:

"Little by little is creeping out that which the regular profession has long known, namely, that for a man to be a homœopathic physician *at present*† necessitates that he be ignorant, foolish or knavish—that is, if it be knavish to live a lie."‡

And the author of the book under review assuming these persons to be "very good homœopathic authority," makes the very strongest argument against homœopathy by quoting their writings. Thus on page 209 we find the following: "These propositions and conclusions of Dr. Dake, if accepted, settle the entire

* *Homœopathic Times*, Dec. 1880, p. 205.

† Italics ours.

‡ *Phila. Medical Times*, April 13th, 1878, p. 336.

question of homœopathy, and *concede almost every point which I have attempted to establish; not in regard to similia similibus curantur only, but also triturations, dilutions and dynamizations.*"*

Here is a munificent and desirable reward for their efforts to unite a counterfeit homœopathic practice with the old school. One noted authority of the latter accusing them of "living a lie," the other one quoting them only to annihilate them!

To cap the climax the author indulges a cheerful prediction:

Page 197: "A process of evolution has been going on and will continue until the most objectionable principles of the school will be eliminated." Darwin teaches that the process of evolution is attended with a "survival of the fittest." According to "Medical Heresies," the plain inference is that the fittest are those men who, Dr. Wood stoutly asserts, are "living a lie"!!

How do they like the prospect? Will they continue to bear this ignominious burden piled upon them by the scornful enemies whom they seem so anxious to placate? Are they so completely dominated by these two deceitful watch-words, "liberty of medical opinion and action," and "medical union," that they will patiently stand while the load is raised ever higher and higher, and these two absurd ideas lead them by the nose, as asses are, deeper and deeper into the slough of despond? But will the ultra Hahnemannians consent to share these desperate fortunes? Will they not rather disavow all fraternity with such people; combine to expel them from the ranks, and force them to assume the title that clearly describes their practice, namely: eclectic? Will they not, then, proceed to "eliminate" these eclectics, immediately, without waiting for the "process of evolution"? And when the separation is accomplished, will it not be possible to judge from the size of the respective fragments whether the Hahnemannians are a "split" or a "splinter"??*

This "heart of oak" is decayed. The "shins of the conceited

* *Hahnemannian Monthly*, Dec. 1880, p. 757.

young woodman" are in no danger; a blow from his axe can not "glance" for there is no elastic body of timber to resist it. On the contrary, it will only bury itself in a mass of rotten granulations. Let the woodman join the workman from Indiana, burst the outer shell, and turn the old log up to the light, and it will fall apart of its own rottenness.

Enough of this. The allopaths set themselves to ridiculing our principles, and proving their absurdity by copious quotations from the anti-Hahnemannians: yet all this is foreign to the question to be settled. The sole issue between homœopathy and allopathy is this: which is the better curative method *i. e.* which cures quickest, easiest, the most certainly, and leaves the least bad sequelæ? If this question be answered in favor of allopathy, then they need trouble themselves no further with unsuccessful homœopathy, for it will soon die a natural death. They need make no murderous assaults; they need waste no time scanning our literature for offensive weapons. On the other hand, if this question be fairly met and answered in favor of homœopathy *then and only then*, are the means by which this superior success is achieved to be discussed. If we use their methods then we do better with them than they do. If we employ other and newer methods they should expose the deception, if any there be, or failing to do so, adopt them. If they can find no deception and yet refuse to adopt them (always supposing that they are shown to be more successful *then* allopathy must stand self-accused of wilful neglect of life—aye, of wilful murder! Of all the many writers against homœopathy, none have attempted to prove that we are *less* successful in healing than they. They are too casuistic. They carefully avoid this point, preferring to appeal to vulgar prejudice, always existing against new and strange methods. The wonderful growth of homœopathy in spite of foes without and traitors within, in spite of the extreme novelty of its tenets, is certainly a strong, *a priori* argument in favor of its being the better curative method.—WALTER M. JAMES.

“IS CONSUMPTION CONTAGIOUS? AND CAN IT BE TRANSMITTED BY MEANS OF FOOD?” by Herbert C. Clapp, A.M., M.D., Lecturer on Auscultation and Percussion in the Boston Medical School, etc., etc., pp. 178. Boston and Providence. Otis Clapp and Son, 1881.

In these few pages, Dr. Clapp very ably discusses a question of great interest and vital importance. First clearly outlining the scope of his inquiry and defining ambiguous terms, the author proceeds to review this question in all its bearings, and fails not to quote all the testimony, pro and con, available. Thus proving that he seeks only the truth, not to uphold some pet theory. While the entire book should be carefully considered, we would call especial attention to the chapter on *f d* as a means of infection. If consumption can be thus received, we have here a wide entrance for disease, much more so than sick-room contagion.

As this is such an important question we can not forbear quoting the following, from the introduction: “Some of the more important practical results to be obtained by a judicious agitation of this subject (of contagion, etc.) are these:

(1). That no person, particularly if young, should be allowed to sleep in the same bed, or even (if it can be prevented), in the same room with a consumptive. (2). That no person should be allowed to remain for too long a time in too close, or too constant attendance on a consumptive. (3). That ventilation as perfect as possible be secured. (4). That the most rigid inspection be made of meat that comes into our markets, particularly of the slaughter houses and of all cows that furnish milk.”

THE INTERNATIONAL HAHNEMANN ASSOCIATION.

Bureau of Materia Medica of the International Hahnemann Association.

Ad. Lippe, M. D., (Philadelphia) Chairman, H. C. Allen, M. D., (Ann Arbor), T. F. Pomeroy, M. D., (Jersey City), C. Pearson, M. D., (Washington, D. C.)

The Chairman has appointed the following physicians on the bureau of CLINICAL MEDICINE of the International Hahnemann Association for the meeting to be held in June 1881. Each member is at liberty to select, and write, upon any medical topic, pertaining to this bureau he may desire.

Wm. P. Wesselhoeft, M. D., Boston, Saml. Swan, M. D., New York, Geo. F. Foote, M. D., Stamford, Conn.; L. Kenyon, M. D., Buffalo, New York; E. W. Berridge, M. D., London, J. P. Mills, M. D., Chicago; Edward Rushmore, M. D. Plainfield, N. J.; C. Pearson, M. D., Washington, D. C.; Chairman.

THE HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. I.

MARCH, 1881.

No. 3.

EDITORIAL.

THE LAW OF THE SIMILARS. — The title of “homœopathist” should be synonymous with that of a firm, honest belief in the law of nature,—*Similia Similibus Curantur*. But as it is not so, a short discussion of this law will not be inappropriate in this journal, especially as we declare this law to be the chief and central “plank” in our “platform.”

It is scarcely credible that one who has seen the law of the similars applied successfully upon hundreds of pathologically differing diseases by means of hundreds of different drugs can harbor a doubt as to its truth; yes, we repeat, such skepticism is scarcely comprehensible. And the only cause for any honest doubts on the part of professed homœopaths must be that the skeptics have not applied the law as correctly as the believers.

Is truth law, or are guess and empiricism to rule? The allopath declares there is no law, because, forsooth, he has not yet found one; no proof is adduced in favor of this opinion. The mongrel homœopath sillily proclaims there is a law for easy simple diseases while only empiricism can cope with the graver forms of disease. In other words, a law is good enough for

simple cases, but for real difficult work, guesses and individual opinion are best. The pure homœopath claims there is one all-embracing, never-changing, law governing the administration of drugs. Now, which is correct; no law, a single law, or part law part empiricism? Obviously the question to be decided is between law or no law; the mongrel position of part law and part empiricism being too nonsensical to be entertained for a moment. Then the question to be considered narrows down to the old one long debated by the two opposing schools of medicine. The allopath claiming that a single definite law, governing therapeutics is absurd. The homœopath claiming there is one such law, and shows how it acts in numberless cases. Yet the allopath while denying our law, is fast adopting its logical corollaries.

If nature has laws—each supreme in its sphere—governing all its departments such as physics, astronomy, chemistry, etc., why should it be probable or even *possible*, that there should be none governing the action of drugs? Why should this one sphere of nature's action be left ungoverned by law? Can any one suggest a plausible reason? If drug action is governed by nature—and must it not be ruled by something? man cannot rule it—then the following are to be considered:

- 1st. There must be one or more laws in this sphere.
- 2d. If only one, that one must be supreme; that is it must cover the whole ground.
- 3d. If there could be two, they must be similar or dissimilar.
- 4th. If two similar, they must be complementary one to the other.
- 5th. If two dissimilar, they must antagonize one another.
- 6th. As laws of nature need no assistance—each being supreme in its *sphere*—nor can they antagonize, suppositions four and five cannot exist.

Therefore the only tenable supposition is that of one law. This is the position of all true, honest homœopaths. To them

the law of the Similars, enunciated by Hahnemann, is *the* law of therapeutics.

Dr. J. H. Bennett, of England, speaking of medicine (allopathic) lacking a scientific basis, said: "Medicine, then, in its present state, possesses no primitive fact. But is it not possible that it may do so at some future time? During the many ages that existed before Newton, physical science was as inexact as that of physiology now. Before the time of Lavoisier, chemistry, like physiology, consisted of nothing but groups of phenomena. The sciences went on gradually advancing, however, and accumulating facts, until philosophers appeared who united these facts under *one** *law*. So medicine, we trust is destined to advance, and one day another Newton, another Lavoisier, may arise whose genius will furnish our science with its primitive fact, and stamp upon it the character of precision and exactitude."

Pure homceopaths claim that the genius of Hahnemann has already furnished medical science with its primitive fact and stamped upon it the character of precision and exactitude. They claim this and nothing more. Is this claim "absurd" or nonsensical; is it "restricting;" does it "abridge one's usefulness;" is it "hero-worship?"

Upon this primitive fact a new materia medica has been built; a materia medica so useful that the allopath slyly adopts its methods: upon this primitive fact a pathology has begun to rear itself and, although yet in its infancy, the "*regular*" (?) disdains not to purloin its teachings: upon this primitive fact a posology has been established which friends and foes utilize. Are not these few straws indicative of a true current? Do they prognosticate truth or falsehood; the real or the visionary?

The allopath may be pardoned for not correctly interpreting

* The mongrels will please note this sentence; "united these *facts* under *one law*."—ED.

these signs and for not crediting the truth of Hahnemann's discoveries, but no sensible excuse can be framed for the homœopath; he is *supposed* to have read Hahnemann's works, to have experimented as *Hahnemann directed*, and, obtaining practical proof of the truth of his assertions, to have been convinced. Hahnemann said: prove your drugs on the healthy, administer the most similar remedy singly and in the smallest dose that (you think) will cure, leave sufficient space between doses for each to act to its fullest extent; do these things and you will cure your patient. These directions are plain, are easily tried; have those who complain of our law's inefficiency tried this experiment *just as Hahnemann directed*? Has the alternator of drugs tried the single remedy by these simple rules; has the admirer of crude doses tried the minimum dose by these rules? have the advocates of palliatives, of cathartics, etc., *fairly tried these rules and failed*? If so do they charge the failure to fallible man, or to infallible law? Or do they modestly assert there is no such word as fail in *their* lexicons hence *their* failures must be due to weak law!

What are the arguments adduced in favor of the position occupied by the mongrels?

Let us state again their peculiar position: they say the law of the similars is a convenient rule, a rule generally but not always applicable, a rule applying to slight cases but not to grave ones. Such ideas are nonsensical! But, some one may say, the mongrels make no such assertions as these you put into their mouths. We think they do affirm just such ideas by *practice* if not by voice or pen. Do they not recommend quinine for extraordinarily wicked cases of intermittent? do they not advise various and sundry adjuvants for the graver cases of diphtheria; is it not in their dangerous cases that they alternate their drugs; is it not into their "prostrated" patients that they pour their tonics? Who ever heard a mongrel recommend heroic measures for simple, easy cases? Oh! no, there the weak, *fallible* law of nature will suffice, but in grave, serious

cases man's *infallible* (!) judgment must be summoned to the rescue! Is it not so?

Have any of these gentlemen who are nominally homœopaths and practically anything but homœopaths, have any of these gentlemen ever adduced any inductive reasoning in favor of their views; have they ever offered any practical demonstration of its superiority over the law of the Similars?

Is not their method rather that of which a noted allopath says: "the old and tried method in therapeutics is that of empiricism, or, if the term sound harsh, of clinical experience.... It is evident this is not a new path, but a highway already worn with the eager but weary feet of the profession for two thousand years"! And it is into this old path that the mongrels would have homœopathy advance (!) that they may leave "antiquated dogmas," cast off "restrictive rules," discard foolish "hero-worship," and wander into the bogs and quagmires of empiricism, where no law limits one's "freedom of medical opinion and action"! Yes, these *reformers* (!) would have homœopathy—young, vigorous, life-giving as she is—turn back, desert her beacon-light of law, and grope in the darkness of this valley of the shadow of death, a valley well worn by blind leaders of the blind, and well strewn by empiricism's victims!

Because this retrograde movement is resisted by pure homœopaths, it is claimed that they desire to rule, to dictate, or to break up the school, etc.

On the other hand, under the guidance of our law, our "primitive fact," pathology, physiology, and therapeutics will in future years attain precision and exactitude. And the facilities for applying our benign law will be elaborated and increased, until we finally attain that almost mathematical precision predicted for our healing art by Hahnemann. This means that we shall be able to save life, to ameliorate suffering, to curtail hereditary disease; all these will be accomplished by the homœopathy of Hahnemann, but *never* by its mongrel caricature.

Which shall we choose; shall we wander back into empiricism, be lost to usefulness, and live as "a caricature, in the history of medicine," or shall we advance through "*the strict inductive method of Hahnemann*" to victory and honor?

All these things—precision and exactitude of pathology, of physiology and of therapeutics; mathematical certainty in the application of our medicines—can be achieved by a strict following out of our law, *if we possess one*. If the law of the similars is not a law of nature *then* we are simply—quacks; our medicines are useless; our theories, absurd; our medical schools, merely eclectic, and the sooner we are exposed the sooner will honesty achieve a necessary vindication. But honesty suffers no wrong from pure homœopathy, for we have a law, a grand beneficent law of nature. That the law of the similars is a law of nature no one can honestly doubt who has faithfully and carefully tried it, as *Hahnemann directed*. Even to those of the laity who cannot investigate this law by practical experiment, there is a mass of *a priori* testimony sufficient to convince any one. The wonderful increase of the profession and the advocacy of our system by the educated of all climes; the most recent investigations of scientists but serve as our unwilling witnesses; the adoption of our medicines, doses and theories by the allopath—all these furnish ample testimony of the truth of our law. Such being our position, let us strive earnestly to perfect this law; let us not sell our birthright for a mess of potage; let us not give our patients a stone when they ask for bread. Nor is this birthright without its responsibilities, for we know that he to whom much is given of him is much expected.

There must ever be strife between truth and error; between law and empiricism. As a celebrated physician has said in another connection; "I trust I have made the issue perfectly distinct and intelligible. And let it be remembered that this is no subject to be smoothed over by nicely adjusted phrases of half assent and half censure, divided between the parties. The bal-

ance must be struck boldly and the result declared plainly.... Let it be remembered that *persons* are nothing in this matter; there is no quarrel here between *men*, but there is a deadly incompatibility and exterminating warfare between doctrines. Let the men who mould opinion look to it; for, if there is any *voluntary* blindness, any *interested* oversight, any *culpable* negligence, in such matters and the facts be publicly known and appreciated, the carriers of woe must look to God for pardon for man will never forgive them."

FATAL ERRORS.

BY AD. LIPPE, M.D., PHILADELPHIA.

It is a fatal error for a professedly homœopathic physician to administer crude doses of Chininum Sulfuricum for the cure of intermittent fever, or for any other purpose. Such practice is in absolute contravention of the strict inductive method of Hahnemann. Such practice is based on the fatal error that Quinine is a specific for intermittent fever; and this fatal error is the indisputable prerogative of the Common School of Medicine.

It was this very fatal error, as stated by Cullen in his "Materia Medica," that Peruvian Bark was a Specific for intermittent fever which induced Hahnemann to clear up this fatal error. His investigations, consisting in the proving of Peruvian Bark on himself, fortunately for suffering humanity, showed clearly under what conditions Peruvian Bark became the curative remedy for that disease under the law of the similars. These first investigations of this great philosopher became the corner-stone of the strict inductive method of Hahnemann: on this corner-stone rests the magnificent structure of our healing art. The attempt to lead our healing art back into the dark ante-homœopathic teachings; the attempt to lay unholy hands

on the corner-stone of our healing-art is tantamount to an attempt to destroy and set aside the strict inductive method of Hahnemann, and what then is left us? Nothing in fact, but the assumption of a name to which these men who attempt this progress backward have no claim whatsoever. Our literature is filled with incontrovertible evidence that the true healer can cure, always will cure, and always has cured, intermittent fever under strictly homœopathic treatment. There was the ever faithful Bœnninghausen who gave the profession his great work on intermittent fever, translated of late by Prof. Korndœrfer; there is our faithful Prof. H. C. Allen who has given us the well marked characteristic symptoms of the most important remedies, applicable under the law of the similars, for the cure of this disease; there are thousands of cases related in our journals showing the success of men who diligently selected their remedies for the cure of each individual case, under the homœopathic law and administered that remedy in appropriate doses, as taught us by the great master. With all these facilities offered to the busy practitioner, there is no sort of excuse left to the thoughtless pretenders when they commit the fatal error of leaving the system they profess to practice to fall into the fatal errors of the Common School of Medicine. Now for stubborn facts! Quinine, if homœopathically indicated, will cure any case of that disease when administered in a homœopathic dose; if not homœopathically indicated, the homœopathic dose does not cure. Nor do massive doses do more than semi-occasionally suppress the disease, leaving the sick, if even the attacks are stopped for a time, in a much worse condition than he was before; and in a really *deplorable* condition when these massive doses have been frequently and increasingly administered without even suppressing the attacks temporarily. We are induced to protest against this imposition practiced on unsuspecting persons who seek homœopathic treatment and are so cruelly deceived, while the brazen-faced impostor declares that he practices progressive homœopathy. Such victims not unfrequently return

to a homœopathician who then finds them in a worse plight than he is accustomed to find patients who come to him from the allopathic school, uncured of the disease. It is humiliating to hear the reports of these victims; it is a deplorable sight to see these innocent suffering victims. And why is this thus? A worse than fatal error has been committed by public teachers in homœopathic colleges! When a professor charged with teaching homœopathy advises students to first suppress the intermittent fever attacks by administering the crude Quinine in doses of three grains and afterward to administer homœopathic remedies for the cure of the sick, he commits a gross and fatal error. Such practice is not only non-homœopathic, but the ill-advised young doctor will find it also utterly unsuccessful. He will then rush into further excesses, give larger doses and instead of becoming a healer and advancing our cause, he will cease to heal, and disgrace our school.

It is a fatal error for a Faculty to permit one of its members to teach a fatal error; and while some may teach homœopathy properly, they nevertheless innocently endorse both the teaching, and the teacher, of fatal errors.

It is a fatal error if the trustees of a homœopathic college allow such pernicious teachings. Homœopathic colleges have been chartered by a generous people through their Legislatures; and whether a charter has been designedly altered, whether the original charter called for the teaching of homœopathy *especially*, and was afterward amended so as merely to provide that homœopathy should "*also*" be taught, the fact remains the same, that homœopathy *should* be taught in that chartered institution. This is a peremptory command, and it is the solemn duty of the trustees, who represent the people under the charter by them granted, to see to it that this command is obeyed. There are men like Prof. Gonzalvo C. Smythe, A.M., M.D., the author of "Medical Heresies," lurking about, and exposing relentlessly the heresies observed in our school, seemingly in full earnest to declare homœopathy annihilated. Such men might show that a

professor in a homœopathic college teaches, without any restraint or molestation, allopathic practice: that he has given up the strict inductive method of Hahnemann; that we therefore are no longer entitled to a school in which we were peremptorily commanded to teach homœopathy: and that we furthermore deserve to be mentioned only as a "Caricature in the history of medicine." Let us now, while it is yet time, correct this fatal error; let us denounce every homœopathic physician who administers Quinine for intermittent fever as an apostate; and a professor, who by his teaching leads the way to such abominable practice, as undeserving the trust he holds.

IS HAHNEMANN OBSOLETE?

BY B. H. CHENEY, M.D., NEW HAVEN, CONN.

THE following extracts, headed "Reynolds," are from the introduction to "Reynoldd's System of Medicine," which is an acknowledged exponent of the very latest facts and opinions in "regular" medicine. The author of the introduction, who is also the editor of the whole work, is Prof. J. Russell Reynolds, of University College, London. The quotations from Hahnemann are from the "Organon" as indicated by sections, Wesselhoef's translation.

REYNOLDS, A.D., 1878.

"So long as 'disease' is thought of as a something—it matters not what—distinct from the 'phenomena,' or 'symptoms,' by which it makes itself known so long are we in danger of mistaking its real meaning, and of overlooking

HAHNEMANN, A.D., 1808

"§ 18. It is then unquestionably true that, besides the totality of symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence it undeniably follows that the totality of

those true guides toward the removal or alleviation of its evil, an end to which all medical science ultimately points." (Vol. 1, p. 24, Am. edit.)

Dr. Reynolds defines disease as, "a change of structure or function, or both," (p. 24); Hahnemann in § 12 speaks of it as an "aberration from healthy vital function," which of course implies a greater or less change in structure, temporary or permanent. The latter seems to us the more comprehensive definition, although the more concise, for it carries with it that idea of the continuance of tissue or cell life, but in an abnormal state, which we consider essential to a right understanding of the scope of pathology.

As regards the vexed question of symptomatology and pathology, the usual definition of the latter is too narrow. For, as by physiology we understand the science of life expressed in natural (healthy) function, so ought pathology to convey the idea of life expressed in unnatural (deranged) function, but *life* nevertheless. Hence the *symptoms* caused by such deranged function are really as important parts of the pathology of the disease as they are of the pathogenesis of the corresponding remedy. From this follows, of course, the necessity of individualization in each case. The changes in structure consequent upon deranged function are results which belong to morbid histology and anatomy, but these are not all there is of pathology.

Again, although "subjective symptoms" are not by any means synonymous with "mental symptom," still the following extracts will bear quotation together.

REYNOLDS.

"We have to deal with man as a whole; and to ignore or undervalue what he tells us

symptoms observed in each individual case of disease can be the only indication to guide us in the selection of a remedy." Cf. also §§ 12, 13, and 14.

HAHNEMANN.

"§ 211. The state of the patient's mind and temperament * * * is a distinct and

of his ideas, emotions, or sensations, because they may be termed 'subjective symptoms' and be held to be, therefore, unreliable, would be to shut out from ourselves that which—egotistic and fearful, prejudiced and ignorant as man may be—yet forms an integral part of his life, and therefore of his disease." (Vol. 1, p. 25, Am. edit.)

In the last section quoted from the "Organon," the therapeutic parts are purposely omitted to show the correspondence in theory between Hahnemann and Reynolds. But it is to be remembered that Hahnemann did not deduce his therapeutics from his theories. On the contrary, having found by *induction* the law of cure, he framed his theories to accord with it. Hence, the last clause of § 212 was added in proof of the statement in the first clause, quoted above, and should be preceded in the translation by "for," or "since," original (*indem*), as follows; "For there is not a single potent medicinal substance that does not possess the power of altering perceptibly the mental condition and mood of a healthy person, etc."

Hahnemann, having established his therapeutic facts by induction, they can be in no way affected by the fall of any, or all, of his theories. How different with all other so-called "systems" of therapeutics, let their ruins throughout the history of medicine, *passim*, attest. It is safe to assert that neither Dr. Reynolds, nor any one else, no matter how correct his theories, can ever, by *deduction* from them, arrive at any system of therapeutics having the character of *law*, or which can be anything else than uncertain, unstable, and causing constant disappointment. It is beginning at the wrong end. Perhaps in another seventy years this may be seen also.

peculiar symptom that should least of all escape the accurate observation of the physician.

"§ 212. The effect upon the state of mind and disposition is the principal feature of all diseases, and seems to have been specially ordained by the Creator of all healing powers * * *" Cf. also § 213.

In the mean time, something is already gained, and, as we look over the medical world, we may say with Galileo, "*E pur si muove!*"

[As an additional proof of the correctness of Hahnemann's teachings, and to show that he is not yet obsolete, we quote the following report on the contagiousness of syphilis. When Hahnemann (see "Chronic Diseases," vol. 1, p. 56) asserted that contagion could be spread by mere touch of clothing or person, etc., the savants of that day ridiculed the idea; now, many years later, they adopt it.

THE AMERICAN PUBLIC HEALTH ASSOCIATION AND THE PREVENTION OF VENEREAL DISEASES.—A committee was appointed by the American Public Health Association, a year ago, to investigate and report upon the subject of venereal diseases and the means of preventing their spread. This committee made its report through Dr. Albert Gihon, U.S.A., at the recent meeting of the association in New Orleans. The committee asserted their belief in the efficacy of regulating prostitution, but they would not recommend the measure at present. They said that as a safeguard and warning everybody should know the following facts—that venereal diseases are communicable:

1. By the blankets, etc., of a sleeping-car, and the sheets, towels, and napkins of hotels and restaurants
2. By the dresses, costumes, etc., rented for fancy balls.
3. By the chipped edge of the coffee-cup: and by the half-cleaned knives, forks, and spoons of restaurants and hotels.
4. By the drinking-vessels in a railway car or station.
5. By barbers' utensils—brush and comb; by hatters' measure, or by a borrowed or sample hat.
6. By surgeons' or dentists' instruments; by the vaccinator or lancet.
7. By toys sold to children by vendors who have been handling them with poisoned lips or fingers.
8. By the broom or dust-brush handled by the housemaid, or by the spoon fouled by the mouth of the cook.

9. By playing-cards and visiting-cards which have been used by syphilitics: by car-tickets and paper money which circulates in a city where there are many syphilitics.

10. By the pipe, cane, or glove loaned to a friend.

11. By the grasp of a friend's hand or the kiss of an accepted lover.

In view of this alarming state of things the committee reported the following resolution, which after some debate was adopted by the Association:

Resolved, That the American Public Health Association earnestly recommend the municipal and state boards of health to urge upon the legislative bodies of this country the enactment of a law constituting it a criminal offence to knowingly communicate, by any direct or indirect means, a contagious disease; such as small-pox, scarlet-fever, or venereal disease; and giving to said boards of health and to the state and municipal health officers under their control the same power in the prevention, detention, and suppression and gratuitous treatment of venereal affections which they now possess in the case of small-pox and other contagious diseases.—[E.D.].

SIMILIA VERSUS IDEM.

BY C. LIPPE, M.D., NEW YORK CITY.

A VERY intelligent lady once put the question to me, if it was not homœopathic practice to give opium to a person given to opium eating. My reply was that opium was not necessarily the antidote because opium had been taken; but the proper remedy must be selected according to the conditions of the case to be treated. Among some of the profession there appears to be some obscurity on this point, and the fact of having removed some difficulties by the administration of the drug which produced the mischief, has led to a sort of generalizing on this point.

I will illustrate by giving two cases. The first was a young man who had contracted gonorrhœa and was treated by strychnia injections. He came to me with the most terrible strangury, constant urging to urinate, only passing a few drops with great straining and pain, the gonorrhœal discharge suppressed: he had been in this condition for twelve hours. The whole case called for *Nux*, and he was given *one* dose 71 m Fincke and within half an hour he passed some urine and in a short time that difficulty was removed with the restoration of the discharge. The gonorrhœa was very obstinate and yielded only after a month's treatment, but there was no more strangury.

The second case was one of opium eating. A young woman, under severe mental strain, was unable to sleep, and the attending physician gave her opium in some form and she became addicted to the habit. Her friends finding her mental condition becoming changed under the influence of the drug persuaded her to put herself under my care. Her condition was of entire sleeplessness, starting at the least noise, quiet and taciturn when not under the influence of the drug, headache sharp and shooting with intolerance of light and noise, appetite gone and constipated. Here was a fine opportunity for the exhibition of opium potentized and, as an experiment, it was given. She came back to me in a few days, of course no better, and begged for relief or she must take her pills of opium. The case was a clear one for *Bellad.*, and she received a dose of that remedy 60 m Fincke. A better night followed and she soon regained her normal condition, and now, at the end of a year, she has taken no opium or medicine of any kind. About three days after the dose of *Bellad.* a profuse watery coryza broke out, but on looking over the proving of the remedy, was satisfied that it was caused by the drug, so gave no more medicine. The law we can deduce is that in these cases, as in all others, the curative remedy is the one in which the totality of the symptoms of the drug and the patient correspond. We *must* individualize, not generalize.

THE STUDY OF THE MATERIA MEDICA.

UNDOUBTEDLY the most perplexing problem presented to the student of medicine is the *Materia Medica*. His first idea on opening one of the manuals is that each drug has produced all the aches and pains which human flesh can ever feel. To him it seems useless to study more than one such comprehensive remedy, and perforce, one small bottle will contain all the *amentarium* he will need to conquer any and every disease.

At first glance the student is appalled at the multiplicity of symptoms each drug has produced: to him, one drug seems to require a life's study to clear up its therapeutic chaos. When, therefore, he is required to memorize hundreds of such drugs and to diagnose each from the rest, he deems the task beyond human accomplishment. Many practitioners lazily prefer routine prescribing, or worse allopathic dosage, to attempting this task. Its alleged impracticability being used as a cloak for this laziness.

To practice homœopathy one must find the *simillimum* remedy for each and every case; to do this he must individualize his drugs. That is, he must not only know the characteristic symptoms each drug has produced, but he must also know how these differ from similar symptoms of other drugs. Those who are too lazy to do this, resort to alternation of drugs or to palliatives, quinia, etc.; thus violate a tacit pledge and endanger life.

The *Materia Medica* is certainly a difficult study; it is a life study, but it can *be mastered* as far as is practically necessary. This has been done, and any man of average ability should be ashamed to acknowledge he can not do what others have done. In this work repertories are a great, and should be an ever-present, assistance. Yet they do not lessen the necessity for continual critical study of the *Materia Medica*.

The physician who has not studied and compared his remedies in the quiet of the study will scarcely be able to do so

satisfactorily in the hurry and excitement of the sick-room. It is then indispensably necessary for the physician who would select his remedies with certainty, that he carefully study them *beforehand* and fix in his mind the varied symptoms which each produces and the differences between similar symptoms of different drugs. It is this comparison and individualization of drugs which simplifies and lightens our therapeutic task and clears up many a seeming contradiction. It is also by comparison that the true characteristic symptoms of each drug becomes apparent. If those who so loudly complain of the worthlessness of our *Materia Medica*, would study it more, perhaps they would find it more useful. But *instead* they close their books and resort to palliation and such-like, while waiting for *others* to perfect the *Materia Medica*. There are three points in which the student is apt to be puzzled in his study of the *Materia Medica*. These will now be considered.

1. Where a drug has two apparently contradictory symptoms, *one* of which is characteristic. Such as aggravation and amelioration from same cause: or both constipation and diarrhœa, and so on. Thus *Arsenic* has aggravation and amelioration from lying in bed: this appears contradictory until it is remembered that *Arsenic* is aggravated by *rest* in bed, and ameliorated by the warmth of bed. *Mercurius* presents the same apparent anomaly, under opposite conditions, being also agg. and amel. by lying in bed, but here the agg. is from the heat and the amel. from the rest.

Again under *Sepia* we read "aggravation (of headache) from least motion:" in another place we find "continued hard motion relieves headache." This we know is a peculiarity of *Sepia*, that a slight, easy motion aggravates, while violent motion, such as skating or dancing, alleviates. A somewhat similar peculiarity is that of amelioration from hard pressure, while a mere touch or slight pressure aggravates pain. This symptom occurs most prominently under *bell.*, *china*, and *nux vom.*

Many drugs have opposite conditions, such as constipation and

diarrhœa, great thirst or thirstlessness, etc.; these are alternatives, one being the primary, the other the secondary effect. One is generally characteristic of the drug; the other less important. Thus, *arsenic* has prominently great thirst, wants to drink little and often, yet it also has thirstlessness; *pulsatilla* has generally thirstlessness, but it has also great thirst. Now great thirst is characteristic of *ars.*, while thirstlessness is just as characteristic of *puls.*; the opposite conditions—lack of thirst for *ars.* and great thirst for *puls.*—being the unimportant, or less characteristic, symptoms.

Again, *opium*, the time honored remedy of allopathy for diarrhœa, causes constipation when used in massive doses, as its primary effect; while later action produces diarrhœa. Thus, while allopathic empiricism found *opium* useful in bowel complaints, only as a check for diarrhœa, homœopathic law shows it to be useful for both diarrhœa and constipation, An example, furnishing a striking rebuke to those who claim that our law *restricts*.

2. Another difficulty for the student is where two or more remedies have the same symptom, and equally characteristic, differing only in character or in concomitants. How to diagnose, how to tell when a symptom, shared by many drugs, is indicative of one, is *the* question. This difficulty can always be met in practice, by comparing the characteristic symptoms of the case to be cured, with those characteristic of the drug. Not one symptom, nor yet two, but the totality—the totality of the characteristic and peculiar symptoms.

In studying the Materia Medica we may learn to diagnose similar symptoms of different remedies by studying their concomitants or by the conditions under which they appear or are influenced. Thus, to illustrate, both *rhus* and *pulsatilla* have restlessness and under both it is very characteristic. In both the patient *must* move though it pains him to do so. Thus far they are alike; but the *rhus* patient finds *momentary* relief from this change, the *puls.* patient finds *none*. A *rhus* patient is improved by slow continued motion (though worse on com-

mencing to move). out doors if not *cold*; the *puls.* patient is improved by slow motion out doors if it does not *heat*.

— Another illustration is found in the *puls.* and *sulph.* desire for air, or dislike for a too close room; both want door or window opened. Under *puls.* this occurs often in labor or other trouble foreign to chest; under *sulph.* it is from a respiratory trouble. *Arsenic* and *puls.* have a similar thirst. The *arsenic* thirst is, for small and frequent drinks, caused by a great burning, while *puls.* patient desires to moisten, or cleanse, the dry, clammy mouth. *Arsenic* patient takes large amounts of water which he vomits *immediately*; *puls.* has at times great thirst for large quantities which are not thrown up. *Phosphorus* also has this great thirst, but here the water is not vomited until it becomes *warm* in the stomach. *Silicea* and *magn. mur.* have a headache better from wrapping head up warmly. The *silicea* pain is better in doors and from rest, while the *magn. m.* pain is better from exercise in open air: in fact, compels one to walk about, and is worse when lying.

Ant. cru., ant. tart., and *cina,* patients don't want to be touched: they are not sore, nor does touching hurt them: it is peevishness. While *bell., arn.,* and *china,* patients are so sensitive, from pain or soreness, that they don't want to be touched or even for one to come *near* them, for fear of rough handling.

3. A third difficulty is where a symptom occurs under two drugs (or more), but is characteristic of *one* only. In the case just illustrated the symptom was found under two or more drugs, but there it was characteristic of *both,* as (the instance there given) the restlessness of *rhus* and *puls.*

In illustration of this point we may mention the weak, empty feeling in abdomen found under *phosphorus*; other drugs (*merc., sanguin,* etc.) have this symptom, but it is most prominent under *phosphorus.*

Most of those prominently characteristic symptoms, commonly known as "key-notes," come under this head. Nearly all of these "key-notes" are found under more than one drug but

they are generally characteristic of one only. Take, for instance, the great desire of children to be carried on the arm, which is so characteristic of *chamomilla*. This is found under *ant. tart.*, *ars.*, *cina*, *ignat.*, *kali c.*, and *puls.* *Aconite* has amelioration from being rocked or carried fast; *cina*, also, has amelioration from being rocked; *ars.* wants to be carried fast. *puls.*, slow. *Bromium* wants to be carried fast on account of dyspnoea, often indicated in croup.* These prominent symptoms are useful as guide-posts pointing out the right path: which path, if followed, may lead to the right remedy.

But one must be cautious not to prescribe from one single indication; still less should the careful physician prescribe one invariable remedy every time a key-note crops out. *There is no one symptom which invariably indicates the one remedy.* Each case of sickness has its peculiar symptoms; each drug has its peculiar symptoms; these should be compared, and when a drug is found whose characteristic symptoms are similar to those of the disease, then, that drug is the simillimum. E. J. L.

A GEM.

THE following, for pure knavery, is a gem.

“*Theoretically* it may do to assert that homœopathic physicians must never give but a single remedy in a case of disease, but *practically* it is quite a different matter”!

Evidently Dr. H. C. Wood had this gem before him when he wrote, “For a man to practice homœopathy at present necessitates that he be either ignorant, foolish or knavish—that is if it be knavish to live a lie.”

* For this, and many other indications, the writer has to thank Dr. Ad. Lippe.

—VIBURNUM OPULUS.—A FRAGMENTARY PROVING.

BY H. C. ALLEN, M.D., ANN ARBOR.

VIBURNUM OPULUS.—Linn, (*Vib. Oxycoccus*, of some authors).

Natural order, Caprifoliaceæ.

Common name, Cranberry Tree.

Grows on low grounds, along streams; common northward and southward in the Alleghanies to the borders of Maryland, (and in Canada, Northern and Western States.) Flowers in June and July. The acid fruit is a substitute for cranberries, whence the name, *High Cranberry-bush*. The well-known *Snow-Ball Tree*, or *Guelder-Rose*, is a cultivated state, with the whole cyme turned into showy sterile flowers, (Gray).

The *Viburnum Prunifolium*, Linn, (*Black Haw*) which is found in dry copses from New England, Ontario and Illinois on the north, to Tennessee and Virginia on the south, is a much larger shrub and should not be confounded with *V. Opulus*.

Preparation. Tincture from the inner bark of shrub and bark of roots.

Authorities. (1). H. C. Allen, M.D.; (2), Miss L. F. W.; (3), Miss E. A. C.; (4), Miss E. M. S.; (5), S. E. Burchfield; (6), H. K. Brasted; (7), E. D. Bottorf. (the last five medical students in University of Michigan); (8), Dr. G. B. Palmer, N. Y. State Transactions, Vol. 15, p. 68, clinical verification.

MIND.—Confused and unable to concentrate the mind on usual mental labor:—stupid feeling as if I could not tell where I was or what to do, on awaking in the morning.

HEAD.—*Dull, frontal headache*.—Dull, throbbing frontal headache, extending to the eye-balls, aggravated by mental effort and relieved by moving about. —Dull, confusing frontal headache, extending to both temporal regions, as after night watching or loss of sleep, so severe as to compel to cease mental exertion,—slight headache in forenoon.—Vertigo with inclination

to turn to the left.—Severe pressing pain in right supra-orbital region.—A severe frontal headache with occasional vertigo set in, continuing with severity for six or seven days, almost incapacitating for study, accompanied by profuse and frequent urination.—Dull, supra-orbital and frontal headache with profuse flow of clear watery urine.—Severe pain in head just over eyes on opening them; the soreness extending back into the head.—Dull, throbbing headache continued all the evening and was so severe on retiring that I felt sick “all over”.—Dull frontal headache (very uncommon with prover).

EYES.—Sore feeling in eye-balls.—Heaviness over the eyes and in the eye-balls, so severe that at times would have to look twice to be sure of seeing an object.

EARS.—Sharp jerking pains in ears as if stabbing with a sharp knife, lasting nearly an hour.

STOMACH.—Deathly sick feeling at stomach as if she could not live, every night, not relieved by any position (after leaving off the drug).—Deathly sickness at the stomach, principally at night (from repeated doses of 30 x dilution).

ABDOMEN.—severe sticking, darting pain in left hypochondrium, deep seated as if in spleen, with a sensation as if some hot fluid were running through the splenic vessels, relieved by walking about the room, (evening of third day).—Intense pain in region of spleen producing faintness and relieved by perspiration.—Severe throbbing pain under floating ribs of left side, relieved by pressure, and walking about the room, (11 P.M. of third day until 3 A.M. of fourth day).—Violent throbbing in left hypochondrium if attempted to lie on left side; could not lie on left side at all.—Whole abdomen tender and sensitive to pressure especially about umbilicus.—Rumbling, darting pains in bowels.—Cramping colic pains in lower abdomen (during menstruation).

Stool.—*Constipation*. Stool small, dry, and composed of hard, round balls, evacuated with much effort.—Great inactivity of the rectum; no inclination to stool. The constipation contin-

ued over three weeks after the drug was discontinued; no change in diet either during or after the proving.—Diarrhœa, profuse, watery, four or five stools in an hour, accompanied by chills and cold sweat.

URINARY ORGANS.—Profuse flow of clear watery urine all the afternoon; compelled to urinate every hour, (afternoon of third day).—Urine profuse, and pale (third night) specific gravity 1021 (third day).—Urine profuse, clear, watery and must be voided every hour or two; specific gravity 1019 (A.M. of fourth day) urine clear.—Profuse flow of watery urine (second day after 10 drops 1 x dilution).—Frequent urination of clear, watery urine all the afternoon.—One and a half hours after third dose (10 drops 1 x dilution) third day, a profuse discharge of pale, watery urine, repeated quite regularly every hour during afternoon and evening.—Fourth day, following each act of urination, was a constant sensation as if urine continued to flow.

SEXUAL ORGANS.—MALE. Severe pain and swelling of epididymis and left testicle.—Right epididymis so painful and swollen (the following day) that he was obliged to use a suspensory bandage.—(This prover has been subject to attacks of epididymitis from exposure to cold or violent exercise, but in this case had not been exposed to either).—FEMALE. Uneasy sensation in pelvic region and slight bearing down pains, continuing all the week; (from 10 drops 30 x every A.M. for a week).—Pain in back, loins, and “across me” as if menses were coming on; aggravated in early part of evening, and in a close room; ameliorated in open air and by moving about.—Was “unwell” during second week while taking the remedy; but felt so perfectly free from pain and uneasiness so peculiar to that period, that I attributed my freedom from pain to the action of the remedy.—Bearing down pains as during menstruation, with heavy, aching pain in sacral region and over pubes.—Severe bearing down pains as during menstruation, accompanied by drawing pains in anterior muscles of the thighs, and occasional sharp shooting pains over ovaries (second day after taking 20 drops (1 x) morn-

ing and evening) repeated each day after 3 P.M.—Two days after discontinuing the drug the above pains were repeated in the morning with great nervousness; could not sit or lie still but for a few minutes at a time on account of the pain.—Three days after discontinuing drug, the above mentioned pains and nervous restlessness continued, with slight flowing, (was unwell just two weeks before).—Flow lasted two days, in all respects like normal menstruation.—Was taken “unwell” a week too soon, and without usual suffering (feel badly usually day and night before).—Cramping colic pains in lower abdomen almost unbearable, coming on suddenly, with terrible severity (I never had anything like it before).—Flow ceased entirely for several hours; and then the discharge came in four large clots the color of raw beef and as solid as liver.—Cramping pains in lower abdomen as if going to be “unwell” (from repeated doses of (30 x) dilution).—“Excruciating colicky pain through the womb and lower part of the abdomen, coming on quite suddenly, just preceding the menstrual flow, sometimes lasting for ten or twelve hours, relieved by the 1 x dilution.”—“Pains beginning in the back and going around to the loins (?) and across to the pubic bone, like labor pains have been relieved promptly.”

CHEST.—Sharp shooting pain in left chest over 6th rib near the sternum.—During the proving, an old heart trouble, an irregularity of the pulse—remission of third beat—of which I had felt nothing for over six months, returned.—Felt as if her breath would leave her body, and her heart would cease beating (during menstrual colic).

NECK AND BACK.—Tired bruised pain in muscles of the back, extending from point of scapula to wing of ilium on each side of the spine, relieved by leaning against chair or firm pressure.—Wandering, tired pains extending to hips and knees with disinclination to move or walk about.—Severe pain in the back (region of the spleen) rendering ordinary work (in the laboratory) difficult; relieved by pressing across the back with arms

crossed.—Pain in back repeated next day less severely (without repeating the dose).

HANDS.—Strange buzzing feeling in hands as if they would burst.

SLEEP.—Restless and unrefreshing sleep.

GENERALITIES.—Could not lie on affected side.—The muscles of entire left side of body sore as if bruised or strained by over lifting.—Muscles of back lame and bruised as after severe physical exertion. Inability to lie on the left side during entire proving. Tired in the morning on rising.

DIFFERENTIAL DIAGNOSIS OF MERC. IOD. FLAV. AND MERC. IOD. RUBER, IN DIPHTHERIA.

BY C. CARLETON SMITH, M.D., PHILA.

Flavus.

1. Both have tonsils, uvula and pharynx swollen. *Slightly* swollen in flavus.

2. Disposition to hawk, which is caused by excessive secretion of mucus, very *difficult* to dislodge.

3. Posterior wall of pharynx is found studded all over with *spots* looking like small *ulcerated* points.

4. Severe burning in right side of *neck* as if coal of fire was laying on it, at the same

Ruber.

1. Tonsils *greatly* swollen and very painful, with prominent enlargement of sub maxillary glands.

2. Same disposition to hawk, but here is caused by a sensation as of a lump in throat: occasionally this so-called lump is hawked up, when it is found to consist of hardened green mucus.

3. These not found under the bin-iod.

4. Burning is *in* throat and feels as if *recently scalded*, and with this we have outside

time stiffness of neck. (*Phytolac.* red-hot ball in fauces).

5. Throat and nose *dry* as if closed up *with mucus*.

6. Disposition to swallow frequently, from a feeling of swelling in throat.

7. Has profuse secretion of mucus in throat, the effort to dislodge which causes retching. (Patients vomit, not from nausea, but from trying to raise this mucus.)

8. Both drugs have enlarged glands.

9. One of the most important indications for use of *Merc. Iod. Fl.* is the condition of the tongue.

The back portion only of tongue is coated a *bright yellow*, becoming somewhat darker if it remains long; through this coating can be seen the *enlarged papillæ*, quite red, standing up; while anterior portion of tongue is *clean*. *Mouth* is *dry*, but not the tongue.

10. Lips *dry* and *burning*, especially the lower.

glandular swellings, sore to touch. But no *stiffness* of neck. Patches of inflammation in larynx which become livid purple.

5. Throat and nose dry, but without the feeling of being closed up or obstructed.

6. Constant disposition to swallow on account of a large collection of water in mouth.

8. Throat looks much *less red* and *angry*.

9. Great dryness of tongue with desire to wet the mouth, also feeling as if tongue and whole buccal cavity were badly scalded with some hot fluid.

10. Lips very slimy, so that they *stick together*.

CONCOMITANTS.

11. Mental, a decided tendency to *destroy* on part of patient.

12. Taste, craves acid *drink*.

13. Bright red fine eruption on *chest* and *abdomen*.

Mercurius, vivus, corr., jod., sulphate and *cinnab.*, all have one symptom in common, viz., pain through *right* chest to back.

11. Patient low spirited and weeps very easily.

12. Wants food well *salted*, but still he drinks but little.

13. Syphilitic ulcers over skin.

THE HERING MEMORIAL.

[WE publish the following appeal with great pleasure. The entire profession (and especially the Homœopathic College of Phila.) owes Dr. Hering an immense debt. They have now an opportunity of showing their gratitude. Therefore let them promptly and generously subscribe the necessary funds not only for this small volume, but also for publishing the unfinished works of our departed teacher. A small sum from each of the reported six thousand physicians will fulfill this duty. If this appeal be neglected the world will believe that our school has not only “departed from the strict inductive method of Hahnemann” but also from the commonest feelings of gratitude.]

Philadelphia, January 1st, 1881.

DEAR DOCTOR,—At the “Hering Memorial Meeting” held in Philadelphia, on the tenth day of last October, at the same time similar Memorial Meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of “The Hering Memorial,” which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician more enduring than any structure in bronze or stone, and one, which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this Memorial volume for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furness has kindly consented to write a short Memoir of his old friend, and this, with the material before mentioned and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages which can not but prove of great professional and historical value, and at the same time its contents will be sufficiently varied, to prove attractive to general readers, even for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned, whatsoever sum you may find it a pleasure to give toward the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund, a copy of the book will be sent.

Messrs Boericke & Tafel, the well known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his contribution; there remains, therefore, as the sole expense of the book, the cost of paper, engraving, printing and binding. Whatever sum remains after paying these four items, will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume.

Yours respectfully,

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CLINICAL REFLECTIONS.

BY AD. LIPPE, M.D., PHILA.

MR. C. aged forty-five years, enjoying always good health, living very regular and engaged in large business, complained on the 12th of November, 1880, he felt sick all over, better when at rest, stiffness of the limbs, nausea with headache and poor appetite; received one dose of *Bryonia* C.M. (Fincke). Feeling better, he followed his usual occupation but was compelled to come home in the afternoon of the 18th of November and take to his bed with a chill which was followed by high fever, cold feet, very hot head, flushed face, and, contrary to his habit, wishing to lie with his head high. Pulsating headache, pulse 96 per minute urinary secretion almost suspended, some nausea, very little thirst but great weakness. One dose of *Belladonna* C. M. (Fincke) was administered 7 P.M. Had a much disturbed night, many dreams and visions, slight delirium, more thirst, with scanty secretion of very dark urine, headache continues, tongue clean. On the evening of the 19th of Nov. his pulse was 106 per minute; he complained of feeling bruised all over, motion greatly increased this soreness; coughed at times, and then complained of stitches in both sides of the throat, did not feel inclined to sleep, headache was less severe, thirst increased, he wanted large quantities of water at a time, otherwise no change. At 7 P.M. he took one dose of *Bryonia* C.M. (Fincke). Nov. 20th. Had a very restless night, changing his position frequently. Slight delirium. The pain in the throat better; so was the bruised feeling; urinary secretion unchanged; skin very dry; thirst less; this condition continued all day. When asked why he changed his position so frequently, he said that he did so in order to relieve pains which increased during continuation in one position; that he felt better after such a change of the painful position till he had occupied it for some

time. Pulse 120 per minute. He received one dose of *Rhus tox* C.M. (Fincke) at 6 P.M. to be repeated if he did not perspire by 9 P.M. Nov. 21st. At 7 P.M. of the 20th his skin became moist; by 8 P.M. he was in a profuse perspiration, and from that time he began to feel better. The urinary secretions gradually increased, leaving an increasing deposit of phosphates. The perspiration continued till the 23d. He showed no desire for food or drink but cold water or an occasional glass of milk. The pulse was less frequent and soft. As there was an apparent pause in the improvement on the 24th of Nov. (the 7th day of the disease) he received another dose of *Rhus tox*. 50 M (Fincke) at 8 P.M. Nov. 25th. Perspired very freely all night and asked for some light food. Soft-boiled eggs and toast. This food tasted good; all his symptoms gradually improved day by day without further medication. Urine became profuse and clear. On the 30th he sat up and enjoyed a full dinner, asked for his favorite Burgundy wine and felt well. During these two weeks he had no movement of the bowels and his first evacuation—perfectly natural—came on the 1st December. On the 3d of December he rode out in a carriage and returned for a short time to his country house. On the 10th of December, though otherwise very well, he complained of a slight return of itching hæmorrhoids which he had had years ago. One dose of *Sulphur* 21 M (Skinner) relieved him at once; since then he has been perfectly well.

COMMENTS: To all appearances this was a grave case of disease, and might be called a case of typhoid fever. The patient fully recovered under strictly homœopathic treatment without any resort to auxiliary and supplementary means, such as of late have been recommended in grave cases. The law of the similars and Hahnemann's advice how to apply that law were our only guide. The most difficult part of the treatment of this case was the finding of the cause of the distressing and increasing restlessness; had we not patiently and diligently examined the sick, had we hastily given him arsenicum for this

restlessness the much desired early crisis by perspiration would not have come to the rescue. After this important symptom—worse when lying for a time in the same position and relief when that position was changed, had been ascertained it was easy enough to see the remedy. Patients do not often give us the symptoms as we would wish them given, and we have then to apply our individual judgment to find by interrogation what the real, true, symptoms of the sick are. But we must never rest till we obtain a clear conception of the case before us.

Hahnemann tells us in paragraph 4 of "The Organon of the Healing Art" that he, (the true healer) is also a health preserver if he learns to know what causes health disturbances, and what creates and supports diseases and when he learns how to remove these causes.

In the above case the question arose "Why was he sick?" A man who lived a prudent and regular life, who had not been exposed to the fever miasm of any malarial district could not well sicken without cause. His residence was a well-built house; there were no fixed washstands in it, it was well ventilated and scrupulously clean, even the cellars being very clean. After a pains-taking examination it was found that back of his counting room existed a faulty wall and on rainy days the odor from it compelled the occupants of the counting room and large store to close the windows. As soon as this discovery was made Mr. C. took much pains to ascertain the true condition of things, and at once applied the proper remedies for the removal of this disease-creating nuisance.

Mr. T., twenty-six years old, always well, having had but one attack of pneumonia three years ago (under allopathic treatment) was taken sick on Dec. 31st, 1880, and retired early. He passed a very bad night, and requested advice early on the morning of Jan. 1st, 1881. He had tossed about his bed all night without sleep, slight stitches in his sides, no cough, much thirst, and felt very much distressed, pulse 96. On auscultation and percussion nothing abnormal was observed, and it seemed to be a case of

pleurisy. One dose of aconite C.M., was given at 8 A. M. At 6 P. M. he complained of great dyspnoea, violent stitches when taking a long inspiration, much aggravation on motion. Has taken nothing but water all day. When moving he coughs very hard and suffers much pain in the lungs. Pulse 120 per minute, face flushed, head hot and painful. Received one dose of *Bryonia* C.M. At 10 P. M. he began to perspire profusely, and continued to do so for thirty-six hours. The cough became loose, his appetite returned, and on the 4th of January he was well enough to leave his room and go to a friend's house. He has been perfectly well ever since.

COMMENTS: Here we had a clear case of Pleuro-pneumonia, a much dreaded disease on account of the great mortality under allopathic treatment. As it often happens, so in this case, silly and ignorant friends looked despairingly at the simple and plain treatment. There was, in their opinion, nothing done for the sufferer: he surely ought to have a fly-blister clapped over his chest, or should be bled at once, or something energetic should be done to rescue him from certain destruction. Because absolutely nothing was done for him, even an auxiliary mustard plaster being rejected, and a supplementary mustard footbath not being tolerated at all, despairing, but ill-informed friends left him for the night with regrets that so fine a fellow as he was should so stubbornly reject the means he had seen used before to no good purposes but only to be followed by evil and sad results. When, on the second morning, these anxious friends came and were told how much better he felt: when, on the third morning they found him gobbling up a large and luxurious breakfast they were compelled either to own up to the great success of homœopathy, or do, as they often do, take the liberty of declaring that they were mistaken, that he really was not much sick after all, else he could not have so speedily recovered. Nevertheless, they would have blistered him, and now blistered are their tongues for violating common sense, and perverting ordinary logic in order that they may in future keep

on plodding along in darkness, and see mankind tortured by unscientific boluses, blisters and physics; and what will pretenders learn from such a case, pretenders who fly to *aconite* and *Belladonna* in alternation because, forsooth, there is fever! Just as much as the fly-blister-worshipers learned in this case—nothing. There are none so blind as those who do not wish to see.

QUINSY.

BY WALTER M. JAMES, M.D., PHILA.

AMONG the diseases most frequently mal-treated by the rational therapeutics of the old school of medicine is quinsy.

Stormed at with mercury, leeches, blisters and poultices, the inflammation steadily advances, until suppuration occurs in a period of from eight to ten days. Treated homœopathically there are few ailments which so clearly demonstrate the truth of Hahnemannian principles when these latter are exclusively applied.

Depending, as it does, upon a scrofulous taint of the constitution any prescription made for the local trouble must cover the whole scrofulous condition by a careful attention to the totality of the symptoms, if we would be successful. A remedy accurately selected according to Hahnemann's directions, and therefore according to the inflexible logic of the law will cure the trouble before abscess has commenced to form. This is a most brilliant result, and one very gratifying to the patient and his friends. Yet we can not always attain this success. Notwithstanding our best efforts we fail to discover the simillimum and the inflammation proceeds to suppuration. Even in such case our remedies may not have failed to make a valuable impression upon the system. This will be apparent in the greater comparative freedom from trivial complaints after such attack; or if the quinsy be of periodical recurrence each successive attack will be less severe. This, however, is a very difficult lesson to impress

upon the patient. If we do not prevent suppuration the patient considers our treatment a "failure."

The writer has had many cases of quinsy and most of them, from the above point of view may be considered "failures." Yet the two or three following cases being so strikingly different are considered worth relating.

In the summer of '78 a gentleman, having been overheated, sat down in a draft of air to become cool. Perspiration was suddenly checked and an attack of quinsy followed. The only reliable indication that appeared for the remedy was *profuse perspiration* out of all proportion to the heat of the weather. This perspiration was quite *oily*. Upon these considerations I gave merc. v. C M (Fincke.) In twelve hours he was relieved, and in twenty-four hours entirely cured without suppuration.

In Jan. '79 Mrs. H. S., who was a frequent sufferer from quinsy, the attack lasting generally eight to ten days, was seized with inflammation of the right tonsil. I failed to select the right remedy and the tonsil supplicated. One month later the same lady was affected in a similar way in the left tonsil. Again I failed and abscess began to form. A little further questioning brought out the following symptoms: flushes of heat, frequent waking from sleep at night, weak, faint feeling at the stomach. These will be recognized at once as the characteristics of sulphur. I gave sulphur 2 C and in twenty-four hours she was cured without the abscess maturing.

In March 1879 Mrs. B., a sister of the preceding, had quinsy of the left side. On doubtful indications I gave at first lachesis; but without avail. I then found heat, restlessness, and thirst at night. This would indicate aconite. But there was not that peculiar mental symptom of acon., "irresistible restlessness, fear, and agonized tossing about." Hence aconite failed and the suppurative process progressed. To my surprise I found that the heat was a series of flushes. That she slept in short "cat-naps," and that she had weak, faint feelings. Here were sulphur symptoms. They had been present all the time but

had not observed them. I immediately changed to sulphur 2 C which cured in twenty-four hours; the suppurative process ceasing immediately without discharge.

On Sat. Dec. 27, 1879, Miss T. S., subject to quinsy, was seized with an attack. There being no reliable indication except that it commenced on the right side with some tendency to the left, I gave Lye. 2 C but it had no effect. The next day but one the tongue was red and the papillæ elevated. The tonsils were much swollen and very red. She had a constant desire to swallow which was very painful. I gave merc. jodat. rub. 10 M and in a few hours the abscess burst. This I believe to be due to the action of the remedy as formerly this patient would suffer from the abscess for a week before it would discharge.

On Jan. 20, 1881, this same young lady sent for me to remove a particle of sand or dust from the eye. Examination failed to discover any foreign matter. The eye, however, was much inflamed and swollen. I told her she had "taken cold;" but she insisted upon the presence of sand. The next day my diagnosis was confirmed. She sent for me again and I found a well-developed quinsy.

The indications were:

Inflammation commencing in the *left* tonsil.

Involuntary *loosening of the collar* around the the neck.

Severe headache commencing in the evening and lasting all night. It was made worse *whenever she fell asleep*.

The pain *commenced at the neck* and extended all over the head.

Stiffness of the neck.

These symptoms, though rather vague, pointed more strongly to lachesis than to any other remedy. I accordingly gave lachesis 2 M (Jenichen.) The next day when I called the symptoms had nearly disappeared. The inflammation of the tonsil was hardly noticeable and the headache much improved.

It is almost unnecessary to say that there was no subsequent suppuration of the tonsil.

KALI CARB.—RHEUMATISM.

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

1878, JULY 22d. Mr. —, Æt forty-two. Seven years ago had the gout for nine weeks, since that attack has been told that his heart was "weak" but not "diseased." Three months ago had another attack in left foot: about sixteen days ago, after cold bath, this went to stomach, six days ago the heart was attacked. Has taken *Calomel*, *Pil. Rhei Co.*, *Sodæ Carb.*, *Vini Colch.*, *Aquæ Chlor.*, *Sodæ Salicyl.* (of course!) *Cinchona*, *Zingiber*, *Hydrarg. C. Creta*, *Hyos.*, and turpentine applications over heart: the curative effect of all this "scientific" and "rational" (!) treatment was *Nil*.

PRESENT STATE: Pain like a knife going into heart, *worse between 3 and 4 A.M.*, when he generally wakes up with it, with *fear of death*, attacks last an hour: last night some aching in stomach which is tender to touch; costive for three months; a systolic murmur loudest at apex; for two weeks has had pressure on heart, on leaning forward or carrying anything in left hand. The italicised condition pointed especially to *kali carb.* which also corresponded well with the other symptoms: I gave one dose of *kali c. 3 C.M.* (Fincke) in the morning. July 24th. Much better for last two nights, especially last night; did not on either occasion wake with the pain; yesterday had the pain in the heart about noon and in the afternoon, worse between 7 and 8 p. m., but less severe than before; the pain was shooting from below upward, he had not noticed the direction before: the last attack continued for forty-five minutes, with less fear of death: the stomach symptoms returned last evening; systolic murmur less; costiveness unchanged.

July 25th. Last night was not so good, awoke several times with a little pain in heart: had been pretty well during the day but became worse between 7 and 8 p. m.; to-day very little

pain till about 1.45 P. M. when he had sharp pains in heart and again about 7 P. M; the pain in foot returned last night and has continued; it is in the ball of the great toe which is tender and burns; for the last two days much less costive than for the last three months; systolic murmur less; tenderness over apex of heart; the pressure over heart on leaning forward or carrying with left hand, continues.

July 26th. Had a better night; foot rather more painful; heart less painful and less tender. July 29th. Has slept very well; has had very little sharp pain at heart and not nearly so severe; has a dull, heavy feeling there, with tenderness; stomach pain not nearly so severe; the foot was very bad on 27th and 28th, but is much better to-day; systolic murmur nearly gone; rather more costive. Aug. 1st. No more shooting pain in heart, very little dull pain there; no return of stomach pain; sleep good; foot much better; no swelling, little redness or pain; no systolic murmur or tenderness at heart; still costive. Aug. 5th. Only a little dull pain at heart; foot a little more troublesome; stomach a little more tender to touch; sleep good; costive. Aug. 12th. No more pain at heart or stomach; foot still a little painful and red, but no swelling; much less costive.

Aug. 17th. Has had *slight* dull pain and tenderness at heart, and at times sharp pain; stomach well; pain still in arch of foot, toe nearly well; bowels natural; has had pain in the left hand (weather damp).

Aug. 22d. No pain at heart since 18th, no tenderness, foot better, hand well, bowels natural. Aug. 31st. Heart keeps well, only little pain in foot, bowels natural.

Sept, 7th. Of all the old symptoms there is only a slight pain in foot. About six times in the last three weeks, has had a feeling of pins and needles in both hands, usually on waking; last night woke with it in left hand, the fingers of which were drawn together over each other, but not bent; to-day this sensation extends up to shoulder, (effect of *kali c.*?). Sept. 11th. The above new symptoms have not returned since the 8th.

For two days has felt dull pain at heart and later on, shooting; these going downward toward left side, waking him before day-break; shooting in heart when carrying hand-bag in left hand; to-day stomach is tender to touch; irritable for two or three days; worried by the children playing about, which was not the case in the former attack; heart sounds normal; sharp pain at heart on deep inspiration; the shooting pain is better when lying on the right side, worse lying on left side. On the 9th, the day before this relapse, he went out fishing and drank two glasses of beer.

DIAGNOSIS OF REMEDY.—Usually when the symptoms return in a modified form a different remedy is indicated, the new symptoms being especially characteristic. In the present case, however, no remedy suited so well as *kali c.* and as the relapse seemed to be not so much a new phase of the disease as a checking of the action of the remedy by the beer (one of the worst things a rheumatic patient can take), I repeated the dose of *kali c.* 3 C. M.

Sept. 13th. Only a little of the tingling yesterday; less shooting; some dull pain still, it did not wake him at night; stomach much less tender; less irritable; less pain on deep inspiration.

Sept. 21st. No more tingling; dull pain still about heart, with occasional shooting; stomach and disposition natural; less pain on deep inspiration; at times rheumatic pain in left foot.

Sept. 28th. Took a Turkish bath on 26th, and enjoyed it; felt very well all last week; no tingling this week; no pain in legs for nearly a week.

Oct. 2d. Feels quite well. On Sept. 29th walked thirteen miles, and on 30th, twenty miles without extra fatigue. Feb. 19th, 1879. Has remained quite well in spite of the severe winter. All the time he was under my care he was compelled to continue his work, out-door collection for a public company.

COMMENTS: (1). After the first dose, the pain at the heart, which used to come on at night between 3 and 4 A.M., reached its climax between 7 and 8 P.M. and was less severe; this *postpone-*

ment, combined with an amelioration, of a paroxysm is a frequent sign of improvement.

(2). As the heart symptoms improved, the old trouble in foot returned: the metastasis of a symptom to a less important part or organ and the bringing back of old symptoms (with the amel. of the more recent), is also a sign of improvement.

(3). The most recent symptoms disappeared first, then the older ones, just as Hahnemann teaches; if they disappear in any other order, the cure will prove temporary only.

(4). The extended duration of action of *kali carb.* in a high potency is shown in this case: the first dose acted *curatively* from July 22d. to Sept. 10th; even apparently producing new symptoms, toward the end of that time.

Some cases require a frequent repetition of the dose and at short intervals: others need only the one single dose: this depends, in some degree, upon the homœopathicity of the remedy and also upon the freedom from external disturbing circumstances. In any case this rule is plain—*never repeat the dose as long as the patient shows a decided and progressive improvement*; even when the improvement in chronic cases appears to cease, it is better practice to wait awhile before changing remedy or repeating the dose, as periodical exacerbations of symptoms occur almost invariably during the process of a cure.

A CASE OF KIDNEY AND BLADDER IRRITATION CURED BY SYPHILINUM.

BY FRANCES BURRITT, M.D., NEW YORK.

C. H. B., aged 42, dark complexion.

July 11th, 1872. Called on me and complained of great pain in the back, in the region of the kidneys, worse after urination. Micturition difficult and very slow: no pain, but a want of power, so that he has to strain to pass it.

Redness and rawness with terrible itching between the toes, worse at night. Eighteen years before had been treated for syphilis allopathically, since which time, though not before, had been constantly troubled with the above symptoms.

Gave *Syphilinum* 1 M; in twelve hours urinated freely.

July 12th. Was taken with great pain in the head; the whole body was extremely cold, looked blue, wanted to be covered with blankets, yet could not get warm; no appetite, but sleeping almost all the time, could scarcely be aroused. This continued for five days, and I was then sent for.

July 17th. Above condition still continued; also discovered that an eruption was making its appearance over the whole body; the eruption was not elevated, but could be distinctly felt by passing the hand over the skin.

Gave *Syph.* 1 M. Head almost immediately relieved; slight perspiration over the whole body, eruption rapidly coming to the surface, at the same time a disagreeable odor began to be developed; eruption was reddish brown, resembling smallpox pustules; the body was literally covered, with the exception of the scrotum and penis.

A large bubo had also made its appearance in the right groin, but as there had been no pain, the patient had not noticed it before.

July 29th. *Syph.* 1 M. Bubo opened, and discharged very freely.

Eruption much worse, completely covering the inside of the mouth and throat, making it difficult to swallow even liquids; eyes also covered, making him completely blind. Intolerable smell from the body.

Aug. 15th. Consulted Dr. Swan, who gave *Nit.-ac.*; no perceptible effect.

Aug. 30th. Again consulted Dr. S., who gave *Merc.* 40 M. No better, but eruption generated a great quantity of pus, with intolerable itching, yet could not scratch, as it was extremely sore.

Bone-pains in the knees and feet.

He then began slowly to mend, but was not able to attend to business till November. He has not had any return of the former symptoms since the first relief; the feet are well, and the urinary organs completely cured. Has lost almost all his hair.

In October his son (aged nine years) complained of a gathering in his left ear, which discharged a great quantity of pus; left side of nose, inside and out, very sore; lips and chin also. Sores itching and scabbing over.

Soon after his daughter (aged thirteen years) commenced breaking out with a similar eruption on the left side of the nose, lips, and chin.

Thinking that the children had been poisoned by the atmosphere while the father was sick (as they had never had any eruption before), gave to each of them one dose of *Syph.* 1 M.

Sores much improved in twelve hours, many drying up, and the scabs falling off, leaving the skin beneath a dull reddish copper color; improvement continued very rapid, being nearly all cured in a week or ten days.

A SAD CASE.

NOMENCLATURE OF DISEASES OF THE ROYAL COLLEGE OF PHYSICIANS.—A committee of thirty, including some of the most prominent medical men of London and vicinity, has been appointed to superintend the decennial revision of the nomenclature of diseases.—*Medical Record.*

In 1869 these learned men, sitting in solemn conclave, concluded that the non surgical "ills which human flesh is heir to," were just 901! Now they propose to increase our woes and add a few *names* to the list.

Theirs is a sad, sad case; but sad as it is there is a remedy—pure homœopathy. Try it, gentlemen.

THE HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. I.

APRIL, 1881.

No. 4.

EDITORIAL.

LIBERTY OF MEDICAL OPINION AND ACTION.—It is often profitable for us to study the writings and practice of those who are, or have been, noted for their learning, ability and skill. In this spirit, we propose to briefly examine, as to a few points, some essays of the late Dr. Carroll Dunham.

At the Milwaukee meeting of the Am. Inst. of Homœopathy, a member declared that Dr. Dunham's "ringing words, proclaiming absolute liberty of medical opinion and action, which stand upon our record like letters of gold, have done more to advance homœopathy—true homœopathy—than those of any other man that have ever been spoken."* It is this claim which we wish to consider; trying fairly to ascertain what Dr. Dunham meant by this declaration and to see what has been its effect upon the homœopathic school.

In this speech Dr. Dunham said:

"Mr. President, and my colleagues! my own position on these

* Taken from Milwaukee *Sentinel*, of June 17, 1880.

points of doctrine is not unknown to some of you. Holding that the law *Similia Similibus Curantur*, expresses the relation between the specific drug action and the diseased organism, and that it is a sufficient, and the only trustworthy guide in every application of drugs to cure the sick. I fully believe not only that the practical rules laid down by Hahnemann, and which enjoin the single remedy and the minimum dose, are the rules of sound practice, but I believe that every *observing physician who faithfully applies the law of cure*,* will be led by experience to the same conclusion, and will adopt these rules as leading to the best results. Notwithstanding this belief, I advocate entire liberty of opinion and practice. Nay, *because* of this belief, I plead for liberty: for I am sure perfect liberty will the sooner bring knowledge of the truth and that purity of practice which we all desire.†

“Every observing physician who faithfully applies the law of cure” will be convinced, says Dr. Dunham. To this, all true homœopaths agree. In that way were Bœnninghausen, Gross, Stapf, Hering, Dunham, and a host of other genuine homœopaths converted. Was any one ever converted to homœopathy who did not apply the *law faithfully*? Dr. Dunham evidently believed this impossible: for he explicitly states that “every observing physician who faithfully applies the law” will be convinced. It is not only necessary that he be an observing physician, he must also apply *the law* (that is, the *one* true law) faithfully (that is, as Hahnemann directs) or he will fail to obtain the “best results.” This argument of Dr. Dunham’s excludes all those who do not faithfully apply the law; it excludes all those who combine or alternate remedies; it excludes all who palliate or purge; it excludes all those who practice contrary to the logic of “the law” and who teach such deviations as right and necessary. These persons do not apply the law at all, nor understand its first principles: one of this class of “philosophical physicians,” as Hempel styled them, denies that he “sees one particle of proof that the dynamized remedy given singly and in the smallest dose . . . is alone homœopathic;” also says “the man who never uses topical applica-

* Italics are ours.—ED.

† *North American Journal of Homœopathy*, vol. xix., p. 115.

tions or mechanical appliances in non-surgical cases is unfaithful to his patients." This individual we quote as a fair sample of those who *never applied the law faithfully and hence failed to obtain* "the best results." They never were convinced, never will be convinced, and never want to be convinced, of its truth. They simply desire to have Dr. Dunham's sanction to use the name of homœopath as a trade mark. This sanction we can prove Dr. Dunham never gave.

The object of association and fellowship is to mutually improve one another by an interchange of knowledge and experience. It is evident that a believer in "the law" could not learn from one who did not believe in, or know aught of that law, for the one would differ from the other too widely in therapeutics and pathology: nor could he, who would not honestly and faithfully apply that law, gain the "best results," and be convinced; therefore it follows that such fellowship would never be congenial or profitable. A sensible man like Dr. Dunham could never advocate fellowship with such uncongenial company. No! it was in behalf of the honest inquirer, for those who saw as yet but dimly, but who *desired* earnestly to know and see the truth more clearly, that Dr. Dunham said: "let us bear with them, assist them, teach them." Being himself diligent, he believed all physicians were diligent; being himself honest, he believed all physicians were honest; hence he said, bear with these weak brethren a little longer and they will become true and conscientious healers; will become able and honest homœopaths. 'Twas not to those whose laziness these "ringing words" now shield, nor to ignorance, which seeks to pass as liberty of opinion, nor to dishonesty, which seeks to masquerade as liberty of action, that he spake! To none of these had Carroll Dunham aught to say, save to repeat *Hahnemann's* "ringing words," saying: "in a science in which the welfare of mankind is concerned, any neglect to make ourselves masters of it is a *crime*."*

* See, *North American Journal of Homœopathy*, vol. xix, p. 124.

Let us now see what Dr. Dunham thought of the various departures from the strict inductive method of Hahnemann, now so fashionable, and which Dr. Hering declared would cause such deserters to be considered hereafter as mere caricatures of physicians. We make a few quotations from his various papers, that it may be clearly seen how Dr. Dunham denounced such doings.

ALTERNATION OF REMEDIES.—Of this heresy Dr. Dunham declared, “the requirements of a sound homœopathic prescription can not be met by the process of alternation.”* In order to leave no doubt as to what he considered a sound homœopathic prescription, he further says :

“*First.*—It requires that before every prescription, the symptoms of the patient shall be studied anew. . . . We have seen that in the ordinary method of alternation (*a priori*) this is not attempted to be done and can not be done; it is not proposed to do it.

“*Secondly.*—It requires that the aggregate of the symptoms presented by the patient be regarded as one malady, for which an analogue is to be found in the *Materia Medica*.” He adds, (as if to give, at one stroke, a death blow to the twin heresies, of combination and alternation) “We have no authority in science for arbitrarily dividing this aggregate of symptoms into groups, for each group of which we are to find an analogue in the *Materia Medica*, and then giving these analogues in combination or alternation.

“*Thirdly.*—It requires that a drug shall be selected which has produced on the healthy subject, symptoms very similar to those of the patient. . . . If drugs had been proved in alternation, we might then with propriety, *perhaps*, prescribe them in alternation. Until this is done, the method is a hap-hazard, chance operation.”†

On another occasion, speaking against this same “crime,” he

* See, “Homœopathy, the Science of Therapeutics,” p. 192.

† *Ibid*, p. 183, et. sq.

says, "we feel driven to the conclusion that, if excluded from the ground of *scientific principle*, we have no ground left on which to stand for the discussin of this or any other question of medical practice; further than this we have nothing to say."*

Here we find Dr. Dunham taking an advanced stand in favor of inductive science; so much so that he declares he does not even care to discuss practices which are not based on scientific principles! Can this man be fairly quoted as authorizing alternation, an unscientific practice? We think not.

PATHOLOGICAL PRESCRIBING.—And what were Dr. Dunham's views as to pathological prescribing? Do we find him agreeing with those who claim that "Scientific therapeutics consists in more than mere symptom hunting"? Not at all! He says: "Physiology and pathology themselves teach us that the science of pathology can in no sense serve as a basis or foundation for the science of therapeutics." Again: "But these advances in pathology, great as they have been, have not altered the relation which the phenomena of natural disease bear to those of drug disease. These phenomena respectively, whether rudely apprehended, or clearly and fully understood in all their relations and inter-dependencies, still bear the same relation to each other expressed by the law *Similia Similibus Curantur*. And we can imagine no possible development of the sciences of pathology and pathogenesis which could alter this relation."† On another occasion he wrote: "And those of our school who insist upon pathology as a *basis* of therapeutics, who look upon the single objective symptom and its nearest organic origin as the subject for treatment, and who deride the notion of prescribing upon the totality of the symptoms, and claim to be more than mere symptom-coverers, in that they discover and aim to remove the *cause* of the disease—these colleagues are as false in their pathology, according to the highest old school authorities, as they are faithless to the doctrines, and impotent

* Ibid, p. 192.

† Ibid, p. 28.

as to the successes of the founder of the homœopathic school"!† To Hahnemann's views on pathology, at which lesser minds now fling their petty ridicule, Dr. Dunham paid the following glowing tribute: "I can not refrain, in conclusion, from rendering homage to that wonderful prevision of genius by which, in an age when pathology, as we understand it, was unknown, Samuel Hahnemann anticipated all that we have said, and all that the most advanced writers of our day have taught respecting the scope and influence of pathology in relation to therapeutics."*

From these few quotations, the candid reader will be able to see just what Dr. Dunham thought of those erroneous practices which are now being perpetrated under the sanction of his name. We could give many more quotations, from this able writer, all of the same tenor, and equally condemnatory of these practices; but we have *failed*, after prolonged search, to find one sentence authorizing eclectic methods. These quotations, few though they be, prove that Dr. Dunham was in favor of pure Hahnemannian homœopathy; that he did not desire even to discuss practices not based on scientific principles; that he considered the modern departures from strict homœopathy to be unscientific, and impotent as to success. His scientific spirit leads him so far that, while exposing the fallacies of alternation he not only disclaims its use for himself but also for others, saying: "Indeed, in *theory* and in *practice* Dr. Bœnninghausen is as decidedly opposed to alternation as we have shown that Hahnemann was." Both Hahnemann and Bœnninghausen having been *misquoted* by the advocates of lazy alternation, Dr. Dunham thinks it his duty to disprove the assertion. As Dr. Dunham said,

"There are among those who call themselves homœopaths, some who are impostors; men unworthy to be called physicians; men without knowledge and without conscience, who play upon the credulity of mankind, and pervert to their own aggrandize-

† Ibid, p. 114.

* Ibid, p. 113.

ment every trust committed to them. That such men, professing to be of our school, should be regarded by the community as belonging to it, and should tarnish our fair name by their foul deeds, is certainly a misfortune.”*

No severer arraignment of these *philosophers* could be penned by the most bitter “Hahnemannian” of to-day. It is this “misfortune” so graphically described by Dr. Dunham, which the strict Hahnemannians wish to avoid. Association with these persons means more than mere instruction, it means endorsement and entails a befogment of the laity so great that they can not separate the wheat from the tares, the homœopath from the mongrel. “But if we do not teach these erring brethren they will continue in their ignorance,” says an objector; nay, friend, not so; they have the same source of information that you and I had, the “Organon” of Hahnemann. The “observing physician who faithfully applies the law of cure” will be convinced, says Dr. Dunham. Not he who follows my practice, or your teaching. Homœopathy allows no *ipse dixit*; that is allopathy’s method, and we envy it not. Follow the law, *the law* is Dr. Dunham’s teaching! Those homœopaths who will not study the “Organon” of Samuel Hahnemann from a desire to test its merits will never adopt our law though a thousand physicians trumpet its virtues. To all observing physicians who endeavor to “faithfully” apply the law of cure in order to learn if it be true or false, to all such the strict Hahnemannians offer fellowship, assistance, encouragement, knowing full well that he who does so apply the “law of cure” must adopt that “purity of practice which we all desire.” But the alternater of drugs does not faithfully apply the law of cure, neither does the administrator of drugs in crude doses, of palliatives, of tonics, etc., hence, according to Dr. Dunham, these men will never adopt that “purity of practice which we all desire.”

They may indeed *claim* “as much success in their treatment

* See, *North American Journal of Homœopathy*, vol. xix. p. 114.

as the most strict Hahnemannian obtains,"† but they can not fairly claim Carroll Dunham as their exemplar and defender; for we find him, in theory and in practice, always, the true disciple of the "strict inductive method of Hahnemann"; always the ardent advocate of the law of the similars, of the single remedy, and the minimum dose, and, *ex necessitate*, always the foe of the modern useless and erroneous departures from that law and those principles.

To be able to cite one sentence only, as authorizing these practices, one sentence from a life's writings, teaching and work is of itself, the confession of a weak and indefensible position. Can these gentlemen mention one occasion where Dr. Dunham approves or tolerates any mixed or eclectic practice? Can they narrate cases so treated by him? Unless they can do these things they must cease quoting him as their exemplar, guide and defender. Or they cease to be true friends of their departed colleague, and instead prove enemies to his fair name and honored reputation.

They glibly quote the beautiful Latin maxim, "*De mortuis nihil nisi bonum*," while degrading his name by connecting it with practices he abhorred. By attempting to shield all manner of eclectic practices behind the noble reputation of Dr. Dunham his inconsiderate or pretended friends do wrong to his memory, in that they insult his honesty and intelligence.

† Ibid for Feb. 1881, p. 528.

THE THIRD PARAGRAPH OF HAHNEMANN'S
"ORGANON," WITH COMMENTS.

BY AD. LIPPE, M.D., PHILA.

"WHEN the physician clearly perceives in disease that, which, in each individual case of sickness, is to be especially cured (diagnostic indications):

"When he clearly perceives in medicines, that, which in each of them particularly demonstrates its curative power (knowledge of the curative power of medicines):

"If he knows—aided by clear reasoning—how to apply the healing powers of medicines to that which he has detected (without any doubt) in the diseased condition of the sick, in such manner as will secure a cure:

"If he knows as well the applicability of the most appropriate remedy for the case (selection of the remedy):

"If he knows what is to be regarded as the proper preparation and quantity of the medicine (the proper dose) and the repetition of that dose:

"If, finally, he knows the impediments to recovery in each case and knows how to remove them so that recovery may become permanent:

"*Then* he knows how to proceed judiciously and thoroughly, and deserves the name of—True Healer."

In this third paragraph, of the "Organon," Hahnemann gives us a plain statement of the knowledge he considers necessary to constitute a true healer—a homœopathic physician. In the first paragraph, we were told that the highest duty and only calling of the physician is to cure the sick. In the second paragraph, the highest ideal of a cure was described, and in the third, to which we now call attention, we find what might be truly called a Declaration of Principles. This declaration of what constitutes a true healer, is made in advance of further advice given

in logical order in this work; the strict inductive method which Hahnemann follows fully sustains him in these, his introductory declarations.

Hahnemann declares the physician should clearly perceive in each individual case of sickness that which is to be cured. At the outset he calls attention to the necessity of individualizing in each and every case of sickness. That fatal error of the old school of medicine, declaring it to be the duty of the physician to first ascertain the pathological name of the disease to be treated, and then to base therapeutics upon such hypothesis, led Hahnemann to oppose this method of generalization. Though some slight progress has been made, since Hahnemann's day in ascertaining the probable pathological condition of the sick, it would now be just as fatal an error to base therapeutics upon such generalizing methods.

Hahnemann called the attention of physicians to the undeniable fact that all persons attacked by the same disease (pathologically) did not suffer alike. His first observation of this fact was made in a disease very frequently observed and arising from the one cause (malaria), that is, intermittent fever. He observed that this disease did not affect all persons alike, though exposed to the same contagion, and therefore could not all be cured by the same "febrifuge"; hence, it became obvious to him that in more complicated diseases the necessity of individualization became still greater.

The true healer always individualizes. The non-homœopath, not a true healer, continues the futile method of generalization; under this fatal error, we find men, who profess to be homœopathic physicians, sporting the pathological livery. We find men still seeking specific remedies for specific diseases; these specifics have been announced by professed homœopaths: a specific for yellow fever, for diphtheria and now in the February number of the *Hahnemannian Monthly* we are assured that a rational homœopath has discovered one more specific! A most subtle manner of perverting homœopathy is to convert our *Materia*

Medica into pharmacodynamics or to attempt to administer it from a physiological and pathological basis. All such attempts will prove futile, and are aimed at the destruction of each and every fundamental principle constituting homœopathy.

In this paragraph we are told to clearly study in each medicine that which particularly demonstrates its curative power. This implies that we must also individualize the effects of drugs; that we must know the particular actions of drugs. In each and every case of disease we must individualize, first, in our diagnosis, to ascertain what is to be cured, and next, in our therapeutics, to find the simillimum remedy.

After clearly perceiving in each individual case the symptoms to be cured, and perceiving also the individual curative powers of each medicine, the healer must also know the law of cure. Here we are for the first time informed that there exists a law of cure. *One law*, which must be followed in order to be a true healer. In the later paragraphs, fifty-three to fifty-six, we are further enlightened on the indisputable point that we, as an exclusive school, have but *one* solitary law of cure. On the contrary, it has never been shown that there are, or may be, auxiliary and supplementary laws applicable at the option of the physician; men have babbled such absurdities, but when asked to explain, have, under various pretexts, kept aloof from "explanations."

Again, after knowing all this and after he has found the appropriate—the homœopathic—remedy, he must know how to prepare it, in what quantity it is to be given, and when to repeat the dose. At the very outset Hahnemann dwells on the mode of preparing medicine, insists on the proper dose, and on the necessity of knowing when to repeat that dose; he leaves none of the essential points, necessary for the certain cure of the sick, to the individual opinion of the physician, but later, he fully instructs him on all these points.

But this is not, by any means, all the true healer has to do and to know: he must also discover and remove the impediments in each case, that he may secure a permanent recovery.

These impediments are manifold and have multiplied greatly as what is called civilization advances. We find in these days many more impediments than Hahnemann had to encounter. To a few of them we call especial attention. Sewer gas will be found to be a great impediment to a speedy or permanent cure when a patient suffering say, from typhoid or typhus fever is exposed to it during the attack. There are the permanent washstands in most modern apartments, from these emanate not unfrequently these gases, and will retard, if not prevent, a recovery almost as much as impurities or decomposing substances in the cellar of the house. The dry air of a furnace in cold weather will impede the recovery from pneumonia or bronchitis. We have been obliged to remove the sick out of rooms in which they could not recover from pneumonia while breathing the dry air; and have had the satisfaction of seeing a speedy and permanent recovery as soon as such a patient was moved into a better ventilated room, having an open fire-place. To further illustrate this point we will relate a very trying case. A dissipated gentleman became our patient in 1846; he suffered from typhus fever and delirium tremens. During the first four days of his illness he seemed to have occasional lucid moments, when, instead of his incessant delirious ravings, he would allude to the fact that he would be ruined if certain large notes, soon maturing, were not paid. He would demand to be dressed that he might attend to this affair. When his father was told that this mental anxiety might prove an impediment to his recovery, he went to his bedside and asked where and when the notes were due; and after learning the facts, told him that he, his father, would attend to their proper payment. From that moment the patient never mentioned that subject again; the impediment was removed, and he made a good recovery.

Query.—Are homœopaths true healers? Was the master, as well as they, only a symptom coverer?

And what of these, our own days? There is a work in preparation "Homœopathic Physicians and Surgeons of the United

States." A self constituted party of "Censors" are preparing it; interrogations have been issued, but not a single question is asked as to whether the interrogated individual holds to the terms required by Hahnemann before he dare call himself a homœopath—a true healer. The senior member of said "Censors" has liberally and frequently demanded that his colleagues "*Read the 'Organon.'*" We shall, on this occasion, only say that this very third paragraph of said "Organon" settles forever the question, "Who is a true healer?" We express the fervent hope that the "Censors" will re-read this third paragraph of said "Organon," and abide by Hahnemann's requisitions!

THE OBSERVER'S INTRODUCTORY FOR 1881.

WE are glad to learn that the *American Observer* has such a profound respect for the opinions and writings of Hahnemann, and that its editor ranks himself among the followers of that great man. That is well; for we believe likewise in the teachings of the master. But we are sorry to see the bitter and intolerant spirit the *Observer* entertains against a society recently formed, called the International Hahnemann Association. Against that society it makes a violent onslaught, without a particle of justice or reason; charging it with advocating high potencies and forming a separate organization and advocating isopathy.

The *Observer* knows that the International Hahneman Association believes in the efficiency of high potencies, and in their efficacy to cure disease, and that its members therefore created a separate organization that they might more efficiently carry out that object, and thereby induce the practice of pure homœopathy. The *Observer*, however, "with all its strength and heart" stands opposed to the International Hahnemann Association, and its organ, THE HOMŒOPATHIC PHYSICIAN.

Its title seems in the eyes of the *Observer* "monstrous," an

“assumption little short of sacrilege and clearly libelous.” How it can apply such terms with sense or propriety to a journal devoted strictly to homœopathic practice we can not understand. The only solution we can give is, that the prejudices of the head, and the gall of the heart have given rise to a bilious condition and imparted a cloudy, false coloring to the vision.

The *Observer* has for a long time, as it declares, advocated high and low potencies, and contended for the right of the homœopathic physician to use the whole range of remedies, from the drug to the mother-tincture, as in his judgment appears to be best. With this avowed liberality of opinion and practice, in the same breath, with great inconsistency, the *Observer* denies the right of physicians to associate themselves together, having one mind to carry out the application of the law of *Similia Similibus*. Forgetting the liberality of its declarations, the *Observer* opposes them “with all its strength and all its heart,” and in the hate of its heart, and in the use of all its strength, it declares they have violated the law as laid down by Hahnemann, because they do not think with it, but hold their own views of a truth as proclaimed by Hahnemann.

We shall not be able to give more room this month to the “Introductory” of the *Observer*; but each month we shall take up in their order the grounds of opposition taken by the *Observer* against the International Hahnemann Association and THE HOMŒOPATHIC PHYSICIAN. “INTERNATIONAL.”

AN OPEN LETTER.

ED. HOMŒOPATHIC PHYSICIAN.—In your February number I notice under the title—that old familiar one—“Fatal Errors,” the following question propounded by its author, my esteemed friend, Dr. Ad. Lippe, viz.: “Is it not also a fatal error if the adherents of Hahnemann’s strict inductive method, endorse eclectic journals, such as publish eclectic papers, by writing truly homœopathic papers for them?” I answer unhesitatingly, No! As well might it be asked, shall education and *instruction* cease? Those who are well need not the physician, only the sick; and only the ignorant, as to any particular subject, need instruction in it, surely not those who are already—as to homœopathy—adherents of, and therefore presumably experts in, “Hahnemann’s strict inductive method.”

“It would have been a *fatal error* had the members of the International Hahnemann Association separated themselves from the American Institute of Homœopathy.” So, most emphatically, it would and wherefore? In reply to this, another question propounded by the doctor in the paper referred to, I can not accept, though *he* must, to be consistent, the reason that he urges against writing for such journals “as publish eclectic papers.” When it can be made to appear that there are not many eclectics within the membership of the American Institute of Homœopathy, and that its “Transactions” are in no degree tinctured with eclecticism or its proceedings, government and control in no manner influenced thereby, *then* only, can it be *consistently* affirmed that it would have been a fatal error to have thus separated from the Institute. By retaining their membership in the American Institute of Homœopathy, the founders of the International Hahnemann Association acted most wisely in recognizing thereby an ability to influence that body to a higher appreciation of “Hahnemann’s strict inductive method”; as also to a stricter conformance thereto in their practice. This action

is in harmony with the universal idea, and the uniform purposes of education. This is the unquestionable object of all educational processes; and that the American Institute of Homœopathy stands greatly in need of instruction in the inductive method of Hahneman, requires no farther demonstration than an attendance upon one of its sessions or a perusal of many, very many, of the papers furnished by its members to our numerous medical journals, if not also in many appearing in its "Transactions." Surely, then, if the great American Institute of Homœopathy needs instruction and *endorsement* at the hands of experts in the inductive method of Hahnemann, how much more so do these otherwise forsaken and cast-off eclectics and their journals need such enlightenment? Moreover, if we may not write "homœopathic papers for *them*," who shall tell us for what journals we may write such papers without the fear of writing for those that are not more or less eclectic, or heterodox, as to "Hahnemann's strict inductive methods"; who will undertake to point out which of our journals are orthodox as to those methods, and which are not?

Where, I ask, would homœopathy and its *truly strict* inductive methods have been to-day had not the eclectics and the allopaths and whosoever would, been invited to come and drink of its pure waters? How can ignorance, general or particular, be removed but through enlightenment and instruction? and should not that enlightenment be most freely accorded when the darkness is greatest, and instruction most freely given when it is most needed? Most assuredly so. Hahnemann's strictly inductive methods are no exception to this rule; let whosoever will come and partake of these living waters freely, most fully; even, the despised and greatly contemned eclectics; and let them be invited to come, and urged to come, and convinced, so that they will come, if it does involve the necessity of writing papers for publication in their journals. "No pent up Utica contracts our powers, the whole boundless continent is ours"; but ours only through a persistent, a determined effort to *judiciously* inculcate

and disseminate the precepts and the practices taught through "Hahnemann's strictly inductive methods."

T. F. POMEROY.

Jersey City, Feb. 15th, 1881.

FATAL ERRORS.

BY AD. LIPPE, M.D., PHILA.

It is a fatal error to quote Hahnemann as saying "*Local applications of the drug to the sound skin greatly facilitate the action of the remedy.*"

This false assertion is made in the introductory to vol. xviii of the *American Observer*, Jan. 12th, 1881. This Journal flourishes on the title page the homœopathic formula, *Similia Similibus Curantur*. The introduction alluded to surpasses any thing we have ever read; there are misrepresentations and utterly false quotations; there are assertions too absurd to be tolerated, all seasoned by unprecedented malice. The "Internationals" are told that "freedom of medical opinion and action" is not to be extended to them; they are accused of advocating opinions they never thought of, and to crown this masterwork of falsifications the *learned* editor exposes not only his malicious spirit, but also his utter ignorance of Hahnemann's writings. If the *learned* author of the introductory does not possess an Organon of the healing art, which we very much doubt, and if he can not find a copy among the habitual readers of this *Observer*, which we also doubt, he may probably be able to borrow Stratton's translation of the work from one or the other of the better read professors at Ann Arbor, who no doubt will be glad to help so *learned* an author as the writer of the introductory. And please ask for Stratton's translation and not for the mis-translation of Conrad Wesselhoeft, in which to find a shadow of Hahnemann's teachings would require a better microscope than has yet been invented. Now this *learned* author tells us that Hahnemann

says "Local applications of the drug to the sound skin greatly facilitates the action of the drug," and that the wicked Internationals, who disturb the peace of the eclectic tribe, who want to annihilate homœopathy, have said "local applications are worse than useless."

In paragraph 194 of his "Organon," the master says, "under no circumstances should the homœopathically indicated and internally administered medicine be applied locally." And in § 197 the master declares that it is objectionable to administer in diseases showing themselves locally the same remedy externally as is administered internally. Notwithstanding the fact, that the local applications will the sooner remove the external symptoms; but that such local application is, *for that very reason*, to be rejected. For, as the internal disease still continues, the disappearance of the local symptoms does not constitute a radical cure; indeed, this radical cure becomes more precarious and in some instances impossible, after these local applications have removed the local symptoms. So says Hahnemann, and he is in this, as in other points, endorsed by the experience of every true homœopathician. It is the duty of the public teachers to teach their students to avoid this error. It is a fatal error, of which the author of the introductory is also guilty, to suppose that every preceptor who sends his student to college can demand from the professors *not* to contradict him, however ignorant *he* may be; what a state of affairs would that be? Again, it is a fatal error to suppose, as the *learned* author has it, that Hahnemann ever said, "In urgent and dangerous cases palliative measures are admissible and proper." Where did Hahnemann say any such thing?

The Internationals have a good right to express their convictions that just in the most urgent and dangerous cases palliatives are most pernicious, that they reject them, and are ready to warn the public against ignorant pretenders who resort to those palliatives and then boldly claim that Hahnemann approved of such miserable, humbugging, allopathic practice.

HEMORRHOIDS AND THEIR TREATMENT.

BY DR. A. CHARGE, FRANCE.

[Translated and condensed from "La Bibliothèque Homœopathique," Feb., 1881.]

THE principal symptoms of hæmorrhoidal disease are: a constant congestion at lower portion of rectum; tumors, formed by a varicose dilatation of the veins at lower extremity of rectum and at anus; first a discharge of blood, and later, a whitish mucoid discharge.

SYMPTOMS OF HÆMORRHOIDAL INFLAMMATION.—Heaviness of the head, cephalalgia, vertigo; digestive troubles, such as loss of appetite, eructation; sensation of fullness in the abdomen with pressure in rectum and at anus. Patient is gloomy, despondent and very irritable; is not comfortable in any position, either sitting or standing. Pulse is full and hard. Constipation, with frequent ineffectual desire for stool. There is heat, itching and pricking, at anus; heat in the urethra and bladder during micturition. Defecation is difficult, painful and often accompanied by a slight discharge of blood. In slight cases, this discharge of blood terminates the inflammatory trouble.

SYMPTOMS OF HÆMORRHOIDAL TUMORS.—These may be internal or external; flowing or dry (blind). The internal are hid in the rectum and only protrude from the anus when straining at stool. These internal tumors may be protruded by persistent straining or by increased congestion; they are then either reducible or irreducible tumors. The reducible tumors are of minor importance; while the irreducible are most troublesome and are accompanied by inflammation, heat, and tenesmus of bladder and rectum. The tumors are of purplish hue at first, then they become darker, finally even black and gangrenous, caused, perhaps, by strangulation. The hæmorrhoidal blood is nearly always black, and escapes most frequently at stool. This hemorrhage is caused by either a rupture or an engorgement of the hæmor-

rhoidal veins. The blood lost is variable in amount and frequency of occurrence. Following the bloody discharge there may appear a whitish mucoid discharge, arising from the continuance of the inflammatory trouble, which in its turn is caused by some particular dyscrasia.

CAUSES.—Constipation is often cited as the cause of hæmorrhoids. This is false in theory; constipation is certainly a complication of hæmorrhoidal disease, but there is no valid relation between them, as of cause and effect. Hæmorrhoids are very often seen, it is true; but constipation is still more prevalent.

[We might put it thus: All hæmorrhoidal patients have not constipation; nor have all constipated persons hæmorrhoids; the case is merely this, most hæmorrhoidal persons are constipated, and the *cause* of one must be the cause of *both*.—ED.]

The true cause of hæmorrhoids is an internal condition caused by a miasmatic infection of the system, nearly always of a psoric nature. I wish to give here another proof of the truth of the Hippocratean aphorism, so often seen in these cases—*Naturam morborum ostendit curatio*. The good effects of *Sulphur* upon these hæmorrhoids, so real, so constant, serves to show the psoric origin of this disease.

Hæmorrhoids being caused by an internal, general and constitutional trouble, for that very reason the flow should not be suddenly checked, nor the tumors treated by improper applications nor by revulsive medicines, nor by knife or cautery. The knife cuts, the cautery burns, but neither reaches the real cause of the disease. The radical cure of any malady, proceeding from an internal cause, can only be obtained by attacking the primary cause of the disease; so in hæmorrhoids the flow and the tumors are lesions, which if simply suppressed without curing their cause, what happens most frequently? New lesions, graver, perhaps, will follow, and endanger the life of the patient. We see every day, as a consequence of such brutal suppression of hæmorrhoids, cerebral congestion, apoplexy, softening of the brain, incurable dyspepsias, etc.

The physician, then, avoiding dangerous palliation, should always consider the necessity of remembering the general disease which causes the hæmorrhoids, and so painful and so various are the sufferings of the hæmorrhoidal patient, that he should treat them only by specific remedies; that is, by medicines whose pathogenesis shows them to be especially fitted to the individual case under observation. For it is the homœopathicity of remedies which proves their specificity and gives the reason for it.

The old school is nowhere poorer than in the treatment of hæmorrhoids; *we* do not make this charge; it is sufficient for us not to deny the truth of their own confessions.

“The treatment of hæmorrhoids is, without contradiction, one of the richest” (rich in words! for pathology without therapeutics can not be considered as rich as medicine which claims to be a healing art), “as no part of medicine has been more diligently studied. Still, it is a confused mass of varying methods, through which one must search diligently to find those having practical experience in their favor.” (“Valleix,” vol. iii. p. 89).

Is this clear? poor young physicians! what can you gather from it? And you are not yet at the end of your troubles; for they tell you of hot baths, of cold baths, of cold lotions, of astringents, narcotics, purgatives, etc. Choose your method, if you dare.

“We are little in favor of prolonged baths, having observed that their use prolonged the trouble and increased the inflammation.” (*Dict. de med. et de chir. pratique*, vol. xvii, p. 425). Cold lotions and cold seat [or hip] baths. “All physicians consider these means as very dangerous.” “Astringents act in same manner as cold water and are also regarded as very dangerous.” (Valleix, *eod. loc.*). “Narcotics fail completely to do any good, purgatives render the constipation more persistent,” etc.

Enough, enough! Yet we were informed at the commencement, that the treatment of hæmorrhoids was, without contradiction, one of the richest! Judge, then, of the rest.

Surgery avenges the incapacity of the physician, but at what

a price!—ligatures, excision, the cautery, caustics, liquid and solid—the cost is paid by the patient!

No, we can gather nothing useful from the old school treatment of hæmorrhoids; but yet, we are glad to be able to commend their hygienic and dietetic regulations. The patient should avoid spices, etc., alcoholic drinks, strong wines, tea and coffee. Digestion can be aided by daily out-door exercise and by using ripe fruits, fresh vegetables, etc.

TREATMENT.

- Hæmorrhoids, painful: *Ant. crud.*, *Ars.*, *Bell.*, *Ignat.*, *Lycop.*, *Puls.*,
Sed. teleph.
- H. with nightly aggravation: *Ars.*, *Collins.*, *Carbo veg.*
- — evening aggravation: *Alum.*, *Am. m.*, *Collins.* *Platina*,
Pulsat.
- — morning aggravation: *Nux vom.*, *Podoph.*
- — amelioration from the night's rest: *Alumina.*
- — amelioration from cold water: *Aloes*, *Apis.*
- dry, blind: *Aesculus hipp.*, *Collins.*, *Graph.*, *Sed. teleph.*, *Sulph.*
- flowing, bleeding: *Acon.*, *Am. c.*, *Bell.*, *Caps.*, *Erigeron*, *Ferr.*,
Hamamelis, *Ign.*, *Ipec.*, *Millefol.*, *Kreos.*, *Nux vom.*, *Platina*,
Trilli pend.
- with mucous discharge: *Ant. crud.*, *Carbo veg.*, *Colchic.*,
Merc., *Puls.*
- — muco-sanguinolent discharge: *Ant. cr.*, *Borax*, *Ign.*, *Merc.*,
Puls.
- — muco-purulent discharge: *Ant. cr.*, *Hepar*, *Lyc.*
- protruding: *Aloes*, *Amm. c.*, *Ars.*, *Carbo veg.*, *Graphites*, *Mur.*
ac., *Nitric acid.*
- easily replaced: *Ignatia.*
- irreducible: *Atropia sulph.*, *Ars.*, *Bell.*, *Silicea.*
- with colic: *Ant. cr.*, *Coloc.*, *Nux vom.*, *Puls.*
- — flatulence: *Ant. cr.*, *Ignat.*, *Lyc.*, *Phos.*, *Ph. acid.*
- — pain in lumbar regions: *Bell.*, *Nux vom.*, *Rhus t.*
- — tenesmus: *Aloes*, *Merc.*, *Platina*, *Ph. acid.*

- H. with constipation: *Ant. crud.*, *Alumina*, *Aeculus hipp.*, *Collins.*,
Lyc., *Nux vom.*, *Sulph.*
- — alternation of constipation and diarrhoea: *Ant. crud.*
- — diarrhoea: *Aloes*, *Capsic.*, *Podophyl.*
- — falling of rectum: *Ignat.*, *Graph.*, *Lyc.*, *Natr. mur.*, *Nux vom.*, *Podoph.*, *Sulph.*
- — falling of rectum while urinating: *Muriatic Acid.*
- — eczema of perineum: *Hepar*, *Petroleum.*
- — herpetic eruptions around anus: *Hepar*, *Lyc.*, *Merc.*,
Natr. mur., *Petrol.*, *Sepia.*
- — pustulus eruption: *Amm. mur.*, *Caustic.*, *Kali carb.*
- — fistula: *Hydrastis*, *Silicea*, *Sulphur.*
- — fissures: *Arsenic.*, *Caust.*, *Graph.*, *Nitr. ac.*, *Ledum teleph.*,
Petrol., *Ratanhia.*
- — ulceration: *Phosphorus.*
- — dysuria: *Belladonna.*
- in infants: *Amm. c.*, *Borax*, *Collins.*, *Merc.*
- — old people: *Amm. c.*, *Anacardium.*
- during pregnancy: *Nux vom.*, *Lycopodium.*
- — confinement: *Pulsatilla.*
- in clerks: *Nux vomica.*
- — drunkards: *Ars.*, *Nux vom.*, *Lachesis.*

(To be continued).

CLINICAL CASES.

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

Phosphorous—Sexual Weakness; *Arsenic*—Piles; *Sulphur*—Post-partum—Melancholia; *Sulphur* in Prolapsus and Hæmorrhoids; *Phosphorous* in Deafness.

PHOSPHORUS IN SEXUAL WEAKNESS.—1877, July 17th, Mr. — has been married two months. For two years has had emissions, at first about every two months, but since marriage very often; they occur during sleep, and are accompanied by amorous dreams. Does not feel any escape of semen during coition. Erection too short; sexual pleasure slight, and only experienced at the commencement of coition. The greater the desire for coition the greater is the emission some hours after the act.

DIAGNOSIS OF REMEDY.—Emissions after coition: *Baryt.*, *Kali carb.*, *Nat. Mur.*, *Phos.*, *Rhod.*

Emissions with dreams: *Baryta*, *Kali carb.*, *Phos.*, *Rhod.*, (with many others which have not the forgoing symptom.)

Emission without force: *Con.*, *Phos.*

The list is thus reduced to *Phos.*, and as this remedy produces depression as well as exaltation of the sexual functions, I gave him one dose of M.M. (Fincke).

Oct. 12th. Reports that emissions ceased in a week, and did not return till last night, then one occurred soon after coition without intervening sleep; on waking felt miserable; after coition feels exhausted. *Phos.* M.M. (Fincke) one dose.

Feb. 10th., 1878. Reports that emissions have ceased for three months; sexual power and pleasure normal. Depression of the sexual powers being the *secondary* action of *Phos.*, this cure by a high potency not only shows that the secondary symptoms (to which *Hahnemann* at first attached no importance, though he altered his views later) possess diagnostic value, but that Dr. E. M. Hale's so-called "law of dose" is inaccurate.

Arsenic. IN PILES.—1879, Mrs. — had a pile on left side of anus, large, with appearance of black veins; frequent ineffectual

desire for stool, with nausea and loss of appetite. In the pile there is a dull, aching pain, with occasional burning and shooting upward; relief from lying down, worse from sitting and standing.

DIAGNOSIS OF REMEDY.—Piles better by lying down, *Amm.*, *Carb.*, *Arsen.*

Piles worse sitting, *Arsen.*, (and many others.).

The *Materia Medica* shows that *Arsen.* had also the burning shooting in piles; and one dose of C. M. (Skinner's F. C.) was given in the evening. Next day she was very much better; bowels acted naturally and she was soon well. Some months afterward there was a return of the symptoms; one dose of *Arsen.*, M.M. (Fincke) cured promptly. She has now had no return for many months.

Sulphur IN POST-PARTUM MELANCHOLIA.—June 26th, 1878.—Mrs. — was delivered of her third child three months ago; was much worried, and had extra labor a month before the event, and felt worried afterward. After delivery had strange fancies, e. g., that the nurse's face was powdered; much excitement; milk ceased in fourteen days; was sleepless; felt that her head was enlarged, and that she was too tall or too short; with intolerance of noise. She took from an allopath, *Sal Volatile*, *Valeria*, *Lavender*, *Chloroform*, and *Bromide of Potass*. This treatment removed the intolerance of noise, but left the following symptoms, which the doctor says will disappear in the course of time; but with this comforting assurance she is not satisfied.

Present state: feels indifferent to things, even to her children; indifferent to pleasant things, but alive to disagreeable; sits without thinking or doing anything; hopeless of recovery; desire for solitude; more cheerful after meals; intense longing to get out of her mental state, of which she is quite conscious; weeps at times, but it does not relieve her; forgets the word she is going to use, and what she is about to do; desire to die; restlessness, only in the house as if she must walk about; confusion

of head if she thinks much about her household duties. Ever since confinement, feeling of want of faith in Providence; took last dose of the *Bromide* and *Chloroform* this morning.

DIAGNOSIS OF REMEDY.—Taking as the starting point the “more, striking, singular, uncommon and peculiar (characteristic)” symptom of the relief of the mental symptoms from food, I found that *Sulph.* has “weeping relieved by eating;” and as it corresponded well with the other symptoms, I gave one dose of *Sulph.*, D. M. (Skinner’s F. C.).

28th. Reports not so well; increased restlessness, and greater aversion to do any work, but has slept as well since leaving off the sedative as before. This latter feature convinced me that the increase of symptoms was an aggravation from the *Sulph.*, and not the effect of stopping the allopathic treatment. No medicine.

July 5th. Reports that she feels much better; not so restless. No medicine.

10th. Has had more restlessness and dependency, but is much better to-day.

Sept, 30th. Her husband reports that she has remained well ever since.

Sulphur IN PROLAPSUS AND HÆMORRHOIDS. — Aug. 24th, 1878. Mrs. — was confined nine months ago; ever since, at times, she has suffered from piles, with soreness there like a blister, and sometimes burning, relieved by the application of lard. For fourteen days, prolapsus of rectum for about an inch, first noticed when walking, with great soreness and throbbing. For five months at times pain in coccyx like drawing a tooth, felt this on rising from sitting, and a little if she sits long, not when standing or lying.

DIAGNOSIS OF REMEDY.—Dislocated pain in coccyx is found only under *Sulph.*, which also has all the other symptoms. I gave one dose of *Sulph.*, D.M. (Skinner’s F.C.).

Sept. 2nd. The prolapsus ceased gradually, and after the 28th. Aug. was gone; the soreness and throbbing better on

the 25th., gone on the 26th. ; the coccygeal pain unchanged.

10th. No return of prolapsus, piles, or rectal pains, coccygeal pain better for a week.

28th. Coccyx well for nine or ten days ; no return of the other symptoms.

Feb. 19th., 1879. Has remained well.

In the above case the pain attending the prolapsus was relieved before the prolapsus itself, just as when the homœopathic remedy is given for abscess or calculi, the pain is first relieved, and afterward the objective symptoms disappear. The coccygeal pain being of longer duration than the prolapsus took longer to remove. That the oldest symptom, the piles, disappeared before the pain in the coccyx, does not contradict Hahnemann's teaching, because, when the prolapsus was cured they would necessarily improve at once from their interdependence.

Phosph. IN DEAFNESS.—March 7th., 1879. As the result of a cold, I had been deaf in the left ear for ten days ; the ear felt stopped up, with singing therein ; the watch applied to mastoid processes was heard equally well in both sides ; but when held before the ears there was a marked difference, both in the distance at which it was audible, and also in the degree of clearness with which it could be heard at the same distance from either ear. At first the deafness was only in the morning, on and a little after waking, I took *Silicea* C.M. (Fincke), but without result. Then the deafness continued the same all day ; I then took *Arg. Nit.*, which only slightly relieved the singing for a time. For the last two days, when exposed to the noise of traffic in the street—the louder the traffic, the more marked was the symptom—I heard bells chiming, always with the left ear only. The bells were heard when riding in a tram car or train, or even when the car was still, if the street happened to be noisy and also from walking where there was much noise from traffic. The other symptoms were worse. I now took *Amm. Carb.* 200 (one dose), and continued with 2300 (Jenichen).

8th. After the first dose, taken at 8.30 P. M., I was a little

better, the bells not quite so loud, and to-day I could hear watch at a greater distance than before.

13th. Continued the *Amm. Carb.* with improvement till the 10th, after which I took no more because an aggravation of the deafness had occurred, though on that day I heard no bells while in the train. The symptoms now increased again; the bells were more troublesome than before; for the last few days *deafness was momentarily relieved by boring finger in left ear, or by pressing on it externally*; at times slight deafness also in right ear, relieved by boring with finger. As the symptoms were increasing, and even extending to the other ear, in spite of leaving off the *Amm. Carb.*, which seemed to have first relieved and then aggravated, I concluded that the last remedy had now done all it could, and that another must be selected.

The italicized symptoms, which were the latest, and so (*caeteris paribus*) the most characteristic pointed to *Phosph.*, of which I took one dose C.M. (F. C., Skinner) at 9.40 A. M. At 10.55 A. M. there was a *remarkable* change. I could hear the watch at a greater distance than since my deafness, and much more distinctly. At 5.15 P. M. heard the bells but less; ear felt more natural; less singing; hearing still improving. In evening bells nearly gone; hearing nearly natural.

14th. On waking and a little afterward, increased deafness and singing; this soon subsided, and by 10.10 A. M. there was scarcely any singing, and hearing was nearly natural; no bells all day.

15th. Deafness and singing on and a little after waking, as before; soon improved. In afternoon there great noise of traffic, heard the bells once.

16th. No aggravation on waking, left ear still a little deaf.

18th. The old symptoms on waking returned; at 10 A. M. rather more deafness of left ear; no more bells.

19th. No morning aggravation; hearing nearly natural.

22d. Watch sounds a little sharper when applied to right ear than when applied to left; no other symptom.

29th. Perfectly well.

June 26th., 1881. Have remained quite free from these symptoms to this day, and I am thankful that the fate of Irving's "Matthias" is no longer mine, thanks to homœopathy.

COMMENTS. (1) The earliest symptom, the deafness in the morning *on and after waking*, which was the first to appear was also the last to disappear, as Hahnemann teaches.

(2) The aggravation *in a noise* is peculiar, and, as far as I know, is new to the *Materia Medica*; verifications are solicited.

(3) The first three prescriptions failed because a complete picture of the case had not been obtained; in these cases where a partially homœopathic remedy has been given, new symptoms often arise; these are of the greatest importance in the selection of the *simillimum*; they are the voice of Nature pointing out the physician's error, and how he may rectify it.

(4) The slight aggravation *after* the improvement which Hahnemann points out, was manifest in this case; under such circumstances the remedy should always be allowed to act without change or repetition.

BAPTISIA—TYPHOID; ALOES—CONSTIPATION.

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

KITTIE H—, aged 11 years, dark hair, blue eyes, generally healthy, except a weakness in the lower part of her spine, remaining after an attack of diphtheria which she had two years ago, had, for several days, on returning from school, complained of feeling very weak and tired, and she was forced to lie down and rest—which was very unusual. One evening pain in the head and back followed, and increased until she could not sleep; she was very restless and somewhat delirious all night. When called to visit her the following morning I found the following symptoms: pain in head and back; great drowsiness—can hardly keep her awake long enough to get answers to my questions; *falls asleep while being talked to; face dark red and bloated; eyes congested; tongue trembles when protruded; with a brown streak in the centre; stools very fetid, and passing involuntarily; urine yellow and offensive; pulse 140.* Gave *Baptisia* C.M. (Swan). In the evening there was no change. It was almost impossible to attract her attention; constantly muttering. Gave *Baptisia* 3rd. centesimal. At midnight the change was wonderful; the sensorium was clear, and she recognized me with a smile. Three doses of *Baptisia* had been given. Her mother stated that after the first dose it seemed as though she was being “lifted right out of the stupor.” The same remedy was now given in the 200th. and, although the stools continued involuntary for the next twelve hours, the improvement was uninterrupted: she was able to sit up in three days from the first dose of medicine. By comparing the symptoms of this case with those of *Baptisia* in “Guiding Symptoms,” it will be seen that this remedy was the simillimum. Why did not the C.M. do as well as the 3rd.? I do not know. The question of dose is an open one. As a rule, I have found this remedy more efficacious in the 30th. po-

teny, in typhoids (when indicated), than in the lower. What is the minimum dose in one case is not in another.

MASTER P—, aged three years, light hair, complexion and eyes, had been troubled with constipation since birth. At times he was worse than at others, and it was often almost impossible to get an evacuation even with repeated injections of water. The fæces were in lumps, very large and light-colored; there was so much pain attending efforts at stool that he screamed and was covered with sweat, and the mother was often obliged to pick away the hard lumps. He seemed afraid, and avoided letting his parents know, of a desire for stool, as long as possible. After treating him during several of these attacks with *Bry.*, *Sulph.*, *Nux.*, *Verat.*, *Cal. carb.*, and *Sepia*, with indifferent success. I found that he oftentimes passed large, hard lumps of fæcal matter involuntarily and apparently unconsciously. *Aloes*, 200th. cured, and there has been no return of the trouble for two years.

According to Hale's theory of dose it would have been necessary to give this remedy *low*, it being secondarily homœopathic to constipation. Such was not the case; nor is it necessary to give *Puls.* low in scanty or delayed menses (when indicated), because, according to the same authority, it is *secondarily* homœopathic to those conditions. (See *U. S. Med. and Surg. Journal*, vol. iii, p. 81). This thing has misled many young practitioners, and made eclectics by the score. It is so much easier to relieve (not cure) a case of constipation by physic (secondarily homœopathic), than it is to always apply the homœopathically indicated remedy.

PERISCOPE.

The Homœopathic Times, Jan. and Feb., 1881.

Dr. E. R. Corson writes upon the recent epidemic of Dengue in Savannah, and gives cases treated with *Acon.*, *Ars.*, *Bell.*, *Gels.*, *Nux v.*, *Hellebore*, *China*, *Ipecac.*, *Mere.-sol.*, *Sulph. ac.* and hot *Pediluvia*. The specific indications in each case are not given; only a few obscure generalities are collected at the end of the article. Moreover, the remedies were sometimes given in alternation; hence no lessons of any clinical value can be learned from this essay.

Dr. W. A. Dewy, house physician at Ward's Island reports a case of traumatic erysipelas of the forearm complicated with mania-a-potu, acute desquamative nephritis and acute bronchitis. The patient on admission is semi-delirious; starts suddenly at any noise, jar or touch. Swelling of the arm is bright red. Dozing disturbed with startings and crying out; sleepy but can not sleep; dilated pupils; flushed face; throbbing in arm with soreness; body hot to the touch and on uncovering heat seems to steam out; feet cold, head hot. *Bell.* 3. The next day patient was seized with violent delirium and then the remedy was changed to *Hyos.* 3d. We think the doctor made a mistake in changing his prescription. He should have continued the *Bell.* and, possibly, have raised its potency. Afterward for the inflammation of the arm the patient received *Silic.* 30, then *Hepar.* 3. This last was repeated when the nephritis set in, until with the appearance of tube casts in the urine, œdema of legs, hurried breathing, large mucous rales all over the chest, and profuse expectoration of frothy mucus, he was given *Ant-tart.* 30. He got better under this remedy; then pain in right chest on deep breathing followed. *Bry.* 3 was now given and he now improved so rapidly that he was discharged, one month after his entrance to the hospital, cured.

Another man, addicted to excessive drinking and tainted with gonorrhœa and syphilis, was admitted, with erysipelas of the leg in the region of an old ulcer. *Bell. 3* was given and the next day delirium occurred, whilst the inflammation showed improvement. Remedy changed to *Hyos.* He slowly improved under it and when the erysipelas had disappeared, was removed to the surgical wards for treatment of the ulcer. This was a mistake; the ulcer should have continued to receive drug treatment without any mechanical interference.

A third patient had traumatic erysipelas of scrotum, cured in two weeks with *Bell. 3*. An instructive case.

A fourth case cited was traumatic erysipelas of scalp from a wound. Cured with *Rhus t. 3*.

The fifth case was traumatic erysipelas of forearm from the bite of another man. Cured with *Bell. 3*.

Dr. Elias C. Price reports the cure of two cases of bursitis, or house-maids knee, with *Sticta-Pul.* He gives no indications, hence it is inferred that he proposes to use it in *every* case.

From *L'Art Medical*, for Aug., 1880, is translated an article by Dr. Jousset, reporting five cases of endocarditis, either cured or very much benefitted by infusion of *Digitalis*, after being unsuccessfully treated with other remedies singly and in alternation—not forgetting also the administration of *Morphia* by hypodermic injection. The treatment is empirical entirely.

Dr. H. C. Frost reports the case of a laborer who fell down a well upon the point of a stick, which passed through the scrotum, upward, between the abdominal muscles and adipose tissue, thence, between the muscles of the chest and the adipose tissue as far as the third rib where it emerged. He recovered in twenty-seven days.

Also successful removal of a fibro cartilaginous tumor from parotid region.

United States Medical Investigator, Jan 1st. and 15th.; Feb. 1st.

Dr. J. S. Mitchell writes upon the value of local applications of

kerosene in phthisis, illustrated with cases. His method of prescribing is empirical. Hence there is no more to be learned from it than from a similar article in a journal of the old school. Having had success with *Petrol.* in the crude way he proposes to investigate its value when given in the higher dilutions. The doctor forgets that merely giving drugs in dilution is not necessarily homœopathic prescribing. The drug must be given in accordance with the law.

Dr. Q. O. Sutherland was called to a child accidentally poisoned with atropine. He saved the little sufferer by the exhibition of large doses of the "physiological antagonist" of the poison, *Sulphate of Morphia*. The doctor is aware that his "method of procedure is open to severe criticism, but he also has no doubt that the prompt use of large doses of *Morphia* saved his patient."

"S. L." translates a case of insanity related by Dr. H. Obersteiner, which ultimately recovered. His improvement was largely due to tobacco smoking, as claimed by the translator.

Dr. J. A. Hoffman writes upon diphtheria insisting strongly upon treating cases according to the totality of the symptoms and giving the remedy time to act. He denounces washes and gargles. Declares his opinion that many false cases of diphtheria are reported cured in the journals, especially tonsillitis, which is magnified into "malignant Diphtheria" with a big D. His indications for *Proto-iodide of Mercury* are: bilious temperament, moist tongue, enlarged tonsils, yellow false membrane, exudation thick and stringy with or without bronchial complications. For *Arsenicum* the symptoms are: putrefactive or typhoid form, glairy, red, shriveled and retracted tongue, throat dark, foetid exudation, putrid and bloody discharge from the nose and ears, very tired and exhausted, tendency to collapse, or to a comatose condition.

Dr. Q. O. Sutherland reports a case of puerperal convulsions not relieved until after delivery of a dead, eight months' child by instruments, when they slowly disappeared.

The British Journal of Homœopathy, Jan., 1881,

Opens with an article upon dilutions in which the writer succeeds in filling much space with the dreary details of the ludicrous report upon the "Milwaukee Test." This is a marring of some otherwise interesting matter. Speaking of some odd changes of opinion frankly acknowledged by Dr. Skinner, the author gets off this following wise piece of philosophy: "There really seems something in the so-called 'Hahnemannism' which makes men arrogant and virulent beyond all measure; and few of its votaries escape the contagion"! Here the learned author of "Dilutions" mistakes the enthusiasm, impetuosity and perfect frankness of Dr. Skinner for arrogance and virulence. And even if the charge were true, he takes this one case as a basis for *generalizing* in reference to *all* the "Hahnemannians." He thus commits the same mistake that he makes in teaching homœopathy—that of *generalizing*; and hence the pages of the *British Journal* teem with empiricism only equalled by the dominant school that it so weakly imitates.

The address of Dr. Hayward at Liverpool is also given in this number. It deals with the "somewhat general and neutral subject of Fashions in Therapeutics."

Dr. Blake writes quite a learned article on "Rheumatic Gout and its Congeners," and teaches alternation of medicines. At the end of the article he actually advises the use of a quack remedy "of unknown constitution probably very complex in character, perhaps containing *Colchicum*"!! Perhaps we should not speak of this as we thereby expose the fact that we are tainted with the "contagion" of arrogance and virulence!

Dr. E. M. Hale reports curing a case of subacute myelitis with *Strychnine* in doses of one thirtieth of a grain, with the advice of an old school physician. The doctor claims it as homœopathic according to the pathological observations in Allen.

Dr. Dudgeon writes an article upon the temperature of the breath showing that when the bulb of a thermometer is wrap-

ped up in cotton, silk or wool, and then breathed upon, the mercury rises to an unusual height. This phenomenon is found to depend upon the dryness of the fabric in consequence of which water is condensed and heat produced.

The Medical Advance, January, 1881.

Dr. John Hall of Toronto, reports the following cases:

Diphtheria in a little girl. Lachesis C.M. cured.

Scarlatina complicated with scarlet rash. Lachesis C.M. cured.

Intermittent fever. *Undefined development of chill and heat or both together.* Ars. 50 M. cured.

Intermittent fever. An exceedingly interesting case. Nat-mur. and then Gels., though indicated, failed. The following symptoms then appeared. *Pricking in anus during the fever and when sitting. Ascarides. Peevish. Pale yellowish face. Whitish clay-colored stools. Cold damp feet. Stomach swollen outwardly like an inverted saucer. Craving for eggs.* Calc-carb 21 M. Much better. The case was finished with Gels. C.M.

Membranous dysmenorrhœa. The patient is much depressed in damp or wet weather. Very sensitive to cold damp air and changes in the weather. Cured with Rhus tox. 30 M. and 75 M.

Catarrh of the head with painful menstruation. Greatly relieved by Sil. 20 M., followed by Nux v.

Fistula in ano cured with Thuja 50 M., 80 M. and 5 M. then Silicea 20 M. and 40 M. A very interesting case to Hahnemannians.

Tabes mesenterica wonderfully improved by a single dose of Psorinum M.M. (Swan).

Dr. T. M. Watson reports a case of acute insanity brilliantly cured with Bell., Hyos., Lach. and Psorinum given on strict homœopathic principles.

Prof. J. R. Kippax relates a case of fracture and dislocation of nasal bone successfully replaced. Scirrhus of breast removed by the knife. Lupus erythematodes cured. Cervical endometritis

cured with mechanical treatment (dilatation of cervix) and internal remedies. Indications not given.

A polycystic ovarian tumor cured without operation in eighteen months by homœopathic remedies—*Apis mel.*, 6th. and 12th., followed by *Lyc.* 12th. and 30th.

Dr. Edward Rushmore gives six cases of intermittent fever cured respectively by *Ars.*, *Nux v.*, *Puls.*, *Eupatorium* and *Nat-mur.*, all given on strictly homœopathic principles.

G. N. Brigham cured two cases of uterine polypus with *Thuja 2 C.*

Dr. Blackburn relates two curious cases of negroes; one with white spots, itching and burning, relieved by *Ars.* 30—after giving the medicine black spots appearing upon the white ones—and the other, chills every month, accompanied by swelling of scrotum.

Dr. J. F. Edgar cured a case of ingrowing toe-nail with *Marum Verum 4th.*, using no mechanical treatment whatever. In a few well chosen sentences he shows that this deformity depends upon pre-existing dynamic condition. His statements and conclusions are strictly correct.

Dr. Wilson had a case of apparent chronic suppurative inflammation of the middle ear with parasites in the meatus. Syringing with hot water to kill the parasites, and the internal administration of *Sulphur* produced a cure.

Dr. Grabill reports seven cases of intermittent fever cured with *Opium*, *Cina*, *Lach.*, *Nat-mur.*, *Phos.*, *Bell.*, *Nux v.* He denounces the use of Quinine with great vigor.

Dr. Nichols cured two cases of wen—one on the scalp the other on the upper eye-lid with *Graphites C.M.* and *2 c.*

Dr. Davis writes upon senile hypertrophy of the prostate. He says that the treatment "must be palliative not curative." How does he know? By the tenor of his remarks he has never tried pure homœopathy, but contents himself with an assertion, borrowed from Gross. "Homœopathy is so young, and there are so few true practioners of its principles, that the incurability of this or any other disease is by no means certain." On the contrary,

the remarkable achievements at the hands of the few who actually try the system, are calculated to make one dare attempt any feat in therapeutics. None of these diseases will ever be cured if we simply sit down and take for granted what old school doctors say about it.

The Medico-Chirurgical Quarterly, Jan., 1881.

Dr. Butler describes his invention for performing massage and giving induced currents of electricity at same time. Its use however, is a mere repetition of old school empiricism. He gives no symptoms by which we may be guided as to when it is indicated and when not.

Dr. Geo. S. Norton writes upon the use of boracic acid in chronic suppuration of the middle ear. He applies it locally in the powdered form while *at the same time* he gives Calc-phos. Sil., Hepar, Puls., etc. How can he tell *which* cured, the internal remedy or the externally applied boracic acid? Why does he not give one remedy at a time?

Two cases of asthma caused by the presence of a cat, are given at p. 147.

Dr. Kershaw cured a severe case of sciatica—*the least movement causing exquisite torture*—with Bryonia.

The editor also gives *The Organon* a severe castigation. He informs the profession that this journal sets up for its standard, "My doxy is orthodoxy and every other man's doxy is heterodoxy," and that it can not long survive. We hereby learn that the only true doxy in this world where reigns "liberty of medical opinion and action," is that which least represents one's measures. It is correct doxy to use a name which, to the vulgar mind, conveys some special, but hazy, idea of improved treatment, and to a professional mind some special *plan* of treatment, whilst the practitioner at the same time, does as he pleases; that is, practices the empiricism that has been so signal a failure for a couple of thousand years. It is correct "doxy" to *assume* to practice a principle that by the laws of logic requires

that you shall not use a drug for curative purposes until you have first found out something about its character and its sphere of action. That you shall give only one such remedial agent at a time, lest by giving more it leave a doubt in your mind as to *which* cured, and thus prevent your making a rapid cure in the next case you meet. It is correct "doxy" to *pretend* to follow a principle that contains within itself such requirements, and then in total disregard thereof, give "Woolridge's Tincture, a patent medicine of unknown constitution, probably very complex in character, perhaps containing colchicum."* It is good "doxy" to do this, even though the patient might have done it for himself, without the assistance of the learned champion of "Liberty of medical opinion and action." This *is not* "heterodoxy," it ain't. If you dare to call it so you are not giving "every one a chance to be heard." You are not advocating the "broadest principles of liberalism." You are not giving to others the "untrammelled liberty of thought, word and action." You are not carrying on "such discussion" in a "gentlemanly, courteous spirit."

The Medical Counselor, January, 1881.

Dr. Arnold reports a case of advanced pulmonary consumption cured by the administration Ars. alb., 3d., 6th. and 12th.

Dr. Heath shows how treatment of a case of convulsions in an old woman from overloaded stomach did not come under the operation of the law of similars. No, you must clean out the organ by causing vomiting with tartar emetic in three grain doses.

Dr. Boyle cured a case of diarrhœa of two weeks' standing by Petrol. 2 c.

Dr. House reports a case of apparent cholera in a farmer—rice water discharges, etc. It is suggested that the patient caught it whilst ministering to his own hogs which were sick of the cholera. Cured by Verat-alb. followed by Camphor, then Bell.,

* Vide *British Journal of Homœopathy*, Jan., 1881, p. 58.

and later, Nux v. The symptoms at first called for Verat. which was duly given. We think the doctor should have waited a little longer before giving the Camphor. However, the patient was treated homœopathically, and the succession of the indicated remedies is a matter of judgment. This same physician also gives a case of skin disease cured with Ars. 2 c., and a case of gonorrhœal discharge re-established after a cold, cured by Medorrhine C.M. (Fincke).

Hahnemannian Monthly, January, 1881.

Dr. Laird reports a very interesting case of pulmonary abscess seemingly occurring as a consequence of mal-treatment of several successively appearing carbuncles. "The history of the case, the long series of aborted carbuncles followed by internal suppuration, the nocturnal paroxysms of dyspnœa with their peculiar concomitant symptoms, the prostration and hectic and the marked aggravation of all her sufferings after sleep, pointed unerringly to the remedy." Lachesis 41 M. Cured in about ten weeks.

Dr. Houghton reports two serious cases of caries of temporal bone. From one of these a discharge of pus had continued for twenty-three years. They were successfully treated with a variety of remedies and by operative means.

Dr. Bell reports a case of fracture of femur in a child twenty-two months old.

Dr. Dake proposes to eradicate the germs of small-pox from a room where patients have been confined with it, by increase of heat and moisture so as to start up a fermentation which shall destroy the life of the germ.

Dr. Weiner reports provings made upon himself of Eucalyptus glob.

Dr. Scott writes an article entitled, "Is Shock an Element of Acute Disease?" He offers the probability of shock as an explanation of the sudden death occurring in the course of acute disease.

Dr. Bell reports his seventh case of ovariectomy which was treated after the operation, with Arnica, and then Verat. Result, complete recovery.

The American Homœopath, January, 1881.

Dr. Armstrong reports a case of valvular disease of the heart, and points out the value of observing more closely the pulsations in the jugular vein as showing tricuspid failure. His prescription of Digitalis 2 x is not accompanied by the proper symptomatic reasons, hence there is nothing to be learned from it.

Rev. Dr. Viehle gives an empirical prescription for frost bites. Thus doth homœopathy, like a crab, backward go.

Dr. Blake writes upon diarrhœa and gives a number of indications for remedies.

Dr. Pennoyer gives a case of vaginismus with delusion that her husband was going to murder her. Cured with Lachesis c.c.

Dr. Millie Chapman writes upon Stomatitis Materna, with cases. She depends upon feeding for cure, remedies being rather secondary.

W. M. J.

BOOK REVIEWS AND NOTICES.

CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS. By G. N. Brigman, M.D., Grand Rapids, Mich. New York: A. L. Chatterton Publishing Co., 1881.

This little book deserves a place in every homœopathic physician's library, beside the monographs of Bell and King. Catarrhs are often sadly treated by homœopaths; this work renders that difficult task easier. We wish the author had given us a larger repertory; however, that portion can be enlarged in the next edition, which we hope will soon be demanded.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876, vol. ii., historical. Edited by J. C. Guernsey, M. D. American Inst. of Homœopathy.

This volume is said to contain historical sketches of homœopathy in all climes, with a bibliographical resumé. We hope the history it gives of other sections is more correct than that of Philadelphia; ample proof of errors in this portion will be furnished anon. The editor desires that all members of the Institute who have failed to receive this volume will notify him.

INTERNATIONAL HAHNEMANN ASSOCIATION.

The Bureau of Obstetrics, Diseases of Women and Children. The Chairman appoints the following:

H. N. Guernsey, M.D., Phila.; Gynecology, its Principles and Treatment. L. B. Wells, M.D., Utica, N. Y.; Labor, its Abnormalities and their Treatment. W. H. Leonard, M.D., Minneapolis, Minn.; Uterine and Puerperal Hæmorrhage. C. Lippe, M.D., New York City; Diseases of Children, and their Treatment. T. F. Pomeroy, M.D., Chairman, Jersey City, subject not yet selected.

Bureau of Surgical Therapeutics.—J. G. Gilchrist, M.D., Detroit; J. B. Bell, M.D., Boston; J. C. Morgan, M.D., Phila.; R. R. Gregg, M.D., Buffalo; G. H. Carr, M.D., Whitehall, Michigan; C. F. Nichols, M.D., Boston; E. A. Ballard, M.D., Chairman, Chicago.

ITEMS.

HOMŒOPATHIC ACHIEVEMENTS.—A Homœopath, of the name of O. B. Bird, is collecting an epitome of homœopathic achievements. The first "achievement" which we see recorded is this: "Diphtheria, 1856, Dr. P——, Washington, 100 cases, 3 deaths. Under allopathic treatment two-thirds of all cases died. Franklin County, N. Y., Dr H——, 1860-62, treated 1,000 cases of diphtheria, lost 8 per cent.; best allopath lost 25 per cent. Lowell, Mass., severe epidemic dysentery: allopaths lost 10 per cent., Drs. H—— and S——, homœopaths, lost 1½ per cent.," etc. And yet homœopathy is losing ground.—*Medical Record*

Will "*Medical Record*" kindly furnish the public with some evidence that "homœopathy is losing ground?" Does it refer to burying *ground*?

HOSPITAL FOR INCURABLES.—Henry C. Gibson, Esq., a well known citizen of Philadelphia, has made a donation of \$50,000 to the Incurable Ward of the Hospital of the University of Pennsylvania. A ball on a large scale will soon be given by the leaders of Philadelphia society for the purpose of raising additional funds for this laudible object.—*Medical Record*.

The allopaths need large, airy "incurable wards" for there it is that most of their patients live.

"MEDICAL HERESIES."—In his review of Dr. Synthe's book on Medical Heresies, Dr. James wrote: "When an allopathic doctor finds his patient going over to the new 'heresy' he will simply place in his hands a copy of this book and thereby change his intention." An allopathic journalist thus confirms Dr. James' prophecy: speaking of the volume he says: "It exposes the absurdity of its fundamental doctrine of similars, and the impossibility of its numerous triturations and dilutions; and, finally shows how, at the present time, many of those who call themselves homœopaths are teaching and practicing something very much like what regular physicians inculcate. If a copy of this very readable, clear, and convincing book could be placed in the hands of every intelligent person who practices or supports homœopathy, they would see how egregiously they are being duped."—ED.

Nullius addictus in verba magistri jurare is the declaration of many unbelievers in Hahnemann's "Organon," yet these same persons secretly pin their faith on the theories and advice of current authors!!

We received the "extra" of the *St. Louis Clinical Review*, containing the speeches and poems delivered, Oct. 10th, 1880, in honor of Constantine Her-

ing. The St. Louis physicians do themselves honor in thus paying tribute to the great homoeopath. And the Philadelphia fraternity are yet childishly quarrelling as to whether they have had a meeting or not!

At its meeting of Dec. 8th, 1880, the "*Societe Hahnemannienne Federative*" endorsed the "Declaration of Homoeopathic Principles."

ERRATA.

In Dr. Berridge's clinical article (Feb. number) there are a few errors; p. 68, line 2, for *next* read, *on*; p. 69, line 14, for *first shoulder* read *scapula*; for *second shoulder* read *bladder*; p. 69, line 14 after *24* add *hours*.

THE HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. I.

MAY, 1881.

No. 5.

EDITORIAL.

PERVERTED: THE HISTORY OF HOMŒOPATHY.—In the “Historical volume of the World’s Homœopathic Convention held in Philadelphia, 1876, under the auspices of the American Institute of Homœopathy,” there are many errors. It was to be expected, from the confused condition of homœopathic statistics, that there would be many mistakes, omissions, etc., in such a work. But, in the history of homœopathy in the City of Philadelphia, these errors are too glaring and too one-sided to be unintentional. *Unintentional or accidental errors do not all tend the one way, nor alter only those facts which the historian may have an interest in perverting!*

The faculties of the Homœopathic College of Pennsylvania have been moulded to suit the æsthetic taste of the historian. But the greatest perversion—wilful perversion—which disgraces this volume and insults every homœopathist and every *homœopathic college*, is the attempt to palm off the Penn Medical University as a homœopathic medical school. See “Historical Volume,” p. 801.

A short sketch of this "university" will be interesting to the members of the American Institute of Homœopathy, under whose "auspices" the history is published, and under whose seal it goes forth as though stamped with its approbation.

The Penn Medical University was chartered in 1853, not as a homœopathic medical school, but simply as a medical school, and empowered to grant diplomas in medicine after two courses of study. It was but a re-organization of the Pennsylvania University of Medicine, which closed in 1852 for and good satisfactory reasons. After the session of 1863-4, the most gifted members of its learned faculty abandoned the Penn Medical University for the seemingly broader platform of the Eclectic Medical College of Philadelphia. A queer proceeding for *professors of homœopathy!* No sooner were these restive spirits safely housed in their new temple of Aesculapius, than they became aware that the term "*eclectic*" in their title was "*restrictive*" and obnoxious, hence they hied themselves to Harrisburg and obtained a new charter (charters are easily obtained there). These honest spirits, desirous of being fair and just, threw in another college with the Eclectic Medical College of Philadelphia, and thus read their new charter: "Be it enacted by the Senate and House of Representatives of the commonwealth of Pennsylvania, in general assembly met, and it is hereby enacted by the authority of the same, that the corporate title of the said, the American College of Medicine, in Pennsylvania and the Eclectic Medical College of Philadelphia, be and the same is hereby changed, and the said corporation shall hereafter be known by the name, style and title of the Philadelphia University of Medicine and Surgery." (Transactions of Pennsylvania Legislature for 1865, p. 469).

The celebrated Dr. Paine was dean of these notorious institutions! These various changes scarcely befit an *honorable* homœopathic medical school.

But again, we read in this history (p. 802), "Its [The Penn Medical University] last course of lectures was given in the

winter of 1863-4. The influence of the war, which was seriously felt by all the medical schools of the country, led to the closing of its doors at that time." This institution did not close its doors *for good* in 1863-4; it exists *now, this time* under a *nominal* homœopath, and its reputation is neither homœopathic nor good. The following "notice" in *The Record* (Phila.), proves its present existence:*

Notice is hereby given that application will be made to the Legislature of Pennsylvania at its session of 1881 for the passage of a bill, to be entitled "An Act to annul the charter of the Penn Medical College of Philadelphia, otherwise called the Penn Medical University," the object of which is to annul and repeal the said charter and to dissolve said corporation.

JOHN NORRIS.

January 31, 1881.

To prove the bad reputation this place had and now has, we quote from the same newspaper under date of March 25th, 1881.

As a result of *The Record's* expose of Buchanan's business the charters of the American University of Philadelphia, the Eclectic Medical College of Pennsylvania, the Philadelphia University of Medicine and Surgery, and the Livingstone University of America (at Charleston, W. Va.), have been annulled, and bills have been introduced into the State Legislature to repeal the charters of the Quaker City Business College, the Penn Medical University, the Philadelphia Electropathic Institution, and the Philadelphia College of Medicine.—*The Record*. (Phila.)

Recently, *Dr. Buchanan* thus spoke of it from his prison cell:

PENN MEDICAL UNIVERSITY.

"Four lecturers in that concern," says Buchanan, "were connected in some way with our Pine street college. One of its professors sold one of our diplomas to a Cuban for \$200. Another of its professors Alexander E. E. Falcken, is on our list of graduates, although I believe he never took his diploma. W. H. Blake, one of the faculty, is also one of our men."—*The Record* (Phila.)

* We read in another paper: "Four bills were presented by Mr. Souder, to annul the charter of the Philadelphia College of Medicine, the charter of the Quaker City Business College, otherwise called the Quaker City College of Applied Sciences, the charter of the Penn Medical College of Philadelphia, otherwise called the Penn Medical University, and the charter of the Philadelphia Electropathic College. These are the institutions of Buchanan fame in connection with the issuing of bogus diplomas."—*The Times*, Philadelphia March 11th, 1881.

Thus we see how disreputable were these institutions and how they continually shifted and changed as though seeking to hide something. But, it will be asked, was the "Penn Medical University" ever, in any sense, a homœopathic medical school? Did it ever, in spite of its character, pretend to teach homœopathy? We answer most emphatically, No! it never even pretended to teach homœopathy. Had it made any pretence at so doing, it could not have done, as only two of its faculty—at the time they were connected with the "University"—pretended to be homœopaths, even in name; and these two lectured, respectively on Botany and Pathological Anatomy. These branches scarcely permit much instruction in the principles and practice of homœopathy, even were the lecturers inclined to such teaching. That they were not so inclined is well proven by their teaching *afterward* in an *avowedly* "electic" college. The historian boastfully says of this "University:" "during the ten years of its existence, its graduates numbered about one hundred and twenty-five, of whom eighty were men and forty-five women. *A large proportion* of these are now practicing homœopathy in different parts of the country."* A large portion!! truly a noble record for a homœopathic medical school. The graduates must have been *well* taught!

Furthermore a list of an *ideal* faculty is given, in this history. We say ideal, for such a faculty never existed as a whole, at one time. It is a piece of patchwork.

We have endeavorod to give a fair statement of the status and purposes of this college and its branches. If any one thinks we have exaggerated in any respect, let him investigate for himself. Let the American Institute of Homœopathy investigate this matter and see if the Penn Medical University deserves to be placed in history as a homœopathic institution. If not, it certainly should not be sent forth under the seal of that body as a homœopathic college. The Institute owes to itself and to the historian, whom we have accused of *perverting the*

* See, History, etc., p. 802. Italics ours.

history of homœopathy, that this matter be thoroughly investigated. On the other hand, if the historian considers himself wrongfully accused let him demand an investigation? If we are shown to be in error we will most willingly acknowledge it.

FATAL ERRORS.

BY AD. LIPPE, M.D., PHILADELPHIA.

IT is a fatal error to contend that the posological question divides homœopathists into "High Potency" and "Low Potency" parties. This fatal error is designedly made by *The Observer* in its issue of February, 1881.

It is an indisputable fact that there has existed, for a long time, a difference or opinion as to our posology; but that question never, at any time, formed the line of demarcation between homœopaths and eclectics. It was and is a historical fact that the men who followed the strict inductive method of Hahnemann cured the sick by means of infinitesimal doses, while the others, who claimed the right to be governed by their own individual opinions, irrespective of Hahnemann's strict inductive method, resorted to massive doses and finally, to palliatives, in their vain efforts to cure the sick. All the time they facetiously claimed superior successes, which they never showed or demonstrated, and also claimed to be as good homœopathists as any. But now, it is also a historical fact that the posological question no longer exists, at all. Prof. Gustav Jaeger, in his communications on Neuralanalysis, which were published in the January (1881) number of *The Organon*, says: "The numerically shown, generally very considerable, increase of the physiological action of a medical substance by potentization elevates homœopathy, by one stroke, to the rank of an exact, physiologically based method of cure, undeniably of equal birthright with allo-

pathy. In consideration of the easy access which neuralanalysis offers for the formation of a verdict, it will hereafter be impossible for our Universities to continue their systematic and persistent persecution of the homœopathic school." Not only this, but under Sections five and six, are mentioned subjective effects caused by the inhalation of high potencies, for a quarter of an hour; "showing such strong results as far exceeded my expectations." Among all the men of learning, among the allopathic physicians who, *ex cathedra*, deny the effects of homœopathic dilutions, there is not to be found one who has made the experiment, as becomes an expert; if he had done so he would at least have halted, and been surprised at his results. The defenders of allopathy will herewith suffer not only a scientific, but also a moral, defeat; as the heaviest charge one can bring against an expert is that he rendered a verdict without taking the least pains to institute an examination becoming an expert. And especially a verdict of such gravity that, with it, if it were just, numerous persons of the educated and professional class were to be stamped as swindlers, cheats or as cheated.

Be it remembered that Prof. Jaeger is a professor of natural sciences in an allopathic school. Be it remembered also that it is a fatal error to claim that any progress in science ever modified or annulled any of the strict inductive methods of Hahnemann; to the contrary, all and every advance in science develops and proves the correctness of our healing art. Here we have seen a scientist, *by one stroke*, settle the burning posological question and all disputes growing out of it; this scientist proves by ocular demonstration that the sick-making power of drugs is increased manifold by potentization! Where are the heroes of Milwaukee memory? Where are the diligent microscopists? Why wiped out *by this one stroke!* And where is the sage and philosopher, Hahnemann? Why, endorsed by every new discovery made in any of the sciences.

INTERMITTENT FEVER, WITH CASES.

BY GEORGE H. CLARK, M.D., PHILA.

THAT at this day it is necessary to offer cases cured homœopathically in order to convince those who pretend to practice that exclusive system, is a cause for wonder, not to those who follow the law as laid down by Hahnemann, but to many outside of the medical profession, who have seen, and who have experienced, the benefit arising from applying that law.

To endeavor to prove the truth of a law without rigidly adhering to it, is an absurdity. To condemn without having attempted to learn whether it is true or false, is prejudice; and such condemnation is not entitled to the least respect. Many self-styled homœopaths, by their practice, (their precept, in many instances, savoring of truth), are constantly engaged in attempts—let us hope, in ignorance, or for want of knowledge—to show that the law is to be used only in some cases, while in others it is inapplicable; and notwithstanding their desire to be classed as homœopaths, they rarely try to follow, in the treatment of the sick, rules whose application is prerequisite to success.

False in one, false in all, is as true of the law governing homœopathy as of any thing, and if it can be satisfactorily shown that it is false, after an honest endeavor, it has no right to exist, and should be condemned by all right thinking, honest-minded persons. There is no affection in which rules for treatment are more explicit than in intermittent fever, and the orthodox treatment of this disease being so very easy, calling for no effort upon the part of the prescriber, that, without even trying to effect a cure homœopathically—though desiring their treatment to be called by that name—which demands painstaking labor, many are found to proclaim the inability of homœopathy to effect a cure, especially in malarial regions.

The following cases are chosen from a number, showing what may be done for such cases :

Miss W., aged twenty-four years, has resided on the eastern shore of Maryland for fifteen years, and for the past ten years she has had repeated attacks of chills and fever, which abound in that region, and the attacks have as repeatedly been suppressed with quinine. She was sent to me for treatment in the autumn of 1878. She had a tertian intermittent, the paroxysm beginning between one and two P.M. First came chill with constant thirst; then fever with continued thirst, restlessness, and mild delirium; after which, slight sweating. These symptoms had characterized each attack. After the next paroxysm had passed, Arsenicum, 60 M. (Fincke), three doses in water, at intervals of two hours, was given. To the present time (Feb. 1881) she has had no return of chills, nor any other trouble, and she has continued to reside in the same place.

A boy, aged four years, residing in the same neighborhood, had for fourteen months continued attacks of tertian intermittent. Quinine had been given until the little fellow sensibly refused to take more. In August, 1880, I learned that he had had a paroxysm every other day for seven months. The malarial and quinine cachexia was well marked, and with the chill, which began between ten and eleven A.M., there was intense thirst for large draughts of water, and during the fever which followed he complained of his head "hurting and jumping." One dose of Natrum muriaticum (30th) was given at the end of a paroxysm. He remained free from another attack until in the following October, when, the same symptoms presenting, another dose of Nat. mur. was given, and he has had no chill since, and has continued to live in the same place, and his health is constantly improving. This last case came under observation while I was visiting the section in which he resides with his parents, and on learning that many cases with symptoms of a similar character were in the neighborhood, I left a vial of Nat. mur., with directions to give one dose to any case met with; and I

learned, a few months afterward, that several cases had been cured with that remedy. Whether these last are permanent I am unable to state, but I have every reason to believe in their permanency.

There is no difficulty in treating this trouble, provided the law is adhered to. Many cases present complications that may require more than one remedy, and a longer time than was necessary in the above; but the resort to any thing but genuine treatment is unnecessary, and only likely to lead to complications that will cause much suffering, and if the patients are not familiar with homœopathy, a loss of confidence in that system. Further, there is no necessity of resorting to mysticism; fair, open dealing will make friends both for the cause and the prescriber.

Hay fever is another trouble for the cure of which resort is made to un-homœopathic treatment. Even the "regulars" acknowledge they have no help for this affection, and why he who professes a knowledge of homœopathy should resort to their non-helpful modes is to be referred to a "Philadelphia lawyer."

A lady whom I have never seen, a resident in the state of Delaware, applied by letter, in May, 1877, for treatment for hay fever. For nine years she had been subject to this distressing malady. The attack began in May and continued with more or less severity until the following September. The only marked symptoms, with those that usually characterize this affection, were excoriation of nostrils and lips from the discharge, with thirst, restlessness, while in bed, and difficulty in breathing. May 6th, 1877, four doses, dry, of Arsenicum 60 M. (Fincke) were sent, and her letter of the following week states that relief was almost instantaneous from the time of taking the first dose. Nothing more was sent until May 20th, when she wrote that the only symptoms present were continued sneezing and bland watery discharge from nostrils. Gelseminum (500th) was sent for these, and on June 4th her letter stated that she was perfectly well. This much for homœopathy. In contrast to this

mode of treatment, note this: several months ago I was called to see an infant, aged nine months, whom I found in a moribund condition. On inquiry the following was elicited: "He was first taken with a cold, slight cough with discharge from nose, and Dr. Q., a homœopathic physician, treated him for two weeks but he got worse from day to day; and the medicines he gave him were so bad that the baby could not take them, and then we sent for an old-school doctor, who has treated him since that time." The child died one hour after I was called. In Dr. Q. I recognized a teacher in the "Homœopathic (?) Medical College." Is comment necessary? Can such practitioners be familiar with Hahnemann's declaration regarding such a mode of treatment? Would that they could ever have before them these words: "For eighteen years I have departed from the beaten track in medicine. It was painful to me to grope in the dark, guided only by our books in the treatment of the sick—to prescribe, according to this or that (*fanciful*) view of the nature of diseases, substances that only owed to mere opinion their place in the *Materia Medica*; I had conscientious scruples about treating unknown morbid states in my suffering fellow-creatures with these unknown medicines, which, being powerful substances, may if they were not *exactly* suitable (and how could the physician know whether they were suitable or not, seeing that their peculiar, special actions were not yet elucidated), easily change life into death or produce new affections and chronic ailments, which are often much more difficult to remove than the original disease. To become in this way a murderer or aggravator of the sufferings of my brethren of mankind, was to me a fearful thought—so fearful and distressing was it, that shortly after my marriage I completely abandoned practice and scarcely treated any one for fear of doing him harm, and, as you know, occupied myself solely with chemistry and literary labors.

"But children were born to me, several children, and in course of time serious diseases occurred, which, because they afflicted and endangered the lives of my children—my flesh and

blood—caused my conscience to reproach me still more loudly, that I had no means on which I could rely for affording them relief.

“But whence could I obtain aid, *certain, positive* aid, with our doctrine of the powers of medicinal substances founded merely on vague observations, often only on fanciful conjecture, and with the infinite number of arbitrary views respecting disease in which our pathological works abound?—a labyrinth in which he only can preserve his tranquility who accepts as Gospel those assertions relative to the curative powers of medicines because they are repeated in a hundred books, and who receives, without investigation, as oracles, the arbitrary definition of diseases given in pathological works, and their pretended treatment according to hypothetical notions, as described in our therapeutical works—who does not attribute the aggravation and prolongation of the acute diseases he treats and their degeneration into chronic maladies, and the general fruitlessness of his efforts when he has to treat diseases of long standing, to the uncertainty and impotence of his art—no! he ascribes death and ill-treated disease and all, solely to the incurableness of the disease, to the disobedience of the patient, and to other insignificant circumstances, and so accommodating and obtuse is his conscience, that he satisfies himself with these excuses, though they are in many ways delusive, and can never avail before an Omniscient God; and thus he goes on treating diseases (which he sees through his systematic spectacles) with medicinal substances that are far from being without influence on life and death, but of whose powers nothing is known.

“Where shall I look for aid, *sure* aid?” sighed the disconsolate father, on hearing the moaning of his dear, inexpressibly dear, sick children. “The darkness of night and the dreariness of a desert all around me; no prospect of relief for my paternal heart!”*

* Extract from a letter to a physician on “The Great Necessity of a Regeneration of Medicine.”—“Hahnemann’s Lesser Writings,” pp. 511, 512.

Entering into the spirit of this train of thought, when at this day, those who profess to be his followers are as much in the darkness—from their own doings—as those who opposed him when the above was written, should it excite wonder that it is still necessary to combat, as the master did, these pseudo-homœopaths?

“I do not consider any as my followers, who, in addition to leading an irreproachable, perfectly moral life, does not practice the new art in such a manner that the remedy he administers to the patient in a non-medicinal vehicle (sugar of milk or diluted alcohol) contains such a small subtle dose of the medicine, that neither the senses nor chemical analysis can detect the smallest absolutely hurtful medicinal substance, indeed not the slightest trace of any thing medicinal at all, which presupposes a minuteness of dose that must indubitably dispell all anxiety from all officers of state who have to do with medical police.”*

THE ACTION OF HOMŒOPATHIC GLOBULES ON PERSONS IN HEALTH.†

DR. MALIN, in a pamphlet entitled, “How can such Small Doses have any Effect?” makes the following statement:

“If a man in health takes for some consecutive days any one of the homœopathic medicines, it will soon produce symptoms similar to those which it cures, and as the evident result of its action, an artificial disease will be created.

“While I was studying homœopathy under Hahnemann’s teaching at Paris, I used to make trial on myself of the homœ-

* “Lesser Writings,” p. 703.

† These notes on Dr. Malin’s book were communicated (in 1864) by the late Dr. John Epps, and are sent us by Dr. Berridge. We republish them for the benefit of our Milwaukee friends, who can read them in the leisure hours not devoted to Jaeger.—Ed.

opathic remedies, in order to ascertain if really and truly they were invested with any medicinal power, and to what extent.

“I had received from a well known homœopathic practitioner a few globules, carefully folded up in small paper cases, each case accurately numbered, and the numbers corresponding to the names of the remedies sealed up apart. Being in good health, and in the practice and enjoyment of the most regular habits, I took, for several consecutive mornings, a few globules out of one of the said paper cases, without altering my diet, and following, as usual, my daily studies and occupations.

“After some days, however, I was seized with many unusual symptoms; great sleepiness, fatigue, shivering, soon followed by fever; moreover, a singular eruption of transparent vesicles, on an inflamed ground, accompanied with great sense of burning and itching, soon spread from head to foot. Anxious and alarmed, my friends had begged the attendance of two of the first allopathic physicians of Paris, who daily visited me, prescribed for me, and were quite at a loss as to the nature and name of this new sort of eruptive fever. Hardly recovered from the most acute stage, I stated all the circumstances to Hahnemann, and was not a little surprised to hear him say: ‘You have taken too great a dose of some homœopathic medicine.... and it must be *Rhus toxicodendron*’.... But my surprise became greater still when, by referring to the names sealed up and corresponding to the numbers on the paper cases, we found that Hahnemann was right; I had been taking a daily repeated dose of a few globules of *Rhus toxicodendron*, and its antidote now rapidly removed the remaining symptoms.

“At a later period, while at Lyons, and pursuing the study and investigation of homœopathy, I continued the personal experiment of homœopathic medicines. Under the same circumstances, and in a similar way as stated above, I took daily some globules, of a remedy, to me entirely unknown, till after a few days of trial, I was seized with giddiness, nausea, a violent oppressive frontal headache, depression of spirits, continued want

of appetite, and many other symptoms which, in spite of much care and attention, persisted day after day, and obliged me to give up all study and occupation. While I was in that state, a homœopathic physician chanced to call, and was surprised to find me laid up ill, and suffering. He stated at once that I had taken *Nux vomica*, and gave me the antidote to it. Here again the correctness of the assertion was proved by the result of the treatment, and by a reference to the names corresponding to the numbers on the packets.

“Such proofs of the action of homœopathic medicines, so palpable and so striking, can not fail to support our statement, that they are, in homœopathic doses, active and powerful.”

It may be added that the small doses referred to are globules, thus described :

“For practical use, small globules, made of pure sugar of milk and gum, are soaked in the liquid preparations; acting like so many small sponges, they become impregnated with them, and are carefully dried and preserved in phials. These globules are thus the bearers of the medicaments, and they are prescribed either by themselves or mixed with pounded sugar of milk or dissolved in water, according as the case may require.”

Dr. Malin adds—

“At first Hahnemann used the remedies prepared in the old way, but, gradually experience taught him the present superior manner of preparing them. He therefore adopted it, and it is now employed by all homœopathists.”

ENDORSEMENT.

WE published in the April number of THE HOMŒOPATHIC PHYSICIAN, a letter from Dr. Pomeroy in which it was urged that homœopaths should endorse the eclectics by attending their society meetings, by writing for their journals, etc. The argument was that only the ignorant need teaching, only the sick need the physician, etc. This is true, but the teacher avails not unless the pupil studies, nor does the physician cure those who will not heed his advice. To continue the argument we would ask, does the teacher award certificates, endorsing their ability and knowledge, to scholars who have *not* those qualities? No! Why, then, should the homœopath endorse the eclectic, and so declare to the world that he is an able and qualified homœopathic physician?

For these and other reasons we feel constrained to place on record our disapproval of Dr. Pomeroy's conclusions. Dr. Pomeroy says the American Institute of Homœopathy needs instruction and endorsement. Now, though we do not deny for an instant that the Institute needs instruction, we do most emphatically deny that it will profit by such attendance and instruction. The Institute was founded by pure homœopaths and all the instruction there given was *at first* pure and able; *yet* it has degenerated into eclecticism! Would it have done so if teaching could have benefitted it?

Again, every attempt to instruct said Institute in pure homœopathy has been met in the past by ridicule and abuse. At the meeting of this Institute of Homœopathy (?) held June, 1879, Dr. McManus (Baltimore) related his experience with pure homœopathy. What was the result? Was any one impressed with his excellent success? Was increased study of the "Organon"

of Samuel Hahnemann the result? The only apparent answer was this, from a member: "I do not believe you ever cured a case of any kind of disease with the 30th attenuation of medicine"!*

At a later time, Dr. Berridge read a paper inculcating the necessity of continued study of the "Organon," but it met with extreme abuse and ridicule. The members were very indignant that it should be said they were not familiar with the "Organon." Thus, by their continued rejection of pure teaching, showing they do *not want to be taught, they feel no need of instruction!* In fact, there is scarcely one of that eclectic company who does not believe that he could write a much better book than the "Organon"! Can such men be taught? "Seest thou a man wise in his own conceit? there is more hope of a fool than of him."—(Proverbs, xxvi. 12).

Have you ever, in all your long experience, known a man—eclectic or allopath—to be converted to homœopathy in any other way than by studying the "Organon" and following its precepts? Attempt to teach this *noble* body of *homœopaths* and you meet the fate of Drs. McManus and Berridge.

But one can write sound papers for their journals, you will say. Yes, you can, and to the waste basket they go! A noted homœopath furnished a so-called homœopathic journal with an article showing the success of homœopathic treatment in a grave disease. This paper was *refused* and ridiculed as "Munchausenism"!

You moreover believe that eclectics should be "endorsed." Let us put the case plainly. Suppose there are in your city six eclectics: you are well known there as a successful and true homœopath. You meet these six eclectics in society meetings, in consultations, etc., etc. Well, a patient of yours is suddenly taken ill, your office is far off, so Dr. A., whom you have "*endorsed*," is called in; he gives *Quinia*, *Morphia*, etc., patient dies! Have you done right in giving such *homœopathic* (!)

* See "Transactions of Institute," 1879, p. 272.

treatment to your clients? Again, suppose you *endorse* these eclectics; a patient, worn out with allopathic treatment, determines to try, for the first time, homœopathy. They say, "We have heard of this and that case cured by Dr. P., but he is too far off, and as we know Dr. A. belongs to the same society, and affiliates with Dr. P., he must practice as does Dr. P., hence we will try him." They do so. Dr. A. applies his eclectic methods, the patient is either disgusted with *such homœopathy* and returns to the allopathic fold or worse, dies from it. Are you willing to *endorse* such every day occurrences? Does not homœopathy suffer sadly from such "*endorsement*"? Are not innocent laymen imposed upon by such "*endorsement*"?

"Be ye not unequally yoked together with unbelievers: for what fellowship hath righteousness with unrighteousness? and what communion hath light with darkness? . . . or what part hath he that believeth with an infidel?"—(II. Corinthians, vi, 14, 15).

THE OBSERVER: INTRODUCTORY.

The Observer opposes the International Hahnemannian Association "with all its strength and heart." First, and chiefly, because their pharmacology is not the pharmacology of Hahnemann, and because the preparations upon which Hahnemann relied (from the tincture to the 30th centesimal) were ignored by the International Association. Here is the great stumbling-block in the way of *The Observer*, and no doubt the chief objection to the existence of the International Hahnemannian Association. *The Observer* does not approve of high dilutions. It requires too much care and study to apply the exact medicine to the disease it would cure. That close individualization is difficult, and therefore distasteful, to *The Observer*. *The Observer* does not like the higher mathematics of our profession, and therefore takes its stand upon what it assumes to be the practice of Hahnemann.

The International Association believe the principle of medicine declared by Hahnemann will stand while the world standeth; therefore they declared that they "believe the 'Organon of the Healing Art' as promulgated by Samuel Hahnemann, the only reliable guide in therapeutics." Though principles could not alter, the application of the principle may be altered and improved by experience.

It is said, in the hands of a mummy entombed in a catacomb for a thousand years there have been found grains, which being planted have brought forth fruit; and we believe that in the dead hand of every great leader of his age—a pivotal man—will be found a living principle which the generations that follow may plant, cultivate and produce greater fruit. That is the principle of the progress of the human race.

But *The Observer* would close the catacomb, sit down at the

tomb, and ignore the offering of the good held in hand for its acceptance.

The Observer has not followed Hahnemann in his late teachings, but is willing to halt at his beginnings.

Hahnemann, in his "Medicine of Experience" says, "None but the careful observer can have any idea of the height to which the sensitiveness of the body to medicinal irritation is increased in a state of disease. It exceeds all belief, when the disease has attained a great intensity. An insensible, prostrated, comatose typhus patient, unroused by any shaking, deaf to all calling, will be rapidly restored to consciousness by the smallest dose of opium, were it a million times smaller than any mortal ever yet prescribed." From this it may be clearly seen that Hahnemann put no limit to the extent of dilution.

The second objection made by *The Observer* against the International Hahnemannian Association is in these words. "Because some of them would introduce into *Materia Medica* many vile and repulsive substances falsely called medicines; preparations never having the sanction of Hahnemann; such things as Syphilinin, Gonorrhœin, Leucorrhœain, Carcinomatin, Hydrophobin, Dysenterin, etc., etc., the discharge of vilest ulcers, and the most fœtid excrements. These may belong to isopathy, but do not to homœopathy, and the endorsement of the most pharisaic purist can not make them legitimate."

The Observer speaks of the substances introduced, as it asserts, by the International Hahnemannian Association, with such intense disgust, such squeamish, over nice sensibility as they pass in review before its imagination, as to cause us as much surprise as if we had heard of a man-of-war's man taking fright at a mouse.

It says these things belong to isopathy not to homœopathy. But we would ask *The Observer* if these substances should produce in the healthy body a series of specific, morbid symptoms, and recorded whether their application to similar disease would not be strictly homœopathic?

But we utterly deny that the International Hahnemannian Association have ever in the statement of principles at the formation of the society, or in the principles themselves, ever proposed or alluded to the introduction of the substances above named into the *Materia Medica* or practice.

The Observer says such preparations have never had the sanction of Hahnemann. Here *The Observer* is greatly mistaken. In the "Medicine of Experience," Hahnemann says, "Every simple medicinal substance like the specific, morbidic miasmata (small-pox, measles, the venom of vipers, the saliva of rabid animals, etc.), cause a peculiar specific disease, a series of determinate symptoms which is not produced precisely in the same way by another medicine in the world. In this way we must obtain a knowledge of a sufficient supply of artificial agents (medicines) for curative implements, so that we may be able to make a selection from among them."

The nervous condition of *The Observer* in considering these substances brings to mind very forcibly a scene in Shakspeare's "Henry the Fourth," between Hotspur and the king, and that we may hold a mirror before *The Observer*, that it may see itself, we quote it.

"But, I remember, when the fight was done,
 When I was dry with rage and extreme toil,
 Breathless and faint, leaning upon my sword,
 Came there a certain lord, neat, trimly dress'd,
 Fresh as a bridegroom; and his chin, new reap'd
 Show'd like a stubble-land at harvest home;
 He was perfum'd like a milliner;
 And 'twixt his finger and his thumb he held
 A pouncet-box, which ever and anon
 He gave his nose and took't away again;—
 Who, therewith angry, when it next came there,
 Took it in snuff:—and still he smil'd and talk'd;
 And, as the soldiers bore dead bodies by,
 He call'd them—untaught knaves, unmannerly

To bring a slovenly unhandsome corse
 Betwixt the wind and his nobility.
 With many holiday and lady terms
 He question'd me ; * * * * *
 I then, all smarting, with my wounds being cold,
 To be so pester'd with a popinjay,
 Answer'd neglectingly, * * * * *
 * * * * * for he made me mad,
 To see him shine so brisk, and smell so sweet,
 And talk so like a waiting-gentlewoman,
 Of guns, and drums, and wounds, (God save the mark) !
 And telling me, the sovereign'st thing on earth
 Was parmaceti, for an inward bruise ;
 And that it was great pity, so it was,
 That villainous salt-petre should be digg'd
 Out of the bowels of the harmless earth,
 Which many a good tall fellow had destroy'd
 So cowardly ; and, but for these vile guns,
 He would himself have been a soldier."

“INTERNATIONAL.”

HÆMORRHOIDS AND THEIR TREATMENT.

BY DR. A. CHARGE, PARIS.

(Continued from page 145.)

Treatment: Special Indications.

ACONITE NAP.—It is most generally taught that *Aconite* has no place in the treatment of hæmorrhoids; a study of the pathogenesis of this remedy and its clinical record teaches us the contrary. Under it we find: itching in rectum and anus; tenesmus of rectum; pain in rectum; stinging and constant pressure in rectum and at anus. In these symptoms, we have evidence for the use of *Aconite* in hæmorrhoids.

Aconite is the more indicated if the patient be young, plethoric, especially when the hæmorrhoids are inflamed, bleeding, very painful and protruding, accompanied by fever; or when the local inflammation produces a discharge of whitish mucus, accompanied by heat and incessant itching at anus and surrounding parts. *Aconite* is also indicated by the following group of symptoms: cephalalgia pressing from within outward, pressure in the temples with vertigo and weakness of memory; nausea and sleepiness after eating; scanty urinary excretion accompanied by violent tenesmus. Small appetite and thirsty; pressure in region of the liver; pains in lumbar region; troubled sleep.

AESCULUS HIPPI.—Painful hæmorrhoids, which are prolapsed on account of the constipation, with but very little bleeding; sensation of fullness in rectum which causes frequent desire to go to stool; considerable swelling, and dark purple color of hæmorrhoidal tumors, dryness of rectum, with burning, smarting pain in the loins and hips with pressure below.

The history of the horse-chestnut is so curious that we may be pardoned for inserting it here, parenthetically. The attentive reader will gather three facts from these new proofs.

It amounts to nothing for the therapist to turn indefinitely our attention to the analysis of the constituent parts of medicines. Example: skillful analysis of *Aesculus hipp.* shows that the bark of the young branches of the horse-chestnut contains some tannin, some fraxine or paviine which are changed by acids into fraxetine, glucose and another glucoside. Conzonieri found a non azotic substance, yet alkaline, and able to combine with *Sulphuric acid*, forming a chrystallized salt like silky needles. Wurtz places it among the glucosides; its aqueous solution is blue by reflection, colorless by transmitted light. Aesculine changes into æsculitine and glucose; it is a little bitter, and slightly deliquescent in the air. (Cauvet, Hist. Nat. Med.) These observations may be very interesting to the chemist, but I am positive of their uselessness to the therapist. They have beautifully described these points in works bearing such a title as "The History and Properties of Plants useful to Man." No one can convince me that the useful properties of plants are contained solely in their color, etc. This materialism is done away with; and a science capable of teaching us the curative action of medicines has now all to do; unless we take as serious the stammerings of ignorance and intolerance in a field where facts alone ought to speak. "The bark of the young branches of the horse-chestnut has been recommended as a febrifuge, its decoction has sometimes served as an antiseptic in wounds of a bad nature. They call it (*Aesculine*) a febrifuge and also prescribe it for periodical neuralgias." (Cauvet, *eod. loc.*) What therapeutics! based on *ipse dixit*, chance and empiricism! It is not necessary for us to credit such dubious teaching as we find in our classic works, now that the logic, good sense and genius of Hahnemann have shed a great light upon therapeutics.

"There is no method more safe or more natural for obtain-

ing reliable knowledge of the proper effects of medicines, than to administer each drug separately and in small doses to healthy persons and to note the symptoms occurring, physical and mental; that is, the symptoms of disease each medicine is able to produce." (Hahnemann's "Organon," § 108) A different method has taught the use of *Aesculus hipp.* The regular school is ungrateful to empiricism, which has given it much, and many of the methods borrowed from empiricism have become the most beautiful flowers in its crown. But, in spite of all that, while keeping all it has gathered from chance the regular school, proud and conceited, has none the less sworn an implacable hatred against empiricism. For a long while *Aesculus hipp.* has been used as a domestic remedy for hæmorrhoids. "For a long time the inhabitants of India (East) have considered the fruit of the *Aesculus hipp.*, as a preventative against hæmorrhoids. This prophylactic action is due to the miasmatic emanations of this fruit." (Dr. Dibot, *hæmorrhoids and their treatment*, Paris, 1881).

Besides, it is not only the prophylactic action which is so constant; its curative power is wonderfully and surely demonstrated. "A member of the Institute, brother of one of our most celebrated dramatic authors, and himself a distinguished writer, of a very healthy complexion and sanguineo-bilious temperament, born of a hæmorrhoidal parent, had suffered several times in his youth with irregular attacks of hæmorrhoids. When about twenty-eight or thirty years old, he was attacked by hæmorrhoids which lasted two years, with fearful pain and such a continued and abundant discharge that he wondered at his strength lasting under it. While this trouble was at its worst, one day walking through a grove of horse-chestnut trees, his hostess advised him to place some of the nuts in his pocket, saying it would cure him. After some joking about such a singular remedy, he placed five nuts in his pocket, simply to please her. The next day, without thinking of the horse-chestnuts, he was most agreeably surprised not to experience, on go-

ing to the water-closet, a renewal of the pains he was accustomed to suffer, for the pains were much less. We can easily imagine that he then remembered the horse-chestnuts and was careful not to throw them away! The improvement continued, and so rapidly that at the end of three or four days he was completely cured. Since then, that is, for twenty-six or twenty-seven years (he is to-day fifty-seven), he has not experienced the least trouble and generally enjoys the best health, this in spite of sedentary work, very troublesome and surely a great cause of these sufferings." (*Montegre, Dict. des Sciences Med.*, vol. xx, p. 437).

It had been my intention to curtail this case and not relate it in full as given by Montegre. But there is all through it such an air of honesty and conscientious observation, that one can not doubt it. He himself vouches for its truth. So we are much more advanced than the inhabitants of East India; from the prophylactic power of the horse-chestnut we have derived a complete demonstration of its curative action, as shown in a case, most remarkable for its intensity and chronicity....

Aesculus hipp. has been thoroughly experimented with by man and with this result: congestion of rectum, hæmorrhoidal tumors as large as a nut, of a dark purple color and very painful, with a burning sensation. Desire to strain at stool for a long time: pains in sacrum and buttocks; constant desire to go to stool, with fullness and pressure in rectum; difficult evacuation of hard fæces caused by dryness and constriction of rectum; violent pains in rectum, abdomen; lumbar region, etc.* How, after these symptoms can one refuse to admit the great similarity of the symptoms of *Aesculus hipp.* to those of hæmor-

* *Aesculus* has some very characteristic symptoms: "Dry uncomfortable feeling in the rectum, which feels as if filled with little sticks; excessive dryness with sensation of heat;" mucous membrane of rectum seems to be thickened or stiffened and so to retard passage of stool; has soreness, burning, itching, etc., hæmorrhoids are like ground nuts of purple color; stools generally hard with pain in back, also a liquid stool, white as milk; the fullness and itching at anus are worse when walking, also backache.—*Trans.*

rhoids, in a certain number of cases. It is not upon the custom of the inhabitants of India, nor even from the cure of the member of the Institute which we heard to-day, it is on the pathogenesis of the drug, our corner-stone, that we build its curative powers. Carrying horse-chestnuts in one's pocket has prevented, and even cured, certain cases of hæmorrhoidal disease of long standing; this double action—prophylactic and curative—some may attempt to explain as due to miasmatic emanations from the horse-chestnut.

As that explanation serves as well as any other, I will not contest it. I will only say with Montegre: "There is a great difference between a fact and the hypothesis by which it is attempted to explain it: facts will always be admitted when confirmed by sufficient evidence, the explanations will be made when they are able to do so." (*Dict. des Sc. Méd.*, p. 632).

One last word; when our learned men are willing to reflect deeply on the power of the miasmatic emanations of the horse-chestnut, we shall find them less opposed to our dilutions and globules. These are, at least, tangible, and the emanations are not. Among the physicians who espouse the same cause as we do, perhaps these miasmatic emanations, considered in the double character of their reality and their efficacy, may cause them to adopt a posology more Hahnemannian.

ALOES.—Local symptoms; hæmorrhoids prolapsed, painful, with heat and tenesmus; tumors very large, constant pressure in rectum. Pain, pulsation, itching and heat at anus. Hæmorrhoids protrude like grapes, they burn and bleed during and after stool. Cutting pain at anus and through rectum into abdomen. Ameliorated by cold water. Profuse emission of gas before each stool. The rectum constantly secretes mucus which escapes from anus, even with attempts at defecation. While *Sulphur*, *Aesculus* and *Collins*. have constipation as an indication, in hæmorrhoids, *Aloes*, is especially indicated in diarrhœa.

GENERAL SYMPTOMS.—A headache characterized by a dull pain, pressing in the frontal region; not very annoying except for the

difficulty of thinking which follows. A learned surgeon of Paris has recently declared that *Aloes* has no special (congestive) action upon the hæmorrhoidal veins: we are surprised at this for experience contradicts it, and also we give credit to the following testimony of Trousseau: "Two grains are sufficient to promptly cause a slight irritation of the rectum, which will certainly produce a hæmorrhoidal flow. We are able in a certain number of cases, to cause an active irritation in the lower part of the intestine and a heaviness in lower part of abdomen; sometimes even a discharge of blood sufficient to have come only from the hæmorrhoidal veins. The use of this drug causes various serious affections." (p. 763).

Trousseau (cod. loc.), lays the peculiar blame on *Aloes* that it can not cure real hæmorrhoidal tumors. It is possible. How does the vital power affect the organism so as to cause hæmorrhoids? We do not know and probably will always be ignorant of it. But we do know very well that hæmorrhoids are caused by some particular predisposition. This predisposition is not so well combatted by *Aloes*, but is most effectually combatted by *Sulphur*. Hence *Sulphur* should not be overlooked in the treatment of hæmorrhoids.

ALUMEN, (Bi-sulphate of aluminum and potassium).—Some physicians of our school praise *Alum* as the equal of *Hamelis* in hæmorrhoidal hæmorrhage, recollecting, perhaps, the astringent power inherent in *Alum*, which has been lauded beyond measure by the old school and used for a long time in washes and suppositories. For us, who only use the primary effects of a drug as symptoms which the medicine will cure; for us, who have learned from Hahnemann that medicines will cure diseases whose symptoms are similar to those of the remedy; for us who are convinced that in all cases and for all remedies "that *that* drug proved in its effect upon healthy persons, to produce the greatest number of symptoms similar to those found in the case of disease to be treated, and when administered in properly potentized and diminished doses, will

rapidly, thoroughly, and permanently cancel and turn into health the totality of the symptoms of the present case of disease." (The "Organon," § 25). To us, the astringent property of *Alumen* is valueless, and the pathogenesis of the drug does not authorize us to utilize its hæmostatic properties.

The use of *Alumen* is confined to the following symptoms: tumors prolapsed after hard stool; sharp pain inside rectum; violent itching around anus, evening and night especially; severe pains in anus during stool and for some minutes after, ameliorated by bending forward and by pressure; (worse lying on side), ulcers of rectum, with ichorous, fœtid or sanguinolent discharge. *Dyspnœa during efforts at stool*; asthmatic troubles with hæmorrhoids. Weakness of neck of bladder with incontinence of urine. There is reported, in "Allen's Encyclopædia," the following case: "Frequent attacks first hard, then soft stools, and after it for three hours, the most violent pains, burning, shooting, and particularly cutting in the rectum upward, lasting from morning till noon; with the stool passes a great deal of blood, without any relief; sometimes a sensation as if the anus would protrude. After the patient had carried a piece of Alum in his breeches pocket, he never had it again. (Reported to Dr. Neidhard). Same symptoms have in many cases been cured by giving high potencies. (200th, Jenichen)."

ALUMINA (Aluminum oxide.)—Complete inertia of rectum; *seems paralyzed* and inactive as from deficient peristaltic power; soft stool hard to evacuate, must strain; stools hard and dry as from want of proper intestinal secretions; after stool dropping of blood, or the blood spurts out. Pain in rectum, lasts long; itching, pricking and burning at anus; hæmorrhoids prolapsed by standing or walking, worse in evening, ameliorated by the night's rest. Crawling sensation at anus as from worms. Sweat on perineum with intolerable itching which is increased and becomes painful from scratching.

AMM. CARB.—Tumors painful to touch but not inflamed; bleeding at each stool; the discharge consists of pure blood,

without any muco-purulent matter. Constipation. Indicated in case of children, old men and in pale subjects, with bloated face, weak and inclined to be sad, troubled by constant thought of death, which causes continual misery. These concomitant symptoms are of characteristic importance; pustules on nose and face.

AMM. MUR.—Constipation is less marked than under *Amm. carb.*, when present stools are hard and crumbling, require effort to pass them (Hg.); hæmorrhoids protrude during stool, or in the intervals between efforts at stool, are sore and smart. During and after stool, even when fæces are soft, there is heat in rectum; pustules around anus itching and painful; sticking and cutting pains in perineum, while walking and in the evening. Weakness, debility; frequent sensation of weakness or faintness in morning and after dinner. Hæmorrhoids from suppressed leucorrhœa (Hg.).

CLINICAL CASES.

Apis—Tonsilitis; Lach.—Sore Throat.

BY WILLIAM A. HAWLEY, M.D., SYRACUSE, N. Y.

APIS MELLIFICA.—Thursday, January 6th, 1881, late in the evening I was called to see Mr. P., aged about thirty. I found him suffering from tonsilitis, the right tonsil being so swollen and sore as to make deglutition of solids impossible and fluids almost so. The whole fauces looked very red, and the uvula was much swollen. He described the pains as stitching, especially on swallowing. I gave him Hepar Sulph. 30th, once in two hours. Calling the next morning I found he had had a restless night and was feeling no better. Examination of the throat by daylight showed uvula looking like a sack of water and he described the pains as "burning, stinging." I gave him Apis Mel. 70 M. (Fincke) a few pellets dissolved in half a tumbler of wa-

ter, two teaspoonfuls once in four hours. The next morning, January 8th, I found he had rested well all night, and had eaten breakfast without difficulty. He got Sac. Lac. and resumed his business on Monday.

Jan. 13th, 1881. A gentleman called on me to prescribe for his wife who is very fleshy and three or four years past the climacteric. She had a swelling of the left labium vaginae which he described as hard, hot and of a bluish red color. The side and the color determined the prescription and she got Lachesis 30th, in water, once in two hours.

On the 15th he reported not much change except that it did not seem quite as hard, and she got Lach. CC, in water, once in two hours.

The 17th he reported again that there was less soreness but more swelling and the heat and color about the same. Gave Lachesis C.M. once in four hours. Next day I saw the patient for the first time, and on examination found the swelling was not, as I had supposed, phlegmonous; but, while it was enormous, it was puffy and very sore when sitting, with a burning pain. This decided a change to Apis Mel. 70 C.M., in water; a dose once in four hours, which, in two days, ended the case.

LACHESIS.—One day last week a lady, unaccustomed to Homoeopathic treatment, said to me during a casual conversation, "Doctor, I wish you would give me something for my throat. I have had a very troublesome throat for several weeks. There is a sore spot; I can cover it with my finger, so (putting the end of her finger on the left side of her neck just below the angle of the jaw). It feels as if there was a lump in it that I want all the time to swallow; and when I swallow, it prickles like needles in it." I gave her a few pellets of Lachesis CC., with directions to dissolve in a gill of water and take two teaspoonfuls and repeat after four hours, if not better. The next day I learned from her daughter that her throat was quite well. The fourth day after, I saw her and inquiring after her health, she replied, "my throat is quite well, but, doctor, was there any

thing in that medicine that would make my gums sore?" I said, "Yes, if you have been mercurialized." She admitted that she had been under the free use of "blue mass."

How are the Milwaukee tests?

CLINICAL CASES, WITH COMMENTS.

Lilium tig.—Palpitation; Carbo veg.—Dysentery; Sulph.—Diarrhœa; Canth.—Urinary Disease.

BY C. PEARSON, M.D., WASHINGTON, D. C.

CASE 1.—Gentleman, aged sixty, tall and spare, naturally weak digestion, but strictly temperate, never making use of alcoholic liquors, tea, coffee or tobacco. Had at times for eight years been subject to attacks of rapid throbbing or beating of the heart. These attacks for five or six years always came during the day, but more recently at night as well; they were not frequent nor of long duration, varying in time of occurrence from one day to two months, and lasting from five to fifteen minutes. There were no premonitory symptoms of an attack, they came without warning, and left as suddenly; but while they lasted the pulse could scarcely be counted, running to a hundred and seventy in a minute, not full and strong, nor intermittent, but quick, weak, and at times almost a flutter. There was no pain or other symptom, except a weak, oppressed feeling in the chest, during the paroxysm, which was only slightly increased by lying on the left side; and a disposition to sigh, or to inflate the lungs. Many remedies had been taken during the past five or six years, but whether any of them had retarded or shortened the attacks was questionable, as they seemed to come more frequently and with greater violence. Believing a chronic gastric trouble to be the exciting cause, and without being certain that

Lili-tig. was adapted to this pathological condition, I prescribed this remedy in the 50 M. potency and for this one symptom alone, *rapid beating of the heart*. Cured the case promptly.

CASE 2.—Child ten months old, unweaned, had four teeth, others pressing hard on the gums; in cold, January weather, was taken with watery diarrhœa, which in a few days assumed a dysenteric form: stools, slime and blood, *more of the latter* than I ever recollect having seen in a patient so young: from six to ten stools in twenty-four hours; *not much pain, but much gas; little if any fever*, fretful, no disposition to notice any thing; wanted to be carried. Podop. 50 M. and Kali c. C.M. both failed. Carb. v. C.M. one powder after each evacuation effected a prompt improvement, and permanent cure in two days.

CASE 3.—Child, nearly same age and under treatment at the same time; teething, diarrhœa; yellow, mixed, undigested stools, ten to sixteen in twenty-four hours, more frequent from 7 to 11 A.M., not much pain or fever, but child very fretful and restless; unweaned, no appetite; stools *dreadfully acrid* 'excoriating the parts'. Arsenic and Merc. Cor. 50 M., both failed. Sulph. CM. cured promptly.

COMMENTS:—The mongrels and others who have joined them in their tirades against fluxion potencies, will urge against these cases their usual stale arguments. 1. "The patient's imagination" (little baby's imagination!) or, 2. "infinitesimal portions of drug substance that happen not to have been washed out of the fluxion apparatus and are analogous to particles found in the low Hahnemannian preparations. Fluxion potencies are therefore shams."

"A Daniel come to judgment! Yea, a Daniel." What became of the "infinitesimal particles of drug substance" in many of these preparations, which were made up to the 30th or 200th, according to Hahnemann's formula *before* they were put into the potentizer at all? Does this fluxion process make them lower? And then I have added one hundred drops of alcohol to many of my vials when they got low, at least one dozen times

in the past ten years, yet they now act as promptly as before. If they were low at first, they can not be very crude by this time: it is therefore useless to talk of their being low. They may not be quite so high as those who prepare them claim, and yet the proportion of drug matter to the vehicle is very nearly the same. No one who has ever used the low potencies for a number of years, and afterward the high as long, will fail to observe the superiority of the latter; neither will they doubt the fact that they will find their mortality list diminished more than one-half. If the physician's highest duty is to heal the sick, then let us lay aside our prejudice about "fluxion," "croton water," "bottle washing," and all such bosh, and come down to facts and figures. For my own part, though I have certainly been reasonably busy, I have rarely prescribed any thing but what purported to be 1 M. and upward (never any thing even so low as this if I had it higher) and yet I have not lost a single case of any acute disease for two years—all without a wash, gargle, plaster or poultice.

Now gentlemen! we want no fooling. No long rows of figures about "drug matter," no learned talk of pathology or the microscope. We want your statistics, give us your death list, and if you can show success, equal to this according to the number of patients treated, even then ours is still the better practice of the two, better for the patient, better for the physician, and better for homœopathy. A better showing we know you can not make, as we have been there and know whereof we speak. Besides, these fluxion potencies not only act vigorously, but in some instances give as much evidence of aggravations as can be observed from the lower, as the following case will show.

Patient, a male, aged sixty-five, chronic catarrh of the bladder of years' standing; burning and smarting pain along whole course of urethra on urinating, urine normal in quantity, but emitting a very strong, offensive smell, and depositing, to every pint, after standing a thick, ropy, gelatinous mucus, one-half

inch in thickness, and so tenacious that it would not leave the vessel with the urine, and when scraped out fell in ropes, or strings two or three feet long; the color was a little darker than gum-arabic, and very nearly that of the urine. He had been greatly troubled with irregular chills of sometimes an hour's duration followed by high fever and perspiration. Gave, March 1st, Canth. M.M. 8 powders to be taken night and morning and Sac. Lac. during the day. On the 5th I received the following note which I copy verbatim, italics and all.

March 5th, 1881.

DEAR DOCTOR,—A part of the time since you were here the urine has been entirely free from mucus, but for the last thirty-six hours it has appeared and is quite as *tough* as ever. There has been much more pain than usual in voiding the water, a sensation as if it were almost *boiling*, which continues for some time after it ceases to flow; the pain this morning is *very severe* while and after urinating more so than ever before. The last powder taken this morning. Yours, etc.

Prescribed Sac. Lac. and in one week received the following report:

March 12th, 1881.

DEAR DOCTOR,—Since my last report there has been no appearance of mucus in the vessel, the urine is of about the proper color with *very little odor*, not much pain in emitting it, some soreness in the urethra, particularly immediately in front of the anus; tendency to void urine every two or three hours. Appetite and digestion good, sleep well, bowels in good condition, inclination to take exercise in open air whenever the weather permits. The last medicine was just the thing. Yours, etc.

He of course got more of the same, Sac. Lac. Now what does his first note indicate? We have here the pathogenetic effects of Cantharis as plainly stated as in any published proving of that medicine. The patient did not know what he was taking; it is idle to say he had not sense enough to know

when it hurt him to urinate or when it did not. He called at my office to-day (20th March) more than a mile from his home, looking so well that I did not at first recognize him. We talk of patients not having faith in homœopathy, but if they had no more than a majority of physicians themselves have, most of us would have to resort to some other vocation. For patients have confidence enough to try the treatment, while physicians go on crying "humbug," fraud and imagination all their lives, never having confidence to try pure homœopathy without which they remain in blissful ignorance as to its wonderful healing powers.

VETERINARY CASES.

A SICK COW SAVED BY HOMŒOPATHY.*

Lycopodium in Pneumonia: Another Proof of its Efficacy.

SIR.—Your well-known character of independence and love of truth must be my apology for venturing to solicit your aid once more. Five years have elapsed since you first allowed the columns of your influential journal (the London *Morning Advertiser*) to be the medium of my challenge to the London hospitals, when I proposed demonstrating within their wards, then vacant from the want of funds, the great superiority of the homœopathic system of treating the sick, both in a curative and financial point of view. That offer was rejected, although funds to defray every expense were guaranteed, chiefly through the munificence of H. E. Gurney, Esq. Had the experiment of

* Taken from *Monthly Hom. Review*.--1865

three years been successful, there would have been thirty-one endowed beds added to one of our hospitals, and an expenditure of at least £60,000, to £70,000. incurred by a philanthropist. Unless conversant with the facts, one could scarcely believe that philosophy and common sense would, in so noble a cause, have rejected such advantages of unknown magnitude, and which would not have cost the institutions allowing the trial one farthing! Although the London hospitals may for a time have proscribed Truth to obscurity, nevertheless she has not been suppressed, but grows in strength, daily, and will shortly triumph over every device to strangle her. The blessings conferred upon suffering humanity through the genius of Hahnemann are not limited to the human species alone, but are equally effective in the diseases of animals, as the following very interesting case, from among many which I could relate, will prove.

It is necessary that I should explain why I again appeal to the *Morning Advertiser*. When a public journal, whose assertions and teachings are credited, makes an erroneous and unjust statement prejudicial to truth, it is but fair, I submit, on its being corrected, that it should make the *amende honorable* in its very next issue, and thereby disabuse its readers of the errors with which they may have been impressed. This leads me to details. In the weekly paper, the *Field*—circulating, I believe, among farmers and proprietors of live stock—there appeared, on the 27th of last May, a brief communication from “A SUBSCRIBER” on the “Homœopathic Treatment of Horses,” to which the editor appended a note, wherein he says: “We assert, and have always been ready to prove, that the strength of drugs is not increased by dilution and, trituration, and, in fact, we maintain that the globules sold as homœopathic are completely inert. We defy any one by any means (pathological or chemical) to ascertain the nature of a bottle of globules presented to him without a label, and we are and have long been ready to test their efficacy in this way, for, if it can not be ascertained whether a bottle of globules is composed of arnica, nux vomica,

sulphur, phosphorus, or what not, surely there can be no virtue in them." I shall not waste time or space in criticizing this false logic, but I think I am fairly entitled to call upon the editor of the *Field* to fulfil his undertaking, especially if he comprehends what is meant by the "pathological" test for "inert globules." Your readers will now understand my case against the *Field*, wherein I should like to see a little more fairness and no "favor," and which has thought fit to maintain silence on the following communication forwarded on the 24th of June last.

To the Editor of the Field.

SIR,—As your columns occasionally admit the narration of cures on the homœopathic principle, I hope you may find the following particulars of a very hopeless case of a sick cow successfully so treated of sufficient interest to command a place in your widely read journal. During my visits to a friend suffering from pulmonary hemorrhage, near Iver, Bucks, I was asked if I could advise a neighboring farmer concerning the sudden illness of a valuable Guernsey cow, which had calved on the morning of the previous day (Saturday), June 3, 1865:

Independent of a great fondness for animals, the deep scientific interest and instruction attaching to the study of comparative pathology enlisted, without delay, my services on behalf of the poor animal. On being conducted by a gentleman to the paddock where the cow stood with her calf by her side, I found the farmer, Mr. Goff, Mr. Lamb, (the owner of the cow), the veterinary surgeon from Uxbridge, and an old farmer who had seen much illness in animals, all watching the case, the nature of which was a puzzle to all present. I was informed by Mr. Goff—a very intelligent man, who has, in the brief experience of this cow's illness, become, with moderate instruction, a wonderfully expert auscultator—that he left the animal apparently well

when he went to church at eleven o'clock, but on his return, between one and two o'clock P. M., he found her unable to walk without a shaking of her limbs, and giving way of her joints, as if she would fall. Believing the illness to be milk fever, aconite and belladonna had been administered frequently, with no beneficial result. The cow could scarcely move a step without appearing as if she would fall. Her injected eyes had a glassy, dull expression of some serious illness. The milk was suppressed, neither had there been for some considerable time any signs of intestinal or urinary function. On applying my ear over the cow's ribs, I soon discovered her disease to be a severe attack of inflammation and congestion of the lungs. Her condition was one of great danger, for which I recommended phosphorus. Mr. Goff tended her all night, scrupulously giving the medicine every two hours. In the early morning (Whit-Monday), I was asked to look at the animal "before she died." On visiting her, in company with another gentleman, I found her lying on her right side under a shed, where she had been for some hours unable to rise. Her neck was stretched out, and on the left side of it there was a large globular swelling, such as may be observed in large fleshy muscles when drawn up in severe cramp. Her breathing was short; her eyelids, when raised by the finger, remained in that position until they slowly and imperfectly recovered their former position. This was a marked proof of exhausted vitality, and the rapidity with which life was ebbing. While making a minute and careful examination into the state of her respiration, the cow gave a distressed moan, as if dying, when I observed a peculiar deep fan-like motion of her nostrils a characteristic symptom for the selection of lycopodium (sometimes called vegetable sulphur) in the treatment of young persons suffering under inflammation of the lungs, and to which I called the attention of the profession and the public in the July number of the *Monthly Homoeopathic Review*, 1863. Although years of experience and observation had satisfied me that many of the severe attacks of diseases among

animals yielded as rapidly to accurate homœopathic selections administered in an infinitesimal dose, as the like diseases in children, I must confess that I had very little hopes of a favorable result in this extreme case. Twelve globules—yes, twelve globules—of lycopodium, more attenuated or dynamized than the 200th dilution, were dissolved in a quart bottle of cold water, and a table spoonful administered every half hour. I left the apparently dying animal at half past eight on the morning of Whit-Monday, Mr. Goff, Mr. Lamb, and other persons being present, promised to see her when I returned in the afternoon, if she were still alive. As the forenoon advanced, there being no visible improvement and her death being momentarily expected, a messenger was dispatched to Iver, for the butcher to come and kill her. Fortunately, it being Whit-Monday the butchers were absent holiday making. At last a slaughterer was found at Uxbride, but his men were also otherwise engaged, so the poor cow was allowed time for the lycopodium to work upon her disease, and to the astonishment of all who witnessed this apparently hopeless case, the cow rose up and stood firmly on her legs, at a few minutes before 2 p. m. She walked without trembling, and gave most satisfactory evidence that there was neither intestinal nor urinary impediments in her case. I saw her at half-past six in the evening, when she was feeding, and there was scarcely a remnant of the peculiar action of the nostrils to be discovered. One gentleman who observed the symptom remarked that he could never understand what that peculiar action meant, as he had often remarked to his bailiffs and servants when his cattle were dying with pneumonia, "How that beast sneers." This is really a very graphic expression of the symptom as it occurs in animals, and the hint may be of use to future observers. The lycopodium was continued at longer intervals, for although great and marked relief had been afforded to oppressed organic life, it was not to be supposed that a grave lung disease had been thus suddenly cured! In fact, while I write (June 24th) the remnant of the

crepitating *râle* characteristic of pneumonia may yet be heard by a capable auscultator in the posterior margin of the left lung. During the progress of the case the left posterior quarter of her udder became hard and tender and suppuration was dreaded. Blood instead of milk came from the teat, still a marked indication for lycopodium, which I ordered to be continued, and the udder threatening also soon disappeared to the delight of Mr. Goff who watched night and day most assiduously this truly marvellous case.

When I state that the last twenty of thirty-five years of my practical experience have been devoted to the laborious study and practice of homœopathy, probably you will consider me no less qualified than yourself to give an opinion on the efficacy of globules, to discover the virtues of which the human organism is a far better and more reliable test than chemistry. I regret that you should have committed the error of imagining that "the globules sold as homœopathic are completely inert," because chemical science has hitherto failed to analyse them. Where is the chemist to be found who can discover the least difference between gum water and the deadly poison of venomous serpents? If you are willing to submit to the physiological test I shall have much pleasure in taking you in hand, then you will be enabled to speak practically and positively. Allow me to remark that there can be no such illogical absurdities as homœopathic globules "on sale." Globules and other forms of medicinal preparation can only be called homœopathic when they meet with their corresponding affinities in the symptoms of disease. The totally different terms, homœopathic and infinitesimal, are constantly being confounded by people who should know better. Similarity between the symptoms of the disease and those of the remedy, and not the magnitude of the dose, alone constitute homœopathicity. The dose, to be efficient, however, according to the homœopathic principle, as correct experience proves, ought to be administered in an infinitesimal state of preparation. To heal the sick a dose much

less than that which was required to make healthy people ill is amply sufficient for all curative purposes. When a material dose is used such may act and often does so on the allopathic principle even in animals, The susceptibility of the diseased organism, in man and animals, to medicinal impressions, surpasses all belief. Hahnemann has never said, that by "dilution and trituration" medicines were increased in strength, as you seem to imply, according to the common definition of that word. His translators have done him great injustice on many occasions, and in none more so than in the translation of the word (kraft) by strength. Kraft in medicine according to Hahnemann's use of the word means virtue or efficacy and not brute strength. In answer to your Natal correspondent of last week, asking for information in regard to the sore mouths in sheep passing into "blue tongues" when they fall down, kick and die; I should recommend him to study out of a reliable *Materia Medica* the action of arsenic, muriatic acid, digitalis, and sabadilla. Among the first two or three remedies he will probably find more corresponding to the whole disorder of the sheep than he has yet observed. I should like to know the effect of your calomel prescription for the Cochin-Vertigo.—June 24th, 1865.

I should have thought after the display of so much confidence that no editor of sufficient courage and desirous to elicit truth, would have shrunk from my challenge—the test proposed by himself—in which I would promise not to poison him.

I am, sir, yours faithfully,

D. WILSON, M. D.

Brook-street, Grosvenor-square,

July 30, 1865.

CEREBRO-SPINAL MENINGITIS IN A HORSE, CURED
BY A C.M. POTENCY.

BY E. BAYARD, M.D., NEW YORK CITY.

OWING to the sudden and sharp changes during this severe winter, many horses in this city, from hard work and rapid driving in the continuous sleighing of the season, were attacked with an acute form of cerebro-spinal meningitis, and died of the disease. The attack commenced with general dullness, loss of appetite, stiffness, and difficulty of moving the hind-quarters, and if not at once arrested, it overwhelms the animal.

A friend, owning a valuable horse, told me the animal was dull, had lost his appetite, could not move about the stall, had apparent stiffness of the hind-quarters, and asked if homœopathy could give him relief. Knowing that *Nux vomica* produced rigidity, torpor, heaviness and paralysis of the limbs, particularly rigidity and tension of the hams with insensibility of the legs, I said I thought it would and I gave him *Nux vomica* 100 M. (Swan), three doses, to be taken every two hours. Twenty-four hours after, the gentleman informed me that his horse was eating his food with relish; that all stiffness in the hind-quarters had left him, and he was apparently well.

I think this a fair expression of a scientific precision of the homœopathic law, and shows at the same time the keen susceptibilities of the horse to a similar irritant.

DISEASE OF THE HOOF IN A HORSE.

BY R. R. GREGG, M.D., BUFFALO, N. Y.

IN April 1865 one of my horses was disabled by a "quarter crack" on the inside of left forefoot. The crack extended from

the hair down through the whole hoof, and finally opened to the extent of about a quarter of an inch in the widest place. The horse was entirely disabled for use. The two parts of the hoof worked upon each other to such an extent as to cut into the "quick" and fleshy parts at the top, so that after being driven but a few blocks, there would be bleeding from the crack sufficient to leave a pool of blood when the horse was left standing a few minutes. I engaged a veterinary surgeon, not feeling able to select the homœopathic remedy for such a case. He carefully pared the edges of the crack, and injected stimulating lotions; subsequently hot tar was poured into the crack; and finally other means were resorted to; the horse however, continued to get worse. I then sought other advice, but was told that there was no cure except putting the horse out to pasture for the entire summer, and it was doubtful if the hoof would ever become thoroughly sound.

I now resolved to try homœopathic treatment. During the two or three months in which the hoof had been getting into this condition, all the hoofs became drier than natural and threw out ridges more or less, especially the cracked one, which had also become quite seriously contracted all around below the hair. Following the indications of cracked, dry, and ridged nails in man, I selected *Graphites*, and gave one dose (about a dozen pellets) of the 6000th potency, dry on the tongue. The next day there was a perceptible improvement in the lameness; the second day it was much better; and on the third day I commenced driving the horse cautiously; in a few days all lameness disappeared. In three weeks he began to limp again, and I then repeated the dose. The lameness disappeared again in a day or two, and did not return, even under very hard driving, for six weeks. Then there was a slight return, and I gave one more dose. *From this time the horse was never lame for the eleven years during which I continued to drive him, even with the hardest usage.*

As the growing part of the cracked hoof extended down be .

low the hair, I found it firmly united in the line of the crack, and it grew off in this way, being entirely closed up as soon as the old half was all grown off, and so it ever afterward continued. The contracted and ridged appearance also disappeared. It was a cold wet spring when the lameness developed, but so soon as he was sufficiently well, I used him in all weather, frequently driving him through rain and mud all day; the crack of course filled with water and mud under these circumstances, but this did not appear to retard the cure.

The same horse had, in the fall of 1873, a severe attack of the epizootic which then prevailed so universally over this country. I treated him homoeopathically through the first stage without unusual symptoms. In the second stage, the purulent discharge from the nostrils became the most excessive of any among a large number of horses where he was kept; the manger and sides of the stalls, as far back as he was able to reach his head, were completely and continuously besmeared with the thick yellow and tenacious discharge which he was almost constantly trying to wipe from his nose. After giving a few remedies and then waiting for several days, the horse getting worse in the mean time, I gave one dose of *Pulsatilla* 1000, which almost wholly subdued the yellow discharge by the next day, and entirely so in another twenty-four hours, leaving only a little watery discharge for a day or two longer, with a restoration to the soundest health in a week or less from the administration of that one dose.

PERISCOPE.

North American Journal of Homœopathy February.

DR. LAWTON writes upon Therapeutic Force and explains why in the trituration of a drug, the power of the drug is developed and not also that of the vehicle—say sugar of milk. When a substance is triturated by itself there is a limit to its divisibility. When triturated in the presence of another substance as vehicle, its particles are separated and by the vehicle are *kept* separated until the point is reached at which medicinal power is developed. This is a complete answer to Dr. Dake.

Dr Hale reports two cures of Hemicrania with nickel-sulph.

“S. L.” gives an excellent clinical review of *Argentum nitricum*.

Dr. Price reprints a society report upon “Medical Progress” in which he gives a scathing review of the inconsistencies of the old school. At the close of his article he advises the beginner in homœopathy to read the writings of Neidhard, Dunsford, Hughes, &c., expounding the law of cure and *then* when these works are “thoroughly read” to take Hahnemann’s *Organon*!! Astonishing advice! *Hahnemann* first gave to the world the law of cure. *He* first pointed out the way of escape from the confusion that reigned in medical knowledge. *He* first indicated the possibility of *certainty* in the treatment of the sick. These principles he explains in his book “*The Organon*.” After him came a swarm of followers who understood the principles he laid down more or less—generally less. They hastened to put upon paper what they understood or didn’t understand concerning this medical philosophy. And these weakling imitations, these mere commentaries upon the original, are recommended to be read before that great original itself!

The original is the announcement of the discovery of a great natural law of cure arrived at by careful experiment—just as

other natural laws are discovered by experiment in the physical laboratory.

Pharmacodynamics is the record of an individual *opinion* as to the value of this discovery; This opinion being warped, twisted and distorted by the exigencies of the struggle for existence of its author.

The Organon is a record of pure inductive science.

Pharmacodynamics is an encyclopedia of plausible arts and expedients by which, in the opinion of its writer, a man may best "get on" in the world.

The Organon was written by the individual best qualified to do so—the great discoverer himself.

Pharmacodynamics was written by a professed "follower" of the master.

Yet it is recommended that this book of this *soi-disant* follower of Hahnemann shall be read *before* the work of Hahnemann himself!

If a man earnestly wish to understand homœopathy let him read the Organon. If he be indifferent to the truth let him read Pharmacodynamics.

Dr. Buscher's report of cases of poisoning by Aconitium Nitricum Gallicum is translated from the German for this No.

Dr. Bernard's recommendations of Lachnantes for Phthisis Pulmonum are translated from *Revue Hom. Belge*.

"S. L." gives a translation of a case treated by Dr. Seither. The patient had severe *Gastralgia*. This was relieved immediately by *Nux V. 30*. The indications were: *very sensitive, irritable, and easily angered, cannot bear strong light or loud talking. From any mental emotion or a full meal burning and pressure in pit of stomach.* Another attack of the same trouble was finally cured by *Carbo-veg. 30*. Indications, *abdomen inflated and hard as a drum, with difficult breathing burning and pressing in stomach, relieved by copious stool and discharge of much noisy flatus.*

In commenting upon the above, "S. L." gives a case of

aneurism of the right iliac artery cured by Lyc. 30. The indications leading to the use of Lyc. in that particular case are not given.

American Homœopath, February.

Dr. Ricardo cured a boil on the face with Arn. 30. No special indications. A case of severe pain in left side of face with redness and swelling of left side of nose and *very irritable*, cured with Cham. 30.

Dr. Meurer treated with success a case of biliary calculi. When called in, after repeated failures of physicians of the old school, ordered a reform in the diet before undertaking drug treatment, the patient meanwhile taking powders of sac. lac. By this most excellent precaution "her case crystalized from out a chaos of symptoms, into a clear form." He then gave Podophyl. Unfortunately he has given no indications. When attack of colic came on, he gave Nux V. 10th decimal with application of hot wet cloths. She soon began to improve and in a few months passed gall stones, and her general health became good.

Dr. Bockock writes upon diphtheria and advises alteration of remedies. He claims success with 150 cases. How can this be, especially as he alternates?

Dr. Ricardo gives a case of incipient phthisis cured by Phos., Sulph., Bry., and Scott's emulsion of hypophosphites! The doctor thinks he knows just how far the hypophosphite was useful. How can he be certain of this unless he had studied provings of "Scott's emulsion"? How could he know what remedy cured so long as he gave the emulsion at the same time as the *supposed* similar remedy! How does he know that the improvement at any given time was not owing to this emulsion *instead* of the assumed simillimum? Hahnemann offered a method of prescribing by which such questions as these would be excluded, and the possibility of tracing the improvement to its right source could be increased, and by

which the prescriber would *learn* something that would enable him to *repeat* the successful result upon another patient. Let it be understood that the writer is not denouncing the use of "Scott's emulsion", but is simply protesting against using it without having at hand its recorded proving and against giving it *at the same time* that some other remedy is prescribed.

Dr. Morgan shows that grapes cause suppression of urine. He therefore gives them to a patient suffering from profuse urination!! Is this a case of cure from homœopathicity of the remedy, or is it a case of temporary suppression from an antipathic action?

Dr. Morgan gives also the following indications:

Pleurodynia; Merc.-viv; for *soreness on percussion or pressure of the rib bones or periosteum of the ribs.*

Arn. or Puls. for soreness of the intercostal muscles (not the bones).

Ratanhia, infantile diarrhœa, painless, watery and fetid.

Ferrum-phos., hepatic or gastric pains occurring about bedtime.

Magnes-phos., colic of new-born infants.

Magnes-phos., infantile convulsions. After the spasm excessive sensitiveness to every impression on the senses, even to touch, and especially to noise; look of suspicion and fear; easily agitated.

Acon. infantile diarrhœa; vomiting and purging, the latter always like a "blast of wind and water."

Dr. Lee reports two cases of venereal disease cured respectively by Apis and Nitric Acid. Unfortunately the indications are not very clearly stated.

Dr. Williams reports the cure of a case of cholera with Zincum sulphuricum.

Dr. Hale cured a case of subacute myelitis with Strychnia in doses of about one quarter of a grain.

Dr. Detwiler cured a case of purpura hemorrhagica with

Terebinthina. This drug is stated to have caused hæmaturia, burning in epigastrium and livid spots on the skin of the back and abdomen. These were the indications for its use in the above case.

Dr. Elliott gives an article upon malignant pustule with cases cured by administering Silicea and Lachesis.

"C. L. J." cured a case of typhoid fever with Lyc. on the indication *aggravation of fever between 5 and 6 p. m.*

Dr. Brigham cured a case of indigestion with constipation and impotence with Phosphorus following Colocynth. Principal symptoms were: griping pains in stomach better from bending forward. Vertigo especially from looking over the left shoulder. Stiffness of nape of neck; stool—which was narrow and scanty. Loss of flesh. Irritability.

The same authority relates a case of vertigo so violent as to cause falling and, momentary unconsciousness. Gets cramps and attacks of catalepsy. During vertigo walks as if intoxicated, has attacks of deafness with blindness. Flatus distends the stomach almost to bursting and goes off explosively. Better in the open air. Lachesis 2c, cured.

Dr. Ockford writes a *homœopathic* paper on Neurasthenia in which he strongly insists upon individualization, the simillimum, and attention to mental symptoms.

From the *Hom. World* is translated a clinical case by Dr. Bernard—Hardenpoint of prurigo of three years standing which had resisted all treatment. The patient was given Rumex Crispus on the indication *itching worse from cold, better from warmth, especially of the bed.* Cured.

Dr. Burnett cured a case of diurnal incontinence of urine with Selenium on indication *involuntary dribbling of urine while walking.* The urine was red.

Dr. Ivatts relates a remarkable case of lupus of the face which was completely removed by Calotropis Gigantea. The disease was transferred to the foot where a great discharge took place. Later an old lesion of the lung broke out, the man

spat up blood and pus, then fell into the hands of an allopath, then—died.

Dr. Clarke cured a case of enlargement of the spleen with Ceanothus. Principal symptoms were: aching in left side in region of sacro-iliac joint and extending up to the fifth rib. Sensation of dropping water under the arm.

From the *Hom. World* is copied a case of diarrhœa of seventeen years standing cured with Jalap. Principal symptoms were: six or eight stools in 24 hours. Stools dark, thin like gruel, offensive, attended and followed by griping and tenesmus.

The Medical Advance, February.

Dr. Brigham writes upon Gynæcology. He reports the cure of a case of uterine polypus with Thuja 2c. Principal symptoms were: sallow complexion, aggravation from emotion. flushes of heat, feeling as if she would die, temperament lymphatic, sanguine.

From *Die Allg. Hom. Zeitung* is translated an article by Dr. Goullon entitled "What Dose of Sulphur shall be administered." He gives five clinical cases cured with sulphur,—dyspepsia, ascites, aphonia with choking cough, epilepsy, mange in a dog, and albuminuria with dropsy.

The *Advance* has added to its pages a department devoted to the microscope under the editorship of J. Edwards Smith, M. D. This department leads off with an article of Prof. Dolbear "Upon the Absolute Invisibility of Molecules and Atoms." He concludes that from the swift molecular motion "it must be forever impossible to see atoms or molecules."

Dr. Kilgour relates a case of caries of the vertebræ cured by giving first Sil. then Hepar, and later the two in alternation. The alternation is the one objectionable thing in this treatment. It is impossible to tell which cured. There is therefore no lesson learned by the reader that *he* may go and do likewise. It is always better to give only one remedy at a time; we are then able to come to a definite conclusion. It should always

be borne in mind that in treating the sick as in investigating nature in the physical laboratory, we must reduce the unknown factors to as small a number as possible. More than one half of the appliances of the physicians are with a view of this very thing—excluding all factors but one, and then watching the operation of that one factor in order to weigh its influence in the creation of the phenomenon that may happen to be the subject of research.

Dr. Ryall gives a case of hemorrhage from the lungs with a history showing phthisis, which was much benefitted by Psorinum 200.

The Homœopathic Times, March.

Dr. Mitchell gives an article entitle "The Experiment of Allopathic Homœopathy." It is a very instructive lesson and should be read by all homœopathists.

Amidst the "din with which the air is filled" of "cries of regular and irregular" amidst a shower of parthian arrows, anointed with the "taunts of mongrel and renegade," and hurled from within the "impregnable fortress" of the "International Societies, True Hahnemannians, and Rolls of Honor." *The Times* dares to "state its convictions as to what constitutes a true physician." Under such circumstances it is not surprising to find its ideas a little mixed. For axample it "denies the right of any man or set of men to tack on to a principle, which has been clearly and distinctly formulated, theories having no connection with it and which by no process of reasoning could be evolved from it." That is pecisely what the Internationals are fighting to maintain. It is the "impregnable fortress" that they are determined to hold. Who are the philosophers who do "tack on" "therories that have no conndction with it"? We will answer. They who, in accordance with the "freedom" claimed, give a dose of morphia for pain because they are too inefficient or too lazy to study the right remedy; and then justify this eclectic practice by an ap-

peal to rationalism, "supplementary principles," etc. Is not the man who does this, guilty of "tacking on" theories that have no connection with it"?

When a man gives fifteen grains of quinine for intermittent fever instead of comparing the totality of the symptoms; and brazenly claims it to be in accordance with the law of the similars, notwithstanding the fact apparent to every one that he has given it empirically, is not such a man guilty of "tacking on theories that have no connection with it"? Who are they who advocate the measures here stated as a part of the duties of the "true physician" and in the same breath denounce the "tacking on" of "theories that have no connection with" the law of similars? They are the editors of *The Times* and certain of its contributors. In view of these facts does it not seem a little odd to find *The Times* denouncing any thing in the way of eclectic practice?

"E. W. E." writes upon "Dynamists." He claims that there are *three* parties in the homœopathic school—materialists, "altiosimists," and dynamists. The first give medicines only in those dilutions that can be proved under the microscope to contain particles of the drug. The second give only high and fluxion potencies, whilst the third occupy a middle ground and give up to the thirtieth potency.

Dr. Taylor writes upon "Hahnemann's Law of Dose," in which he endeavors to prove that Hahnemann advocated the use of medicines in quantity sufficient to act with greater intensity than the original disease.

Inasmuch as the "Internationals" do not deny this, there can be but one motive in bringing forth this argument for their inspection, and that is a desperate effort to find an excuse for giving fifteen grains of quinine in intermittent fever. When a man is too ignorant or too lazy to find the remedy he wants, "freedom" to give a massive dose of quinine or some other empirically-prescribed medicine and then to have the whole thing glossed over by calling the suppression of the chill (in intermit-

tent fever) a cure; arguing that it *must* be homœopathic because it *did* "cure," and then justifying the excessive quantity given by an appeal to "Hahnemann's law of dose." Thus is the conscience of the doctor quieted and he is at the same time relieved from the attacks of the dreaded "Internationals."

Hahnemannian Monthly, March.

Dr. Shearer writes upon *Cyclamen Europeum*, and gives a clinical case of hemeralopia or night blindness cured by it. The principal indication was *distressing vertigo coming on as soon as it was dark*. *Cyclamen* 30 cured in about six weeks.

Dr. Dunning writes upon *Psoriasis* and gives a clinical case cured with *Ars. Iod.* 4 x in about eight weeks.

Dr. Nichols reports a case of abdominal typhus fever which "several 'leading' physicians succeeded in pushing into narcotism and joined in a fatal prognosis." Diarrhœa painless, clay-colored, thin, copious frequent. *Vomiting everything at once but hungry while nauseated*. *Verat.* 2 C. cured in two or three days.

Dr. Paris G. Clarke gives three cases. One case, headache if the patient sleeps on his back. *Offensive stools in the morning, hurrying him out of bed*. *Sulphur* 30 M. cured.

The second case—chronic diarrhœa was cured with *Nux v.* C.C. followed by *Podophyl.*

The third was a case of painful and difficult urination which caused cold sweat on the forehead. Cured with *Nux v.* 2 C. followed by *Sulph.* C.M.

Dr. Price writes upon "Fluxion Dilution." He declares that "we are guilty either of ignorance or wilful perversion of truth when we publish cures of cases by fluxion dilutions." The old school have always denied every claim made by homœopaths, and attributed our cures to "imagination." Dr. Price repeats the old comedy of the allopathists when he denies the potencies being beyond his power to understand or explain and directly opposed to his prejudices, just as the entire philosophy of homœopathy is to the old school, he, like them attributes the results to imagination.

American Observer, February and March.

Drs. Houghton and Morton write upon acute catarrhal inflammation of the middle ear, and give indications for several remedies. The general editor gives a statement of his "position." He compares the "exclusives" to pharisees! That is to say that if a man proclaims himself a homœopath and then use old school measures he must be allowed to do so and no voice must be raised against it on penalty of being called "Pharasee" There is no law that compels a man to assume the title of homœopath merely because he *occasionally* uses a homœopathic method of practice. Why then do gentlemen of this mode of thought allow this title to be applied to them? The answer is plain! There's money in it! When the editor raises the dose question, he raises a perfectly false issue. Dose has nothing to do with it. A man who gives high potencies is not necessarily a homœopath, and a man who gives crude drugs is not necessarily a "mongrel." What the "exclusives" denounce and will continue to denounce is the empirical exhibition of quinine in massive doses in order to *cover up* (suppress) the manifestation of a malarial chill; the giving of morphine to "allay pain;" of chloral to "procure sleep" and of purgatives to "clear out the bowels."

The calling of this practice homœopathic and the styling of such practitioners homœopathists. If men who believe in eclectic practice will but honestly call themselves such, they are entitled to a hearing. But when they continue to claim fellowship in a system they do not practice and have no sympathy with, they are not in a moral attitude and therefore can not be considered respectable people.

Dr. Henry asserts that he cures cases of trismus of children with nitrite of amyl. He gives no indications, however, so that we are reduced to the supposition that *all* cases must be treated the same way. If so why are not *all* cases cured seeing that the old school are well aware of the use of amyl for this purpose? He quotes a paper of the late Dr.

Hering in support of his views. But Dr. Hering advocated it only in cases that from bad treatment were certain to die. It was then in view of *euthanasia* that Dr. Hering, proposed to use amyl. Dr. Henry, however, takes advantage of Dr. Hering, quoting him, in support of his own unhomœopathic practice.

Dr. Henry proposes the use of horse-raddish for milky urine in children. He gives no indications but quotes the clinical experience of an old woman and appeals to the chemical composition of the *ash* as an argument for its use. Does he not know that this remedy was proved by Dr. Lippe in 1846? Similarly without any previous provings, he proposes aralia for otorrhœa, turpeth mineral for croup, creasote for "throat disease," benzoic acid in "urinary derangements", picric acid for chapped nipples, atropia for failing circulation, epilepsy, &c. Not one of these drugs has any indications given for it except possibly a few *general* symptoms for one of them. The natural inference is that he expects them to cure *every case*. If this be so there is no excuse for the existence of the doctrine called homœopathy.

W. M. J.

NOTICES, COMMENTS, ETC.

The American Pæriological Society will meet in New York City, June 13th, the day before the meeting of the Institute. Further particulars will be given later. A grand time is anticipated, and we hope to show the world that homœopaths are *the* physicians for children.

J. C. DUNCAN, President, W. M. OWENS, Vice President,
E. CRANCH, Secretary.

Sidney, O., March 15.

DEAR DOCTOR,—You are cordially invited to attend the Seventeenth Annual Session of the Homœopathic Medical Society of Ohio, to be held in Toledo, May 10-11. The coming session promises to be one of the most interesting and profitable ever held by the Society, as we have the promise of a large number of papers from noted physicians of the State and the prospect of a large attendance, not only from our own, but from neighboring states. Your presence is earnestly desired.

Respectfully,

H. E. BEEBE, M. D., Secretary.

The International Hahnemannian Association meets at same place and time, as the Institute, "And don't you forget it."

HAS NOT HEARD OF JAEGER.

HIGH POTENCIES.—At the recent meeting of the New York State Homœopathic Society, Dr. H. M. Paine had the candor and boldness to say: "Our experience in the use of high potencies is based, as Hahnemann's was, on theoretical grounds only. It is one of the most singular forms of idealism ever seriously entertained by the medical profession. I firmly believe that when our reputed cures are reported in connection with all cases treated we shall find that their frequency is not greater than those of daily occurrence, without medicine of any kind."—*Medical Record*.

AGGRAVATION FROM THE 200TH.

WE recently sent a gentleman some powders suitable to his case. The first *two powders* contained *Nux vom.* 200th., the rest Sac. Lac. In reply to our letter and medicine, he wrote: "Began taking your powders last evening and took three before 10 P.M. I find they affect my back, my weak point, as when I had taken a dose of *Strychnine*, though not to so great a degree. I thought I had best suspend taking more until I heard from you." This gentleman is an allopath. He knew nothing as to the contents of the powders.—Ed.

THE HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. I.

JUNE, 1881.

No. 6.

EDITORIAL.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—“On the 10th of April, 1844, there met a convention of the practitioners of homœopathy in the United States, at the Lyceum of Natural History, in the City of New York.

“A preamble and resolutions, in these words, were adopted: Whereas, a majority of the allopathic physicians continue to deride and oppose the contributions to the *Materia Medica* that have been made by the homœopathic school; and whereas, the state of the *Materia Medica* in both schools is such as imperatively to demand a more satisfactory arrangement and greater purity of observation, which can only be obtained by associate action on the part of those who diligently *seek for truth alone*;* and, inasmuch as the state of public information respecting the principles and practice of homœopathy is so defective as to make it easy for *mere pretenders*, to this very difficult branch

* Italics ours.—ED.

of the healing art, to acquire credit as proficient in the same; Therefore Resolved: That it is deemed expedient to establish a society entitled "The American Institute of Homœopathy:" and the following are declared to be the essential purposes of said Institute:

1st. The reformation and augmentation of the *Materia Medica*.

2d. The *restraining of physicians from pretending to be competent to practice homœopathy who have not studied it in a careful and skilful manner.*"*

Such was the organization and such were the purposes of the American Institute of Homœopathy. First, to enlarge and purify the *Materia Medica*, and secondly, to see that none practiced homœopathy who had not "studied it in a careful and skilful manner." Two noble purposes; how have they been carried out? Has the American Institute of Homœopathy always striven to accomplish these "essential purposes of its organization"? Are its sessions and work devoted to the "reformation and augmentation of the *Materia Medica*"? Are its members those who have "studied homœopathy in a careful and skilful manner"? Another purpose of the founders of this Institute, was evidently to enlighten the laity as to the principles of true homœopathy, for they complained that "*the state of public information respecting the principles and practice of homœopathy is so defective as to make it easy for mere pretenders, to this very difficult branch of the healing art to acquire credit as proficient in the same.*"* Has the American Institute ever attempted to so enlighten the laity that they could discriminate between the homœopath and the "mere pretender"?* To one and all of these questions there can be but one honest answer—a sorrowful no!

* That many "mere pretenders" still exist, Dr. Dunham testified in these words:

"There are among those who call themselves homœopaths, some who are impostors; men unworthy to be called physicians; men without knowledge and without conscience, who play upon the credulity of mankind, and pervert to their own aggrandizement every trust committed to them. That such men, professing to be of our school, should be regarded by the community as belonging to it, and should tarnish our fair name by their foul deeds, is certainly a misfortune."—*N. A. J. of Homœopathy*, vol. xix, p. 144.

(1). As the *Materia Medica* is our chief, and in fact our only means for curing disease, it behooves us *first* to perfect it, and *then* to study the minor branches of medicine. (2). As it is very necessary to the growth and reputation of homœopathy that none be recognized as homœopathic physicians who have not “studied homœopathy in a careful and skilful manner.” (3). As these two cardinal purposes of its organization have been purposely and perpetually neglected by the American Institute of Homœopathy. (4). As those who desired to “seek diligently for truth alone” found themselves outnumbered by the eclectic, mongrel, or mixed element—what ever you please to call it—of the Institute. Therefore, in view of these four facts, the seekers “for truth alone” were compelled to organize a medical society where “associate action on the part of those who diligently seek for truth alone” would be effective. Hence the *International Hahnemannian Association*. As to the purposes of this Association we read:

“Whereas, we believe the “Organon of the Healing Art,” as promulgated by Samuel Hahnemann to be the only reliable guide in therapeutics, and

“Whereas, this [guide] clearly teaches that homœopathy consists in the law of the similars, the totality of the symptoms, the single remedy, the minimum dose of the dynamized drug, and these not singly but collectively; and

“Whereas, numbers of professed homœopathists not only violate these tenets, but largely repudiate them; and

“Whereas, an effort has been made on the part of such physicians to unite the homœopathic with the allopathic school; therefore

“Resolved, that the time has fully come when legitimate Hahnemannian homœopathists should publicly disavow all such innovations;

“Resolved, that the mixing or alternating of two or more medicines is non-homœopathic;

“Resolved, that in non-surgical cases we disapprove of medi-

cated topical applications and mechanical appliances as being also non-homœopathic ;

“Resolved, that as ‘the best dose of medicine is ever the smallest,’ we can not recognize as being homœopathic such treatment as suppresses symptoms by the toxic action of the drug ;

“Resolved, that we have no sympathy in common with those physicians who would engraft on homœopathy the crude ideas and doses of allopathy or eclecticism, and we do not hold ourselves responsible for their ‘fatal errors’ in theory, and failures in practice ;

“Resolved, that as some self-styled homœopathists have taken occasion to traduce Hahnemann as a ‘fanatic,’ as ‘dishonest,’ and as ‘visionary,’ and his teaching as ‘not being the standard of homœopathy of to-day,’ that we regard all such as recreant to the best interests of homœopathy ;

“Resolved, that for the purpose of promoting these sentiments, and for our mutual improvement, we organize ourselves into an *International Hahnemannian Association*, and adopt the following constitution and by-laws.”* The constitution, moreover declares that no one can be elected a member of the Association until he sign the declaration of principles, governing that body.

Thus we see that the founders of the International Hahnemannian Association have in view substantially the same purposes as had the originators of the American Institute of Homœopathy : namely, to improve our therapeutics and restrain unfit and unprincipled persons from practicing homœopathy.

If it was right and necessary for the originators of the American Institute of Homœopathy to declare in 1844 that our *Materia Medica* needed augmentation and improvement, and that many unfit persons were practicing homœopathy, it was certainly equally right and much more necessary for the founders of the International Hahnemannian Association to make the *same* declaration in 1880. Had the American Institute of Homœopa-

thy done its full duty during the thirty-six years intervening between these organizations, the formation of this new and International Association would have been unnecessary.

The perversions, which the (so called) rational and progressive homœopaths are seeking to make in our therapeutics, are too many and too injurious to need a recapitulation at this time.

That many are practicing something which they call homœopathy, needs no demonstration; the journals teem with their effusions; the society debates and the transactions are full of this rubbish. There may be some wheat amid all these tares but it would take a life's work to winnow it out. The founders of the International Hahnemannian Association desire to have the wheat without the tares, so they propose to gather *their* golden grain into a separate store house, and allow those who will amuse themselves with the tares.

The declaration of principles put forth by this Association is substantially the same as that declaration which was signed by many, some years ago, and whose signers are now known as "The Legion of Honor." All those who joined the "Legion of Honor" because they were desirous of seeing its principles triumph, should join this Association and *work* for those principles.

These principles are briefly those that the HOMŒOPATHIC PHYSICIAN put forth as its "platform:"

The Law of the Similars.

The Single Remedy.

The Minimum Dose.

The law of the similars teaches that a drug must be proved on the healthy before being used on the sick: the single remedy teaches that alternation and combination are non-homœopathic: the minimum dose teaches that it is unwise to give a larger dose than is necessary to cure, for a too large dose of the simillimum remedy *will* produce an undesired aggravation. This minimum dose may in one case be the 30th, while in another it may be the C.M. attenuation. The single remedy and the minimum dose both forbid topical (medicinal) applications.

It has been charged by some that the International Hahnemannian Association (and also this journal) advocate high potencies exclusively. This is not so. While the experience of its members undoubtedly points to the greater efficacy of the high potencies, its principles advocate any dose necessitated by a strict following out of the law of the similars. Again it has been charged that the Association favored "Isopathy." This is also false. But a word as to isopathy. Any remedy—be it aconite or syphilinum—which has been proved on the healthy, and has produced legitimate and characteristic symptoms may be prescribed according to our law, and is then *not isopathic but homœopathic*. Indeed, there is no such thing as an "isopathic symptom." "Isopathy" simply means to give the product of a disease for that disease without regard to *symptoms*; it is in fact seeking a specific for a pathological disease. This is empiricism not homœopathy. The International Hahnemannian Association repudiates all empiricism, whether it comes in the form of the crude drug or in the C.M. potency, aconite or syphilinum.

Thus, we have endeavored to briefly outline the causes which led to the organization of this Association, and the essential features of its work. We have seen that these causes are similar to those which led to the organization of the American Institute of Homœopathy thirty-six years previous. The Institute, having failed to execute "the essential purposes" of its organization, the International Hahnemannian Association proposes to execute its neglected work, and thereby regenerate the homœopathic school.

Of this Association Dr. Smythe—an allopath—wrote: "Carroll Dunham's address was only the exciting cause of the schism which took place in the ranks of homœopathy. It had been gathering form for a long time, and must have come sooner or later; in fact, it could not have been delayed much longer. There are now two wings to the school, the liberals and the straight-jackets. A house can not stand which is divided against

itself. The liberals will necessarily become eclectics and the straight-jackets will return to Hahnemannism, pure and unadulterated. Preliminary steps to accomplish this end have already been taken. During the meeting of the American Institute of Homœopathy, at Milwaukee, June, 1880, *The International Hahnemannian Association* was formed. . . . The formation of this Association, and the adoption of its platform is a return to the pure, inflexible, dogmatic homœopathy of Hahnemann."

The work which the International Hahnemannian Association has undertaken, is a noble one, and a great one. It is to stem the torrent of eclecticism which threatens to wash away all the old, safe, reliable landmarks left us by Hahnemann. This work necessitates the increase of the *Materia Medica*, and its purification from all errors—clinical, pathological, or hypothetical; the regeneration of its medical schools; the instruction of its physicians and the exposure of false theory and erroneous opinion of many of its professors and leaders. This task the International Hahnemannian Association proposes to accomplish by a strict adherence to the law and its corollaries and by a full and clear explanation and illustration of them. The members of the International Association retain their membership in the Institute, hoping—almost against hope—that a little leaven may eventually leaven the whole. To accomplish this the better the two societies will meet at same time and place.

Now, let all true homœopaths, all those who believe, who *know* from experience, that the law of the similars, with these corollaries, is the best, the safest, and in fact the only true guide in healing the sick; let all such join this Association and save that law from being swallowed up in empiricism.

* See, "Medical Heresies," pp. 215-7.

FATAL ERRORS.

AD. LIPPE, M.D., PHILADELPHIA.

It is a fatal error to claim that the law of the similars is not a universal law governing the therapeutics of the homœopathic school of medicine; it is still a more fatal error to say that the law of the similars and the "law of the contraries" are not antagonistic: that they are supplemental, one supplying the deficiency of the other. These fatal errors have been exposed before; they are such gross errors that it is really painful to combat them again; but, as we have time and again asked the error worshipers to "illustrate," without a response, we must rejoice to find an illustration at last. This fatal error is uttered first by Joseph Kidd, M.D., and was by him published above his signature, April 15th, 1881, in *The London Times*. He is there and then endorsed by R. E. Dudgeon, M.D., who says "*The partisans of the reformed system only claim for homœopathy that it [the law of the similars] is the best rule for the selection of the drugs, but they admit that there may be cases for which a homœopathic remedy can not be found, and where some other means must be had recourse to.*"

A fatal error indeed! The true healer is always guided by the law of the similars and while he knows that a law must either admit of a universal application or if that is not practicable, that it ceases to be a law and becomes only a good or best rule, has, by accepting the honorable name of homœopathist, thereby acknowledged that the law of the similars is a universal law in therapeutics; on the other side, it is the prerogative of the eclectic school to accept every method and means that may be considered useful in the treatment of the sick, which prerogative Dr. Dudgeon illogically claims to belong to homœopathy. But we offer no more suggestions or arguments against this monstrous absurdity, this fatal error; we see it

finally illustrated. Dr. Kidd, a professed homœopathic physician, became imbued with the idea that he was much wiser than was Hahnemann: failing to follow the master's example and failing to make the experiment successfully he first abandoned the potencies after setting aside the law of the similars, and, giving up his compass and rudder, was left to the winds and the waves; where did this professing homœopath drift? He writes to Dr. Quain, the allopathic physician called in consultation in the case of the late Lord Beaconsfield,

“DEAR SIR,—I have to thank you for your communication. In reply, I beg to say that I am not treating Lord Beaconsfield homœopathically. I beg further to assure you that every direction and prescription of yours will be faithfully carried out by me. Believe me, yours very truly,
J. KIDD.

Here we have, *at last*, an illustration. A grave case arises: a noble lord sickens, a professed homœopath abandons the only universal law of cure and applies an opposite law. Dr. K. believed that two laws would not antagonize!! that they could be supplemental, one supplying the deficiency of the other. Believing in such monstrous absurdities, he could not but come down to the final humiliating position of offering himself to Dr. Quain, to become his humblest of all servants—Dr. Quain's man Friday. Can a deficient law be supplanted by another deficient law? What was the result of the abandonment of homœopathy? A humiliating, nay, a disgraceful surrender to the allopathic school; and it proved to be of no benefit to the help seeking Lord B. A true healer will forever hold fast to his principles and the graver the case the more persistently will he apply himself to the best application of the law and principles governing the school to which he professes and does belong. Eclecticism is not homœopathy and never will take its place among the medical methods, save to be ridiculed by all honest practitioners of medicine, be they homœopaths or allopaths. The illustration, given by the would be perverters of homœopathy into ridiculous eclecticism, illustrates the fallacy of and the disgrace

into which their propositions must by logical necessity, and in reality did, lead. Every honest healer must thank these men for having *at last* appeared on the witness-stand before the final medical tribunal and the common sense of all thinking men, and have testified. May they be rewarded.

THE QUESTION ANSWERED.

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

THE following question was put, to the homœopathic profession at large, by Dr. T. P. Wilson, in the *Medical Advance*, Dec., 1880, p. 283.

“What can be done for the instant or rapid relief of our patients suffering acute pain? Will those who do not use narcotics please answer and illustrate?”

As I do not, and never have, used narcotics in the course of an active practice extending over a period of nineteen years, I feel that I, for one at least, can with propriety answer this question.

When called to a case in which I find very acute suffering from pain, no matter what the nature of these pains may be, provided they are cases requiring purely medicinal treatment and not mechanical, I calmly and deliberately sit down and examine the case before me with the greatest minuteness and care, never heeding that oft-repeated clamor of the attendants, so often heard in the sick-room that “something must be done or the patient will die.” The greater the suffering the more particular am I in my examination, in order to get at the proper homœopathic specific in the most direct way. One of the greatest blunders that a homœopathic practitioner can be guilty of in such cases as these, is to allow himself to be dictated to in the sick-room, and thereby make hap-hazard prescriptions for

the purpose simply of deluding those present into the belief that he is really doing something for his patient, thereby losing many precious moments, prolonging the patients sufferings, and spoiling his case into the bargain. I have no hesitation in asserting that a physician who, upon being ushered into the presence of such cases as these now under consideration, simply glances at the patient whom he had never, up to this moment, heard of before, much less seen, pulls out his pocket case and gravely asks for a half-glass of water and a spoon with which to prescribe, does not by any means show his smartness, but on the contrary he exhibits his ignorance and is unworthy, by his own showing, of the name of physician. Nor on the other hand does the physician who on the spur of the moment applies a sinapism or calls for turpentine with which to anoint his patient, or chloroform to render him unconscious, exhibit very great learning, but on the contrary he betrays both his weakness and his total unfitness for the work before him.

When people undertake to push me, in the sick-room, I plainly but politely tell them that I must know exactly what the patient requires in order to relieve him of his great distress, before I prescribe, and if I am not allowed to make the proper examination with this end in view, which is a duty I owe both to myself and patient, I must respectfully refuse to have any thing further to do with the case.

From what I have already written, you will perceive that I prefer, and do rely upon, the strictly homœopathic remedy in each and every case of emergency, and wholly abjure all palliatives with the occasional exception, sometimes, of hot or cold water. I never keep narcotics in my office, nor do I carry them in my pocket case; and I can ask no better satisfaction than I have enjoyed in the practice of my profession, in relieving acute pain, no matter how sudden its onset, quickly and permanently.

ILLUSTRATIONS.—I was called to visit a gentleman eight years ago, suffering from the passage of a urinary calculus down the right ureter. The agony which he endured, shown by his writh-

ings and the cold beaded sweat upon his pallid face, I shall never forget. He had several attacks of a similar nature previous to this, within a period of two years, each on the *right side*. I gave him, after careful study, a single dose of lye. 30, in water. Almost instantly after the drug was swallowed the patient turned over on his left side with his face to the wall and fell into a sound, peaceful sleep, so sound and so quiet that his good wife thought he was dead. After he reposed in this way for one hour he got up, passed his urine freely, which before was voided in drops and loaded with red sand; and never, from that day to this, has this sufferer had another attack. Are there any palliatives which can excel this treatment?

Another case was that of the passage of gall stones in the person of a Miss of eighteen years. I found her in bed screaming fearfully, tearing her hair, and rolled up in the shape of a ball like a hedge-hog, so great was her agony. China was the remedy here, which she received in the 20 M. potency, repeated a few times in water; relief soon came, and next day when I called, the young lady herself opened the front door and ushered me into the house with her face wreathed with smiles. The symptoms leading me to the use of this drug were, first, icterus, and added to this there was *extreme depression* and *want of breath* with desire to be fanned, pain in region of liver worse from least touch.

Again, I was called one evening to see a little five year old girl afflicted with Parotitis of the most aggravated type. Both sides were involved, and the pain was so exquisitely severe that the sufferer sat up in bed screaming constantly, keeping every one at a distance for fear of being touched. She could not bear the band of her night dress to come in contact with any portion of her neck, and would not allow me to even point my finger at the swollen glands without screaming and becoming almost convulsed with pain and terror combined.

Now what palliative could be placed upon a surface like that? There is but one answer to this question. *Not any*. Lachesis

2 C., in water gave immediate relief, which was followed by sleep, and the following day I was not only allowed to touch the neck but also to knead it with my fingers as though it had been so much dough.

Some years since I stood by the bedside of a young woman to whom Dr. Hering had been summoned in great haste. The nature of the case was puerperal convulsions. The tongue being protruded between the teeth and the jaws locked, the face purple and the breathing stertorous, the doctor remarked that no remedy could be administered by the mouth. What did he do? resort to some palliative? No: the grand old man took from his pocket-case a tiny vial containing a few pellets of opium 2 C. which he held to one of the nostrils of the patient, while he closed the other with his finger. After a few inhalations the spasms ceased instantly and the storm was calmed.

Would morphia or any palliative have acted better than the remedy whose pathogenesis was similar to the characteristics of the case?

Adjuvants in the shape of narcotics and local appliances of a medicinal character do not belong to the homœopathic law of cure as it was handed down to us by the master, yet we find that they invariably follow in the wake of that class of so-called doctors of homœopathic medicine who are continually being graduated from institutions ostensibly Hahnemannian, but within whose walls, notwithstanding, Hahnemann's "Organon" is *never studied*, or even commented upon.

If a man turns his face away from the light, he is in darkness; and of such are those who willfully turn their backs upon the law of the similars.

“FLUXION DILUTIONS.”

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

AGAIN are we called upon to witness an attack upon the “*Fluxion dilutions.*” When a man openly pours out his little volley against the possibility of our reaching the C.M. or M.M. rounds of the ladder, we do not attempt to fight him. We object to “hitting a man when he’s down,” (very *low* down). But a double barrelled article, such as appeared in the *Hahnemannian Monthly*, for March, is too good to pass over lightly. Were it not for the kindly feeling which the writer holds toward his Maryland friend and old classmate he would be tempted to ask him if he ever *tried* a fluxion potency: or, in fact, any potency above a red, white or blue.

Our very good friend is not satisfied with flatly denying what he can not prove, that a very high potency does not exist, but savagely declares that they will not, or do not, *act*, that they are, in brief, “shams.”

It is a strange “coincident” that since using these “shams” exclusively in our practice, and giving single, or very few doses of them, to a prescription, we have found our mortality list very much smaller in proportion to the cases treated than when we carried a larger pocket case, and loaded it up with the 3d and 4th dilutions. If we bring forward a case or two which has “ceased to be,” so far as ills are concerned, and tell our friend that a high potency, and a fluxion potency *will* act, we trust that he will forbear any ill feeling toward the writer.

Miss L. G., æt. 19 years, complained of the following: soreness of throat, worse on swallowing; tough mucus collecting in throat; scraping rawness, and, worst of all, a sensation as though she had a “grater” in her throat. This latter symptom well described the appearance which was that of a marked case of follicular pharyngitis. The fauces were dark red, and she com-

plained of more or less headache. All of these symptoms she had been suffering from for over four weeks, and they were becoming worse so rapidly as to alarm her. I gave her *one dose* of *argentum nit.* 45 M. (Fincke). Handed her Lac. Sac., Q S. to last a week, asking her to call in that time. She did so, stating that she only called because I had so requested: that her throat was better the second day after her first visit, and that it was now entirely well, which an inspection confirmed.

“MR. M. G., æt. 22 years, told the following story of himself. He had felt well until two days ago, when he was “taken” with chilliness which was more or less severe for several hours, and had continued to some extent, up to within a short time of my visit: he was then in a state of intense heat. Severe aching of lumbar region. He said he felt as though his back would *break*.” Intense sensation of fulness in forehead, skin very hot, pulse 120, full and bounding. Getting rapidly worse. Gave him one dose of *bell.* C.M. (F. C.) dry on the tongue, and left another to be taken in three hours. S. L. in water *ad libitum*. Next day he had no fever, and all other symptoms much better, including his breaking back. He received no further medication. Was entirely well the day following save only a slight exhaustion, and his mind was quite at ease on the small-pox question.

MRS. A. B., æt. 43 years. Nausea, fever, chilliness, aching of knees, throat exceedingly sore and dry, neck very sensitive to touch, aching of nape, lassitude and exhaustion. Inspection of throat showed inflammation, with several points of ulceration, tonsils enlarged, left one most so. *Lachesis* C.M. (Fincke) was given, one dose, followed by the usual *Placebo*. The *next* day a slight fever, and very little soreness of the throat, was all that was left of her troubles. She was well, and about her household affairs two days after.

W. H., aged twenty-seven years, gave the following record on the 9th of August, '80. Has had dysentery for eight years. Stools contain blood and mucus, from six to twelve daily, much

tenesmus, burning in anus after stool, sudden urging to stool on awakening in morning; he is of a stooping figure, and greatly emaciated. Prescribed one dose of *sulphur* M.M. (Bœricke). Aug. 15 reported that a decided improvement had taken place in a day or two, and continued for two more days; he is not losing ground, but not improving. Gave one more dose of *sulp.* M.M. Aug. 28. Feels much better, and improvement continues. *Sac. Lac.* Sept. 11. Improvement, which ceased five days ago. One dose *sulp.* M.M. Sept. 24. Has felt "entirely well" until within three days, when having taken a severe cold, the trouble slightly returned. The symptoms of his "cold" not contradicting *sulp.* I gave him one more dose of the same (M.M.) which was all the medicine he has needed. January 30, '81. Applied for treatment for another cold, much severer than the last, which has affected his throat principally but not at *all* the old trouble. His bowels now move regularly once a day, without pain, mucus or blood, and from the patient's general improved appearance one could scarcely doubt his word when he declared that he "never felt better in his life *down there.*" This patient had no change of diet, as that had been already suggested to him by his many allopathic and pseudo-homœopathic physicians, and tried without avail.

J. M., æt., 32. Had been treated by several physicians, who had pronounced his case one of incipient phthisis and *incurable.* Great dyspnœa, especially left side; left lung obstructed, night sweats; a sharp pain in region of liver on deep breathing. Great tremor of body; nervousness; voice so weak can scarcely talk; hard cough; pulse 108; a dull pain in lower left lung, and great sensation of pressure there. Sleeps fairly till 4 A.M. then awakens with cough and can not sleep after. Prescribed *kali carb.* 4 M. (Fincke) a dose every two hours till bed time, (probably about *four* doses). Twelve days after called and stated that he felt "wonderfully better." Still has some cough but less than heretofore. Yellowish expectoration; no dyspnœa; appetite good, sleeps well all night till six o'clock, and no perspiration. Pain

in right side gone, also the tremor and weakness of voice, pulse 96. *Sac. Lac*; called, fifty-five days after, stating that he had sweats slightly for two nights, appetite not quite so good. Bowels costive, some expectoration and much lassitude. Does not cough often but hard. One dose of *phosph.* 19 M. (Fincke) was all the medicine given, and he has had none since, (two months).

I have thus given a few cases which presented no signs of self-cure: which were, in fact, getting worse daily. Several of the number very acute in nature, and threatening violence. One of them markedly chronic and having for a number of years resisted many other forms of treatment. And all "by chance" disappearing under *fluxion* potencies and moderately high ones at that. I can see but one complaint that my friend can enter against these reports, and that is that they were not sufficiently lucrative. I would suggest, however, that this need be no bar to his attempting a little such "*shamming*" as he could make more *frequent* prescriptions of "*sugar pills*." If these medicines be a "*sham*," then also is homœopathy a sham, life, light, health and food, and our very beings. I have faithfully "tried and found wanting," low potencies and frequent medication, and I "know whereof I speak" when I say that I am willing to stake reputation, the lives of my patients, and my own life, if need be, on that which has conquered where nought else could.

DIPHTHERIA AND BACTERIA.

P. P. WELLS, M.D., BROOKLYN, NEW YORK.

HYPOTHESIS has been a great barrier in the way of medical progress, if not the greatest with which it has had to contend

in all its history. It has always been easier to imagine how a matter may be, or may have been, than to find out how it is or was by careful collation and examination of facts, and from these construct a whole of truth based on this only sure foundation. And then it would seem to be so easy, having wrought out the imagination into a seeming of reality, to mistake it for this, and to proceed to reason and act upon it as if there could be no mistake about it. And further, that a protracted contemplation of the figment so blinds the mind of the inventor that all who do not readily accept his alleged discoveries are, by him, consigned to the category of the hopelessly stupid, or incorrigibly obstinate. The figment becomes, perhaps on the principle of love of offspring, a fact to its author, and the essential difference between fact and fancy becomes to him, so far as his pet is concerned, a matter beyond his grasp. It is notorious, that medical history has come down to us composed almost wholly of a succession of theories, each giving place to a successor, to be referred to the limbo of the false and useless, and so on, till now that vast receptacle well-nigh contains them all. And after all this, continued through all these centuries, each hypothesis giving place to another equally as false as itself, the medical world has not lost its love of theory. It has not learned, as it should, and might, long ago, that fact, and fact alone, is that which can bring to us increase of knowledge of the least practical value.

These thoughts have been suggested by reading a pamphlet of a few pages entitled, "Diphtheria and Bacteria," by Rollin R. Gregg, M.D., of Buffalo, N. Y., which seems to have been born so largely of the imagination of its author as to serve well for the occasion of a protest against a continuance of the history of the old school, in this particular, in the life and literature of the new. It has been our fortune to be present in many medical organizations where diphtheria has been discussed by many doctors, and on leaving each, the one reflection has come—how little these discussions have added to one's positive knowledge

of the disease or its cure. This has been true of each one of them. This was a matter of course when the whole, or nearly the whole, was made up by each doctor telling what he had done in treating cases which had been subjects of his care. There was a certain interest in this. It is well enough to know what one's neighbors have been doing. But in all these discussions it is not now remembered that any one of these many doctors told *why* he did what he did. I have no recollection of any one showing that the agents he employed in treating his cases were, in their action on the living organism, more like the phenomena of his cases than any others, or that they were like at all. Yet these organizations were all called *homœopathic*. They had given this, that and the other, because they had read, or had been told it would cure this troublesome and dangerous plague: yet they were made to know in the sequel that it did not cure. The difference between them and the writer of the pamphlet before us is considerable. These told what they *did* with and for the disease. Dr. G. tells us what the disease is: or, at least, he tells us what he thinks it is: and in doing this he has so fallen into the sin of the old school of giving fancy for fact, that, but that we know his belongings, we should not think of questioning his orthodoxy as judged by the leading ones of that school. Equal to any of them, even the oldest, he tells what *is*, as though it were a fact he had proved, leaving his readers in ignorance of the steps which have brought him to his conclusions. If the reader accepts this it must be on the authority of the writer, and not because of any facts which accompany it.

Now, whatever of ingenuity may be conceded to Dr. G., and we would grant him much, we are constrained to think it not unreasonable to demand something in the way of proof of the soundness of his theorizing—for this is what his pamphlet is—before it can be accepted as adding to the sum of our knowledge of this most interesting and important subject.

This is what the doctor says: "In the first place, then....

the fact should be born distinctly in mind that the characteristic exudations of diphtheria. . . . are wholly, or principally, fibrin, Oertel, Virchow, and all other prominent writers upon the subject assert such to be the case." Then having given the mode of action of fibrin in forming clot, he proceeds to assert, that "fibrin is always in excess in the blood in diphtheria." How does he know this? So far as the pamphlet goes, this stands wholly on the *ipse dixit* of Dr. G. This may be just as he says, but he has given no proof. He declares further, that this excess is a fact in "all other inflammatory diseases:" that excess of fibrin is "always a source of more or less danger. . . . in pleuritis, peritonitis, etc." How does he know this? Is it not reasonable to suppose that the danger in inflammation of these serous tissues, is as much from the fact, that whereas in their normal state they separate from the blood only so much of its serum as is needed in the discharge of their functions, now, in the changed action of these membranes, in their diseased condition, they eliminate another element, fibrin, as to charge this increase of danger to *excess of this element in the blood?* If fibrin be in excess, for which we have only the doctor's word, he has failed to connect danger with this fact, except so far as he has attempted to make it responsible for embolism, which may give much trouble, no doubt, if present, and the doctor says that in consequence of this "a goodly number of diphtheritic patients perish." This may be so: but it is certainly true that we have never met with *one*. The doctor gives us no signs by which he has decided that death has been adjudged by him to have resulted from this cause, and therefore we are left wholly without the means of judging as to the accuracy of his decision. Neither in a rather long practice have we known inflammation of the pleura or peritoneum to terminate fatally from this cause, which is certainly a little remarkable, if these obstructions are a result of this excess, and this excess is present in *every* case of these diseases as well as in diphtheria. We have no recollection of any fatal case of either of these diseases,

which any amount of ingenuity, aided by the notion of this excess and its possible consequent embolism, could have dragged into the category of deaths by thrombosis.

This being the fact, it would be difficult to avoid the conclusion, either that the alleged excess is much less common than the doctor represents, or that it is much less important than he supposes. Having declared the invariable presence of excess of fibrin in every case of diphtheria, and having told how this excess in the circulation is disposed to roll itself into clots, and how these clots by becoming plugs in the larger or smaller arteries, are a source of great danger to the patient (he would seem to regard it as a principal one), the doctor has prepared the way for his grand idea, that indeed, for which it would seem his paper was written. The patient having to struggle with this excess, and its tendency to roll itself into clots, "*Nature,*" being "*conservative and preservative of life under all circumstances, where she possibly can be. Hence, as fibrin is always in excess in the blood in diphtheria, and as all heart clots and all false membranes of the disease are of fibrin, and the former, or heart clots, are so extremely dangerous, there can be no question that the exudation and formation of all the membranes of the disease are the result of nature, or the preservative forces of life, stepping in and expelling the excess of fibrin from the blood to prevent its accumulation in the circulation to such an extent as to form coagula there that are so fatal.*"

There it is—put in plain English it amounts to just this: the awful membrane of diphtheria, which has been and is the terror of so many worthy doctors, is wholly a beneficent arrangement of nature to protect the heart and arteries from embolism! It is well that this is known at last, for if true it may save some of us, who did not know it before, from painful fears and anxieties hereafter—those of us, we mean, who have been accustomed to estimate the danger of our cases as in some degree disclosed by the greater or less extent of the exuded membrane. This is all wrong! It is only a beneficent arrangement of na-

ture to get rid of excess of fibrin in the blood-vessels, and this in the interest of heart protection from thrombosis!

Hereafter we may know that this object of our great fears is only a "conservative" resort of nature, and "not a lion at all, ladies and gentleman, but only Snug, the joiner." If you ask, how are we to know this? we can only reply, Dr. G. has said it, and we know no other reason for believing it. We have said, if this grand idea of Dr. G. be true, we may dismiss our fears of the membrane hereafter. But is it true? Is the exudation of this, our great dread, beneficent, and not a danger after all? If this be so then one of the most obvious evidences of this beneficent intent and tendency, and one for which we should first look, and most readily recognize, would be a relief to the patient, beginning with the deposit, and proportioned, always, to the extent of this. Has any man seen such relief, so beginning and so progressing, becoming greater and greater as the membrane was more and more extended? Has not the experience been rather, that the danger has been in proportion to the extent of the exudation, than that this by increase has brought relief in any degree? The idea that "nature," here and so, steps in, with beneficent intent, is certainly an interesting one, but its practical value is materially diminished by the fact that this most excellent lady sometimes "steps in" too far. She, seemingly, does not know when to stop. She "means well, but don't know." This is evidently true of those cases where the exudation extends to the respiratory tubes and air cells. The certain fatality of cases where the pulmonary tissue is so invaded, would seem to intimate that "nature" did not know where to put this alleged excess, which we have been told is so important a factor in the item of danger in this formidable disease. In filling the air cells with this excess, she certainly made a bad use of it, if, indeed, she did not make a consummate blunder. Then, the doctor gives, as instances of the danger from excess of fibrin in the blood, pleuritis and peritonitis. Does he also claim that the deposit of fibrin in these diseases, on the serous sur-

faces involved, is a beneficent fact? Does he not know that the danger in these diseases is generally thought to be enhanced by the increase of the deposit, and to be in no small degree determined by the extent of this; *i. e.*, the greater the exudation the greater the danger? Here, again, "nature" often "steps in" too far, or, rather, here the doctor's theory of her beneficent action fails as completely, as an intelligent observation of the facts will show that it does in diphtheria. This is a pity, for if true, it might save many of us many a heart-ache. Again, having shown how benevolent and beneficent the deposit of this exudation is, which so pleasantly and safely relieves us of our apprehension from excess of fibrin in the blood, he proceeds to assure us that were not this excess "expelled from the circulation, *every*" (the italics are the author's) "case of diphtheria would prove fatal," etc., and this "in a few days," and by reason of "the formation of large coagula in the heart, . . . or small ones that would lead to incurable inflammations, and cause death in that way." He also says that death is prevented in pleuritis and peritonitis by this same resort. *i. e.*, by the exudation of the fibrin on these serous surfaces.

The first remark we have to make on this assurance as to diphtheria, is, we do not believe it, and for this reason: there are cases met in most epidemics of this disease, showing all its symptoms except the one of exudation, and followed sometimes with its troublesome sequelæ, notably by paralysis; and though there has been no deposit of membrane, the patients have not died. More than this, there has been no apparent increase of danger from the absence of the usual exudation; therefore we do not believe this assertion. We do not believe it because we know it is not true in these cases. We do not believe it in the case of serous inflammations, because in a practical experience of more than forty-seven years, in which we have treated our share of such cases, we can not recall one fact which in the least confirms the truth of it. The doctor invokes a treatment of this disease "more in accordance with these incontrovertible facts

than it has been in the past." If by this be meant a treatment which shall increase the extent and amount of the membrane—and we can not see what else he can mean—we can only say in reply, God forbid! The doctor gives us no hint as to what this treatment shall be, nor what the means he would have employed to accomplish this great disaster.

Having disposed of *all* such cases of these inflammations as are not relieved of this excess of fibrin, by exudation, or otherwise, and satisfactorily given them over to a necessarily fatal termination, he tells of bacteria; at least he tells what he thinks of what others have found by the use of the microscope, in connection with this and some other diseases, and which they have called bacteria. Dr. G. has found out, or he is mistaken, that these heretofore supposed little living organisms are only *fibrin!* He assures us "there is not the slightest proof to show that these bodies are vegetable parasites, or organisms." We never attached much importance to the presence of these bodies in the secretions or on the surfaces of the sick, and none at all to them as a cause of which diphtheria was the effect. But when the doctor says "there is not the slightest proof," etc., he is certainly mistaken. There has been, and is, very substantial and respectable testimony to the veritable existence of these organisms in diphtheria. When their presence and importance were discussed in the World's Homœopathic Convention, in 1876, I remember a representative to that convention from Germany, a professor in an institution in his own country, his duties as teacher compelling his use of the microscope, and familiarity with the objects of its revelations, declared that he had seen them, *and knew what he saw.* He was a man of remarkable acuteness and clear in his statement of facts, and I have no doubt truthful. It is more than likely he was quite familiar with the modes and actions of fibrin while gathering into a clot, as it is some time since this ceased to be a novelty. And yet he says of bacteria, "I have seen them and I know." The case being so, we are compelled to believe in the little organisms.

though Dr. G. knows of no proof of their existence. We have never seen them, but the Herr Professor saw them and was abundantly competent to testify as to what he saw. There are two assertions in this pamphlet, resting, so far as it is concerned, wholly on the *ipse dixit* of Dr. G., and these contain all there is in it which is new: 1st, that there is an excess of fibrin in the blood in all cases of diphtheria; 2d, that the exudation of this in the form of membrane, in diphtheria, is a beneficent fact, because, but for this there would certainly be cardiac thrombosis in every case of the disease, with certain death as the result. It is a sufficient remark on this first assertion—for, so far as this pamphlet is concerned, this is all there is of it—that if the fact be admitted of this universal excess, for the sake of the argument, this is not the only, nor the most important factor the prescriber has to meet and deal with in solving the problem of the simillimum for his case. The tendency to a rapid dissolution of both solids and fluids in the severer forms of the disease, is a fact before which this alleged excess becomes of very small importance. The second assertion, that of the beneficent character of the membrane in diphtheria has had from us all the consideration it merits, if not more. We will only add our belief that the judgment of the best practical minds of our school will fully confirm our own conviction, that this is but a figment of Dr. G.'s imagination, pure and simple—that it is just this and nothing more. If the above are just judgments as to the value of these assertions, then the question arises immediately as to their *raison d'être*—why in print? We can see no other or better answer to this than the supposition that the doctor really thought he had made a great discovery in this beneficent imagination, and that pride of paternity so completely blinded him as to its true character as to render him wholly insensible to the difference between fact and fiction. In the pamphlet before us its reader is referred for a knowledge “of the cause of fibrin being brought into excess in the blood” . . . and of “the question of treatment. . . . to my late published

work on the subject." So it appears that this hypothesis and its no less hypothetical consequences were intentionally left resting on the author's sole and unsustained *dictum*. Practically it was as well to leave it so as any other way. Of treatment he says nothing here, except to acknowledge it "the more practical part of the subject." This is not only true, but more than this, it is the only practical part of the subject till it has been shown how the hypotheses of this pamphlet can be made to affect favorably the treatment of this formidable disease. If the object of these eight pages was to call attention to "my late published work on this subject," with a view to enhancing its sale, then its motive is clear enough: and hypothesis and treatment being by it left where they are, it is difficult to conceive for it any other. Now, as to the homœopathic treatment of diphtheria.

We have said, in the many discussions of this we have heard in homœopathic bodies by homœopathic physicians, they have been almost exclusively made up of statements of what individuals had done for the cure of the cases they had to care for. It is not a little remarkable, when we remember all these physicians professed to be guided and controlled in their prescriptions by our law of therapeutics, that hardly any two of them had done the same thing, and that few of them seemed to have had a better foundation for what they had done than this: they had been told, or had read, that this, that, or the other was *the* cure for diphtheria, and they made haste to give it. We say this is not a little remarkable, if we remember they all had the same law for their guide, if they would but give heed to it, and that this they believe, or profess to believe, is equal to all their needs in other cases: yet in this of diphtheria, each has made greater haste than the other to cast the law behind his back, though, just here they have needed its guidance more, far more, than elsewhere. It is as though before this fatal malady they had been so seized with panic as to forget the universality of the law of cure they had professed faith in, and had been ready to do any thing recommended by any body, rather than to proceed ac-

ording to the requirements of the law to analyze their cases, and find for them their required simillimum. Why should this be, unless it be shown first that this disease stands an exception to the universal relationship existing between all other diseases and their curatives, found, and found only, in the similar facts of the diseased and drug action? We submit that this disease is no exception, and shows none in its relationship to law, or in its response to impressions of similar curative agencies. It stands before the law and the prescriber just like any other and every other disease he may be called to treat. Further, that it responds to its curative like any other. This is proved in the history of an epidemic of uncommon severity which prevailed in a neighboring city a few years ago. The fatal cases under allopathic treatment were more than fifty per cent. of all so treated; while under the average of homœopathic treatment, so called, the loss was but sixteen per cent.; and in the same epidemic three physicians treated over two hundred and forty cases without a single death. When told of this successful practice, the result seemed so extraordinary as to be incredible. Two of these physicians were personal friends of the writer, and the first time he saw one of them, after hearing the remarkable fact (Hering), he asked his friend if this were true. It was a surprise to hear him say it was. He confirmed the statement fully, and added, "these were genuine cases of fully developed diphtheria, treated by us, and does not include the multitude of sore throats which we treated, and which lacked the characteristics of diphtheria." We asked, "how was this? what did you do?" He replied, "We analyzed *every case*, and gave the required similar remedy when we had found it, and left it to do its work."* And here was the whole secret of it. This epidemic prevailed soon after it was proclaimed that the *protoiodide of Mercury* had been found to be *the* specific for this disease: a

* The two physicians who, with the late Dr. Hering, achieved this, we believe, unexampled success, in curing this disease in its malignant epidemic form, were Dr. Reichelm and Dr. Ad. Lippe.

claim for this drug which many have not yet learned is far beyond its merits. It is hardly unreasonable to suppose that as the claim was then *new*, and generally hopefully believed in, that these sixteen per cent. losses all had the drug and then—died—and homœopathy failed in each case. Not so, as appears from this statement of Hering, when asked what remedies they found most frequently called for, he replied, Mercury almost never, in any form, and least of all the protoiodide. Here was how the success came. These were not the men to abandon law and run after a new thing because somebody had said it would cure. They kept to the law, and the result justified them and the law. They ran after no will-o'-the-wisp of a hypothesis, because it happened to be an ingenious one; in this, as well as in their loyalty to law, giving an example worthy of the following of all who love truth more than fiction or novelty; and a promise of success to all who will go and do likewise; which, it is submitted, no other course of proceeding can excel or equal.

That diphtheria stands before the law, when a subject of medical treatment, just like any other disease, and responds to the impress of its simillimum just like other diseases, is shown in the case treated by the writer, the patient being our late honored and loved colleague, Dr. Carroll Dunham. He was attacked at his home in Newburgh, N. Y., and was brought by steamer to Brooklyn, for treatment by the writer. He was found in extreme prostration, with hot skin and rapid pulse; throat red and greatly swollen, with patches of whitish grey exudation on tonsils and fauces; swallowing extremely painful and difficult; drowsiness so great he could not be kept awake more than a few minutes; he fell asleep almost as soon as he had ceased trying to speak, and in three or four minutes he would wake with a sigh and say: "How much better I feel!" and sleep again almost immediately. This *feeling better after sleeping*, was the first symptom we investigated, and found it only in a marked degree credited to a drug we had never heard recommended for diphtheria, and in our own mind had never been associated with it as a

possible curative. We did not accept it for this reason, but proceeded to look for the drug which had most of the other symptoms, i.e., those which were peculiar to the case, which I can not now recall, and were greatly surprised to find them one after another, range themselves under this same drug. When this was ascertained there was no longer hesitation in giving it, though I did not know then it had been given in any case of this disease before. As it turned out, this made not the slightest difference in the result. In twelve hours all the most painful symptoms had disappeared, with much of the extreme exhaustion, exudation and fever. There was only some redness and swelling in the throat remaining, for which, after careful examination he got a single dose of another remedy, and this completed the cure considerably inside of forty-eight hours. This severe case, for it was severe, judged by the sufferings of the patient, or by his constitutional manifestations, was perfectly cured in this time with only two doses of medicine, and one of them a supposed stranger to the disease. It teaches the mastery of the simillimum even here; and further, that having given this, there need be no nervous anxiety to repeat doses or to add to it other drugs; and more than this, that no hypothesis, however ingenious, can add to the curing power of the specific—whether this has ever been given to a similar case or not.

INSTRUCTION NOT ENDORSEMENT.

EDITOR HOMŒOPATHIC PHYSICIAN.—In reviewing, and much more in criticizing, a paper it is incumbent upon the critic, especially the editorial critic, that he shall *accurately* represent the views and statements of the one criticized. Your reply to my "Open Letter" headed "Endorsment" in the May number of your journal, in a marked manner violates this requirement and places me before your readers in an attitude that I have not assumed, one that my paper does not warrant and therefore one that I am not *required* to defend.

My "Open Letter" was strictly directed to the following proposition viz. "Is it not also a fatal error if the adherents of Hahnemann's strict inductive method endorse eclectic journals, such as publish eclectic papers, by writing truly homœopathic papers for them." It took in no other subject than that of writing truly homœopathic papers for eclectic journals. It did not consider adversely or otherwise the subject of "attending their society meetings" although it quoted Dr. Ad. Lippe's approval of so doing, so far at least as the American Institute of Homœopathy is concerned, which you affirm "has degenerated into eclecticism!" and is therefore no more nor no less than an eclectic association, in your opinion. I do not agree with you in that opinion: and the inference is a legitimate one that Dr. Lippe does not: it is much more than eclectic, it is a homœopathic institution. A "teacher" does not usually "award certificates" until after the period of "*instruction*" is completed, or is supposed to be sufficiently completed to warrant it, and therefore he can not "endorse" until then: so also may not the "homœopath endorse the eclectic" until he has completed the period of instruction; thus it is that teaching him is one office, endorsing him is quite another, and one does not necessarily imply the other, as you have assumed. My use of the term "*endorsement*" with reference to the Institute was manifestly

borrowed from Dr. Lippe, and from his suggestion that writing papers for eclectic journals was an endorsement of them, which I have shown that it is not, no more than is a membership in the Institute an unlimited endorsement of it, and much less of the adverse opinion of one of its members "that any kind of disease could be cured with the 30th attenuation of medicine" Dr. McManus to the contrary notwithstanding, as you have quoted.

The Institute is not on record as having dissented from the *therapeutic views* of Dr. McManus and Dr. Berridge. this was the record of individual members of it only, and therefore you do it, and a large proportion of its members a great injustice in attempting to make it appear otherwise. So also you do both a great injustice in asserting, and that without the least evidence, that the "members [of the Institute] do not want to be taught, they feel no need of instruction!" The evidence and all the proofs point in quite a different direction, although there are undeniably those of its membership who would spurn, with the greatest scorn, such teaching as you and I would vouchsafe, but these members do not constitute the Institute.

It seems quite unnecessary, and a work of supererogation for you to attempt to frighten any old stager in pure homœopathic therapeutics with the fear that he may by any possibility be guilty of introducing some unkempt (homœopathically) eclectic, with his big doses of morphine or quinine, to the bedside of his patients; he is too cute for that, and the young staggers have cut their eye teeth long ago. Your apprehensions and cautions in this regard are altogether superflous. Such impositions are hardly possible under "the strict inductive method of Hahnemann" nor upon those who follow them.

T. F. POMEROY.

Jersey City, May, 1881.

REPLY.

DR. POMEROY claims that we have misrepresented him; we think not, but if we have done so we beg pardon as we do not wish to misrepresent any one, much less Dr. Pomeroy. We did not mean to assert in our article on "Endorsement" that all members of the American Institute of Homœopathy were eclectics, or inclined to eclecticism, but we do assert that the majority—and the majority rules—are so inclined. There are many very able and pure Hahnemannians in that Institute, but they are sadly in the minority. This Dr. Pomeroy acknowledges in both of his letters.

We would not be placed on record as opposing instruction. We desire that all, allopath and eclectic, shall learn of, and follow Hahnemann. If any of these want pure instruction can not they seek it? Read pure homœopathic journals: study Hahnemann's "Organon," etc.? When a man seeks allopathic or eclectic literature, it is reasonable to suppose that he does so because he would know of the virtues of allopathy or eclecticism; he does not seek homœopathy in allopathic journals, why then should he seek for it in the eclectic? Let allopathy, eclecticism, and homœopathy each have their societies and journals, then the student can choose which he desires. Let us have no mixtures: truth and error can not be mixed.—EDITOR.

 CASES OF CHRONIC DISEASE—CURED.*

THOMAS SKINNER, M.D., LIVERPOOL.

Cases of Displacement of the Uterus.

RETROVERSION AND SUBINVOLUTION OF THE UTERUS—CALCAREA.—
 Mrs. S., a German lady, consulted me on the 10th of October 1876, for what she called "uterine displacement." She had been

* Continued from *The Organon*, vol. iv, p. 54.

under treatment of an allopathic kind for months without any relief. The physicians attending her were men of excellent repute, and they did their very best for her. Being consulted about the "uterine displacement," I, at once, made a vaginal examination. I found the womb retroverted, the os patent, and unmistakable subinvolution of the uterus. With all deference to her previous physicians, the displacement was not all she was suffering from, as she was suffering from *Psora*, and psora was the real cause of the displacement, if I am not mistaken. I was told that the womb had been frequently rectified by means of the uterine sound, but it had returned to its retroverted condition. Nevertheless, the temptation to redress the uterus was more than a match for me: so, with the aid of the sound and the two fingers of my right hand, I replaced the organ in its natural position. I then took stock of my patient. Her age, in 1876, was thirty-eight: she was married and the mother of several children. She complained of soreness of the womb, worse when rocking the baby, or from external pressure, or from the motion of a carriage; she suffers also from leucorrhœa like white of egg and stringy, worse in the day and from carriage exercises. *The menses are regular but profuse; occasionally a day or two too soon.* They are accompanied by dark clots, and a dark flow day and night. She has a tendency to ill-humor before and during the flow, but much less than formerly. *Specks before the eyes, black.* Noises in the back of the head and ears, especially on moving the head. *She is fearfully timid and nervous. Hot flushes and warm sweats; perspires in bed toward morning, hot at first, but becoming clammy;* above all, she has a sensation *as if her stockings were damp.* On the 10th Oct., 1876, she got one dose of the *one hundred and fifty thousandth* attenuation of *calcarea carb.*, and on the 30th Oct. and 13 Nov. of the same year she reported herself perfectly well in every respect. I made no further examination.

ASTHMA DURING THE MENSES—KALI CARB.—On the 16th of July, 1878, the same patient, about two years after the above narrated

cure was effected, called to consult me on account of nocturnal fits of asthma, with slight expectoration and cough during the menses. Her symptoms then were as follows: Difficulty of breathing, a tightness, especially about the root of the neck. As a rule, she generally *wakes with the worst bout, about 3 A.M.*, and again on rising. She can not do with any thing tight round her waist. Aggravation of the asthma *during* the M. P. On the 16th July, 1878, she was directed to dissolve a few globules of *kali carb.* C. M. (F. C.), in a wine glass of water, one teaspoonful to be taken, when an attack is on, every hour till better.

COMMENT.—On the second occasion, when she called about her asthma, I asked her regarding the retroversion *et cetera*, and she replied that “she did not now know that she had a womb,” she felt so well in that quarter. I made no examination; and wherefore should I, when she felt quite well? Mrs. S. “never looked over her shoulder” after the first dose of *kali carbonicum*, as the asthma has never since troubled her. Indeed, the only trouble she has had since her last visit is the death of her beloved husband, who died in other hands than mine. In the first part of this case, the symptoms corresponded strongly to *sepia*, and doubtless if *calcareea* had failed, *sepia* would have been the *Simillimum*. As it is, nothing could have acted more satisfactorily than the single dose of *calcareea* 150 M. It is evident that the redressing of the displacement did good, but without the *calcareea* it had frequently failed to be permanent even in affording relief.

PROLAPUS UTERI.—R. D. (colored) who goes out to wash and iron, was sent to me by a lady friend, who takes much interest in the woman. Her age is fifty-four and the menopause began ten years ago. She is a widow who has only had one child and three miscarriages. On the 3d April, 1878, she informed me that she had suffered on and off from falling down of the womb for *thirty years*; for the last two years she had worn a pessary, but ultimately it had to be removed on account of ag-

gravating her misery. For the first two months it afforded relief to her symptoms. She has worn no pessary for two years.

SYMPTOMS.—She has *great pain in the left iliac region and groin, worse when walking or standing, alleviated by sitting.* She thinks she feels the womb return into its place when sitting. She has frequently *a feeling as if she would lose the use of her left leg.* She suffers from lumbar pains of a sharp shooting or *cutting character, proceeding from right to left, settling down in the left groin.* She has a dragging pain *under the left ribs in front and to the side. The left side is her weak one,* the right being altogether free. She has occasional white discharges, and *she is greatly troubled with wind.* She is *habitually and obstinately constipated. Hot flushes to face; subject to violent headaches of a throbbing character, and her feet are always cold and dry.* Can any one doubt the corresponding remedy? On the 3d of April 1878, I gave her one dose of *lycopodium* C.M. (F.C.) there and then, dry on her tongue, and she was to call in a week. She called when I was ill and in bed, so she called again on the 15th of April complaining that ever since she saw me she had experienced an aggravation of all her symptoms, *especially the pain in the left groin.* There was no doubt in my mind that it arose from the C.M. of *lycopodium*, and be it remembered that it had lasted twelve days. I gave her one dose of the M.M., and on the 23d of April, she called to say that the great bearing down and prolapsus had entirely left her, but *the pains* in the left hypochondrium and *left groin* are no better. She got *thuya* 30 (F.C.) night and morning until she felt better or worse. April 31st, 1878. She reported great benefit from the *thuya.* The pain at the bottom of the left ribs is gone, the first dose affecting it, but it returned. Great pain is felt across the small of the back, and in the left groin. She got no medicine; to return in a week. May 8th, 1878. The prolapsus uteri sensation is much less often than formerly; the bearing down is still in abeyance, and the left infra mammary and inguinal pains are almost gone. No

medicine. July 17th, 1878. Return of the *lumbar pain*, the paralytic feeling in left leg, and the sensation of prolapsus uteri. *Eruclations of wind affording great relief*. She got one dose of *antimonium tart.* 1600. July 24th, 1878. She reports: all her symptoms are gone again, except the pain in the lumbar region, as if broken or beaten, the weak feeling in her left leg, and an occasional sense of prolapsus. These symptoms are *worse in cold, damp weather; she is drowsy at all times during the day; distension after meals; backache and always wakens with her mouth parched without thirst*. She received *nux moschata* 500 (F.C.) July 31st, 1878. The pain in the back is greatly better, "not nearly so racking and violent." The weak feeling in the left leg is also much better, and is still improving. No medicine. August 8th, 1878. The feeling of paralysis in the left leg is entirely gone, and the backache is much less. September 17th, 1878. She feels now as if she were "perfectly well; better than ever she has felt in her life." One month after this (17th, Oct.) she felt a return of the prolapsus, with an aching across the small of her back, worse in bed of a morning: she had also a red discharge with cutting pains in the hypogastrium and loins *aggravated in wet weather, and full of wind*. I gave her *carbo vegetabilis* 50 M. (F.C.) one dose. October 31st, 1878. Greatly better in all respects, and improving in health and strength. November 14th 1878. She called to return thanks, and to say that she has not felt so well for years, and that she is now able to do her work with comfort. I discharged her as cured, and that if ever there was a return of her symptoms she was to call or inform her friend, Mrs. D. As she has done neither, I feel justified in concluding that she remains well, if in the land of the living.

COMMENT. — The only comments which I think necessary to make are (1). This was a genuine case of *prolapsus uteri*, as I examined her and found the neck of the womb swollen and protruded fully two inches beyond the vulva. The womb was rarely more prolapsed, but she often felt as if the whole of her

insides, womb and all, would come out. I did not examine her when she left me, because the bearing down was gone, which is the disease. The bearing down is the cause, the prolapsus the effect. Remove the cause, and the effect, the prolapsus, ceases. (2). I have no doubt, that, if I had not been in such a hurry to change the first *simillimum* and had only stuck to it throughout, I should have accomplished the cure more quickly, much more homœopathically, and altogether much more satisfactorily so far as my own feelings are concerned. In conclusion, here is a case of *Prolapsus uteri* of *thirty years* standing in a washerwoman, cured in about *seven months*, without mechanical support of any kind, without local treatment, and what is most extraordinary, while she was following her laborious vocation, mostly standing. When the advocates of local treatment can show us equal or superior success, it will be time enough for them to find fault, or to ask us for proof of our ability to do away entirely with local medication. No one can doubt, that if this poor woman could have obtained rest and the necessities of life without standing and working for them, and having to go out in all weathers, a speedier cure might have resulted; although I think that seven months is a short enough time to subdue thirty years of psoric misery.

PERISCOPE.

Homœopathic Journal of Obstetrics, February.

Dr. Joslin reports several interesting cases of separation of the linea alba occurring during pregnancy and parturition.

Dr. Chapin writes upon gangrene of the mouth and vulva: gives several cases treated by swabbing with chlorate of potassa, and in the case of the vulva, "packing with camphor." There is not a

word said about giving a remedy in accordance with the totality of the symptoms.

Dr. Carmichael writes upon septicæmia following abortion and contends, very justly, that it is the most frequent cause of the dangers following induced abortion. His treatment, however successful in the cases presented, can hardly be called homœopathic. Thus, on one day, in the course of treatment, he gives sulpho-carbolate of soda and quinine in alternation, and the next day he adds verat-vir. to this prescription. Then he changes to quinine, at long intervals, with veratrum and arsenic in alternation, at short intervals. Now, if this sort of treatment is successful, how does it differ from the old school? Are not these drugs used "by regular physicians" in similar conditions?

It is notorious that a crystal or two of quinia sulphate, even if added to the mucilage on the physician's desk, will preserve the paste from moulding. Here, then, is a perfectly rational reason, and an apparently unanswerable one for administering this drug in septicæmia. Why, then, should it not be used in every case and with success? What reason, then, should there be for the existence of the homœopathic method of individualizing in such conditions? Apparently none. What need, then, have the doctors who practice in this way for calling themselves homœopathists? If they have found that there is nothing true in the creed, then they have no justification for assuming to be followers of it. Indeed, it is a duty they owe to their fellow-men to repudiate it at once, and thus assist in separating truth from error.

Dr. Wells writes an instructive paper upon "Latent Medication," in which he shows the folly of haste and foolishly changing to another remedy before the first has had time to act. This paper should be read by all true homœopathists. But those physicians who prescribe remedies in alternation, who give massive doses and who use the empiricism of the old school, will not be likely to learn from it. Indeed, they will not believe any of its statements, but find in them an additional argument for the belief that Hahnemannians give no medicine at all.

Dr. Mount gives an interesting "Case in Obstetrics, contrasting the Old and New School practice." The prescriptions in this case are not up to the homœopathic mark, however.

Dr. Betts relates an interesting case of rupture of perineum in labor, which was not discovered by the medical attendant. The uterus became prolapsed and the os became firmly cicatrized into the ruptured surface. Dr. Betts discovered this state of affairs, and remedied the difficulty with a pair of scissors.

Medical Counselor, February and March.

Dr. Conant narrates a case of infantile colic with coryza. After unsuccessful treatment with several remedies, apparently indicated, he observed that "*the child was comparatively quiet during the day, and screamed all night.*" Jalapa 30, cured in two or three hours.

Dr. Conant also reports the following: "A lady who was recovering from a miscarriage had profuse, offensive, dark-colored uterine discharge, with back ache, prostration and procidentia uteri, the latter especially when at stool. Creosotum 6, relieved the prolapsus in three days and made a complete cure in two or three weeks."

Another lady had profuse leucorrhœa, especially when standing or walking; so corrosive that it caused swelling, soreness and itching of genitals; weakness; exertion caused profuse perspiration, trembling and shivering. Must sit near the stove. Creosote relieved in three days and cured in a few weeks.

A gentleman having paralysis of his legs had been given up to die by his allopathic adviser. He fell into Dr. Conant's hands, who prescribed *nux vom.* 1st, then 3rd, then 30th, which entirely restored his limbs to usefulness.

A farmer had floury white sediment in urine, nervous-jumping and starting at the least noise; passing of a large round worm. Cina 30, cured.

A lawyer, fond of high living and a victim of malaria and quinine, had a "mean little belly-ache" continuing all the time. Hepar 3rd, cured.

A felt-hat worker had an eruption upon his arm showing "seams, cracks and raw spots, with here and there a blister," and intense itching. Cured with rhus tox, 3 and 30th.

Dr. W. E. Leonard writes a clear, forcible paper upon gonorrhœa, with a statement of a case partially cured. It would be well if every physician could read this paper. It contains within its narrow limits more precise and correct ideas upon this disease than can be gathered from a dozen old school works. Let this article be reprinted in pamphlet form with the addition of clear indications for remedies, and it will do much good in our school. The case related was an instance of the bad effects of suppression of gonorrhœa. The patient lay in bed heavily blanketed, with *alternate chill and fever*. Dragging in right groin. *Right testicle swollen, indurated, dark, red and sensitive*, much *depression of spirits*. Pulsatilla 200. Relief in four days. Two months later there was a re-appearance of the discharge in small amount, apparently a return of the symptoms originally suppressed.

Dr. King writes upon apomorphia and advises its use in persistent vomiting. He cured two cases of vomiting with apomorphia. Indications, *vomiting after eating without previous nausea*. *Vomiting is sudden*.

Dr. Haines relates a case of paralysis, after fright, for which he gave remedies without benefit. Finally, he observed the symptoms—*continued talking when awake, and changing rapidly from one subject to another*. *Paralysis was left sided*. Lachesis made a complete cure.

Dr. Deady gives a proving of Duboisin, made in the proper manner, with 1st, 3d and 4th decimal dilutions. Symptoms were sought for with the ophthalmoscope and laryngoscope. We quote one characteristic symptom of the eye. *Loss of accommodation before the pupil is fully dilated, and continuing when it has regained its normal size*.

Dr. Eggleston writes a condemnation of the use of the abdominal bandage in dysmenorrhœa. His argument is logical, and conclusions therefore correct.

Dr. Casseday relates five cases of severe cough cured with naphthaline 3 x. Indications: *excessive spasmodic cough; paroxysms lasting a long time.*

Dr. Casseday cured *constant nausea with violent retching and vomiting, at short intervals, and intense headache, with iris-vers.*

Cincinnati Medical Advance, March.

Dr. Brigham writes a very good paper upon gynæcology, with indications for several remedies.

Dr. Smith, editor of the microscopical department, advocates an "ideal series of objectives for microscopic work."

United States Medical Investigator, March.

Dr. Ellis denounces the giving of "new or unchurned milk" in fevers, on account of the oil in it. He advocates instead butter-milk, because the oil has been churned out.

Dr. Morgan denounces the empiricism of the usual treatment for burns and scalds. He finds the true simillimum in cantharides, one drachm of the tincture to four ounces of water. Bathe with this dilution for half an hour or until burning pains cease.

Dr. Gilcheist points out the decline of the practice of "Listerism," or "antiseptic surgery" among the old school doctors. He claims superior results in the treatment of strangulated hernia after the operation by following the homœopathic law exclusively. Instead of administering morphia he gives hypericum. "It seems to make little difference whether the remedy is used in tincture, the 30th or the 200th attenuation."

"L" reports several cures with a new remedy—*Monotropa Uniflora*. Two cases of convulsions in children, with constipation, were cured after other remedies had failed.

Two cases of conjunctivitis—one of two years' standing—were cured, whilst a third was benefitted.

Dr. Woodbury writes upon "Reflex Gastric Derangements During Pregnancy." His most successful remedies are nux. vom., creosote and lactic acid. The last is indicated where

the *nausea is constant*. He relates the case of a woman who had two miscarriages as a result of severe vomiting; but afterwards, by the help of lactic acid, had gone through three pregnancies successfully. The doctor also gives pepsin with success. He meets the objection that it is not homœopathic, with the counter objection that it is not allopathic. "It is simply supplying an element necessary to digestion." We may answer that this is not proved. Because pepsin will digest coagulated albumen of egg in a bottle kept at 99 deg. is no *proof* that it will do the same thing in the stomach. How do we know that pepsin is not attacked by the stomach juices and itself digested, just as if it were a food? Why may not this foreign pepsin act the part of a remedy—one of the so-called "nosodes"? Even the druggists, in their advertisements, are heralding the inefficiency of pepsin; especially druggists who have for sale a similar digestive substance prepared from the gizzard of the barn-yard fowl!

Dr. Pease had a horse that suffered from a bleeding wart two inches long and three quarters of an inch thick. Cured in two weeks with thuja 200 one dose.

Bibliothèque Homœopathique, January, February, March.

Dr. Simon reports the following cases: Catarrhal Intermittent Fever. A girl having taken cold, was seized with a severe chill followed by fever, great heat of skin, rapid full pulse, severe back ache, great thirst, tongue covered with white mucous coat, red on the edges, abdomen tense and sensitive, dry cough in short, frequent paroxysms, sibilant mucous rales all over the chest. Relieved at once by bryonia 12. The fever symptoms then returned and were treated with acon., ars., cedron 3rd, sulphate quinine, 3rd; and, finally, aranea 12th, which cured.

Phlyctenoid Erysipelas of the face, commencing on the left side and going over to the right. "Aconite as soon as the eruption was well developed; bell. followed; rhus tox given

as soon as vesicles appeared; merc.-sol. after rhus: finally, sulphur to hasten desquamation."

Cystitis in a servant girl. "Sharp, burning pain whenever she has desire to urinate; continuing at the time of micturition and increasing after the act, with spasm. Bell. was given without relief. Cantharis was then given, which removed the spasms. Dulc. merc.-sol., puls., cannab. and thuja were subsequently given in the order named. Cured. The objection to this case is the frequency with which the medicines were prescribed—not allowing sufficient time for any particular medicine to develop its effects.

Erythema of thighs and lower limbs, cured with rhus tox, followed by *æsculus hipp.*

Results of starvation in an Italian of 72 years. Treated with soups, wine and water, and the following remedies: Carbo. veg., puls., hepar., ars., china., cured.

Dr. Chancerel reports the following: chronic bronchitis. A tailor had a cough with hemoptysis for four years: expectoration streaked with blood. Dyspnœa, sonorous rales. Cough and dyspnœa relieved immediately by puls. 30. Symptoms became worse from too frequent repetition of the medicine. Ten days later they were much better, but he had great weakness and dyspnœa on walking. Arsenicum 30 relieved him immediately. Later, phosphorous 30 was given, which cured.

Chronic enteritis: a hack driver had chronic diarrhœa, worse from the least cold or change in diet; cold feet. Ars. 30th cured in four weeks.

V. V. writes upon "Kali Carb. in Hooping Cough." Its indications are: *cough coming on at 3 or 4 o'clock a. m., and continuing every half hour until after 5 a. m. Swelling over upper eye lid.*

Drosera has the following indications: *Cough coming on at 2 p. m., so violent that it seems as if the patient must suffocate. Pain in chest when coughing. When coughing vomiting of food, or if stomach be empty, of mucus in rolls of*

filaments. Cough worse from heat of bed.

Dr. Kafka gives an elaborate proving of Carlsbad Water.

Dr. Simon quotes from a Mexican journal, *La Reforma Medica*. The journal thus deploras the progress of eclecticism: "Since this sect has commenced to dismember the new school, and to forget a great part of the sage principles of the master, there are not wanting some physicians who remain faithful to the pure doctrines; who have protested against this invasion of empiricism, routine, fantasy, and polypharmacy more or less disguised in the application of a doctrine, the unity of which enchains all the parts so solidly that if we reject or contest one, we compromise all the rest. We can never approve of the homœopathic school stopping in its career; of its sacrificing the greater part of its teachings in the vain hope of winning over its antagonists; of its abandoning, without reason, the defense and the propagation of the doctrines of the master, and contenting itself with the law of similars, which is its fundamental base, but which cannot be established without the support of the other principles of the doctrine."

Dr. Charge writes upon diarrhœa, and gives an extended repertory of indications.

Dr. Chancerel translates from the Spanish a case of "popliteal sciatica" treated by Dr. Granes. Lancinating pains in right sciatic nerve. Worse from the least pressure and *the least movement*. General trembling during the paroxysms. The patient was *irritable*; wished to be alone and despaired of cure. Bryonia 2c caused immediate relief. Then inflammatory rheumatism supervened, which was controlled by rhus. tox. 2c. The case was concluded with sulph. 200.

New World Medical Times, April.

In commencing a new volume, the *Homœopathic Times* changes its name. This is an honest and bold move, which we heartily commend. The prospectus says: "There will be no change in the policy of our journal; as a matter of hon-

esty and good taste we prefer a name which will enable us to look to the vastness of the whole of medical science rather than a single law however important." In *openly* taking this eclectic position, the *New York Medical Times* exercises a freedom of medical opinion and action which no one can dispute, and thereby gains the right to publish and advocate any measure it deems useful or necessary. We have never objected to any one being eclectic or allopathic, or whatsoever he pleased, but we do most earnestly deprecate any attempt to pass as homœopathic any eclectic or allopathic measures. We hope other journals, now pretending to be homœopathic, will imitate *The Times'* bold candor.

Dr. Dake "reviews" Dr. Lawton's answer to the former's question at Milwaukee. By noticing every portion of Dr. Lawton's paper *except* the explanation, Dr. Dake is enabled to conclude that his question "is yet pertinent and unanswered." That explanation amounts to this: when a given quantity of a drug or of a so-called "inert" substance is triturated with another substance in large excess as vehicle, there is not only a subdivision of particles occurring, but there is also a complete separation of particles to constantly increasing distances by the interposition of the mass of the vehicle. There is, then, more room for whatever molecular motion the particles of the drug are capable of. The vehicle, on the other hand, does not acquire the same condition, because there is no other substance to be interjected between its particles to keep them asunder. Thus a small portion of charcoal, if triturated with sugar of milk as vehicle, becomes potentized. On the other hand, a small portion of sugar of milk, if triturated with charcoal as a vehicle, becomes potentized. The idea may be roughly illustrated by supposing a box full of marbles to be tilted. There is comparatively little motion. If a handful be removed, there is more room for motion. Let all be removed except a few, and then these few can make an excursion from one end of the box to the other. Let us now

enter the physical laboratory. We will find here a state of affairs almost exactly parallel to this illustration. If a charge of electricity be sent through the atmosphere of a closed glass tube, it will zig-zag and delay in its passage because of the resistance. Let a portion of the air be removed and the electric current passes more readily. Remove all the air but a minute fraction—the millionth of an atmosphere—and the current spreads out as a diffused purple light of considerable brightness, and having illuminating heating and mechanical powers. That is, these few minute particles of air are competent to rotate, at great speed, the vanes of a wind-mill. Remove the air *completely* and all the phenomena *cease*. This is Prof. Crooke's "Radiant Matter." An attentive consideration of these experiments will enable us to get a clearer idea of the condition of the molecules in a potency.

Dr. Eastman, in an article upon ulcers, reports cure of an immense ulcer extending from knee to ankle and infested with maggots—after amputation had been decided upon. Permanganate Potass. in local applications destroyed the maggots. Opium 3 was given because the man lay *in a stupor with stertorous breathing, involuntary stool and urine*. Later, Silicea 30 was given followed by cure.

There must be a great deal of corrupt homeopathic practice at Ward's Island, for the doctor reports that the administration of *mercurius præcipitatus rubrum* was followed by salivation to the amount of "three or four quarts a day: at the same time the ulcer became gangrenous."

Dr. Dewey gives a case of pleuro-pneumonia. Symptoms for first prescription were: *extreme restlessness, tossing about the bed, anxiety, red face, skin dry and hot, pulse full and bounding*. Aconite tinct., much improved. Bry. 3 was next given because the *pain in right mammary region was worse from motion and deep inspiration*. After five days phos. 30 was given and later phos. 2 C. Finally, when a *chill occurred at 10 A. M.*, with headache, nausea, and vomiting, then heat, then sweat. Nat. mur.

30 was given, which cured the case.

Dr. Conlyn reports the cure of acute croupous pneumonia by giving first aconite, then phos. 3d.

W. M. J.

BOOK NOTICES AND REVIEWS.

A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS AND THE DIAGNOSIS OF DISEASE. By Richard Hagan, M.D. Privat docent to the University of Leipzig. Translated from the Second Revised and Enlarged Edition, by G. E. Gramm, M.D., pp. 223, 12mo. Cloth. Price, \$1.25. Boericke & Tafel, New York and Philadelphia, 1881.

This neat little volume contains all the most reliable points in diagnosis, condensed into a book that may be carried in the pocket. It makes an excellent elementary text-book for the student, and enables him the better to use the larger standard works on diagnosis. In its arrangement there is some slight suggestion of the tables for analysis of plants or for recognizing minerals. Of course, the subject will not admit of such plan in full; hence the present work is only a suggestion of such a method. The directions for auscultation, percussion, and for urinary analysis are exceedingly good, especially when we take into consideration the small size of the book. It is gotten up in excellent style, with good paper and clear type, so that it is a pleasure to read it. It must ultimately become a handy book of reference for every intelligent practitioner of medicine.

W. M. J.

VON TAGEN ON BILIARY CALCULI, PERINEORRHAPHY, HOSPITAL GANGRENE, AND ITS KINDRED DISEASES, pp. 154, 8vo. Cloth. Price, \$1.25. Boericke & Tafel, New York and Philadelphia, 1881.

This work comprises a series of three essays read before certain medical societies, and now for the first time printed. In the article on "Biliary Calculi," there is little or nothing that is not already published in the different text-books. At the end of the article are given indications for several remedies, the characteristic symptoms being printed in bolder type than the rest of the page.

The essay on "Perineorrhaphy" is a description of the best means of operating for rupture of perineum. These details are all to be found in standard works on surgery. The writer, however, makes a laborious and instructive collection of opinions of different authorities as to the cause and the prevention of rupture during labor, and closes with a statement of thirteen cases upon which he has made successful operations.

The third article is devoted to the usual details of hospital gangrene and to extolling the value of bromine and the sulphite of soda in treatment. As there is not a word said about the possibilities or impossibilities of the homœopathic method, we are left to wonder why this article should have been written at all, as the use of these two remedies is perfectly well known in the old school and sufficiently published in their journals.

W. M. J.

SPECTACLES AND HOW TO CHOOSE THEM. An elementary monograph, by C. A. Vilas, M.A., M.D. Professor of Diseases of the Eye and Ear in the Hahnemann Medical College and hospital,

Chicago, Illinois, etc.. etc.. Pp. 160. 12mo. Cloth. Price, \$1.
Duncan Brothers. 1881.

This work—intended to take its place beside those issued so largely of late from the medical press for non-professional, as well as professional readers—while offering nothing new, contains much that is of value. The general practitioner needs but go over its one hundred and sixty pages to find how little he knows of a subject that is of so much importance to both physician and patient. The different kinds of spectacle and eye-glass frames in use, with the lenses used for correcting the various forms of ametropia, are fully described: also the mode of procedure in such cases. A marked omission occurs in not naming the mydriatics that have come into use of late, as they have been found superior to atropine, which is mentioned, in being quicker in action, and the discomforts arising from their use are of much less duration. Attention to the various subjects of which it treats will make its possession of value to all physicians.

G. H. C.

SURGICAL PRINCIPLES AND MINOR SURGERY. By J. G. Gilchrist, M.D., pp. 205. Chicago, Duncan Brothers, 1881.

Dr. Gilchrist is already well and favorably known to the profession as the author of an excellent treatise on "Surgical Therapeutics." The volume now before us is a complete work on minor surgery, and is the second in a series of four, promised the profession by Prof. Gilchrist. The completed series will be: (1) "Minor Surgery," (2) "Surgical Therapeutics," (3) "Surgical Emergencies," and (4) "Surgical Operations."

True to his colors, Dr. G. omits all mention of those worse than useless, allopathic expedients, blisters, hypodermic injections, etc. Yet we must take exception to our author's recommendation of blood-letting "in profound coma;" he thinks, "the chief difficulty that the mere therapist will encounter in cases of pure coma or asphyxia, will be the suspension of all the organic functions to such an extent that the absorption of the remedies given, by which alone their action can be developed, can not occur." We do not agree to this, nor have we ever seen such conditions. From our limited experience, we would say that in cases where the *simillimum* remedy fails, the knife will be useless.

There are excellent chapters on vaccination, catheterism, splints, bandages, etc., with illustrations. Dr. Gilchrist's work is fully equal to either Sargent's, Hill's or Leonard's.

THE PREVENTION OF CONGENITAL MALFORMATIONS, DEFECTS AND DISEASES BY THE MEDICINAL AND NUTRITIONAL TREATMENT OF THE MOTHER DURING PREGNANCY. By J. C. Burnett, M.D., London. Editor *Homoeopathic World*. Edited, with notes from Grauvogl, by T. C. Duncan, M.D., author of "Diseases of Infants," etc., pp. 26. Chicago, Duncan Brothers, 1881.

Dr. J. C. Burnett delivered an essay before the British Homoeopathic Congress, on the above mentioned topics. The field embraced in this essay is as yet almost unexplored, is very important and exceedingly interesting. We can not

agree with Dr. Burnett in his views as to the so-called "tissue remedies." We believe *any* homœopathic remedy which removes the morbid condition present, and thus allows of *proper* and healthy nutritive processes, will act the part of a "tissue remedy." These conditions (malformations, etc.,) do not result from an absence of proper nutritive principles but from a *lack of proper assimilation*. Had not these mothers any symptoms during pregnancy, for which the simillimum remedy could be found? If the *calcareo sulph.* was prescribed for *symptoms* present in the pregnant mother and not for a *presumed* condition of the fœtus, we could agree with our author. Nevertheless, the essay is well worth a careful perusal, and the subject, of earnest study.

HOW TO SEE WITH THE MICROSCOPE. By J. Edwards Smith, M.D. pp. 300 Chicago, Duncan Brothers, 1881.

This excellent manual is designed as a guide for the student, just beginning microscopic practice. It forms a valuable introduction to the more elaborate works of Carpenter and Beale. Written in a "gossipy and common-place" style it gets thoroughly in sympathy with the reader and thus succeeds in giving him a clear understanding of the subject. It is divided into chapters which treat respectively of the stand, the objective, the eye-piece; of illumination and illuminators. Then comes advice to the student about the selection of an instrument. Why there should be included directions for volumetric analysis of urine is not so clear as the microscope has to deal only with deposits. The whole concludes with an appendix and a supplement of odds and ends of much practical value.

The merits of angular aperture are difficult of comprehension for the beginner and indeed for the advanced student also. But the definitions and the discussion of the subject in this book are the clearest we have ever seen. The author is decisively in favor of "high" or "wide" angles. His large experience entitles his opinions to great weight. Indeed even if a student have knowledge enough to be theoretically in favor of the low angles yet when seeking a counselor for more advanced steps it is safer to adopt the vigorous opinions of this author until he shall have acquired practical mastery of the details, when he will be competent to judge for himself. The author, however, neglects to clearly point out the nonsense of talking about an angular aperture of 180 degrees. There is no such thing. Collar adjustment receives the attention its importance deserves. His objections to the binocular are forcible. Yet when an operator is working the polariscope there is some advantage in being able to slip the Wenham prism into place, look down the second tube and judge of the focusing without disturbing the analyzer on the eye-piece. The same may be said of the micro-spectroscope. There are many objections to the placing of fine adjustment upon the nose of the instrument. The eye being engaged, the hand resting on the coarse adjustment has considerable wandering to do before it finds the fine adjustment. It makes it more difficult to steady the hand when working, especially with large instruments. The principle is wrong because it changes the distance between eye-piece and objective. The nose-piece carrying two or more objectives, which is so great a convenience that its use must constantly increase, makes too great a weight for it and causes it to become immovable.

There is a very good notice of the comparatively new accessories—the Woodward Illuminator and the Colles' Traverse Lens. The letters, N. and L. in the wood cut of the latter are very obscure; they should be removed to a more conspicuous position.

On page 211, the sentence "every one of whom have expressed their satisfaction," contains two violations of grammar. Let it be corrected in the next edition. There is also a word left out in the ninth line, page 221. These, however, are small errors and in no way detract from the value of the book. To every one who thinks of studying the microscope practically, we say let him not spend a single dollar for an instrument until he shall have thoroughly read this little volume.

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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No. 7.

THE MEETING OF THE INTERNATIONAL HAHNE-
MANNIAN ASSOCIATION.

THE first regular session of this Association was held at Brighton Beach Hotel, Coney Island, June 14th-16th.

There were present, of those who assisted in the formation of the Association last year, at Milwaukee, Drs. P. P. Wells, Ad. Lippe, T. F. Pomeroy, Geo. F. Foote, C. Pearson, J. P. Mills and Edward Rushmore. The meeting was called to order by the President, Dr. P. P. Wells; in the absence of the Secretary, Prof. H. C. Allen, Dr. Edward Rushmore was chosen Secretary *pro tem*.

The President delivered an exceedingly able address, on "*The Philosophy of Homœopathy*." On motion, the thanks of the Association were voted the President for his address, and it was ordered to be printed.

The election of new members being in order, the following gentlemen were elected to membership:

DR. E. BAYARD,	. . . . .	New York.
" R. H. BEDELL,	. . . . .	Tremont, N. Y.
" J. B. BELL,	. . . . .	Boston, Mass.
" J. A. BIEGLER,	. . . . .	Rochester, N. Y.
" T. P. BIRDSALL,	. . . . .	Wappinger's Falls, N. Y.
" T. L. BROWN,	. . . . .	Binghamton, N. Y.
" F. BRUNS,	. . . . .	Boston, Mass.
" C. W. BUTLER,	. . . . .	Montclair, N. J.
" E. CARLETON, JR.,	. . . . .	New York.

DR. GEO. H. CLARK,	Philadelphia.
“ J. B. GREGG CUSTIS,	Washington, D. C.
“ J. L. DUNN,	Titusville, Pa.
“ ADOLPH FELLGER,	Philadelphia.
“ WM. JEFFERSON GUERNSEY,	Philadelphia.
“ R. R. GREGG,	Buffalo, N. Y.
“ JNO. F. GRIFFIN,	Williamsport, Pa.
“ JOHN HALL,	Toronto, Canada.
“ HORACE HATCH,	Washington, D. C.
“ J. R. HAYNES,	Indianapolis, Ind.
“ WALTER M. JAMES,	Philadelphia.
“ W. H. KERN,	M’Keesport, Pa.
“ E. J. LEE,	Philadelphia.
“ CONSTANTINE LIPPE,	New York.
“ J. F. MILLER,	Newark, N. J.
“ LAURA MORGAN,	San Francisco, Cal.
“ E. B. NASH,	Cortland, N. Y.
“ H. I. OSTROM,	New York.
“ G. POMPILI,	Rome, Italy.
“ L. A. RENDELL,	New Haven, Conn.
“ JOHN C. ROBERTS,	New Utrecht, N. Y.
“ JULIUS SCHMITT,	Rochester, N. Y.
“ THOS. SKINNER,	Liverpool, England.
“ C. CARLETON SMITH,	Philadelphia.
“ SAMUEL SWANN,	New York.
“ L. B. WELLS,	Utica, N. Y.
“ WM. P. WESSELHOEFT,	Boston.

The following resolutions were offered by Dr. Pearson, and after discussion, adopted:

Resolved, That no paper shall be read before this Association, or published in its proceedings, unless the author be a member of the Association, or by unanimous consent.

Resolved, That authors be allowed to publish their papers *after* presentation to this Association, if so desirous.

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

[Presented by Dr. Berridge.]

On motion of Dr. T. F. Smith, the President appointed, as Committee on Publication: Drs. Adolph Fellger, George H. Clarke and E. J. Lee. The committee was empowered to revise the papers, presented before the Association, for publication in THE HOMŒOPATHIC PHYSICIAN.

Dr. Ad. Lippe was elected Chairman of Board of Censors, and authorized to appoint the four members of the board.

Dr. Pearson moved a committee of five be appointed to select device for seal and style of diploma of membership. Motion withdrawn, as Dr. S. Swan generously offered to have designs prepared, and, if approved of by two-thirds of the Association, to have them executed at his expense.

On motion of Dr. Pearson, it was:

Resolved, That we heartily indorse THE HOMŒOPATHIC PHYSICIAN, under the judicious management of Dr. E. J. Lee, as the organ of this Association."

Dr. John F. Miller, of Newark, N. J., gave notice that he would offer a resolution at the next meeting, changing section first of by-laws.

Dr. C. Pearson was elected delegate from the Association to the World's Convention, to be held in London.

The several bureaus then presented their papers; referred to Publishing Committee.

The President appointed the chairmen of the bureaus for 1882 as follows:

BUREAU OF MATERIA MEDICA, ETC.:

Ad. Lippe, M. D., Philadelphia.

BUREAU OF SURGERY:

James B. Bell, M. D., Boston.

BUREAU OF OBSTETRICS, ETC.:

T. L. Brown, M. D., Binghamton, N. Y.

BUREAU OF CLINICAL MEDICINE:

George F. Foote, M. D., Stamford, Conn.

OFFICERS FOR 1882.

The following gentlemen were elected officers of the Association for 1882:

PRESIDENT—C. Pearson, M. D., Washington, D. C.

VICE-PRESIDENT—T. F. Pomeroy, M. D., Jersey City, N. J.

SECRETARY—Walter M. James, M. D., Philadelphia.

COR. SECRETARY—E. W. Berridge, M. D., London, Eng.*

TREASURER—Ad. Lippe, M. D., Philadelphia.

CHAIRMAN OF BOARD OF CENSORS—Ad. Lippe, M. D., Philadelphia.

On motion of Dr. S. Swan, it was:

“*Resolved*, That the Secretary be instructed to procure from Dr. Allen, the former Secretary, the list of applicants for membership; that the Secretary send a copy of such list, with names of indorsers, to each member of this Association, with the request that they return the same, with their assent or dissent marked opposite each applicant's name; that all those who receive an unanimous vote of assent be considered elected.

The President-elect, Dr. C. Pearson, was authorized to make all necessary arrangements for the next meeting, which will be in Richmond, Va. The following amendments to constitution and by-laws were proposed by Dr. Pearson, for action at next meeting:

PROPOSED AMENDMENT TO ARTICLE 3RD OF THE BY-LAWS.

“If an applicant for membership be not elected by the first ballot, he may, upon a majority vote, if he so desires, receive a second ballot at the next annual meeting of this Association.”

PROPOSED AMENDMENT TO ARTICLE I. OF THE CONSTITUTION.

“This society shall be known as the International Hahnemannian Association, the objects of which are fully set forth in its declaration of principles.”

EDWARD RUSHMORE, Secretary *pro tem*.

The acting-secretary has given us a brief synopsis of the business meetings of the first session of the International Hahnemannian Association. The meeting was in every way a great success. If the Association pursue the course marked out for it in the President's address, there will be a great work accomplished. Let us teach and practice the able and pure homœopathy of Hahnemann, and by so doing we will sooner or later *compel* all, who would have any standing in our school, to join us. Argument will not do this, *but success will*.

EDITOR.

* Elected at Milwaukee: continued.

THE PHILOSOPHY OF HOMŒOPATHY.

ADDRESS BEFORE THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION, BY P. P. WELLS, M. D., PRESIDENT.

GENTLEMEN: At the meeting of the American Institute of Homœopathy, at Milwaukee, in June, 1880, this association was organized, as was said, for the accomplishment of a definite purpose, viz.: the advocacy and illustration of *pure* homœopathy. In the use of this word *pure*, it was understood to antagonize that which is partial by that which is complete, and that which is mixed by that which stands in its grand simplicity in the "*Organon of Homœopathic Medicine*," as given to us by the author of "*The Science of Therapeutics*." It was understood that those who then combined for this purpose held the science, as there contained, as embodying a law of therapeutics complete in its application to the needs of all healing, and universal in its adaptability to the relief of all pains and sicknesses within the pale of salvability. They declared this law to be, as there taught, the law of similars, and combined with this the declaration, that certain corollaries were a necessary part of its practical application in all clinical duties. These were "*the totality of the symptoms, the single remedy, the minimum dose of the dynamized drug*." These associates declared that this law, with these corollaries, together constitute the *pure* homœopathy they proposed to advocate and illustrate. That these corollaries are a necessary integral part of the true and best practical administration of the law of similars. By this it is supposed they intended, and we believe rightfully, to antagonize that partial homœopathy which accepts the law of similars, or professes to, and then founds its therapeutics on generalizations, which it calls "*pathological conditions*," and for these, often only hypothetical, gives crude drugs, and perhaps in massive doses, claiming, while so doing, to be obeying the law of therapeutics which the "*Organon*" proclaims, which at the same time is admitted to be nature's law of healing. This partial homœopathy stops at the "*similar remedy*." It will go no farther. It might almost as well not have gone at all. It admits, in order to a cure under the law, the necessity of the similar remedy, which is well as far as it goes. But if, when asked what is your remedy to be similar to, in order to a compliance with the demands of our law of therapeutics, it be answered, to the "*pathological conditions*," we reply: How are you to gain a knowledge of

these? If there be any other medium through which a knowledge of these can be obtained than that of the perceptible symptoms of the case, it must be the imagination of the prescriber, and this it may as well be understood, homœopathy will not accept as a sufficient guide. Hence, even the partial homœopathist, if logical, is compelled to accept the first corollary of the law—"the totality of the symptoms." And when compelled to fall back on these, it is not perfectly clear how the "pathological condition" idea adds to the efficiency of their guidance to the right selection of the similar remedy. For it should be borne in mind that the similarity to be sought for and required is in the likeness of the effects of some drug to this totality, and not at all to any supposed condition, which, from the very nature of things, must be in a great degree a matter of pure conjecture. That homœopathy has to do wholly with ascertained fact, and not in any wise with any man's conjecture, however ingenious. The acceptance, then, of the first corollary, would seem to be a necessity, even to the partial homœopathist, if he loyally and logically accepts the therapeutic law as authoritative. By the same force he will be compelled to accept the second. The law requires at his hand, for the cure of the sick, the remedy which in its effects is *most like* the phenomena of the case to be treated. Now as no two drugs are identical in their action on the living organism, it follows that of any two drugs having developed similar symptoms to those of the case to be treated, one of them must be more like to the symptoms of the case to be cured than the other, and therefore it is the required remedy for the case; and so it becomes self evident, that the other is not, and for the reason that it is not most like. If one be most like, the other cannot be, for no two are identical. Logic will compel the partialist to the acceptance of this second corollary also. The third corollary, "*the minimum dose of the dynamized remedy*," though not made a necessity by the logical requirements of the law, is fully sustained by reason and the records of long practical experience. By "the minimum dose," we understand, the least quantity of the drug the cure requires. As the object for which it is given is the cure, all that is given more than this requires is always superfluous, to say the least, and may be, and often is, a source of mischief—therefore reason sanctions and requires this minimum. That the dose be not only the least that will effect the cure, but that it be also a "potentized" dose, it is believed is required in order to the realization of the best practical results from the administration of our therapeutic law. This is accepted on the testimony of those who have tried it extensively, and

compared the results of the use of potentized and unpotentized drugs. They say their experience fully sustains the greater curative power of the former. It is self-evident the value of this corollary must be decided by this practical tribunal, *i. e.*, by the experience of those who have practically tried both the dynamized and crude drug, and compared the results of the use of each. It is just here that *a priori* reasoning of those who have made no such trial has no place, and cannot, with reasonable men, have the least weight as against the testimony of those who have. Now it is homœopathy as here expressed by the law and these corollaries, that this association proposes to advocate and illustrate; and this in order to secure better practical results from the administration of the law for the cure of the sick. It is this for which we are chiefly concerned, and for which, as an association, we exist. Then it should be our first object to comprehend clearly what a right administration of this law requires of the prescriber. In order to this, let us see what is contained in the expression, "*totality of symptoms.*" As prescribers, it is with these we have our starting point. Until we have these in our possession, we have no concern with the other factors of the problem we are about to try to solve. A right understanding of this fundamental expression is necessary before we can take the first step in a true homœopathic prescription. "*Totality of symptoms*"—what does it mean here? All the symptoms of the case, is it answered? It means this and more. The "*totality*" here means not only the sum of the aggregate of the symptoms, but also this other and most important fact of all, in true homœopathic prescribing: the totality of each individual symptom of the aggregated group. A single symptom is more than a simple fact; it is a compound, made up of a fact, with its history, its origin, progress and conditions attached. If it be a cause of suffering to the patient, then in it are included all the circumstances of its aggravation or melioration; as to time of its greatest intensity, position, motion, rest; how affected by eating, drinking, or the performance of any bodily function; how affected, if at all, by different mental emotions; or by any other cause of increase or relief of suffering. All this is included in the "*totality*" of each single symptom, and without all this the prescriber is ignorant of the intimate nature of the symptom for which he is to find a simillimum. He is to know all this of each and every symptom of his case before he is prepared to take the first step in his search for the like which cures; and this for the reason that it is likeness to these secondary elements of the symptoms, which only are declarative of their intimate nature, to

which he is to find likeness in the recorded action of the drug he is to select. Having a clear knowledge of all the symptoms of his case, as here set forth, the prescriber is prepared to use a similar knowledge of the agents he is to employ for his cure.

By a similar knowledge, we mean a knowledge of the totality of the symptoms which the drugs he employs have been ascertained to have produced in the healthy, living organism. By "totality" here, we mean not only all the disturbances of function and sensation these have produced, but as in the case of the results of the impression of the morbid cause (symptoms of disease), we are here to take into account all the modifying circumstances and conditions which produced, accompanied, aggravated, or relieved these drug sufferings in the prover. These will be found duly set forth in every proving of a drug which is worthy of respect, or of being received as a proving. These are the facts which give to a proving almost its entire value; and it is the absence of these in many of the modern, so-called, provings which stamps upon them their character of utter worthlessness for the purposes of the true homœopathic prescriber. It is chiefly in these elements of morbid and drug action that the likeness is to be sought and found which cures. The relationship which constitutes the drug a curative of the disease, exists in the similar nature of these concomitants of the morbid and drug action. Hence the absolute necessity of a thorough understanding of these concomitants of the two factors of the problem the prescriber is to solve, *i. e.*, to the finding the simillimum which cures. It is found, and only found, in the likeness of these concomitants the one to the other.

But the partialist says, what is the use of all this trouble? I accept the law of similars and that is enough for me. I am quite satisfied with the results of the practice I have founded on the general acceptance I have given to this law. He believes the law of the similars is nature's law of cure, and he does not feel called upon to go farther and seek a more definite faith. If, when he says, I believe in the law of similars, he be asked, what are the similars which constitute the basis of your law, and where are they to be found? the answer, if he stops at the general acceptance of the law, is not very obvious. If left there, his position is not very different from that in the old-school fog, from which an intelligent reception of the law and its necessary corollaries, with a clear knowledge of the elements gained by a proper study of the disease and its curative as we have endeavored to set them forth, can alone give him complete emancipation.

If without these he ever effects a true homœopathic cure, it would

seem that it must have resulted from pure accident. But in your declaration of principles, which you affirm are taught in the "Organon," you go still further than this, and say that the drug to be given for a cure must, when found, not only be given in a minimum dose, but in dynamized form. The first part of this has already been considered, and we have seen the self-evident wisdom of it; because the only object of giving the drug is to effect a cure; to give more than is needful for this purpose is always useless, and may be, and often is, greatly mischievous. But that the dose be dynamized is not a logical necessity of an acceptance of the law of similars, as are the totality of the symptoms and the single remedy; neither is its necessity self-evident, as is that of the single remedy and the minimum dose. This part of the declaration as to the dose is not the offspring of logic or induction at all; it has never been inferred from any other fact or facts; it has been of a more sure parentage—of experience and observation, and of these alone. It is not too much to say that the observations of an enlightened experience fully sustains the existence and value of this, her interesting child. When we say *enlightened experience*, we mean experience enlightened by a clear perception of homœopathic philosophy, and guided in all its practical endeavors by this—it may be added, that all the utterances of all those who have had no such experiences, in antagonism to practice with dynamized remedies, are, before the testimony of those who have had, in its favor, worth no more than the chaff which the wind drives away. The claim to our acceptance of the dynamized dose in our practical duties, rests then wholly on the testimony of those who have tried it, and who know the truth of that which they affirm. The history of the dynamized dose, as contained in the testimony of these witnesses, declares its superior curative power, as compared with doses of crude drugs. It should be borne in mind when considering the statements of these witnesses, that most of them are the more competent to give us testimony worthy of our regard, for the reason that they have practically tried both kinds, and have found greater curing power in that which is dynamized.

In addition to this, we believe it may be safely affirmed that the great majority of the most remarkable cures effected by the homœopathic administration of drugs, have resulted from the dynamized dose. Even Wurmb, prejudiced as he confessed he was against the claim of a superior curing power in the dynamized dose, was constrained to say, when he saw the results of his ten years' experiments declaring the superior curing power in the higher dynamizations, that he could see no good reason for doubting, in the light of these

results, that his practical success would have been greater if he had used higher dynamizations. How, indeed, could it have been otherwise with an honest man when these showed him that in proportion as he gave higher dynamizations, the proportion of those cured to those treated was greater—that the cures were effected in a shorter time, and that the average duration of the period of convalescence was abridged in a notable degree; thus showing, not only more patients were cured by the higher dose, but that the cures were more perfect! Who, after this showing, if he be honest, can doubt, more than could Wurmb, that he could have cured more, and still more perfectly, if he had employed still higher numbers in his experiments! Wurmb was an honest man, and did not fear to testify against his prejudices when truth required this at his hands.

The above, then, is what we understand by a complete homœopathy as opposed to that which, though so-called, is only partial, because while it professes acceptance of its law of similars, it rejects its logical and necessary corollaries, which are virtually and practically a part of the law itself, and are indispensable to its intelligent and best practical administration. It is also given as a whole which needs no aids from without the law, in order to the attainment of the greatest practical successes in treating the sick. It knows no needs of these, when it is administered as above set forth, and whenever and wherever these are interjected into the homœopathic treatment of the sick, they constitute the mixture which is so great a blemish, and often so great an injury, and even so great a danger to the health and life of the patient, and which the declaration of principles given by this association at the time of its organization was intended to antagonize. It was intended then to say, and we here repeat, that the simillimum in our case needs no aids, and tolerates no interference with its specific action. To attempt this by any means which change the true homœopathic treatment of a case, to a treatment which is mixed, we have no hesitation in declaring a senseless movement, and wholly without excuse.

It has been objected to the above view of homœopathy and its practice, that the one is obscure because it is so largely concerned with subjective phenomena, and these are exceedingly liable to mislead the patient and deceive the prescriber, because they are wholly beyond the reach of his senses; and that the other is too difficult for every prescriber in his every-day routine of duty. The reply to both these objections is, that the prescriber has to do with *all* the facts in his case, and that to neglect to gain a knowledge of any one or more of them because they cannot be brought to the cognition of

his own senses, or because the mastery of it is difficult, is to play the part of a poltroon, and not at all that of a true homœopathic prescriber. Subjective phenomena are facts, and not only this, they are *the* facts with which the true prescriber has most largely to do. It is his business to see to it, that if these are liable at times to mislead the patient, they are not to be permitted to deceive him, and till he is equal to protecting both his patient and himself from deception from these, to his patient's injury, he is not a master of the business he has undertaken. The difficulty of gaining a possession of the totality of the symptoms, as above represented, *i. e.*, the totality of each individual symptom, as well as of the aggregate of the group, is freely admitted—if it be not the most difficult of human duties, it is by far the most difficult part of practical prescribing. Finding the most similar medicine after the symptoms in their totality are known, is comparatively easy. Said a great master in our school to me: "When the symptoms of a case are fairly and clearly drawn out, the case is more than half cured." This is true; hence the importance of these being rightfully known in their totality; without this, there is no such thing as homœopathic prescribing. Then the difficulty of mastering a knowledge of the totality of the symptoms of the drug agencies we are to employ, in the same manner and kind as we have found necessary in the case of those of the disease, adds greatly to the labors of the prescriber. Said one to me, who was not a master in our school, though he professed to belong to it, when the necessary process of arriving at a specific prescription was explained to him: "I do not know enough to make a prescription like that." This was no doubt true. But what then? Should a man continue before the community, professing to do for it, in a matter so important as curing its sicknesses by specific prescribing, that which, privately and truly, he confesses he does not know enough to do? Such a one should remember no one ever knew enough for this till he had learned it, and that no one ever learned it by other means than hard work—long continued and incessant. This is the only cure for that most troublesome of all diseases to the prescriber—don't know enough. By proper diligence, he may come to know more—even enough to enable him to make a true specific prescription.

Then as to the use of the potentized remedy. This has been objected to as a something so very shadowy and evanescent as to be beyond apprehension or control, by whatever means employed, in the prosecution of a knowledge of other sciences than that of scientific prescribing. They are not amenable to the senses, these dyna-

mizations, nor to the perception of chemical tests, however delicate and sensitive these may be. The objection would be a valid one if the object of the prescriber were to make a definite impression on the senses of the patient or his friends, or to demonstrate the truth of any question in chemistry or physics. As it is neither of these with which the prescriber has to do, the objection has no standing in the case. But if there be any one, who from whatever of prejudice or ignorance is still disposed to urge this objection, it is a sufficient answer to say, that however the senses or scientific tests may fail to detect the presence of the potentized similar remedy, because they have no relationship to it, there is another and more subtle agent, which does not fail to recognize and respond to its presence whenever the two are brought into a certain relationship to each other. The sensibility of the sick organism never fails to respond to the presence of the similar specific curative, even though this be very highly potentized; indeed, the best experience and observation have abundantly testified that the curative response of the sick powers is all the more complete because of this potentization. The difference of result between an appeal to this test and that to the senses, or to the tests of physical science, is just because in the one case the God of nature established a relationship to endure as long as pains and sickness afflict our race; and in the other, there is no relationship whatever.

And then if the objection be still to the potentized similar remedy because of its shadowy and evasive form, it is a sufficient reply, that this is no more true of the potentized curative than, in a multitude of cases, it is of the morbid cause which has produced the sickness to be cured. The great bulk of the talk of germs, or living organisms, as such causes, now so fashionable, may very safely be dismissed to the limbo which has swallowed so great a multitude of worthless hypotheses of the past. This is the more a pity because, if true, the problem would only be to find the agent which would destroy the germs, and then we should have the demonstration of the truth of the proverb which told us long ago that prevention is better than cure—this would be even better than pure homœopathy. The germs of yellow fever—who has not heard of them? Were they not living organisms? And who has not been told of carbolic acid as the germicide? In other words, the great di-infectant? And who does not remember the floods of this acid used in the late great epidemic of that fever in the Mississippi Valley, before the wise doctors found out that, though it might be death to germs, it did not disinfect.

One word more as to this matter of dynamization. You, gentlemen, who have given his name to your association as that by which you will be known, will remember that this fact, the discovery of which belongs exclusively to Hahnemann, is that which constitutes the crowning glory of his life and labors. He is often spoken of as the discoverer of the law of similars, which he was not. This had been recognized by the most observing minds of antiquity centuries before Hahnemann's birth. He only gave to this previously and partially received philosophy a more general recognition and acceptance. In that he took his first hint of the law from the disclosures of his own experiments, he may be said to be, in a certain sense, its discoverer. But his chiefest glory was the discovery of the fact of dynamization, which has given to us knowledge of new power in drugs, and the possession of many of our most important healing agents. But for this discovery, we should never have had in the list of those of greatest value, *Sepia*, *Silicia*, *Calcarea*, *Carbo. veg.* *Graphites*, *Nat. mur.*, and many others, to be deprived of which now, would be to rob us largely of our most valuable resources. This discovery and his philosophy of chronic diseases, now too much neglected, are the two great facts which characterize the life of the master as a discoverer in the field of practical medicine. There may have been a claim to divide the honor of this last; but as to the first, it was Hahnemann's alone, and its value and importance are enough to crown the memory of any man's life with immortality.

Gentlemen of the International Hahnemannian Association: In what I have said, I have endeavored to give the constitution of the homœopathy of Hahnemann as he has given it to us in his "Organon of Homœopathic Medicine." Do you accept this statement as a representation of that for the advancement of which you have joined in this association? Are the principles we have now discussed those which in your associated capacity you propose to advocate, and in your practice to illustrate? If the affirmative of this question be true, then another is ready to follow. By what means do you propose practically to prosecute this advocacy? and what are the grounds on which you can base a reasonable expectation that your endeavors will result in bringing others to the acceptance of these principles which to you are so precious? Do you say, we rely on the power of truth to make its way to the conscience and acceptance of reasonable men, when brought to their notice, simply because it is truth? This is not enough, as the world, even the reasonable men in the world, is now made up. It implies life of conscience, absence of prejudice, and an intelligence equal to the appreciation of these

principles in all their purity and extent. It has not been because these principles were not true, that now they have not universal acceptance with men—even with men who mean to be reasonable. The difficulty has not been lack of truth; it has not been the fault of the principles, but of the men, who, whatever excellencies they may possess in all things where these principles are not concerned, are now the living representatives of those of old, of whom it was said: “Ye will not come to the light.” The difficulty, then, is not in a want of proof of the truth of these principles, but in the will of the objector or sceptic. And when the question is of means by which to prosecute a successful advocacy of these principles, with a view to their extended acceptance, it must be understood to refer to means capable of overcoming both prejudice and will, and we confess that to our minds the answer to the question is difficult. It cannot be found in violence of attack—that never convinced a man against his will yet. It is not argument that these men need; if it were, we would give it; but they have had argument already, *ad plenam*, till now there is little left of this which is new for them. And then argument never yet changed a perverted will. It is not a want of knowledge that is to be supplied by any teachings which this association is capable of supplying that constitutes the difficulty to be overcome—the great difficulty is, men will not know. They will not listen to the instruction you may be willing to give. Neither is it to be removed by controversy—this only ends in confirming each side in his own opinion. It never yet changed a perverted human will, nor brought down false pride to the level on which the voice of wisdom can be heard. And before a partialist or a mixed prescriber can be brought to the acceptance of the truth in its simplicity, both these mighty obstacles are to be overcome. In this respect, in their relation to complete homœopathy, they differ little, if at all, from the one of the old-school who has only will, prejudice and pride to sustain him in his rejection of the whole matter. It may be said of the three classes alike what Hudibras said of an individual:

“A man convinced against his will,
Is of the same opinion still.”

What then are the members of this association to do, the results of which will justify their existence as an associated body? We know of but one thing, and that is, *work*—earnest, honest, incessant work. Not work upon partialists, mixed, or old-school men, but on the elements of sickness, that a knowledge of them in their totality, as we have shown to be necessary, in order that an intelligent treat-

ment of them practically may the more readily be obtained when needed; and upon the materia medica, that its elements may be mastered in the same detailed totality, in order that when the similitum for a cure is needed it may be more readily found, and applied with that certainty of assurance of which guessing makes no part. Work of this sort, persisted in, will by and by mature a power greater than any argument, however masterly, or than any controversy, no matter with what earnestness it may be waged. Work of this sort will in time, by its results, so demonstrate to the public mind the superiority of the pure practice of the homœopathy we advocate, over that which is partial or mixed, as well as over that of the old-school, that these gentlemen, recognizing the education the public has thus received, and at the same time the confidence of the public they themselves have lost, are not in the least danger of neglecting to make haste to claim their share of the honor a numbering with those thus diligent is sure to confer. Thus, and thus only, can the interests of true homœopathy be advanced, and the objects for which this association was organized be secured. And in the results of such work only will true homœopathy find its just illustration to which you, gentlemen, by your association, stand pledged to give to the world.

DRUG PROVING.

AD. LIPPE, M. D., PHILADELPHIA.

OUR knowledge of the curative virtues of drugs depends on our knowledge of their sick-making properties; this latter can be obtained only by proving drugs on the healthy. Hence, it is evident, that the true healer will never treat the sick with unproved drugs.

The object of this paper is to offer some suggestions for the proving of drugs, as it is obvious that the progress of the Healing Art depends solely upon an increased and thorough knowledge of the sick-making powers of drugs. Hahnemann has given us, in *The Organon*, full reasons for the necessity of proving drugs, as well as directions how to do it. It would seem superfluous to reiterate the arguments he gave us almost fifty years ago, were it not self-evident that numbers of his professed followers are not conversant with the teachings to be found in said *Organon*.

We now address ourselves principally to just such men; they are

imitating a vain attempt, made more than half a century ago by a Dr. Lux, to introduce into our therapeutics the unproved products of disease, which he claimed would, when potentized, cure the same disease. Hahnemann alludes to this "departure" in a foot-note to paragraph 56 of his *Organon*. If all persons coming under the influences of a miasm were affected precisely alike, then only would it be rational to apply the potentized product of this miasm for the cure of it; but as it is well known that different persons are very differently affected by each miasmatic and contagious disease, it is obvious that a generalization, as proposed again nowadays, cannot be accepted. Homœopathy individualizes, while the common school of medicine generalizes. All medical men who indulge in the belief that pathology has become an exact science; that the modern theories as to diseases are true, or any truer than the former ever-changing hypotheses; that we, as homœopaths, should take these modern hypotheses and incorporate them into our Healing Art, and, through them, find specific remedies for specific diseases; all those who go further astray, and indulge in the fallacious belief that the product of a disease when potentized—highly potentized—will cure, permanently cure, the same disease in others, these medical men will find that they have been running after a phantom. This phantom-hunt consists in seeking a fixed form of disease, pathologically labeled, and presented to innocent students of the Healing Art, in works on pathology, or on diagnosis on the part of the common school; and by such works as the "Pharmacodynamics," on the part of homœopaths. These phantoms make the unfortunate seeker for wisdom believe, that he has found finally a specific remedy for a specific disease. Sooner or later the reality will stare this unfortunate and deceived young Æsculapius in the face, that his "specifics for specific diseases" are an illusion and a snare, notwithstanding that the teacher who allured him into this fallacious belief may have stood high in an Allopathic University, or stood high on a Potentizer proclaiming such "specifics." The deluded one may then read earnestly *The Organon* of Samuel Hahnemann, and make the experiment as he teaches him to make it. Then he will abandon the phantom, and become a true Healer. As this paper may reach just such unfortunate, but honestly intentioned men, who are in want of the light, which they can obtain only by reading *The Organon*, we can but ask them to see what Hahnemann did say on this subject, and become interested in the study of the most philosophical and logical medical work ever written by inspired man on Healing Art—*The Organon* of Samuel Hahnemann.

Our first question is—*Who should prove drugs?*

Every one in a tolerable state of health, able to observe on himself any changes that may take place, different from his ordinary feelings and sensations, is able to prove a medicine. The more diversified the constitution, disposition, age and sex of the provers, the better will be the provings.

To be most fully prepared for the task he is undertaking, the prover should note down his daily state of health for a week before he begins his provings. He will then find it much easier to describe such sensations and feelings as deviate from his usual normal condition. The art of observation is one of the most important faculties to be learned by the Healer. Nothing will aid him more in the acquisition of this art than self-examination. Proving of drugs will be more fruitful in developing this self-observation than anything else. Once acquired, it will make the art of observation upon others a comparatively easy task. Skill in proving, leads to skill in examining the sick; and having, as a prover, carefully observed all the minutest symptoms caused by the drug, one will almost involuntarily compare these new symptoms with those produced by other (already proved) drugs, and obtain, by such comparisons, an insight into our materia medica, which he could not possibly acquire in any other way.

THE DRUG TO BE PROVED.

The first object is to procure the drug or other matter to be proved in its purity; then to make a full statement as to how and where it was obtained and how it was prepared. The preparation of chemical substances was always given in detail by Hahnemann, so as to insure the reproduction of precisely the same chemical substance in the future. Plants should be collected by the prover, if possible, at the right season and where they grow on their original soil; for instance, a flower taken from the *Cactus grandiflorus* growing in a hot-house will not make a good preparation, either for provings or as a curative agent. This preparation should be made, as it was made, on the spot where the *Cactus* grows wild, and at the right time and season, when the flower opens at night and fills the atmosphere with its fragrance.

If the drug be taken from the animal kingdom, the animal should, if possible, be preserved and subsequent supplies should come from the same species, and under similar circumstances. The few drops of poison taken from the *Trigonocephalus Lachesis* by Dr.

Hering in Surinam, over fifty years ago, has sufficed so far to supply all the demand for *Lachesis*. What is more, the identical snake from which the poison was taken is still preserved in the Academy of Natural Sciences of Philadelphia. Preparations taken from the same species of snake, while confined in cages in menageries or any public institutions, cannot reasonably be expected to have the same medicinal power as those from the wild snake brought alive to Dr. Hering by the Indians in the country where it was caught.

DOSES.

We know that one contact with an infectious disease, one inhalation of malarious air, one sudden mental emotion, will cause a succession of phenomena and symptoms, which finally end either in a full recovery, by what is termed the crisis or throwing off of the diseased condition of the organism; or else, if the organism be in too feeble a condition to resist the influences, or if the effort of Nature to bring about this crisis have been interfered with by violent means, (*i. e.*, energetic treatment,) the system succumbs to the overpowering influences, and death is the consequence.

This observation of the natural causes of natural diseases must serve us as a guide in ascertaining the sick-making properties of drugs. If we wish to ascertain the artificially diseased condition drugs produce upon the healthy, we make our experiment by taking one dose of the drug; and as we do not expect an immediate effect from a contact with an infectious disease, experience teaching us that it requires days, hardly ever less than three days, before the effects of such a contact become perceptibly developed, so we cannot reasonably expect an immediate perceptible development of the sick-making effects of the one dose of the medicine to be proved. If there is no effect perceptible after, say five days, we will have to proceed just as we do when we administer medicines for the cure of the sick; finding ourselves not susceptible to the drug to be proven, we must take either a lower or higher preparation; and when no effects follow this, we may take the potentized drug in a watery solution until an effect is perceptible. When the question arises what preparation of the drug we should take in that *one* first dose, we may as well consult Hahnemann, who tells us, in paragraph 128 of his *Organon*, that substances, if proved in the crude state, by no means show the richness and fullness of their sick-making powers; that the dormant powers of the drug are developed by potentization; and that we obtain a better knowledge of the properties of drugs if we take a

few pellets of the 30th potency. Fifty years ago the 30th potency was the highest potency known, since then innumerable experiments, both on the healthy and the sick, have fully established the fact that a greater degree of sick-making power is developed by much higher potentizations. When Hahnemann advised a few pellets of the 30th potency as a proper dose for testing the drug, knowing that its medicinal powers are developed by potentization, his followers tried the experiment, and ascertained that the highest known potencies are endowed with a proportionately higher medicinal property than the crude substances or lower preparations possess. All depends upon the only reliable test, experiment; whoever will make this experiment honestly, will find that a single dose of the highest potency will cause a succession of symptoms much more distinctly marked, much more characteristic than any other preparations before used, even in the single dose or in repeated doses. We have, for instance, this day, no other provings of Theridion than those made by the 30th potency, we have provings of Lachnanthes made by the highest potency then known (76 m.) and the symptoms obtained in this manner have been confirmed by clinical experiment.

REGIMEN DURING THE PROVING.

The prover will do best to continue his usual diet and habits in general, as a deviation from them would necessarily cause some changes in his condition, and these might erroneously be attributed to the effects of the drug he proves. At the same time, he should, for this same reason, avoid all possible mental excitement and, above all, any exposures to the changes of the weather or to cold. Such exposures, during the development of the sick-making properties of a drug, might, as we know it did in several deplorable instances, fix upon the prover ailments for life. We know that a person suffering from an acute disease has to be very careful not to expose himself to influences of mental disturbance or the weather, which in his ordinary state of health, would affect him only temporarily; but which, during an acute illness might, and often does, leave their marks, disturbing his health during the rest of his life.

THE DAY-BOOK.

The prover would do well to give first a description of himself—age, sex, temperament, former ailments or diseases, habits and the influence which changes in the weather have on him. Next, a

full description of the substance or drug proved, how and where it was obtained and how it was prepared. Next mention the dose and the time of the day. This self-examination should be as carefully conducted as the examination of a sick person. A daily journal should be kept, in which nothing is omitted; some symptoms, or groups of symptoms, may often reappear, they should be very distinctly related again, as these frequently recurring disturbances, however long they may continue, often denote the most characteristic symptoms of the substance or drug proved. And, as in the examination of the sick, so in proving, the experimenter should describe very minutely under what circumstances certain symptoms appear. Also state whether food, changes in the weather, exercise or rest in certain position, cause new, or aggravate, or ameliorate old symptoms.

Finally, let us remember that the proving of drugs of all kinds and by many persons, will not only increase our ability to cure the sick, but will also forever settle many, as yet, disputed points, such as the possibility of finding a drug which can produce symptoms forming the exact similar to a known pathological condition—a disease. Proving will settle forever the disturbing posological question; provings, and their practical utilization, will confirm the infallibility of the only Law of cure—*Similia similibus curantur*.

PROVING OF AMMONIUM CARBONICUM.

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I TOOK one dose of *Amm. Carb.* 1 M. (Fincke), and on the 27th day took a dose of 10 M. (Fincke). On the 72d day, being completely exhausted by the severity of the symptoms, I having become very thin and weak, I took a dose of *Lachesis* C.M. (Fincke). All the symptoms were greatly ameliorated by next day, and most of them soon ceased.

The proving is arranged, for convenience of reference, in Hahnemannic order. A few symptoms, which the proving removed in me, are marked °. The numbers in parenthesis, following the symptoms, signify the days on which they occurred, reckoning from the *first* dose.

MIND AND DISPOSITION.

Think of everything which others have done to displease me; lie awake all night to lay plans to talk to them about it, but forget it in the morning (4 to 9).

Diminished thinking power (15 to 27).

Great forgetfulness and inability to collect my senses (15 to 27).

Use wrong words in writing or talking (15 to 27).

Very forgetful; make mistakes in writing or speaking (55 to 62).

Aversion to work, not disposed to do anything (61 to 65).

Disposition to weep in evening (61 to 64).

Full of care and gloomy anxiety; thoughts about unpleasant occurrences of former times crowd upon the mind and torment me (15 to 28).

Sad and desponding as if some accident were impending (15 to 27).

10. Loathing of life; everything looks so dark, cannot think of anything worth living for (15 to 27).

Great dislike to go out of doors; neglect important things on that account (15 to 27).

Gloomy, depressed, with feeling of impending danger and trouble, with sensation of coldness when thinking of it, and the lips look blue (28 to 30).

Utter dejection of mind, listlessness and lethargy (28 to 30).

Anxiety, with inclination to weep (28 to 30).

Hearing others talk, and talking myself, makes me very weary and nervous; cannot bear it; must get away from it and people (28 to 30).

Anxious concern about my sickness; when my friends try to cheer me up, I say to them: "I know I will never amount to anything, for I can never use my brain again, and will never advance another step in my profession;" the tears will come, I cannot keep them back (28 to 30).

Sad, despondent, homesick; tears run down my cheeks in evening and at night; have lost all self-respect, for I cannot do anything right; feel I ought not to prescribe for a patient, am sure I do not know enough, despise myself because I do not know more; brain feels so thick, cannot get a thought through it, it will not act; when I see a patient come in the office I feel so badly because I know I cannot do well for them, so that I am all in a tremble and can hardly speak, the perspiration runs down my back; I tremble so, I lose the powder out of the paper when trying to do it up; I try to conceal these symptoms, I am so ashamed of them; cannot see anything good in myself, feel so out with myself, with utter contempt of self, but see good in every one else, even my worst enemy; will stand up for them, and point out some good in them, and make excuses for them; constantly admiring the good qualities I see in others, but

think I am all bad, and that others think so: these symptoms lasted till end of proving (53).

HEAD.

Vertigo, with pressure in centre of brain; was obliged to take hold of something to keep from falling (14).

Head feels dull, muddled and stupid (15 to 27).

Confusion of head (28 to 30).

20. Frequent giddiness, as if the surroundings were turning with me in a circle; worse in morning, but lasting the whole day; worse at night on moving the head (32 to 40).

The same; worse in morning after rising, and at night when moving head (48 to 52).

Sensation of looseness of the brain, as if it fell to the side toward which I leaned (32 and 63).

Congestive headache (34 to 39).

When stooping, sensation as if the blood accumulated in the brain (34 to 40).

Bursting headache when moving about (66).

Intense heat in head and face (47).

Pain in top of head, extending down to both ears (49).

Heaviness and beating in forehead after dinner (50 to 54).

Sense of oppressive fullness, pulsating as if forehead would burst (55 to 59).

Sensation as if the right temple were drawn so tight that it would snap; very painful (50).

30. Pimples on forehead, tip of nose, chin and temples (15 to 27).

Severe itching on scalp, worst on occiput (28 to 30).

Scalp and hair painful to touch (29 to 30).

Drawing pains in periosteum of forehead, in morning (30).

Pimples on scalp, burning, stinging, smarting and itching (35 to 59).

Severe itching on scalp, especially on occiput; eruption resembles that produced by using croton oil; very tender (38 to 50).

Pustular eruption on forehead, cheeks and chin (50 to 55).

Pimples on scalp, commencing on crown, and extending all over scalp and down back of neck and upper parts of shoulders; these somewhat resemble small-pox, having the shot-like feeling under the skin, the lymph-indentation and the maturing; the itching was intense, and the hair fell out very badly; my head and neck became one mass of oozing matter, having a very unpleasant odor, something like india-rubber, and sweetish, and very sticky. On 64th

day I felt a crawling as if there were lice on it, but thought it only a sensation ; in the afternoon it was so troublesome and real that I used a fine comb, and discovered over 50 very small lice ; the smell and the idea of lice made me gag and vomit ; I washed my head twice a day, and had been doing so during the eruption, to subdue the heat and itching, so that it did not arise from want of cleanliness. I continued the washing and combing twice a day, but it was impossible to get rid of them as long as there were any new pimples breaking out ; the last were on my neck and shoulders, and the lice seemed to crawl from them the same as from my head, I could pick them off (57 to end of proving).

EYES.

Dimness of sight ; and when making an effort to see, objects seem double (15 to 27).

Short sight (15 to 27).

40. Aversion to light (28 to 30).

Agglutination of lids in morning ; copious lachrynation during day (10).

Pressure about lids on waking up ; pressure in eyes, and intolerance of light on waking, and in evening when lying down (15 to 27).

Smarting in eyeballs, and itching of margins of lids ; worse at night and very early in morning (32 to 40).

Eyelids adhere in morning, have to pick them open ; when open, sensation of a deep, perpendicular gash in outer side of left eye, entering eye at junction of the cornea and sclerotic, with smarting and burning (41 to 44).

Feel as if the upper lids were too short transversely, can only open them half-way ; heat and dull sore aching pain in upper back part of left eyeball ; they feel very tired because I have to make such an effort to keep them open ; my eyes are only half open all the time, and look and feel as if they had been strained, worse from movement (41 to end of proving) ; smarting of eyes, and stinging in margins of lids (55 to 57) ; smarting in eyes (57 to 58).

Have to sit down after dinner and sleep a few moments, otherwise eyes very painful and sore during remainder of day (15 to 27).

EARS.

Indistinct hearing (50 to 53).

50. Intolerance of noise, particularly hearing people talk (15 to 27).

Right ear, which was deaf seven years ago, is painfully sensitive to noise; a strong sound was so painful to it, it made me tremble all over (15 to 27).

Sensation as if a bird were fluttering its wings close to left ear; later in the day, felt as if there were a large insect in the ear fluttering its wings (50).

Drawing feeling through the whole of both internal ears (50).

NOSE.

Sneezing (28 30).

Frequent sneezing early in morning (11 to 15).

Half an hour after taking the second dose, profuse watery discharge from nose, and at noon, each day afterward, for about an hour (27 to 41).

Burning water runs out of nose, worse when stooping (37 to 41).

Stoppage at nose at night (37 to 41).

Scabs in nose in morning (37 to 41).

60. Pustules on nose (46 to 47).

FACE.

Contraction of skin of face and forehead; sense of stretching in face, causing me constantly to rub eyes and face (15 to 27).

Tension of face, nose and lips, which are swollen early in morning (15 to 27).

Red cheeks; head, face and eyes feel so hot that it starts the tears (54).

Face very much swollen in morning; looks very pale; eyes dull, with dark circles round them; also little bags under eyes (65 to 71).

During day looked pale, but towards evening my face was very much flushed, with fever, lips blue, eyes dull and aching; aching of the whole body more intense than ever; my friends say I am going to have a fever (28 to 30).

Heat in face with red cheeks (34 to 40).

At 3 P. M., a tired feeling in face, particularly round eyes; "crows' feet" around eyes; loss of control of facial muscles; they feel weak and contracted, as if they could not act; face lacks expression; deep lines in face: these symptoms last all the evening (35 to 40).

Sore on left side of lower lip, itching, stinging and burning, very painful; not a fever-sore, but is convex, hard and looks bluish (34 to 40).

Lips very much swollen, smart and sting, feel as if they would crack open when moved; upper lips so swollen that it is rolled up and nearly touches the nose (37 to 41).

70. Upper lip full of fine cracks, with deep cracks in corners of mouth (54 to 56).

Pain and swelling of sub-maxillary glands; they feel tense upon the mouth being opened or moved (15 to 27).

TEETH.

The lower front teeth feel too long, and as if they were not my own, but of china; constant uneasy feeling in the teeth; am all the time inserting toothpicks between them, and pressing them apart; they feel lame and sore (13 to 19).

A sac, the size of a pea, formed above left upper first bicuspid, hung down on a peduncle, looking like flesh; on opening it, it bled freely and relieved toothache, which had been very bad all day (35).

Teeth feel too long and dull (37 to 40, and 55 to 60).

Stitching pain in molars when biting, must use incisors only (38 to 39).

When masticating, decayed second left lower bicuspid pains more (38, and 59 to 60).

Severe toothache (66).

Pinching pains, especially in molars, worse when masticating or touching the decayed teeth with the tongue (55 to 60).

Gums feel sore and tender, easily bleed (54 to 63).

Gums feel swollen, easily bleed (56 to 64).

Throbbing pain in gums and roof of mouth, worse from stooping (59).

Pressing the teeth together sends a shock through head, ears and nose (45 to 69).

MOUTH.

Bad smell from mouth perceived by myself (15 to 27).

Acid taste in mouth, worse from drinking milk; milk becomes so offensive, I do not even want to see it (15 to 27).

Great dryness of mouth and throat, but no thirst (28 to 29).

Redness and inflammation of inner mouth and gullet; pain as if raw (33 to 35).

Sensation as if mouth were swollen, with great dryness and thirst (54).

Fever blisters on front part of roof of mouth; after breaking, leave a purple scar (55 to 60).

Evening and night, profuse saliva troubles me very much; when talking, it runs out of corners of mouth (54 to 56).

90. Have to spit often (52 to 59).

Vesicles on tongue at tip and edges, hindering eating and talking (38 to 46.)

THROAT.

Great dryness of throat (37 to 41).

Sensation as if there were feathers in throat; lasting to end of proving (42).

Dryness and burning of throat, with strings of phlegm, which cause constant swallowing, but cannot break them up; they string down so long without breaking that they choke me; a very unpleasant taste to it (47 to 51).

Pain in throat as if right tonsil were swollen, painful to swallow (55 to 60).

Great dryness of throat and hoarseness; catarrh; dry cough, worse at night; sensation of a feather down in throat (59 to 61).

STOMACH.

Unconquerable appetite for sugar (31 to 34, 36 to 40, 54 to 56).

Frequent sour eructations (15 to 27).

Nausea, vomiting a cup of cocoa I had forced down (28 to 30).

100. Complete loss of appetite, cannot get the food down; feel very weak, cannot sit up, obliged to leave the table and lie down (28 to 30).

No appetite, except for cold food (42 to 46).

° Before taking *amm. carb.*, I would not eat white bread, or if I did, I would not digest it, but would vomit it; during the proving I could eat it, and can do so now, after the proving, without any bad effect.

Stomach feels full and trembling (15 to 27).

Uneasiness in stomach, with pressure in stomach and forehead, worse after eating (15 to 27).

Painfulness of stomach when pressed upon; the clothes press upon it (15 to 27).

Oppressive weight at stomach-pit (15 to 27).

Pinching and rumbling in stomach-pit (15 to 27).

Heat of stomach which extends to bowels, as from drinking strong wine (15 to 27).

ABDOMEN.

Weight in abdomen (15 to 27).

110. Weight of abdomen; distension of abdomen; rumbling and shifting of flatulence in abdomen; griping with a great deal of flatulence in abdomen; emission of a great deal of flatulence in afternoon, evening and night, causing a tender pain (9 to 16).

Painful concussion in lower part of abdomen when stooping; felt as if all the internal organs were loose and very sore (11 to 15).

Pressure upon a spot as large as a quarter dollar, an inch above and to left of umbilicus, as if there were a hard substance there, and as if the tissues around it were bound down by it; every movement causes a pulling sensation from that spot; very tender pain (14 to 22).

Sudden painful contraction of bowels as far as region of stomach (15 to 27).

Contracting, pinching pain in abdomen, very severe; first the upper then the lower part (15 to 27).

Violent pinching, contraction and rumbling in abdomen (15 to 27).

Crampy feeling and sense of obstruction in abdomen (15 to 27).

Tender smarting pain an inch above and to left of navel, worse from pressure and movement (39 to 50).

Drawing together in left lower bowels (45 to 53).

Stitches in right hypochondrium (45 to 47): ditto, worse from movement (14 to 16).

120. Eruption on abdomen, very thick and red (31 to 52).

STOOL AND RECTUM.

Constipation; hard balls, hard to press out (6 to 9; 36 to 40).

Four loose passages every day (41 to 45).

Diarrhœa, with colic low down in abdomen, early in morning and tenderness during the day, diarrhœa with cutting in abdomen; evacuations with constant tenesmus during stool, and remaining half an hour after stool; the tenesmus is felt only in upper back part of rectum (14 to 20).

Deep cracks in perineum, very painful when urinating, defecating, or when wet (55 to 60).

Itching of anus (14 to 18).

Tenderness of upper back part of rectum (41 to 60).

URINE.

Violent pressure of urine upon bladder, with cutting and constant urging even at night, with diminished emission of urine, accompanied with burning (15 to 27).

Obliged to rise four times every night to urinate; frequent micturition during day, light colored and profuse, foams very much, the foam remaining on it when the vessel is emptied; on testing, find it loaded with albumen; some days a whitish sediment in urine; pressure on bladder with cutting pains (43 to end of proving).

Roused from sleep with urgent desire to urinate (15 to 27).

130. Urine very light yellow, frequent, increased in quantity, leaving a pinkish sediment, which adheres to the vessel (15 to 27).

Urine very scanty and dark, causing burning when passing it (31 to 34).

Urine scanty, thick and dark (62 to 64).

Urine dark, thick, scanty and frequent (4 to 7).

SEXUAL ORGANS.

° Swelling and pain in breasts before menses, were removed by the proving.

° Used to suffer very much during menses; this has ceased since the proving, but I have congestive headache, instead.

Congestive and menstrual headache, with pinching pain in centre of abdomen (55).

Quick darting and cutting pain in uterus, from below upwards, lasting all day, worse from movement (33).

Severe cutting pain in left ovary, darting down to groins (47).

Aching tensive pain in left ovary, extending to left groin and left thigh; worse from movement (66, 67).

CHEST.

140. Sound of cracking in chest (48 to 53).

Contraction in middle of chest, either when taking a long breath or from natural breathing; the place aches when pressing upon it, as after a blow (15 to 27).

Tickling in throat and bronchial tubes, as if filled with dust, worse from taking a long breath (37 to 41).

Stitches in right side of chest, when stooping, walking or rising in bed (48 to 52).

On taking a long breath, the whole chest and lungs feel weak and bruised, very painful; makes me give a dry, hacking cough, which causes a pain through to back between shoulders, and a smarting, raw sensation in bronchial tubes; lungs feel so weak all the time, it tires me to talk; get out of breath when talking, breathing short all the time (65 to 70).

Talking difficult at times, like as from weakness of the parts (48 to 52).

Shortness of breath and palpitation from the slightest movement; even rousing up in bed produces it (28).

Difficult breathing, causing short, dry cough (30 to 36).

Cough, short, asthmatic, from irritation in larynx, with painful sensation of spasmodic contraction of chest (51, 52).

Cough, with asthma; evening in bed (59).

150. Two or three little coughs early in morning, and coughed up a large piece of firm, yellow phlegm, tasting sweet, and remaining in form after spitting it out (35 to 65).

At 11:30 A. M., when out walking, felt as if blood passed into heart but did not pass out; the heart felt so full as if it would burst; severe tensive pain in heart, felt as if the muscles of heart tried to act, but were so rigid that they could not; very numb all over; lips looked blue, with white margins for about an inch around them; face pale; eyes looked dull; head feels anæmic; in about fifteen minutes a severe pain in back of throat; inclination to swallow, but when trying, the muscles seem rigid and refuse to act; the pain gradually extends down the œsophagus to stomach; breathing all the time very short and difficult; all the muscles of respiration seem rigid, causing a tensive pain when using them; the pain extends to stomach and liver, and after about ten minutes, subsides in throat and stomach, but not in heart, which grew worse. I could not walk or stand, I staggered so; anæmia in head worse; numb all over and cold; looked and felt very ill; in about half an hour the pains extended from liver to between scapulæ, making breathing even more difficult; from scapulæ to teeth, all aching at the same time; then passed to right ear. Desire to take a long breath, but cannot; panting breathing; cannot lie down. These pains lasted till 2.30 P. M., then became less, and I commenced yawning and stretching; look pale, and face and eyes have not the slightest expression; eyelids heavy and droop; feel weak and lifeless; yawning, stretching, numbness and drawing in muscles continue till late in evening,

when the heart commences to contract better; there is a sensation as if blood were swashing in brain in top part of head; during these symptoms, I look and feel very sick. Had these symptoms every day till end of proving, growing more severe (40).

Palpitation of heart (66).

A severe, throbbing, cutting pain in apex of heart (40).

Palpitation of heart, very violent (60 to 65).

Awake in night with a dull, heavy pain in heart, passing from apex to base; must sit up; feel as if heart had stopped beating (61 to 64).

Small pimple on sternum, which, when touched, feels as if there were a splinter in it (37 to 40).

BACK.

Pains in small of back, increased by motion and walking; also, when stopping; sensation as if the muscles were not strong enough to support the body, which constantly threatens to fall forward (15 to 27).

Bruised feeling in small of back (15 to 27).

Drawing pain in small of back, extending into legs and loins, when at rest (15 to 27).

160. Gnawing pain in small of back (15 to 27; 62 to 72).

Violent pain in small of back, with great coldness (37).

Aching pain in kidneys; makes me feel weak and sick all over; eyes look dull, sight is indistinct, eyeballs smart and itch (64 to 66).

Pain between scapulæ (38 to 46).

Pain in back and loins, worse from rest, relieved by lying on abdomen (30 to 49).

Pressure in back (15 to 27).

Drawing all along back, beginning at nape, causing stiffness when turning head and severe drawing in nape (15 to 27).

Enlarged gland back of neck, just at edge of hair, very painful indeed (64 to 72).

UPPER EXTREMITIES.

Burning, stinging and redness of a wart on back of left hand near wrist; constantly picking at it until I picked it off; it did not bleed and has not returned (2 to 5).

Hands look blue, and veins distended after washing in cold water (50 to 56).

170. Fingers go to sleep (57 to 60).

Drawing pain and cramp in right upper arm and shoulder, draw-

ing arms backward, cannot bring it forward; numbness extends down arm to hand; lose all power in it; cannot hold anything, drop everything I may have in my hand; restless, want to move arm constantly; worse from hanging arms down; better from holding arms up, with elbows bent; usually comes on from noon to 3 P. M.; always while walking (3 to 21; also, much more severely 34 to 40).

Tearing in shoulders (15 to 27).

Tearing in left shoulder, extending to chest, very marked (15 to 27).

Pain, as if bruised, in left shoulder, when at rest (15 to 27).

Lameness and drawing in left arm from axilla to wrist (15 to 27).

Right arm feels as if it weighed a hundred-weight, and is without strength (15 to 27).

Weight and lameness in right arm; have no power in it; must let it hang (37).

LOWER EXTREMITIES.

Ball of left great toe feels hot and bruised; worse in morning (32 to 40).

Sensation as if left great toe and two adjoining toes unjointed when rising from a chair and trying to walk; sometimes so painful as to start the tears; sometimes lasting about an hour, at others only a few minutes (18 to 20).

180. Ball of left great toe painful and hot, felt when walking on it as if I were stepping on a sharp knife (19, 20).

Tearing in ankles and bones of feet, ceasing when warm in bed (37 to 59).

Pain in outer side of left lower leg, restless, but worse from movement; feel as if the muscular part had grown together, without any movement of the fibres on each other; when trying to move leg, can feel the pulling on periosteum as if it would be torn from the bone; if I continue to try to move it, the muscles will not yield, and there is a burning, smarting, gnawing pain in periosteum (9 to 14).

Severe cutting drawing pain in inner side of right knee, in periosteum; makes me cry out; cannot move it; lasting about 20 minutes (11).

Boring and drawing pain in knees (46 to 51).

Great lassitude of thighs and legs (15 to 27).

Sense of scraping upon bones of thighs and legs at intervals (15 to 27).

Sudden and great weakness in lower limbs (15 to 27).

GENERALITIES.

Constant stretching of arms, legs and feet (15 to 27).

All my limbs pain me at night, with gnawing pain in small of back; have to turn myself slowly in bed, because motion gives me pain (15 to 27).

190. Cracking in joints when walking (15 to 27).

Hands and feet go to sleep when sitting (15 to 27).

Great exhaustion and aching soreness over whole body (28).

Heaviness of all internal organs (29, 30).

Feel as if I were going to have a severe illness; cannot sit up, and look very ill (29, 30).

Feel as if I were rigid all over; a set feeling in eyes; heavy, dull ache in head; seem as if I would lose myself in a stupor; stop talking and sit with closed hands in a tight grip; do not answer patients; with a great effort, got up and walked across the room; felt somewhat relieved, but the feeling remained all the afternoon (54).

Ebullition of blood at night—seems as if the heart and veins would burst (55 to 60).

Very sensitive to cold air out of doors (62 to 66).

° Since an illness six years ago, the muscles and tissues have seemed to be so bound together, not moving freely on each other as they used to; could not lie on back, there seemed to be such a tightness of the flesh from chest to abdomen; can now lie on back with ease, and the muscles of body seem to act freely and naturally; can walk with much greater ease since taking the *Amm. Carb.*

SLEEP.

Light sleep at night; every little noise wakes me (15 to 27).

200. Could not sleep at all during night nor next day (28 to 30).

Restless, unrefreshing sleep, tossing about (39 to 53).

Dreams vivid; dream of having nose-bleed (37 to 54; 57 to 59).

Dreams vivid, lewd and full of danger (41).

FEVER.

High fever, great internal heat; feel as if I were burning and drying up internally, in body, legs and arms (28 to 31).

Continuous night-sweat (68).

SKIN.

In afternoon, body bright-red like scarlatina; the redness remained for nine days (29).

Violent itching; after scratching, burning blisters appear (52 to 58).

Thick dead cuticle peels off from back of ears, groin and between toes (52 to 62).

Itching and stinging of skin keeps me awake (64 to 72).

Much general itching of whole body during entire proving.

CONSERVATIVE SURGERY.

H. I. OSTROM, M. D., NEW YORK.

MAN'S mind begins with the concrete, and thence reaches the abstract. At first, his cognitions do not extend beyond a single quality for each object; by this quality the object is recognized. Later, the object is used to the extent which the recognized quality will permit, and from this use, with the purpose of attaining a definite end, and this marks an advanced mental development, arises the power of abstraction.

Evolution of thought, by which all that is of real worth is accomplished, is marked by stages, each of which is recognized as a vantage ground, from which the past may be viewed, and the future, to a certain extent, traced. These cycles of thought assist the great onward movement of humanity, for out of the past the future is born: from the experience of yesterday comes the knowledge of to-day. They are breathing spaces, where the mind matures all that it has acquired, and is able to arrive at a state of absolute perfection, in, at least one branch of conduct, of science, of art, and that perfection is never lost to the world; mankind has gained much, and all future will feel the benefit of the heritage. Let no man think, because his life-work has not been crowned with the success which he hoped to attain, that his efforts have been lost; nothing that is real and earnest is ever lost, for truth must live, and all earnest and faithful work is a part of the truth. Through long years of struggle, through obscurity and persecution, the noble art of surgery has progressed to the honorable position which it now holds among the sciences. Each epoch passed, in attaining the vantage ground upon which we now stand, has been reached by hard-fought battles. All progress is made by men in advance of contemporaneous thought, by men who have worked beyond the period of evolution of their day, and who stand alone, because the

reasoning by which they would establish their position is not understood, it is disregarded and thrown aside as the work of a dreamer; but the dreamer has not dreamed—he has thought, and the masses, who cannot follow nor read his thought, call it a vision. Every instrument, every operation of any magnitude, which are now regarded as the glory of surgery, and by means of which thousands of lives have been saved, has been dearly bought; first by persecution and neglect, and then by abuse, for reactionary influence will surely follow extremes, and that which has been discarded, will be lauded to the skies; that which has been held up as the healing serpent, will be dragged into the dust. Only when fanaticism has yielded to reason is it possible to establish truth; not until the mind is open to receive from all sources, and consider without prejudice, or the coloring of any favorite ism, is that state reached which makes the scientist.

The evolutions, through which surgery has passed, have developed its resources, and substituted for harsher methods means which call upon nature and medicine for assistance. That evolution has been in this direction follows from two reasons: *First*, with increased facility and means of action comes, of necessity, conservation of force, and the possibility of attaining greater results with less loss, both of the active and of the passive principle. *Second*, the self-poise and command, which accompany education and thought, furnish the power to await the action of less brutal agents and means, of forces which act more slowly, and hence more surely, and with less commotion of nature, than the uncultered man is willing to employ. This unwillingness arises as much from fear as from ignorance.

What barbarities did the early surgeons practice because of their fear of hæmorrhage? And with what incredulity and puerile reasoning did they oppose the use of the ligature? They knew that the actual cautery would close the bleeding vessel, and they could not understand the application of the ligature, and feared it would not hold; hence, limbs were amputated by the actual cautery, and humanity was burned, and made to suffer untold misery, because of ignorance and prejudice.

Surgery has steadily progressed towards conservatism, has marched onward, leaving behind those who cannot follow, until there has almost come a reaction from the heroic methods, and the knife is brought into unjust disfavor. Rather than open an abscess, the patient is allowed to suffer days and nights of pain; rather than amputate a limb, the part is allowed to slough off, leaving a stump useless to the patient, and an opprobrium to surgery; rather than

excise an ovarian tumor, the woman is allowed to die; for, they say, the growth may return. Such practice is not true conservative surgery. It is a mistake to think that the conservative surgeon cannot use the knife; and, if he does, he forfeits his right to be so considered. He will use all other means, if his patient is not losing ground, before he resorts to mutilation; but when these means have failed, none should be more fearless or more ready to operate than the true conservative surgeon.

Conservative surgery taxes the full powers of the man. It is easy to remove a diseased part, but it may be very difficult to cure it. Hence, the conservative surgeon must not only be thoroughly acquainted with his art, but he must possess that nice balancing judgment, which comes only through education and culture. Conservative surgery is the surgery of the future; and the opprobrium of our art will be removed in proportion as the knife becomes less necessary to the saving of life, and men will be true humanitarians when the keen pleasure now felt in an operation gives place to a corresponding satisfaction in a cure effected by less violent means of treatment.

The following cases are selected from those that have recently come under my observation.

CASE 1. FRACTURE OF THE COCCYX OF TEN YEARS' STANDING,
WITH SEVERE COCCYGEAL NEURALGIA.

Ten years before I saw the patient, a lady about forty years old, she fell upon her coccyx, causing a fracture of that bone. The fragments united, leaving the bone acutely bent, the concavity directed towards the rectum. From the time of the accident there had been severe pain running from the coccyx, up the spine; at first, paroxysmal, but latterly, almost continuous. The local obstruction and tenderness interfered with defecation, and all the conditions were aggravated during menstruation. One of the principle guides in prescribing for this case, was aggravation upon first moving, or rising from a sitting position, and amelioration upon continued motion; but *Rhus. Puls.* and the other remedies usually associated with these symptoms, administered in various potencies, gave only temporary relief. *Causticum* effected the cure. Of course the fractured bone remained in a bent position, but the surrounding muscular structures have adapted themselves to their abnormal relations, and the dependant nervous irritation has been much reduced.

At present, after six months of no treatment, there has not been

the slightest return of either pain or soreness. In former days, the coccyx would have been amputated.

CASE II. FRACTURE OF THE FOURTH METACARPAL BONE.

A young man, to exhibit his strength, struck a hard body with his right fist, and fractured the fourth metacarpal bone. The pain and swelling were considerable, but he sought no treatment until these had abated, two weeks after the accident. Examination showed the fourth metacarpal bone to be fractured in its middle third; between the fragments there was pronounced motion, the upper fragment riding upon the lower. There was an ensheathing callus at the site of the fracture, but this had ceased to assume the vitality of a reparative exudation; the bones moved freely, as in a sheath. As the man's hand was still useful, and he did not feel that he could give any time to the wearing of a splint, or for a radical operation, but must continue at his work, that of a stone-mason, so I consented to try the effect of medicine. He received, night and morning, *Symphytum Off.* In one week the motion between the fragments was reduced, and in one month the bone had firmly united. During this time he worked every day, cutting through cement walls, holding the hammer in his right hand.

The cure must be attributed to the action of the medicine, and not to the irritation produced by the use of the hand; he had continued his work all the two weeks between the fracture and his reporting to me, yet no attempt at uniting was made.

CASE III. SINUSES AND CHRONIC PERIOSTITIS OF THE FEMUR, OF THIRTY YEARS' STANDING.

A gentleman between forty-five and fifty years of age, received an injury of right knee when about twenty years old. This was followed by necrosis, for the cure of which the usual operations were performed; the disease, however, was not arrested, as shown by the occasional discharge of sequestra, through the constantly open sinuses above the knee. During these thirty years, the leg has been subject to attacks of erysipelas; the inflammation from this disease and that resulting from the operations caused considerable ankylosis of the knee-joint, which increased with time. My first examination was made in 1878, when I diagnosed slight, if any, necrosis, but serious chronic periostitis about the knee-joint. The counsel of the Old School, however, prevailed, and an operation for the removal of

the lower end of the femur was performed by one of our most eminent surgeons.

The operation was a complete failure; not only was there no necrosed bone found, but such an inflammation was set up as to endanger life or seriously suggest amputation of the leg.

Two months after the operation, the condition of the leg was much worse than before, and the surgeon in charge then said that nothing could be done but amputate the leg when the patient's general health was restored. At this stage, I took entire charge of the case, and found the knee bent at an acute angle of 45° , with fine sinuses running in various directions toward the bone; all of which discharged a thin sanious pus; injections showed these sinuses to be connected. There was excessive and continued pain and swelling, with such a degree of sensitiveness, that the clothes could not be borne upon the part. I still could discover no evidence of necrosis; the probe touched the bone in several places, but the surface was smooth.

By the use of injections of *Calendula*, earth poultices, the rubber bandage and the indicated remedy, principally *Silicea*, each in its proper place and until it has accomplished its purpose, this gentleman, in two months, was able to attend to his business; in one year he walked without crutches, and in eighteen months after I began treatment, he could stand and walk better than he had been able to do for years. But one sinus remains, and that discharges a small quantity of healthy pus. Occasionally before a change of weather, especially if the air is cold and dry, he suffers from sciatica; but this is an old trouble, and is caused by some of the nerve filaments passing through old cicatrices, the marks of former operations. This hardened tissue is acted upon by atmospheric conditions and pressure or relaxation alters the nerve circulation.

This rationale is strengthened by the fact that the pain always radiates from one of these spots. It may be said that this case is not yet cured; but practically it is, for all the symptoms of periosteal inflammation are gone, and the probe shows that the single remaining sinus is becoming more and more superficial, it now being impossible to reach the bone.

CASE IV.—NECROSIS OF THE OS CALCIS.

The patient, a child of four years, developed necrosis of the os calcis when between two and three years old. When I first saw him, as nearly as the probe could diagnose, one-half of calcis was

necrosed. An operation was objected to by the parents; from experiments which I had made with a view to learning the action of *Sulphuric Acid* on diseased and healthy bone, I decided to apply it in this case. There was injected daily into the sinuses, leading to the bone, 10 minims of a fifth solution of strong *Sulphuric Acid*,* care being taken that the syringe should reach the bone before the solution was ejected. The necrosed bone came out, leaving perfectly healthy tissue, which healed in two months from the commencement of the treatment. It is noteworthy that *Sulphuric Acid* used in the strength applied in this case, does not affect the healthy tissues; while it removes the dead bone, it leaves a clean, granulating surface, a more accurate line of demarcation than can be made with the knife. This case is one of several, both in my own practice and that of other surgeons, which have been treated with *Sulphuric Acid* with similar favorable results.

ABNORMALITIES OF LABOR.

L. B. WELLS, M. D., UTICA, N. Y.

NORMAL labor may be regarded as the accomplishment on the part of the mother of the terminal act in the process of reproduction.

When the normal period of gestation, varying from 275 to 290 days, averaging 280 days, has arrived, then the natural labor is the consummation of all that process which introduces a human being to a new existence.

The normal conditions and process of labor are so familiar to all that its discussion here may be considered superfluous.

This paper will, therefore, be limited to observations upon those abnormal conditions which are often attended with danger, and possibly the life of the mother.

Deviations from the natural presentation rendering labor more difficult, will constitute a subject for our notice.

When the head of the child presents in such a manner as to bring its antero-posterior diameter corresponding to that of the pelvis, this may be considered normal labor.

Deviations from this in a greater or less degree may be considered as abnormal.

* This use of *Sulphuric Acid* is not homœopathic, for it is used in such strength as to destroy tissues. *Sulphuric Acid* is often homœopathic to such conditions, but never is such strength.—Com.

It is not necessary in this paper to enumerate these varieties, but only consider what is of more importance, whether anything can be done to avoid these sometimes difficult and perplexing conditions.

Much will depend upon the care of the patient in regard to exercise, physical exertion, etc. Bathing with tepid water in place of cold bathing, as cold bathing will be followed by a re-action tending to congestion, and mechanical support if necessary.

The question may be asked, can any remedial means be used to avert those conditions?

Some thirteen or fourteen years since I read in a homœopathic medical journal the experience of a physician, in the use of *Pulsatilla* in such cases.

From that period, in every case under my care, I have prescribed *Puls.* daily, two weeks before confinement, estimating the time from the first indications of motion of the fetus.

In every case thus treated, the presentation has been normal, where I have been present in the early stage of labor.

I have observed one important fact, that those false manifestations do not appear, and when labor commences it goes steadily forward to its consummation.

If the physician can be thus relieved of those repeated calls, it is a very desirable relief.

It is not our province to discuss the criminal record, but only some of those accidents which are often unavoidable, and premature labor is the result.

The physician should bear in mind one fact, that every case of miscarriage predisposes to a repetition; and the more frequently it occurs, the more its probabilities are increased.

From the observation of the writer, ladies of a tall, slender form, with lax muscular fibre, are more liable to these accidents.

Can any remedial or mechanical means be available to prevent such accidents?

In answer to this, I will relate one case, as a sample of many. In 1854, I was called to attend a lady in premature labor, she being six and a half months gone. Her first child was living; she informed me that she had had five successive miscarriages, occurring from fifth to seventh month, and that her physician informed her that it would be impossible for her to have a living child.

I assured her that the doctor labored under a mistake.

Some months afterwards, I was consulted by the patient for advice, in order to prevent another mishap.

Her household duties required much constant care and motion up

and down stairs. I suggested mechanical support, and gave her a vial of *Sabina*⁶, the potency I then used; she was to take it once a day for one week, omit a week and take again the next week, in the same manner; this was to be continued to the full period of gestation. She was delivered of a fine boy, who has grown to manhood, and is now engaged in a responsible and lucrative business.

DISEASES OF INFANTS.

C. LIPPE, M. D., NEW YORK.

FOR the selection of the proper homœopathic remedy in diseases of infants, we have only the symptoms observed in the patient for our guide; and at times, by those symptoms we can discover the kind of pain and the locality.

First is to be considered the countenance, for by the wrinkles, lines, color and expression the attentive observer ascertains often the anatomical seat of the trouble. Wrinkles and lines on the forehead lead us to suspect brain difficulties, between the forehead and upper lip, chest troubles, and about the chin, abdominal complaints.

Wrinkles on the forehead call our attention to *Cham.*, *Hell.*, *Lyc.* *Rheum.*, *Rhus.*, *Sepia.*, *Stram.*: Knitting the brows, to *Rheum.*, *Viol-od.* Wrinkles on the face, to *Calc.*, *Hell.*, *Lyc.*, *Stram.*; on the lips, to *Amm-c.* Blueness of the nose *Hydroc-acid*; paleness around the nose, *Cina.* Fan-like motion of alæ nasi, *Lyc.*

Aged expression *Hydroc-ac.*

Anxious expression *Aeth.*, *Bell.*, *Cupr.*

Bewildered expression *Plb.*, *Stram.*, *Zc.*, etc.

The sudden contraction of the muscles of the face and the quick passing expression of pain will give us an indication of a short, sharp, shooting or stitching pain; if the trouble is related to the chest, the pain will be of the stitching variety; if to the abdomen, shooting; this kind of pain is accompanied by a quick, loud cry, if the infant has not been much weakened by the disease; the weaker the patient becomes, the cry is at first hoarse, then almost extinct. If the child moans constantly, the pain is more of an aching or of a dull character; if the child only manifests pain on being moved or touched, then we may safely say that the pain is of the bruised variety; *Arnica*, etc. Pain only on voluntary motion will lead us to suspect rheumatic pains, and call our attention to *Bry.*, etc.

The position the child assumes both when asleep and awake, and the gestures often also give us a clew to the kind of pain and the locality.

The upright position of dyspnœa, calling attention to the peculiar conditions requiring such a position, and the position on the side with legs flexed and arms drawn close to or over the chest, which is observed in the last stages of brain affections; one leg stretched out, the other bent; hands above the head, or crossed on the abdomen, all calling attention to the peculiar symptoms belonging to certain remedies which often are of importance in many cases.

The desire to be carried and amelioration from being so carried has so often been observed to be met by *Cham.*, that this symptom has been marked as characteristic under that drug, and in croup the necessity of being carried with a rapid motion has been observed under *Brom.*

The continuous crying of infants may be referred to two reasons, earache or hunger, when not due to mechanical causes.

The peculiar cries are of some importance. The sharp, shrill, single cry of *Apis*; the moaning of *Acon.*, *Bell.*, *Hell.*, etc.; the groaning of *Millef*; whining, *Apis*; the hoarse metallic sound of croup, *Bell.*, *Brom.*, *Hepar*, *Spongia*.

The tongue gives some peculiar diagnostic signs of the remedy to be applied; black, *Ars.*, *China*, *Merc.*, *Phosp.*, etc.

Bluish, *Dig.*, *Mur-ac.*, *Spig.*; Grayish, *Ambra*, *Tart.*

Red all over, *Bell.*, *Tart.*, *Ars.*, *Lach.*, *Rhus.*, *Sulph.*

Red glistening, *Glon.*, *Kali-b.*, *Lach.*

Red, triangular tip, *Phyt.*, *Rhus.*

Red tip, undefined borders, *Rhus.*

Lead colored, *Ars.*

White coat on one side, *Rhus*; on both sides, *Caust.*

White coat, middle only, *Bry.*, *Phosp.*

White coat on the root strongly marked, *Sepia.*

Dry red cracked at tip, *Kali-b.*, *Lach.*, *Rhus.*, *Sulph.*

Dry tongue without thirst, *Bry.*, *Puls.*

Soft, with prints of teeth, *Iod.*, *Merc.*, *Rhus.*, *Stram.*

We are always to bear in mind that the Law of cure, as developed and expressed by Hahnemann, must hold good with infants as with adults, and although the selection of the proper remedy is more difficult with infants, yet from their quick rallying powers, we have made our most brilliant and rapid cures. We all know the almost instantaneous effect of a single dose of the proper remedy in croup. Our only success can be through the strict adherence to that single law, which unerringly guide every one who rigidly adheres to it.

SIMILIA SIMILIBUS CURANTUR.

GEO. F. FOOTE, M. D., STAMFORD, CONN.

PAUL was an innovator, writing his epistles some 1800 years ago; Galileo, at a later date, astonished the world with innovations upon the accepted physical sciences of his day; Harvey was an innovator, uttering new truths conflicting with the physiological teachings of the seventeenth century; Jenner, in 1785, offended the professional dignity of his confrères, by the innovation of a prophylactic nature, that has since been an accepted fact by nearly the whole world; Swedenborg, in advance of his age as a scientist, dared to give the world a new theology, illustrating the interior meaning of the Sacred Writings; about the same time, Hahnemann completely shocked the medical world, by promulgating a new law of cure.

These were all innovations upon established opinions made sacred by usage, while their authors met with coldness, persecution and martyrdom, patent to all who venture opinions and truths contrary to the mental platitudes that the popular will has been accepting as law.

We do not propose to worship these revealers of new truths. They were men like ourselves, but especially gifted for an end and an use. But we do choose to bend the knee, in humble adoration, to the Author of all good, for each and every new truth, that shall help the world to grow wiser and happier.

We look up to Hahnemann as a great man, especially prepared for a great work—a wise man. We regard him with veneration and with gratitude for his teachings, and for his courage in combatting the professional errors of his day, and for the substitution of a law in medicine that completely revolutionizes a practice so full of errors that we are simply astonished at its toleration and existence. *Similia similibus curantur* is deeply engraved upon the heart of every true Homœopathist. It expresses the great law of cure, before which every other supposed law sinks into insignificance. If this is right, all others are wrong. That it is right, no one can doubt who has had experience in its application as the means of cure. If right, it is all right; in all cases and on all occasions.

The selected medicine under this law is not a “Base” that requires an “adjuvans;” the single remedy meets the occasion without a co-laborer. It calls for no car’rigen, because the medicine has no mischievous intent, and is fully able to do its work without any interference. It is not a triune made up of similar or opposing ac-

tivities, but it is a triune with the simple but ever efficient law, that combines primaries, effects and ends. A principle its proceeding, and ultimate, a cause, a mode and uses. It is a true law, therefore a divine law. The world, not being prepared to accept the revelation of so great a truth, was a sufficient reason for its remaining in obscurity until the days of Hahnemann. It comes to us even now, meeting an opposing force, made formidable through time, education and usage; a force, however, that is being weakened as the higher law reaches the intelligent observer of the present day. But it comes in a period of the world's history, that future generations will note as peculiarly marked for the development of many new truths, both moral and scientific, by which it is to be hoped the world is being made better; by which the sphere of man's usefulness is to be greatly enlarged, and his probationary existence gradually prolonged, until he attains the full measure of time allotted to an orderly life—which, in the estimation of the writer, will be an hundred and fifty years. And why not? If we but for a moment reflect upon the damaging effects of the vast amount of poisonous drugs that have for ages been poured into the human system, we cannot but arrive at the rational conclusion, that this perpetual disintegrating influence, from generation to generation, can have had no other effect than to degrade the organism and shorten the period of its existence; and then, if we need add to this, that other out-birth of this old heroic system of medical practice, viz.: the damning influence of stimulants, in their hydra-headed forms, as drinks, and as condiments with our food; also, the sedative and narcotizing influence of tobacco, all of which keep the system in a constant state of pyrexia, we are safe in the conclusion that the average of life is shortened by at least one-half; even with the few that attain to three score years and ten.

To those of us who have had much experience in this great law of similars, the thoughts of the future are pregnant with ambitious hopes. The practical application of this law when it becomes universal, is sure to prolong life; and that it will eventually become universal, the popularity with which it is fast being received, bears abundant testimony.

It is one of the great events of the present century. Its sublimity places it a discreet degree above the crucible test. Our limited knowledge of vital forces and of their receptivity and power, precludes any satisfactory explanations of its *modus operandi*. Therefore, we do not pretend to point out the line of communication or transit through the physical organization by which certain well-

known results are obtained. In consequence, we are content to accept for the present, at least, the simple knowledge of cause and effect, without the intermediate. Familiarity with results confirm us in opinions, against which antiquated and tradifionary customs, can have no negative influences. We have passed the period of doubt, because of formidable innovations upon the earlier teachings. We have seen, therefore we know and believe; and as like causes produce like results, repeated experiences have confirmed us in a belief that is wholly irresistible, even against the sarcasm and ridicule that has been generously heaped upon us. We know whereof we talk, and guided by this mantle of truth, we are confident in our purpose, and are only sorry for those who have not had the opportunity for a belief that is so generous in its blessing to the suffering sick.

With this assurance, we will fill up the measure of our time, by a strict adherence to the laws of life, as seen from a rational standpoint; strictly adhering to the law of cure, that rational experimentation has taught us to be available, in every emergency where medicine is needed.

MAGNUS EST VERITAS, ET PRÆVALEBIT.

AD. FELLGER, M. D., PHILADELPHIA.

THROUGH the kind offices of Prof. Gustav Jæger of Stuttgart, we received in December, 1880, from Herr Hipp, in New Chatel, his well-known chronoscope, which instrument Prof. Jæger used when he instituted his neural-analytical experiments. At the same time we received the first impression of Prof. Jæger's pamphlet on neural-analysis, especially showing its application to the homœopathic potencies.* The efficacy of these potencies has been denied by many heretofore, although thousands and thousands of times has it been proved by actual experiment that these highly potentized homœopathic medicines were curative agents. Now we have obtained proof of their action amounting to an exact certainty, just as exact as the proof of the mechanics of heat by Robert von Mayers; or as that of spectral analysis by Krichoff and Prunsen; or as that of the fourth condition of matter by Crookes. It will be impossible hereafter to find a scientific man bold enough to deny the

* The results of the experiments will be communicated hereafter.

efficacy of these highly potentized drugs, without running the risk of being accused of "ignorance."

Time, the great vindicator of truth, has, finally after the lapse of almost a century, proved the correctness of one of Hahnemann's teachings based on his experiments; and in like manner, time and progress in science will, eventually, just as exactly, prove the correctness of all the other truths he taught, notwithstanding all the opposition by men who refuse obstinately to investigate his teachings by the only possible rational means—experiment.

Everybody is familiar with the absolute laws governing electricity, galvanism and the magnet, *i. e.*, similar poles repel one another, and dissimilar poles attract one another. These laws govern the effect of the magnetic needle—these invisible powers (these homœopathic nothings) of the earth's magnetism, give the north-pole of the magnetic needle its certain directions, thereby becoming an unerring guide to the sea-faring man, to the civil engineer, and to the miner, leading them with a mathematical certainty. This law of polarity is a law governing the universe, and nowhere in nature can a chemical change, or organization on life exist without it.

Hahnemann's fundamental principle, "*similia similibus curantur*," *i. e.*, one similar repels another similar, is precisely the same law, only it is applied to the living organism of men. Physiology teaches that the brain and its ganglia form batteries in which the white substance acts the part of an alkali, and the gray substance an acid (like the two magnetic poles,) and that the nerves act as conductors, and by this very teaching in fact has that science really and truly acknowledged our homœopathic formula *similia similibus curantur* for it would be absolutely impossible to conceive a battery or its action without this law of polarity.

We predict with certainty, that sooner or later physiology will be compelled by necessity to accept this fundamental law; and just as long as she neglects to do so, will she remain barren as a mother to therapeutics. She is also criminally guilty by withholding from the medical world the only compass which may show the physician, as well as the mariner, a safe and speedy way to his destination.

If experimental physiology would accept this principle as a guide to govern its experiments, a conviction would necessarily arise, that out of the acceptance of this principle would follow necessarily the confirmation of all the other principles and rules governing homœopathy, such as the necessity of the small dose, and the necessity of allowing each dose to exhaust its action before administering another one.

Furthermore, will the physiology of the future find a great and unexpected treasure in the homœopathic drug-provings which must lead to new discoveries, showing the connection and reciprocal effects in human organism, which otherwise could never be found in any other way.

The great powers which are developed when electricity or magnetism combines with a substance is exemplified in ozone (electrified oxygen) or in iron, which has been made a magnet by rubbing.

The one thousandth part of ozone in the air is beneficial; one thousandth part more added, kills a great number of small animals; in still larger quantities it suffocates by its effects on the lungs, be they ever so powerful.

A homœopathic, nothing more or less, and on the one hand death is changed into vitality, or on the other, life is turned into death. Ozone possesses a much greater power to oxydize than oxygen, and can turn pure silver into brown silver; hyperoxide air, which contains in one millions part one part of ozone still retains its peculiar odor.

Nobody doubts that iron magnetized by rubbing, attracts iron or steel, because it can be demonstrated *ad oculos*, notwithstanding these stubborn facts, the means of producing this magnetic power must be counted to be one of the homœopathic nothings, as it can neither be seen or weighed, and is discernable only by its effects.

The effect which the magnet has upon the human organism (proved by Hahnemann homœopathically) will therefore hardly be denied by anybody. If a magnetic bar is broken at the point of indifference (in the middle) into two pieces, the parts do not cease to be magnetic, the broken indifferent or neutral point becomes endowed with magnetism. The north-pole portion becomes a south-pole, and the south-pole part becomes north. The same result will follow every new division, and will continue up to the division of the most minute molecules. The magnet has not become inert by division; it has only been divided into innumerable small magnets, and a free movement of the molecules has been made possible, as is the case in the fourth condition of matter (the radiant state). The manner of preparing homœopathic medicines is analagous to the division of the magnet. Their action is just as certainly a scientific fact. Therefore, they are justified not only on scientific principles, but their action is just as certainly proved by experience as is the action of the magnet.

Since Hahnemann's promulgation of homœopathy, new discoveries in natural science have overthrown many theories and hypo-

theses of the old school ; while on the other hand, these progressive discoveries have in every instance been in harmony with homœopathy, and have explained, clearly the correctness and truth of its principles and teachings. The next generation educated in the newly acquired scientific progress will do justice to homœopathy and to homœopathic therapeutics and assign to it the higher scientific position which is due it—a position far above that of the old school. Homœopathy has saved the healing art from the humiliating declaration that the mechanic arts have understood better how to utilize new scientific discoveries—the discoveries of the invisible powers (utilized in the telegraph, the telephone, the galvano-plastic process, the electric light, etc.,) for the benefit of mankind, than the so-called scientific medical men. The contempt which these men have shown to the homœopathic principles and the powerful remedies which they have termed *nothings* will rebound upon them doubly severely, and the ignorance which they exhibited will be so much the longer remembered. This is the lesson history teaches. The natural sciences have arrived upon the threshold of a new era, and we have learned to calculate with smaller potencies than formerly was deemed possible, and the time has come when ideas, the fruits of antiquated reasoning, should be set aside and new ones in harmony with new discoveries be accepted. It shall be my aim to show in future, in another paper how, as above indicated, homœopathy alone remains in harmony with the progressive sciences. Microscopic anatomy, experimental physiology and pathological observation offer us a large amount of material on which we may base our arguments proving our propositions.

PATHOLOGICAL PRESCRIBING: A "SCIENCE FALSELY SO-CALLED."

E. J. LEE, M. D., PHILADELPHIA.

THERE have been from Hahnemann's day to the present, those in the homœopathic school, who desired to base their prescriptions upon the pathological condition, presumed to be present in a case under treatment. These would-be pathologists, embrace two classes—the one holding to this view from a lazy desire to make homœopathic prescribing an easy routine affair ; the other, from a belief that pathology is the only true basis upon which they could

build a rational therapeutics. In other words, one class is lazy and insincere; the other, diligent and sincere; yet both are, as we think, wrong. To the first class, we have naught to say, unless to repeat Hahnemann's warning, that "in a science in which the welfare of mankind is concerned, any neglect to make ourselves masters of it, is a *crime*;" to the second, we say: while respecting the opinions of all sincere and diligent laborers in the medical vineyard, we nevertheless believe the facts of science are against your views.

But a few words as to pathology in the Old School. It has been made much of by the allopath, and why? because, forsooth, he has no system of therapeutics worthy to be called scientific.

To cure disease, says he, we must know its nature; we must learn what each disease is, its causes, its characteristics and its conditions; then, and only then, can we rationally combat it. "Pathology dictates the maxims of rational practice," says Aitkin. This is, in brief terms, about the allopathic idea of the practical scope of pathology; and very plausibly it reads, but can one act on it? Is it true even when judged by allopathic practice? Do we know anything of the internal nature of disease?

If pathology is the only rational basis for scientific therapeutics, and if it be, at present, anything approaching an exact science, then surely those diseases whose pathology is considered best-known, should be most amenable to treatment; and conversely, those whose pathology is unknown, or especially dubious, should be but poorly handled. We all know that this relation between pathological knowledge and curative ability does not exist in the Old School. Let any doubting Thomas briefly review in his own mind a few diseases whose pathology is considered best known, and see if the curative power of that school has increased with its boasted pathological knowledge. To be fair, let him take almost any of the acute diseases, these being considered definite in their course and self-limited as to time; to judge allopathy upon its treatment of acute disease, is to give them an opportunity to show up their best work; to judge them upon their chronic cases, would be really *cruel*. To any one who thus briefly reviews allopathic practice of to-day, judging them out of their own records, it must be evident that pathology has not advanced them to a better curative skill.

If then, pathology does not afford allopathy the great assistance in curing that is claimed for it, it is well for the homœopath to ask, how does it aid us, and what is the proper sphere under our law? No one will deny that the thoroughly equipped homœopathic physician should be well educated in physiology, diagnosis and pa-

thology, as well as in therapeutics, though the latter should be the chief corner-stone of medical education; all these to be used under and subject to our law. He who places any branch of medicine in an improper sphere, or to a wrong use, *misuses and perverts* it. He who misuses pathology cannot justly decry him who neglects its use altogether. Of the two errors, in our school, the abuse of pathology is the greater. Every branch of medicine has its proper sphere and use under our law; in that place it does much good; out of it, incalculable harm.

Said the late Prof. J. H. P. Frost*: "In its full and proper sense, pathology includes *all* that can be discovered of the patient's deviation from the normal standard of health; and comprehends alike *all the 'symptoms,' morbid conditions, their consequences and their causes.* Such pathology (which alone is worthy of the name of science,) becomes the perpetual study, *in the living subject,* of the homœopathician, and this all the more as he renders himself liable to be called a 'symptom-coverer.' This pathological condition does not exclude *post-mortem* examinations; it may end with them, but it never begins with them. It embraces alike the purely *subjective* or *sensational* symptoms; all *physiological* or *functional* deviations, and all *objective* or *external* morbid changes in form or color, in structure and in tissue. And if the practitioner of the 'symptom-method' overlook any of these causes, indications, or consequences of disease; if he fail to 'render unto Cæsar the things that are Cæsar's,' and neglect to give to *each class and particular evidence* of pathological deviation *its JUST value,* in making his prescription, his diagnosis and his prognosis, he will come to grief, and his patient with him. Indeed, we think it cannot but be obvious to every intelligent and candid mind, that no class of physicians more anxiously study and weigh the *just value and due relative importance* of pathological conditions, and consequently that none are more thorough students of pathology, properly so-called, than are those of the 'symptom-method' persuasion."

That learned and veteran homœopathist, P. P. Wells, M. D.† said:

"But if the symptoms are the only guides to the selection of the curative, what becomes of the vaunted pathology of which we hear so much, and so often, from those who are slightly informed as to its nature, place or importance in our practical duties. To guard against the *wrong use* of this valuable science was another occasion for giving us this eighteenth section [of *The Organon*]. To put it

* See *Hahnemannian Monthly*, vol. 4, pp. 127-128.

† See January number of this Journal, p. 18.

[pathology] as a teacher in the selection of curatives, to the exclusion of the symptoms from that function, is to put it where it has no place in a rational system of healing, certainly none under the control of a natural law, which discloses the curative relationship as existing in the similarity between the symptoms of the drug and the disease. Where, then, is the practical use of this so highly prized science of pathology? In the duty of prescribing for the sick, its use is limited to aiding a right understanding of the nature and value of the symptoms revealed in the case in hand. Beyond this it has no function in the process of prescribing. Pathology, to illustrate, teaches a difference between inflammations and neuralgias. Both are attended by pains of the severest kind, but this science teaches that these have a different significance and often different importance, as the case in hand belongs to one class or the other. A knowledge of the science of pathology will enable us to relegate our case to its proper class, and there its function ceases. It cannot go beyond this; and having decided the case a neuralgia, say the remedy is *Aconite* or *Bell.* or *Bry.* or *Colocyn.* or *Hyosc.* or *Lach.* or *Merc.* or *Nux* or *Puls.* or *Rhus* or *Spig.*, or either of the many remedies which a given case may demand for its cure under the law. To attempt to give to this science this decision [*i. e.*, the choice of the remedy,] is to impose on it a function wholly out of the sphere of its legitimate use."

The lamented Carroll Dunham wrote:*

"Physiology and pathology themselves teach us that the science of pathology can in no sense serve as a basis or foundation for the science of therapeutics." Again: "But these advances in pathology, great as they have been, have not altered the relation which the phenomena of natural disease bear to those of drug disease. These phenomena respectively, whether rudely apprehended, or clearly and fully understood in all their relations and inter-dependencies, still bear the same relation to each other expressed by the law *Similia Similibus Curantur*. And we can imagine no possible development of the sciences of pathology and pathogenesis which could alter this relation."

Thus we see that the pathological condition of any case is included in the totality of the symptoms of that case. As a *part* of this totality, the pathological state is known and given its full value; as a something outside of, and separate from this totality it has no place nor function, save to do harm.

The real homœopath is a student of *minute* pathology; the allopath

* See "Homœopathy, the Science of Therapeutics," p. 23.

and his homœopathic imitator are students of superficial pathology. To illustrate, to the true homœopath every case of the same (nosological) disease is a study, to the allopath it is not so. To the real homœopath every syphilitic ulcer is a study; he notes its size, color, rapidity and shape of growth, its discharges and its general concomitant symptoms; to the allopath, and his homœopathic imitator, a chancre is a chancre, and for it he has his specific. To the real homœopath every case of pneumonia is a separate study, though he knows they are all of inflammatory nature, and in their gross features very similar; but he is not satisfied with a superficial knowledge of these gross features; he dives deeper, and then he discovers that each case of pneumonia is different from every other. These minute differences are to the true homœopath the guides to the selection of the proper remedy.

Hypothesis has no part nor lot in the homœopathic prescription; the homœopath does not attempt to translate the simple, truthful language of the symptoms into the ever changing, and always unintelligible, jargon of pathological diagnosis. A diagnosis of the symptoms of any given case might indeed point to fatty degeneration of the heart, or to a cirrhosis of the liver, or to some other artificial classification; nevertheless, the true homœopath administers the remedy indicated by the totality of the symptoms, not stopping to ascertain whether or no that remedy has ever caused fatty degeneration or cirrhosis. Any attempt at a pathological basis, for homœopathic prescriptions, must at once exclude mental and subjective symptoms, and these are often our surest guide to a proper selection, even though they be pathologically insignificant.

Having endeavored to briefly outline the sphere and use of pathology as a part of that totality of symptoms, which our law alone recognizes as the true basis for a correct homœopathic prescription, let us examine a few of the arguments adduced by those homœopaths who believe that pathology is the only true basis for therapeutics.

One of these would-be pathologists, whom we select as a specimen of his class (not, indeed, because of any especial merit on his part), writes: "*Muriatic acid*, the acknowledged remedy for zymotic blood-poisoning, when debility, with erethism, prevails, gives us bitter putrid eructations, gulping up of contents of stomach into œsophagus, sometimes going down again; empty sensation in stomach, extending through whole abdomen, but no hunger; morbid longing for alcoholic drinks; vertigo, with nausea; heaviness in occiput, with obscure sight, worse with effort to see—all symptoms hinting squarely to nervous debility."

“*Nitric acid*: *Liver and spleen enormously enlarged* and deranged is the key-note to the dyspepsia, curable by Nitric Acid.” (Then follow some general dyspeptic symptoms).

“*Lactic acid* is frequently prescribed in the Old School in atonic dyspepsia, as well as in irritative dyspepsia, and cases of acidity and heartburn are quickly relieved if given before meals.” (Here, too, follow some dyspeptic symptoms of a general nature).

Then continues this *teacher of homœopathy*: “We see from such comparisons that superficial prescribing will not do, and the totality of the symptoms means the pathological state which we have before us, be it a functional or already an abnormal organic one. We may be lost in a wilderness of symptoms, if we fail to consider the pathological characteristic which gives us the key-note to all the other symptoms. Thus, and only thus, our *Materia Medica* must be studied, as in no other manner [does] its study become easy, its strict application more definite.”

“Superficial prescribing will not do,” says this learned homœopath; and by superficial prescribing, we take it, he means “*symptom-covering*.” Now, it has just been shown that the totality of the symptoms includes the pathological condition of the patient; the pathological condition told in the simple, truthful language of the symptoms (felt and seen), untrammelled by any hypothesis. How then can “*symptom-covering*” be “*superficial prescribing*;” is not the term more applicable to him who prescribes on a pathological hypothesis?

Which is most superficial, to study every case as a new and separate disease, giving due importance to *all* symptoms; or to treat all cases of the same (nosological) disease as similar, basing such treatment upon a few general features common to all and ignoring the many features wherein they differ? What is the practice of these would be pathologist and teachers? They are those who see nothing in a gonorrhœa or a leucorrhœa or an otorrhœa but the discharge; this they endeavor to dry up, modelling their treatment after the foolish ostrich, who hides only his head, hoping that his body may not be seen. It is said that a professor in an homœopathic institution teaches his pupils that Phosphorus is *the* remedy for broncho-pneumonia, and Bryonia *the* remedy for pluro-pneumonia! There is indeed a kind of “*superficial prescribing*” that will not do,—*nor heal!!*

“Superficial prescribing will not do, and the totality of the symptoms means the pathological state,” says our teacher. This, put in plain Anglo-Saxon means that quinia is pathologically the remedy

for intermittent ; morphia, for neuralgias and kindred pains ; cathartics, for constipation. Carry out this list fully, and you have the precept and practice of the liberal-minded, would-be pathologist of to-day, who is often wrongly called by the honorable name of homœopathist.

“Liver and spleen enormously enlarged and deranged, is the key-note to the dyspepsia curable by *Nitric Acid*,” says our teacher. Here the hypertrophy of liver and spleen is the pathological key-note, around which what would otherwise be a “wilderness of symptoms,” to this mock-healer, are now evenly and orderly arranged. As Nitric Acid has never, so far as therapeutists are aware, caused any hypertrophy, “enormous” or otherwise, of spleen or liver, it will be seen that our scientific friend bases his “pathological key-note,” without which he would “be lost in a wilderness of symptoms, upon a clinical or empirical hint. Truly, a noble path to guide one out of a “wilderness of symptoms;” it has only been trodden for some few thousand years.

“It is in the nature of the science of pathology that it always *ought* to be in advance of one certain knowledge regarding the treatment of disease,” declares Dr. Aitkin, a high authority—for some. If this be acknowledged, then the question of the use of pathology in homœopathic therapeutics is settled; *for pathology is not “in advance of our certain knowledge regarding the treatment of disease;”* nor it will ever be in that position, *if our law be true.* And those who believe pathology is thus in advance, cannot believe in the truth of our law.

The gentlemen, whose pathological vagaries we have been noticing, once declared that: “when men like Dr. Carroll Dunham, and Dr. ———, make an assertion—men who never left anything undone in their lives, I believe it. Dr. Dunham knew his pathology as well as any one.” Having such an high and just opinion of Dr. Dunham, (who please remember, “knew his pathology”) we hope this gentleman will listen now to him, “who being dead yet speaketh.”

Dr. Dunham wrote* “And those of our school who insist upon pathology as a *basis* of therapeutics, who look upon the single objective symptom and its nearest organic origin as the subject for treatment, and who deride the notion of prescribing upon the totality of the symptoms, and claim to be more than mere symptom coverers, in that they discover and aim to remove the *cause* of the disease—these colleagues are as false in their pathology, according to

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

the highest old-school authorities, as they are faithless to the doctrines, and impotent as to the successes of the founder of the homœopathic school."

CLINICAL BUREAU.

CASES CURED BY METALS.

WM. P. WESSELHOEFT, M. D., BOSTON.

CUPRUM MET.—C. F. æt. 65. Robust, healthy man.

November 19th, 1879. Was attacked three days ago, very suddenly, with watery running from the nose, asthmatic breathing, spasms of suffocation, cough with gagging and expectoration of tough, tenacious mucus.

The attacks come on very suddenly every hour or two, and are worse nights, waking him suddenly with coughing and gagging.

There are coarse mucus râles throughout both lungs, occasionally sibilant, but characterized mostly by coarse bubblings, which can be heard some distance from the bed.

He is very anxious, and fears he will choke to death in one of these attacks. These paroxysms of dyspnœa pass off very suddenly after a furious effort of gagging and coughing, followed by great prostration. Then follows an interval of comparative ease, and he gets, perhaps, a little nap between the attacks, but the bubbling respiration is constant all the time.

Has disgust for all food, with some nausea. Tongue thickly coated white. No thirst. Pulse 100.

Has been under allopathic treatment, but steadily growing worse.

Had a similar attack, but much less distressing, fifteen years ago, from which he slowly recovered after many months, and during which his life was despaired of.

I gave *Antimonium tartaricum*, c. m. (S.) in water, a teaspoonful to be taken every two hours, at 8 o'clock, P. M.

Next morning, November 20, has had not quite as many coughing and gagging spells, but the dyspnœa and rattling breathing are fully as severe. Complains of terrible sinking faintness in abdomen with constant nausea, and the same aversion to food.

I had studied the case very carefully the evening before, and determined to give *Cuprum* if *Antim. tart.* produced no decided change.

I selected *cuprum* chiefly on account of the paroxysmal character

of the attacks, coming suddenly and decreasing suddenly ; the convulsive spasmodic gagging, and the coarse mucus râles.

This metal was given in a single dose, c. m. (S.) potency. It proved to be the simillimum. He had not a single spasm afterward, slept the night through, and on the 26th of November not a vestige of rattling remained in his lungs, and he went his way rejoicing.

CUPRUM MET.—*C. A. F.*, aged six weeks, a grandson of the above patient.

February 16th, 1880. When two weeks' old, was attacked with spasmodic cough and dry, stuffed nose. The latter symptom was so distressing, that the child had the greatest difficulty in nursing. Indeed, the mother's milk was mostly given him by the spoon, after being pumped from the breast. The child was thought to have the whooping-cough, and had been treated by a homœopathist without material change ; the cough and obstructed nose remaining the same. As the mother was suffering greatly with pain in her breast and nipples, owing to the frequent and unnatural process of obtaining nourishment for the child, my first thought was to relieve this obstinate nose trouble by *Sambucus*. After using this remedy for thirty-six hours (in solution, every three hours) there was not the slightest change.

During this time, however, I had opportunity of observing several paroxysms of coughing. The attack was preceded by short, whistling breathing, followed by violent paroxysms of coughing, the face becoming a deep red color, the child's body rigidly stretched out. All this reminded me of *Cuprum*, remembering at the same time the success of the remedy with the grandfather three or four months before. I gave the remedy in the same potency, in water, every three hours a teaspoonful during twenty-four hours. The effect was quite as gratifying and astonishing as before. The child was discharged cured, on the 22d of February, and could take the breast without difficulty.

On the 1st of April, 1881, a little more than year after this attack, he had another similar, but lighter one. The same remedy relieved in the same potency.

Hahnemann mentions "stuffed nose" as one of the prominent symptoms cured by this remedy, in his introduction to *Cuprum* ("chronic diseases"). It may become a valuable remedy in the very common trouble of infants, usually called "sniffles," when other remedies fail. I have not yet had occasion to test it.

Although both of these cases were of an acute nature, one of them having lasted only three days, the other four weeks, yet I cannot

well conceive how its direct curative effect of the metal in both cases can be denied, unless remedial action is declared untrue in any potency above the 6th trituration, because it cannot be seen under the microscope. I, for one, prefer the test in disease. In my humble opinion, it was *Cuprum met.* alone, potentized from the 3d trituration which effected the cures, because it was the *most homœopathic* remedy to both cases. The preparation used also convinced me that the fluxion potencies are as reliable as those prepared by succussion.

PLUMBUM METALLICUM: J. J. C., boy, aged 11. Light brunette.

The past three years, has had attacks of severe pain in abdomen, coming in paroxysms which last several weeks. Is sometimes entirely free from the pain for a week or ten days at a time. The pain is in the region of the navel, of a sharp cutting or contracting character, with a sensation of drawing inward towards the spine.

Is worse from any excitement, and when attending school; is diffident, and afraid of the dark. Has a tolerable appetite, but afraid to eat, fearing the pain will be increased by it, which his mother, however, does not think is the case. Is generally worse mornings. Is subject to harsh, dry cough, and takes cold easily. All functions normal.

September 24, 1878. I gave him a dose of *Plumbum met.*, c. m. (S.), selected especially on account of the contracting pains in the region of the navel.

On the 5th of October, reports pain much improved. Has a good appetite, and less afraid to eat.

Entire freedom from pain continued, under *sac. lact.*, till the 7th of of January, 1879, when, after eating freely of candy, the pain returned, and he received another dose of *Plumbum met.*, c. m., which relieved him until the 28th of January, so that he was practically without pain from September 24, 1878, till January 28, 1879—four months.

After this, the pain returned at irregular intervals less severe, but accompanied by a craving hunger. *Plumbum* given again did not relieve him. It was followed by *Psörium*, and later *Sulphur*, with indifferent success. The cure, however, was interrupted by the patient's leaving in March, 1879, for Europe, since which time I have heard nothing from him.

Although this case cannot be enumerated among the cures by *Plumbum met.*, it had, nevertheless, a most marked effect, and both patient and mother were gratified with the result.

I merely record it as a *case relieved* by a highly potentized metal, and which I had every hope of curing, had time and opportunity allowed a further selection of antipsorics.

PLATINUM: Mrs. R. D. R., æt. 25. Brunette, healthy color, good complexion, and well nourished.

May 4th, 1880. Has been afflicted with obstinate constipation of bowels from her youth. Has purged more or less all her life. Under homœopathic treatment for three months, before applying to me, without relief.

Is five or six days without a desire to go to stool. No power in rectum to expel the stool. Feels as if the load of feces was lying at the opening of the anus, unable to expel it unless she has taken an aperient medicine, or used an enema. The stool is of large form, composed of small and very hard balls.

Since her confinement, three months ago, feels very weak. During her pregnancy, took aperient medicine every day or two. Has little appetite, and nauseated after eating. Feels particularly miserable about 11 A. M., with a hungry, faint feeling, but cannot eat. This feeling lasts till past noon.

Had ulcers on both legs between her eleventh and twelfth year. Has occasional sharp, stitching pains in left ovarian region. Menstruation is normal.

Knowing that she must have had *Nux vom.* "ad nauseam" from her previous physician, that remedy was excluded without further thought. The faint feeling at noon decided me to give her one dose of *Sulphur*, c. m. to be dissolved in four table-spoonfuls of water, a table-spoonful to be taken morning and evening until used up, followed by *Sac. Lac.* for one week, with directions to take no other medicine, nor use injections. Her diet, which was correct, was not changed.

May 12th. No improvement. After five days had a very difficult stool; anus is sore, and several small piles have appeared on edge of anus. Tired ache in upper sacral region. Gave *Sac. lact.*

May 21st. Had no stool until four days ago; could not expel it, until she took an enema of tepid water. The following day had a stool without enema, which she thought was part of the feces remaining from the incomplete stool of the day previous. *White glairy mucus from vagina* followed the last stool. *Pain in sacrum*, and soreness of anus continues, *the former worse in early morning*. Faintness at noon is better. Gave *Natrum mur.*, c. m. (S.), one dose dry, followed by *Sac. lact.*

June 2d. Has had five natural stools without enemas, occurring every other day. Decidedly more power to expel stool. No soreness of anus, or piles. This improvement continued under *sac. lact.* till

June 28th. Reports stools occur only once in three days, *larger*

in form, and of lighter color; more effort required to expel stool. Wakes between three and five A. M. with nausea. Gave *Kali-carb.* c. m. (S.), one dose dry. This remedy again relieved her, and she had easy stools every forty-eight hours. During the menses, bowels moved daily.

August 22d. Reports by letter from the West, where she has been traveling for several weeks, that her bowels are again very constipated, having an operation but once in five to seven days, with the same difficulty of expulsion. No return of pain in sacrum or soreness of anus.

Dr. J. B. Bell, in my absence, sent her one dose of *Platinum* c. m. (S.) followed by *Sac. lact.* On the

Fourth of October, reports great improvement after *Platinum*. Has now every day a natural stool; and has had since receiving the last medicine. Stools are normal in size and require but little effort at ejection.

I saw this lady a month ago, when she came to engage me for her confinement, being at that time over two months pregnant. She told me her bowels had been in excellent order up to the second week of pregnancy, since which time they had moved comfortably every other day. With this state of things she was perfectly satisfied, particularly when she called to mind the torture and wretched condition during her previous pregnancy.

This case, greatly relieved by *Natrum mur.*, followed by *Kali-carb.*, was undoubtedly cured by *Platinum*; at all events the cure was completed by this metal, although given only on the indication, "constipation worse while traveling." It not only relieved the symptom while traveling, but so regulated this function, that for the first time since early childhood she had daily stools without pain or inconvenience.

In the face of such facts, may we not be allowed to differ from those, who not only slur Hahnemann's greatest discovery, the dynamization of drugs, but would make us believe that the remedial action of metals *must* end with the sixth centesimal trituration, because the substance cannot be seen under the field of the microscope after this division!

The controversy, so long and bitterly waged regarding the dose, appears at last to have some show of coming to an end. If the astonishing results of Prof. Jæger's observations with the chronoscope can be confirmed by other observers, we shall hear nothing more of chemical or spectral analysis, much less of microscopic researches to discover the last poor atom in a homœopathic potency.

Jæger's results have all been obtained by *olfaction*, and the machine has recorded the nerve oscillations with such wonderful accuracy, unison and agreement, that there is every reason to hope not only the potentized substance itself may be discerned by its own characteristic cures, but the degree of potency employed in each experiment.

We may soon hope for a series of experiments by Dr. Fellger of Philadelphia, and Dr. Siemsen of Copenhagen, who have both received instruments through Prof. Jæger.

To have Hahnemann's observations confirmed, for which he has been so generally maligned, that olfaction is often the better mode of administering the remedy, will be of incalculable value for an additional estimate of this great man's genius in observing the most delicate phenomena of disease.

Prof. Jæger, himself an unwilling convert to the powers of homœopathic attenuations, makes the following remarks regarding his persecutions and the malignity with which his discoveries have been received. He, like Hahnemann, challenges his opponents to make the experiment, but to make it as he directs. These are his words:

"I do not expect or wish that my assertions should be blindly accepted; but I think I have a right to demand that these assertions should be examined, and proved or disproved. I have a right to assert that he who judges without having experimented, does not deserve the name of scientist—not even that of a man of honor. I well know how inconvenient and uncomfortable it will be to many to have my investigations confirmed; this, however, gives no man the right to heap upon me personal abuse. Honorable men must endure the truth, no matter how bitter it may prove.

"When Harvey discovered the circulation of the blood; Scœmmering invented the telegraph; Pleysonell proclaimed the animal nature of the Corall; when Robert Mayer found the equivalent of heat, etc.; these discoveries were not only received with malicious phrases, but the discoveries pronounced consummate nonsense. The names of the discoverers were held up to public scorn by attaching to them insulting attribute. Harvey was called "the circulator" for several centuries; attempts were made to dispossess him of office and honors, to alienate his dependants, and had not the King interferred in his behalf, he would have died a ruined man.

"If any one believes that these dark ages have passed away; that such things are impossible in our enlightened century, I regret to be obliged to say that affairs are precisely the same now as they were then."

This sounds very much as if poor Jæger was undergoing similar persecutions with which Hahnemann was honored in Germany. Hahnemann found an asylum in France; Prof. Jæger may be obliged to seek one in America. If what he proclaims proves true, we homœopaths of America should pension him liberally during his lifetime.

Should, however, the entire work and observations of Jæger be disproved by a "consensus of the competent," no Hahnemannian will wince, for he has the *certain knowledge* that metals do act in the highest potencies, and that we have not yet found the limit of their divisibility.

THE FALSE AND THE TRUE; A WARNING.

GEORGE H. CLARK, M. D., PHILADA.

"RESOLVED, that we have no sympathy in common with those physicians who would engraft on homœopathy the crude ideas and doses of allopathy or eclecticism, and we do not hold ourselves responsible for their fatal errors in theory, and failures in practice."

This from the declaration of this Association at its formation, and as a contribution going to illustrate the necessity of it, the following:

Lately there came under observation, a case of deep opacity of the cornea with this history: Five months ago, after leaving a heated room and on going into the intensely cold air of the street, inflammation of the eye set in, which was pronounced scleratitis by the attending homœopathic (?) physician, for which he used locally astringents, with internal medicines, two at a time, in alternation. The health of the gentleman in other respects was all that could be desired; yet here was a man in the prime of life, with one eye useless, and beyond the peradventure of a doubt, the treatment he received was the cause of his loss.

Had his attendant known the real nature of the trouble (keratitis), had he been even slightly familiar with the allopathic mode of treatment which he bunglingly attempted to follow, he would have known that in applying astringents, he was doing just what it is necessary to avoid in keratitis—for there is nothing better calculated to cause deep opacity, and even perforation, of the cornea, than astringents; and had he consulted any old school treatise on the subject, he could have learned as much. Had he even attempted to apply what little

knowledge of homœopathy he possessed, there would now be one more serviceable eye in the community, and one more adherent of homœopathy.

At the time I met with this case, I had under treatment a lady, aged seventy-three years, suffering with keratitis of the left eye. She was, and had long been a sufferer from chronic arthritis; yet, notwithstanding one could not look for a most favorable result, vision in that eye is as good as before the attack: there is neither opacity or nebula.

These symptoms were at first present (in this, as in every other disease, names need not enter into the problem of remedy; rigid adherence to the rules laid down by HAHNEMANN will command success where success is possible; turning from the law is to flounder in the dark, and to be without a guide): Intense photophobia; lachrymation, tears, biting, burning; ciliary pain, worse from light; the characteristic zone of vessels about the margin, with small twigs extending across and toward the centre, and haziness of the cornea; a deep mist appeared before the eye, and in a few days this had so much increased that fingers could not be counted. *Euphrasia* 500, in water, a spoonful every four hours, was given for two days. Lachrymation and pain were much better at the end of that time, but the opacity seemed more dense.

Sac-lac. was often given and continued for one week, when the opacity appeared to be lessening; lachrymation almost gone; still some *photophobia*. One dose *Euphrasia* 500. In another week there was no photophobia, except in sunlight; the opacity was almost entirely gone, and she was able to read Jæger No. 7 at the usual distance with her glasses. This was all, and the only adjuvant used was a shade for the affected eye—and, has been remarked, vision in that eye is normal. Compare these, and then ask if homœopathy can do all that is desirable in such cases. In the one case, a man in apparently perfect health is attacked with inflammation of the cornea; is treated, as he thought, homœopathically; result, loss of vision. In the other, a woman beyond the allotted three-score and ten, with a chronic disease that impaired to a great extent her recuperative powers, has a similar affection, and with the simple, grand homœopathic treatment as outlined, and filled in by Hahnemann, has her sight preserved to her, and is able to call down blessings on the master.

“Example is better than precept.” Respect for, and an imitation of what is known to be true, can more readily be gained from those who differ, by one’s closely following what experience has taught to

be the best mode of procedure in anything; and the result will be more convincing. To him who is engaged in doing the best that can be done for disease, many cases that have been treated by others who profess to follow the course he follows, often appear, and present conditions that merit and call forth his hearty contempt. Instead of temporizing with the homœopathic law, as is constantly done in so-called homœopathic colleges, every student must be taught, and every practitioner have constantly before him, the prime necessity of adhering rigidly to that law.

A CASE OF HYDROPHOBIA.

EUTHANASIA OBTAINED BY THE CORRESPONDING NOSODE.

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

“A FOURTH mode of employing medicines in diseases has been attempted to be created by means of Isopathy, as it is called; that is to say, a method of curing a given disease by the same contagious principle that produces it. But even granting this could be done, WHICH WOULD CERTAINLY BE A MOST VALUABLE DISCOVERY, yet, after all, seeing that the miasm is given to the patient highly dynamised, and thereby consequently, to a certain degree, in an altered condition, *the cure is effected only by opposing a simillimum to a simillimum.*”

A boy, aged 15. In 1874, had abscesses in hip and sacrum from diseased bone. I cured him of this, and he remained well for two years. On November 5th, 1877, I prescribed *Sulphur* for rheumatic pains. On December 5th, 1877, he was bitten by a dog on right arm and left leg. The same day I gave him one dose of *Hydrophobinum c. m.* (Swan). The wounded parts had been neither excised nor cauterized. All that I could learn about the dog, was that it ran into the shop, the boy shouted at it to drive it out, upon which it flew at him and bit him; the boy was then rescued by his father, and the dog walked quietly out of the shop, ran down the street, and bit another dog, which was ill for a week or two afterwards. On October 31st, 1878, I prescribed *Lycop.* for rheumatic pains, and on November 14th, *Syphilinum*. On November 26th, he was better, and I did not see him again until his present illness, November 11th, 1879.

About six or eight weeks before the fatal attack, he had tingling in the bitten wrist, where the scar was still visible, but it ceased after twenty-four hours.

On November 6th, these symptoms returned—a tingling, as from an electric battery, in the wrist.

On November 7th, the symptoms increased. Pressure on the bitten wrist threw out a feeling of soreness all up arm, with a burning sensation; pain like rheumatism extending to shoulder; tingling in wrist as before.

November 8th.—Dull aching pain in shoulder increased gradually, and by 5 P. M., he could not use the arm from pain. The tingling and soreness continued, irrespective of pressure on the bite, though this made them worse and caused tingling or prickling like pins and needles all up arm. The whole nervous system seemed affected by the tingling, until the vibrations became so great that his parents could feel the quivering as if he were charged with electricity. He felt sleepy and retired, but was very restless at night and did not sleep. Through the night and next day the pain in the shoulder increased.

November 9th.—The aching continued, extending up neck and chest; relieved by the application of hot salt bags; there was also tightness of chest, and he could not get his breath. About 8 P. M. he first refused water. His parents were going out for a walk, and he asked them not to be away long, as he felt he was going mad. On their return, he said he could not drink. He then tried to drink, but as the glass approached his lips he started, and said that he felt a freshness proceed from the water which made him shudder. From that time he drank nothing, and since his dinner, on November 8th (when he only ate a little), has eaten scarcely any solid food. During the night he became much worse, with craving for drink, and pain extending from shoulder to muscles of chest and throat. His father had diagnosed his case as rheumatism, and gave him *Acon.* and *Bry.*

November 10th. His father sent for a neighboring physician, who first gave him, at 10 A. M., a brown bitter powder, and afterwards *Bell.* and *Lach.* in low dilutions. What the "brown bitter powder" was, I could not ascertain; the physician told me nothing about it, but I learnt it afterwards from the father. On this day, he had frequent paroxysms, during which he would stand up on the bed, jump and shriek. When he felt one coming on, he would exclaim, "Hold me tight, I shall hurt you or myself." The paroxysms gradually increased till I saw him, occurring every two or

three minutes for an hour; then there was an interval of half an hour. Tongue and throat parched; great burning heat in throat; froth in mouth which he could not eject.

November 11th. I was called in consultation in the early morning. His father says that nothing has relieved him, but that he became worse and worse, especially since 4 or 5 A. M., till I prescribed for him, after which there was an immediate improvement. When I first saw him, he was in a violent paroxysm, crying out that he wanted water, and none had been given him for a long time, and reproaching his parents for their cruelty in withholding it; then, when they offered it to him, he told them to take it away else he should bite the spoon in two; shrieked, jumped about, threw himself about wildly, being held with difficulty, and threatened those around him. The *slightest* draught of air made him shudder and scream. He says he can feel a cool emanation from the water when near him. Pulse 150, feeble. Tongue covered with foam. Says that the touch of a cold hand, or the entrance of cold air into the mouth, "sends an electric battery through him." If he tries to drink, he gasps and shudders. I gave him a spoonful of water; he took it with a sudden snap and gulp, and was then convulsed, jumped about, and seized hold of his father. Yesterday he could lie quietly for an hour unless disturbed, or unless he tried to drink; subsequently, he was unable to lie, but had to sit up; for the last hour or two, he has been obliged to stand. Since 4 or 5 A. M. the paroxysms have come on every fifteen minutes, and are decidedly more severe. He says he cannot get a full breath from a feeling of a ton weight on chest. Urine scanty. Since the 9th he has had no sleep; has not been able to swallow liquids, and has only eaten a sponge-cake and a few grapes; he has excessive thirst, and there is froth before his mouth.

At 7.8 A. M., just after a very severe paroxysm, I gave him a dose of *Hydrophobinum* c. m. (Swan). In a few minutes he sat down quietly, which he had not done for some time. At 7.18 A. M. a dose. He takes the globules with a hurried gulp. He now seemed quieter, repeated a prayer after his father and asked his forgiveness for what he had said to him during the former paroxysms. He was quite rational and conscious. He thinks he will die, and says he is quite ready, telling his relations not to grieve. At 7.30 A. M. I gave a dose, which he took more quietly. The other physician says that this is the best interval he has had since 3 or 4 A. M. At 7.45 A. M. a dose; has been walking about the room supported by his parents; unnaturally talkative, but rational. At 8 A. M. a dose; says head feels clearer. At 8.7 A. M., took a teaspoonful of warm tea better

than he took the last water. At 8.15 A. M. a dose. 8.22 A. M. *Has had no paroxysm since the first dose*, except a little shuddering from a draught and when drinking the tea; but he now jumped up with momentary paroxysm of gasping. He says his breath has been shorter since the last dose, and thinks he has had too much. At 8.38 A. M. the paroxysms increased, but were momentary; he jumps up gasping, the last time with a shriek, as when I first saw him. Previous to this, he had been quieter for some time. Repeated the dose. For the first time since I saw him has had a little saliva in mouth, but he cannot swallow it. *Has not craved for drinks since the first dose.* At 8.45 A. M. jumped up with a shriek, a momentary paroxysm, without perceptible cause. At 8.47 A. M., two more paroxysms. Gave another dose; directly afterwards had a still more severe attack, though less severe than the first I witnessed. By 9.05 A. M. had had twenty repeated attacks every minute or half minute, but lasting only about thirty seconds. Pressing him tightly at hypochondria helps him to get his breath. He thinks he is dying. 9.12 A. M., has been better for the last five minutes; spits more. I was now obliged to leave him. After the first attack in which I saw him had passed off, while quietly walking about the room with his parents, he said he felt strong enough to take us all up and shake us. During the severe paroxysm which occurred just before I left him, he assured us that he would not hurt us, and asked us to strike him so as to make him call out, as this enabled him to get his breath.

His father furnished me with the following report of the boy's symptoms after I left him. The spitting and vomiting of phlegm and froth continued for several hours. *He could not spit before I gave him the medicine*; but the ability to do so came on a little just before I left him, and was fully established immediately afterwards. *No thirst or asking for drink after the first dose till just before death.* The paroxysms changed in character, consisting only of catching of breath, relieved by any one jerking the hypochondria forcibly inwards and by beating the abdomen. He would ask them to strike him hard, it did not hurt him; he wished to be struck *suddenly* when the attack came on. This occurred every few minutes till 2 P. M. From 2 P. M. till 4 P. M. rapid vomiting of liquid, at first froth and phlegm, then dark brown liquid. After 4 P. M. he stood stooping, with his hands on his knees; he said that if he raised himself up, he should die at once. This lasted till 9 P. M., vomiting all the time. About 8 P. M., there was faecal vomiting. At 5 or 6 P. M. there was involuntary urination. After 2 P. M. the catching of breath

gradually became more feeble. *No pain after 2 P. M.* The vomiting lasted till he died, at 9 P. M. At 8.30 P. M. he ate four sponge-cakes dipped in sherry and water, and sat up, saying that he felt refreshed by them; but he soon vomited them, partly through the nostrils, and died. An hour before death was quite conscious; just before there was a little wandering. He took four or five doses after I left him.

This case demonstrates that in incurable cases, even of the most painful character, the administration of the homœopathic remedy is all-sufficient to procure euthanasia.

CLINICAL CASES.

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

CASE I. PSORIC IRRITATION OF SPINE AND EYES. CALC., LYC.,
AGARICUS.

OCTOBER 7TH, 1880. Miss Mary C., aged sixteen, consulted me, with the following history and symptoms: Has had weak eyes from infancy, which have been worse for one month. She menstruated at ten years, when she began to be sick, suffering from spasms of pain, leucorrhœa and numbness of limbs, so that she could not feel the floor on walking. The menses have been irregular—at intervals varying from two to ten weeks, copious and free from pain; the interval is now about three weeks.

She sees only the left half of objects; in place of the right half, bright zigzags; sees bright spots—green, red and white; also, a mist before the eyes, so that distant objects look dim. She suffers much from heat in the eyes and pressure in the back of the orbits; worse from looking fixedly, from reading, from bright light, natural or artificial, from mental exertion, and in the evening. This heat is also worse from closing the lids and in wind, better from cold applications. There is itching of the lids and canthi. She has constant pain in the temples and over the eyes, worse in warm room and weather, from exertion of the eyes and in wind. There is heat, smarting and a sense of sticks and distress in the spine. The backache is worse from standing and walking, and is relieved by pressure in the lumbar region; but pressure in the dorsal region excites laughter.

The local and constitutional symptoms were together regarded as

most similar to those of *Calcarea Carbonica*, of which she received Dunham's 200th potency, night and morning for three days.

Improvement set in at once; but delight at being able to use her eyes, led to over-use of them, and the report by letter a month later was, that nausea from use of the eyes, heat of the face, pain in the back from lifting, as if she had no feeling except in the back, coldness between the shoulders, extending to the sides, and cold feet had been added to the former symptoms. She received *Lycopodium c. m.* (Swan), morning and evening for four days. In three weeks, December 1st, her mother wrote that the back was almost well, but that the head and eyes were worse, paining severely and incessantly, with heat in the head and face, so that she could not stay in a room of ordinary warmth. *Phosphorus*, in high potency, was sent her, without benefit, and again *Calcarea*, with but little improvement. She reported again as follows: The eyes worse, the pain constant, deep-seated and sharp shooting, worse in light and from reading, better in cold air and in twilight. Heat in the eyes; they burn on closing the lids and from exertion. The feet are very cold and swollen, with troublesome chilblains. The spine is sensitive to touch in various parts.

The chilblains suggested *Agaricus*, which, on examination, was found to present the principal symptoms of the case. Heat in the eyes, worse from closing the lids, inability to use the eyes, with painful sensitiveness to light; mist before the eyes, dryness, itching of the canthi, soreness of the spine to touch and troublesome chilblains, with cold feet, were all found under *Agaricus*. Accordingly, seven powders of Finch's 900th potency were sent her, with the request to take one every morning. In a few weeks she reported by letter that soon after beginning the last remedy, she got better; that she could use her eyes at any kind of work, and that she seemed in every respect well. Recent inquiry elicited the information that she has remained well.

CASE II. AMENORRŒEA. KALI CARBONICUM.

In October, 1880, Miss M., aged about eighteen, had missed the menstrual flow for two consecutive periods. She has dark circles around the eyes, bloated, hard abdomen, hawking of mucus and a hacking cough, worse toward evening. She received *Kali Carb.*, c. m. (Swan) one powder. After that, the menses were regular and she well.

CASE III. INDIGESTION. CARBO VEG.

March 4th, 1880, Mrs. C. complained of nausea and pain in the pit of stomach, worse after eating; the pain extending to left side and abdomen; belching of wind after the pain which relieves; cannot bear pressure of clothes on stomach; complains of greasy tasting water in mouth, worse after eating meat; cannot sleep sound at night and feels unrefreshed in the morning. *Carbo veg.* relieved.

CASE IV. COUGH. PHOSPHORUS.

March 31st, 1881, Mr. E. His throat troubles much; has had for some months a hacking cough for an hour in the morning, till he gets his throat cleared of yellowish mucus, slightly blood-streaked, and again at 3 P. M. and at 7 P. M., none at night; the cough is worse from talking and from excitement; it seems to proceed from an irritation deep in the larynx, which feels as if he had swallowed a bristle; there is a slight pain in the throat when coughing, and some gagging and nausea. He wakes at 2 A. M. and remains awake for three hours, then sleeps late in the morning. Has chills running up the back; has taken "sickening medicine" without relief. He received *Nux. Vom.* c. m. (Swan) one dose. In five days he had coughed less, only on the day before. He then received *Phosphorus* c. m. (Swan) one dose. In four days the cough was much better; he slept till six in the morning and had less chilliness in the back. He received no more medicine, and in a few days became and remained free from the cough and other symptoms.

CASE V. COUGH. PHOSPHORUS.

March 24th, 1881. Mr. C. has had cough for several weeks, caused by tickling in the chest, worse at midnight, when it nearly chokes him; it hurts his head as if it would split. The expectoration is copious, bluish, salty; the breath is salty; he has vertigo and obstruction of the nose. He formerly had cough only in the summer, but now has it every winter. He received one dose of *Phosphorus* c. m. (Swan) and began to feel better next day, and was well in a few days without more medicine.

SUPERIORITY OF THE HIGH OVER THE LOW POTENCIES,
IN THE TREATMENT OF THE WORST
FORMS OF DISEASE.

ROLLIN R. GREGG, M. D., BUFFALO, NEW YORK.

IF a great superiority of the high over the low potencies, in the treatment of the worst forms of disease can be shown, then, certainly, they are shown to be best in the treatment of all forms of disease, as the greater contains the less in all departments of Nature. And to show the greater efficacy of the high potencies in the worst diseases, I will take acute hydrocephalus, and acute encephalitis, without dropsical effusions. These, certainly, are among the worst possible forms of disease, not alone in their fatality, but in the terrible sufferings attending them. Indeed, no other acute diseases can be named that are so uniformly fatal as these, or in which the sufferings are greater. Consequently, if a course of treatment can be pointed out that is quite commonly successful in those diseases, that treatment should be followed, at least till something better is found.

To cover the grounds taken above, as fully and carefully as I wish, I must take a retrospective view as follows: I commenced the practice of medicine in the spring of 1853. From that time until February, 1865, or for about twelve years, I never cured, or saw cured, a case of fully established acute hydrocephalus, or of fully established inflammation of the brain without effusion, although I treated numerous cases of both, and was called in consultation by other physicians in several cases. During all of that time, however, I prescribed the low potencies from the third to the sixth, generally two remedies in alternation, and doses at one to two hours intervals, not daring to trust such cases to any higher potencies, or to longer intervals between doses.

In the fall of 1864, I attended an important case of acute hydrocephalus, administering low potencies, mostly the third, and in this case, at intervals of half-an-hour, part of the time, to see if I could not, by that means, make some favorable impression upon the disease. My patient died, however, as had all similar cases I had ever treated. But as it endured the most extreme sufferings for several days before life was taken, I made up my mind that such, or, at least, that some of such cases ought to be, and could be, cured, providing the proper treatment were resorted to early in the disease. And I then resolved, if ever called to another such case, to treat it

upon the strictest principles laid down by Hahnemann, or with high potencies, and the doses at long intervals.

As strange as it may appear, the very next case of the kind I was called to, which was on the 22d of the next February—that is, February, 1865—the patient, a boy of three or four years, had been first under treatment for acute hydrocephalus, for about a week, by one of our most prominent old school physicians, who gave him up to die, saying such cases were utterly incurable; and then one of our homœopathic physicians was called, and attended him two or three days, and said he could do nothing for the patient; then I was called.

I found the child lying utterly unconscious and sightless, with both eyes turned in, so much that the angle of vision of each eye, could it have seen, was at right angles with the other across the nose, the eyes wide open, and no flinching from placing the finger directly down upon the ball over the pupil. All other indications of the case were equally serious; and, of course, I gave no encouragement whatever of cure. The parents, however, wished me to prescribe, and I did so.

Here, then, was an opportunity to test a different method of treatment, where little or no responsibility could attach, providing nothing were done to hasten the patient's death. Consequently, after getting all the facts I could, as to how the child was taken and had been, I prescribed *Calc. Carb.* 6000th, one dose, and awaited developments for twenty-four hours, when there was some, though not very marked improvement, and the case was allowed to go on another day upon the one dose of *Calcarea*. At the end of that time, or forty-eight hours after giving the dose of *Calc.*, there was quite a perceptible change of symptoms, for which one dose of *Nux Vomica* 2000th was administered and results awaited. The next day found my patient clearly better in every respect; so there could be no doubt about allowing him to go another day without medicine, when still greater improvement was manifested; no more medicine was given; consciousness returned in a day or two after, and on the eighth day of my attendance, I dismissed the boy cured, and he continued well for several years after, or until I lost sight of the family.

The boy's right eye recovered its natural position, but the left remained permanently turned towards the nose, the last I knew.

The succeeding fall I was called into the same neighborhood to a boy of six years of age, who had been suffering ten days from inflammation of the brain, evidently without effusion, and had been under the care, from the first, of a homœopathic physician, who had been

giving low potencies and doses at short intervals. This patient, too, was entirely unconscious and had been several days; and in addition had had severe convulsions, which increased in frequency and severity until a day or two after my being called, when he had successive convulsions for one entire day, and so severe that once, when his attendants left him for a minute or two, he was so suddenly and so violently convulsed, that he was thrown clear of the bed upon the floor. Constipation had existed from the first, and he had one peculiar symptom that may be of interest to mention. This was a continual boring with the left forefinger under the right *ala nasi* until he bored a hole a third to half an inch in diameter entirely through the lip at that point, on the teeth and gum. All efforts to hold or bind his hand would at once bring on a convulsion, so that we had to desist from that, and allow him to go on with this work.

The treatment was entirely with the high potencies—the 2000th and upwards, and doses at not less than twelve hours interval on two or three occasions, while all the rest of the time they were given at twenty-four to forty-eight, or more, hours intervals. The remedies administered were *Nux Vomica*, *Hyoscyamus*, *Cuprum*, *Helleborus*, *Belladonna*, etc., but none of these appeared to have the least effect until *Belladonna* was prescribed, after the first dose of which, in the 2000th potency, the patient improved steadily and markedly for two or three days, when a second dose was given, which entirely completed the cure of the case, and I discharged the patient well, excepting some remaining debility, in ten days to a fortnight from my first call. Nor was there any impairment of mind, defects of vision, or other annoying sequelæ of the case, but a complete restoration to health, which is a no less remarkable and happy result of such treatment, than the safe relief at the time of such violent symptoms.

The next case I will relate, occurred in May, 1867, in a boy aged four years, whom I had charge of from the commencement of his sickness. For the first week or ten days, his symptoms were obscure but then rapidly developed into one of the most violent cases of hydrocephalus that I have ever seen. During that week or ten days, I prescribed several remedies, at intervals of twelve to twenty-four hours, and in the single or at most second dose, but without relief. By the end of that time, the symptoms became simply frightful. Those peculiar intermitting screams of hydrocephalus, with which all are familiar who have seen the worst forms of the disease, were more or less continued night and day at intervals of a few minutes, and could be heard for some distance on the street. But what was

even much worse than that, were the constant struggles of the patient for hours together, rising upon his hands and knees in bed, and then plunging head first as far as he could, or was allowed to, without the slightest reference to where or what his head might strike. Of course, by this time he had become thoroughly delirious and unconscious of what he did; but to restrain him from his efforts, aside from guarding his head from injury, greatly aggravated all his other symptoms; consequently, a row of large pillows was placed entirely around his bed and secured there to protect him as well as we could in that way, and he was then allowed to take his own course. He would rise and plunge his head into the pillows, then rise at once and plunge again; and so on, continuously, for two or three hours at a time, until utterly exhausted; then he would rest a little while, a half hour or so, when he would renew these struggles and go plunging around and around the bed again for hours. In this way he wore the skin entirely through on all the projecting parts of his face, as upon the point and ridge of his nose, the cheek-bones, the brow and upper part of his forehead, ears, chin, sides of the under jaw, etc.

At an early call one morning, after these struggles had been going on thirty-six to forty-eight hours and *Belladonna*, *Hyoseamus*, *Nux Vomica*, etc., in the single dose, having failed to relieve, I inquired, as I had done a day or two previously, as to the excretions from his kidneys, and found there had been no emission of urine from the previous afternoon, and that very scanty, and very dark colored; or, at least it stained the bedding deeply. This determined at once my choice of the remedy, which was *Helloborus*, one dose of which in the 1000th protency, was then given. Visited my patient again at 2 P. M., and found there had been a free passage of urine, but as yet there was no mitigation of the violence of the brain symptoms, the rising and plunging headlong continuing as violent as before. There was no doubt in my mind, however, that the medicine was acting favorably, in its effects upon the kidneys, and that a few hours more would show relief of brain symptoms; so I did not administer more medicine to disturb the action of the one dose. That evening justified my highest hopes; for, not only had the patient passed urine freely two or three times, but had some perspiration, (the first for several days), and had slept quietly two or three hours.

Under these circumstances, no more medicine was given, of course, and he was left for the night without more. The next morning I found his brain symptoms had been very severe part of the night, but better than the night previous, and as the kidneys still continued

free in their action, I concluded to still give no more medicine. The next day showed great improvement in most respects, though he was yet delirious and unconscious, and had plunged about considerably at times during the night; but he was still allowed to go on the one dose of *Helleborus*. Twenty-four hours later all delirium and struggles had ceased, and his kidneys continued active; but he was yet unconscious, and from some change in the symptoms, I was led to give him one dose of *Pulsatilla*, 1000th potency, which was allowed to act three days, with gradual improvement from day to day, though I was in great doubt whether it acted or accomplished more than the *Hellebore* have done by its continued action. In the meantime, he had come to partial consciousness; but from an ulcerating eruption and swellings something like boils that now began to develop upon the scalp, I gave one dose of *Sulphur* in the 6000th potency; and either under this or the still continued effects of *Hellebore*, all the brain symptoms named ceased in another week, and convalescence was established. But this was by no means the end of the case.

From a talkative, active boy, his disease made him completely dumb for the time being. He never uttered a word for six weeks from the time he was able to leave his bed. He seemed to lose all knowledge of the use of language, but began to regain it gradually after the six weeks, by playing with other children. Words came to him singly, as to a baby; then in groups of two or three, until finally, after many weeks, he fully recovered his faculties in this respect, and then talked almost constantly when awake for several weeks.

During all this time, I felt that a permanent injury had been done the brain; that insanity or idiocy would certainly follow, and that it would have been much better had he died, instead of being saved for such a fate. But I continued the treatment, by giving a single or second dose once in three or four days to a week or more, of various remedies in succession that seemed best indicated, until an entire recovery from every morbid condition of body and mind followed. And from that time, he has always been the brightest scholar in all his classes at school up to last year, when he graduated with the highest academic honors ever given at the institution.

Thus it is always when we follow Nature's laws in the treatment of disease, and, at the same time, avoid over-treatment, the good results follow for years and often for life-time; whereas, neglect of the law and over-treatment, always result either in the greatest disaster to the patient at the time, or in sad consequences to health for years,

and often for a life-time. For instance, supposing that I had prescribed morphine or other anodynes to have kept that boy from his struggles that were so terrible to witness, death would have been inevitable within two or three days; or, had I administered doses of homœopathic remedies every two or three hours as I had done formerly, he would have died, as all previous similar, but less severe, cases had that I ever treated in that way.

The next case I was called to, was three months subsequent to the last, or in August, 1867. This was a child eight or ten months old, who had been given up to die of hydrocephalus, by a council of some of the best old-school physicians of our city. The attending and consulting physicians all told the father that there was absolutely no cure for such cases after effusion had once taken place. It was forty-eight hours after they proclaimed effusion fully established, that I was called. The child then lay entirely unconscious and had, for the two days; pupils enormously dilated, with no flinching upon placing the finger upon the eye-ball, and there was every other indication of rapidly approaching death.

The first question I asked was, "Has there been any action of the kidneys for a day or two?" and upon being assured there had been little or none, I at once prescribed *Helleborus*, 1000th; one dose. This was followed, in a few hours, with a quite free discharge of urine, which was increased and maintained subsequently, with a modification of all brain symptoms day by day, until consciousness returned in about a week, and an entire restoration to health in two or three weeks. In all this time, however, only one more dose of *Helleborus* was given, or two doses in all of it, besides a single dose each of *Bell.*, *Nux.*, and one or two other remedies in the high potencies, for symptoms calling for them; but in no case was any of these doses administered short of twenty-four hours, and generally at intervals of two to four or more days. This child, too, developed as the brightest one of a large family of children, and an ornament in the schools she has attended.

Another case was that of a little girl of eighteen months, who was rendered unconscious from hydrocephalus, and a few days subsequently complete hemiplegia, left side, resulted, despite several remedies. The next day, after paralysis was established, I prescribed *Belladonna*, in the 2000th potency, one dose of which cured the hemiplegia completely in two or three days, and a single dose of two or three other remedies, administered for other symptoms that arose later, entirely restored the child to health in two or three weeks.

The next case of interest was one where I was called in consultation by another physician, the symptoms and conditions resembling quite closely, when I was called, the third case reported in this series, but had not been so long developing into a violent case, nor was the convalescence as protracted. There was, however, the same terrible screaming, rising upon the hands and knees, and plunging headlong upon the bed, hour after hour. Finding there had been excretion of urine for two or three days, I advised *Helleborus*, in the 1000th potency, one dose of which was given with marked effect by the next day, and another dose of that a day or two later, and a dose or two of a few other remedies, entirely restored that boy to full health in a few weeks.

Still another case, as bad as any here reported, excepting the third, that is, less demonstrative than that, but where more profound stupor resulted after a few days screaming, was a boy, three or four years old, who was cured by a dose or two each of *Nux Vomica*, *Helleborus*, and one or two other remedies in the 1000th or 2000th potencies, and doses at not less than twenty-four to forty-eight or more hours apart.

The last case I will now cite, was that of a boy of ten or twelve years, who, until he became unconscious, complained of all or nearly all his pain being in the upper part of his occiput. In this case *Lycopodium* 6000th, two doses, was the curative remedy, after several others had failed; and the patient is now living in the best of health at the age of twenty, or a little upwards.

Now, under any treatment that I have ever seen or known, besides that detailed in these cases, every one of these patients must almost certainly have died. And I ask, in all candor, is it not about time that physicians of our school should more generally test this method of treatment for themselves, and thereby learn its efficacy, rather than continue that which we all know offers but little or no hope.

In conclusion, let me say to young physicians, be extremely cautious about giving encouragement in brain diseases of children, where they have received a fall upon the head that has probably resulted in a rupture of a blood-vessel and a coagulum of blood in the substance of the brain. These are necessarily fatal, and I have seen five or six children die in that way, the last one but a few weeks ago. In not one of these cases did I ever see any, or but little relief given by medicine. Also be cautious in giving encouragement in brain diseases that succeed immediately upon very exhausting or protracted diarrhoeas, protracted and exhausting attacks of

whooping cough, etc. In these cases the vitality is often so completely exhausted before, or by the time the brain disease develops, that there are no latent forces left in the system that can be called out or aroused by medicine, to thereby restore the patient to health. Although in several of the cases here given, the brain disease was preceded by very exhausting diarrhœa, and notably so the case taken from the hands of the council of old-school physicians.

CLINICAL CASES.

JOHN F. MILLER, M. D., NEWARK, N. J.

PROLAPSE OF HÆMORRHOIDAL TUMOR AND RECTUM.

MR. G. Age seventy-three; large, obese, florid complexion; after two or three days of general indisposition, the tumor made its appearance; not after stool. On second day found a tumor the size of double fist, very hard, hot and purplish color; complained of much pain, throbbing, with sense of constriction; scanty black stools; frequent ineffectual efforts to urinate; pulse 60. *Mur. ac.* 90 m., one dose.

The next day, December 18th, much the same. *Mur. ac.* 90 m., one dose.

December 19th. Tongue dry, dark-red, restless prostration, stitching pain in tumor. *Ars.* 200th every three hours.

December 19th, 9 P. M. Tongue moist. *Sac lac.*

December 20th. Very much worse; tumor very blue and painful; tongue dry, red; dizzy; great prostration and distress. *Lach.* 200th every two hours, and asked for counsel.

December 20th, 5 P. M. Dr. Lippe, of New York, saw the case with me and diagnosed *Lach.* As patient had received two doses and seemed a little better, Dr. L. advised *Sac. lac.* as long as improvement continues. Gave rather an unfavorable prognosis, and suggested the c. m. potency of the same remedy if he got worse.

December 21st. A little better; not so much urging to urinate; can pass flates downwards, the first time for years. Pulse 52; less beating in tumor; feeling generally more comfortable. *Sac. lac.*

December 22d. Tumor smaller, and not so dark. *Sac. lac.*

December 23d. Pulse 68; tongue dry; lip catches on teeth. *Sac. lac.*

December 24th. Small stool, without any trouble; tumor shrunken, flabby; tongue dry, but not so red. *Sac. lac.*

December 27th, 10 A. M. Pulse 72, full hard; tongue dry; dark on tip, and in centre; restless, distressed. *Lach. c. m.*, one dose.

December 27th, 9 P. M. Severe chill in the afternoon; face very red; thirsty; headache. Pulse 80 full; tumor blue and hard, although only about half of its former size; tongue trembling, hard to protrude, catching on tip; exhaustion seemed profound. *Lach. c. m.*, every three hours.

December 28th. Pulse 60; improving. *Sac. lac.*

January 4th. Occasional fair stools; tumor size of butternut; pain in tumor after stools; eczema of legs. *Graph. c. m.*, one dose.

January 5th. But little pain in tumor during or after stool; the pain had lasted three or four hours after stool the day before. *Sac. lac.*

January 12th. No pain in tumor, which is size of small butternut; appetite good; bowels regular.

Dr. E. C. Franklin in the transactions of the American Institute, says: "This disease (prolapsus of rectum) is an affection of childhood, but occasionally occurs in old age, when it assumes a serious aspect.

In a case of the latter kind, that came under my observation, the descent of the bowel was so great, as to produce death by consequent derangement and irritation of the system (exhaustion?) It was reduced three times, but so great was the propensity to extrusion that not even a T bandage would retain it in position. Medicines effected little or no good, and the patient sank from exhaustion." What medicines were given, he does not state.

In my case, neighbors and friends thought local treatment should be used. I explained to them, that the prolapsed tumor was not the cause of this sickness, but that his exhaustion and illness was the cause of the tumor, and any local treatment, would be directed to the effect, and not the cause. The treatment would have been at the wrong end, in more than one sense.

After his recovery, the patient said to me, "Do you know that if I had died, during this sickness, without any local treatment, and only one or two slight, insufficient stools in over two weeks, you would have been blamed, unjustly, perhaps; but still it would have injured you very much. Would it not have been politic to have done something to allay the prejudices of the people?"

My answer was, that that line of conduct—the desire to allay allopathic prejudices, was the reason that there were so many mongrels.

Too many so-called homœopathic physicians will sacrifice their homœopathic principles every day to placate allopathic prejudices. Instead of endeavoring to educate people in right principles, they weakly yield to the majority; seemingly justifying the assertion of the old school, that homœopathic physicians only treated trivial cases, that would get well without any medicine, with homœopathic remedies, while serious cases were treated allopathically. This is true of weak-kneed homœopaths, but able homœopaths, under all and every circumstance, adhere rigidly to strict homœopathy as giving always the best results.

Nothing but pure homœopathy saved this man's life. Any other treatment would have assuredly caused death.

DIPHThERIA, *Lac. can.*—May 8th, 1881. Miss Nellie P., æt. 20. Saw this case at 11 A. M., and obtained the following history: The afternoon of the day previous, began to feel ill and very nervous. A constant dread; a feeling that she was going to become unconscious. Throat a little sore. During the night very restless, awaking often frightened, and not knowing where she was; in the morning, so much prostrated that *she could not turn in bed*; her mother and sister were obliged to turn her. I found her face indicating great anxiety. Complained of some headache and backache, and *so tired*. Pulse 120. Said throat was sore some. On inspecting the throat, I found but little swelling; tonsils very little enlarged, but I saw on both sides of the throat the best illustration of diphtheritic deposit I ever met. On an inflamed red base, three-quarters of an inch long, one quarter inch wide, was the membrane, one-eighth of an inch thick and the same length and width as the base. The anterior edge was of a dirty yellow; the centre more organized, pearly, glistening, white-like cartilage. It was the worst looking throat I ever saw in a practice of sixteen years, for the length of time of forming. I said to the patient, which side of your throat is sore? She answered, the left side now; last night I felt it most on the right side. The right side did seem more firm and dense, and was later in disappearing. I at once put on her tongue, dry, one dose *Lac. can.*, c. m. (Fincke), and *Sac. lac.* in water every two hours.

May 9th. Called at the same hour; found my patient looking bright and cheerful. She asked, after saying that she was better, "Doctor, did you give that dry powder to make me sleep. I went to sleep in a few minutes after you left; had a long nap; woke up feeling so refreshed, and have felt better ever since." The pearly white color had disappeared. The membrane looked as if it could be easily brushed off. Pulse 80. Better in every way, except pros-

tration, which remained about the same. *Sac. lac.*, every three hours.

May 10th. The throat perfectly clear of membrane, leaving a very red, angry base. The prostration not quite so marked. *Sac. lac.*

May 11th. Prostration less. A little appetite. *Sac. lac.*

May 12th. Sitting up; well, except she felt she had been very sick. Dismissed the case.

Requested a mongrel to see this case on the second morning. He thought it was a case of *follicular tonsillitis*, although there was no swelling of the tonsils. Accounted for the *prostration by saying that she was nervous*. He would rather have sworn that it was a case of cancer of the womb, than admit that one dose of *Lac. can.*, c. m., had cured a case of diphtheria in twenty-four hours.

LEGITIMATE HOMŒOPATHY.

C. PEARSON, M. D., WASHINGTON, D. C.

ON the 24th day of November, 1880, I was called to see an old lady, aged ninety-six, who had been left alone by the family, and was found on their return lying at the foot of the stairs in a pool of blood; but being unconscious, she could give no account of how she came there. There was a scalp wound about one inch in length above, and posterior to the left ear, from which blood flowed freely, a small artery having been ruptured; I compressed it, and dressed the sore with a weak solution of arnica, also giving the 20 M. of the same internally, every two hours, till consciousness was returned; this was not rightly established for thirty-six hours. In four or five weeks, the appetite and strength gradually returned; but the sore did not heal; it was covered with a heavy crust, from underneath which a thick yellowish-white matter exuded on pressure.

Some three months after the injury, this crust was removed, revealing a spongy fungus growth on the scalp, about two inches in length by one-half an inch in width, having a red, rough, fleshy appearance, very vascular, *bleeding easily*, and though tender, was not exceedingly sensitive.

For this I prescribed *Phosph. c. m.*, three powders in twelve hours, allowing the medicine to act two weeks, by which time there was a slight shrinking of the growth; two more powders of the same

medicine were now given, six hours between doses. Improvement quickly seen, resulting in a recovery, April 1st.

CASE II.—Master P., aged fifteen, came to our city with hard cough, to which his mother assured me he was subject, but in four or five days, as I had anticipated, he broke out with measles, which ran their usual course; yet his cough continued, becoming more spasmodic, and as whooping began to accompany the paroxysms, its true character could readily be determined. Two weeks after recovering from the measles, in the midst of the whooping-cough, he had chills and fever. The paroxysms being irregular as to time of day, the first coming at 9 P. M. and the next day at 11 A. M.; none came between 10 P. M. and 10 A. M. While for five days there was never twenty-four hours between them, they varied from 11 in the morning to 8 in the evening; no two coming at the same time. The chills were not heavy—scarcely amounting to a shake, and usually lasted about one hour, with fever for two hours, followed by perspiration. There was nothing very marked about the paroxysms, no vomiting, slight thirst, no great amount of pain anywhere, tongue only slightly furred, appetite fair; hence the indications for the remedy were very few. The irregular return of the chills directed me to *Eupat.-purpureum*, three powders of the 50 M. were given, three hours apart, but no perceptible change could be noticed. The only other symptom of importance was in the disposition to *continue covered in bed during the fever*, this suggested *Nux Vom.*, four powders of the 50 M. were given, two hours apart; the chills never returned, though the whooping-cough kept on its course, modified afterwards by *Drosera*.

I have entitled my paper "Legitimate Homœopathy," because every pure coin may be counterfeited, and because I believe these cures were not hybrid, not eclectic, not illegitimate, but veritable cures according to law and science as defined in that bible of homœopathy, the Organon of Sam'l Hahnemann. What have we, as his disciples, to do with shams, with frauds or counterfeits? The world has been filled with these ever since the race began to populate it. Poor suffering humanity has been vomited, purged, bled, blistered and gargled to death for thousands of years; have we nothing better to offer to-day?

Shall we turn the hand on the dial of progress backward, and search for knowledge in the times when men navigated the waters in a dug-out, and cultivated the soil with a stick? When it was believed and taught that "two or three drops of blood, taken from a vein under the tail of a black boar-cat, would cure the epilepsy; and

the blood of the ear, would cure the shingles." And is not every step from the Organon of Hahnemann, in the direction of the drug school, a step also in the direction of this same boar-cat? And yet look at the journals flying the homœopathic flag while playing the medical pirate—freebooters, amenable to no law and no system; one drops the name of homœopathic, and becomes the *Medical Times*. Nor need we be surprised at this, as the demand governs the supply. Article IX of the by-laws of the American Institute of Homœopathy, originally made a knowledge of the theory and practice of homœopathy a necessary qualification for membership: this has now been stricken out, though the Institute still retains the name of homœopathy. What inconsistency! If the Institute is to be a kind of go-as-you-please organization, what has homœopathy to do with it, any more than any other pathy? This wedge was entered at Niagara Falls in 1874, a very good place, for "What a fall was there, my countrymen. Then I, and you, and all of us fell down, while bloody treason flourished over us." This was done because, forsooth, four years previously Carroll Dunham had advocated freedom in medical thought and action. A certain amount of freedom is well enough; but to acknowledge no law and no principles becomes the worst kind of anarchy, and, if tolerated, will destroy any government, whether political or medical. Already we see members, who aspire to the presidency, repudiating even the name of homœopathy. One says the great mistake of his life was in accepting a diploma from a homœopathic college; and, we might add, it was a great mistake of the college as well. Another allows his name to be used to encourage the sale of a patent medicine, and boasts of being only a physician—that if the old school have found any good thing, he is at liberty to use it, without any regard to homœopathy. Another still publishes a book, in which he writes himself down an ass, in a vain attempt to show that the schools both use the same drugs, and that, therefore, there is not much difference between them. Across the water, the picture is equally gloomy. The disgraceful treatment of Lord Beaconsfield by Dr. Kidd caused the British Congress to repudiate him—not that they were less crude than he; but because he had the candor to admit that he was not an homœopathist; that he had rejected pretty much everything of Hahnemann's teaching, except the law of the similars; and as this was no discovery of Hahnemann's, having been admitted a thousand years before he was born, of course, with the law alone there could be no claim to homœopathy—this came from Hahnemann, the law from Hippocrates. I prefer Hahnemann sober, to Hahnemann drunk, says Dr. Kidd;

or, to make his meaning still plainer, he might have said, Hahnemann as an allopath, to Hahnemann as a homœopath. And the latter, were he living, would probably prefer Kidd sane, to Kidd crazy.

It is remarkable how these men grasp at anything Hahnemann said or did in his early investigations, and how they prefer to grope in the twilight, rather than to follow him into the strong reflection of the noon-day sun. But he wrote his *Organon*, thank God! and there, like a flaming sword, it stands in their way; and there, notwithstanding all their cunning devices, their gross misrepresentations and blank falsehoods, it will continue to stand when

“ Moths deform in shapeless tatters
Their unknown pages.”

Now what claim have such men to homœopathy? Hahnemann called them the “new mongrel sect,” and exclaims, “who would honor such a light-minded and pernicious sect by calling them after the difficult, yet beneficent art of homœopathic physicians!” He says, “It is in this way that a madman who has forced his way into the workshop of an artist seizes, with open hands, upon all the tools within his reach for the purpose of finishing a work which he finds in a state of preparation. Who can doubt but that he will spoil it by the ridiculous manner in which he goes to work, or perhaps even destroy it entirely.”

And yet these “madmen” have the audacity now to tell us that Hahnemann himself, the master workman, spoiled it by his eccentricities, his small doses, his dynamic and psoric theories. “Oh, wise judge! This master mind declares it is as impossible that there should be any other true method of curing dynamic diseases (that is, those not surgical) besides homœopathy, as that more than one straight line can be described between two given points.”

Again, in speaking of this class of physicians, he says: “They cannot accomplish that which the true homœopathist is capable of doing, and yet they falsely declare themselves my disciples.” He lays it down as a truth—which is the invaluable property of pure homœopathy, “that the best dose of medicine is ever the smallest, that the practice of the new mongrel sect, consisting in a combination of allopathy and homœopathy, will separate them by an immeasurable gulf from homœopathy.” If this gulf of late years has been widening, it is no fault of ours; we fight under the old banner. If, in exercising their liberty of “medical opinion and action,” others have left us, it is their loss, not ours. Years of

wandering towards the pyramids of the dead past, will serve to show them that far in their rear and in the van of progress, they have left the temple of pure homœopathy, radiant in the sunlight of eternal truth.

To-day (May 25th) as I was writing this, I was called in haste to see a lady at the climacteric period of life, the mother of a large family, found her frantic with gastralgia with which for years she had often been troubled. A number of persons were in the sick-room, all busily engaged heating irons, ironing paper, etc., to be applied to her stomach. All was excitement; each one had something to do; the same lively scene was presented that I had often witnessed in my erratic days, when I too worked with hot fomentations and drop doses of the first or third dilution, till the perspiration streamed from my face. I thought of the sleepless nights and anxious days I had spent with just such cases, in the vain endeavor to hit upon something that would induce the pain to leave; and yet it kept on all the same. This patient called loudly for chloral, said she could not live without it; that her physician had found that nothing else would do any good; that she had then been having the pain for eight hours, and could endure it no longer. She described the pain as being hard, cramping, *burning* from the cardiac orifice of the stomach through to the back; not much thirst, no fever, slight nausea, but no vomiting. She was very *restless*, constantly changing position, walking the floor or rolling on the bed and screaming with pain. She asked again and again, if I would not give her Chloral. I answered very decidedly that I would not. "I believe," said a lady present, who seemed to have borrowed her argument from the eclectics, "in giving anything that will relieve pain the quickest." I replied that I did, too, and that the proper homœopathic remedy was that very thing. I therefore prepared the 50 M. of *Arsenicum* in water, gave a dessert-spoonful and held my watch to note results. In five minutes, the out-cry and restlessness were less; in eight minutes, the inspirations were slower and fuller; in ten minutes, she said she felt easier; and in twelve minutes, the pain was entirely gone and did not return. Now what becomes of the argument that homœopathic remedies are slow to act? Could chloral or any other narcotic, by benumbing the senses, have smothered the sensation of pain in less time than it was *cured* in this instance. And yet the eclectics tell us there is nothing in the high or fluxion potencies; that all traces of the drug had left long ago, or that the pain was about to leave, at any rate. How strange that it is usually about to go by the time the proper homœopathic remedy and potency are applied; and yet

it will as stubbornly resist the eclectic's art, as he does the only law to which it yields. "Ye Gods, it doth amaze me," to hear the frivolous excuses made for being ignorant; but the work of the iconoclast is not finished; the idols in the temple of Baal must be broken, though their votaries oppose every advance of truth.

There must be strife if error dies,
Or truth would ever triumph o'er it;
The ages hence award a prize,
To pioneers who bravely bore it.

The Committee on Publication respectfully report the above papers, as presented to the Association, to THE HOMŒOPATHIC PHYSICIAN for publication.

AD. FELLGER,
GEO. H. CLARK,
E. J. LEE,
Committee.

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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UNPROVED REMEDIES.

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

(Read before Kings County Homœopathic Medical Society.)

THE difficulty of giving exact definitions of facts has been felt by all who have given much of time or effort to gain precise knowledge of any natural science. To cover the whole ground, leaving out no essential element; to give this in the fewest possible words, avoiding all which gives no aid to a right and clear understanding of the fact in hand; to so select the terms employed that they shall express neither more nor less than is contained in the subject to be defined—has been recognized in all times by all students who have made thoroughness a characteristic of their work. It is but little less difficult to state in brief terms the elements of a science, or a system of philosophy, or to give rules of practice under a system of philosophy, without superfluous words, or omission of some element more or less necessary to make the rule or rules complete. To do this requires that the mind shall be so habitually familiar with the subject in hand that it readily takes in its whole, and its parts, whenever turned to its contemplation. In attempting this it will sometimes happen that in endeavors to bring rules to their briefest expression some one, of more or less importance, is overlooked.

It is a matter for regret that in the declaration of the "International Hahnemannian Association," which was intended to present

to us the homœopathic law with its necessary corollaries, an exceedingly important member of those corollaries should have been omitted. It does not state in the last of these corollaries, as it should, that the "minimum dose of the dynamized drug" should be also of a drug which *has been proved* on the healthy organism, before it can be given for the cure of the sick, as required by our law.

This omission may have come from so clear a consciousness of the self-evident necessity of this proving that its mention was deemed uncalled for. If this were the occasion of its absence from the declaration it was clearly a mistake. This appears from the right claimed by some, who profess faith in, and true allegiance to, our law, to give their patients, as curatives, substances which have not been proved on the healthy organism, as our law requires that every substance shall be before it can be known as the simillimum the cure requires. Not only so, but they claim that cures are made by these unproved substances, and that in a manner superior to those effected by medicines which have been proved and given as the simillimum of the case under treatment.

It is not the intent of this paper to question the truth or ability of those who claim that cures are made by these unproved substances, but to protest against their being incorporated into *homœopathic* records. And also against homœopathy being held in any degree responsible for them, as we regard practice with these as wholly foreign to the philosophy and practice of this system as taught by the master; as really so, as is the poly-pharmacy of the allopath.

And more than this is claimed for this departure from the homœopathic law, viz.: that this proceeding is in accordance with *law*, as is the administration of the simillimum under the homœopathic law. What this new law is which justifies this use of unknown agents for the cure of the sick, we are not told, and of its existence we have only recently been informed. When given to us in terms as explicit as those which declare the homœopathic law, we can be in a position to judge better of its value than we are now, when all we know of it is that it is claimed to *be*, and that those who set up this claim declare that they can do better for the sick, under its guidance, with means of which they know little or nothing of their effects upon the healthy organism, than they can under the homœopathic law, with agents which have been fully proved, and therefore are known as to their action on the healthy. This, we believe, is the newest claim set up for the superiority of ignorance over knowledge. If we gain nothing more from this last choice of darkness

rather than light, we are likely to receive from it an impression, as to the ability of these advocates of a new law, as specific prescribers under the guidance of the old.

It is notable that this claim for superior success under a law of therapeutics, not yet made known, and from the use of agents unproved, and therefore wholly unavailable in practice under any law, is put forward by professed believers in the law of similars as nature's law of healing; and more than this, that their own practice is homœopathic, even when under the control of this unknown law and when employing these unknown means.

Let us see what ground, if any, they have for this claim for the homœopathicity of their practice while employing unknown agents— if in their use they are complying with the requirements of any law. If so, it cannot be that which demands that all medicines used under its authority shall first be proved on the healthy organism, that its effects may be known, and so *known* to be similar in these effects to the phenomena of the case to be treated. How can it be known of any unproved agent whether its effects are like to those phenomena or not? It should be remembered, while we are considering this claim for the homœopathicity of a practice which employs unknown means, that homœopathy requires that *all* agents employed in accordance with its law of similars, shall first have been given to healthy persons, that by the actions of them so learned, we may know whether that which we employ is like; without such proving it is impossible to know this. In the absence of this, to claim for any drug that it is homœopathic to any given case is demonstrative of sheer ignorance of what homœopathy really is; or, of a bold impudence in claiming the honors of its law for that which, at best, is but rank empiricism.

In the reference we have made to practice with unproved agents, it will be readily perceived that we are alluding chiefly to the use of some morbid products that have been potentized and given to the sick, without the proving on the healthy, which our law requires of all agents before it sanctions their use as curatives. It may be replied, and it has been said, that the disease giving us this potentized product is a proving of the product, and of a kind the most perfect. At first glance this certainly has a seeming of truth on the face of it, and as truth is all we want, we will see how this claim for proving will bear examination.

It will be said that the disease producing this potentized agent was the result of a specific poison. Granted. That the poison is present

in the product. Granted. Therefore, the phenomena of the disease are the expression of the action of the poison on the living organism, and, therefore, we have in them the most perfect of all provings. This conclusion is hasty and inadmissible. Something more than making an individual sick by giving him a drug is necessary for a proving of that drug. We require, first of all, that the prover shall be in sound health at the time he takes the drug; and second, that the resulting phenomena be recorded at the time of their occurrence, with all their concomitants and modalities, with utmost exactness and detail, and this to the end of the prover's suffering. All this, and many repetitions of this, are required before any drug can be regarded as *proved* in the manner our law requires. Anything less than this, it will not accept as a proving.

Now take one of these unproved substances, *Syphilinum*, for example. The substance potentized is the product of syphilis: syphilis is the result of a specific poison. Now, who has kept such a record of the daily and hourly experiences of the poisoned person with all the concomitants and modalities, as is required in proving drugs, as will give us their experience in the proper form for a drug-proving of any medicinal substance? Has this been done in the case of the disease from which the potentized morbid product was obtained? If not, then we have no proving of this product, in the unrecorded phenomena developed in the life of the poisoned individual.*

We, as homœopaths, have nothing by which we can determine whether this potentized poison is, in its nature, as revealed in the experience of the patient, at all like the phenomena of any case for which, on the testimony of these advocates of the new law, and unproved remedies, we might be tempted to give it. In the absence of the required record, we may as well understand that both we and these advocates, for the purposes of specific prescribing, know nothing at all about it.

And then, our law requires that the prover of drugs, for our use, shall be in perfect health when he enters on his duties as a prover. This is needful, that there may come to us, in the recorded effects of the drug, no mixture whatever of any old cachexias. Such a

* Even if there be such a record of any given case of the disease, and a portion of its poisonous product has been potentized, this record can only be available as a guide for the clinical use of this nosode as obtained from this particular case. The record of any other case, if made, may so differ from this, because of constitutional or circumstantial peculiarities, as to render its product so unlike that of the first record as to render it wholly unsuitable as a guide for the clinical use of this. The same is true of the product of any other example of the disease.

mixture would render a proving rather a curse than a help to us in our clinical duties. Now, how is this in the case of syphilitic patients? Are they the persons whom we should most readily accept as free from all other diseased taints than that of the specific poison, or are they more likely than others to show cachectic complications? Where these are present, how are they to modify the nature of the morbid product we are asked to accept, as proved by the experience of the patient? Does not the liability to such complications destroy the uniformity of the nature of the preparations made from different specimens of the disease? This uniformity is regarded as of the utmost importance in drugs to be proved. Why less in the case of nosodes?*

In short, the further we pursue the matter of this class of unproved, so-called, remedies, the more and greater difficulties we meet in the way of their intelligent incorporation into a rational, sound, homœopathic practice. Indeed, as at present informed, this seems wholly impracticable. It would seem that the homœopathy of Hahnemann has active opponents and obstacles enough to encounter, to warrant its calling on all its adherents to see to it that it is spared from being handicapped with new heresies, and, above all, from that of practicing with unproved agents.

But, it is said, practice with these unproved agents "*is in accordance with a LAW, which law is a fixed fact,*" etc. The first suggestion which occurs to us after reading this assertion, is to inquire: in accordance with what law, and who was the maker of the law which assures us greater practical success from the use of the unknown, than can be realized from that which *is* known?

Till these questions are answered satisfactorily, certainly in our present state of knowledge it cannot be otherwise than pardonable, if we regard this alleged new law of therapeutics as having its origin and its existence, very much, if not wholly, in the imagination

* We require of drugs, before we accept them for proving, that they be perfect specimens of their kind, and pure, *i. e.*, unmixed with other drugs or substances, which can, in any way or degree, modify their action on the person, in order that we have the pure effects on the organism of the substance proved. Now, in the case of these nosodes, it would seem impossible that we can have any assurance of this purity. Dyscrasias are so common and so various in the bodies of mankind, and especially, in that class in which the diseases from which these nosodes are obtained they are most frequently met, and the power of these to modify the nature and product of the original disease so wholly unknown, that the product must, of necessity, be always impure, in the sense in which we require purity in drugs to be proved, *i. e.*, the product must always be a mixture, and a mixture ever varied by the various nature of the associate dyscrasia; so that a uniformity of the product to be potentized is an impossibility, and, therefore, its use must be ever uncertain and unsafe.

of those who seem to be its sole advocates. We have, outside of this new discovery, a law of therapeutics which we claim to be of divine enactment, because of its universal adaptability to the pains and sicknesses of our race. We claim for it that it is equal to all our needs as healers. That when it was made a part of the laws of our being its Author knew well what He was about, and being able to do this, He made our law so perfect and comprehensive that no other was needed, and that, so far as we know, in all His works, He has never dealt with nor created superfluities.* And therefore in accordance with this general plan, having given one law which is equal to all our needs, He has never enacted a second. This seems to us reasonable and in perfect harmony with what we know of the other works of the Author of the homœopathic law: There may be other laws, but it is certain we know no other, and we get along right royally well in the absence of any knowledge of them. Though it is admitted that other therapeutic laws may exist, we do not believe they do, because we have no need of them. What we need for a more ready and perfect cure of the sick is not additional laws of healing, but a more thorough comprehension of the one God-given law, and a more perfect acquaintance with the agents which are proved and ready for our use; and a more intelligent and diligent study of these and of the elements of the sicknesses to be cured; and a more careful selection of the curatives this law requires, and then all the needs felt by indolence or ignorance, of other laws or means, will vanish away, and the one law, and the means it requires and employs, will stand justified by practical results before men, even before those who are sometimes wrecked by imaginations more active than intelligent.

The Fifth Annual Session of the Missouri Institute of Homœopathy, will be held at Sweet Springs, Mo., August 3d and 4th, 1881. Members and their families will be entertained at the Sweet Springs Hotel, at \$2 per day. These Springs are growing into great favor, and a large and very interesting meeting is expected.

WM. D. FOSTER, M. D., *Secretary.*

* Natural laws require no supplements nor duplicates. Each is complete in itself for the purposes for which it was created. Who is there so insane as to imagine the law of gravitation requiring or admitting of supplements or substitution.

FATAL ERRORS.

AD. LIPPE, M. D., PHILADELPHIA.

It is a fatal error to teach that the totality of symptoms means the pathological state which we have before us, be it a functional or already an abnormal organic one; that to prescribe for the totality of symptoms is a superficial method; that we may be lost in a wilderness of symptoms if we fail to consider the pathological characteristic which gives us the key-note to all the other symptoms.

This fatal error has been committed by the learned editor of the *North American Journal of Homœopathy*, committed over and over again, in the May No., 1881, but most boldly asserted on page 585. Has the learned editor of that journal, who is also a public teacher in the homœopathic college at New York, never seen a work entitled "The Organon of the Healing Art," by Samuel Hahnemann, the founder of a "System of the Healing Art," by him called Homœopathy? Can a man claim to be able to teach homœopathy when he is evidently ignorant of its teachings? How does he, this learned teacher, propose to apply the fundamental law of the similars, when he, firstly, considers the pathological condition a characteristic key-note to all the other symptoms; and, secondly, tries to find among the effects of medicines on the human organism, a similar characteristic key-note—a pathological condition? The pathological condition of the sick, a hypothesis, as well as the pathological condition of the prover, also a hypothesis to be made subservient to the law of the similars. This is really and truly the newest of the late progressively increasing departures; this is the boldest attempt to annihilate all of Hahnemann's teachings, and supplant them by old and obsolete absurdities.

Hahnemann tells us in his *Organon*, paragraph 13, "Disease, therefore, (those forms of it not belonging to manual surgery,) considered, as it is by allopathists, as *something* separate from the human organism, and the vital principle which animates it as something hidden internally and material, how subtile soever its nature may be supposed, is a nonentity which could only be conceived by minds of material mould, and which for ages, hitherto, has given to medicine all those pernicious deviations which constitute it a mischievous art." Does our learned friend think it possible to put the pathological livery upon that which homœopaths term the totality of

the symptoms? Shall we be led back to partake of the fleshpots of Egypt? The pathological characteristics are the least important symptoms in a given case of disease; the symptoms belonging to the sick individual characteristically are of much more importance; and again, will our learned friend give us permission to illustrate?

The illustration is best taken from actual cases. Here is a young man down with typhus fever. The twenty-first day finds him extremely ill; the diagnosis is mortification of stomach and intestines; he vomits up great quantities of black masses; his bowels are frequently moved; color of the fæces black and extremely offensive; pulse very frequent and small. Here then, according to this modern teacher, are the characteristic key-notes of a pathological condition. Now, Mr. Professor, what is the remedy? There is no time to lose; it seems as if this is to be the last prescription for better, for worse. Of course, says our learned friend, in the pathological livery, sporting a scientific cane, here is a clear case for Arsenic; but Arsenic has been given, and he is rapidly growing worse. As a last resort, the true healer plunges into the wilderness of symptoms, finding that to prescribe for a pathological condition is the superficial, and therefore unsuccessful, way to prescribe homœopathically. Among that wilderness of symptoms appears a singular one, by no means necessarily present or necessarily belonging to this unmistakable pathological condition, and it is *this*, the patient while his skin is cold desires, nay demands, to be entirely uncovered; the room is cold, but he will have no cover. It is now clearly discernible why *Arsenicum*, which is very similar in its sick-making properties, and which has caused just such a pathological condition, was of no use whatsoever. The characteristic symptom of Arsenic is, *amelioration from heat*; but this patient despises, is made worse from heat. Out of that wilderness of symptoms, which totality of symptoms is such a stumbling block to the scientific physician in the physiologico-pathological livery, we see a glimpse of light arising, and we again turn to our *Materia Medica*, and there find that *Secale Cornutum*, which has just the opposite symptom from Arsenic, viz.: *aggravation from heat*, from being covered, has likewise the similar pathological condition, and because it corresponds with the characteristic symptoms of the patient, it is now administered in the smallest attainable dose, and the patient recovers. Where is the man with his pathological livery? And what of Hahnemann's methods? what of the wilderness of symptoms outside the pathological key-note? What does our learned friend really want? May we guess? Is he quietly

paving the way so that we may be lulled into following the pathological track still further? is he paving the way for the isopathists? It really looks that way. What a glorious future there is in prospect! This patient has syphilis, therefore must he have *Syphilinum* very high. The other fellow has or had gonorrhœa, and *Medorrhin.*, extremely high, must he have; or he suffers stomachache from eating of the cucumber or of any other food, say lobster, and forthwith the fountain is set to work, and bottlewashing enables the learned healer to produce a sky-high potency of the injurious food, and hereafter, *i. e.*, after a few pellets have touched the tongue of the sufferer, not only all pains cease, but he may from that day forward partake with impunity of the food which he never dared touch before without severe suffering. The inventor or discoverer of this superior mode of healing will set aside Hahnemann, his pains-taking therapeutics, his inductive method, and, mounted on the pathological race-horse, will ride rough-shod over the master and all who follow him. Will the editor of the *Quarterly* then fire a salute? will he tell his readers that the Millennium has come in the resurrection of poor *Lux*?

THE MEMORIAL VOLUME.

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

AN appeal has been made to each member of our profession, through our journals, to subscribe what sums he thinks fit for the publication of a Memorial Volume to our beloved colleague, the late Constantine Hering: the said volume to consist of a short sketch of his career, followed by the eulogies pronounced upon him after his departure from us, and all surplus money to be handed to Mrs. Hering. I am informed, however, that only about \$600 have been subscribed, less than the anticipated cost of the volume itself, and that the third volume of the *Guiding Symptoms*, which was in press as far as *Cainca* last June, when I was in Philadelphia, has been stopped from want of funds.

It appears to me, that while the intention of the promoters of this memorial scheme was excellent, their plans are open to much criticism. Their object seems to have been two-fold: (1.) to honor the memory of the departed; and (2.) to help his widow, to whom he was able to leave but little.

Now, as to the first of these intentions, I should delight to read, not a short sketch merely, but a full and exhaustive account of Dr. Hering's life; but I do not care to read a large volume of what others have said about him, especially seeing that many of his eulogizers are mongrels who now desire to affiliate themselves to his great name, so as to bolster up their own ignorance and falsehood.*

The best memorial to Hering, will be to publish what he has written himself, not what others have written about him. With regard to the second intention, to provide a fund for Mrs. Hering, it is a thoroughly just and proper scheme, and one to which I shall be most happy to contribute; but I do not care to do so if the only, or even the chief, result is merely the publication of the Memorial Volume, which seems at present to be most likely.

Why should we not carry out Dr. Hering's own desires? He told me last June, that he depended upon the sale of his *Guiding Symptoms* to bring in eventually an income for his wife, for he had but little to leave her. Let us now do the work in the old hero's way. Let us each purchase a copy of the *Guiding Symptoms*—those who are wealthy can purchase two—and let us all urge our patients, as well as our colleagues, to imitate our example. I have myself secured *seven* professional subscribers to the work, and *five* among my own patients, and I hope to do still more in this direction; so there is no lack of encouragement. And, if possible, along with the dedication to Dr. P. P. Wells, which Hering told him in my presence he intended to prefix to the third volume (Hering considering that its completion would then be assured), let us have a full account of his life with a portrait.

FLUXION DILUTIONS.

ELDRIDGE C. PRICE, M. D., BALTIMORE, MD.

THE ability to perfectly express an idea is a gift. The ability to perfectly understand an idea is also a gift. Few men possess either, fewer possess both.

*“*Hypocrisy* here comes in and plays its dreadful part. It is neither reputable nor profitable to stand with an exponent of the highest discoverable good while he lives, but after his decease the world fastens on his memory, with a blind respect that sometimes becomes a more blind adoration. So the hypocrites make a commodity of this regard and worship, and by affecting to be followers of this departed virtue, exponents of its principles, and inheritors of its inspiration, they build themselves in power and reputation.”—THOMAS LAKE HARRIS.

My friend, Dr. Wm. Jefferson Guernsey, criticises my article on Fluxion Dilutions, that appeared in the *Hahnemannian Monthly*, a few months since.

His criticism is unjust in that he has not read my article carefully, and considered sufficiently the points I really have claimed. His impression of my belief is obtained from a superficial view of the subject. From Dr. Guernsey's article, the reader is impressed that I am an exclusive low-potency advocate—a materialist. Did I not highly esteem my friend, I should hesitate to trouble myself with the correction of this error, because the opinion was not formed from the article criticised, or from anything else I may have written.

I am of the class called dynamists, and occupy a middle ground between the materialists and the altissimo-dilutionists.

The principles guiding the dynamists, are those laid down by Hahnemann in his *Organon*. The position I hold is the result of mature deliberation, founded upon unrefuted theory and experience, and my written opinion is simply the offspring of my honest convictions.

In my article on the fluxion dilutions, there is nothing inconsistent with my beliefs, and, therefore, I do not retract one word I have written.

I quote from the article in question: "A drug diluted to any degree we may choose, is therefore not a potency, unless friction has been applied in each degree of the process." I insist upon this as the basis of potency belief of every true disciple of Hahnemann.

That potency and dilution are not synonymous, is a fact not appreciated by all. This seems to be the mistake Dr. Guernsey has made.

To make a *potency*, friction is a necessary factor; to make a *dilution* it is not.

The preparations of Swan and Fincke are, therefore, dilutions, because they lack the friction element. They nevertheless claim to be potencies; they are not; therefore, they are shams.

Dr. Guernsey says that I "cannot prove that a very high potency does not exist."

This I can and have proved. My statement reads: "I do not believe a single genuine 100,000th Hahnemannian potency has ever been made."

I did not say a Fincke *dilution*, but a Hahnemannian *potency*. If Dr. Guernsey, or any one else, knows of a *bona fide* 100,000th

Hahnemannian *potency*, I shall be pleased to read an account of its preparation.

Again, Dr. Guernsey states that I "savagely" declare that these fluxion dilutions "will not or do not act." This, like his opinion about my potency belief, is obtained from a source of which I know not. But let me quote my savage declaration: "The reported cures by very high fluxion dilutions are, therefore, really produced by either, 1st, the patient's imagination, or 2d, infinitesimal particles of drug substances that happen not to have been washed out of the fluxion apparatus, and are analogous to particles found in the low Hahnemannian preparations."

This is not a denial of the ability of some of these preparations to act; on the contrary, I acknowledge the *possibility* of cures by the fluxion dilutions. But these cures are not made by *bona fide high potencies*; they are produced by those particles of diluted drug substance which have remained in the apparatus, and are really equivalent to cures made by the lower Hahnemannian preparations.

Obviously, then, the fluxion dilutions *may* act. Granted; but so may *bona fide* potencies.

Suppose the percentage of cures by the two classes is equal, we gain nothing by substituting these *dilutions* for our *potencies*. Why, then, should we force these preparations into our pharmacopœia, when we have genuine potencies that are what they claim to be, and that will produce all the curative results that it is possible to extract from these pseudo-potencies?

It is even desired to substitute these dilutions for potencies. To make so vital a change in pharmacology, some great advantage should result. Apropos, what are we to gain by accepting and using the fluxion dilutions?

That I may fully convince my friend, Dr. Guernsey, of my practical belief in high potencies, and that I really do use drugs above the "red, white or blue," and also to illustrate the fact that these potencies may produce cures that even the greatest fluxion enthusiast cannot excel with his choicest dilutions, I will quote a few cases from actual practice:

Miss L. came to me, after having suffered, for some weeks, with the following symptoms:—*Intense* pains, erratic in character, worse in warm room, better in open air and from motion. Despondency, tendency to cry without cause. I gave her *Puls.* 2 C, four powders, one daily at night on retiring. This prescription cured permanently within a week, a year having elapsed without a return.

C. W. Was called hurriedly to see a woman who had been suffering for some hours as follows:—Violent emesis; diarrhœa, stools thin and watery, accompanied with tenesmus and cramping pains in abdomen; coldness of extremities and cold sweat on forehead; also great weakness. The discharges were so frequent, and the weakness was so great, that she was unable to leave the vessel upon which she sat. Prescribed *Verat. alb.* 35th, a powder in half a glass of water, teaspoonful after each stool. She began to improve immediately after the first dose, the stools becoming less frequent, and in twelve hours she was perfectly cured.

B. F. S. called to see me, December 16th, 1880. He has for some years suffered more or less from the following symptoms:—Eruption of small pimples, which are at times painful, on face, back and shoulders. No perspiration about the face, but in its stead an oozing of oil from the sebaceous follicles. Flushes of heat into upper part of body, which aggravate the eruption. Undue fullness after eating, with occasional eructations of gas. Bowels inclined to constipation, with no desire to defecate. Coffee, pork and mince-meat disagree. *Silicea* 30th, a powder three times a day. This remedy was continued for some time, but the potency was changed to 2 C, and the frequency of dose diminished, until he took but one dose in a week. His condition improving, but the symptoms changing to indications for *Bry.* This remedy was given in the 2 C potency, sometimes two or three weeks elapsing between doses.

June 9th, 1881, he reports the eruption has almost entirely disappeared. The only part now affected is around the nose, and this is very slight. No other symptoms; he feels perfectly well. *Bry.* 2 C, one dose and S. L.

Mrs. S. Suffered for about four years with constipation; stools in narrow, ribbon-like strips. *Phos.* 35th, three or four powders in as many days; relieved within a week.

Miss C. Subject every fall and winter to attacks of bronchitis. I saw her in November, 1880. She complained of pain in chest, with oppression; tight, dry cough, worse at night and on motion. She had been sick about a month. I gave her a few powders of *Bry.* 35th, once or twice daily for a few days. Improvement began immediately, and within a week she was cured.

I have just heard of her robust health, which has continued uninterruptedly, notwithstanding her country residence and the unusually severe winter, in which she observed no especial precau-

tions against contracting her usual attacks of bronchitis, but the first time for years she has remained free from them.

When my friend of "auld lang syne" re-reads my article in the *Hahnemannian Monthly*, and then has carefully read this sequel to it, I do not think he will continue to consider me either savage, uncharitable, a materialist, or an altissimist, but plainly and simply a truth-seeking homœopathist, a dynamist.

THE PENN MEDICAL UNIVERSITY.

EDITOR OF "THE HOMŒOPATHIC PHYSICIAN."

Dear Sir: My attention has been called to an editorial in the May number of your journal, under the following heading: "Perverted; The History of Homœopathy," in which you criticise the history of the Penn Medical University, as given in the historical volume of the World's Convention. The last sentence of this editorial reads: "If we are shown to be in error, we will most willingly acknowledge it."

Inasmuch as this editorial contains numerous errors—errors which can only be accounted for on the theory that your information came from a very unreliable source, I have deemed the matter of sufficient importance to make the following corrections:

1st. It can be hardly just to say that there was an attempt to "palm off the Penn Medical University as a Homœopathic Medical School," when it was clearly stated in the history, that allopathy, as well as homœopathy, was taught in the institution.

2d. You state "that the Penn Medical University was a re-organization of the Pennsylvania University of Medicine." I reply (1) there never was such an institution as the latter, and (2) the Penn Medical University was a re-organization of no school, and its charter, as obtained in 1853, was absolutely new.

3d. It is stated that this institution "never pretended to teach homœopathy."

On the contrary, the announcements not only state that "lectures on homœopathy would be delivered," and text-books on the same recommended, but, in fact, courses were actually given by the Professors of Pathology, Botany and Materia Medica.

4th. You say the history gives an "ideal faculty;" that "such a

faculty never existed;" that "it is a piece of patch-work." The faculty as given, was copied verbatim from the announcement of 1854-55, and every man on the list had been regularly appointed, and every one filled his position, with one exception only.

5th. You say "that the claimed teachers of homœopathy in the Penn Medical University, could not have done so, is proven by their teaching afterwards in an avowedly eclectic college." In reply, none of the teachers of *homœopathy* in the Penn Medical University, ever afterwards taught in an eclectic college.

6th. The statement made in the history, "that a large proportion of the graduates of this institution are now practicing homœopathy in different parts of the country," if true, is certainly some evidence that they were probably taught it in their Alma Mater. The historian might have added, that of the old-school physicians who accepted positions in the faculty with prejudices against homœopathy. Six became converted while in the institution, and are now practicing that system. Finally, that the Penn Medical University claimed to teach homœopathy, was well known to the profession at the time; homœopathic physicians sent their students there with that understanding, and the "regulars" denounced it for the same reason; and one member of the faculty was expelled from the Philadelphia County Medical Society, for associating himself with homœopathic physicians. Whether it were wise to attempt thus to teach both systems of practice in the same institution, is a question about which there might be a difference of opinion, but the experiment was made and forms a part of the history of homœopathy, in Philadelphia. Up to the time of its closure, in 1864, the history of this institution was without reproach. With its later associations with disreputable institutions and the illegal attempt to revive the same, some ten years later, wholly under allopathic management, the history of homœopathy has nothing to do, neither has

Yours,

THE HISTORIAN.

[We publish the "corrections" of "The Historian" gladly, so that our readers may judge, after having read all that can be said in favor of the Penn Medical University, whether or not it were a true homœopathic institution. Its claim to such an honor rests on lectures given by the two professors of botany and pathology. Presumably, the rest of the faculty lectured on allopathy entirely; and these two, we presume, did the same at certain hours or days. We ask,

what kind of homœopathy would a man teach who lectured one day on allopathy, the next day on homœopathy? This course is followed in nearly all the avowedly eclectic schools in the land. Why not include them in the history of homœopathy? The allopaths repudiate all connection with so-called eclectic institutions, as well as with the homœopathic, therefore, their disapproval proves nothing. The man who conducted the "Penn Medical University" in its latter days, was a member of the faculty when it flourished as a *homœopathic college!*

We ask, has homœopathy sunk so low that it claims as its own such an institution as this Penn Medical University?

We have said enough to show that this institution cannot be rightfully foisted upon homœopathy. We made our protest against this "University," because we deemed it our duty to warn the institute and the profession against it. The institute has swallowed too many camels to strain at such a small gnat as this institution. We expected this.

Of one thing we are sure; this institution would *never* have been placed in the "historical volume" had Carroll Dunham lived.—
EDITOR.]

HÆMORRHOIDS AND THEIR TREATMENT.

DR. A. CHARGÉ, PARIS, FRANCE.

(Continued from page 195.)

ANACARDIUM.—Hæmorrhoids seem to cause frequent and urgent desire for a stool, but the desire passes away with the effort, without an evacuation. Rectum feels as if plugged up. [*Kali. bich.* and *Lach.*, have sensation of plug in anus; cannot sit.] Deficient power of rectum; even soft stools cause straining to pass them. [*Alum.*, *Calc.*, *China.*, *Carbo. veg.*, *Stl.*, *Sepia*, *Psor.*, *Phos. ac.*] Moisture from anus. [*Baryta c.*, *Carbo. an.*, *Carbo. v.* (acid), *Caust.*, *Coloc.*, *Natr. m.*, *Sepia.*] Itching at anus; stools of pale color (Hg.); profuse hemorrhage when at stool. *Pain about umbilicus as of a dull plug squeezed into intestines.* (Hg.)

Concomitant symptoms: Nervous prostration; weakness of intellect, especially for proper names, in mornings; feebleness of sight; weak digestion, with no appreciable gastric disease; hypochondriac, with gastric disorders; erections during day, at night seminal emis-

sions without lascivious dreams. Females are nervous and hysterical.

ANT. CRUD.—Hæmorrhoids that have been bleeding for some time, or a white mucoid discharge, which leaves a yellow stain, also irritates surrounding parts, and causes pricking and burning. This discharge is more profuse at night than during the day. When there is constipation, or when the stool is preceded by colic, there is some blood mixed with the mucous discharge.

Concomitant Symptoms: Predominance of gastric disorders; fœtid eructation; bitter or tasting of ingesta; nausea and sometimes vomiting; fœtid gas; small appetite; constipation alternating with diarrhœa [especially in the aged]; tongue coated white, a milky white; this coating differs from that of *Kali. bich.* and *Pulsat.*, though not any thicker; gastric troubles and concomitant cutaneous affections; frequent congestion of blood to head; stiffness of back, and rheumatic pains in various parts of the body.

APIS MELL.—Especially indicated when the pains are marked by a continued *stinging* sensation. [*Carbo. an.* and *Caust.* have piles burning and stinging, worse walking; *Natr. m.* has stinging pain; *Sulph. ac.* burning, stinging, tearing pain. But these drugs are more or less aggravation from cold and amelioration by heat, which is vs. *Apis.*] Excessive smarting around anus; excoriation [throbbing in rectum, with sensation as if stuffed full, *Æsculus hipp.*]; frequent desire to go to stool; frequent stools, watery, of dark blood [greenish-yellow, olive-green, with bright *red* lumps; thin yellow, with weakness; stool with every motion of body, as if anus were constantly open. *Phos. Hg.*]; urine dark or bloody; dysuria. *Apis* has aggravation of the pains from heat and amelioration from cold and cold water; nocturnal aggravation.

ARSENICUM.—Burning pains; sensation of burning is so strong that patient compares it to a burning coal;* worse at night. The hæmorrhoidal tumors are swollen, inflamed, prolapsed and bunched; bleed from the least touch. The hæmorrhoids are irreducible, even to the most skillful manipulation, and are even strangulated; rha-gades often appear at various points. Their color is violet [*Phos., Verat.*] or blackish [*Lach., Rhus.*]. The discharge is ichorous; fissures with burning pain. [Anus red and sore; parts around excoriated by the evacuations. *Hg.*]. Tongue dry, cracked [tongue red, *edges red*, with imprints of teeth. *Hg.*]. Violent thirst, patient

* Pain as if caused by a burn; Ant. crud., ARS., *Carbo veg.*, *Caust.*, *Creos.*, *CYCLAM.*, *Euphorb.*, *Ilyos.*, *Rhus.*, *Sec.-cor.*, *Stram.*—Benninghausen.

drinking little and often. Pain in lumbar region, as if back would break ; impossible to stoop. Heat ; trembling ; with great weakness and prostration of all the vital forces. The patient feels constantly a sensation of heat in the veins and skin. Excess of alcoholic drink is an occasional cause of Arsenic hæmorrhoids. [The Arsenic hæmorrhoids have a stitching burning when walking or sitting, but *not* at stool ; worse at night ; wakes patient ; relieved by heat.]

BELLADONNA.—Hæmorrhoids prolapsed ; irreducible on account of a spasmodic contraction of the sphincter ani. The tumors are of a bright red color, and bleed profusely, worse from the lightest touch. The patient constantly seeks various (grotesque) positions to lessen the pain caused by compression. Unbearable pains in the loins, and a sensation in the sacrum as if the bone were broken. Urinary troubles ; micturition frequent and difficult ; burning in bladder and urethra. Pulse full ; face red, purplish. Congestive headache.

BORAX.—Hæmorrhoids discharging slimy mucus, mixed, of yellowish or brownish color. Itching and pricking at anus and in rectum. Indicated in children with liquid stools, green like chopped spinach.

BRYONIA.—In bilious persons and in the hot summer weather, “is indicated more certainly when the disease causes a sensation of fullness in eighth lumbar region, and when this fullness changes during movement to a sharp, cutting pain, eased by rest, and seems to be caused by congestion of spleen.”—Hartman. Aching piles : Stool hard and black ; dry, as if burnt ; scanty ; straining to pass it.

CALCAREA CARB.—Hæmorrhoids prolapsed, much congested ; painful while walking, eased by sitting ; they render defecation very painful. Profuse hemorrhage is as prominent for *Calcarea* as for *Belladonna*. Fœtid sweat around anus ; pricking in rectum, as if from ants [as of ascarides.—Jahr]. Heat in rectum and at anus.

Especially indicated if there exist such a sympathy between the hæmorrhoids and the head, that the latter is disturbed when the hæmorrhoidal flow ceases ; this trouble of the head is generally vertigo, felt especially when going up-stairs, with dullness and heaviness of head. In women with menses early and profuse. Is an excellent remedy for the bad effects of suppressed hæmorrhoidal flow (*Nux.*), when these symptoms are present : continued vertigo, with fear of falling ; tottering gait ; pressing and stupefying headache, heaviness of head ; weakness of memory. *Frequent* stools, first hard, then soft, and lastly, liquid. Profuse sweat of the feet, which is fetid, and excoriates the skin.

CAPSICUM AN.—Burning and itching at anus; cutting and smarting during defecation, even when the stool is liquid. The hæmorrhoids are very painful, and consequently very much inflamed, with free discharge of blood, and after the blood a discharge of mucus. Hæmorrhoids blind or flowing, with burning pain; piles, swollen, itching and throbbing; stools of dysenteric character; burning in abdomen. Urinary troubles, such as tenesmus, frequent and futile urging to urinate; smarting and burning in the urethra during and after urination. Those who constantly use *Capsicum* as a condiment suffer from hæmorrhoids, with burning at anus and constriction of rectum. Suppressed hæmorrhoidal flow, causing melancholy. [Hg.]

By so doing they would very soon perceive that *Capsicum* possesses no privileges not enjoyed by our other drugs. These accidental discoveries often occur thus: one day (why do not these days of *light* come more frequently?) some one mentions a drug that possesses a great efficacy in curing painful and inflamed hæmorrhoidal tumors; this drug is *Capsicum annum*. For a wonder the announcement is believed and a commission appointed to investigate; this commission experiments and makes its report. The report is favorable. I quote it *verbatim*: “We observed that after the second day of using this drug there was a very appreciable amelioration of the symptoms; and the disease was ordinarily cured in a few days. After administering it for some days the pains were eased, the size of the tumors lessened, and very soon they dried up and healed.” When it is asserted that *Capsicum* cures hæmorrhoids, the Academy willingly bears witness to it. Experiments on healthy men.

CARBO VEG.—In old external hæmorrhoids, tumor large and of bluish color. Incessant sweat; a mucous discharge, giving out a very bad odor. Tardy stools, accompanied by violent burning pains, and sometimes by a discharge of blood. [Acrid corrosive moisture discharged from rectum, while urinating; a great amount of hot, moist and offensive flatus, ameliorated by its escape (*China, Lyc., nux, Puls., verat.*); soft stool, passed with difficulty (*Alum., China, Silicea, Sepia, Phos-ae.*); stools burning, light colored, covered by filamentous yellow mucus, last part bloody; stool in fragments, tough and scanty, with urging and tingling in rectum; putrid smelling stools.—(*Ars., China, Puls., Silicea, Sulph.*)]

General Symptoms: Rush of blood to head; lancinating pains in kidneys; worse from a false step; stiffness in lumbar region; cutting burning pains under the scapulæ, in fore-arms, and sometimes in the knees. Loss of appetite, fullness in stomach, bad taste in mouth and

bad odor. Intolerable flatulence. Gout. Adynamic conditions, with no fever.

CAUSTICUM.—Hæmorrhoids impeding walking on account of the pain they cause; also impede stool; are swollen, itch; stitching in them; burn and sting, worse walking and when thinking of them; Stool shines, is first hard, then soft; passed better when standing. Tumors sensitive to touch. Frequent and ineffectual urging to stool with pain, anxiety and redness of face. Painful pustule near anus, with discharge of pus and blood. Fissures which render walking very painful.

CLINICAL BUREAU.

CLINICAL CASES.

Picric Acid—Ophthalmia; *Nat. m.*—Neuralgia and Cough.

Mang. carb.—Colic; *Spongia*—Chronic Winter Cough.

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

Picric Acid in Ophthalmia.—March 6th, 1879; Mr.—, æt. 21. Intense pain in right eye since yesterday afternoon, as if something were in the eye; right eyeball and conjunctiva palpebralis red; the eye waters much, and the sight is dim; when reading, the letters seem confused; the pain relieved by cold bathing.

Diagnosis of remedy: Under *Picric acid* we find “conjunctivæ greatly inflamed, *right eye is the worst*, hard work to keep eyes open; makes eye feel sticky to read; *eyes better from washing in cold water*, and in cold air; worse in warm room.” The only remedy which has the symptom of the *right eye* relieved by cold washing is *Thuja*, but the particular symptom thus relieved is *heat* (see my *Eye Repertory*, pp. 291, 294), whereas the *Picric acid* symptom points to a severe pain. I gave the patient in the morning one dose of *Picric acid*, CM. (Swan). The same evening he was better; there was further improvement next day, and he soon recovered. On April 12th he had remained cured.

Nat. mur. in Neuralgia and Cough.—February 10th, 1868. Mr.—, allopathic chemist, has had for about a week a feeling of fullness across right supra-orbital ridge, as if it were being pushed

out from within, gradually getting worse; to-day it has extended to the corresponding part of left side; soreness on pressure on under surface of right supra-orbital ridge, in the bone, with feeling of warmth there. The fullness was worse to-day after bending the head down for sometime. It came on this morning in bed, from 4.30 to 6.30 o'clock, but only on right side, preventing sleep; he fell asleep at 6.30 o'clock, and was free from pain; the pain returned about 10 A. M., forty-five minutes after breakfast.

The right eye feels as if it would water; right upper lid hangs down lower than left, and is rather red, it feels warm. Feeling as if something were repeatedly pressing on under surface of right supra-orbital ridge, near inner canthus; he describes it by placing a finger on his hand, and repeatedly pressing it in; he distinctly says it is not a throbbing pain. To-day the pain was very bad at dinner, better in afternoon; the pain has generally been worse in evening, on sitting down to read. Three weeks ago caught cold; two weeks ago cough came on, excited by tickling at throat-pit. Now has cough excited by a tickling behind sternum, running up to throat-pit; it is worse in evening when sitting down to read; it comes on also when beginning to eat, especially if he drinks nothing; it is the same in and out of doors. For the last three days (this is the latest symptom) the cough has caused a feeling of a rush of blood from nape into occiput, compelling him to place his hand on occiput, which relieves it; from the first, though not every day, it has caused a pain from between shoulders through to chest; there is slight expectoration in the morning from the cough. For some months has had a feeling of stiffness of the nape on waking, as if he had lain on his back in the form of an arch, going off soon after rising. For many years has had fullness of vertex and forehead on waking. He eats salt with his food, though he dislikes it, because he has understood it is good to eat it! Three years ago was vaccinated for the second time; since then his teeth, which were perfectly sound before, *have begun to decay close to the gums*. (This is Bœnnighausen's characteristic of sycotic teeth; I have found it a valuable indication in toothache for *Thuja*). He has taken two doses of Pyretic salts, and during the first week of the cough applied mustard plasters, but all without effect.

Diagnosis of the remedy: The *totality* of the symptoms could not be covered. The most *peculiar*, and, at the same time, the *latest* symptom was the rush of blood to the occiput when coughing, relieved by pressure; this symptom, therefore, was, according to

HAHNEMANN, of the greatest importance. *Nat. mur.* has a very similar symptom, "Headache from sneezing and coughing, immediately disappearing on external compression;" it has also tenderness of left orbital region; it is also, in a high potency, an antidote to the effects of crude salt, which I considered to be the cause of his symptoms. Some persons are very sensitive to salt, and suffer from its pathogenetic action if they take it with their food. It is an error to suppose that raw salt is a necessary article of food because it exists in the tissues; iron and phosphorus also exist in the tissues, yet we are not taught to take these substances as we do salt; the truth is that food, in its natural state, as well as the air we breathe, contains sufficient of all these mineral substances to supply the waste continually going on in the body; when they are thus taken, in what we may call their organic form, they act as foods; when taken raw, as poisons or medicines, as the case may be. The common argument that animals eat it is fallacious, as they only take it occasionally, doubtless through an instinctive craving for the remedy for their morbid condition. The arguments derived from the condition of prisoners fed on unsalted food is also deceptive, as other causes were operative. Healthy children never, I believe, eat salt till the taste is acquired through compulsion; but I have frequently noticed a craving for salt associated with serious disease.

It is now more than twelve years since I myself gave up the use of raw salt, and I have not yet suffered the fate of Herod, as a kind friend predicted at the time.

February 11th. Woke with the same fullness and pain across eyebrows, mostly on right side; did not feel the soreness; lay awake from 5 to 6 A. M. At 8.20 A. M. took one globule of *Nat. mur.* 1000 (Jenichen); he was also instructed to leave off the use of salt entirely, and coffee while under treatment. This last advice I now consider to have been unnecessary; high potencies are not easily, if at all, disturbed by crude drugs, to which the patient is habituated. After the dose, felt extremely tired, low spirited, out of sorts entirely (effects of *Nat. mur.*?) Head became decidedly better; the usual evening aggravation did not occur. During and after dinner, the pain over eye was bad, but less than at the corresponding time yesterday. Cough much better, still preceded by the tickling; only once or twice felt the rush of blood to the head; no pain from back to chest. The pain, like repeated pressure in orbit, is almost gone. Cough did not come on at dinner or tea, and only slightly at supper. No feeling of watering of eyes. Stiffness of neck unchanged.

Feb. 12th. Very much less languid; better spirits. Very slight cough occasionally, more in evening; no concomitant symptoms; stiffness of neck gone (thus verifying Hahnemann's statement, that the oldest symptoms disappear *last* in a homœopathic permanent cure); all day a feeling of slight soreness of muscles of nape when pressing them, and slight stiffness of nape on bending head back (effect of *Nat. mur.*?) Bowels open twice yesterday and to-day, otherwise? natural.

13th. Cough troublesome only in evening, but without the former concomitants; bowels open twice.

14th. Cough slightly increased, with expectoration; he was out of doors last night in the chilly air. Slight soreness of left ala nasi, externally, worse on touching and blowing nose, with heat, redness and swelling; this he has had before, and he thinks yesterday; it is a marked symptom of *Nat. mur.* His expectoration has increased since he took the dose.

15th. Ala nasi better; no other symptoms.

26th. The usual fullness of head on waking has continued as before, up to to-day. For the last two or three days, a mental feeling, as if something was coming on (effect of *Nat. mur.*?) At 11 A. M., after breakfast, felt something wrong about right supra-orbital ridge, and found it was sore to touch, as before, but to a less extent; not much in evening. (He never had such neuralgia before this attack.)

Since he took the dose, bowels act every day; formerly they would sometimes not act for two days. Occasional momentary pains along both sides of neck, in a direction downward and forward, affecting the whole extent of their course simultaneously (effect of *Nat. mur.*?)

The neuralgia had returned. Was the dose to be repeated or allowed to act, or a new remedy given? Sometimes a dose will give instantaneous relief, followed by a return of the symptoms as severe as ever. In this case it is simply the palliative action of the medicine, and a new one should be selected. (See HAHNEMANN'S Preface to *Magnet*, and Ad. Lippe in *Hahnemannian Monthly*, vol. i, p. 372.) Sometimes, after the dose has afforded more gradual but complete relief, the symptoms will return in a modified or lessened form, after an interval of a few days. In these cases, it is simply an instructive proving of the medicine, which will disappear if left to itself. (See HAHNEMANN'S *Chronic Diseases*, and Ad. Lippe in *Hahnemannian Monthly*, vol. ii, p. 26.) No medicine is, therefore, given.

27th. About 10 A. M., after breakfast, pain as if right eye were pressed out; the eye waters, and the lid falls a little; the inner half of the right supra-orbital ridge and the corresponding part of forehead just above it are sore to touch and on *knitting the brows*, the soreness being in the bone; feels as if he must often draw the hand lightly over that part of the forehead, which relieves it. The pains prevent him from reading; they were worse than yesterday, but less than during the first attack; no soreness under right supra-orbital ridge. In afternoon, both before and after dinner, the symptoms were better, but again slightly increased by writing and book work, going off entirely in the course of the afternoon. Has a few pimples on forehead, one with a vesicular head; has these about every three weeks (effects of *Nat. mur.*?) No fullness of head on waking.

28th. About 10 A. M., after breakfast, the same symptoms as yesterday, but much less; lasting till afternoon; gradually decreasing.

29th. Between noon and 1 P. M., slight soreness along right eyebrow, in the bone, when pressed; gradually lessening; not felt in the evening.

March 1st. About 10 A. M., the same soreness as yesterday; felt slightly all day.

6th. The fullness of the head on waking returned. Several weeks afterward he reported that he had been quite free from neuralgia and the stiffness of neck on waking.

1869, August. Has had no return of neuralgia or stiffness of neck. No report given as to the fullness of head.

The patient went on with his avocations as usual, proving that the inhalation of crude drugs does not necessarily interfere with the action of high potencies.

N. B. After he was cured, he ridiculed the idea that one little globule could have had any effect on him. Subsequently, however, he applied to me for treatment for some other complaint; but I declined to prescribe, telling him that there were plenty of medicines in his shop, if he did not believe in what I had done for him. Ungrateful patients should be punished.

Manganum Carb. in colic.—1870 Mrs. ——— complained of intense pain, as if bowels were drawn together, beginning in stomach, going downwards to abdomen; chiefly on left side; it begins one and a quarter hour after food, and attains its highest two hours after food. The pain is relieved by bending double, and especially by sitting bent before a fire, also by food, and by eructations; worse in cold weather or a cold room; the pain concentrates itself around

and above navel. This has lasted for more than three weeks. She has taken *Nux* with only temporary relief.

Diagnosis of remedy.—Constrictive pains about navel. *Acon.*, *Anac.*, *Asaf.*, *Bell.*, *Graph.*, *Mag. mur.*, *Mang.*, *Natr.*, *Phos. ac.*, *Plumb.*, *Plat.*, *Ran. sc.*, *Rhus*, *Sulph.*, *Thuy.*, *Verb.*

Abdominal symptoms relieved by bending double, *Bell.*, *Coloc.*, *Mang.*, *Merc.*, *Natr. m.*, *Puls.*, *Rhus*, *Sars.*; by warmth, *Alum.*, *Amm. c.*, *Canth.*, *Coloc.*, *Laur.*, *Mang.*, *Nux mos.*, *Nux vom.*, *Rhus*, *Sabad.*, *Sil.*, *Staph.*, *Stront.*; by food, *Bov.*, *Laur.*, *Mag. c.*, *Mang.*, *Merc.*, *Natr.*, *Rhus*, *Sabad.*, *Stann.*; by eructation, *Ambr.*, *Ant. t.*, *Carbo veg.*, *Colch.*, *Ign.*, *Kali*, *Nit. ac.*, (*Phos.*), *Rhod.*, *Sep.*, *Sil.*, *Sulph.*, *Zinc*; worse by cold, *Mang.*, *Nux*, *Rhus*, *Sabad.*, *Mang.* and *Rhus* are equally indicated so far. According to Hering's law of Inverse Directions—which is simply a corollary to, or extension of Hahnemann's own teaching—the remedy for this case should produce a contractive pain (or at least some kind of symptom) going *upward* from abdomen. *Rhus* has not this exact symptom; it has "griping in abdomen, with oppression, mounting upwards, while sitting;" while *Mang.* has "*constriction*, nausea and warmth rising from middle of abdomen into chest (pharym.*)" *Rhus* has "*contractive pain* in right side, extending toward stomach; whereas the pain in the above case was chiefly on the *left*. Lastly *Mang.* has "*distressing sensation* in stomach; *thought she would feel better if she could eructate.*" Accordingly one dose (two globules) of *Mang. Carb.* 200, was given. A week afterward, she reported that the pain ceased at once, and that she could now bear exposure to cold. There was no return.

Comments.—This case was worked out from an enlarged copy of *Bænninghausen's Repertory*, and clearly shows the absolute necessity of a *collective* of the conditions belonging to *every* symptom of an organ, such as I have adopted in my own Eye Repertory. The provings of *Mang.* show "*distressing sensation* in stomach, ceasing after dinner," but not "*contractive pain*" relieved by the same; thus demonstrating that the conditions of one symptom often apply equally well to others; sometimes being perhaps of *universal* application. It affords also another illustration of the value of clinical symptoms to fill up the gaps in the pathogenesis of our remedies; many of the above conditions are not to be found *as yet* in the provings of *Mang.*, but have been discovered and added by Bænninghausen.

Spongia in Chronic Winter Cough.—December 9th, 1868. Mr.

—, æt. 53, has had cough every year from the beginning of October to end of May, for the last fourteen years. Has taken for it Paregoric and other domestic medicines, but without relief; no medicine for the last twelve months.

Present symptoms.—Cough caused by tickling in throat; expectoration easy, sometimes tastes salt; cough is worse on rising from bed and when indoors; it is excited by smoking tobacco (which he does daily); by lying on back or right side, especially the former; by drinking milk, ale, spirits, *cold* tea, or *cold* water; relieved by eating, and by *warm* tea or *warm* coffee; it disturbs his sleep and that of his wife also; it is worse in wet weather, better in frosty weather.

Diagnosis of the remedy.—Those who alternate would be puzzled, as they would have to alternate at least *seven* medicines in order to cover all the symptoms of this case. Hahnemann's rule of covering the *totality* of the symptoms, cannot always be carried out, as in the present case; he has, therefore, to give us another rule, viz., to select the remedy chiefly, and first according to those symptoms which are *most strange, peculiar and characteristic*. Now the repertories give the following. [Note other medicines have been since added to the following list, but I give it just as it stood at the time, to show exactly how the case was worked out.]

Cough better by food, *Anac.*, *Ferr.*, *Spong.*

Cough better by warm drinks, *Ars.*, *Lycop.*, *Nux*, *Rhus.*, *Verat.*

Cough worse when lying on right side, *Acon.*, *Amm. m.*, *Carbo. an.*, *Ipec.*, *Stann.*

Cough worse when lying on back, *Amm. m.*, *Iod.*, *Nux*, *Phos.*, *Sil.*

Cough worse from cold drinks, *Amm. m.*, *Calc.*, *Carb. v.*, *Dig.*, *Hep.*, *Lycop.*, *Rhus*, *Scill.*, *Sil.*, *Staph.*, *Sulph. ac.*, *Verat.*

Cough worse from tobacco, *Acon.*, *Brom.*, *Bry.*, *Carb. an.*, *Clem.*, *Coloc.*, *Dros.*, *Euphr.*, *Ferr.*, *Hell.*, *Hep.*, *Ign.*, *Iod.*, *Lach.*, *Mgs. aret.*, *Mag. c.*, *Nux Petr.*, *Puls.*, *Spon.*, *Staph.*, *Sul. ac.*

Cough worse on rising from bed, *Bry.*, *Carb. v.*, *Cocc.*, *Con.*, *Lach.*

Cough worse in doors, *Arg.*, *Bry.*, *Croc.*, *Laur.*, *Magn. c.*, *Magn. m.*, *Nat. mur.*, *puls.*, *Spig.*

Cough worse from coffee, *Caps.*, *Caust.*, *Cham.*, *Cocc.*, *Ign.*, *Nux.*

Cough worse from beer, *Meg.*, *Rhus.*

Cough worse from milk, *Ant. t.*, *Brom.*, *Kali.*, *Sul. ac.*, *Zinc.*

Cough worse from tea, *Ferr.*

Salt Sputa. *Alum.*, *Ambra.*, *Amm. c.*, *Ant. t.*, *Arsen.*, *Baryt. c.*, *Bov.*, *Calc.*, *Cann.*, *Carb. v.*, *China*, *Cocc.*, *Con.*, (*Dros.*) *Euphor.*, *Graph.*, *Hyos.*, *Iod.*, *Kalmia*, *Lach.*, *Lycop.*, *Magn. c.*, *Mang.*, *Merc.*, *Mez.*, *Nat. c.*, *Nat. mur.*, *Nit. ac.*, *Phos.*, *Puls.*, *Rhus.*, *Samb.*, *Sep.*, *Spong.*, *Stann.*, *Sulph.*, *Sul. ac.*, *Verat.*

The most *peculiar* and *characteristic* symptoms seemed to be the relief of the cough from eating, which occurs only under *three* medicines, *Anac.*, *Ferr.* and *Spong.* Of these, *Anac.* covers one symptom only; *Ferr.* and *Spong.* cover three; thus the choice is reduced to these two. Both *Ferr.* and *Spong.* have cough relieved by eating, and aggravated by tobacco; *Ferr.* has aggravation from tea; *Spong.* has salt sputa. Which of these symptoms is to decide? If aggravation from tea means *tea* as such, then *Ferr.* is contra-indicated, inasmuch as tea (if warm) relieved. If it means aggravation from *warm* tea, such as is usually taken, it is contra-indicated still more. On the other hand, *Spong.* is also contra-indicated by the relief from drinking; this, however, was not so strong a contra-indication, as the patient's cough was relieved by some drinks. I therefore gave him one dose (a globule) of *Spong.* 2000th (Jenichen), on December 9th.

December 18th. Cough better altogether, especially during the day; sputa easier, do not taste salt; less tickling in throat before cough; smoking does not now excite cough as much, and he can lie better on back or right side; sleeps better, and feels much better generally. *Has made no change whatever in diet or regimen.*

1869, January 19th. Reports that for the past fifteen days has been quite well in every respect; appetite much better than formerly; can smoke without inconvenience; says he has not felt so well for fourteen years, though it is now wet weather.

1869, December. Still has remained quite well.

Thus chronic winter cough, of fourteen years' duration, was cured in less than a month, by a single globule of a very high potency of the *homœopathic* remedy.

It may be asked, why the symptoms "worse from beer," were not more characteristic than "relief from food," as only *two* remedies have it; or "worse from tea," which belongs only to *one*. The reason was that the aggravation was not from beer or tea only, but from *cold* drinks; hence I consider it due, not to the beer or tea themselves, but to the *coldness* of the drinks. Had the cough been increased by beer or tea only, and not by other cold drinks, it would have been a different matter.

The symptoms "cough worse by lying on right side or back, better by eating," I afterwards verified in another case.

Carbo. veg., in cough.

September 1st, 1869. Mrs. —, caught cold fourteen days ago; has had cough for a week, which allopathy has failed to relieve; the cough is worse by day, in open air and during supper; it is continuous, hard and dry; soreness of chest and heat of body when coughing; feeling of mucus in throat at night, choking her when she coughs, the choking is relieved when sitting up or moving; itching (internally) from throat down centre of chest; worse when coughing.

Diagnosis of remedy:

Itching in chest, *Agar., Ambr., Carb. veg., Kali, Meny., Mez., Phos., Phos. ac., Spig.*

Breathing relieved by sitting up, *Ant. t., Asaf., Carb. v., Cham., Ferr., Lye., Phos., Puls., Rhus., Samb.*

Breathing relieved by moving, *Rhus, Samb.*

Choking with cough, *Acon., Ant., Bry., Hep., Ipec., Led., Mgs. Mgs. Arct., Oleand., Puls., Rhus.*

Cough from eating, *Ange., Ant. t., Arsen., Baryt. c., Bell., Bry., Calc., Caust., Carb. v., Cham., Chin., Cocc., Cap., Dig., Ferr., Hep., Hyos., Ipec., Kali., Laur., Lycop., Mag. c., Mag. m., Mez., Mosch., Nux, Op., Phos., Puls., Rhus., Ruta., Sep., Sil., Staph., Sulph., Verat., Zinc.*

Cough in open air, *Arsen., Baryt. c., Bry., Calc., Carb. v., Cham., Cina., Cocc., Dig., Ipec., Lycop., Mgs. arct., Mosch., Nit. ac., Nux, Phos., Rhus., Seneg., Sil., Spig., Staph., Sul. ac.*

Phos. and *Carb. veg.* so far were equally indicated; both have hard, dry cough and soreness of chest; *Carb. veg.*, alone, has heat when coughing. One dose (a globule) of *Carb. veg.* 3,000 (Jenichen), was given; no change in diet, etc.

September 18th. Reports that improvement commenced in a few hours; mucus looser the same night; next day almost gone. Her husband says that she has not been so well for seven years. There was no change of weather to account for this improvement.

Gamboge in diarrhœa.

1870, April 18th. A boy aet. fourteen months, has had diarrhœa for four days, the weather being hot; stools copious, watery yellow, or like curdled milk, of offensive, sickening smell, expelled with much force; has had three stools this morning; vomits food undigested. His father, who does not believe in homœopathy, has given him some allopathic medicine, without relief.

Diagnosis of remedy (according to Bell's most excellent Repertory).

Stools watery yellow, *Apis*, *Arsen.*, *Borax*, *Canth.*, *Chin.*, *Crot.*, *Dulc.*, *Gamb.*, *Grat.*, *Hyos.*, *Thuy.*

Stools copious, *Ant. c.*, *Ant. t.*, *Benz. ac.*, *Caet.*, *Colch.*, *Cod.*, *Cub.*, *Dios.*, *Elat.*, *Gamb.*, *Iris*, *Jatro.*, *Iod.*, *Kali. bichr.*, *Lept.*, *Mag. c.*, *Nux mos.*, *Pod.*, *Raph.*, *Rumex*, *Sec.*, *Thuy.*, *Verat.*

Stools like curdled milk (not recorded).

Stools offensive, *Apis*, *Arsen.*, *Benz. ac.*, *Coff.*, *Corn.*, *Gamb.*, *Graph.*, *Lact.*, *Lith. ac.*, *Mez.*, *Nux.*, *Op.*, *Psor.*, *Puls.*, *Rumex.*, *Scill.*, *Sec.*, *Sulph. ac.*

Stools forcible, *Cist.*, *Crot.*, *Gamb.*, *Grat.*, *Jatr.*, *Kali. bichr.*, *Nat. c.*, *Nicc.*, *Phos.*, *Rhad.*, *Rhod.*, *Sep.*, *Sulph.*, *Thuy.*

Thus *Gamboge*, alone, corresponds to these symptoms, one dose of which was given at once, in the 200th dilution.

The child had one diarrhœic stool soon after the dose, subsequent to which, there was no return of the symptoms. His father now believes that there *is* something in homœopathy. For the symptoms of *Gamboge*, we are chiefly indebted to Nenning, whose provings have been ridiculed by mongrels as "unreliable," "eminently misleading," "made to order," etc., etc., etc. His symptoms, however, have proved *perfectly* reliable in the hands of those who had sufficient intelligence and industry to practice homœopathically, and of late some of the mongrels have had to eat their own words on this subject.

BELL.—CROUP.

WALTER M. JAMES, M. D., PHILADELPHIA.

AT 3 o'clock on the morning of March 23d, 1881, was called to see a little boy three years old, suffering from croup. When I entered the room, he was gasping for breath, throwing himself wildly about, kicking and crying, as loudly as the state of his larynx would permit, for "more air in his mouth."

His cough was *barking*, resembling the deep baying of a watch-dog. Tongue *red on edges, whitish in centre with raised papillæ*. I gave *Bell. 2 c.*, in water, a dose every ten minutes. In ten minutes, his breathing became easier. In one hour and twenty minutes, he was breathing as noiselessly, as though nothing were the matter. At nine o'clock in the morning I called again, and found him perfectly well.

INFLAMMATORY RHEUMATISM.—CINA.

WILLIAM A. HAWLEY, M. D., SYRACUSE, N. Y.

ON the 31st of March, 1881, I found Mabel—aged ten years, of light complexion, but dark hair and eyes, after three days of illness, which began with lameness and soreness of the left arm and elbow, and passed the next day to the right knee, and then to the ankles—lying on her back, with legs extended, hands by her side, ankles considerably swollen and hot, with an oval patch of redness about two and a half by five inches covering the internal malleoli.

She was afraid to move a muscle anywhere, on account of great pain, but was quite easy so long as she was motionless. If either foot was moved in the least, she screamed with pain. There were pain and soreness, but no swelling nor redness, in both groins, hips and down the thighs on motion; cheeks very red; dark under the eyes; *very white and bluish about the mouth*; tongue covered with a thin white coat; great thirst; no appetite; fetid breath; skin moist; sleep broken, always waking with a start and incoherent talking; urine high colored; and a desire for stool, which she could not void, because of pain resulting from the necessary motion,

The first remedy I thought of was *Cina*. But has that drug any rheumatic symptoms? I could not remember any. However, thinking not to spoil the case by guessing, and giving a remedy not indicated, I gave her *Sac. lac.* in water, once in two hours. I find, under *Cina* in the symptomen Codex, "general symptoms," painful sensitiveness in every limb of the body when moving or touching it, but no heat, swelling, nor redness of any part. As I could not find any other drug (although I studied as closely as I could those ordinarily prescribed for rheumatism) that so well covered the totality of the case, and finding the child just in the same condition and position the next morning, I gave a few pellets of *Cina* 200th, dissolved in a gill of water, a teaspoonful once in three hours. The third morning her salutation was: "Oh, doctor! my ankles are both well, and I can move them so!" bending her ankles up and down as she spoke. How about the hips and groins? "They hurt me yet." She was still lying on her back, as when I first saw her, but, on testing her a little, I found that the legs could be moved passively. I helped her to turn on her side, and continued the remedy. The fourth visit found her sitting up, the tongue clean; appetite returned; lame

ness all gone, and color of face normal. The next day her father reported that she was up and about the house "all right."

I have written this because it is to me additional proof that conformity to the law of the similars, the single remedy, and the minimum dose will cure, regardless of names. Have others seen such inflammatory symptoms so disappear under the action of *Cina*?

[Since the above was received, Dr. Hawley, in a letter to us, describes the difficulty he had in finding the symptom which led to giving *Cina*, and the following verification of it]:

Since writing the above, I have had a confirmation of my idea of the characteristic peculiarity of that symptom (*painful sensation in every limb of the body when moving or touching it*). I was called to see a case, with my friend, Dr. S——, a girl, ten years old, sick for three or four days. The most troublesome symptom was paroxysmal pains of a tearing character through the right side of face and down the back, which she wanted rubbed all the time. She constantly kept up the motion of swallowing. Regarding that as the key-note, I advised *Cina*. Dr. S. was giving *Merc. sol.* 200th. As he thought the case doing well, he did not change, but continued the *Merc.* until the next morning, when he thought *Rhus.* better indicated, and gave it. In the evening she was not relieved, and he found so much soreness of arms that she objected to having them moved or touched, which so reminded him of my case, that he gave her *Cina*. The child immediately improved.

TWO CASES OF INTERMITTENT FEVER.

CLARENCE WILLARD BUTLER, M. D., MONTCLAIR, N. J.

MISS M. K. D., aged twenty-seven, dark complexion, medium height, and inclined to be stout. A pond, situated about one hundred yards from the house in which she resided, was drained off early in the spring of 1878. About noon, June 20th, 1878, I was called to see Miss D., and found that she had had a slight chill at 10 A. M., which was followed immediately by fever, in which I found her. The temperature in the axilla was 105.3°, the skin hot and dry, the pulse full, quick and rapid. Severe pain in the whole head, the face scarlet, the conjunctivæ very much congested, the head very hot (objective and subjective).

The pain in the head was throbbing in character, and the signs of active cerebral congestion of really alarming severity. Prescribed Bell. 200 in repeated doses, of a watery solution, which modified the fever and headache in about an hour. Both continued modified in degree, however, for thirty-six hours, and left her extremely weak and very "nervous."

On the 22d of June, she had another ague attack, commencing at 9 A. M., similar in character, but much modified in intensity. This case remained under my care, varying in severity and in character, till July 5th, when it presented the following condition :

The patient was very much prostrated, had lost considerable flesh ; her complexion was a dirty yellow, her tongue coated continually a yellowish brown, her appetite gone, her bowels torpid, her spleen very much enlarged, and her abdomen and legs dropsical—a condition sufficiently alarming, surely. The chill appeared every day, anteposing from one-half to one and a half hours. It commenced now in the small of the back, the fingers and the toes, from which points it spreads rapidly over the body. At its height there was much shaking, with chattering of the teeth. It is accompanied with severe frontal headache of a throbbing character, with a frequent desire to evacuate the bladder, in pursuance of which she passes every five minutes a little normal urine, without pain or discomfort. She has always been, and is very thirsty with the chill, but for the last four paroxysms this thirst has been for *hot drinks*—the hotter the better ; and these hot drinks (tea, hot lemonade—even hot water) are grateful, and seem to her to relieve the severity of the chill.

Fever follows the chill quickly, and runs very high. It is accompanied with thirst and aggravation of the throbbing headache. The thirst is still for hot drinks, but is less intense. The sufferings, notably the nervousness which accompanies both fever and chill, are less during the fever than during the chill.

The perspiration, which is general, is not of great amount, and is accompanied with great relief of all the sufferings.

I saw her just as the fever was leaving, and gave her *Eupatorium perpureum*, the 200th potency, in water, a dose to be taken every hour till the next chill appeared, and then stop.

July 6th. The chill came three hours later, and the entire paroxysm was less severe than at any time before since she had been sick. The thirst for hot drinks was still present, but in common with other symptoms, less marked than heretofore. To take *Sac. Lac.*

July 7th. A very slight, short paroxysm commencing later, accompanied with some thirst for *cold water*. Continue *Sac. Lac.*

Although there were some malarial symptoms threatening for several days after this date, she progressed without further medication to complete health.

This consummation was aided by a temporary change of residence; but she did not make this change till there were no signs of further chills.

I was called, April 6th, 1881, to see Mrs. A. L——, a tall, awkward, very light-complexioned, Swedish woman, 30 years of age, the mother of one child, now 6 years old.

During the entire summer of 1880, in a neighboring village where she then lived, she had suffered from malaria, which commenced in April as an intermittent fever "dumb ague," etc., etc., disappearing only after frosts in autumn. With difficulty I succeeded through a most stupid interpreter in eliciting a train of symptoms for which I prescribed *Lachesis*.

April 10th, I called again and found that the *Lachesis* had made no impression whatever upon her ague. With the aid of a very intelligent interpreter, I succeeded in getting the following fair understanding of her case.

She was much debilitated, and had that anæmic appearance so often seen in the victims of malarial and quinine poisoning. During the apyrexia she is weak and unfit for exertion, but has neither pains nor aches. The chill, which commenced at 2 P. M. at first, now eight days ago, has come on every day and earlier every day till it appeared this morning at 8 o'clock. It is a severe shaking chill, commencing in the small of the back, is accompanied by some, not severe pains in the limbs and through the trunk, and lasts for about an hour. She has had thirst with the chill from the first; but with the last two chills, her thirst has been for *hot drinks* which are grateful.

The fever develops generally and quickly after the chill. It is accompanied with the same thirst (for hot drinks), with some frontal headache and gradually wears away, being followed by slight perspiration mostly in the palms of the hands and about the head.

The entire paroxysm usually lasts from two and a half to three hours.

Eupatorium purpureum 200 one dose, dry on the tongue, and *Sac. lac.*

April 11th. Slight paroxysm, commencing at 12 M. She had thirst but for cold drinks. *Sac. lac.*

April 12th. No appearance of chill or fever. Some perspiration during the evening. Continue *Sac. lac.*

May 12th. No return of ague to this date.

These cases are reported, not as models of treatment, since the first prescriptions were most ignoble failures in both instances, but to call attention to one or two symptoms which may prove to be valuable aids to accurate prescribing in cases of intermittent fevers.

The condition noticed in the first case of "frequent desire to pass her urine during the chill," seems worthy of remembrance in the light of the provings recorded in *Allen's Encyclopedia*, vol. IV, p. 239, symptoms 82 to 86 inclusive.

These two, with three other cases which have recovered promptly from an ague under the use of the "Trumpet weed" in my own practice, were all antepoising and four of the five were quotidian in type.

The thirst for **hot drinks* I think is true, and a valuable symptom of this drug for the reasons that it was a marked symptom in the cases above reported, noticed by the patient without suggestion by the physician, and because it was a symptom which among the last to appear before the administration of the drug, was among the first in both instances to disappear after its use.

PERISCOPE.

NORTH AMERICAN JOURNAL OF HOMEOPATHY, MAY, 1881.

DR. FALLIGANT writes upon dengue fever, giving a very interesting and instructive paper so far as history and diagnosis are concerned. But when he comes to the treatment, there is no homœopathy in it. Who can gather any clinical information from the prescription, in alternation, of "*Aconite* and *Arsenic* with *Ipecac*, as an intercurrent; or "*Nux V.*, *China* and *Merc. sol.*, and continue stimulants"? Is there any improvement over the poly-pharmacy of the old school in such prescriptions as the above? Is there any justification for the existence of a separate school, if these are good homœopathic prescriptions? When he boldly states, p. 546, that he gives *Aconite* and *Bryonia*, and fifteen grains of Quinine, in five grain doses," is

* Thirst for *hot water* and amelioration from the same, has been relieved by *Sulphur*.—ED.

there any likelihood of convincing an old school skeptic that there "is anything in" homœopathy? Will he not say that the Quinine did the work, and the little powders had no influence?

"S. L." translates a case by Dr. Heichelheim, showing the use of *Silicea* in diseases of the bones. Principal symptoms were, in the one case: tearing in extremities; stiffness of joint in right arm; shining deep scar in the bone; thick crusty eruption in left popliteal space, *discharging acrid ichor*; left big toe stiff in joint, and covered with crusty scars; bones of toe denuded with fistulous openings, discharging ichor; offensive perspiration in axilla; somnambulism and frightful dreams. Cured in six months. Another case was inflammation of the tibia, with caries, and discharge of thin pus; itching eruption over whole body. *Silicea* (after first taking *Sulphur*). Cured in four months. The keynote of *Silicea* is *erethism*, *with exhaustion from malnutrition, sweat of the head, offensive sweat of feet, headstrong children*. Commenting upon some other cases, S. L. makes several comparisons, from which the following are extracted: *Sulphur* and *Psorinum* both have weakness of memory, melancholia and disinclination to work, but in *Sulphur*, "venosity" and hypochondriasis are at the root of the evil; whereas in *Psorinum* it is attributable to exhaustion. In *Sulphur* there is foolish pride and happiness, even rags appearing beautiful. The *Psorinum* patient is dull and stupid, or full of evil forebodings. Both have congestive headaches and dizziness, less marked in *Psorinum*. *Sulphur* has aggravation after meals, and after sleep, and amelioration when sitting, or when lying with the head high. The *Psorinum* patient feels better after eating and washing; headache and rotary vertigo are worse in mornings. *Psorinum* has aversion to having head uncovered, even in hot weather. *Sulphur* worse from heat of bed, from rest; better from motion. *Psorinum* excretions are distinguished by fetor and acidity, thus: offensive otorrhœa; offensive rhagades; nauseating discharge from nose; fœtid flatus, relieving colicky pains; fluid stools, smelling like rotten eggs or carrion; leucorrhœa in large lumps, and of fœtid odor. In *Sulphur*, fœtor takes secondary character and discharges, even if chronic or catarrhal. *Psorinum*, coughs for a long time before expectorating, from debility and exhaustion; chest symptoms better from rest, and when lying down. *Sulphur*, expectoration fails to bring relief, and the weakness in chest feels worse when lying down and talking. *Sulphur*, voluptuous tingling and itching of skin, with burning and soreness after scratching; itching worse in warm bed. *Psorinum*, the skin is

dirty, greasy looking, at times itching; pustules without itching; the body has a filthy smell, even after a bath. *Sulphur*, patient imagines effluvia arising from the body which disgust him, though nobody else can detect any foul odor.

From *Hygea* is translated a case of headache *at vertex*, so severe that the whole brain seemed as if *it would be pressed assunder*. *Hyper. perfol.* cured in an hour.

In another case, where there was an accompaniment of painful, irregular menses, the same symptoms indicated the same remedy, which greatly relieved.

Some cases of whooping-cough were not relieved by the usual and apparently indicated remedies; a closer examination showed enlarged abdomen and picking at nostrils. *CINA* caused discharge of ascarides and cure of the cough.

Of *HYPERICUM*, "S. L." remarks: "*It is the arnica of the nervous system.*" Excruciating pains from *laceration of the nerves*. Asphyxia after a fall; jerking, shooting pains. After a fall upon the occiput, sensation as if being lifted up in the air. Fracture of skull, bone splintered. Convulsions from blows upon the head. Epileptiform spasm after hard knocks. Prevents lock-jaw from wounds in soles of feet, palms of hands or fingers. Headache, *throbbing in vertex; the brain seems compressed*.

An unmarried woman became troubled with melancholy; indifference; aversion to work; would sit still for several hours, with eyes fixed; wept bitterly; avoided company of even her best friends; despair of recovery; suicidal ideas; thinking only of death; trembling; irritable and forgetful; sleepless at night until morning; would like to sleep all day. *Psorinum* 6th, frequently repeated caused complete cure.

Another woman had stubborn, dry cough; flying stitches in chest; dyspnoea during motion or when ascending. *Psorinum* 6th relieved immediately, and caused an eruption like itch all over the body, but mostly on chest; itching at night in bed. The medicine was stopped, and the eruption disappeared. Complete cure of all symptoms in eight weeks.

A baker had racking night cough, with copious expectoration of various colors; sometimes cheesy yellowish lumps, of an offensive odor when crushed. Every two weeks coughed up a tube-like concretion half an inch long, of greenish color and bad odor. It comes up, when there are paroxysms of cough, with anguish and suffoca-

tion. Relief follows. *Psorinum* 6th followed by *Sulph.* 1st, and then *Hepar* 1st caused complete cure.

Sulphuric Acid is indicated for the following symptoms: Appetite good, but food is soon vomited up; vomiting of mucus; everything vomited is sour; vomiting is perfectly easy, without nausea or faintness; whilst in company, feels a desire to vomit; leaves the room, vomits, and returns to her friends; loud eructations becoming painful; violent contractive pain in epigastrium, *temporarily relieved by port-wine or food easy of digestion*; coldness and relaxed feeling of stomach; water causes coldness of stomach, unless mixed with alcoholic liquor; desire for brandy; after eating, pain in stomach and vomiting of food; *sour vomiting*.

Robinia pseudo-acacia has excessive acidity of stomach; vomiting of intensely sour fluid, setting the teeth on edge; frequent eructations of sour fluids. Steady dull, heavy aching distress of stomach and sensation of soreness when moving and upon pressure. Sensation as if stomach were full of hot water, with nausea oppression and debility.

Oxalic Acid.—Burning pain in stomach and throat; burning pain in small spots in abdomen; slightest touch causes excruciating pain.

Mur. Ac.—*Putrid* eructations; gulping up of contents of stomach into the œsophagus; empty sensation in stomach, extending through whole abdomen, but no hunger.

Nitric Acid.—Liver and spleen enormously enlarged and deranged; several symptoms better from lying down and from carriage riding.

Lactic Acid.—*Eructations of hot acrid fluid*, which burns from stomach to throat. Eructations of burning hot gas from stomach, causing a profuse secretion of tenacious mucus, which must be constantly hawked up.

A young man about an hour after every meal, was obliged to vomit bitter or sour matters; loud talking or singing caused vomiting; tension over stomach worse from pressure; trouble caused probably by drugging. *Nux V.* cured.

A case of gastralgia; almost constant pain, much aggravated from binding anything tight around the wrist; sensation of contraction in stomach; tedious, dry spasmodic cough, increasing the gastralgia; cough worse from talking, running, emotions, etc. *Conium* tincture cured.

Chronic diarrhœa in a child; painless, watery or mucous stools; pale bloated face; skin cool; indentation of skin remaining after

pressure of the finger; weakness from long continuance of the diarrhœa; *China* failed; *Ferrum* in massive doses cured.

An article upon "The Centre of Speech and Homœopathy by Dr. Mossa is translated from *A. H. Z.*, 4-6, 1881. We gather the following indications for aphasia.

Bell.—Stammering, weakness of organs of speech with full consciousness; speech difficult, whining, stammers like one intoxicated; temporary speechlessness; cannot utter a sound; low soft speech, with headache close above orbits, preventing the opening of the eyes.

Hyos.—Patient hears everything, but can answer only by signs and motions; tries to speak, but cannot utter a word; these symptoms had been caused by abuse of *Merc. sol.*, and were observed by Hahnemann.

Stram.—Constant murmuring, stammering; speech difficult and unintelligible; speaks abruptly in a raised voice—voice of higher pitch; cannot utter a sensible word, and gets angry; thinks long before being able to speak, and then it is a mere stammering; trembling of tongue when protruded.

Cannab. sat.—Misses words in speaking; words in torrents or else faltering in speech; repeats same word several times.

Cannab. Ind.—He begins a sentence but cannot finish it, because he forgets what he wants to say or write.

Caust.—Speech lisping, mouth drawn to right side; paralysis of right arm.

Lachesis.—Loss of memory; mistakes in writing; heaviness of tongue.

Zincum.—Repeats every question asked him in a singing tone.

Loss of memory.—For letters, *Lye.*; for proper names, *Sulph.*, *Anac.*, *Crocus*, *Guajac.*, *Olean.*, *Puls.*, *Rhus.*; for thoughts, *Nat. mur.*; for what has been heard, *Hyos.*, *Lach.*; for what has been read, *Guajac.*, *Helleb.*, *Acid phos.*, *Staph.*; for persons, *Crocus*; for spelling, *Lach.*; for words, *Baryta*, *Lye.* There are many other indications, but we have not space for them.

AMERICAN OBSERVER, APRIL.

Dr. Pope gives a review of the provings of *Kali Bichrom.*, with some clinical cases cured by its use. Among the latter may be mentioned: *Constant discharge of matter, thick and yellow, from left nostril, and having fetid smell; pain in muscles of left side of*

neck to one small spot in side of head, brought on and made worse by blowing the nose; severe smarting pain in left nostril, extending to molar bone below the eye; a tumor of the nose, highly vascular, and filling whole cavity of right nostril with severe pain; syphilitic nodes on shin, tender to touch, with gnawing scraping pain. It is noticeable that two important characteristics of *Kali Bichrom.* are not mentioned; they are: (1) headache, preceded by blindness; the blindness gets better as the headache increases; (2) the gastric symptoms alternate with the rheumatic symptoms. It is worthy of remark that Dr. Pope, who is usually considered as a champion of the "liberal" or eclectic sect, commits himself to the following square homœopathic sentiment: "Because a drug gives rise to a state similar to bronchitis, it does not follow that it will cure all cases of that disease. It is only that kind of bronchitis—that particular attack where the symptoms are like those a given drug will produce—and the nearer like, the better—that you can expect to cure with that drug. It is from a want of recognition of this fact that so many failures occur, in endeavoring to put the homœopathic theory into practice." There is also, in this number, a report of a case of puerperal convulsions horribly maltreated. It is followed by some comments by the editor, which are severe and just.

Homœopathic World, April and May. Dr. Burnett gives some cases of cough cured with *Aralia Racemosa*. The indications are: Cough coming on at night when first lying down accompanied by asthma. Cough at night in bed after having slept an hour or two; occurring before midnight. It wakens the patient.

Dr. Berridge gives his impressions of "Homœopathy in America." The May number opens with the ludicrous details of Lord Beaconsfield's medical treatment, in which Dr. Kidd proved to be "the man Friday" to the regulars. An interesting case of hemorrhage from extraction of teeth, with oozing of blood from gums, vomiting of blood, and flowing of blood from the bowels, were all cured by *Phos.* after styptics had failed. The case appears to have been treated by an Allopathist who thus innocently testifies to the truth of homœopathy. The *World* dares the *Lancet* to publish the case.

Dr. Berridge gives an exceedingly interesting case of hydrophobia which was wonderfully relieved by *Hydrophobinum*, C. M. (Swan). Although the patient died, yet the sufferings were so much relieved that it may be considered a case of true euthanasia.

New England Medical Gazette, April. In the proceedings of the "Worcester County Homœopathic Medical Society," is reported a case

of parenchymatous nephritis characterized by albuminuria, œdema of face and hands, and morning diarrhœa thin and yellow, on rising. *Apis* 2 M cured. Also, prolapsus uteri of eighteen years' standing, with sensitiveness to cold air, dark-yellow complexion, despondency and retiring disposition, empty feeling in stomach, greenish-yellow leucorrhœa. Cured by *Sepia* 30 in four months.

BOOK NOTICES AND REVIEWS.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, and all Other Loose Evacuations of the Bowels. By *James B. Bell, M. D.* Second Edition, revised and enlarged, by Drs. J. B. Bell and W. T. Laird. pp. 271, cloth, price \$1.50. Bœricke & Tafel: New York and Philadelphia. London: Trübner & Co., Ludgate Hill. Homœopathic Publishing Co., 2 Finsbury Circus. 1881.

This little book, issued in 1869, by Dr. Bell, has long been a standard work in Homœopathic Therapeutics. We feel quite within bounds in asserting that it has been the means, under our law, of saving thousands of lives. Than this, no greater commendation could be penned.

In this second edition, Dr. Bell has been assisted by his late partner, Dr. Laird, of Maine; also by Drs. Lippe, William P. Wesselhoeft and E. A. Farrington. Thirty-eight new remedies are given; the old text largely re-written; many rubrics added to the repertory; a new feature, the "black type," for especially characteristic symptoms, introduced.

This is a typical homœopathic work, which no homœopathic physician can afford to be without.

The typographical setting is worthy of the book.

A TREATISE ON DISEASES PECULIAR TO INFANTS AND CHILDREN. By *W. A. Edmonds, M. D.*, Professor of Pædology in the St. Louis Homœopathic College of Physicians and Surgeons, etc., etc. pp. 300, price \$2.50. Bœricke & Tafel: New York and Philadelphia. London: Trübner & Co., Ludgate Hill. Homœopathic Publishing Co., 2 Finsbury Circus. 1881.

The author commences his task with some good advice on the hygiene, etc., of infancy and childhood. Especially excellent is his advice on the mental culture of the child. He believes the "first ten years should be given to the

culture of arms, legs, bone and muscle, as the best guarantee for that most desirable state of 'sound mind in a sound body.'"

The description of the many diseases peculiar to infants and children is good, and quite complete for a small work. As homœopathic physicians, it is chiefly the therapeutics of the subject in which we are interested; though nowhere is hygiene more important than in the subjects treated of in this book, and *must* never be overlooked.

Therapeutics: At first glance it is evident that our author believes in "strong medicine." His doses are large, and entirely too frequent. While we believe in the greater efficacy of the high potencies—that they will cure where the low fail, yet we do not condemn the use of the low. Those whose confidence or faith in the power of dilutions is too weak to allow them to use the high, should, we think, use the low; but no judicious homœopathic practitioner can find reason or excuse for profuse dosing. It is not the quantity, but the appropriate quality of the medicine, that does the healing. As an instance of his heavy dosing, on page 152 our author recommends for vomiting remaining after a diarrhœa: "in such an emergency kreosote at the 2 x dilution, in drop doses, every ten, twenty or thirty minutes, on a little crushed ice, will be found a most valuable resource." "A mild sinapism over the epigastrium" is also advised for the same symptom. In the treatment of cholera infantum, he says, "the list of remedies is small, but the result prompt, complete and brilliant." That "the list of remedies is small" will be news to all who use Dr. Bell's book, with its clear indications for 140 remedies.

Alternation—a bad practice—is frequently advised. Thus, at page 28, *Bell.* and *Merc.* are recommended in alternation for mammary swelling in the new-born infant; at page 100, in speaking of croup, he says: "*Tartar emetic* alternates well with *Aconite* from the start;" at page 153, *Merc. Dulcis* and *Ipecac.* for cholera infantum with bilious vomiting; at page 265, we read: "for obstinate chronic *furunculus*, I know of no prescription so satisfactory as *Sulphur* and *Belladonna* in alternation."

For the severe *pruritus*: "℞.—Chloral hydrate, grs. x
Aqua, ʒ j
Glycerin, ʒ j
Fiat lotio. Sig.: Moisten parts three or four times per day."

For an extensive and violent eczema, he orders: "Arsenicum 2x, internally, one grain, three times per day, and the local application of an ointment, composed of one ounce of Vaseline to ten grains of Oxide of Zinc, to be applied three times daily."

These few quotations are given that the bad advice of our author may be clearly noted. The indications for the remedies, mentioned throughout the book, are scant and indefinite. In conclusion, we would say that the practice advocated in this book differs very decidedly from that taught us by Hahnemann. Such books are an injury to homœopathy.

DISEASES OF THE NERVOUS SYSTEM.—Being a treatise on Spasmodic, Paralytic, Neuralgic and Mental Affections. For the use of Students and Practitioners of Medicine. By *Charles Porter Hart*,

M. D., author of "Repertory to New Remedies," etc., etc. pp. 409, price \$3.00. Boericke & Tafel: New York and Philadelphia. London: Trübner & Co., Ludgate Hill. Homœopathic Publishing Co., 2 Finsbury Circus. 1881.

The diseases discussed in this work of Dr. Hart's, are among the most difficult chronic cases which the physician is called upon to treat. Being most difficult, the physician needs the best advice to cope successfully with them. This he will ever find by a rigid adherence to our *law*; in mild, simple cases, one might, without danger, deviate from it, but in difficult chronic cases, any deviation means failure.

We are apt to be frightened by the terrible *names* of paralysis, epilepsy, hysteria, etc., and to think our minute doses and single remedies too simple, and insufficient to cure them. These diseases are very often incurable under any treatment; but why desert our law which does offer *some* hope, for allopathic measures that have failed in the hands of their experts? To do so, is irrational.

Our author commences his task by a short *résumé* of the physiology of the cerebro-spinal centres, rightly deeming a clear understanding of the physiology of these parts necessary to any rational study of their diseases.

Then follow chapters on the derangement of the motor functions—convulsions, epilepsy, chorea, tetanus, etc.; next are described the paralytic disorders—paralysis in general, hemiplegia, paraplegia, infantile, facial, diphtheritic and other paralyzes, muscular atrophy, etc.; derangement of sensory function follows next, and under this head we find neuralgias, general and special, angina pectoris, gastralgia, spinal irritation, etc.; lastly, we have moral and mental disorders.

The descriptions given of these numerous diseases are short, but in the main clear and sensible; the field embraced is one not well explored at present by physiologist or pathologist, hence, many points are yet unknown or undecided. As to treatment, our author has given the remedies most frequently prescribed under each disease, and in many instances, the symptoms of the remedy are illustrated by clinical cases. These cases are culled from all sources, and hence, some are of dubious character and under our law, useless, but in the main they are good.

The work is one that will repay perusal, and will be of assistance in many tedious chronic cases.

A TREATISE ON DIPHTHERIA; ITS HISTORY, ETIOLOGY, VARIETIES, PATHOLOGY, SEQUELÆ, DIAGNOSIS AND HOMŒOPATHIC THERAPEUTICS. By *A. McNeil, M. D.* pp. 145, price \$1.00. Chicago: Duncan Bros. 1881.

This book received the prize of one hundred dollars offered by the publishers for the best essay on diphtheria. In his preface, the author says of the germ theory: "The careful experiments I have quoted, show conclusively that the theory is an unreliable hypothesis." Again: "There is but one way for us to travel, viz.: that surveyed and built by Hahnemann, to give *the*

remedy in the minimal dose that corresponds most nearly to the totality of the symptoms; no gargles, no swabs, no caustics, no specifics." Turning now to p. 36, we find that the author asks the question: "Are the bacteria, which exist in the diseased mucous membrane, and which penetrate even the entire system, the producers or the product of the disease?" In answering this question he has made a very intelligent collection of evidence tending to overthrow the germ theory. The distrust of this theory among the old school is becoming more general every year, as a careful perusal of the medical journals will show. There are not wanting surgeons of large experience who entirely repudiate "Listerism." The natural history of germ life is established beyond dispute; yet the bounds of ascertained fact are overstepped, and by theories built of analogy, the principles governing the existence and multiplication of germs in organic fluids *outside* of the organisms that formed those fluids are made to account for phenomena occurring in the organisms themselves.

Pasteur* teaches that the bacteria *feed* upon the organic fluids, extracting therefrom those elements that contribute to their own sustenance, whilst the remainder of the constituents of the fluid falls into a sort of ruin like an arch from which the keystone has been removed. This *débris* then re-arranges itself into new forms, such as water, carbonic acid, the various gases of putrefaction, various new forms of poisonous character; or, in certain cases, alcohol. If then such results follow the introduction of bacteria and other algæ into the above mentioned fluids, do the same results occur in those fluids which are still contained within the living organism (the blood, for example)? Assuredly not *if the organism be in a sufficiently healthful condition to resist them*. This view, once peculiar to Hahnemannians, has lately been adopted by a few leading men in the old school.

"It is still a question, however," says the learned Dr. Carpenter, in his celebrated book on the microscope (p. 10), "which has to be decided upon other than microscopic evidence; how far the attacks of these fungi are to be considered as the *causes* of the diseases to which they stand related, or whether their development (as is the case in many parallel instances) is the *consequence* of the previously unhealthy condition of the plants which they infest; the general evidence appears to the author to incline to the latter view, which does not exclude their injurious action." Again, on page 393 of the same work, the distinguished author gives evidence that *every* grain of wheat has adhering to it the germs of blight, which do not develop if the grain be perfectly healthy. If this view be correct, homœopathy is sustained. If it be wrong, then homœopathic treatment must fall with it; or, as expressed by Dr. McNeil (p. 44), "we would be compelled to resort to gargling, cauterization, and large doses of drugs, capable of destroying the fungi."

With regard to the department of therapeutics, it is to be regretted that there is no repertory to the remedies. Nothing adds so to the value of these little monographs as a good repertory. It is the secret of the success of Dr. J. B. Bell's now celebrated book on diarrhœa. Dr. McNeil should prepare such a repertory for his next edition. In the pathogenesis of *Lac. Can.* the

* See Pasteur's "Studies in Fermentation," translated by F. Faulkner & D. C. Robb, B. A. MacMillan & Co.: London and New York, 1879.

exudation is represented as going from left to right, like *Lachesis*. This, we are inclined to think, is an error. The symptoms of *Lac. Can.* commence on the left side, then leave that side altogether and reappear on the right side. They soon get better on the right side, and return to the left again, and so on.* In the pathogenesis of *Lachesis*, third line from the bottom, should read, "fluids are swallowed with *more* pain than solids." The statement in the text reads *less*. This error originally appeared as a typographical blunder in Lippe's *Materia Medica*, from which it was probably inadvertently taken. There are a few typographical errors, as on page 37, line thirteen, the decimal point is placed to the right of the fraction. It should be at the *left*, thus: .001. On page 39, *Algæ* is misspelled. On the whole, this is an excellent little book, well worthy of the prize. We congratulate the committee who awarded it upon their excellent judgment.

W. M. J.

* See Dr. Swan's proving of *Lac. Can.* in *The Organon*, Vol. iii, p. 405, paragraph 3d.

ERRATA.

IN the July number of this journal, there occurred some errata in the excellent article of Dr. Fellger, on *Magna est veritas, et prævalebit*. On page 316, for *Magnus*, read *Magna*; at 15th line from bottom for *New Chatel*, read *Neuchatel*; at 3d line from bottom, for *Krichoff & Prunsen*, read *Kirchoff & Bunsen*; on page 318, line 16 from top, the semicolon should be omitted and a period follow, *hyperoxide*. The sentence should read thus: "Ozone possesses a much greater power to oxydize than oxygen, and can turn pure silver into brown silver hyperoxide. Air, which contains in one million parts, one part of ozone, still retains its peculiar odor." Page 317, line 19, for "on life," read "or life." In Dr. Rushmore's article, in the same number, at p. 340, line 6, for "Carbo Veg. relieved," read "Carbo Veg. 900 (Fincke) cured at once."

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

THE following report of the Homœopathic Convention, held in London, July 11th–18th, is condensed from the British journals, the *World* and the *Review*. As both of these journals speak enthusiastically of it, we may conclude that their accounts of its proceedings are fair and unbiassed. The *H. World* says: "Rarely has it fallen to our lot to chronicle such a complete success." The *M. H. Review* says: "This important meeting, which has been anticipated for so long by many of us, the preparations for which have occupied so much of the time and thought of some, is now an event of the past. Happily, the retrospect it affords is one of undiluted, of unalloyed pleasure. * * * From a scientific point of view especially, the meeting was a success of a high order." Whether or not these tributes are merited, our readers can judge from the following extracts of the Convention's *work*.

The business part of the Convention commenced its sessions Monday, July 11th, by the address of Dr. Hughes, the President. After a touching reference to the life and character of the late Carroll Dunham, he also noticed the deaths of Drs. Quinn, Nunez, Hering, Hempel, Grauvogl and Jahr, all occurring in the last five years. He then described the arrangements which had been made for securing papers and for facilitating discussion, and passed to the consideration of the objects aimed at in holding these meetings. These, he said, were—

First. The consideration of the best plans for propagating the

method of Hahnemann. He urged that homœopathy was a method, and not a doctrine or system. Hahnemann had his theories, pathological, such as psora; physiological, such as dynamization; but there was no such thing as homœopathic pathology, no such thing as homœopathic physiology. He then considered the leading features of homœopathy—the principle, the dose, the single medicine—describing these as, collectively, the method bequeathed us by Hahnemann. He then vindicated the liberty of the physician who practiced homœopathy in the use of such measures as appeared to him to be best adapted to the individual case before him; arguing, at the same time, that departure from homœopathic prescribing was a grave responsibility—a responsibility that ought to be assumed only after a full conviction of its necessity.

Secondly, The Convention had in view the development of homœopathy.

Thirdly, The Convention would, it was hoped, have a powerful influence in cementing in friendly union the physicians practicing homœopathy in various parts of the world.

Dr. Pope was elected Vice-President; Drs. Talbot, Boston; Breyfogle, Louisville; Meyhoffer, Nice; and Drysdale, Liverpool, were elected Honorary Vice-Presidents. Then followed reports on the history of homœopathy in different parts of the world during the last five years; reports being presented by Dr. Martiny, for Belgium; by Drs. Logan and Nichol, for Canada; by Dr. Allan M. King, for the provinces of New Brunswick and Nova Scotia; by Dr. Claude, for France; in absence of Dr. Goullon, Jr., Dr. Dudgeon reported for Germany; Dr. Pope reported for Great Britain and the Colonies; Dr. Sircar, of Calcutta, reported the progress of homœopathy in India; Dr. Bernard Arnulphy reported for Italy. Dr. Bojanus, of St. Petersburg, opened his interesting account of homœopathy in Russia, with a notice of the report made to the late Emperor by military medical officers. The number of homœopathic physicians in Russia is about 200. Scant literature. Dr. Lloyd Tuckey spoke for Spain. The chief event in the last five years was the opening of the homœopathic hospital in Madrid. The Hahnemannian Society is very prosperous, and the journal *El Criterio Medico* has been enlarged. For the United States, the *diffident* Dr. Talbot reported 6,000 physicians [to whom only 1,000 copies of HAHNEMANN'S ORGANON have been sold!—Ed.], 26 organized State societies, over 100 local societies, 38 hospitals, 40 dispensaries, 11 medical colleges, and 17 journals.

After these reports had been made, a discussion ensued on "the condition and prospects of homœopathy at the present time, and the best means of furthering its cause." This problem was solved by Drs. Talbot, Claude, Dudgeon, De Gersdorff, Bushrod James, Pope, Leon Simon and others.

One gentleman—well known as an eclectic—exclaimed: "Give me (!) the *young* men to instruct, and I will guarantee the future of homœopathy." Can Punch or Puck beat *that*? Suppose Catiline had exclaimed: "Give *me* the *young* men of Rome to teach, and I will guarantee her future!"

The following subjects were discussed. We can only give abstracts. (From the *Monthly H. Review*.)

*Thoughts on the Scientific Application of the Principles of
Homœopathy in Practice.*

THOMAS HAYLE, M. D., Edin., of Rochdale.

Dr. Hayle commenced his paper by dwelling upon the importance of facts as distinguished from speculations, arguing that it was from rash speculations and reckless experiments that much of the evil that had resulted from the use of drugs in the past had accrued. Referring to the effect produced on Hahnemann by his reflections on the practice of medicine, and his resolution not to terminate his train of thought until he had arrived at a definite conclusion, he describes it as "a frame of mind of which it may be asserted, as an everlasting truth, that those who seek shall find, and that unto them who knock it shall be opened."

Briefly noticing the circumstances which led Hahnemann to the assertion of the law of similars as the basis of drug selection, to the researches made by him confirming its truth, and to such as have since been made, he points to them as having established Hahnemann's discovery beyond question.

Noticing Hahnemann's sole reliance upon symptoms and their most minute surroundings, with the result of setting them forth in a schema which was artificial, he proceeded to consider, from an historical point of view, the infinitesimal dose, describing it as a discovery as brilliant as any in the annals of medicine, and one to which the law was a step. Of the reception of homœopathy among its adherents, he said, the great majority materialized its teachings; their habits and instincts led them to compromise—they preferred the

lower attenuations, often giving the crude material. Another branch of homœopaths out-Hahnemann'd Hahnemann—he gave thirtieths, they gave millionths. He observed positions, aspects and the weather, and they attended to the most minute particulars and circumstances. That which Hahnemann did from necessity, they do from choice. The resources of pathology were not open to him, and he was therefore compelled to find his similar in a very roundabout way. Symptom covering was his only resource.

Enumerated as it has been, the achievements of homœopathy have been great; but what may not be expected when science has cleared away the impediments, and has revealed the essentials in their unadulterated beauty, when we shall have ascertained the nature, extent and limits of the law, and the essence and relative importance of the symptoms!

Dr. Hayle then passed to a consideration of a rational theory of medicinal action. * * *

Dr. Hayle then detailed a case where fever and pleuritic stitches were the result of exposure to a north-east wind, which was completely checked by one dose of *Aconite* 30. The next day the patient was free from pain and fever, but weak. In explaining the mode of cure in this case, he says: "Medicinal action consists in a particular mode of motion, controlling and altering the mode of motion which is constantly going on in the different nerves. It does not alter the mode of motion that is going on, if healthy, that is synchronous with its own mode of motion; but whatever is amiss, out of gear, it restores to its normal action, and, in fact, sets all right that is wrong." A large dose or low dilution not only acts on the diseased parts, but sets up morbid movements of its own, deranging the whole nervous tracts.

Comparing Stanley's account of his successful treatment of his marsh fever in Africa by large doses of *Quinine* with those recorded in Rückert's *Klinische Erfahrungen*, where small doses were used, Dr. Hayle says that he believes the cures wrought by the larger doses are more violent and less rapid, and more apt to return than those by smaller doses, which are accompanied with less struggle, as only the diseased parts are touched, while the healthy parts remain unaffected. In the smaller dose the vibrations are synchronous with the healthy parts, and only those which are out of gear are touched. In the other case the whole sphere of the medicine, that is, the sphere on which it acts, is abnormally and violently acted on.

In chronic cases, the vessels of the part are chronically dilated,

and have lost their elasticity. Speedy relapse follows restoration by a single dose. This state of things is to be met by a skillful repetition of dose, and, if the part is accessible by a typical stimulant, or by large doses, we should not give a second dose until the first has exhausted its action, and we should persevere with our medicine as long as it seems to do good. Alternations impede the action of the right medicine, and prevent the acquisition of experience. "The charioteer in the car of homœopathy," says Dr. Hayle, "always drives at least a pair of horses, but rarely well matched." * * *

Dr. Hayle concluded by advocating the remodelling of the *materia medica*, by arranging the symptoms in the order of their occurrence. The doses in which the drugs have produced them should be stated, and the effects of a change of dose upon the nature and order of symptoms should be ascertained. The causes, seat and nature of the symptoms should be analyzed.

To accomplish this end, Dr. Hayle proposes the formation of an experimental committee. By such work all attempts to include truth by including everything, even the unimportant and minute, would be unnecessary. Transitional and temporary aberrations would be merged in one uniform and scientific system of practice, which might admit of additions but not of change.

*Generalization and Individualization.**

R. HUGHES, L.R.C.P., Edin., of Brighton.

In opening his paper, Dr. Hughes spoke of the necessity of defining the word "likes." In doing so, he described two classes of homœopathic practitioners, the one satisfied only when he can secure a drug which will produce the morbid state supposed to constitute the disease he is called upon to treat; while the other ignores disease for therapeutic purposes as a pathological state, and regards only sick persons. The totality of the symptoms is the sole guide to the *simillimum*, and if that is not attainable, reliance must be placed on the more peculiar symptoms. Dr. Hughes then proceeded to show, by quotations from *The Organon* and Hahnemann's *Lesser*

* Dr. Hughes's essay was well handled by Dr. Drysdale, who pointed out that generalization stood for pathology. To this Dr. Hughes was understood to assent.—*Hom. World*.

Writings, that, while Hahnemann taught that for the multitudinous and diverse forms of disorder which come before the physician, arising from common causes (atmospheric and such like), and having no permanent character, selection by totality of symptoms and treatment as individual maladies formed the best mode of proceeding, yet he ever recognized that there were a certain number of diseases of fixed type, acquiring this by origination from a specific (generally miasmatic) cause. To these he appropriated one or more specific remedies, as always applicable and usually indispensable. And, further, he considered it a positive gain when morbid states, hitherto regarded as individuals, could be referred to a common type and treated by remedies chosen from a definite group, instead of being made the subjects of an indiscriminate search through the *materia medica*.

From the evidence he adduced, showing that Hahnemann recognized certain specific forms of disease, which are always essentially the same, and always curable by the same remedy; that he divided miasmatic diseases into acute and chronic, and defined another class of diseases as specific fevers, each epidemic having features of its own, but all cases of each being amenable to the same specific remedy; that he asserted the value of the same remedy for the few diseases which have a constant character; and from the importance he attached to the facility afforded in prescribing by the recognition of the psoric origin of chronic disease; as well as from the fact that he acknowledged the curative power of *Spongia* over goitre; of *bark* in endemic malarial fever; of *Veratrum album* in the water colic of Lauenburg; of *Aurum* in suicidal melancholia; of the prophylactic power of *Belladonna* over scarlatina, and of *copper* over cholera. Dr. Hughes argued that Hahnemann was no mere individualizer, that he resorted to this method only where other guidance failed him, that for him there were morbid species and specific medicines, and that he counted it real gain to reclaim forms of disease from the desert of symptomatology, to trace them to a common origin and connect them with certain remedies.

Having thus shown that pure individualizers were without authority, he argued that they had no foundation in reason. To obtain a group of allied remedies, generic and specific characters are necessary. Generalization must precede individualization. Further, by generalization we are able to utilize the experience of the past.

There are cases, Dr. Hughes urged, such as goitre and mumps, where we must all generalize exclusively; others, such as nervous

disorders, varieties of dyspepsia, and of defective nutrition, which cannot be conformed to any known type of disease, and here individualization is the only reasonable course. Between these two extreme poles there is an extensive zone of genuine morbid species, each requiring the allotment of a group of specific remedies to be differentiated in accordance with each variety and each case. Where, on the other hand, this is not possible, where the practitioner has to choose between a remedy producing symptoms similar to some of the peculiarities of the instance before him or to the type of disease of which the instance in question is a specimen, Dr. Hughes argued that it was of greater consequence to secure similarity to the pathological process itself than, to use Hahnemann's own words, "to some accidental concomitant circumstances which do not alter its essential character."

A New Similia.

A. W. WOODWARD, M.D., Chicago.

Dr. Woodward defined disease as a combined picture of pathological lesion *plus* the special sympathetic disturbances attending it; necessitating a remedy, which is a simillimum, not only to the local lesion, but to all the symptoms in the order of their relative importance. Our drug provings fail, he said, in giving the combination and subordination of the symptoms peculiar to and characteristic of each drug, rendering us unable to estimate correctly the attending symptoms which govern the success of the remedy. A drug can only be radically curative when it presents a complete parallel to the totality of the disease symptoms. If it cures to-day and fails to-morrow in the same disease, it must be owing to differences existing, not in the local lesion itself, but in the epiphenomena which modify and present a favorable result, and to which the drug is not homœopathic. To obtain the knowledge necessary for prescribing in this manner, Dr. Woodward argued that provings must be made on the healthy by a single dose taken in sufficient quantity to produce disturbance of the entire economy. Dr. Woodward then adduced a series of provings of *Arsenic*, *Nux vomica*, *Cinchona*, *Veratrum album*, *Aconite* and *Belladonna*, which were brought forward to show (1st) That the same drug when taken in health, and in a single dose, will affect many persons in the same general manner, though the special symp-

toms will vary; (2d) That all medicines begin their action by excitement, either of the motor, the sensory, or the excretory functions; and that they divide themselves naturally into three groups or classes, according to the order in which their general functions are disturbed successively; (3d) That each drug, while exhibiting the general method of action belonging to its class, shows its individuality by the succession in which it disturbs the special organs and functions of the body, thus presenting a combination of symptoms peculiar to that drug alone.

In the proving of *Arsenic* by three persons—two male and one female—the single dose was, in one case, three drops of the 1x, in a second, a grain and a half of the 1x trituration, and in the third, three grains of the 2x. An analysis of the provings showed that, while special symptoms varied, uniformity of physiological action was seen in the symptoms beginning with morbid sensations, and being followed by morbidly increased or altered secretions—with a final general disturbance of a febrile character. These provings are held to show that *Arsenic* disturbs not only special organs, but the entire economy in one specific direction, and that these disturbances are cumulative. Its use then, clinically, must be governed, not alone by the local symptoms of disease, for they may belong to many drugs, but by the associated sympathetic disorders that must always characterize this remedy in any disease. Thus, excluding the *locus morbi*, gastric symptoms always lead, cephalic are next in importance, and cutaneous, respiratory, spinal, renal and enteric each progressively decrease in importance, except when one of them becomes the leading feature as the seat of disease.

The new similia governing the use of *Arsenic* in disease is, that whatever the disease may be called, the indications for this drug are invariable, and will be limited to only two conditions. 1st. That the sufferings and morbid excretions shall exceed the fever. 2d. That the chief sympathetic disorder must always be gastric, the second cephalic, the third, cutaneous, etc. In this manner, Dr. Woodward examined the provings he had conducted of the medicines already named.

On the Alternation of Medicines.

DR. MARTINY, of Brussels, and DR. BERNARD, of Mons, Belgium.

The authors define alternation as the successive administration of two or more remedies which recur in turn in a regular order and at

intervals sufficiently approximated, so that the duration of the action of the one drug may not be quite exhausted before another succeeds it.

This methodical alternation they consider constitutes an important step in practical progress.

In taking a retrospective view of the practice of alternation, they refer to Hahnemann, who, in the edition of the *Organon* published in 1810, admitted its necessity, because of the "insufficient number of remedies tried up to that time."

Hering, Gross, Rummel, Ægidi, Kœmpfer, Hirsch, Hartmann and Perry are cited as supporting the alternation of medicines in the early history of homœopathy, and Teste, Jousset, Mouremans, Espanet and Van den Necker as doing so in later years.

The ideal of the practice of homœopathy, the finding of a remedy whose pathogenetic symptoms comprise the totality of the morbid symptoms, actual and antecedent, personal and hereditary, objective and subjective, is, they say, one bristling with difficulties—difficulties which have led to the alternation of drugs. They doubt whether the progress of therapeutics will ever bring us exclusively and definitely to the simplicity, so seductive, and, in appearance at least, so much more logical, of the administration of one single remedy; and consider that so long as this ideal or even unrealizable perfection of the method is not attained, it is, from a clinical point of view, advantageous in ordinary practice to habitually alternate remedies two by two, or three by three, or even four by four, when two or three drugs are not sufficient to cover all the symptoms, or do not answer to all the causes of disease, both profound and occasional. For example, an acute pleurisy occurs in an emphysematous patient who has had hæmorrhoidal troubles:—*Aconite* will be alternated with *Bryonia* and *Arsenic*; and when the acute symptoms are calmed, we believe that to obtain a prompt and durable cure, we must give *Bryonia* the first day, *Arsenic* the second, *Nux vom.* the third, and perhaps *Sulphur* the fourth.

They then illustrate this method of prescribing by reports of a series of cases, in each of which several remedies were used either in alternation or succession.

In discussing the *modus agendi* of medicines thus prescribed, they argue, 1st, that sometimes they act as adjuvants, and instance *Spongia* and *Hepar* in croup, and *Aconite* in acute inflammation, alternated with *Belladonna* or *Mercurius*, etc.

2d. They act sometimes as correctives—as in cases where special

susceptibilities to the action of certain medicines exist—as when *Sulphur* cannot be taken singly; but when alternated with *Nux* it does good, while the *Nux vom.* alone would be inefficacious.

3d. They think that sometimes alternated remedies seem to constitute a new medicinal means endowed with new properties, illustrating this by Dr. Kafka's experience, who says that he has cured chronic catarrhs of the stomach by alternating *Nux vom.* and *Calcarea* after having uselessly administered these two remedies singly.

4th. That under the influence of remedies of more or less different, sometimes even antidotal action, the remedy seems to react more briskly; the vitality seems to emerge from the torpor into which it appeared plunged.

They next proceed to consider the objections made to alternation.

1st. Alternations were condemned by Hahnemann.

2d. With alternation it becomes difficult or impossible to discuss the characteristic effects of each of the agents employed. The object of giving remedies being to cure and not to experiment, they regard this objection as having no weight.

3d. The alternation of medicine is nothing more or less than a disguised return to polypharmacy. This objection they assert is only a specious one. Polypharmacy means the simultaneous employment or mixture in one formula of several different substances, whilst the method advocated consists in the employment of single remedies at short intervals.

4th. The alternation of medicines, if elevated to a system, will simplify too much the practice of homœopathy; it will favor the laziness of medical men, and the usurpation of the art by outsiders.

The simplification of the practice of homœopathy, so far from being matter for regret, should, they argue, be considered as a benefit.

5th. We can admit strictly the alternation of two medicines, but that is the extreme limit of the concession we can make to the partisans of alternation.

This objection they regard as specious, as, if it is admitted that two remedies may be alternated, there can be no valid reason why a greater number should not be used in succession.*

The President now resumed the chair, and a discussion on the Alternation of Remedies, opened by Dr. Clark, took place.

At its conclusion the following papers were presented:

* Excellent! Why not give the whole Mat. Med. in every case?

Drug Attenuation : Its Influence upon Drug Matter and Drug Power.

JABEZ P. DAKE, M. A., M. D., Nashville.

Dr. Dake opened his paper by stating that the remedy to be employed in the combat with disease, upon whatever therapeutic principle or theory chosen, must be exhibited in proper form and quantity, to the end that its influence may be satisfactory. What, then, he asks, is the effect of drug attenuation upon drug matter? What its effect upon drug power?

Drug attenuation is defined as the diminution of a drug mass by division and subdivision and admixture with some neutral or non-medical substance as a menstruum or vehicle.

Viewing the question historically, he showed that Hahnemann adopted this method of dealing with drugs. 1st. To avoid aggravation of disease from too large a dose. 2d. To secure a thorough diffusion of drug particles. 3d. He claimed that through a better preparedness for absorption and an increased surface for contact increased power was obtained. 4th. A given dose of a homœopathic remedy was increased in power by the increased susceptibility to it produced by disease. 5th. In order to explain or account for the action of infinitesimals, Hahnemann broached the theory that medicine does not act atomically, but dynamically. 6th. Hahnemann conceived the idea that vigorous succussion and trituration effected a great unknown and undreamed of change by the development and liberation of the dynamic powers of the medicine.

Passing to the later history of drug attenuation, Dr. Dake described Korsakoff's "dry contact potencies," putting one dry medicated globule in a bottle full of pure sugar pellets in order to medicate the whole; Jenichen's high potencies; those of Lehrmann and Fincke—all of whom had, Dr. Dake observed, exceeded the utmost limits thought of by Hahnemann in the diminution of drug matter and development of drug power.

After noting the observations upon trituration of Segin and Mayhofer made with the microscope, those of Dr. Breyfogle made with chemical reagents, those of Professor Edwards Smith, Professor S. A. Jones, Dr. Lewis Sherman and Professor Conrad Wesselhœft with the microscope, those of Professor Wesselhœft with the spectroscope, and some of the teachings of analogy, which, Dr. Dake says, compel us to conclude that potent drug material may exist in attenuations, where every test save that of the living animal organ-

ism fails to detect its presence, he thence drew the inferences: 1st. That medicinal substances differ greatly in their cohesive property and divisibility. 2d. That some may be readily diffused in minute particles through a menstruum. 3d. That others are comminuted with great difficulty and slowly. 4th. That in the case of some metals the comminution is much more complete by chemical than by mechanical measures. 5th. That in the decimal or centesimal scale the theoretical or mathematical rate of diminution in the size of the particles is very different from the actual. 6th. That by chemical reagents drug matter can be recognized in no decimal attenuation above the third; by the spectroscope, in none above the seventh; and by the microscope, in none above the eleventh or twelfth. 7th. That analogy warrants the belief in drug presence when not a particle of drug matter can be discerned by direct observation, inasmuch as impalpable and invisible material agents, as morbid causes, have often demonstrated their presence by their destructive influence upon the human organism. 8th. That all efforts must fail to attenuate drug matter beyond its ultimate molecule, the division of a molecule being a reduction of the substance into its elements, or the destruction of its identity. 9th. That according to the accepted theory of molecular magnitudes, the ultimate molecule must be reached in the twenty-third decimal attenuation, and that beyond that there must be a gradual diminution in the number of molecules till all are gone. 10th. That neither direct observation, nor analogy, nor anything learned of the conditions and behavior of drug matter, can justify the inference that there is a single molecule of medicine in one grain of the thirtieth attenuation when faithfully made.

Dr. Dake then proceeded to consider the influence of attenuation upon the power of drugs.

In doing so, he noticed some of the leading theories which have been advanced upon the subject; and first, the earliest theory of Hahnemann, and that still entertained by many of his disciples, that drug power may be developed but not increased by the processes of attenuation. That the *potential* medicinal force of a given drug mass is in proportion to the number of its medicinal molecules, and its *actual* medicinal force in proportion to the number of its medicinal molecules made superficial or ready for an immediate contact with nerve tissue, or an immediate absorption and conveyance to its special field in the organism. That attenuation and trituration have for their ends simply the overcoming of cohesion in drug matter and comminution of drug particles.

2d. In later years Hahnemann inculcated not only the development but the great increase of drug power through attenuation. Korsakoff believed in the existence of a drug aura; Lutze believed in animal magnetism being imparted by the hand to the dose employed.

Dr. Bachmann's theory and the recent neuranalytic experiments, and the hypotheses of Dr. Lawton were then considered.

In applying the physiological test to the question under discussion, Dr. Dake referred to Hahnemann's early provings, in which drug power was present beyond any question; to the experiments of Professor Conrad Wesselhœft, those of the Milwaukee Academy of Medicine, and to those of Dr. Sherman and Dr. Potter. From these he concluded that drugs are recognized in attenuations up to the 7th x by their effects upon the healthy human organism, while in the 8th x and 9th x their recognition is less certain.

Dr. Dake concludes his paper with an examination of clinical experience on drug power.

He points out in the first place, the large variety of influence, besides those pertaining to drugs, which may determine recovery. Conversions to high potency views have, he shows, often resulted from a single experience in using them, and this often after a lower attenuation had been in action, though not really fruitlessly for some days. He gives his personal experience on this point, showing that he was nearly led to place confidence in their preparation, because he observed the paroxysms of an intermittent fever suddenly stop after the administration of a single dose of *Arsenic* 200, when he had been exhibiting the 6th and 30th with no apparent benefit. Another case, one of pneumonia, is reported, where, after giving *Bryon.* 3 x with little apparent benefit, a single dose of the 200th was followed by a great change for the better. Reflection, however, convinced him that the change was really due to the preparation which had been previously administered. Dr. Dake further argues, that not one of the cases reported in journals as cured with any high dilutions, furnishes a particle of satisfactory proof that there is medicinal power in attenuations above the thirtieth decimal.

Finally, where homœopathy has gained her greatest victories, as in cholera and yellow fever, the battles have been fought almost entirely by means of the lower attenuations.

A Plea for a Standard Limit of Attenuated Doses.

C. WESSELHÆFT, M. D., Boston.

Dr. Wesselhæft, after some introductory remarks of a general character on the importance of the question of dose, gives a summary of recent researches that have been made on triturations and dilutions. These point to the fact that the limits of minuteness to which particles of hard insoluble substances can be reduced are arrived at between the $\frac{1}{3740}$ th and the $\frac{1}{4527}$ th of a millimètre.

Dr. Wesselhæft, in discussing the molecular structure of matter, showed that, whereas in Hahnemann's time it was regarded as infinitely divisible, and that, consequently, homœopaths were on this basis right in proceeding to attenuations, however high, it had now been demonstrated that there was a limit beyond which molecular divisibility did not extend. He then proceeded to estimate, from the calculations and experiments of Sir William Thomson and Professor Clerk-Maxwell, that, with the eleventh centesimal dilution, the number of molecules in a drop of liquid is exhausted. By a series of further calculations, he concludes that the supposition of transmission of molecular force, separated from the original medicine molecules, is untenable in the light of modern molecular science.

Dr. Wesselhæft then argued that the molecular constitution of matter demanded the omission from our statistics of all clinical results obtained with dilutions above the eleventh centesimal. With regard to the value of clinical experience in enabling us to estimate the best standard of dose, Dr. Wesselhæft contended that it is at present but slight, owing to the inadequacy of statistical materials. What is deemed clinical experience consists, he says, of recorded cures, with the entire omission of opposite or negative results, which must be presumed to be large, and a decision will, therefore, be impossible until "experience" includes numerous and accurate statistics of negative as well as of positive results. Dr. Wesselhæft concludes by urging the limitation of the dose to attenuations below the eleventh centesimal.*

* *The Homœopathic World* says of this discussion on the posological question :

"Speaking generally, the essays were all against infinitesimals, though no points were really made against them; and a perusal of the essays shows that the various essayists merely go over very old ground, threshing empty straw by the way. Although the essays were *against* the infinitesimals, it soon became

The Question of Doses: Hahnemannism and Homœopathy.

DR. CRETIN, Paris, France.

Dr. Cretin opens his paper by asserting the therapeutic power of infinitesimal doses, but he demands that their degree of this power be ascertained by experiment alone.

He desires to inquire, 1st, What, for each drug, are the limits of its therapeutic action; at what stronger dose does its action commence; at what weaker dose, what attenuation does it cease? These limits being fixed, what is, in each case, the dose which shows itself the most efficacious, the strong, weak, or even the infinitesimal?

Dr. Cretin denies that there is any evidence of Hahnemann's having been led to the use of attenuation in consequence of aggravation from larger doses, but that he proceeded to them by analogies, by indication, by anticipating generalization, and also by studies. This he endeavors to make good by analyzing Hahnemann's pathological illustrations of the law of similars in the *Organon*.

In the following two chapters he examines attenuations, dynamizations, and medicinal aggravations, and then the practice of Hahnemann. From this inquiry he concludes that Hahnemann has not established on any data, rational or experimental, either the necessity, the utility, or the action of the infinitesimal attenuations, and still less the aggravations, which, according to him,

evident that the great majority of those present have unabated confidence in them. Following in the wake of the opener, Dr. Burnett, of London, pointed out that the evidence in their favor was overwhelming, for a majority of the very best homœopathic physicians, from Hahnemann down, had lived and died in the firmest faith in the great efficacy of infinitesimals. Dr. Burnett thought Dr. C. Wesselhæft's position had been shown to be untenable by Dr. Buchman, in his essay presented to the Convention by the Homœopathischer Central-Verein of Germany. He called attention, moreover, to the remarkable fact that almost all the older opponents of infinitesimals were themselves brought over to homœopathy by observing the effects of these same infinitesimals; and also that these self-same gentlemen, who now seek to ridicule the infinitesimal dose, scored their own greatest successes at a time when they used infinitesimals, almost exclusively, in their practices. Dr. Burnett did not advocate the exclusive use of infinitesimal doses, but put in a plea for the whole range, from the crude drug right up to CM.'s, or higher."

The venerable Dr. Dunn heartily indorsed Dr. Burnett, and called upon the younger men to be faithful to the truth, and not to remove the old landmarks that had been to him a guide through a long and successful professional career.

Dr. Helmuth, New York, made a spirited speech in favor of infinitesimals. Dr. Blackley (author of a work on "Hay Fever"), argued in favor of the efficacy of infinitesimals from his own microscopical observations on certain exceedingly minute bodies. Altogether, the feeling went very strongly in favor of the efficacy of the infinitesimals.—*Homœopathic World*.

should be at once the proof of the condition and the product of their action.

The clinical aspect of the infinitesimal dose shows that the admission of its power rests upon an experimental basis. The questions then arise, at what dose does medicinal action begin—at what attenuation does it cease? And again, are infinitesimal doses preferable to appreciable doses in all cases, or in what cases only? A lengthened inquiry in using all dilutions from the 30th downwards has, Dr. Cretin says, convinced him that the action of a drug is less sure as the attenuation is high. “In acute, as in chronic affections,” he adds, “I have never obtained from the higher dilutions the results which have been given me in a more positive fashion by the dilution below the sixth, and, above all, by the unattenuated medicine.”

With some remarks on the choice of the dose in individual medicines, and a comparative view of Hahnemannism and homœopathy, Dr. Cretin brings his essay to a close.

A discussion followed on the relative value of clinical and extra clinical evidence as to the efficacy of the infinitesimal dose.

On the following morning (Thursday) a sectional meeting was held, of members especially interested in gynæcological studies. The chair was taken by Dr. Eaton, of Cincinnati. The papers on this subject to be brought forward in the afternoon formed the basis of discussion.

In the afternoon, at the general meeting, business commenced by the presentation of papers, of which the following are abstracts:

On the Differential Diagnosis and Treatment of Yellow Fever.

WM. H. HOLCOMBE, M. D., New Orleans.

After a full definition of yellow fever, Dr. Holcombe spoke of its geographical range. It is endemic in the islands and cities of the Atlantic coast of tropical America. From this habitat it may be transported northward and southward many degrees of latitude, but very few of longitude. Yellow fever has no second week. It and plague are the shortest of all febrile diseases, as they are also the most fatal. Yellow fever becomes more fatal as it advances northward. It is the hottest of all fevers. It is a hæmorrhagic fever, the hæmorrhages depending on chemical changes in the blood itself. The jaundiced or icteric condition is a peculiarity of the fever, and is entirely of blood origin. An abnormally slow

pulse down to 50, 40, and even 30 pulsations is found in many cases. Yellow fever has a melancholy pre-eminence in its marked or latent features, its sudden changes and terrible surprises requiring more watchful care and vigilant nursing than any other disease, the danger being often out of proportion to the symptoms.

Dr. Holcombe then described the *post-mortem* appearances of yellow fever, and then proceeded to compare its phenomena with those of the other great fevers. In speaking of the treatment of yellow fever, Dr. Holcombe laid especial stress on the importance of nursing and hygiene—a sudden noise, movement in bed, conversation, a piece of bad news, any excitement, the presence of food in the stomach at the wrong time, the omission of a stimulant at the right moment, being often enough to transform a hopeful into a hopeless case.

Of the medicinal treatment, Dr. Holcombe says that we have no specific for the first or febrile stage of yellow fever. His paper concluded as follows :

“It is in the second stage of fever, when we contend with local congestions, special inflammations, and the effects of blood poisonings or other morbid processes, that homœopathy asserts its specific and unquestionable power. We may not be able to break or materially shorten the continued fevers, but we can control the bronchitis of measles, the sore throat of scarlatina, the suppuration of small-pox, the pneumonia of typhus, the diarrhœa of typhoid, the jaundice and hæmorrhages of yellow fever, etc., in the most remarkable manner, thereby reducing the mortality of all those diseases to a point considerably below the acknowledged allopathic level.

“What enormous services have been rendered in these cases by those chemically isomorphous substances, *Arsenic*, *Phosphorus* and *Tartar Emetic*, applied upon the homœopathic principle! To these may be added, as special remedies for yellow fever, the snake poisons, *Lachesis*, *Crotalus*, *Naja Tripudians*, *Elaps Corallinus* and *Vipera Torva*, introduced into practice from the long-recognized resemblance between the symptoms of yellow fever and those which have followed the bite of serpents. These serpent poisons will no doubt be found valuable also in the hæmorrhages and jaundice of the plague, of typhus, relapsing fever, bilious typhoid and malignant remittents.

“The homœopathic treatment of yellow fever is still in its infancy, comparatively speaking, but the results already achieved constitute one of the strongest arguments ever offered in behalf of the practice.”

Indian Dysentery and Cholera.

P. W. CARTER, Ph.D., L.M., etc., Sydney.

This paper opens with a minute account of the phenomena of Indian dysentery. Then follow a series of well-reported cases of the disease. Dr. Carter makes the following statement of the results of his practice while in India: "The total number of cases," he says, "treated by me allopathically up to the November, 1875, was 213—deaths 99. Cases treated homœopathically up to the end of 1878 (I left India in March, 1879) were 77, with 14 deaths—all in dispensary practice, when the disease, and every disease, is generally seen in an advanced stage."

With regard to cholera, Dr. Carter had seen little advantage from the use of *Camphor* even in the stage of invasion. In the first stage, he says, he did best with *Aconite* 1x or ψ . This, when given early, prevented the advancement to the second stage in every instance. In the second stage, *Verat. alb.* 3x, *Arsen.* 3, *Cup. acet.* 2 or 3, *Sec. cor.* 3x, *Ant. Tart.* 3x and 3, and *Croton* 3 were the chief and most reliable remedies. In the stage of collapse, *Arsen.* 30 was used with the happiest results. In pulmonary congestion, *Phos.* 3 or 5. When this had grown to blood-poisoning, with brain symptoms, *Bell.*, *Stram.*, *Hyosc.* or *Ac. Hydrocy.* were used with better effect than any treatment he had obtained under old-school practice. Three out of four cases of intra-cranial effusion yielded to *Digitalis*. In renal congestion, with albuminuria or suppression and uræmia, he found *Terebinth.* 3x, *Kali bich.* 3, *Canth.* 2 or 3, and *Digit.* 3x very effective.

Homœopathy in the Treatment of Diseases prevalent in India.

MAHENDRA LAL SIRCAR, M.D.

The paper sent in by Dr. Sircar was found too lengthy for the *Transactions*, and to cover more ground than had been intended. Such portions only were introduced to the Convention as bore upon the therapeutics of the special types of Indian disease.

Diarrhœa, generally traceable to bad food, but sometimes to extremes of temperature, was first noticed, and the indications given for the use of *China*, *Arsen.*, *Coloc.*, *Puls.*, etc. Of dysentery, Dr.

Sircar says: "In the majority of cases I find *Ipecac.* to be quite competent to deal with the disease. Failing this, I have recourse to the *Merc. sol.*, and in very grave cases to *Merc. cor.* Other medicines meeting special cases, are *Aconite*, *Bellad.*, *Canth.*, *Capsicum* and *Colchicum.*"

The liver is an organ very frequently disordered in India. In malarious enlargement, remedies that are suitable for the general condition, prove corrective of it. *Acon.* and *Bry.* in febrile states; *Calc. c.* especially in young children; *Nux. v.* when there is constipation; *Lycopod.* when with constipation there is tympanitis, especially of the colon. In acute congestion, no remedy equals *Aconite*; sometimes *Bryonia* is required subsequently. When the secretory structures are inflamed, *Mercury* is wanted. In suppuration, *Aconite* and then *Cinchona* or *quinine* in massive doses. In very prostrate conditions, *Arsenic*, *Carb. v.* and *Lachesis.*

In hypertrophic cirrhosis with jaundice, *Lachesis* is a capital remedy. In chyluria, Dr. Sircar has seen good done by *Carb. v.* and *Phosph. acid.* In hydrocele and elephantiasis of the scrotum, Dr. Sircar has seen benefit derived from *Silica*, *Rhododendron*, and sometimes from *Rhus.*

Malarious Fever in India.

PRATAP CHANDON MAJUMBA, L. M. S., etc., Calcutta.

This communication was one of inquiry rather than one presenting good therapeutic results. Dr. Majumba says that *quinine*, which is almost the only drug resorted to, does more harm than good in many cases—though useful in some. So far as his experience has gone, he has found *Aconite* useless. *Bell.*, in some cases of a remittent type, has proved serviceable; so, also, has *Gelsemium*, especially in children with a delicate nervous system. *Baptisia* followed by *Bryonia*, *Rhus*, *Arsenic* and *Muriatic acid*, have been of great value in cases where the fever has assumed a typhoid type. Dr. Majumba concludes by remarking on the necessity of a careful study of the materia medica in each case, etc.

These papers having been introduced by the President, a discussion followed on Homœopathy in Hyper-acute Disease, including Hyper-pyrexia.

The subject of *Cancer* was then brought before the Convention in a paper by Dr. Gutteridge, of which the following is an abstract:

After some reference to the statistics of cancer, and having given a definition of the disease, Dr. Gutteridge expressed his doubts as to the value of microscopic observation and chemical analysis as means of diagnosis. Referring to the researches of Haviland on the geographical distribution of disease, he showed that districts where the mortality from cancer was high were such as are liable to somewhat long-continued floods from the overflowing of rivers. He then entered on a somewhat minute differentiation of cancer and simple glandular enlargement. Passing to the consideration of the propriety of operation, he showed that extirpation by the knife does not cure cancer, does not always remove it, and that the liability to return is ever present, and often an absolute certainty. The results of enucleation, he says, are in no way more favorable. He concludes, therefore, that cancer patients do better when treated medicinally alone. In scirrhus he pointed out the indications for *Bell.* and *Conium*. *Cicuta* is also named as useful. Of all most generally useful remedies, Dr. Gutteridge speaks most favorably of *Hydrastis*, and especially of Tilden's preparation, *Hydrastin*, intimately incorporated with an equal quantity of *Hydrastis*. When this drug is given internally, a lotion of the tincture or powdered root should be applied at the same time. When ulceration has taken place, Dr. Gutteridge laid great stress on the value of *Hydrastis*, *Hamamelis*, *Comocladia*, *Baptisin*, and the *Iodide of Arsenic*, pointing out the special indications for the use of each.

In epithelioma, Dr. Gutteridge drew attention to *Ranunculus*, *Arsenic* and *Hydrastis* as medicines from which the best results had accrued. In discussing the treatment of cancer of the stomach, he pointed out the indications for the use of *Ranunculus*, *Phosph.*, *Argent. Nitric.*, *Arsenic*, *Hydrastis* and *Baptisia*. With some observations on the nature of the diet best adapted to cases of cancer, Dr. Gutteridge concluded his paper.

A discussion ensued on the Possibilities of Medicine in Cancer.

Papers were then presented on gynæcological subjects, the first being by Dr. Edward Blake, *On the Place of Mechanical Measures in Pelvic Disease*.

After some introductory remarks on the anatomy and physiology of the uterus, Dr. Blake argued that the greater number of the disorders of the female pelvis may be included in four categories—1, Mechanical changes acting from without; 2, Mechanical changes acting from within; 3, Physiological changes acting from without; 4, Physiological changes acting from within.

“The inclination,” said Dr. Blake, “of the dominant school of therapeutics, is probably whilst attaching undue importance to mechanical methods to ignore the second or vital side; whereas our own tendency as undoubtedly is to deery the former.”

Dr. Blake said that during the first six years of his practice he abjured local physical examination almost entirely, and worked laboriously at subjective symptomatology, with comparatively unsatisfactory results; that during the succeeding six years he turned his attention to the use of various means of physical diagnosis, but without using any mechanical contrivances for the purpose of local treatment; while during this time he frequently witnessed through homœopathy the temporary removal of results of morbid processes without necessarily attacking the cause; he never during this time witnessed the smallest cervical excoriation healed under the influence of internal medication alone, even when such medication was carried on under the most favorable circumstances. Subjective symptoms Dr. Blake relies on to differentiate between a group of closely allied remedies, but to lead up to that group for diagnostic and prognostic purposes he trusted solely to objective signs.

Dr. Blake concluded his paper by urging greater attention to the mechanical causes of diseases.

On the Treatment of Common Metritis, especially that Form known as Endo-Cervicitis, with Ulceration of the Cervix.

D. DYCE BROWN, M. A., M. D.

Dr. Brown commenced his paper by dwelling on the imperfections which exist in our provings, so far as they relate to chronic uterine inflammation. A medicine to be selected in this class of disease must show—1st, from the provings filled up by the results of clinical observation, that it has a specific relation to the genital organs by producing disordered menstruation, leucorrhœa, ovarian pain, etc.; or, 2d, if the symptoms should be scanty in the provings, the medicine must be one which shows a specific affinity for mucous membrane in general, producing catarrh or acute inflammation, with their results in the shape of increased secretion or ulceration; or, 3d, it is of the utmost importance that it should “cover” the constitutional dys-

crasia that may be present with the various symptoms referable to other organs than the uterus and ovaries. In other words, it must cover the totality of the symptoms.

The greatest amount of success Dr. Brown thought was attainable, when a remedy is selected which covers the general state of disordered health, more especially if this remedy is known to have a specific affinity for the uterine organs.

Before considering medicines, Dr. Brown drew attention to local applications. Weak solutions of astringent remedies he regarded as acting in accordance with the homœopathic law in cases of chronic inflammation. When first practicing homœopathy, he thought that such applications as *nitrate of silver* hastened the cure of disease of the cervix. Clinical observation had, however, convinced him that with specific general treatment such applications as *nitrate of silver*, *Iodine*, *Carbolic acid*, applied by the mop through the speculum were unnecessary. Just, however, as every one would use water dressing or *Calendula* or *Hydrastis* to promote healing in ulcerated surfaces, so he employed these means in such cases. When in addition to ulceration the cervix was hypertrophied, *glycerine* diluted with water or with a few drops of *Hydrastis* added, was useful. Where vaginal catarrh is excessive injection of *Calendula* and *Hydrastis*, or even in chronic cases of a weak solution of zinc or alum, were beneficial. In suitable cases, Dr. Brown attached great importance to the wet compress and to the tepid sitz bath.

Dr. Brown then pointed out the indications for the use of medicines. *Belladonna*, he said, was required in almost every case of chronic cervicitis with ulceration at some period of its progress. The indications were fully and minutely given, but at too much length to allow of our transcribing them here. *Sulphur* he found often required, especially in cases of chronic inflammation of the venous type—when that sluggish state of the system exists which refuses to respond to the action of medicines. The symptomatological indications were then given. *Sepia*, he showed, was indicated in endo-cervicitis, where the uterus is enlarged, prolapsed, or where version has occurred. When there is a tendency to skin eruptions, etc., *Pulsatilla*, he pointed out at some length, was indicated in cervical disease by the appearance, complexion, and temperament of the patient, the scanty or irregular menstruation, the menstrual pain, the leucorrhœa, prevailing chillness, aggravation of symptoms in the evening, but especially by the gastric or gastro-intestinal catarrh with headache. *Actea* corresponded to the nervous, neural-

gic, hyper-æsthetic patient suffering from uterine disease. The coincidence of cervical inflammation, slight or severe, with well-marked hyper-æsthesia (showing itself by the spinal tenderness, the peculiar head-aches, the palpitation and sleeplessness from mental depression, or alternation of depression with excitement, and sinking pain at the epigastrium) indicates the kind of case in which it is useful. *Ignatia* was indicated rather by the general state of nervousness that characterized some cases than by local manifestations of disease. *Calcarea carbonica* in cervical disease associated with struma he describes as a remedy of immense value, especially if the catamenia are too frequent and profuse. *Lycopodium* is useful in cases where the pelvic organs are congested and leucorrhœa and endo-cervicitis are set up in consequence of the liver and portal circulation becoming congested. The condition requiring *Nux vomica* resembles that in which *Lycopodium* is useful. *Mercury* is especially indicated in cases of endo-cervicitis, when the ulceration is of an unhealthy and sloughy type, and when vaginal catarrh with thick leucorrhœa is present to a marked degree; 2, when gonorrhœa has extended upwards to the uterus; 3, when syphilitic ulceration is made out, or when there is reason to expect a syphilitic taint; 4, when the collateral symptoms, those of the stomach, liver, and intestines, especially call for *Mercury*. Dr. Brown also noticed *Lilium*, *Graphites*, *Arsenic*, and *Platina* as often indicated in uterine disease, and concluded by saying that, in his opinion, we quite as often require to select our remedy less on the grounds of its local action than on those of the systemic disturbance or constitutional taint which may be present in a given case, and the more carefully such selection is made, the better it seemed to him were the results.

On the Treatment of some of the Affections of the Cervix Uteri.

GEO. M. CARFRAE, M. D.

Dr. Carfrae commenced with some remarks on the unsatisfactory character of much of the materia medica, and this especially as related to the action of medicines on the cervix uteri. Restricting his attention to the consideration of cervical endo-metritis, or cervical catarrh, or uterine leucorrhœa and granular erosion, or ulceration of the cervix, he entered into a full account of the etiology, symptomatology, and pathology of the condition. Passing to the treatment, he divided it into constitutional and local. In discussing the former, he took Guernsey's book on *Obstetrics*, and examined the

medicines named therein as applicable to this condition. He insisted that as leucorrhœa was a constant symptom of this disease, it ought to be among the phenomena produced by each medicine adapted to cure it, if the totality of the symptoms was to be our guide. Many of the medicines recommended by Guernsey have not this symptom in their provings. Of the provings of others, it must, he thought, be admitted that they were unreliable. He then proceeds to examine *seriatim* all the medicines named by Guernsey, concluding that of out seventy-two such remedies, about a dozen and a half have no leucorrhœa in the list of symptoms attributed to them; while about one-half of the whole number have been proved, Dr. Carfrae thinks, in a manner too loose to merit our confidence, reducing the number of drugs, the provings of which entitle us to look upon them as truly homœopathic to cervical leucorrhœa to scarcely a dozen: and of these Dr. Carfrae is doubtful of at least six. Of eleven other medicines recommended by Hale, the value is chiefly empirical, few of them having been thoroughly proved.

Regarding the materia medica as poor in relation to truly homœopathic remedies in cervical leucorrhœa and granular and follicular disease of the cervix, he asks, do we get any help from local applications, and if so, from what? He then examines the views of Guernsey, Madden, Leadam, Ludlam and Hale, with regard to the use and mode of action of externally-applied irritants. He concludes that we are far from having arrived at that amount of scientific precision which is desirable or attainable. This he attributes to some extent to the number of unreliable provings which are incorporated in our text-books. To some extent, also, it is due to the difficulty of getting good provings of drugs which have a specific relation to the uterus; while, lastly, the semeiology of these affections is often very vague, and no sure indication of their pathological condition. To admit that the combined local and constitutional treatment of cervicitis, granular, erosion, etc., gives the patient the best hope of a cure, is to allow that our treatment is to a certain extent empirical. "This," he adds, "I fear must be so, until we have a reformed materia medica." As medicines, Dr. Carfrae relies chiefly on *Arsenic*, *Mercurius*, *Nux Vomica*, *Phosphorus*, *Pulsatilla*, *Sabina*, *Sepia*, and *Ferrum*, while *Gelseminum*, *Helonias*, *Hamamelis*, *Lilium*, *Phytolacca* and *Xanthoxylum* are, he thinks, valuable additions to our armamentarium, but requiring more thorough proving. The best local applications are *chromic*, *carbolic*, and *nitric acids* and *nitrate of silver*.

He concludes by hoping that ultimately we may treat these cases altogether without the aid of local applications. So long as these are used, we must admit that our treatment is, to a certain extent, unscientific and unsatisfactory. When we can abolish them, it will be because we have attained that amount of scientific precision which meanwhile it must be our constant endeavor to reach.

A discussion followed on the Influence of Homœopathy on Uterine Disease, at the conclusion of which the meeting adjourned.

On Friday afternoon the subject of general, ophthalmic, and aural surgery were brought under the consideration of the Convention, and received full discussion.

The first contribution presented was from Dr. Bojanus, of Nischny-Novogorod, in Russia. It was in the form of a book, entitled *Homœopathic Therapeutics in its application to Operative Surgery*; and upon this Dr. Dudgeon prepared a report, giving a brief *resumé* of its contents. It is occupied with a detailed analysis of the operations performed in the hospital to which the author is attached.

Surgical Therapeutics is the subject of Dr. J. C. Morgan's (Philadelphia) contribution to the *Transactions*.

Dr. Morgan commences his paper with some remarks on the comparative value of *Aconite* in wounds and other injuries. In these classes of cases, Dr. Morgan contends that *Aconite* is superior to *Arnica*—1, in injuries of the eyeball; 2, in the reaction which occurs some hours after an injury; 3, in the commencement of a sprain. Dr. Morgan then adduces some illustrations of the sorbefacient effects of the internal exhibition of *Hydratis* 30, *Sepia* 1m, *Arsen. iod.* 3x and *Hypericum* 2x in mammary tumors.

Passing to tumors of the uterus and ovaries, Dr. Morgan has no records of absolute cure by drugs, but he can say that in no case has it been necessary to submit any such to a surgical procedure, except the pedunculated polypi, fibrous and mucus; these he has uniformly removed by the wire *écraseur*. All others he has treated with drugs "in potency" for months and years, according to the various changes of symptoms, to the great satisfaction of patients, who, in sheer desperation, had previously courted the most formidable resources of surgery.

Dr. Morgan concludes by giving the characteristic indications for the use of a number of medicines in the treatment of tumors.

Dr. Watson, of Hammersmith, contributed a paper entitled *Surgical Observations*, which consisted of some general observations on the pathology and treatment of abscess, illustrated by several cases.

A discussion then ensued on the Help brought to the Surgeon by Homœopathy, in which Dr. Dunn, Dr. McClelland, Dr. Helmut, and others took part.

A Paper on the *Therapeutics of Iritis*, by Dr. Vilas, of Chicago, was then presented.

Dr. Vilas declined to discuss the curability of iritis by internal remedies alone, because he is of opinion that internal medication alone will never cure all cases which might be cured were they treated with all the means at our command. The first point in the treatment, he says, consists in perfect rest of both eyes, shutting out of bright light, and protection from injurious changes of temperature. The second consists in obtaining complete rest for the iris. Of all mydriatics, *atropia*, he said, was the best, and the best preparation a carefully prepared *sulphate*. The advantages to be obtained and dangers to be avoided were fully pointed out. Various other mydriatics were noticed by Dr. Vilas. In all cases, save those in which there are no synechiæ likely to form, can, he alleged, a mydriatic be safely dispensed with. If there be exudation from the iris, and it is not drawn away from its resting-place, synechiæ must form, and more or less firmly tie down the iris. Dr. Vilas next considered the indications for the use of internal remedies. These comprised some twenty-eight drugs, and form a useful collection of references for ophthalmic surgery. We must, however, direct our readers to the *Transactions* for their study.

The Treatment of Iritis, simple and syphilitic, was then the subject of discussion, the debate being opened by Dr. Bushrod James, of Philadelphia.

This being terminated, the last paper to be presented to the Convention, that by Dr. Cooper, of London, on Aural Surgery, was introduced under the title, *Notes on some Homœopathic Remedies in Aural Disease*. After some introductory remarks on the position of the therapeutics of aural surgery, Dr. Cooper pointed out the indications for the use of the following medicines in different forms of deafness: *Gelseminum*, *Hydrastis*, *Canadensis*, *Picric acid*, *Capsicum*, *Arnica*, *Rhus*, *Ignatia*, *Quinine*, *Amyl nitrite*, *Chloroform*, *Salicylic acid* and *Salicylate of soda*, *Apis mellifica*, *Lachesis*, *Elaps cor.*, *Crotalus*, *Formica*, *Naja* and *Vespa*. In reviewing his experience, Dr. Cooper says that the conclusion is forced upon him that very long standing cases are best met by highly dynamized preparations; these, beyond question, he says, exert a most powerful and satisfactory influence. He especially names *Phos.* and *Calcareæ* as remedies which in a high dilution have proved of most essential service.

After Dr. Cooper's paper had been introduced, a discussion ensued on the plan of Homœopathic Medication in Ear Disease.

The Convention assembled at two o'clock on the following day for the transaction of miscellaneous business.

The report of the Committee and the President's address were brought forward, and as practical results it was determined to appoint a committee, consisting of one or more skilled pharmacutists in each country represented by the Convention, to co-operate with the editor of the *Pharmacopœia of the British Homœopathic Society* in the preparation of a pharmacopœia which shall be adopted by all nations.

It was also resolved that a permanent secretary of International Homœopathic Conventions be appointed, and to this office Dr. Richard Hughes was unanimously appointed.

After some conversation, it appeared to be the wish of the members of the Convention that the meeting of the Convention, which would in the ordinary course of events be held in 1886, should take place at Brussels.

The statistics of the Convention were presented by the President, from which it appeared that 78 British, 31 American, 4 French, 1 Italian and 1 Russian physician had entered their names on the books of the Congress, while there is reason to believe that some 20 British practitioners had been present at the meetings, but had omitted to record the fact of their presence.

After very cordial votes of thanks to the President, Vice-President, Secretaries and Treasurer, the members separated.

We have devoted considerable space to this Convention of *physicians practicing homœopathy*. Our readers will see that there is very little true homœopathy in these discussions. The time seems to have been occupied chiefly in abusing Hahnemann and attempting to show what homœopathy *is not and what it cannot do*—in their hands. As these physicians *practicing homœopathy* have never prescribed homœopathically, and as they, for the most part, know nothing of the homœopathy of Hahnemann, the only result they could expect from their practice was failure. This they acknowledge, for the most part, they have achieved. The proceedings of this Convention will serve to furnish another Dr. Smythe with arguments against homœopathy. It also serves to show the great necessity for the *International Hahnemannian Association*.

THE PENN MEDICAL UNIVERSITY: A FATAL ERROR.

AD. LIPPE, M. D., PHILADELPHIA.

IT is a fatal error to palm off the Penn Medical University as a homœopathic medical school. This fatal error has been committed by one who now pleads his own defense on pages 370 and 371 of THE HOMŒOPATHIC PHYSICIAN (Aug., 1881), over the signature of "The Historian."

The attention of the readers of this journal has already been called to the statement made by "The Historian" in the proceedings of The World's Homœopathic Convention of 1876 (page 801), that the Penn Medical University was, while it existed, a homœopathic institution. That such a statement constituted a fatal error, and that its publication was reprehensible, was clearly shown. "The Historian" asks for corrections, but fails to show that the Penn Medical University as a chartered medical school had any connection during its existence with any homœopathic association or school. On the contrary, it is evident that the said University was, to all intents and purposes, an *eclectic* medical school; that for that very reason some sort of homœopathy was taught, sandwiched in between several other sorts of treatment then in vogue. That a *kind* of homœopathy should be so taught in such a school was right and proper. But how can any one who has respect for the most ordinary logic, because a caricature of homœopathy was taught in this avowedly eclectic college, use that fact as an excuse for recording this school in history as a homœopathic institution?

"The Historian" enters the plea that some of the professors and students *became* homœopaths? Where, pray, should these eclectics have found shelter when their own schools were abandoned, but under the tree of "Freedom of Medical Opinion and Action," planted at Chicago, June 8th, 1870? The only person responsible for the publication of the assertion that the Penn Medical University was a homœopathic school is the *learned* gentleman who was intrusted by the American Institute of Homœopathy with the preparation of the "History of Homœopathy." Every member of the Institute, at all familiar with the *actual* history of homœopathy, is fully aware that this volume contains innumerable errors and *mis-statements*—to use the mildest term. The acceptance of the volume by the Institute may have been construed by the compiler as a uni-

versal endorsement of everything it contains. If so, he commits a fatal error. When the seniors of the Institute, who were well aware of these departures from truth in the volume under discussion, neglected to expose them, and then and there accepted the volume without a protest, they committed a fatal error.

It was not expected that "The Historian" would appear again pleading his own cause, and now we must ask the question "what were his motives?" "The Historian" is the most interested party when he claims that the Penn Medical University was a homœopathic institute, and he now, by his persistent and ill-timed demand, that said University should go on record in history as one of the homœopathic institutions, opens a new field for discussion. This new "*Departure*" has more significance than appears on the surface, and would not have appeared as worth noticing if the "Historian" had not unnecessarily demanded a recognition which nobody ever thought of. This is not the place to dwell on the early history of the Eclectic Schools in this city, including the "Medical College of Pennsylvania," nor the various dodges by which the managers escaped the penalties of the law, nor to follow it up till at last public opinion, through the agency of the public press, brought down the most daring leader of that school, and placed him in durance vile to answer for his misdeeds. The question before us is a simple one—"Was the Penn Medical University a Homœopathic Institute, and as such deserving to be mention'd in the History of Homœopathy?" Our first inquiry is, what does constitute a homœopathic institution—a homœopathic college? Look at our charters and find the solution of the question. The charters expressively *command* that besides the collateral branches belonging to medical sciences, homœopathy should be taught; and why? because the allopathic schools not only neglected to accept the progresses made in therapeutics by homœopathy, but even refused to graduate homœopathic students. The charter of the late Penn Medical University contained no such imperative command to teach homœopathy, and that University never before claimed to be a homœopathic college. That University claimed to be, and was, an eclectic school—a school trying unsuccessfully to solve the problem that truth and error could co-exist. Quite another conclusion would be reached if we tamely accepted this Penn Medical University as a homœopathic institution. It would be this, that the positive command contained in *all* charters granted homœopathic colleges is not binding at all; that any college may teach just what the faculty pleases to teach, provided homœopathy is taught also,

quite forgetful of the impropriety of teaching truth and error at the same time. If the American Institute, the representative association of our School, consents to incorporate *one* eclectic college among the homœopathic institutions, why not *all* of them, including Buchanan's school also? And if one or all eclectic colleges are accepted as homœopathic institutions, does such an acceptance not show clearly that the American Institute of Homœopathy knows of no difference between homœopathy and eclecticism? Was that the motive of "The Historian?" What other motive could he have? We, who follow the strict inductive method of Hahnemann, can find but this solution. Preposterous as such a proposition surely must appear, we find ourselves, much to our distaste, compelled, not only to expose this fallacy, this very fatal error, but to comment on it.

The tree of "Freedom of Medical Opinion and Action" has brought forth fruits, and they have been presented to the profession at large from time to time; each year brought fruits in more and more profusion. The text-book of our healing art, *The Organon*, has been neglected, and our materia medica has been caricatured into a physiologo-pathological picture book. The followers of Hahnemann's strict inductive method were frequently called to account, and a strict adherence to principles was called dogmatism. Hahnemann himself was traduced, and was called visionary and fanatical, his followers were charged with dishonesty. At last the dominant school, taking advantage of the open violation of strictly homœopathic principles by many bold practitioners, who frequently resorted, not only to palliative methods, contrary to our well-known therapeutic law, but who even resorted to larger, more poisonous, doses than were ordinarily prescribed by the common practitioner, charged the whole school with dishonesty, and made it appear that homœopathy, as taught by Hahnemann, has been forever rejected by his own followers. The last and bitterest fruit this tree has produced is now offered to the profession at large, and we are asked to declare homœopathy and eclecticism synonymes. Shall we? Assuredly not! Homœopathy, as taught by Hahnemann and as it stands progressively developed by the true healer, will never be perverted into eclecticism; let "The Historian" remember it!

SOME KEY-NOTES.

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

EVER since Dr. Guernsey called the attention of the profession to his system of Key-notes, it has been badly abused.

In making prescriptions in homœopathic practice, there is no short cut by which we can jump at once to the proper remedy in a given case. We only become sharp-shooters through hard study, and the more we thumb our materia medica, the greater will be our success and our glory.

If the Key-notes are looked upon by us in the light of guide-posts, pointing us to the *group* of remedies, among which we are to find, by close comparisons, *the remedy* in each particular case of illness, then are they indispensable, and become at once, if thus rightly used, of incalculable value. But if, on the other hand, we attempt to base our prescriptions simply upon these Key-notes as such, we will most assuredly find them stumbling-blocks instead of helps. Let us be careful, therefore, that we do not misinterpret the true meaning and intent of this system.

It is my purpose to call attention to some Key-notes which I have been collecting for some years, and many of which I think are not familiarly known.

ACONITE.—Everything tastes bitter except *water*.

ACTÆA RAC.—Children wake suddenly at night *terrified* and *trembling*, covered with *cool, clammy sweat*.

ÆSCULUS HIP.—Pains *shoot up the rectum* (Ign.) from the hæmorrhoidal tumors, with lameness of the back and aching.

ALGE SOCOT.—Hard stools drop out without causing the least sensation.

ALUMINA.—Disposition to *grasp* the seat of the water-closet tightly while at stool. Perspiration breaks out, and the patient despairs of having a stool.

ANTIMON. CRUD.—Child cannot bear to be washed in *cold water*; while under *Sulphur*, the child cannot bear to be washed at all.

ANTIM. TART.—*Deathly nausea* relieved by gaseous eructations.

NOTE.—Children who are not rapidly impressed with this drug in coughs, are by *Hepar S.* In the latter drug we have *purring* and *wheezing*.

APIS MEL.—Can scarcely retain the urine a moment, and, when *passed, scalds* severely. Feels as if he could not take another breath

ARNICA RAD.—Child wants *water* right after nursing, which it always throws up. Eructations bitter, and like rotten eggs. In constipation, when there is violent burning down the back, when the rectum becomes loaded and fæces won't come away. Hæmorrhage from the womb in facial erysipelas, relieving the latter. In pregnancy, fœtus feels as if it laid crossways. *Deathly* coldness in *fore-arms* of children in *Hydrocephalus*.

ARSENIC.—Pain in half of head like a partition from *left forehead* to left occiput: worse at midnight. The pulse of *Ars.* is *more* rapid in the morning than in the evening. (See *Sulphur.*)

BAPTISIA.—In tuberculosis, chill every *morning* at 11 o'clock and *fever* each afternoon.

BARYTA C.—Suffocating breathing from enlarged tonsils on lying down.

BELLAD.—Flicking before the eyes, with nausea, worse on stooping. *Wets the bed* after eating sugar or sweet things. Cough causes acute pain in *left* hypochondria, shooting upwards, worse *lying* on either side or *walking* much. Throbbing in sacrum; has to have pillow stuffed in small of back in order to sit in chair.

BENZOIC ACID.—*Watery* stools, running *right through* the diaper.

BERBERIS.—*Cutting* pain in *left side* of region of bladder, extending into urethra. Bubbling sensation in *kidneys*.

BORAX.—Sensation of *distension* and *sticking* in clitoris at night.

BOVISTA.—Metrorrhagia in *evening* on *lying* down. Menses only at *night* (also *Magn. carb.*).

BROMIUM.—Feeling as if breathing through a *sponge* in the throat. Sharp pain extending into *right* ear from throat in swallowing. (*Kali. B.*, left side.)

BRYONIA.—Neuralgic pain, left side of head and face, relieved by *hard* pressure and cold applications. Water tastes *bitter* (opp. of *Acon.*) Swallowing liquids or *saliva* more painful than solids. Hiccough *after eating*. (*Nux. V.* from eating *too much* or from *cold drinks.*) *Tightness* above mid-sternum. Swellings of a pale-red blush, with *heaviness* and *hardness*.

CACTUS GRAND.—Discharge of *pure blood* from rectum. Cactus heart-pains come on slowly, increase up to a certain point, and then as gradually subside. (See, also, *Platina.*)

NOTE.—Constriction is the key-note of *Cactus*. *Arn.*, *Bufo*, *Iod.*, *Lil. T.* and *Nux mos.*, all have constriction in or about the heart;

but *Cactus* is the only drug that has the feeling of a *hand of iron grasping the heart*.

CALADIUM.—Pruritis vulvæ during *pregnancy* and after *miscarriage*.

CALCAREA C.—Flashes of light shoot up from the eyes, then break and fall down in a shower of sparks. She feels better in every way when she is constipated. Strangury brought on by standing on cold damp pavement.

CARBO ANIMAL.—Headache at night; has to sit and hold head with both hands to prevent it from falling to pieces. Deafness; she can hear human voices in the room with her, but cannot tell from whence the sound comes.

CARBO VEG.—Insatiable thirst for cold water; gazing longingly at the empty tumbler, when it is removed from her lips, and asks for more. After-pains felt only in the shin-bones.

CAUSTICUM.—*Peevish* just before the menses (*Cham.*). Larynx feels very *stiff*. Inveterate constipation; stools thin and long-drawn out.

CEPA.—Tickling in larynx is temporarily relieved by eating a piece of apple.

CHAM.—Pressure in the head from within; outward as if top of head would *fly off* or be *blown off*.

CHELIDONIUM.—Excessive lachrymation in orbital neuralgia; the tears fairly gush out, and eyes cannot bear the least light. Flying out of detached lumps of mucus on coughing; the cough echoes in the stomach.

CINA.—*Enuresis*, with profuse discharge of strong ammoniacal urine. The child is afraid to speak or move for fear she will bring on a paroxysm of cough.

NOTE.—*Silicea* follows well in vermiculous subjects when *Cina* fails.

CHINA.—In icterus, when there is great *depression*, feebleness and *breathlessness*.

QUININE.—Can only see objects by looking sideways.

COCCULUS.—Umbilical hernia if *Nux* fails and there is stubborn constipation.

COLCHICUM.—Nose, color of bleached wood-ashes. Tongue covered with a *downy* white fur. Nausea in the sick from odor of cooking food.

COLOCYNTH.—Aggravation from *cheese*.

CROCUS.—Thumping and knocking throughout the brain.

CUPRUM MET.—Cough sounds as if water was being poured from a bottle.

CUPRUM ACET.—Constant protrusion and retraction of the tongue like a snake. In epilepsy, aura begins at knees, ascending until it reaches the hypogastric region, when unconsciousness occurs, foam at the mouth, and falling down convulsed. Soon as patient goes into a high ceiling room, the head reels and she loses her senses.

CYCLAMEN EUROP.—After confinement, patient has colicky bearing-down pains, each pain accompanied by a gush of blood, which relieves the pain momentarily.

ARANEA DIADEMA.—She awakens at night with hands feeling twice their natural size, so that she cannot make any use of them.

DIGITALIS.—Shuddering in the mammæ; feels as if heart would stop beating if she dared to move. (*Gels.* just the opposite.)

DULCAMARA.—Catarrhal ischuria in grown-up children from wading with bare feet in water, with discharge of mucus and milky urine.

EUPHRASIA.—Cough always excited if exposed to *south wind*.

GELSEMIUM.—In "ague," patient wants to be *held* during the shakes; sleeps throughout the heat; thirst *during sweat*; muttering delirium when half awake.

GRAPHITES.—Feeling of cobweb on right forehead; tries hard to brush it off. Hearing is improved in deaf people while riding in a carriage; hears better when in a *noise*.

HEPAR SULPH.—Feels as if eye-balls were *drawn back into head*. (Also, *Asterias, Bovista, Cham., Plumb., Rhod., Sil., Strychnia, Sulph., Paris Quad.*) Looking at an object steadily makes eyes water.

IGNATIA.—Trembling of hands; worse right side when writing, and when being watched; worse, also, from extending the fingers.

IODIUM.—Child very cross, cannot bear to be looked at or touched (See *Ant. Tart.*) *Itching* in the lungs low down, and extending upward through trachea to nasal cavity. The itching in end of nose is the signal for the cough to begin. Sensation as if heart were *squeezed* (*Cactus*).

JATROPHA.—Great dizziness, with constant nausea; better in open air.

KALI BROM.—He imagines he is especially singled out as an object of Divine vengeance. Thinks all her friends have deserted her. Extreme *drowsiness*; constant hacking cough proceeding from the *chest*, during pregnancy. Irresistible desire to urinate, but no flow except after great urging, and then with difficulty.

KALI CARB.—Sensation as if a stick extended from throat to left side of abdomen with a ball on each end of stick. Belching of putrid gas like rotten eggs. Stomach feels as if it would surely burst. Hard, white, round masses fly from mouth when coughing or hawking. (*Chelidon.*) Heart feels as if suspended from left rib.

LACHESIS.—The least movement causes feeling of suffocation around the heart. Intolerable pinching and itching in spots on lower extremities relieved only by plunging in *cold* water; worse after sleep. The tenesmus caused by this drug is relieved by *Sepia*.

LYCOPodium.—Sensation as if *hot* balls dropped from each breast through to back, running down back, along each leg to heels and dropping off at heels. This sensation alternating with feeling as if balls of ice followed the same course. The foetus seems to be constantly turning somersaults within the womb.

NOTE.—Especially useful in dry cough, day and night, in feeble, emaciated boys. Chill every seventh day.

MAG. MUR.—Stools knotty like sheep's dung, crumbling at the verge of the anus and covered with mucus and blood. Urine scanty, can only be passed by bearing down hard with the abdominal muscles.

NOTE.—Always to be studied in uterine diseases connected with *hysterical* complaints. Tendency of head to sweat (like *Cale*). Has headache (like *Silicea*). Better from wrapping up the head, but unlike *Silicea* worse in open air. Inability in children to digest milk, it always causes pain in stomach and passes undigested.

Metrorrhagia, always worse at night in bed, accompanied with spasms of uterus, causing hysteria. Tendency of feet to sweat (*Silicea*).

MANGAN. ACET.—Pain in right ear proceeding from *sound* teeth. Ear so sore cannot lie on that side. Burning of ears as if from very hot stove.

MERCURIUS SOL.—Greenish painless *gonorrhœa*, especially at night. Agg. from cold air coming in contact with exposed parts; for instance, exposure in out-door water-closets.

MERC. COR. SUB.—Gonorrhœa at first thin, afterward thick, and at last with *biting* pain on urinating, and stitches extending *back* through the *urethra*.

MURIAT. ACID.—All the time keeps pushing his finger down his throat, or keeps *clawing* at his mouth.

NUX VOM.—Child cries and squirms for an hour after eating. Sweats only on right side.

OLEANDER.—Headache improved by looking either sideways or cross-eyed.

OPIUM.—Violent movements of the fœtus, especially toward night, preventing sleep.

OXALIC ACID.—*Burning* in throat accompanying abdominal pains.

PETROLEUM.—Vertigo in *back* of head. Gastralgia when the stomach becomes empty.

PHOSPHORUS.—Vertigo as if a veil obstructed the sight, with inability to *think*. Feels that he will surely fall. Don't know where he is; worse at noon. During pregnancy she cannot drink water; the sight of it causes her to vomit, and she must close her eyes while bathing. Anus remains open all the time; the child strains at stool. Small ulcers clustering around large ones, some healing, and others healed.

PHOS. ACID.—Can't get up after sitting, from pain in left hip.

PHYTOLACCA.—The tumefied breast neither heals nor suppurates, is of a purple hue and as hard as old cheese. This drug stands between *Bry.* and *Rhus.*, and cures when these fail, when apparently indicated.

PLUMBUM ACET.—Sensation of a body rising up to the throat and extending to both ears pressing up into them, causing swallowing which makes it descend, soon to return; worse from 9 A. M. to noon.

PSORINUM.—Pain in occiput from right to left as if a piece of wood was laid on back of head. Eructations like *rotten eggs*. Also, *Arn.*, *Tart. Em.* and *Graph.* *Arnica* has taste of rotten eggs, especially in A. M. *Tart. Em.* at night, and *Graph.* only in A. M., after rising, disappearing on rinsing the mouth.

Psor.—Has stools smelling like rotten eggs. *Cham.* has stools smelling like *spoiled eggs*, but *not* the *spoiled egg* flutulence or eructations. Under *Psorinum* the soft stool is voided with difficulty, *from weakness*. Normal stool, but passed in a great hurry, can hardly reach the water-closet, with quantities of flatus. Prolapsus recti with *burning* and *sticking*. Must keep the arms spread wide apart in order to breathe freely. Want of breath in the open air, has to hurry home and lie down in order to breathe freely. Weakness in all the joints of the body as if they would not hold together.

RANUNC. BULB.—Superficial pains upon the external chest of a *sharp, shooting, tearing, stitching* character, coming in paroxysms.

RHEUM.—Hunger, but a *mouthful* satisfies.

RHODODENRON.—Has improvement from wrapping head up warmly, like *Silicea*. Speechless and breathless from violent pleuritic pain, running downward in left anterior chest after standing on cold ground. Paroxysmal chorea, *left arm, leg and face* on approach of a storm. Cannot get to sleep or remain asleep, unless legs are crossed.

SABADILLA.—Headache better from looking *fixedly* at some object.

SAMBUCUS.—Child *inspires*, but cannot *expire*; face livid.

SARSAPARILLA.—Urine only dribbles while sitting, but when *standing* it passes freely. Feels as if bound down to the bed by a powerful *suction*, with sharp pains in back and shoulders.

SEPIA.—Child coughs till breath is gone, and then gags and vomits mucus. Cough constant when the child is laid down.

STANNUM.—Has colic better from leaning over something hard (like *Coloc.*) In worm fever child lies on abdomen during the pains.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

Editor of THE HOMŒOPATHIC PHYSICIAN :

I desire to express my great satisfaction with the July number of your journal; albeit it is but the report of the proceedings of our newly-formed Association—really its first working session, and that under great disadvantages. I am reminded of the old-time homœopathic journals, like the *American Review*, in its perusal, and am brought back to my early experiences and observations of homœopathic therapeutics, when the greatly-despised and ridiculed doses, “such little pills as a homœopathic doctor would bring,” *would* work such wonderful cures.

It would perhaps be invidious to be more specific, although I might, as to the papers that were there presented, as they all of them had the old flavor of honest conviction, and of a truthful application of means to an end, of cause to effect.

The International Hahnemannian Association has no need to be ashamed of its beginning work as thus manifested through the columns of your journal, but quite the reverse. If it shall continue thus to exhibit the results of the application of the “strict inductive method of Hahnemann” to the profession, it has before it the con-

tinuance of the great work that was begun, and for many years continued after its first introduction into this country. I may truthfully say it will be a revival of that work, from which homœopathy on this continent received its first impulses, and through which it has gained its firm establishment here in spite of the degeneracy and retrogression that has apparently characterized its later years. I feel we are to be congratulated that homœopathy still lives, although perhaps a majority of those practicing under its law have measurably forgotten, as they have quite ignored, those "strict inductive methods" under which alone homœopathic success is assured.

An adherence to the good old usage of only fully-proved agents in our therapeutics is quite as important and binding as is the avoidance of the methods and the crude agencies that belong to the allopathic and eclectic schools of medicine. With such therapeutic means as we now possess in the materia medica of our school, with its fully proved drugs, and with the numerous and varied helps in the study of it, no excuse is left for a departure from that already time-honored and reliable usage. I am glad, therefore, that the papers that were presented to our Association, as published by you, give no evidence of a sanction or indorsement of a contrary course, by a recital of cures attempted or claimed from the use of agents that have never been proved according to the methods laid down by Hahnemann. Surely, thus only may we lay claim to entire consistency, and assert the maintenance of our integrity.

The question of dosage, *i. e.*, of high or low attenuation, is one of comparatively minor importance, and about which there need be no controversy. The adaptation of the similar remedy must ever maintain the supremacy over the question of the dose; certainly until a law governing the dose is made manifest. Happily, this is a matter that will regulate itself, for, with the greater accuracy in the selection of the simillimum comes the necessity for *the* minimum dose, for the particular case under treatment; thus ensues a recognition of individualization, a cardinal principle of our therapeutics, as to the dose as well as to the selection of the similar remedy. This is a happy feature of our system of therapeutics, and our Association need give itself no concern nor make any attempt to regulate this question, as it has no prescribed rule of action in this direction. The faithful application of Hahnemann's strict inductive methods will accomplish all that can be desired by its members to this end.

The use of more or less attenuated, if you please, of potentized, remedies follows as a legitimate corollary of the homœopathic law of

cure. The rest must be left, *ex necessitate*, to the intelligence and judgment of the prescriber; the degree of excellence in both of these elements that he has attained, will be the measure of his consistency as of his success. Our Association has not assumed, much less asserted that none but high dilutionists are consistent homœopathists, although the attempt has been made to thus falsely represent it to the profession. Such an assumption would be as absurd and as untruthful as the assertion that the use of remedies above the 30th is a violation of homœopathic principles, being, it is said, equivalent to the use of none at all; this has been openly asserted, and the maintenance of the statement attempted. But the facts are against both assumptions, and *facts* will ever rule supreme.

T. F. POMEROY.

THE BINGHAMTON HOMŒOPATHIC MEDICAL ASSOCIATION.

THE following physicians, George F. Hand, T. L. Brown, H. S. Sloan, A. J. Clark, E. E. Synder, W. H. Proctor, of Binghamton, N. Y., and H. D. Baldwin, of Montrose, Pa., met in the City of Binghamton, at the office of Dr. George F. Hand, April 14th, 1880, and organized what has since been known as the Binghamton Homœopathic Medical Association. E. E. Snyder was chosen President, and W. H. Proctor, Secretary. There have united with this Association since its organization, Drs. J. T. Greenleaf and T. S. Armstrong, of Owego, N. Y.; H. M. Corey, Waverly, N. Y.; G. R. Bissell, Afton, N. Y.; C. F. Millspaugh, Binghamton, N. Y.; and S. S. Simmons, Susquehanna, Pa.

Dr. Armstrong is now Superintendent of the State Asylum for Chronic Insane located at this place.

We hold regular monthly meetings, selecting the subject for consideration a month in advance, and appoint some one to open the discussion. Our meetings, from the first, have been well attended, and the interest in them not only kept up but steadily increasing.

At our last meeting, July 21st, the subject for consideration was "High Potencies: Why, and how do they cure? acknowledging no drug to exist in them above the 12 cent. potency."

Dr. C. F. Millspaugh opened the discussion in a well-written paper, in which he presents a theory, somewhat peculiar, which invites

criticism. In order to give the paper a wider field for criticism, it was resolved that the Secretary present it, along with some account of our Association, for publication in THE HOMEOPATHIC PHYSICIAN of Philadelphia.

Whether we get curative results from the energy of a drug (if there can be such a thing) when the drug is all gone, certainly invites criticism. We see cures, and many remarkable cures, with attenuations above the 12 centesimal, and it must follow as a natural result that if there is no drug remaining, then there is, most certainly, some force in the shadow of moonshine. But I am inclined to believe that when the drug is all gone, the energy, the force, the curative power is all gone.

Let us hear from our *wise ones* on this speculative subject.

A. J. CLARK, M. D., Secretary.

BINGHAMTON, 7-22-'81.

POTENCY PHYSICALLY CONSIDERED.

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

THE vexatious question of the utility of high potencies is one that needs a thorough explanation before these great remedial agents will be generally used by the profession at large.

No true follower of the immortal teachings of HAHNEMANN doubts for a moment their efficacy; yet, when asked upon what he bases his faith in these thus potentiated drugs, he is unable to give a satisfactory answer, because he cannot realize, and becomes therefore incompetent to explain, the force that is inherent in these, to him, phenomenal preparations.

I purpose, in so far as lies in my power, to explain this force, and, in doing so, ground my reasonings upon the following proven law: *Every elemental atom, compound molecule, mass or part of a mass, organism or cell, has a molecular energy of a certain specific kind, distinctive, definite and absolute; a force perhaps allied, but never duplicated, in different substances, and that this force is the only true and radical distinction between such substances.*

All molecules are permissible, and, when in a state of mixture, act upon each other; one mode or rate of motion inevitably affecting another to a greater or less extent, and, as a result, that motion

which has the greatest energy will change the motion of the others, until ultimately they partake of its identity, or will form a distinct or new substance, the motion of which will bear no similitude to any of its originators; *e. g.*, if equal volumes of hydrogen and chlorine, each gaseous, elemental and invisible, be mixed, and a flame applied, an explosion occurs, and, with the moisture of the air, a new substance—hydrochloric acid—is formed, having the properties of none of the original elements, and, according to our law, having therefore a molecular energy wholly its own.

Again, a portion of musk—that powerfully odorous substance from the musk-deer—*Moschus moschiferous*—has been allowed to perfume a room for forty years, and when weighed, after the lapse of that time, was found to have lost no portion of its mass, yet the room was always fully impregnated with its odor. What was it that was appreciable to the sense of smell? It was simply the surrounding air-molecules, which had gained the energy of the musk, and were so identical with it. This surrounding air would ever have remained musk had it not been for the preponderance of the air-molecules, which, by their force, from quantity, again revert the odorous molecules to their original motions, *i. e.*, those of air.

The great phenomena, heat, light, sound, electricity, etc., have been proven to be merely different modes of molecular motion, and are also proven to be transmutable. It is here that we may form some idea of the energy and rapidity of these motions, and of the different identities, whose only but fundamental specificness is due to the mode, the rate, or the character of the motions of their molecules. I believe that we may account for infection by specific invisible miasms, for vitality, for disease, for death, for in fact every phenomenon present, by attributing to them this energy.

SAMUEL HAHNEMANN, by one of those master strokes which so characterize great genius, discovered that a drug, when potentiated, became of incalculable worth as a remedy for those symptoms of disease caused by that drug in the healthy, and so presented to a misguided profession the only true and scientific method of applying drugs to the cure of diseased conditions.

The force present in the thus potentiated drugs he called *dynamic power*, and the lamented HERING, in his honor, termed this force *Hahnemannism*. Either of these are good, but they explain nothing. What this force really is has been a hard-studied subject for over seventy years; its students being the while fully cognizant that no drug existed in any of such potencies above, at most, the 15th, thus

found a phenomenon ready at their hands, and were accordingly puzzled and doubtful.

DR. RAU (*Werth der Homœopathische*, 134) says: Were the process of trituration and succussion attended by an actual increase of potency, it is evident that the drug would be rendered more and more unfit for homœopathic uses; and adds: the reverse is the case, and we must look upon the process as diminishing the power. Some years after, when he seemed fully to realize the mire into which he had fallen, he commences to seek more solid footing, and getting well out of this erroneous line of reasoning, he arrives at the conclusion that we potentiate to more minutely divide the crude drug, and so hasten its absorption, which was, indeed, a far better idea, and one more readily acceptable.

We do potentiate in part to more minutely divide the crude substance, but we do cure with "alcohol," when the drug is all gone! simply because the so-called "alcohol" has gained the energy of the drug, which cannot be lost, and is no longer alcohol, as such, but in reality the drug which was potentiated in it. This, too, notwithstanding DR. GREISSELICH, who says (*Handbuch*, 208): All notions of a transference of medicinal power to water, sugar-of-milk or alcohol, is a mysticism, unproven and unprovable.

KORSAKOFF believes that all the original substance disappears, or its material division ceases at the 6th centesimal trituration, and that thereafter the medicinal power is communicated to the vehicle by a process analogous to infection. What that infection is, we explain.

Precipitated tin, the most divisible of metals, has been seen under a microscope's objective in the 15th centesimal potency, and the particles were in a constant state of rapid and unvarying motion. PROF. HUXLEY saw in the vessels of a hair of the nettle (*Urtica urens*), the protoplasmic granules in a constant state of motion. It may be from these facts that an anonymous writer in the *Allgemeine Homœopathische Zeitung*, xxvii, 265, bases his opinion when he alleges that trituration produces in the substances so treated a lively molecular motion, which he calls *vivification of drugs*, or names the process such. Here is a writer whom I think came nearer the truth than he thought, had it only occurred to him to say *developed* instead of *produced*, and followed up his reasoning, he need not have remained so in obscurity.

The molecules composing a mass of any substance are, according to our law, in a constant and rapid state of motion, but being in

juxtaposition, their motion, like that of a man in a crowd of his fellow-beings, is impeded; but isolate the molecule, or the man, and each will move as their power allows them.

This is the one use of the lower potencies. Now taking it for granted, until science shall have proven it, that the motions of water molecules, and those of alcohol and milk-sugar, are not so powerful *as those of any substance which retains its power when immersed in them*, and taking a drop of the last potency that contains drug, place it in not too great a number of drops of one of these vehicles, and what takes place? According to the postulates well-known to physicists, that motion begets motion, and that motion tends to be perpetuated in the absence of interfering causes, and calling attention to our solution of the so-called mystery of emanating scent, we see that it thereby gains the energy of the drug, and the energy of the drug being all its specific identity, the vehicle is now really the drug in a greatly diminished proportion, but a highly active state.

In that process called health, each cell of the organism has a molecular force peculiar to the function it performs, and vitality itself is simply the sum of these different energies. As long as these motions can hold their identity against all interfering energies, just so long are we healthy; but when any of these functional motions are changed by any disturbing cause, we immediately show symptoms of that force, or an entirely different disorder. The greater the disturbing force, the more acute the symptoms, even to death, which is really a total want of correlation of the molecular forces of life—nothing more.

To show how our potencies work, when applied in diseased conditions, let us take, as an illustration, a patient suffering under a change of his normal cell energies, caused by contact with those of scarlet fever, which had a greater energy, as witnessed by the attack, for had his forces been the stronger they would have resisted the disease; this fact is proven and self evident.

If his forces are allowed to remain the weaker, they will be entirely overcome. How shall we reinforce his wasted power? Simply by giving him that energy which is known to be antagonistic to his symptoms of energy lost. This force we will, in this case, call *Atropa belladonna*. How is the battle waged? The energy of the belladonna reinforces those warred against, and now by their greater power resist, and then by their preponderance again revert the cell motions to healthy activity, or the motions of health.

Of any other diseased condition, I see no cause why the result should not be equally happy, providing we are not too late, or that

we have a knowledge of the proper force to use. And further assert that no disease has been, nor ever can be cured, except in two ways: the one by removing the counter force—*surgery, stimulants, hygiene, etc.*—and the other by the proper, or, in other words, homœopathic remedy. And that it is only through the higher potencies that we can produce the best results.—SCIRE FACIAS.

Read before the BINGHAMPTON HOMŒOPATHIC MEDICAL ASSOCIATION, July 21st, 1881, when discussing the question—*High Potencies, why do they act? and how?*

ACROCHORDON CHOCOE:—CHARACTERISTICS.

C. F. NICHOLS, M. D., BOSTON.

Verrugosa Acrochordon Chocoe is a wart-snake of the province of Choco in British Columbia. Symptoms following the bite of the snake, and poisonings from the warts, are detailed in Higgins's *Ophidians*. The following notes are collected from Higgins,* and from notes by Dr. S. Swan. Dr. Swan potentized the gall of the snake (*Fel. Acrochordon Chocoe*), and made provings, which confirmed Higgins's indications.† Higgins reports the gall capable of antidoting the bite, if promptly administered.

Symptoms.—Lethargy, tremblings, distortion of the features, loosening of the hair, blood from pores of skin. The bitten limb is thickly covered with small vesicles, filled with an ichorous fluid; when these have attained to the size of a grain of barley they burst, leaving a small sore which increases in size, preserving a funnel shape; they continue sloughing away until they unite one with another, thus destroying all the fleshy substance down to the bone. This is accompanied by intense throbbing pain up the limb. When the poison does not cause death, it yet, almost invariably, produces these *funnel-shaped ulcers*. * * * Death often occurs within three hours. * * * Immediately after the death of the snake, a thick milk-white fluid exudes from the warts, which, applied to the skin of man or beast, produces a well-nigh incurable ulcer. The bile of this snake (ten drops in ten ounces of water) healed, in ten days, a leg, the flesh of which, in consequence of the bite of a Birri snake (called "The Rotter"), had sloughed off up to the knee, leaving the upper surface of the foot and lower leg nearly bare.

Higgins removed the toxical effects of the poison of the *Vipera Calameris Venenosus rubra*, which produces ulcers held to be otherwise

* *Ophidians*, pp. 44, 45, 99, 111, 201.

† *Advance*, June, 1881, p. 349.

incurable, discharging corrosive yellow ichorous liquid, burning itching, with œdema of the limbs, acute pains in leg, excessive thirst, conjunctival inflammation, lacerating headache, pulse 140-160.

A case of inveterate ulcers of the leg is reported in *Advance*, December, 1880, p. 307, cured by Dr. Nichols with this remedy, CM.

CLINICAL BUREAU.

PODOPH. AND BORAX—IN DIARRHŒA.

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

A CHILD, one year old, but large for its age, with light complexion, black eyes, and dark hair, had diarrhœa for two months. In the beginning of the sickness, *Cham.* was given, on account of the great restlessness, with temporary benefit. A little later, *Calc. carb.* was given, on account of the leuco-phlegmatic temperament, large head, light-colored stools and crossness, but with no permanent benefit. Child was carried to the "Thousand Islands," in hope of benefit from the climatic change, but the benefit was only temporary, and the child was brought home as sick as ever, and weaker. At this time the following symptoms were elicited: Light-colored, offensive diarrhœa, containing undigested matter, stools more frequent in the morning and forenoon. Great restlessness and prostration; has not slept more than half an hour at a time, at night, for weeks. Grinding the teeth (the few that are out) and gums almost continually. Not much swelling of gums, but don't want them touched. *Appetite gone.* Gave *Podophyl.* CM. (Fincke) in solution, a teaspoonful after each evacuation. Only two doses were necessary, after which the discharge became natural, restlessness ceased, cheeks (before pale and sunken) flushed, appetite restored, sleeps at night. Cured.

B——, aged two months, has diarrhœa of greenish stools, every hour or two, day and night; cries much; mouth very sore; white coat on tongue and inside the cheeks. Mother has treated it with powdered borax and sugar, for several days; grew worse. As child has had borax without benefit, I gave *Cham.* and followed it some days after with *Sulph.* Grew worse fast, getting weak and emaciated; noticed that when the mother accidentally made a downward

motion, with the child in her arms, it threw up its hands and showed fear of the downward motion. On inquiring, found this had been the case, all the time. Still the child had never been dropped or hurt by any falling! The child was very nervous, startling and crying at every sound; there was a red eruption on face; mouth was very sore, easily bleeding, raw especially under the tongue. *Borax* must be the remedy. Gave it in the 200th, dry on tongue; cured in a few days.

Thus we see that though borax in crude doses failed, after ample trial, the same given potentized in the minimum dose cured, as does always the *simillimum* remedy in proper dose. The other remedies failed because they were not homœopathic to the symptoms.

CLINICAL CASES.

Cannabis—In the effects of post-partum hemorrhage.

Acid. Mur.—Diarrhœa; *Nat. m.*, *Canth.*, *Rhus tox.* and *Merc.*—Gleet.

E. W. BERRIDGE, M. D., London.

Cannabis in effects of post-partum hemorrhage.—June 28th, 1870. Mrs. — was confined on May 15th, and had much hemorrhage; since then has had the following symptoms: very weak; giddiness when walking, with feeling of falling (once she actually fell forward), and at the same time feeling as if she would lose her senses; every day pain in right temple, and vertex as if opening and shutting, beginning on waking and lasting all day, off and on, worse from noise; head feels as if it would fall in all directions; for the last week (this is the *latest* symptom) voices, including her own, seem to come from a distance; her own voice seems strange, as if it were some one else speaking from a distance; memory bad, forgets when speaking what she is going to say; forgets what she has to do, if she does not make a note of it; appetite poor, dislikes meat, of which she is naturally fond; time seems prolonged, especially for the last week or two; every day faint feeling, sometimes faints right off; cannot follow long what people say to her, seems to be in a dream, as if things were not real (this is one of the earliest symptoms); feels at times as if she were somebody else; sometimes feels as if she did not know where she was, objects seem strange; disagreeable taste in mouth on

waking, disappearing after cleansing teeth, but returning after meals ; when writing, repeats or omits words ; after looking long, mistiness before eyes, so that she cannot see well.

Diagnosis of the remedy.—The latest symptom is always (*cæteris paribus*) the most important in the choice of the remedy. In the present case, this symptom was “voices seem to come from a distance,” which is found under *Cann. ind.*, *Cham.*, *Erythrox.*, *Nitrogen-oxyg.*, *Petiv.* and *Solan. nig.* (Compare also *Alum.* and *Carb. an.*) The most *peculiar* symptom was the pain in head, as if opening and shutting ; this symptom is found only under *Cann. ind.* I have verified it in another case, and a colleague has informed me that *Cann. sat.* greatly relieved the same feeling in the back, thus showing that the *character* of a symptom may be the key-note of a case, and that a medicine may cure a very peculiar symptom, even though it has not as yet been produced in the same anatomical region, but only in another, as I have myself verified. (According to a late proving, *Natr. hypochloros.* has “feeling as of opening and shutting in the womb ;” but this is hardly the same symptom as when occurring in a hard, non-expansive organ ; and, moreover, it does not otherwise correspond. See also *Actæ racem.* in Hering’s “Guiding Symptoms,” p. 44.) The list is therefore at once reduced to *Cann. ind.*, which also corresponds to the large majority of the remaining symptoms, many of these having been elicited by my own published provings. The question here naturally arises—are *Cannabis Indica* and *Sativa* the same species ; and if the same, botanically, do the different conditions of climate under which they grow, give them different medicinal properties ? Provings *alone* will never decide this question, as the differences in the pathogeneses might depend upon idiosyncrasies of the provers ; but careful clinical observations combined with provings can determine it. As a help to the solution of the problem, I gave the patient one dose of *Cann. sat.*, 1000 (Jenichen).

June 29th, 8.30 P. M. This morning in better spirits and looked better ; not quite so well this evening, owing to extra fatigue ; feels stronger ; less giddiness in morning, but it returned in evening with feeling as if she would fall forwards ; no feeling of losing senses ; no pain in head on waking, it came on afterward, but at first not so severely as usual ; voices seem more natural ; memory and sight better ; appetite much better ; less faintness ; can better follow what people say ; dreamy feeling and feeling of being somebody else less ; the bad taste in mouth did not return after cleansing the teeth.

June 30th, 1.30 P. M. Rather weaker from over-exertion ; less giddy ; no feeling of opening and shutting in head ; voices seem nearly natural ; appetite much better, has eaten meat ; feels faint ; bad taste in mouth *only* on waking ; time does not seem so prolonged ; has a new symptom (effect of *Cann.*?), a dull, stupid pain in the head. The latest symptoms, as before stated, are (*ceteris paribus*) of the greatest diagnostic value, and in selecting a second remedy, they are of the utmost value. Is a new remedy, therefore, to be chosen according to this new symptom, or the same remedy allowed to act? Hahnemann teaches (*Organon*, 249-51) that if a medicine produces *new* symptoms not appertaining to the disease, it is a proof that it is not perfectly homœopathic, and that another remedy must be selected. In the "*Chronic Diseases*," he also states that new symptoms may also arise from a perfectly homœopathic remedy, if the dose be too large. In the latter case, of course, the remedy should be allowed to act, without change or repetition, unless the new symptoms are so violent as to require an antidote. But how are we to distinguish? In this way: if the patient is generally much better, it is a proof that the remedy was homœopathic, and that therefore the new symptoms (unless excited by some accidental cause) were produced by the magnitude of the dose, or by a peculiar susceptibility to the pathogenetic action of the drug ; and the action of the remedy, under these circumstances, should be in no way interfered with. If, however, there is not much improvement, it is a sign that the medicine was not truly homœopathic, in which case a new remedy must be selected with especial reference to the new symptoms. On this occasion, as the patient was better (not to mention the fact that the new symptom was of too vague a character to be diagnostic), I neither repeated the dose nor changed the remedy, but allowed the one dose to act.

July 2d. Yesterday much better in every respect, felt nearly well (thus verifying the accuracy of Hahnemann's teaching) ; to-day weaker from over-exertion of yesterday ; no giddiness for last two days ; memory still bad ; appetite good, enjoys meat ; felt faint to-day ; can follow conversation better ; time does not seem as prolonged ; not so many mistakes when writing ; is stronger than when I first saw her. Has the following new symptom: On waking to-day, great pain as if weight were on right temple, making her lie down, lasting all day, off and on ; at times cold feeling, beginning in nape of neck and going down back, followed at once by general heat (this latter symptom she has had when she has caught cold,

but this has not been the case on this occasion); sight unchanged; no other symptoms. The patient being generally better, and the stirring up of old symptoms being a good sign (see Hahnemann's *Chronic Diseases*), I still allowed the one dose to act.

July 9th. From 3d to 6th felt almost well; since that has had the following symptoms: Weight on right temple, drawing head backward, and compelling her to lie down, but to a less extent than before; also, pain all over forehead, and shooting pain going from right temple to left; all these head symptoms aggravated by noise; the dull, stupid pain in head has returned for the last three days; feels much stronger; memory good; apparent duration of time nearly natural; sight a little better; sleep not quite so good for three days; the dreamy state, with inability to follow conversation, has returned for the last two days, but is less than before; no other symptoms. As she was still improving, and the recurring symptoms (weight in temple, dreamy state, etc.) were less severe than at first, I still allowed the one dose to act in spite of the new symptoms (the drawing backward of head, and shooting from right to left temples); had these, however, been as severe as before, and proved persistent, it would have indicated that the remedy had now done all it could, and that a fresh medicine must be selected to meet the new symptoms.

July 13th. Feels much stronger; sight better; sleep good; has still the dreamy feeling at times, but less (as this was one of the earliest symptoms to appear, so it was the last to disappear, as Hahnemann teaches); all the other symptoms gone since 10th.

July 24th. Feels much stronger; all the above symptoms gone, except the dreamy feeling, which still exists, at times, to a slight extent.

Acid. Muriaticum in Diarrhœa.—June 22d, 1870. Mr. — had diarrhœa this afternoon, the weather being hot; stools watery, dark brown, preceded by uneasy pains in abdomen; during stools, smarting at anus; has had three stools in ninety minutes, the last two in twenty minutes; is very anxious to get cured, as he is going out this evening.

Diagnosis of the remedy, according to Bell's Repertory.—Smarting during stool: *Agar.*, *Chin.*, *Kali c.*, *Mur. ac.* Watery stools: *Agar.*, *Mur. ac.*, and many others which have not the preceding symptoms.

The symptoms of the stool failed to differentiate further, neither *Agar.* nor *Mur. ac.* having "diarrhœa from hot weather;" I, therefore, referred to the collective of aggravations of *any symptom in the body*, as given in Bœnninghausen's "*Pocket Book.*" Here I found that *Mur. ac.* has "aggravation from warmth," but not *Agar.* I

gave the patient, at once, a dose of *Acid. mur.* 3000 (Jenichen), and some more globules to be taken if the diarrhœa returned. He had no diarrhœa after this one dose. Next morning he took all the remaining globules at one dose, and had no further stool till 27th. He says this cure convinced him of the truth of Homœopathy more than anything he had yet seen. This case is another proof of the absolute necessity of a *collective* of conditions in a repertory, such as was adopted by Bœnninghausen, and followed in my own *Eye Repertory*.

Nat. mur., Canth., Rhus and Merc. in Gleet.—1870, October 6th. Mr. — had gonorrhœa two years ago; it was treated allopathically, and a gleet remained. He then used injections, which stopped the gleet for three or four days only. Afterwards he used stronger injections of *Argentum nitricum*, which caused great pains, chordee and the formation of three lumps in urethra, which subsequently became one. He used a catheter every day for six weeks, after which the lump disappeared. Since then he has had gleet at times, sometimes lasting three months at a time. Inguinal glands hard and enlarged ever since the gonorrhœa. Has only once had gonorrhœa, and never syphilis.

Present Symptoms.—Slight milky discharge since July; uncontrollable urging to urinate every two or three hours for three days (this first appeared after the *Arg. nit.* injection, and then came on every half hour for six weeks); urinates only a little at a time; slight uneasiness at end of urethra on walking; itching in urethra during urination; if he attempts to hold the urine all the muscles of the body feel tense, and again relax when urine is passed; when the urging comes on, he cannot hold it more than three or four seconds; has to rise every night to urinate; drinking alcohol increases the gleet; inguinal glands hard and enlarged; injections of arrow-root stop the discharges but increase the itching.

Diagnosis of the remedy.—Itching when urinating: *Ambr., Graph., Lycop., Mez., Nat. mur., Nux., Sars., Thuya.*

Urging to urinate little and often: *Nat. mur., Sars.*, and many others which have not the itching.

As *Nat. mur.* is an antidote to *Arg. nit.*, I gave one dose of 1000 (Jenichen).

October 13th. Improved next day. Uneasiness, itching and tension all gone; less discharge and urgency; has only once had to rise to urinate; can hold urine easily for four hours; glands unchanged; can now drink sherry and porter without increasing the gleet.

October 22d. Discharge the same; urging nearly gone, but increased by wine or beer; has not had to rise to urinate. Since the dose, stool more scanty than usual (effect of *Nat. mur.*?); glands swollen, no pain in them, even on violent exercise; alcohol increases the gleet, but to a less extent than before.

October 31st. Urging less, not increased by wine; stool as before; glands in right groin are natural, on left swollen; can easily hold urine six hours; discharge for last three days rather increased and more sticky; *when urinating smarting in urethra*, about an inch from end of penis; for a few days stream of urine double. As the improvement seemed to have nearly ceased, and new important symptoms arisen, a new remedy had to be selected.

Diagnosis of the remedy.—Stream double: *Arg. nit.*, *Canth.*, *Petr.*, *Rhus*.

Pain during urination: *Arg. nit.*, *Canth.*, *Rhus* (and others).

Tenacious discharge: *Canth.*

One dose of *Cantharis* 1000 (Jenichen) was given.

November 11th. No urging; left inguinal gland rather painful on moving; discharge has been much better, but is now increased from indulgence in ale, wine and tobacco; smarting less severe and less often; stream not so often double.

November 19th. Smarting less; stream double at times; no pain in groin; discharge much more watery; feels a *hard swelling in urethra*.

Diagnosis of the remedy.—Swelling of urethra is found under *Canth.*, *Merc.*, *Nit. ac.*, *Rhus*.

Stream double: *Canth.*, *Rhus*.

As *Canth.* had been given before, and had now apparently ceased its action, one dose of *Rhus*. 2000 (Jenichen) was given.

November 26th. On 20th and 21st discharge increased (had drunk spiced ale), since then much less, has stopped entirely at times; no smarting since 21st; stream not double; pain at times in groin on walking; during the week has taken more wine than usual and smoked, but is nevertheless better.

December 3d. Discharge unchanged; for a few days *smarting on beginning to urinate*, in the urethra, near the glands; stream double for the last week; does not feel the lump; three days ago *penis felt very hot to the touch*, but not subjectively.

Diagnosis of the remedy.—Pain on beginning to urinate: *Canth.*, *Caust.*, *Clem.*, *Merc.*

Heat of penis: *Caust.*, *Canth.*, *Merc.*

As *Canth.* had been given before, the choice was reduced to *Caust.* and *Merc.* Here the *anamnesis* proved of value; *Merc.* alone has the swelling in urethra, and this symptom, though it no longer existed, formed an element in the case. One dose of *Merc. viv.* 200 (Lehrmann) was given.

December 10th. Discharge has ceased at times; is no worse to-day in spite of drinking all kinds of wines last night, and dancing from 9 P. M. to 4 A. M.; the smarting went but returned to-day, lasting nearly all the time of urination (from the wine?); stream not double; stiffness in groins, at times, when walking fast.

December 17th. Discharge less, ceases at times; smarting less; stream double at times, if bladder is not full; groins as before, still some swelling of the glands.

December 29th. Discharge very slight; no smarting; stream not so double; groins better. The patient considered himself cured, and did not return.

This case proves the following points: 1st. The evil effects of injections, even those which, by reason of their power to inflame the urethra, have been by certain physicians considered homœopathic to the disease. 2d. That though the patient indulged in alcohol, tobacco and sexual intercourse as much as ever, single doses of high potencies were sufficient.

PERISCOPE.

UNITED STATES MEDICAL INVESTIGATOR, APRIL AND MAY.

“M. D.” gives accidental proving of *Usnea Barbata*, a kind of lichen:—*Severe headache over entire head or front of head, with a feeling as though the temples would burst, or the eyes would burst out of their sockets.* The same authority reports several cures of headache with this substance.

HAHNEMANNIAN MONTHLY, APRIL, MAY AND JUNE.

Dr. Thomas reports four clinical cases. In the first one, a case of pneumonia, there was a *sharp, stitching pain in right lung, with dread of motion.* The *slightest motion*, even in turning the head, or lifting the hand, *made him worse.* *Bryonia* was given, and ultimately cured.

The doctor, however, made two mistakes; the first, in continuing the remedy so long as to give the system the additional task of fighting the drug as well as the disease. The second mistake was in changing to *Sulphur*, because of the seeming slowness of action of the *Bryonia*, when the delay was really owing to the excess of the remedy. The doctor, however, quickly saw the error, and corrected it by again giving *Bryonia*. In the light of these two mistakes, this is a very instructive case. The second case of same disease was treated at first with *Aconite*, and then *Bell*. But neither of these remedies gave as good result as *Sulphur*, which was continued until the patient got well. The indications in this case are not very clear. The third case (again pneumonia) was treated with *Bell.*, and then *Rhus tox.* We think *Aconite* should have been given. However, the patient got well, with the exception of a thin, copious, semi-purulent otorrhœa, for which *Hepar* was prescribed with good result. A diarrhœa, in the course of phthisis, was much benefited by "Coto-bark." No indications are known.

Dr. Bayne, of Barbadoes, reports two cases of tetanus, cured with *Passiflora incarnata*, empirically, after the usual homœopathic remedies had been given without effect. This drug has not been proved, hence no indications could be given.

Dr. Bigler gives a condensed translation of Prof. Jæger's Neural Analysis, together with a drawing of the instrument and copies of the "osmograms," or "neural-analytic curves." The condensation is done with very good judgment. We observe, however, that *ozon* in the German has been rendered "oxygen." This is an error; it should be *ozone*.

A partisan of the Milwaukee Academy takes Dr. Farrington to task for his review of Dr. Potter's book. His remarks are interspersed with expressions of "surprise and pity." Dr. Farrington's just criticism seems to have excited the liveliest feelings of apprehension (as to sales) among the friends of the book, so they rush into print in defense of it. Dr. Farrington replies in the same number of the journal. One of his sentences contains the whole truth in a nutshell. He says: "The ostensible object is indeed as asserted by my critic; but under all this is an ulterior purpose, which comes to light in a critical examination of the book. * * * I mean the minifying of Hahnemannism, and the exaggeration of similitudes between the schools which may point to a distant unification of the two." The doctor might have added that we now know the meaning of the terrific and sudden onslaught made upon the pure Hahne-

mannians a couple of years ago. This attack, so sudden and so violent, was a phenomenon that puzzled us all until at length this book appeared, and then it dawned upon our senses that the object was to advertise the author and thus secure a market for his wares.

Dr. Farrington's concluding sentences are as follows: "Homœopathic cloth though not yet perfect in contexture, is woven systematically, durably and handsomely. Disgusted with the shabby and untrustworthy work of his day, Hahnemann constructed a new loom. The several parts of this masterpiece required untiring labor and consummate skill in their production. They were not the consequences of his seclusion and ostracism. They were the fruits of his genius—a genius which rejected the incompetent apparatus of his day, even before he yet knew of a substitute. If rude hands mar this work, the resulting cloth will show the tampering. Still 'liberty of opinion' is the watchword, and he is to be pitied who clings to the old machine, the Organon, even, I suppose, though not one of its appurtenances, has been proved ineffective, and nothing new offered to equal it, much less supersede it."

The June number contains the report of a discussion on Tonsillitis in the Homœopathic Medical Society of Allegheny County. The paper read gave three varieties of tonsillitis. They are: inflammation of structures around the gland, inflammation of the gland itself, and inflammation of the secreting membrane lining the follicles of the gland. The general tone of the paper and of the discussion was that but little could be done to avert suppuration, and where it seemed to be prevented, the case was not a true inflammation of the gland but only of the follicles, which kind never goes on to suppuration; so that you were deceived about the success of your remedies, don't you see? Nevertheless something is always tried. Each doctor relates his experience—generally empirical—which, of course, does not agree with any other. Thus we have a jumble of opinions instead of an attempt to study out the specific symptoms of the individual patient and an *orderly* application of the indicated remedy singly and in the smallest dose necessary to cure. Indeed, the proceedings of this meeting read more like the discussions in an old school society.

Dr. Swift relates an interesting case of scarlatina, with delayed eruption, successfully treated with the single remedy. *Bell.*, then *Calc-c.*, then *Merc.*, were the remedies used.

Dr. Street successfully reduced a strangulated hernia by *taxis only*. An interesting case.

Dr. Fincké, acting upon the idea of Prof. Jæger, describes a new method of taking observations of the effect of potentized medicines upon the system, in a paper entitled, "The Electro-motorial Test for High Potencies." His method is to connect a minute galvanic battery with a galvanometer. Making the body of the observer a part of the circuit, he takes observations of the effect of the current upon the needle after passing through the human system. He finds that the conduction of the electric current varies according as the nervous system is affected by different drugs. He uses a peculiarly arranged galvanometer. In an astatic combination *each* needle is inclosed in its own coil. Nothing is said as to the connection of these coils with one another; or as to the relation of the resulting rotation in one coil to that in the other. We can only *infer*, therefore, that this arrangement insures grèater sensitiveness to electrical influences. The doctor gets some extraordinary readings from his needle. He gets a swing amounting to 245° ! When an electric current passes parallel to a magnetic needle, the needle rotates until the poles are at the greatest possible distance from the wire; this of course is 90 degrees.

Dr. Fincké, on the other hand, talks about angles of 245° ! Something must be out of adjustment in his instrument, else he would never get such an apparent result. Moreover, an astatic combination is diamagnetic—pointing east and west (or nearly so in those combinations unequally magnetized for purposes of investigation). But Dr. Fincké's needles point 45° north of east. These errors should be corrected to render his observations reliable.

THE CLINIQUE, JANUARY TO JUNE.

In some discussions before the Clinical Society, Dr. Burt declares that milk is a prophylactic in Scarlet Fever. He instances the fact, that children nursing are exempt from the disease; he also relates some instances in his own experience.

Dr. T. S. Hoyne relates three or four interesting cases: One of these was a case of hæmorrhoids, hemorrhage, syphilis, dyspepsia, palpitation of heart and insanity. All conditions were relieved by *Phos.* 30 and 200. A case of Herpes Zoster with the following symptoms: Violent lancinating pains in the left leg, worse in the evening and from touching the part; violent itching of affected parts; burning of parts; was treated with *Zinc.* 30. A case of impetigo was cured with *Graphites* 12 and 200. Prurigo in an old man was cured with *Ignatia* 30 and 200. The indications

were: *Sensation as of stinging like bee-stings. It is better in cold weather; disappearance of itching after scratching.*

Dr. Small gives a clinical lecture on malarial fevers. He claims that a great variety of general complaints attended with diarrhœa, fever, sore throat, absence of appetite, weariness, dull headache, etc., are due to the influence upon the system of malarial fever caused by defective sewerage, poisoned water, etc. He illustrates his position by many cases treated homœopathically. Whilst not impugning the truth of Dr. Small's observations, it should be noticed that the old school apply the term *malaria* to every derangement of the system that shows any periodic tendencies whatever. It forms a convenient explanation of everything they don't understand and a sufficient excuse for the prescription of the ever-ready Quinine. Thus when a young lady gets cold in the back of the neck from the drafts of a car window on a cold wet day, and has stiffness of the neck in consequence, it is attributed by her old-school attendant to *malaria*, and Quinine is given in large doses. When it fails to cure, because not it but *Lachesis* was really the remedy, the doctor says the malaria is "stubborn" and "deep seated" and that it will require a long time "to get it out." Hence she is kept in the house all winter—notwithstanding the most tempting invitations, etc., socially. Hence we must be careful how we use the new view given us of indefinable complaints lest we deceive ourselves and our patients, and eclectics make it the pretext for administering massive doses of Quinine in order to save themselves the labor of studying the remedy.

W. M. J.

BOOK NOTICES AND REVIEWS.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By *R. Ludlam, M. D.*, Professor of the Medical and Surgical Diseases of Women, in the Hahnemann Medical College and Hospital, of Chicago, etc., etc. Fifth Edition, revised, enlarged and illustrated. pp. 1028; price, cloth, \$6.00. Chicago: Duncan Brothers. 1881.

Gynæcology, in the Old School, may be divided into two branches; the surgical and the therapeutic or medical. From an allopathic point of view, both of these classes are wrong—the one relying too much on surgical measures, the other too entirely on medicinal. From a homœopathic standpoint, it is evident that surgical measures should be entirely subordinated to the thera-

peutic, and should be used only as a last resort. Under the lead of Simpson, Wells, and others, in England; of Simon, Esmarch, etc., in Germany; of Atlee, Sims, etc., in America, gynæcology has become a surgical art. There is an excessive surgical tendency exhibited by the leading gynæcologists of the Old School. As allopathy has no therapeutics, and, as Dr. Matthews Duncan says, "tangible remedies are the favorites of the physician and the vulgar," one is not surprised at their relying so much on surgical measures. But, among homœopathsists we should expect to see pre-eminence given to internal medication. We are, therefore, pained to observe in this large work of Prof. Ludlam, how entirely he ignores the internal medication, which has achieved such success in the hands of our leading practitioners, for the surgical measures of allopathy. Although mention is made of internal medication and remedies given, this part of his treatment is evidently considered as of minor importance. As an instance, on page 307, in discussing the subject of "nausea and vomiting of pregnancy," we read: "For the vomiting of a viscid mucus, especially on rising, *Nux vomica* and *Cocculus*. For constant, or occasional vomiting, without regard to the position of the body, and for vomiting of whatever is swallowed, egesta being mixed with bile or mucus, *Ipecacuanha*. * * * For the vomiting of bile with the food, a rancid heart-burn, and pyalism, especially at night, *Mercurius*." After giving a small list of other remedies, "special indications, for which you will look to the materia medica," our author adds: "The number and variety of these remedies implies that the so-called morning sickness of pregnancy is a self-limited disorder, because [!] when a disease inclines to get well of itself, it may easily happen that whatever has been prescribed will sometime or other get the credit of having cured it." This sentence betrays the author's lack of faith in homœopathy and its medicines, and also his ignorance of homœopathy. He had as well say that *consumption* is a self-limited disease, because many remedies are used in its treatment. It betrays ignorance of homœopathy, because the number of remedies, whose symptoms apply to any disease, have nothing whatever to do with its curability or non-curability.

Dr. Ludlam's book includes a wide range of subjects: the functional, diseases of menstruation, of pregnancy, hysteria, etc., as well as the organic diseases of the ovaries, uterus, etc. The work is well and profusely illustrated; its descriptions are brief and good, but it displays rather the character of a compilation than the stamp of originality, such as observed in the treatises of Thomas, Emmet or Barnes. By the way, in several instances, the author's quotations are taken from older editions of the writers quoted. It would have been better to have given their latest and ripest experience. In conclusion, we again express our regret that Dr. Ludlam has so entirely ignored homœopathy and its remedies for the useless expedients of allopathy. His work can in no sense be called homœopathic, nor is any such claim made. Hahnemann and homœopathy are conspicuous only by their absence. As an allopathic work, it cannot rank with those of Thomas or Emmet; as a homœopathic work, it is immensely inferior to Jahr or Guernsey.

A TREATISE ON THE DECLINE OF MANHOOD; ITS CAUSES, AND THE BEST MEANS OF PREVENTING THEIR EFFECTS AND BRINGING ABOUT A RESTORATION TO HEALTH. By *A. E. Small, A. M., M. D.* Chicago: Duncan Brothers. 1881.

This little book of 102 pages is, according to the preface, "an attempt to supply a want in the literature of homœopathy." This we are not quite ready to grant that it does. The treatment is not sufficiently comprehensive. The remedies given are only a few that have been successful in the experience of the author. The differential indications are vague and general. The treatment is too suggestive of the empiricism of the old school. This empiricism has already made considerable inroads into the avowedly homœopathic literature, and it is not desirable that it should be encouraged. Dr. Small should, therefore, give a more extended symptomatology, like that in Bell's book on Diarrhœa; his work would then become a hand-book for daily use. On page 42, "*Arum muriaticum*" should read *Aurum muriaticum*. Do not the symptoms enumerated at foot of page 57 indicate *Cantharis* rather than *Tartar Em.*?

W. M. J.

WANTED,

Copies of the January number of this Journal: thirty cents each will be paid for the same. Gentlemen wishing to dispose of this number, will please forward to 2109 Chestnut Street, Philadelphia. Write your name on outside of wrapper.

CHANGE OF HEART.

We are glad to see that the *American Observer* has experienced a change of heart. In its July issue, instead of abusing pure homœopathy, as has been its habit, it reviews the *Revised New Testament*. Doubtless a *new* book to them!

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

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No. 10.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION
OF 1881.

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

IN 1876, the writer of this paper was told that the above-named body would assemble in London, in July of this present, or of the last year, and would be made up of the leading minds of the homœopathic school, from this and the many countries in Europe where homœopathy is studied and practiced, so far as it might be practicable to gather them at the appointed time. The prospective view of these, so gathered, was a pleasant vision, and so it continued to be till it met, acted and adjourned, in July of the present year. It was pleasant because such a gathering of minds from so many countries, who had received the God-given law of healing as that which in its philosophy and practice contains all the world possesses of a "science of therapeutics," it was supposed would be earnestly and wholly employed in raising this law and its philosophy into a clearer light, and in giving to the world a broader and brighter vision of its truth, its promise of blessing to the sick, and an increased knowledge of its past grand achievements in practical healing. In short, it was pleasant to believe that as the fruit of this gathering, homœopathy would be raised to a higher plane, as a science, and there be placed in so clear a light that all the world might the better understand that this which we so greatly love, trust and practice is indeed God-given, and not the outgrowth from any

human imagination, however brilliant; that it is indeed concrete truth in itself, and not existing merely in the acceptance or opinion of any man or class of men. It certainly was not unreasonable to expect this from such a body as this Convention was to be. The world, and notably that part of it which is represented by the practitioners of our school not present in this Convention, had a right to expect and demand this at the hands of those who were. The object of this paper will be to see, from the report of their doings, how far this reasonable expectation has been met. What, if anything, has it added to our knowledge of our law or its philosophy? what has it given to the absent world by its meeting and labors calculated to strengthen its confidence in the truth, value or efficacy of the law? for it was innocently supposed by many of these absentees that to do something of this kind was the especial object of the Convention. Indeed, the President declared the first object of these meetings to be "the consideration of the best plans for propagating the *method* of Hahnemann." That homœopathy was "a *method* and not a doctrine or system." Thus he began the work of degrading that which has been long recognized as a *law* existing in the nature of man, there planted by his Creator, in which exists the relationship between drug agencies and sicknesses, by which the one was made the curative of the other, to the low position of a "*method*."

The passage of a certain resolution at Albany, in 1878, by the New York State Homœopathic Medical Society, degrading this law to the level of a mere *rule* of practice, like any other rule which any man might set up for himself with benevolent intent, was characterized at the time by the writer as a crime against science. In his judgment of this proceeding, he is now, as then, fully convinced of the justice of this sentence. It was then objected to by the excellent and genial friend who has just presided at this last Convention, because, he said, "this is just what I have been doing all my life." I have no doubt this confession is true, and the more so because of this his last effort to reduce our *law* to a mere "*method*" of practice. We did not reply to Dr. Hughes' objection to our view of the criminal character of the Albany proceeding, in the first place, because we did not see how his objection changed in any degree the character of the Albany transaction. If criminal before, it was after his objection and the interposition in its favor of his own life-long example. We now reply to his objection to our judgment, and to this, his last act, in accord with that which he said he had "been doing

all his life," that neither his personal example, excellent as we have no doubt this has even been in other matters, nor repetitions of acts, however often these may have been, has any power to sanctify crime—crime remains crime after a thousand repetitions, the last the same as the first.

The second object of the Convention, as given by the President, was "the development of homœopathy." If this were to be gained by in the first place reducing its law to a mere method, it is submitted that development so initiated, would be in a direction downward and backward, and from the grandly magnificent and universal in its application, to the little and unimportant, and not likely long to be of interest to any one, because of its utter insignificance.

By way of "developing homœopathy,"—the second object of the Convention—and belittling its author, which were, apparently, too nearly identical in the minds of some prominent members to be pleasant to the contemplation of those who believe both in homœopathy and its author, the President informs the Convention that there was, in Hahnemann's time, "no homœopathic physiology." Was this given to his friends present as an important piece of information it were well they should know? Or was it to express to them the President's view of the poverty of the time of the birth of our system of philosophy and practice (for such we maintain our law and its philosophy is), in professional scientific possessions? In either case, it would be pleasant to know just what "*homœopathic physiology*" would be like, if the President's idea of it could be realized. We have been accustomed to consider homœopathy as the science of therapeutics, and therapeutics as having to do with sick life, and no other. Now, physiology is, as we understand it, the science of life in health, and is thus distinguished from pathology (of which some of our friends are just now so fond), which is the science of life sick. No "homœopathic physiology," indeed! Well, I do not know that they had a homœopathic trigonometry. But what then? The supposition of such a thing, and a need of it is no more absurd than to talk of homœopathic physiology.

And then, further, by way of "development," there was then "no such thing as homœopathic pathology." We take issue with the President on this statement, if by it he means that homœopathy, then as now, dealt or deals with the sick regardless of the patient's sick life. It is with this it is exclusively concerned in all its practical duties. It is this sick life which *is* pathology, and a knowledge of this is its science, and besides this there is no science of pathology

in any time, other than in the imagination of self-deceived men. The author of homœopathy investigated the elements of sick life as man had never done before him, and those who to-day are his true followers and representatives interrogate these as no other men do, with a thoroughness unknown to those who are partially his followers, and which is entirely foreign to all practitioners of medicine who repudiate Hahnemann and his law, and prate and chatter, pathology! The necessity was on him, and is on his true followers, to carry his investigations of morbid phenomena to their utmost depths and to their very source, that the true nature of the affection to be treated may be known, and this because it can be known in no other way. It is only by a study of these elements that any idea of rational pathology can be conceived of. All outside of this, which is called pathology, has its existence solely in a deceived imagination. These elements, commonly known as symptoms, are the only medium of approach to any knowledge of a true pathology of any case. And yet it is too common for those who are loudest and most frequent in their talk of pathology to affect to deride these only guides to its true knowledge, or to a practice founded on law. It is by means of these despised symptoms that the true pathologist penetrates the deepest secrets of his case, and it is by these alone they can be reached. And yet we have heard, and not long since, from a presiding officer of another learned body, this practice, so guided to the depths and secrets of morbid conditions characterized as "superficial." He did not know that this, and this only, was the way to the profound. He called it "prescribing on the surface," when thus guided by these only guides. He, more than others, prescribes on the surface, who regardless of these true guides, generalizes a few phenomena and from these predicates a general condition, gives this a learned name, calls it the pathology of his case, and proceeds, if a partial homœopathist, to give a remedy he supposes to have produced a similar condition in its proving, and this double hypothesis and wholesale guessing he calls scientific homœopathic prescribing. He is the man on the surface, and even his most vigorous guessing is not likely to carry him often much below it. The true follower of the master thus pursues these elements of his case into its intimate pathology, through the medium of its symptoms, because this can be reached in no other way and by no other means. And, further, because the like which cures, which to him is the one all important end of all his investigations, is only found in these elements which having disclosed to him its

true pathology, now further show him his curative in the drug which has been found to produce on the healthy organism phenomena most like those of the case before him. "On the surface," indeed! Did the man know what he was talking about? No pathology in true homœopathy! It can hardly be too much to suggest that now we have heard from the feeble and the flippant more than enough of the lack of pathology in true homœopathy. If even these will give themselves the trouble to look for this where alone it can be found, they will find bright and solid facts, which they may profitably place in the stead of that they have vaunted, which consists so largely of hypothesis and imagination.

But, says the pseudo pathologist, this prescribing, under the guidance of symptoms only, reduces the physician to a mere *symptom coverer*. We reply, that this practice, perfected, exalts him to the highest position in the ranks of healers. This charge has been cast as a sneer even at such heroes in the practice and literature of our profession as Bœnninghausen and Hering, by those who were wholly incapable of either comprehending or imitating their method. A sneer was the highest reach of their capacity. They are not sufficiently intelligent to know that the exact covering of the symptoms of a case is the ultimate perfection of prescribing, under the law which is the sure foundation of the science of therapeutics. He is and has ever been the most successful healer who has been able to do this most perfectly.* Surely this man has no occasion to quail before this flippancy of ignorant or prejudiced incompetents. The man who can do this, can stand by the side of that peerless prescriber of Münster, and challenge the world to produce another, of whatever other school of medicine, with a record of equal success in dealing with the gravest forms of human maladies. Symptom coverer, indeed! The most exalted characters have been a mark for the spite of the weak and the wicked. And thus these most exalted prescribers we have named, have not escaped. The sneer which was intended as an insult, was really the brightest jewel in their crown.

In a paper read by Dr. Hughes, entitled "Generalization and Individualization," he further attempted the development of homœopathy, by giving to the former the first and almost exclusive importance in prescribing, except for a class of affections, notably those

*It is admitted that this manner of prescribing, while it is the beau ideal of clinical practice, is at the same time one of the most difficult of human duties. Indeed, there have been few who could fully realize this perfectly in their practice. Presumably these sneerers are not included in this comparatively small number.

of a nervous character, which even the ingenuity of our modern pseudo pathologists, have not been quite equal to moulding into forms sufficiently definite to enable them to generalize these as they would like, and as they seem to think they have, the rest of human maladies. He brings Hahnemann as authority for the generalization he advocates, in that he recognized certain forms of disease which recur with such uniformity of elements as to establish a relationship of curative to them of a given drug, whenever these diseases may appear. It cannot be denied that the doctor had a seeming of truth on his side in this presentation of the authority of the master for his heresy, for such we cannot but regard his advocacy of generalization to the exclusion of the individualization which Hahnemann everywhere advocated and practiced. We say he has a seeming of truth, for he has only this. It was by this very individualization which the doctor would reduce to a second rank in importance in finding a simillimum, that the master reached his conclusions as to his supposed relationship of copper to cholera, for example, and so of the other instances given in the paper. It was only by the strictest analysis and individualization of the elements of the diseased and drug action that he discovered the relationship, in the light and under the guidance of the law of similars. With him it was, with the epidemic of cholera, for example, as it was with every individual case of disease, the simillimum was sought and found by analysis and comparison, and, in no other way, each case and each symptom being carefully studied as an individuality. Indeed, if we take from homœopathy this *sine qua non*, we take from it the very life and soul of this science of therapeutics, and it will be only a dead corpse, and needing but a coffin and a grave to be buried out of sight, to be speedily forgotten, as so worthless a thing would well deserve to be. Deprived of this, and homœopathy is deprived of its identity. The attempt to develop its science by degrading this, its one most essential feature, is to attempt to run it into the ground and into forgetfulness in the briefest possible time. Its friends may well pray for salvation from all such development.*

*The *Homœopathic World* says: "This paper was well handled by Dr. Drysdale, who pointed out that generalization stood for pathology. To this Dr. Hughes was understood to assent." Now, then, we know what it is, this of which "there was no such thing" in Hahnemann's time. It is generalization. It is well to know this at last, for hitherto this so much talked of and vaunted science has been a very indefinite and shadowy thing. It is generalization. Dr. Hughes admits this. But there was no pathology, *i. e.*, no generalization, in Hahnemann's day. The president and others said so. And yet the president says Hahnemann generalized, and if we may accept his statements, he seems at times to have done this to some pur-

If we look into papers read in the Convention by other gentlemen, we find in each, or nearly so, something to approve and often much to condemn. In many there is an attempt to improve that in our philosophy, practice or methods which needs no mending. In this there appears at times a disposition to be meddling, and almost always in a way at the expense of Hahnemann's reputation or that of his system of practical medicine, these gentlemen were supposed to have accepted and approved, and to the development of which we were assured, and certainly we hoped, the labors of this Convention were to be devoted. We are compelled to say the issue in no way or degree justifies the promise. There were at times, in some of the papers read, an apparent inkling of homœopathic philosophy, but, lest this should shine with too great brightness, the writer immediately discovers that its author was a dreamer, a fanatic, or an ignoramus, or at least a something very much below the station in science the writer was viewing himself as occupying, being at all times very careful to have it understood that he was not in any way to be regarded as unreasonably entangled with Hahnemann, or his dreamings, or with aught belonging to him. In this, it must be admitted they were, for the most part, quite successful. If at any time they were seeming to accept aught from the master it was oftener than otherwise to show how deftly they could mend it all, and perchance to hint how much better it might have been could the sage of Köthen have had the benefit of their counsel. The most startling among the many remarkable statements of papers read in the Convention was one by gentlemen from Belgium, making Hahnemann and Hering, among others, indorsers of alternation. It was never my fortune to know Hahnemann personally, therefore I can only say that his teachings, so far as I am acquainted with them, seem to me wholly at variance with this heresy which these gentlemen represent him as approving. With Hering it was different. I knew him well, and it was my great good fortune to possess his confidence. The last time I saw him alive he gave me his estimate of this heresy. If I could give to these gentlemen the emphasis and expression of disgust with which he said, "*that abomination, alternation,*" I am sure they would not soon again represent him as its approver.

Some one has characterized the doings of this Convention as

pose. The President's logic seems a little loose. Has he been, in this generalization paper, weaving a fabric of his own, to which he has endeavored to attach Hahnemann's trade-mark? However this may be, and whatever may be the product of the president's ingenuity, certainly homœopathy it is not.

largely devoted to "beating empty straw," which is well. They were given, to a considerable extent, to questions upon which all was said long ago, which could be profitably said, and we have been content to leave those who were not convinced by the arguments used for the right side, to go on enjoying their opinions of the wrong, to their heart's content. To talk reason to them was only to "beat empty straw," and this is not a dignified employment.

The Convention resolved it had had a pleasant time, and adjourned. In our gladness for their success in this particular, we cannot overcome our sense of their failure to accomplish anything our expectations looked for as the result of their gathering and labors.

THE PENN MEDICAL UNIVERSITY.

"The Historian" of this "University" claims it was a homœopathic institution (though allopathy was taught), because its professors of botany and pathology lectured on homœopathy. Such a claim the Hahnemann Medical College of Chicago, deems absurd. In its latest "announcement" we read:

"Particular attention is called to the fact that in this college and hospital, by the requirements of its special charter, all instruction must be given by practitioners of homœopathy. It is evident that such teaching is preferable, and prevents that mongrelism that must ensue in colleges with mixed schools of practice, or where a majority of the professors have little or no faith in the truth of the homœopathic law."

WANTED,

Copies of the January number of this Journal: thirty cents each will be paid for the same. Gentlemen wishing to dispose of this number, will please forward to 2109 Chestnut Street, Philadelphia. Write your name on outside of wrapper.

"GEMIASMA VERDANS."

Physicians wishing the 30th potency of the above remedy *to prove*, can have some by applying to Dr. Swan, No. 13 West Thirty-eighth Street, New York. This is one of the cryptogamia that cause chills and fevers; any person inhaling the odor of the ripe plant will surely have chills and fever.

FATAL ERRORS.

AD. LIPPE, M. D., PHILADELPHIA.

IT is a fatal error to declare homœopathy and eclecticism synonyms, or to declare eclectics to be homœopathists.

This fatal error was committed by the President of the late International Convention, held in London, when he said in his address, July 12th, 1881 :

“If they [the propagandists] are habitually resorting to measures of another kind, using the stimulants and sedatives, the purgatives, the caustics and counter-irritants of ordinary medicine, their success, whatever it may be, makes nothing in the direction of our present outlook. But that they have perfect liberty so to do, if they think fit, I do not deny; on the contrary, I claim it for them. It is the supreme duty of us all to do what we judge best for our patients, irrespective of any creed or system, and to do this our hands must be free. We protest against the tyranny which ostracizes us because we believe this ‘test’ ordinarily to be homœopathy; and we will not be entangled again by any other yoke of bondage. No one may impugn our right of unfettered therapeutic choice—neither of our opponents, nor our stricter colleagues, nor our patients. Our only overt peculiarity is that we ally ourselves to institutions known as ‘homœopathic,’ to societies, dispensaries, and such like, which exist because of the exclusion of the method of Hahnemann and its practitioners from professional fellowship. We do not, by so acting, pledge ourselves to any exclusiveness in practice. We manfully recognize a truth which has laid hold of us, but which at present is denied and cast out. We in no way determine how far its practical consequences shall reach. What ground, then, have our enemies for charging us with inconsistency, with dishonesty, with trading in a name, if we use as freely as we think necessary the resources of ordinary medicine? With what propriety can friends, whose practice is more exclusive, reproach us with disloyalty for so doing? And as for our patients, they are as free to choose their doctor as he to select his remedies. They may come to him because he believes in homœopathy, but it is not their right, and, indeed, not their wisdom, to dictate to him how far his belief shall influence his remedial measures. If his treatment is not so purely homœopathic as they could wish, they have but to choose a practitioner more to their mind.”

Thanks, sincere thanks to the learned gentleman who uttered these sentences. Under stress of circumstances he has at last taken off the mask, and allowed the profession to behold his true inwardness. We now know where to find him; not only has he fully exposed his untenable position, *i. e.*, that of a man who demands the indisputable right to practice eclecticism, and at the same time call himself a

homœopath, but he also involuntarily proves correct, without a doubt, the proposition held by the International Hahnemannian Association, that there are numbers of professed homœopathists who violate the tenets of our school, and also largely repudiate them. He has furthermore done us, as a school, great service in exposing that "Nigger," supposed to be hidden in that woodpile, *i. e.*, the motives for this singular position assumed by him and the other eclectics.

The eloquent orator claims it to be the right of members of the homœopathic school of medicine to exercise perfect liberty in resorting to measures of any kind, to use "the stimulants and sedatives, the purgatives, the caustics and counter-irritants of ordinary medicine," because "it is the supreme duty of us all to do what we judge best for our patients, irrespective of any creed or system." It is our unpleasant duty to differ entirely with this learned expounder of the supreme duty of a professed homœopathist; what he proposes is simply eclecticism, and nothing else. Every member of the medical profession has an unquestionable right to do what he, with the light and knowledge he possesses, thinks best for his patient, but the learned orator forgets that the healing art, as introduced by Hahnemann, and by him called Homœopathy, admits of, nor *needs*, no such practices as are the prerogative of eclectics only. Nobody impugns the right of unfettered therapeutic choice; to deny that right would be tyranny indeed; but it is worse than tyranny to demand that consistent homœopathists must and shall fully indorse the eclectic tenets promulgated so plainly by this orator. When a medical man professes to practice homœopathy he voluntarily, and with his eyes wide open, submits himself to a yoke of bondage; he professes to be governed by the strict tenets of the school he embraces; he has no liberty to go outside of these tenets (while a member of the school), and such has been the time-honored course pursued by *all* the early pioneers of our school. By strict adherence to these principles they were able to give homœopathy the *status* it now enjoys among a host of intelligent people; none of these veterans ever thought it necessary to resort to the injurious means used by the ordinary medical profession.

When at this convention a notorious eclectic exclaimed, "Give me the *young men* to instruct, and I will guarantee the future of homœopathy!" the venerable Dr. Dunn called upon the *younger* men to be faithful to the truth, and not to remove the old land-marks that had been to him a guide through a long and successful career. Give

Dr. Dunn the young men to instruct, and the future of homœopathy would be glorious.

The learned orator admits that the hybrids, whom he represents, are charged by enemies "with inconsistency, with dishonesty, with trading in a name, if we use as freely as we think necessary the resources of ordinary medicine;" and are also charged "by friends, whose practice is more exclusive, with disloyalty for so doing." He pleads that they have no ground for so charging, and are guilty of an impropriety in so doing. The charge has been made, the facts have all been admitted, but enemies and friends have no reason for making this charge with propriety! Modest, indeed! very modest! The whole plea of the orator is, in sum and substance, that neither allopaths nor homœopaths, not even intelligent laymen when in need of a physician, have any right to know what are the tenets of the homœopathic healing art; they have no right to accept Hahnemann's teachings, nor heed the overwhelming testimony of the many true and faithful men who have successfully applied practically these tenets, these rules and regulations, and found them always sufficient, true and reliable in every respect. Time and again the learned orator and his friends have been asked to read "Blackstone on Evidence." Is not the positive testimony of one expert stronger evidence than the testimony of a hundred men who are ignorant of the point in dispute? Are, then, we again ask, the tenets of the homœopathic school an unerring guide in the healing art? The experts, who for a life-time have, like Dr. Dunn, been guided by the old land-marks through a long and successful career, those good and true men, gone before us, as well as many now living, willingly and gladly answer this question in the affirmative; while men who, by their own confessions and utterances, never, I say *never!* appreciated these tenets, who *never* applied them properly, intelligently or diligently, answer in the negative. Time and again have these men, testifying in the negative, been asked to *illustrate*; never, I repeat *never*, has any one of them related or reported a case of sickness treated by him under strict homœopathic law, rules and regulations without success; or after such failure became apparent, had been *cured* by means of "ordinary medicine." Till they, or any one of them, have done so, their negative testimony is utterly worthless. There is still a better mode of proving the superiority of the hybrid practice over strict homœopathy, a mode so easily of application, and that is, let these hybrids and eclectics publish their mortality list, and let the consistent homœopaths do likewise; the final results of these opposite

practices would show in plain figures whose success is overwhelmingly greater. Sir John Forbes did that very thing, and his figures showed that homœopathy, then not so beset by departures as now, cured better, diminished the mortality list, shortened the time of disease, compared with the results the ordinary practice produced. Till then the allopathists and homœopathists will repeat their charges, because they know them to be just and true, and the mere bluster of an orator, who must have taken lessons from the speakers at "Belleville," will be ignored by all intelligent physicians of both schools, and by the people.

The orator finally removes the woodpile, and there is the "Nigger" to be sure. A unique character of Shakespeare exclaimed, "*Put money in thy purse.*" The orator says, "And as for our patients, they are as free to choose their doctors as he to select his remedies." That is true if he, the doctor, has been chosen because he professes to practice homœopathy, it is for the doctor to select the *homœopathic remedy*; but the orator modifies this correct proposition when he continues, "*they [the patients] may come to him because he believes in homœopathy, but it is not their right, and, indeed, not their wisdom, to dictate to him how far his belief shall influence his remedial measures.*" Just so; the doctor professes to be a homœopath, and the patient in good faith consults him. Now the doctor proposes to administer, say a purgative, or, if the patient is in much pain, a hypodermic injection of morphia; is it not, in such cases, the height of wisdom for the deceived sick to *politely* dismiss the pretender? The orator thinks differently; the patient has no right to know what are the tenets of homœopathy; it is not wisdom on the patient's part to discern between a genuine and pretending homœopath; it is not wisdom to discern between *theory* and knowledge, and when the knowledge is wanting theory will influence the doctor's remedial agents, if even they belong to the ordinary school. The patient expects his doctor to possess the necessary knowledge to treat him homœopathically, by all events the pretender, although found out, puts money in his purse. And now winds up the generous freedom-loving pretender, and in an overflow of liberality he says: "*If his [the pretender's] treatment is not so purely homœopathic as they [the sick] could wish, they have but to choose a practitioner more to their mind.*" Sublimely insolent! The pretender *professed* to be a homœopathist, his treatment is not purely homœopathic, it is then eclectic, his treatment has been *unsuccessful, unsatisfactory, harmfuling*, just because it was not purely homœopathic; there it is,

this want of knowledge and the falling away from the old landmarks (often well-known to the sick) caused all the tribulations the doctor now experiences; he had no success, that is all there is of it. Again, according to the sublimely insolent assertion of this orator, the people have not the "right, and, indeed, it is not their wisdom" to understand the fundamental principles governing the healing art. Why? Because the eclectics "*trading in a name,*" would no longer *put money in their purse.* That is it! That is what we expected the "Nigger," who was hid in the woodpile, to say.

Hereafter the true, honest, painstaking healers will continue to show by their acts what homœopathy can do, and by and by the orator and his blustering companions will exclaim with Othello:

"Farewell! Othello's occupation 's gone."

"FLUXION DILUTIONS."

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

THAT Dr. Price has "the ability to perfectly express an idea,"* will not be here disputed, but if he imagines that his mere statement of "I don't believe" will be accepted for the proof he so much needs, he must indeed think his friend devoid of "the ability to understand."

If *I have* been "unjust," it is not that I have not read the original article carefully, nor that it has not received deserving thought. Would that such were the case.

Dr. Price takes exception to the application of the term "potency" to our higher attenuations. So be it; his remedies will not be as potent without more dilution. Hahnemann did indeed teach that there were three essentials in this potency question, viz.: dilution of liquids, trituration of insolubles and succussion. But he does *not* give, as a reason for using succussion, that ridiculous notion, which Dr. P. quotes from Dr. S. A. Jones, that "it is necessary to the subdivision of matter," and who further states that "a moderately high fluxion preparation does actually contain as much drug substance as a very low Hahnemannian preparation," and that the reported cures

*See August number of this journal, page 366.

by some are really due to "infinitesimal particles of drug substance that happen not to have been washed out of the apparatus." I will let Hahnemann answer in his own words:* "A solution of salt, or bitter substance, becomes less salt or bitter in proportion as water is added to it, until it finally loses its taste altogether, *no matter how much we shake it*; in a similar manner a colored solution finally loses its color altogether by sufficient quantity of water being added to it." And further, he declares the necessity of dilution by saying that "dilution cannot be accomplished by simply triturating or shaking the original substance, were we to do it for ever so long a period."

It is with pleasure that the writer can inform Dr. P. that the fluxion dilution process of Swan *begins* with a *one thousand*, or higher potency.† And Dr. Skinner says that "many of his (Swan's) potencies were grafted on Dunham's 200th, which were all hand-made."‡

Fincke's patent states that "fluxion commonly starts from at least the third Hahnemannian potency, if not, the substance is entirely soluble in water, as *Nat. mur.*" Let me now ask, how much "drug substance" we have to start with? Again, as to the possibility of making a high potency (dilution, if you please), let me quote from Dr. Skinner again:§ "After great labor, we have arrived at the following approximate values between Fincke's and Hahnemann's potencies, and we are quite prepared not only to stand by them, but to demonstrate their truth beyond all doubt:

" Fincke's 1 M. is approximately	Hahnemann's 151 cent.		
" 10 M.	"	1,506	"
" CM.	"	15,053	"
" MM.	"	150,530	" "

All this is verified on pages 324, 325 and 326.

Again,§ Dr. Skinner asserts: "Hahnemann's 150 M. *can* be made, and *has* been made by myself many a time in 11h., 6', 40", "by the fluxion process of Fincke;" and further on, that "Hahnemann's MM. can be made by his 'fluxion-attenuator' in 3d., 2h., 4½m." All this is, of course, without succussion. My friend has, however, preferred the word "friction." Accepting his choice, let me inquire if there be no "friction" where water is forced up into the glass and flows out at the top? or where the reverse plan is used?

Once more. I take exception to his admission, "*some* of these

* Preface to "Chronic Diseases," Vol. V.

§ "The Organon," Vol. III, p. 323.

† "The Organon," Vol. II, p. 398.

‡ "The Organon," Vol. III, p. 327.

‡ "The Organon," Vol. III, p. 193.

preparations *may* act." He here tells the truth, but not the whole truth, and he infers what is something but the truth. *All* of them act. And they *do* act. A strange coincidence, that of all my high dilutions, a little "drug substance" should have remained in each.

Hahnemann's principle was "to give each patient" *just enough* medicine to effect the cure. Could we but imitate the grocer who, to obtain the desired weight of sugar, throws more than enough into the scales, and then scoops out the surplus, we could medicate *ad libitum*. But no, the proper method (and if my friend thinks this madness, "yet there is method in it") is to give a patient but *one dose* when beginning a case or changing to a new remedy. This must not be interfered with. It should be allowed to act until we are *sure* of one of two things, viz.: that it is the wrong medicine; or, that it is the right medicine, and that he needs more of it. If no improvement takes place in a reasonable time, which our judgment must dictate (from one hour to a week, usually twenty-four hours in acute troubles), we may conclude that the former is the case, and act accordingly. If we are favored with an improved condition, which gradually becomes beautifully less, we give three, four, six or eight powders of the same remedy at reasonably short intervals, and wait correspondingly long for an improvement, which will almost surely follow. *I, invariably*, do without medication so long as improvement continues. One point should always be borne in mind in reconsidering an unsuccessful prescription: is the remedy last given thoroughly indicated? Unless an *unquestionable* answer can be given to this self-interrogation, the case must receive *Sac. lac.* until the office and library are reached. If the remedy was a poor choice, make a better one. If you are *sure* you are right, give more of it, as suggested above. Give us such care and the use of *high* attenuations, and the "jack and the game" will be ours. He is welcome to the "*low*."

Before closing, I cannot refrain from reference to his reported cures which he prefaces with the remark that "even the greatest fluxion enthusiast *cannot* excel," etc. Case I, of Miss L. (neuralgia) was one indicating *Pulsatilla*, no doubt. His potency cured "in a week." Whether his potency did not contain a sufficiency of "drug" particles, we know not, but if Dr. P. will accept it, he is welcome to a graft from Fincke's 52 M, which I think would have declared peace in a few hours, or less. Case II, a diarrhœa of "some *hours*' standing," cured in *twelve hours*. The word "standing" should be here omitted, and one dose and one stool would have ended the trouble.

Case III, B. F. S. (one of aene), cured under a few changes of medicine in *six months*. Often a stubborn affection, but six months the maximum of duration. Cases IV and V are exceptions to his rule.

And now may the saints defend us from any further "succussion" of this letter. Dr. Price is understood, and the writer has given his best expression to his poor idea. "May he rest in peace."

4430 FRANKFORD AVENUE, *August 31st.*

"DIPHTHERIA AND BACTERIA."

A CRITIC CRITICISED.

ROLLIN R. GREGG, M. D., BUFFALO, N. Y.

Editor of "THE HOMŒOPATHIC PHYSICIAN":

I HAVE read, re-read and read again, in the June, 1881, number of your journal, Dr. Wells' twelve-page criticism of my previously published paper upon "Diphtheria and Bacteria," and to say I am surprised at it, would but feebly express my emotions. I am amazed that a physician of Dr. Wells' character and standing, should deliberately proceed to raise false inferences against any member of the profession, and then arraign, try and condemn him upon such inferences; I am amazed that a man of his years should display such anxiety to seek and impute unworthy motives to one who never did him harm; and I am amazed that one of his conceded talents, in other fields, should so foolishly think I had written such a paper as the one he criticises, and left myself as illy prepared to defend, as he has shown himself to criticise it. But, before entering upon a defense of that paper, a little personal explanation seems not out of place.

If I have had any patron saints in medicine, besides Hahnemann and Bœnninghausen, Dr. Wells has taken a high rank among them. During the twenty-eight years that I have practiced homœopathy, I have often reflected with pride that he belonged to our school, and that such men honored it. I have always read, and with pleasure, all the articles from his pen bearing upon therapeutics, that I have ever seen, and have repeatedly gone back to them under trying

emergencies to sustain me in what I believed to be the right thing to do in the treatment of the gravest forms of disease. This I have even done within the last year, and shall do it again and again in the future, no doubt, upon all occasions when I feel the need of such support.

True, I never expressed as much to Dr. Wells personally or by letter, not having had the pleasure of a personal acquaintance with him, nor have I ever said as much in public print; but that furnishes him no excuse for unjustly assailing any member of the profession, and thereby destroying the high esteem in which that member may have held him. And let this be a warning to him and other prominent physicians in the future, to be more chary of their unfair criticisms of others' ideas that they do not understand, and when they are themselves in no wise assailed. If they are not, they may, as in this case, needlessly and cruelly wound the best of personal sentiments, and run the risk of turning high admiration into bitterness and rancor—only in this case there will be none of the latter, after I once balance accounts with the doctor, and providing he demeans himself henceforth in a way that will at all permit of the continuance of my high regard for his eminent talents in other departments of medicine. But let us pass on to much more important matters.

The very first word with which Dr. Wells starts out in his criticism of my views, namely, the word "hypothesis," is false, utterly false,* as applied to my investigations and conclusions in any department of pathology, as I will now proceed to show, in part by his own language, and in part by a truthful and candid statement of facts. He says:

"It has always been easier to imagine how a matter may be, or may have been, than to find out how it is, or was, by careful collation and examination of facts, and from that construct a whole of truth, based on this only sure foundation."

Dr. Wells' "imagination" to the contrary notwithstanding, I have builded *securely* and *permanently* upon his "only sure foundation," as, I think, even he will see by the following record of the great care taken in all my pathological investigations:

Twenty-seven years ago last summer, and in a quite accidental

* Let no one think that I here use this word "false" in its offensive, personal sense; but simply because it is the only word that fitly characterizes the great error Dr. Wells has fallen into in applying the word "hypothesis" to my deductions.

manner, that is, through a careful investigation of the morbid condition of a case of incipient phthisis, but without the least suspicion as to what I was to find that was new, I fell upon the first great fact that aroused me to what, it seems to me may be said, without boasting, has been one of the longest, most thorough and most exhaustive researches into the cause and nature of tubercle ever given to that subject by any individual member of the medical profession. Scarcely a day in all the time since, has the subject been wholly out of mind, and for years I knew not with certainty where I was drifting, to what haven my investigations would finally lead me. Established one theory which, though a help to me by pointing in the right direction, had to be abandoned because of its error in part and its insufficiency in covering the whole ground; and had to discard many other minor conclusions reached during the first seven years, in the absence of a full and complete knowledge of the whole subject.

One year subsequently to the time just named, or twenty-six years ago, I stumbled as accidentally, or, at least, through an unexpected result in the successful treatment of a consumptive subject, upon another fact, entirely disconnected in my mind at the time from the other, but scarcely less important in its far-reaching results. Then, in each of the succeeding six years, a fragment was here and there secured that fitted one or the other of the above-named fragmentary facts, until September 21st, 1861, the key was found which unlocked the whole inner temple of this complicated subject, and showed the exact position and relations to each other of all the previously found, and many more fragmentary facts.

Well, it was while studying and familiarizing my mind with what this key unlocked and exposed to view, and entirely in its application to tuberculosis, that I first, and just as accidentally, fell upon the evidences, which seemed conclusive, that the profession was greatly at fault in its views of the ætiology of diphtheria, and of much of its pathology as well. Thus it will be seen that originally I had no intention, as I had none, of investigating diphtheria, much less of writing upon it, and only did so as the result of an accident, as it were. But having my attention called to the subject so pointedly as it was, and the more I investigated, the more plausible the new truths seemed, it appeared like a neglect of duty not to give them some heed. Hence, during all the twenty years since, I have only given those truths less attention than tuberculosis.

To show the care given to details in my researches, let me relate an incident.

Through four successive years, or from 1861 to 1865, I gave almost every spare moment I could get from professional duties during the day, and a greater or less portion of half the nights in all that time to a most careful study into the cause and nature of tubercle; and especially into the origin of tuberculous corpuscles, to learn, among other things, if there could be any possible doubt that these were *only* decolorized and shriveled blood-corpuscles, as all the new facts seemed to show. Then, at a great pecuniary sacrifice, left my business for several months that my whole time might be given up to that study. Well, after several weeks of this unmolested study, I awoke one morning before sunrise with this thought:

“The cartilages have no capillary or other blood-vessels entering them, and, therefore, if tubercles have ever been found in cartilages, then all the conclusions and results, in a specific sense, at least, of all my four years of intense and wearying study were overturned—dashed to the ground in an instant. If right that tuberculous corpuscles were *only* decolorized blood-corpuscles, then tubercles could *only* be found where capillary blood-vessels existed, and there being none of the latter in cartilages, and if tubercles had ever been found in them, then, of necessity, tuberculous corpuscles could not be changed blood-corpuscles, as it would be impossible for these, under any circumstances, to enter the cartilages and be there deposited to make tubercles.”

I arose at once, dressed hastily, and commenced a search through all the authorities then at my command, for the proof that should confirm or destroy all my hopes in that direction. Ate little, and scarcely breathed naturally all day, but went on vigorously with my work until late in the evening, when, in the body of a paragraph, in a work upon pathological anatomy, and without a word in the index or contents of the book, or in the heading of the section, to direct me to it, I found this short but welcome sentence: “We do not find tubercle in cartilages.” And several months subsequently, found the same fact confirmed by Rokitsansky, in this language as nearly as I can give it from memory: “Tubercles have never been found in cartilages.”

It has been in this spirit, and with this care that, for *twenty years*, I have investigated the cause and nature of diphtheria as well as of tuberculosis; only, as already said, the former less intently than the latter, until the last few years I have given diphtheria as much or more attention. And now, after all this, to be told by one whose every paragraph of criticism shows conclusively that he has not given as many weeks as I have of years to the earnest, scientific

study of the subject, and whose own sad want of knowledge of his theme crops out on every page—to be told, I repeat, in almost every paragraph, and in, what appears to me, far from a gentlemanly manner, that in my labors, “The essential difference between fact and fancy becomes to him, so far as his pet is concerned, a matter beyond his grasp;” that my work “is born so largely of the imagination of its author as to serve well the occasion of a protest;” that it is “giving fancy for fact;” that it is all nothing “but a figment of Dr. G.’s imagination, pure and simple—that it is just this, and nothing more;” that a fact that has been known to every educated physician for a century, “stands wholly on the *ipse dixit* of Dr. G.,” etc., etc.; is, to say the least of it, not a very fair recognition of twenty years of hard work, and is very poor encouragement for earnest labor in any field of science.

The love of nature’s truths, doctor, is what sustains men in the face of such shameful assaults as these, and that is about the only thing that earnest, truth-seeking men do find in this world to sustain them, when advocating new truths.

You call for proof upon several points, doctor. Of what earthly use would proof have been to you in the frame of mind you were in when you wrote that criticism? Greatly to your discredit, you totally neglected to consider proof that I did give upon three of the most prominent of all points in diphtheria, and from three among the most prominent of all authors; and by giving which I exceeded the limits originally assigned me in the journal where it first appeared. And here, doctor, comes up a point on which, it seems to me, you did yourself no little dishonor.

In the paper you criticised, I said distinctly: “The limits of a journal article like this will not allow of one-twentieth the proof being given there is to sustain the views here presented;” and then referred to where much of that proof may be found (in my lately published work); but it would seem that you never looked into that work to find and consider its proof, but purposely restricted your criticism to that short paper, and even ignored the proof in that. If you really want proof, you will find ten or more times as much in my book as in that paper, and I could give you ten or more times as much as in my book, if a purpose could be served by it that would compensate for the labor of writing it out.

But let us look at a little proof, now, upon one point, which it is to be hoped you will not wholly neglect, as you did what was under your eye before. After quoting from me only part of the following

sentence: "Fibrin is in excess in the blood in diphtheria, as it is in every other inflammatory disease;" you say "This stands wholly on the *ipse dixit* of Dr. G."

Doctor, in this effort to discredit me, you would unwittingly do me altogether too much honor. I had no hand or lot in establishing that great *fact* in all inflammatory diseases. It was done a century or more ago; or, at least, before I had an existence in this world; and can it be possible that a physician of your intelligence did not know it? I shall have to say to you, as I did to another captious critic last winter on the same point:—

"Shades of Broussais and the 'buffy-coat,' is there even a first-course medical student in the country who does not know that fibrin is *always* in excess in the blood in every inflammatory disease; and is it possible that it can be necessary for the medical profession to go on another century as it did the latter part of the last and first of this century, bleeding patients to death by the hundreds of thousands to try and get rid of said excess in inflammatory blood, in order to prove to some minds that fibrin is in excess in such blood?"

As it seems so necessary, however, to have this fact *re-established* for some minds, will you please consider the following *proof* of it from "Watson's Practice of Physic," page 105:

"In nearly all the strongly-developed acute inflammations, there is an excess of fibrin and of the colorless or lymph globules in the blood. From three parts in a thousand, which, according to Andral, is the average in health, the fibrin has been found to rise to six or eight parts. In some cases, MM. Andral and Gavarret found it as high as ten parts in the thousand; namely, in pneumonia and acute articular rheumatism. The excess of fibrin was noticed by Andral in cellular inflammation, or simple plegmon, in acute inflammations of the skin, as in burns and erysipelas, in mercurial stomatitis, in phlegmasiæ of the mucous membrane of the respiratory and digestive organs, in acute cystitis, either simple or combined with nephritis, in all the plegmasiæ of the serous membrane, in inflammation of the lymphatic glands. * * * The increase of fibrin in the blood is manifested so soon as the inflammation begins. * * * It would appear very certain that the formation of the buffy coat in inflammatory diseases is in a great degree dependent upon the excess of fibrin. It is found only in cases where the proportion of fibrin is abnormally augmented."

Thus you may see and rest assured, doctor, that I do not make statements without the best of authority, or the best of reasons, for making them; and you may be just as certain that I lay no claims to original investigations, or discoveries, unless entitled to them. In making the statement, that fibrin is always in excess in the blood in inflammatory diseases, I knew that educated physicians would know

the fact and its source, without my offering proof upon the subject. And in conclusion of this point, allow me to say that your utterances upon this question furnish the most powerful plea I have ever seen, for our school giving more attention to pathology than some of its members do ; not, however, for the purpose of elevating pathology to usurp the field of therapeutics ; but to enlighten us all as physicians, and to broaden our minds in scientific thought.

Now, doctor, let us examine a little into the proof *you* give of the existence of *bacteria*. "Herr Professor" told you he "saw them," and, alas, for poor human credulity, that so often bolts down error upon its mere assertion, especially if of foreign origin, but scorns truth, however strongly sustained by proof, you questioned no part of his assertion.

Nobody disputes, or, at least, I do not and never have, that the "Herr Professor," and other microscopists, have seen in the exudations of diphtheria certain objects, as they assert ; indeed, I maintain that they have seen them, and thus far reported truthfully upon what they saw ; but at the same time I deny that these objects are vegetable parasites, as claimed ; but, instead of that, I re-assert, that their micrococci, or spherical bacteria of diphtheria, are simply molecular granules of fibrin ; that their rod-like bacteria are "fine, thread-like prolongations" of fibrin ; and that their spiral bacteria are the same, or similar, threads of fibrin, contracted into spiral form, under their firmer organization.

These three forms of fibrin are certainly present, and in almost infinite numbers, in and about every diphtheritic membrane, and are utterly indistinguishable in form, feature or organization, from anything the microscopists have yet told us of the three classified forms of bacteria. And, furthermore, as these fibrinous bodies occupy the same positions, and demean themselves in precisely the same manner that we are told the bacteria do, I maintain that the burden of proof lies wholly with the advocates of the latter, to show us wherein the two are unlike and clearly distinguishable from each other, or we are no longer bound to believe in their claims. And especially of so unnatural a claim as that such vast hordes of *vegetable* organisms, which are so utterly foreign to animal life, are present in every case of diphtheria, and in possession of the blood, as well as of the tissues wherever exuded.

Fibrin being part of the blood, it is not foreign to it, or to the system at large, though it may be, and is, to the mucous membrane of the fauces or other parts, when poured out there in quantity from its *excess* in the blood ; hence, I repeat, this is a *natural* and not

forced accounting for all the results upon the most simple basis, in contradistinction to all points in the bacteria theory. An unnatural theory must be sustained by the most absolute proof, or we are not bound to receive it.

As to your remark: "It is more than likely he [the 'Herr Professor'] was quite familiar with the modes and action of fibrin while gathering into a clot, as it is some time since this ceased to be a novelty;" the sufficient answer is, that he or no other investigator of, or writer upon, diphtheria, ever applied that *fact*, of the peculiar action of fibrin in fibrillating, to the solution of the mystery of the exudations of diphtheria, until your humble servant did it; and it was begging the question, as well as a weak point for you to bring up in your criticism.

As to what you say of my assurances, "that there is not the slightest proof to show that these bodies are vegetable parasites," let us take a hasty glance. Three-fourths, or more, of all that has been written in the English language upon bacteria is based, more or less directly, upon what Oertel had written upon the subject. To his authority almost constant reference is made to sustain the doctrine. And it is a fair presumption that the leading advocate of a theory would give the best proof there was to establish it. Well, in the pamphlet you criticise, I quoted from Oertel as follows:

"The vegetable organisms which have been observed in the diphtheritic membranes of the fauces and air-passages, as well as in other products of the disease, belong to a group which comprises forms of such exceeding minuteness—for they stand upon the *very borders of the visible*—that, as yet, we possess *only the most unsatisfactory knowledge of their nature and organization.*" (The italics mine.)

And yet you did me the injustice, and yourself the discredit, as in other instances, of taking no notice of this whatever, any more than though it never had existence, and held me alone responsible for the assertion that there was no *satisfactory* proof as to these "organisms" being vegetable parasites. Or do you regard the positive assertion by Oertel, that given minute bodies which "stand upon the very borders of the visible," and that "only the most *unsatisfactory* knowledge of their nature and organization" is possessed, as good proof that they are whatever he or others may claim them to be?

Moreover, doctor, do you not see in this criticism, written so ostensibly to condemn all pathological investigations by our school, as well as to condemn my views, you have placed yourself in the unenviable position of an earnest advocate of a false pathology, and a

most perniciously false pathology at that? You, a defender of, and apologist for, an allopathic and mongrel pathology of diphtheria, that is reeking through and through with fallacies, and which has led to much worse treatment than could otherwise have been thought of! I am astonished.

There is something, also, to be said of your laboring so hard through several pages to bring into ridicule my confidence in, and assertions of, nature's conservative efforts in the preservation of human life. Instead of your now enjoying a ripe old age, where would you be—where would any of us be—but for nature's incessant watchful care over us?

As thorough a student of Hahnemann as you have been, and for which I have honored, and still honor you, far more than you know, do you not know that when nature "steps in too far," of which you would make so much, she has the almost constant and unremitting efforts of the medical profession through hundreds of years in thwarting her beneficent purposes, to blame for the result?

For four hundred years, through every generation, and in almost every case, have doctors striven to thwart nature in her kindly efforts to force and keep syphilis to the surface, that she might thereby lessen its dangers and avert the horrors of the secondary and fatal internal disease; for thousands of years has she struggled in the same way and incessantly against doctors suppressing psora and many other forms of disease; and yet you, of all men, are now found ridiculing her because she sometimes, or quite often, if you please, fails to succeed against such tremendous odds, and "steps in too far," that "she, seemingly, does not know when to stop," "she means well, but don't know." What! that nature which, among so many other good deeds, "steps in" so often and arrests so terrible a disease as tuberculosis in the consumptive pregnant mother, that her offspring may be saved, "steps too far," does she, and don't know what she is about?

Ah, doctor, *you* "stepped in too far" when you penned those words, and "did not know," and the quicker you do know, and retrace those steps, the better it will be for your reputation as a medical philosopher. In every failure of nature to protect us, or our vital organs, from destruction or harm, she can point to hundreds of efforts through thousands of years, upon the part of our ancestors or their physicians, at forcing in upon delicate parts or organs some more or less deadly morbid poison, to be generally transmitted to posterity, like scrofula, syphilis, etc., and greatly

weaken the forces of life in nearly all; and this is the full purport and meaning of all of Hahnemann's teachings and warnings upon the subject. I have myself done not a little investigating in this direction, and have found his warnings more than verified.

In ridiculing the idea that the pouring out of the excess of fibrin from the blood upon the tonsils, etc., and its there organizing into a membrane is, in any way, a conservative or beneficent act on the part of nature, did it not occur to you, could you not appreciate, that the question involved was one of *relative* danger; and that this exuded fibrin is far less dangerous when deposited upon any surface like that of the fauces, than if retained within those much more vital organs, the heart and arteries; that the continued retention within these, of all the fibrin exuded to make a large membrane would certainly kill in *every* case; whereas, its expulsion and formation of the membrane permits of the recovery of a third to a half or more of all cases, even under the worst forms of treatment, and of ninety-five hundredths, or more, of all cases, under the best homœopathic treatment? And could you not see that even in those terrible cases where fibrin is exuded into the larynx or bronchi, which I did not speak of, but you did to excite still more ridicule, the *danger is less, and more time is given to counteract it*, than though the same fibrin clotted in the heart or pulmonary artery?

If you ever had one of those cases where the membrane formed in the larynx, or bronchi, did you not think it would have been better and a beneficent act, had it all been organized in the fauces instead? Or, if you ever have a case of sudden death from thrombosis, will you not wish that the excess of fibrin had been thrown out of the blood, even if it was into the bronchi, and thus given you that little chance of cure, instead of no chance, but certain death?

And still again, could you not appreciate the *fact* that all the cases you have yourself cured, and all the two hundred and forty cases which you report with such evident pride, and I read of with much pleasure, as having every one been cured by two other physicians, that all of these and all your own cases, I repeat, where there was anything like a large amount of membrane formed, would have surely died, had that fibrin been retained in the circulation?

I did not say there was no danger from the membranes of diphtheria, or that the greater the membrane, the less the danger, as you would evidently have it inferred I did. On the contrary, I said: "Therefore, let the membranes of diphtheria, *although they are in themselves often so serious*, be henceforth looked upon in their true

light as the work of the conservative efforts of nature to *avoid*," what? "Thrombosis and embolism, and a much more certainly fatal issue." And here again you did me a gross injustice in suppressing this paragraph, and then holding me just as responsible as though it had never been uttered.

And now, in conclusion of this point, and at the expense of some repetition, I repeat with more emphasis than ever before, that, given the excess of fibrin in the blood in diphtheria, it is a conservative and beneficent act of nature, and *far less dangerous*, to throw it out into the fauces, than into the larynx and bronchi; and although so often fatal in the latter position, it is nevertheless not so certainly fatal there, as when it coagulates in the heart or large arteries.

As to your making so light of thrombosis and embolism, and questioning their occurrence in any, or but very few cases, my comment is: I fear your evident enmity to pathology has betrayed you into a great neglect of pathological reading. If you will now please examine "Ziensen's Cyclopædia of Medicine," you will find in the index of two-thirds, or more, of all its seventeen volumes, references to thrombosis, or embolism, or both, and in various diseases where fibrin is in excess in the blood, besides diphtheria; while a careful reading of those volumes will furnish you illustrations and descriptions of the great importance of this danger in several other diseases as well as in diphtheria. So, you see, doctor, here we have something like a lion, after all; or, something more than "only Snug, the joiner."

Now turn, also, to Jacobi's "Treatise on Diphtheria," page 114, and read this of seventeen *post-mortems* by Reimer: "In the heart, particularly the right, numerous thrombi in various stages of development were found;" that there were "emboli of the liver in three" cases, and "emboli of the spleen in five" cases. And this on page 115: "Bouchut and Labadie-Lagrave, out of fifteen cases of diphtheria, met with a plastic endocarditis in fourteen, which became the source of emboli;" also, "superficial thrombi of the small veins of the heart, subcutaneous connective tissue, pia mater, brain and liver." (I do not make statements, doctor, unless I know something of the facts of which I am speaking.)

From all this, then, and when you reflect that plastic endocarditis, and some other fatal complications of the heart besides this and thrombi, as well as of other vital organs, result from the excess of fibrin not being all expelled from the blood, you will be able to realize something of the *fact* that it is better—that it is even *beneficent*

—that the said fibrin should be cast out therefrom upon some surface, even though it may cause some, or very great, but still less, danger there, than when all retained.

And please permit me to say further, you cannot know the great, the towering superiority of your own, or others' pure homœopathic treatment of diphtheria, in saving all, or nearly all cases, unless you take into consideration how patients die, and what post-mortems reveal in those who die of this disease under other methods of treatment. You greatly lower your own standard when you seize upon the weapon of ridicule to cast distrust upon the real dangers that autopsies in great numbers have shown must environ every serious case of this terrible disease.

Do not, I beseech you, belittle your own great successes by trying to make out that the dangers of diphtheria are far less than all thorough pathologists well know them to be in every marked case of the disease. It is in this, and similar ways, that homœopathy is often greatly injured by some of our best men.

And here is as good a place as any to laugh a little at you for taking me to task on treatment, when, had you read my book, as you ought, if you were going to speak at all upon the subject, you would have found that part of it as strictly homœopathic, or more so, than any you ever proclaimed.

There remains much more to be said upon the points here considered, as well as upon many others, in connection with diphtheria, which the limits of a journal article will not allow of being discussed therein; therefore, in conclusion, I will make you this proposition: If you will secure the place for discussion, and arrange that it shall be entirely fair to all concerned, you may associate with you three, five, or more, other physicians, and I will meet you all and discuss every question in connection with diphtheria, you may desire to raise. The only conditions I will make, will be, that I shall be given an hour, or hour and a half, at first, to lay before you my views upon various branches of the subject, then be given proper time at subsequent meetings, and all within a few days, to answer every objection I can, that may be thought valid against me.

Now, this offer is made in good faith, and not in a boastful spirit, nor in anticipation of an easy triumph; but I candidly believe that if we can come together in the right spirit, and consider the whole subject as we ought, we may, perhaps, be able to settle upon a true foundation for the pathology and ætiology of diphtheria for all time, and show to the world what must and what must not be done in its treatment, to save the greatest proportion of cases.

EPIGÆA.

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

EPIGÆA repens. Linn.

Family, Ericaceæ.—The Heaths.

Tribe, *Andromedææ*.

Common names: Ground laurel, Trailing Arbutus, May-flower, Gravel-plant.

Botanical relatives: Gaultheria, Kalmia, Rhododendron, Ledum, Uva-ursi.

Description: A rusty, hairy, creeping plant; flowering in early spring, sometimes even under the snow. The blossoms are pink, salver-form, with the tube hirsute inside, and exhale a rich, spicy odor. Leaves, rounded heart-shaped, alternate upon the stem, those upon the plant while flowering being the leaves of the previous year.

Habitat: Rich, sandy woods, preferring damp, mossy banks under evergreens.

Preparation: The roots, leaves and stems, we use for making the tincture, while the plant is budding to blossom. These parts are cut up and macerated for fourteen days in twice their weight of strong alcohol, shaking twice a day, the menstruum being then filtered off, forms a dark brown, astringent, acid tincture, of a woody odor.

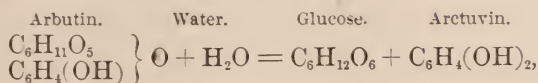
Chemistry: *Tannin* in the proportion of 3.5%, the glucosides, *urson*, *ericolin* and *arbutin*; a pale yellow aromatic oil, *ericinol* $C_{10}H_{16}O$, and *formic acid*, have been determined in this plant, as well as in its several relatives.

After washing the alcoholic extract of the leaves with water and ether, boiling alcohol extracts from the residue *urson* $C_{20}H_{34}O_2$; this crystallizes in tasteless, silky, fusible and sublimable needles, is insoluble in water, dilute acids and alkalis, and is sparingly soluble in ether and cold alcohol.

Ericolin, $C_{34}H_{56}O_{21}$, is a brown-yellow, bitter glucoside, soluble in water, alcohol, and in alcoholic ether, and not precipitable by lead salts.

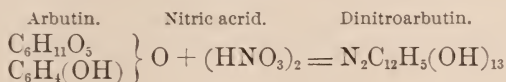
Arbutin, $C_{12}H_{16}O_7$, is obtained in the same manner as *salicin* from willow bark; by exhausting the leaves with boiling water, digesting the concentrated solution with lead oxide to remove gum, tannic acid, etc., filtering, treating with hydrogen sulphide, and evaporating the clear solution to the consistency of syrup. On cooling after this process, the arbutin crystallizes out in needles, having a bitter taste,

and full solubility in water. *Emulcin* or dilute acids decompose it into *glucose*, and *hydroquinone* or *arcturin* :

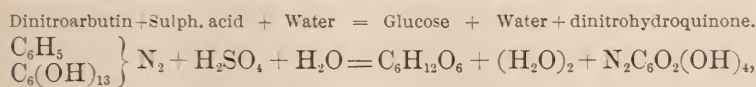


which crystallizes in colorless, fusible and sublimable prisms, soluble in water, alcohol and ether.

Arbutin is converted by concentrated nitric acid into *dinitroarbutin* :



crystallizing in pale yellow needles, which, by boiling with dilute sulphuric acid, is resolved into *glucose* and *dinitrohydroquinone* :



a compound of the halloid substitution products of phenol, which crystallizes in golden-yellow plates, dissolving with a blue color in alkalis.

Previous uses : *Epigæa* has been used in a decoction (the dose being a wineglassful) for strangury, and the relief of vesical catarrh, by the so-called *regular* practitioners, and empirically for the following symptoms :

1. Burning in the neck of the bladder when urinating.
2. Tenesmus of the bladder after urination.
3. Increased flow of pale, limpid urine, with bloody sediment.
4. Urine contains mucus and pus.
5. Discharge of small brown particles resembling fine sand.
6. Dysuria from various causes.

THE PROVING.

Ch. Mh., male, aged twenty-seven, sanguine temperament, light complexion and hair, blue eyes, tall, muscular and quick motioned, in excellent health in every way.

June 10th, 3 P. M., took 60 m̄ ϕ. This dose was followed in one hour by loud rumblings in the abdomen, and belchings of flatus at 6 P. M.; took lunch, which was immediately followed by the regurgitation of liquid from the stomach, tasting like thin buttermilk, followed by a feeling in the throat as if more would follow; these risings continued at short intervals, until 8 o'clock; at 10 P. M.,

sharp flashings of pain along the line of the left ureter, feeling as if small, sharp crystals were rapidly passing downward, for twenty minutes.

At 10.30 P. M. the loud rumblings again occurred in the intestines, with sharp colic pains about the umbilicus, these lasted for about fifteen minutes, and were then relieved entirely by an anal passage of flatus. The following morning, though I arose refreshed as usual at 6 o'clock, I felt a great disinclination to dress myself, and remained with only my shirt and pantaloons on, until my office hours at 8 o'clock; a feeling of shiftlessness in regard to dress only. Constant nausea until breakfast was taken. At 7.30 I again experienced an attack of the cutting pains along the left ureter, lasting fifteen minutes, and followed by a dull pressive pain in a small spot midway between the left iliac crest and the twelfth rib, as if some small blunt instrument were being forced in there; this lasted some twenty minutes, and was followed by soreness about the spot. At 11 o'clock an irresistible desire to sleep came on, and, giving in to it, I lay and slept quietly until noon. On waking refreshed I found that all my teeth felt sore and elongated, especially, though, the molars, and a pain as if bruised was experienced in the occipital and the mastoid processes of the temporal bones; after dinner all pains disappeared until evening, when, after tea, the sour eructations, tasting of buttermilk, again came on, but lasted only a few moments.

June 12th. Again this morning I felt the shiftlessness in regard to dressing myself, and went about the house barefoot until 8.30; nausea until breakfast, after which I again took 60 μ ψ , which was followed in one hour by the sharp pains along the left ureter, rumblings of wind in the abdomen, and colic pains, confined to the left iliac region. At 11 A. M., again the desire to sleep came on, and, though not fatigued, I lay down and immediately slept. When I awoke at 12 M. all symptoms had disappeared, and none occurred until after tea, at 6 o'clock, when the sour regurgitations recurred, lasting twenty minutes.

June 13th was a repetition of the previous day, as also was the 14th, though I repeated the dose at 8.30 that morning. The symptoms until 10 P. M. on the 15th, were the same as those of the 13th and 14th, when at this hour I experienced a pain in the left shoulder blade that caused the sweat to break out upon my forehead and hands; it was as if a pair of iron pincers were crushing the superior portion of the scapula with terrible pressure. I could do nothing for half an hour but groan and nurse the part, at the end of which

time the pain gradually passed into soreness, which, in turn passed away in about two hours.

At 11.30 a series of sharp knife-like pains developed at the meatus urinarius, which lasted for twenty-five minutes.

During the last five days of the proving my face had the appearance of having been freshly sun-burned, dryness of the mouth, and thirst now constant, as also was an entire loss of all sexual desire.

Stool.—Constipation, only one passage during the first forty-eight hours, which was hard, yellow, large and painless. One similar passage at 9 A. M., each day followed. At no time was there a real desire for stool. I sat merely because it seemed necessary that I should have a passage, and at such times only did I gain one.

Urine.—The urine during the proving was voided without pain, but only half the frequency of health, and became cloudy or opalescent from the moment of its voidance. The sp. gr. decreased, while the urine became highly acid, and paler than normal.

URINE TABLE.

HEALTH.							PROVING.						
Days.	1	2	3	3	5	6	Days.	1	2	3	4	5	6
Amount, $\bar{3}$	40	32	28	24	28	34	Amount, $\bar{3}$	36	24	16	38	38	36
Frequency,	4	4	4	4	4	4	Frequency,	3	2	1	2	2	2
Color,	Deep amber.						Color,	Pale, opalescent.					
Acidity, . . .	Slight.						Acidity, . . .	Highly.					
Appearance, .	Clear.						Appearance, .	Cloudy.					
Sp. gr., 10	27	30	28	30	30	33	Sp. gr., 10	30	25	26	24	22	20

No sediment at any time.

FOLLOWING PICKWICK'S ADVICE!

“‘Slumkey, forever!’ shouted Mr. Pickwick, taking off his hat. * * * *

“‘Who is Slumkey?’ whispered Mr. Tupman.

“‘I don’t know,’ replied Mr. Pickwick, in same tone. ‘Hush! Don’t ask any questions. It is always best on these occasions to do what the mob do.’

“‘But, suppose there are two mobs!’ suggested Mr. Tupman.

“‘Shout with the largest,’ replied Mr. Pickwick.”

Many *homœopathsists*, having axes to grind, find Mr. Pickwick’s advice good just now. Hence the outcry against the Internationals. Persons of small mind and mean disposition will sink truth any day for popularity and—cash.

CLINICAL BUREAU.

INTERMITTENT FEVER.

Hellebore, Ars., Rhus, Natr. mur.

E. W. RUSHMORE, M. D., PLAINFIELD, N. J.

(Read before N. J. State Homœopathic Medical Society, at Newark, May, 1881.)

Helleborus.—August 23d, 1879. Mr.— has been attacked for three days, at 7.30 P. M., with shivering, heat and sweating at same time, without coldness, lasting several hours. With the first attack, pain in the back; with the second, in heart; with the last, in pit of stomach. With the attack he has empty retching, headache, gaping, empty eructations and hot urine, and no thirst; feels better from cold.

Helleborus Niger 900 (Fincke), in one prescription, cured.

Arsenicum.—August 24th, 1880. Mrs.— has, with chill, gaping, stretching, numb feet, general aching worse after going up-stairs, coldness and thirst.

With the heat, nausea, headache, desire to be uncovered and increased thirst.

Sweat, with relief of symptoms.

Arsenicum 900 (Fincke) every two hours to-day, and after the heat if attacked to-morrow. Recovered without more medicine.

Rhus tox.—October 11th, 1880. Mary Ann P., aged 11 years. Has had several paroxysms of tertian intermittent, without medicine. The chill begins just before dinner. Before chill, thirst, tired and weak, can hardly stand; with chill, coldness, shivering, face and lips blue, slight chattering of teeth, no thirst, pain in lower back, shoulders, calves and behind ears. *The cold begins in the feet.* Had taste of blood in the mouth. The chill ameliorated by covering.

The heat is burning in cheeks and hands, with red face, pain in forehead, lachrymation burning eyelids, fluent coryza; thirst for large drinks, seldom; nausea, and once vomiting of food. Is sleepy, but cannot sleep; wants to be covered.

Sweat only at night; hurts to swallow at times; coughs more after heat; headache during apyrexia; urinates often in all stages.

Rhus tox. 900 (Fincke) every two hours.

October 14th.—No chill. There has been no subsequent return.

Arsenicum.—October 16th, 1880. Mr. — had chill yesterday at 3 P. M., with pain in head and bones, lassitude, shivering and coldness, alternating with heat; thirst for small drinks of *cold water*; aching in hips and legs.

In the heat, delirious tossing; sleepiness without sleep; increased thirst; greenish bitter, violent, copious vomiting, worse after drinking.

No sweat. Tongue whitish, taste bad, worse from drinking; during apyrexia, headache, redness of face and eyes; soreness of neck and throat. Has had chills and fevers suppressed several times by allopathic treatment.

Arsenicum, 45 M (Fincke), three powders, to be taken two hours apart.

October 18th.—No more chills.

Arsenicum and Nat. mur.—November 12th, 1880. Mr. — has had several attacks of intermittent fever during the past season treated with *Quinine*, and one, the last before this, homœopathically. Had this afternoon much gaping; heat mingled with chilliness; a feeling like sick headache in forehead and occiput.

Heat at stomach and nausea. Before the attack, increased flow of yellow urine.

Ars. CM (Swan), two powders, one night and morning.

14th. Coldness, with headache, at 10 A. M. Thirst at 1 P. M. Soreness about waist and back. About the same in all ways.

Ars. CM (Swan), two powders, one night and morning.

16th. Chill at 10 A. M., preceded by headache and nausea. With the chill, headache, much thirst, shivering, blue lips and nails, gaping, sore pain in bones and vomiting, first of food, and then water, at the end of the chill.

Heat, with sleep, red face, stupor, less thirst, woke in copious sweat of short duration. Headache in apyrexia.

He received *Nat. mur.* CM (Swan), which was not repeated after later attacks. The next chill was more severe; the second was the longest of all, but was not followed with heat, and was the last. He has since been well.

CLINICAL CASES.—RHEUMATISM.

C. F. NICHOLS, M. D., BOSTON.

I. 1875; May 10th. Addison N., æt. 50, large, blonde. Was treated for hip disease (left side) in childhood; left leg the shorter.

Rheumatism hereditary from mother. Attacks increasingly severe and frequent since 1860; lately six to eight months apart; on bed or crutches past two years.

The patient lay reeking in sweat, enwrapped like a Dutch child in flannels white and red, and covered by five heavy blankets; the slightest draft of air—even the warm air of the room set in motion by passing attendants—caused chill and aggravated pains. It may as well be noticed here, that the barbarous drainage of sweating is annexed to the treatment of rheumatism with the worst results. Woolens should be removed from *immediate* contact with the skin in all sweating cases, whether rheumatic or phthisical, and also to prevent over-copious sweating. *The sick do not catch cold from this change.* Hence, before presenting the symptoms of this case, we note that he, in common with every other rheumatic since treated by the writer, was made comfortable in a heavy twilled cotton night-dress, whereupon but two blankets were needed, and the outer air blew freely all around him next day, without causing chill.

Symptoms.—Pains and swellings wander from joint to joint, knees, ankles, toes and wrists, chiefly left side; swellings pink, hot; knee-joints ecchymose a few hours after intensest pain; pains heavy, grinding (ankles), drawing, shooting, prickling (knees), soles sore. Whenever dry eczema appears on left wrist the pains decrease, worse at change of seasons (spring and fall), during and after motion, from pressure (weight of bed-clothes) all night, while letting legs hang down, from draughts of air (warm or cool), when lying on the left (affected) side. Relieved by hot compresses; must have legs moved frequently, though painful. Restlessness in legs, tosses body. Thirst increases (for large quantities) every evening. Tongue dry, thin brown coat. No appetite, but takes fruit and beef-juice. Pulse 80 to 100. Irascible, despondent, full of fears, especially when alone. Heart-sounds normal. Urine clear, varying acid reaction, red sediment at times, no albumen. Has had no medicine for a week; all sorts previously.

Arsen. 200 (D.), in water, was given every three hours, for forty-eight hours. Considerable improvement first three days.

May 18th.—Soles very sore; worse evenings; little fever; tearful. *Puls.* 200, in water, four doses.

Is cross and ugly every morning. Takes no breakfast. Moderately gaining, out of bed, and on crutches until June 15th, when pains wandered about chest, were worse from motion of chest in breathing, felt in knees when moving them. *Bryon.* 200, same dose,

June 22d, *Hepar* 200 (worse from draughts of air, and after sweating). Notes do not show present indications, for the following under which *though better than for some years*, the patient was still on crutches. July 1st, *Lycop.* 200; August 17th, *Sulph.* 6 M; Sept. 5th, *Calc. carb.* 200.

Sept. 14th. (About the time of usual annual attack). Legs stiff, knees swell. Pains dull but constant. Soles very sore. *Lately and suddenly, has noticed an abnormal increase of hair, coarse, dark (hair of head and beard are sandy), long, in tufts, on legs, arms, lower back, etc.* (Says vaccination never took, says he never had gonorrhœa. Warts from time to time). This characteristic of *Thuya* is noted by Wolf, (see "*Allen's Encyclopædia*," *Thuya*, Skin).

Oct. 1st. Has improved every day since taking *Thuya*. Has occasional sharp pains like cramp in right leg. Bunions on joints very sore (no eruption), sometimes feels as if boiling water passed through the bunions. Hairs grow, also increase on genitals. No medicine.

1876, Jan. and June brought slight attacks, neither of which confined him to bed, and he has remained otherwise in good health, with a cane for company when walking.

II. 1876, Sept. 3d. J. B., æt. 22, teamster, plethoric, vigorous. Within four years two attacks of inflammatory rheumatism, with cardiac symptoms; under hospital treatment eight and twelve weeks respectively.

Severe grinding pain in left hip; stitch, when moving or breathing, above left hip extending into lumbar region. Relief while drawing up the leg, and from hot applications. Feet cold, head and body very hot. Little sweat. No thirst. Drowsy. Pulse 120. Heart-sounds uniform, excited and violent, with heaving chest. Was taken sick four hours ago, after working hard.

Ferrum phos. 12 centes. trit., in water, every two hours.

Sept. 4th. Pains are less violent, same locality, same conditions. Calls for constant renewal of hot wet cloths. Moves legs restlessly, but less quiet. *Magnes. phos.* 12.

Sept. 5th. No relief from heat. Worse when touched. Very irritable and cross. Given *Bryon.* 200.

Sept. 6th. Says back grows worse. Pain in sacrum. Pain increases if he sits up. Dizzy on sitting up. Better after sleep. Face flushed or pale by turns. *Bell.* 200.

Sept. 8th. Pain to left of sacrum, *severe only while sitting.* *Zinc. met.* 200, dry. Went to work next week.

“Your remedies act well enough upon women and children, but they can't have power to affect a vigorous man!” *Same superstition* in following case:

III. 1880, Dec. 7th. F. S. R., short, tough, dark, proprietor of a stable, where he stands in damp cold. Rheumatism hereditary. Lamé left leg, with contracted tendons. Attacks occur in damp weather, lately every two or three months, is out of doors with present attack. Left knee swollen, sensitive to first touch, relieved after gentle rubbing. Worse before a storm, somewhat worse after rest, and again after long standing. Sensation as of a cord slipping inside knee. Chilly all over. Cold legs. Sweats occasionally. Lies on left side. Wakeful after midnight. Syphilis eight years ago.

Rhus tox. CM (Swan) in water, four doses, six hours apart. Symptoms had left within thirty-six hours. Did not return during the winter or spring.

IV. 1880, Dec. 9th. Mrs. T., æt. 44, weighs 190. Attacks of articular rheumatism have become increasingly severe and frequent for ten years past. The present attack follows hard work. Pains began yesterday in left hip and left toes, have passed to right shoulder and right knee; heat in these joints, no swelling, pains increase on moving or touching the parts, hot, drawing, twisting “skewer-like,” dart through chest. Unrest. Nausea, vomits ingesta. Thirst. Urine spirits when coughing, cough dry, urine turbid, water and bile. When lying on left side, dyspnœa increases. Pulse 110. Heart-sounds irregular, muffled. Very drowsy, but no sleep. *Bryon.* CM, in water every three hours.

Dec. 10th. Weeps, fears death, face pallid, anguished. Pains no better. Thirst and unrest night and day. *Arsen.* CM, same dose.

Dec. 13th. Pulse 100. Urine scanty, infrequent, offensive. Shock in abdomen, and urine spirting from cough. Sleeps with head dropped forward, eyes half open, and jaw down. Sweat only on head. *Pains worse in and after sleep, stitches in cardiac region arouse her from sleep.* *Sulph.* DM, dry.

Dec. 15th. Tingling swollen fingers, hands and feet. Pains are chiefly in the right knee, wrists and finger-joints, hot swellings come and go. *Finger and knee-joints dislocate* at times of greatest pain, causing great agony until reset. Must be turned over frequently in bed, *must have legs and arms moved* for temporary relief. Nausea appears, with pains downward in abdomen. Tongue brownest in centre, no coat on the edges. Top of head cold to touch, and

subjectively. Starts in sleep and springs out of bed, throws off bed-clothes, tears her dress, lies naked and resists covering. Heart-sounds intermit, shocks with both sounds. Eats nothing. Pulse 94. *Rhus tox.* CM, in water, every three hours, then every six hours.

Dec. 22d. *Rhus* was given until yesterday, when general perspiration appeared, offensive, sour, with relief of pain (ate fruit, and gruel for first time), slept quietly. (Fourteenth day. Sour sweat as heretofore, three attacks, announced relief about the eighth week).

1881, Jan. 3d. Weeps often. For five days, flatulent sour stomach. *Soles very sore* for weeks past. *Pulsat.* CM, in water, twice, six hours apart. This seemed to have been efficient.

V. 1880, June 6th. Mrs. A. F. S., æt. 66. While suffering from acute articular rheumatism, three years ago, and under "homœopathic treatment," an eruption coming out over the knee-joints was suppressed by carbolic acid.

In bed or on crutches since, with bony outgrowths at extremities of femurs and their articulates, especially left knee; also, right elbow and right hand, left knee the larger, with its pronator ligaments considerably shortened. Pains in the exostoses were worse after rest, early in the morning, and from changes of temperature. Sweat all over, during severe pains. Rubbing quiets the pains, which are darting, numb, sore (not increased in damp weather). Has much coccygeal pain, end of coccyx sensitive since parturitions. Prolapsus, weakness of vesica, and frequent micturition. Pruritus. altogether feeble.

Rhus tox., *Graphit.*, *Merc. sol.*, *Pulsat.*, *Bryonia*, *Silicea* and *Culc. fluorat.*, each CM, were given about a month apart, with little noteworthy effect; when *Sulph.* DM, given Dec. 31st (five weeks after *Cal. fluor.*), led (Feb. 8th), to report of considerable improvement. An eruption of urticaria appeared at this time. Mrs. S. now made a short journey without serious inconvenience. The stiffness and periosteal enlargement, as must be supposed, were not materially changed, yet the relief of her progressive deformity and its attendant pains, unchecked during three years, is reasonably satisfactory considering the nature of the case.

CLINICAL CASES.

Petroleum and Kali—Post-partum Derangements; *Calc.*—Headache; *Bry.*—Cough; *Castoreum*—Abdominal Complaints; *Sulph.*—Piles; *Ranun. sccl.*—Corns.

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

Petroleum and Kali in Post-partum Derangements.—October 23d, 1870. Mrs. ——— was confined fourteen days ago of one child. Ever since, when in bed at night in a dark room, has had a delusion that there is another baby in the bed which requires attention. She had this delusion in a former confinement, and in another a delusion that she had a third leg, which would not remain quiet. For seven days single, sharp shoots about twice a day, from upper dorsal spine into occiput.

Diagnosis of the remedy.—The peculiar shooting pain is found only under *Kali*. "Delusion that he is double"—the nearest approach to the mental symptoms of the case—is found under *Petr.* and *stram.* [Since this case was cured, I have added *Anac.*, *Cann. ind.*, *Mosch.*, *Sec.*, *Sil.* and *Thuya* to the list]. As *Petro.* has also "Delusion that one limb is double," I selected it in preference to *Stram.*, on account of the *anamnesis*. In this case there were thus two conflicting key-notes, *Kali* being indicated by the *latest* symptom, but *Petro.* by the mental condition. I considered the latter of the greater importance, and gave one dose of *Petroleum*, 3000 (Jenichen).

Oct. 31st. No return of the delusion; no more shooting till 27th, when it returned twice, worse than before, and seemed to fix the head for a moment. Last night, on being frightened, had a return of the pain, and at the same moment a shoot in the lumbar spine. As the mental state had been removed, and the pain increased after a temporary cessation, I now gave the corresponding remedy, *Kali*, one dose of 4000 (Jenichen).

November 15th. Once, on being frightened, has had a slight shooting from neck to occiput.

December 3d. On two consecutive days, four or five days ago, after unusual exertion (going up lofty stairs) *repeated* shooting up into head as before, for a minute, but less severe; has had it *slightly* at times before. No shooting in lumbar spine. As the pain seemed returning, I repeated the dose of *Kali* 4000.

Dec. 12th. Has a catarrh. On waking this morning the delusion returned. Last night *very* slight shooting into head. The récur-

rence of the mental state, combined with the great amelioration of the pain, pointed to the first remedy again, and I gave one dose of *Petr.* 3000.

March 13th, 1871. Reports that she has only had the shooting *occasionally*, and not so severely; no other symptoms.

The above was one of those rare cases where two remedies have to be given in alternation, *according to a corresponding alternation of symptoms*. This is the alternation to which HAHNEMANN refers as being sometimes necessary. In several places where he uses the term, he distinctly states this to be his meaning; hence it is evident that he must have used it in the same sense in other passages, though he did not deem it necessary to repeat his explanation on every occasion. The modern unscientific, empirical practice of *à priori* "alternation," or rotating change of medicines *without* a corresponding change of symptoms, is quite different, and is most emphatically repudiated by HAHNEMANN as unnecessary, unsafe, and we might add, a relic of the lawlessness of allopathic polypharmacy; yet some mongrels continually misquote and pervert HAHNEMANN'S plainest teachings, to excuse their own shortcomings, and to blind the eyes of their victims to the falsity of their pretensions.

Calcarea in Headache.—March 15th, 1870. Mrs. —, sensation (not pain) as if the brain was gradually squeezed, then relaxed, then again squeezed, and so on; she has had this for four days, commencing earlier each day, and lasting till she went to bed; to-day it came on at 10 A. M.; it makes her feel as if she would lose her senses; feeling of rush of blood to the head; feeling as if she squinted; feeling as if she would fall when walking; giddiness; the squeezing is relieved by lying down, or by pressure with the cold hand; aggravated by strong light, reading, writing, on looking up, and when the head is covered.

Diagnosis of the remedy.—Feeling of losing the senses (taken as the key-note because a mental symptom): *Acon.*, *Agar.*, *Alum.*, *Ambr.*, *Bov.*, *Bry.*, *Calc.*, *Cann.*, *Carb. an.*, *Chlorum*, *Laur.*, *Magn.*, *Mag. sul.*, *Merc.*, *Mercurial*, *Mosch.*, *Nat. m.*, *Plat.*, *Sepia*, *Sulph.*, *Stram.*, *Thea*.

Squeezing of brain: *Bov.*, *Calc.*, *Cann.*, *Mag. s.*, *Nat. m.*, *Sulph.* (with many others which have not the first symptom).

Head worse from looking up: *Calc.*, *Sulph.*

Head worse from reading or writing, and better from lying: *Calc.*, *Natr. m.*

Calc. alone corresponds to all these symptoms; it has also feeling of falling with giddiness, rush of blood to the head, and relief from

pressure with cool hand ; the rest have not as yet been found under it. One dose of *Calc.*, 107 M (Fincke) was given about 4 P. M.

March 17th. All the symptoms were better the same day ; the next day nearly gone ; to-day quite gone.

June, 1870. There has been no return.

This case again conclusively proves the absolute necessity of having a collective of conditions. *Calc.* has not produced all these symptoms in combination with these conditions, but it possesses them all separately ; without such a collective, how then could the remedy have been selected ? It also shows that too much reliance must not be placed on concomitants ; they are sometimes of value in deciding the choice between similar remedies ; nevertheless, a medicine will often cure a group of symptoms if it has produced them either separately or in other combinations, as pointed out long ago by Constantine Hering.

Bryonia in Cough.—May 22d, 1869. Harriet D——, æt. nine months. Has had a cough for three weeks, coming on after eating, drinking, anger, etc., in the room, sometimes lasting thirty minutes at a time ; has been losing flesh for two weeks, and is very thin ; irritable temper ; no teeth yet ; all her brothers and sisters cut their teeth late.

Diagnosis of the remedy.—Cough from anger : *Acon.*, *Ars.*, *Bry.*, *Cham.*, *Chin.*, *Ign.*, *Nux.*, *Sep.*, *Staph.*, *Verat.*

Cough in the room : *Arg.*, *Bry.*, *Croc.*, *Laur.*, *Magn. c.*, *Magn. m.*, *Nat. mur.*, *Puls.*, *Spig.*

Cough from eating : *Anac.*, *Ant. t.*, *Ars.*, *Bell.*, *Bry.*, *Calc.*, *Carb. v.*, *Caust.*, *Cham.*, *Chin.*, *Cocc.*, (*Dig.*), *Ferr.*, *Hyos.*, *Ipec.*, *Kali.*, *Laur.*, *Magn. m.*, *Mosch.*, *Nux.*, *Op.*, *Phos.*, (*Puls.*), *Rhus.*, *Ruta.*, *Sep.*, *Staph.*, *Sulph.*, *Zinc.*

Cough from drinking : *Acon.*, *Arn.*, *Arsen.*, *Bry.*, *Carb. v.*, *Chin.*, *Cina.*, *Cocc.*, *Dros.*, *Fer.*, *Hep.*, *Hyos.*, *Laur.*, *Lyc.*, *Nat. mur.*, *Nux.*, *Op.*, *Phos.*, *Rhus.*

Bry., therefore, was the only remedy which corresponded to the cough symptoms, and also to the mental condition, and one dose (a globule) of 2000 (Jenichen) was given at once.

May 24th. Has slept much more ; no cough on taking food ; less irritable, and when she is angry, the cough is less severe than before ; does not cough so often, or for more than three or four minutes at a time.

June 2d. Looks quite happy and lively ; only occasional cough at night ; gaining flesh.

September 10th. Has been well ever since.

Castoreum in Abdominal Complaints.—July 6th, 1871. Miss ——. For a week, and getting worse, pain in stomach going round to left hypochondrium and through to back, with shooting in left hypochondrium; this comes on every day after dinner, which is at 2 P. M. Pain in stomach better by bending double; pain in back worse by deep inspiration. *With* the pain, yawning, faintness, chilliness, borborygmus and tasteless eructations. This afternoon there was also, *with* the pain, dyspnœa and wheezing for a time, and after this had passed off there was nausea in stomach, with objective heat of forehead and cold hands. This case illustrates the selection of the remedy according to the *concomitants*, which must not be neglected, though too much stress must not be laid on them. In the abdominal chapter of the Cypher Repertory, I found that *Castoreum* corresponded best to the above conditions. (The symptoms given by Allen are, “Pain in abdomen relieved by warmth, pressing upon and *bending the body*,” “Violent pain in bowels, *arresting breathing, with yawning*,” “Piercing pain in abdomen, *with rolling about*, frequently intermitting, *with chilliness*, from 11 A. M. to 4 P. M.”) I gave one dose of 200 (Leipzig) at 10.35 P. M. The yawning decreased at once.

June 7th. Slight pain in stomach in morning for a time; pain returned at 7 P. M., after tea, but much less, not felt in back; very little yawning; no other symptoms.

June 8th. Pain in stomach returned at 11 A. M. for one and a half hours; none in evening.

June 9th. Pain in stomach and left hypochondrium (but no shooting) for half an hour, one hour after breakfast and in afternoon; no other symptoms.

June 10th. Quite well; remained so.

Comments.—This case illustrates well the action of *Castoreum*, a drug which has been denounced as worthless and inert. I have found *yawning in connection with diarrhœa and other abdominal complaints to be characteristic thereof.*

Sulphur in Piles.—November 23d, 1871. Mrs. —, æt. 30. Subject to piles for four or five years; two years ago they were bad for three days. Was confined seven weeks ago, and piles have been worse since; very bad for last month. They are now internal, but at first were external. During and after stool, throbbing, burning and smarting in piles, with shooting upwards which catches the breath; also dull aching in coccyx and sacrum, extending round

sides of pelvis; all this lasts for six or seven hours after stool. Stool once in from two to four days, otherwise natural. The pain makes her feel faint, trembling, sick, inclined to move about, hot, and as if she would lose her senses; the pain at anus is better when standing than when lying. Has taken, by the advice of a *professed* homœopathic physician, *Acon.*, *Nux 3* and *Sulph. 3*, without relief.

Diagnosis of the remedy.—Benninghausen's Repertory gives "shooting in rectum stopping the breath, *Sulph.*" This I took as the key-note or starting point, and finding that this remedy corresponded fairly with the other symptoms, I gave one dose of CM (Fincke).

Nov. 29th. Piles gone; pain much less, lasting only two hours after stool; still costive; pain was bad yesterday, but better all the other days; much less weakness, trembling, heat, and feeling of losing senses; the shooting does not catch the breath so much.

April 10th, 1872. Perfectly recovered within a week, and has remained so to this day.

Comments.—(1) The value of key-notes or characteristics is here shown; a key-note is not a symptom on which we prescribe *without* reference to the rest, but it is a symptom so characteristic of the remedy, that we almost always find the remaining symptoms covered by it also; hence a knowledge of key-notes saves much trouble in the selection of a remedy. (2) The superiority of the high over the low potencies is also shown. It also proves that Fincke's fluxion potencies are *not* low potencies, as some have ignorantly or maliciously asserted; else how would they cure after the *bona fide* low potencies failed?

Ranunculus sceleratus in Corns.—March 25th, 1872. For four months or more I had two corns on the balls of first and second left toes, sensitive to touch or pressure, with smarting and burning, and occasionally shooting; very painful on letting leg hang down, when they also throb, and especially painful by flexing toes; better by extending toes, and by wearing a *thick-soled* boot; at times numbness in the corns; knocking toes against anything so as to cause the boot to grate against the corns causes great pain and burning; the corns make me limp and hinder walking, running is out of the question. Cutting the corns and wearing plasters had only relieved temporarily; *Ant. crud.* did nothing; *Puls.* and *Baryt.* relieved for a time only; this morning they were worse than ever, I could hardly walk, the pain was at times so violent as almost to make me cry out, and the burning was like fire.

Diagnosis of the remedy.—Bœnninghausen's Repertory gives the following:

Corns on balls of toes: *Ant. cr., Ranunc. scel.*

Corns, burning: *Ranunc. scel.* (and six others).

Corns, shooting: *Ranunc. scel.* (and two others).

I took one dose of *Ranunc. sceleratus*, 200 (Leipzig.) In the evening was so much better that I took a long walk without inconvenience.

Nov. 26th. Pain nearly gone; could walk, and in the evening, being rather late at an appointment, suddenly found, to my astonishment, that I was running. After this, they soon got well. The corns remained for some time, but gave me no inconvenience. Afterwards they also disappeared, and I have never since been troubled with them to this day, May, 1881.

PERISCOPE.

MEDICAL ADVANCE, MAY, JUNE AND JULY.

PROF. OWENS publishes an interesting paper, which is, to all intents and purposes, a plea for a pathological view of materia medica. To some of his sentences we must take exception. For instance, he says, "Hahnemann speculated, and then demonstrated in therapeutics." This is a mistake. Hahnemann *experimented* and then demonstrated in therapeutics. In other words, he followed the inductive method. By this method the scientific inquirer does not *speculate*. On the contrary, he banishes all theory from his mind, and, by the process of experiment, "addresses a question to nature," pure and simple. Free from all theoretical bias, the mind of the investigator is prepared to accept the true answer, no matter how unexpected the character of it. This was the method of Hahnemann, and it is to be particularly borne in mind that Hahnemann availed himself of the inductive method at the very time it became established by the eminent workers in physical science. At the very time that Hahnemann was making his drug experiments Sir Humphrey Davy was applying electrolysis to determine the nature of the alkalis and alkaline earths. No speculation was used by Davy in his experiments. Neither was any used by Hahnemann in his investigations. "No man ever took a step forward in anything," says Prof.

Owens, "unless he speculated, conjectured and formed hypotheses." The objection to this seems to us to be that it is in accordance with the processes of the old alchemists, who first formed a hypothesis, and then undertook to prove it by experiments (the *deductive* method). Hence they were always blundering. Moreover, it is the method in the old school with regard to drug therapeutics to-day. Hence they are so empirical. Hence it is that no idea in drug administration, however crude, is too absurd for the average doctor to reject. We think that it is in Boswell's Johnson where it is stated that a physician told an ænemic young girl that in order to be *strong* she must take *iron*; not that of the drug stores, but the *steel filings* of the machine-shop, a teaspoonful three times a day! Thus, because steel is *strong*, it must *strengthen* the human system. Does not this idea exist in the mind of the old school doctor to-day? We think it does. Tanner's "Index of Diseases and their Treatment" (Henry Renshaw, London, 1866), constantly recommends preparations of STEEL. Now such follies as this come from the habit of speculating. Homœopathic principles appear doubly absurd to an old school doctor because he falsely assumes them to be the result of speculation, and his inferences in that regard are strengthened by the thoughtless remarks of its followers. Hence Prof. Owens will see why we take him to task.

Dr. McNeil reports two cases of *eczema vesiculosa*. In the first case, the patient had had *rheumatic pains with stiffness, worse by rest; better from motion*. Cured with *Rhus tox.* The second case was attended with *itching from getting warm; burning of feet, so that they must be put from under the bed-cover.* *Sulphur* 500, then 6 M, then 55 M, then 81 M cured.

A case of persistent vomiting of pregnancy was relieved by *Sulphur*. The specific indications were: *red lips; everything eaten turns sour; hot feet, must put them out of bed.*

A case of pernicious intermittent fever exhibited the following symptoms: *Feeling as if contents of abdomen were pressed upward; pains all over, worse from motion; faintness on rising.* *Bryonia* cured.

Dr. McNeil's comments: "It is a prevailing delusion in our school that in a case of pernicious intermittent, nothing but massive doses of quinine will prevent a return of the paroxysms—the third return of which, they say, is certain death. That is all nonsense."

"I believe that quinine frequently, in the climate in which I live, changes benignant intermittents to malignant ones." "Cholera, yellow fever, typhus and diphtheria have given homœopathy a fame

which she can only lose by the recreancy of her professed followers." Respectfully referred to the philosophers of the pestilential Wabash.

Dr. Nash reports a case of ulceration of uterus, with constriction of os, and suppressed menses. Symptoms: *pain and weakness in back; flushes of heat; weak and faint after they pass off; great heat of top of head; feet cold all day, but burn at night; must put them out of bed; restless and sleepless at night.* Sulphur CM (Fincke) cured.

Dr. Nash then indulges in some caustic remarks at the expense of an eclectic who "feared some homœopath would 'cudgel' him" for his treatment of a similar case, reported in January number of *Advantage*. He used topical applications "just as an allopath would use them." "What is most to be regretted," says Dr. Nash, "is that professed homœopaths are so often, of late, resorting to old school, antipathic measures, and then trying to defend themselves on the ground that it is rational and scientific."

Dr. Gilbert reports a case of threatened abortion prevented by *Gelsemium* CC. Indications were: *fright caused a pain in uterus; worse from retching, followed by vomiting. The pain extended up to back of head.*

Two cases of enuresis nocturna were benefited by *Lachesis*. The indication was derived from the symptom: *this remedy seems to profoundly affect the voluntary system, and the will-power must supply the deficiency.*

MEDICAL ADVANCE, JUNE.

Dr. Gillard reports a case of ulceration of descending colon and rectum cured, after a three years' struggle, with *Lyc.*, after many other remedies had failed. The indications are a little obscure, but the general statement of the case is very interesting.

S. L. reports a case of tertian fever, attended with dry, teasing cough, for which *Rhus tox.* 30, was prescribed on Dunham's indication, "*a dry, teasing cough before the chill, continuing after the chill comes on.*" Cured.

A case of pneumonia caused by getting wet, and having the symptom, *every bone in the body aches; bruised feeling all over;* received *Rhus tox.* 30 M. Cured.

A case is reported of nasal catarrh, having thick, greenish-yellow discharge. Cured by *Syphilinum* after other remedies had failed.

A case of gonorrhœal rheumatism was cured with *Medorrhinum*, CM. Unfortunately, the indications for these remedies are not very clear, so that the giving of them is almost empirical. Neither are yet sufficiently well proved for clear use.

Dr. Owens was called to a case of suspended digestion, with symptoms so violent that the patient was in imminent danger of death. He had eaten heartily of buckwheat cakes for supper. The indications were: *must have the doors and windows open to get breath; profuse cold sweat all over, and standing in large drops on head and face; engorged stomach, sickness and nausea; white and glassy eyes; labored respiration. Puls., 6 M, cured; relief commencing in four minutes.* The doctor says he prefers the *simillimum* to a stomach pump. This will horrify the eclectics.

An old man, who had been "raising thick, light-colored, tenacious, nauseating mucus," to the amount of two quarts in twenty-four hours, presented the following indications: *discharge of yellowish pus from the left eye; eyelids sticking together in morning after sleeping; discharge of hot water from the eyes; burning in the hands and feet. Sulph., 10 M, relieved.* Then dryness of mouth and mucous discharge from rectum followed. *Carbo v.* was given, and later *Sulphur* again. Symptoms all cured.

A young lady had *sharp, cutting, grinding pains in bowels before menses, causing sickness and nausea. Gelsemium* cured.

A minister had neuralgia of the stomach, for which he always took large doses of *Morphine. Nux, 50 M, cured.*

THE HOMŒOPATHIC JOURNAL OF OBSTETRICS, MAY.

Dr. Guernsey reports a very interesting case of retained placenta, after an abortion, at the fourth month. The symptoms were: *abortion from contusion, sensation of soreness as from a bruise; hot head and cool body; great restlessness, wishing to change her position constantly.* These being indications for *Arnica*, that remedy was given, and in forty-eight hours the placenta came away spontaneously.

The above is in striking contrast to some other cases reported in this same journal, where the operator, though professing to be enlightened by the principles of the new treatment, nevertheless continues the bad practice of tearing away piece-meal the retained placenta (even though it requires three days to do it), just like an old-school doctor. Yet, according to these scientific doctors, it is blundering practice to wait so long upon the action of the indicated remedy.

U. S. MEDICAL INVESTIGATOR, MAY AND JUNE.

A "beginner in homœopathy" asks if it be true that medicines

will change the mal-position of a fetus in utero. The editor answers by reprinting a paper of the late Mercy B. Jackson, M. D. relating fourteen cases in her practice so changed by the administration of *Pulsatilla*.

Dr. Johnson reports a cure of constipation with *Opium*, 200; the characteristic being a *scanty stool of small black balls*.

Dr. Oertal mentions a case of Hæmaturia, where the *urine was passed in drops, with great pain. Large coagula of blood passed out with much pain. Cantharis*, 30th, relieved very much. It was succeeded by several other remedies according to indications, and at the end of four months, the patient was cured.

Dr. Tuckey reports a case of angina pectoris, with sensation of a ball rising from the heart to the throat, threatening suffocation. *Lachesis*, 6th, cured.

Another case was much relieved by *Ignatia*, and ultimately cured with *Amyl-Nitrite*, 1 x.

A case of headache, with *throbbing pain, languor and heaviness, pain in eyes, with blurred vision*, was cured with *Bell*.

A case of painful menstruation, preceded by diarrhœa, first watery and burning, followed by blood and mucus, and *tenderness of abdomen*, was greatly relieved by *Arsenicum*. Later, *Colocynth* produced a cure.

A case of gastritis, of three years' duration, showed the following symptoms: after taking food, there was great sickness and violent retching, lasting several hours, until vomiting occurred, which relieved; tenderness over the stomach; distention after eating; yellow fur on tongue; mouth dry and parched; coppery taste. *Cuprum*, 6th, cured.

A man, tainted with syphilis, had deep suppurating "serpiginous" ulcerations upon the back, cured with *Kali-iodium* in two weeks.

Dr. Tilden writes upon the cause of pigeon-breast in children, and shows that it is largely due to the habit of lifting children, by placing the hands upon the chest beneath the infant's arms. This causes compression of the ribs, and permanent deformity when persisted in. The proper way to lift a child is to place one hand under the buttocks, using the other to steady the body.

MEDICAL CALL, JULY.

Dr. Whipple gives the "best treatment" for "rheumatism or any other disease, not of a surgical or chemical nature." It "is to

select your remedies in each case in strict accordance with *the law of therapeutics*, as expressed in the formula, '*Similia Similibus Curantur.*'" He then proceeds to illustrate this position. A laborer, with inflammatory rheumatism, exhibited the following symptoms: *profuse perspiration, but giving no relief, but rather aggravating the weakness; dirty yellow coating of the tongue; thirst, restlessness, anorexia, nightly aggravation, especially in the warm bed.* *Merc. Sol.*, 30, cured in six days.

A woman, being taken down with same disease, and showing the same symptoms, received the same medicine, and was fully cured in six days.

In another case of rheumatism, *the pains were worse on first beginning to move, better from continuing to move.* *Rhus tox.*, 30, cured in a few days—even curing a "double lateral curvature of the spine," which had been caused by the pains.

The doctor will not say that he *never* allows topical applications in such cases, as "it may be necessary in order to *satisfy the patient and friends.*" This prescriber is evidently a genuine homœopathist. It is pleasant to meet with such, and to report their cases.

Dr. Parkhurst cured a case of rheumatism with *Apocynum*; the indication being, *the patient screams if any one approaches her, or points the hand at her.*

Dr. Hallett cured a case of epileptiform spasms, of five years' duration, with *Puls.*, the indication being, *profuse secretion of tears.*

Dr. Wakefield reports two cures of diarrhœa and vomiting in children with *Calc-c.*, the indication in each case being *vomiting of milk in curds; thin whitish diarrhœa* (green in one case); *does not sleep after 3 A. M.; profuse sweat of the head, wetting the pillow.* One of these cases was followed by a painful tumor in the hip, which was prevented from suppurating by *Hepar*, 30.

Dr. Campbell cured two cases of tobacco amaurosis with *Nux-v.*, 3.

Dr. Burnett cured a stubborn cough with *Aralia*; the indication was: *fit of asthma on lying down.* In three other cases the indications were: *cough coming on after first sleep, waking the patient.* *Aralia* cured.

MEDICAL COUNSELOR, MAY.

Dr. Leonard reports a case of articular rheumatism, in which the indication first appearing was: *pain greatly aggravated by washing the hands in cold water; also, at night.* *Calc-carb.* partially re-

lieved. The pain in shoulders still continuing, *Puls.* was given for the following symptoms: *numbness in left arm, from elbow down; mild, tearful disposition; sanguine temperament.* This was followed by a cure, and now the doctor contends that *Puls.* should have been prescribed at first.

Dr. Heath reports delivery of a child, where the breech presented, with a pair of Comstock's Cephalic Forceps, applied over transverse diameter of the pelvis.

W. M. J.

BOOK REVIEWS, NOTICES, ETC.

In compliance with the expressed wish of some of our readers, we shall give, from time to time, a short list of the most prominent and interesting books published, pertaining to medicine; also note a few of the more interesting essays published in the journals. We can give no more space than suffices to mention subject and author; hence, will attempt no *review* of their subject-matter. This is done to keep our readers acquainted, without trouble to themselves, with the current medical literature, and so facilitate their purchasing such works as they may desire.

We would respectfully request all medical publishing houses to keep us informed, from time to time, as to the new books they have, either "in press or just out."

NOTES ON CURRENT LITERATURE.

Recently Published by Wm. Wood & Co.

LECTURES ON DIAGNOSIS AND TREATMENT OF DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES. By *E. Fletcher Ingals.* pp. 437; price \$4.00.

LECTURES ON SURGICAL DISORDERS OF THE URINARY ORGANS. 2d Edition. By *Reginald Harrison.* pp. 400; price \$5.00.

DISEASES OF THE BLADDER. *Coulson.* (July Volume of Library Series.)

INDIGESTION, BILIOUSNESS, GOUT, ETC. *Fothergill.* pp. 316; price \$2.25.

THE SYMPATHETIC DISEASES OF THE EYE. By *Ludwig Mauthner.* Translated from the German. *In Press.*

Recently Published by H. C. Lea's Son & Co.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, ETC. By *S. W. Gross.* pp. 174; price \$1.50.

A PRACTICAL TREATISE ON ELECTRICITY IN ITS APPLICATION TO MEDICINE. By *Roberts Bartholow.* pp. 270; price \$2.50.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY IN WOMEN. By *S. Weir Mitchell.* pp. 250; price \$1.75.

D. Appleton & Co.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM. *A. L. Ramy.* pp. 500; price \$4.00.

Priesley Blakiston.

A TEXT-BOOK OF MODERN MIDWIFERY. By *Rodney Glisan*. pp. 640; price \$4.00.

Lindsay & Blakiston.

PRACTICE OF MEDICINE AND SURGERY APPLIED TO DISEASES AND ACCIDENTS INCIDENT TO WOMEN. By *W. H. Byford*. pp. 682; price \$5.00.

Boericke & Tafel. In Press.

RAUE ON PATHOLOGY AND THERAPEUTICS. 2d Edition.

THE HUMAN EAR AND ITS DISEASES. By *Wm. H. Winslow*.

NORTON'S (formerly Allen & Norton) OPHTHALMIC THERAPEUTICS. 2d Ed. WORCESTER ON INSANITY.

NOTES ON THERAPEUTICS. *G. Pecholier*, writes (*Gaz Med. de Paris*) on Physiological Action of Hellebore. *E. T. Riechert*, (*N. Y. Med. J.*) on Amyl nitr. as Powerful Cardiac Stimulant. *J. Ossikowszky*, points out Similarity between Symptoms of Phosphorus and Chronic Hepatitis.

TOXICOLOGY. *A. J. Alliott*, (*Brit. M. J.*) Case of Poisoning by Arum Maculatum. *J. A. Bull*, (*Boston M. & S. J.*) Strychnia Poison treated with Cannabis Indica and Chl. Hydrate. *N. Grattan*, (*London Lancet*) Belladonna Poison treated with Philocarpin. *J. Hudson*, (*Brit. M. J.*) Belladonna Poisoning treated with Physostigma. *A. D. MacDonald*, (*Edinb. M. J.*) a Case of Hydro-chloric Acid Poisoning, and Some Points in Practical Therapeutics. *E. R. Mansell*, (*Lancet*) Chloral vs. Strychnia. *J. M. DaCosta*, (*Phila. Med. Times*) writes on Arsenical Paralysis. *Hildebrandt*, (*Deutsche Med. Wechschr.*, Berlin, 1881) writes on Poisoning by Carbolic Acid.

OPIUM. *J. L. Beerdeen*, (*Mich. M. News*) writes on Jaborandi and Belladonna in Opium Poisoning. *J. W. Bull*, (*Boston M. & S. J.*) Opium Poisoning treated with Atropia. *Ford*, (*St. Louis M. and S. J.*) on Atropia Antagonism to Opium. *H. H. Kahe*, (*Med. and S. Rep.*, *Phila.*) on Rapid and Easy Cure of a Case of Morphia Habit of Twelve Years' Standing; amount used per day, sixteen grains. *C. M. Nutt*, (*Louisville M. News*) Alarming Narcosis from a small dose of Morphia. *T. Wayne*, (*Indian Med. Gaz.*, *Calcutta*) Treatment of Opium Eaters.

SCARLATINA. Cold Baths, etc., are recommended in a work by *L. Duchesne*.

BRIGHT'S DISEASE. *T. S. Dabney* (*Indep. Pract.*, *N. Y.*) recommends Apocynum Cal. *J. E. Atchinson*, inquires (*Am. Jr. Med. Secs.*) if Potas. Iod. may not excite Bright's Disease.

DIPHTHERIA. *A. M. Williamson* (*Cinn. Lancet and Clinic*) recommends Per-sulph. of Iron. *Boine*, *Boon* and others, recommend Tannic Acid. *E. Bonchut* (*Compt. rend. Acad. de Paris*) Local Application of Papine. (*Med. Rec.*, *N. Y.*) *Whaler* has tried Jaborandi. *Forest* and *K. Dehio* believes in Philocarpine; others in its muriate.

SEPTICEMIA, ETC. *T. J. Burrill*, writes (*Am. Nat* 1881, V. XV.) on Bacteria as a Cause of Disease in Plants. *A. Clauveau*, "Ferments and Virus." *L. A. Stimson*, (*Med. Record*) Acute Septicæmia; Influence of Germs in the Putrefactive Process.

PASTEUR'S ADDRESS, before the recent International Congress, on Germs, etc., is reprinted in *N. Y. Medical Record* of August 27th, 1881.

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. I.

NOVEMBER, 1881.

No. 11.

THE BRITISH MEDICAL ASSOCIATION AND
HOMŒOPATHY.

THE London *Lancet* has recently been directing its gigantic energies against homœopathy, and has demanded that the British Medical Association should enact stringent measures against all communion with such wretches as homœopathsists. Homœopathy is dead, they say; yet it seems to require a great many obituaries and post-mortems to assure the timid allopathists of its demise. If it be dead, why not generously exclaim, *requiescat in pace*, and pass on to other and more live topics?

The disgraceful conduct of certain celebrated allopathists, when asked to render aid to a dying man—the Earl of Beaconsfield—has already wrought its legitimate results. The sarcastic denunciation of their conduct by the secular press has, at last, opened the long closed eyes of the allopathists, and they learn, doubtless to their disgust, that the laity not only tolerate, but admire and employ the despised homœopathsists. Moreover, they observe that any high-handed bigotry on their part will but rebound to their own injury. Hence, in view of these observations, the British Medical Association hastens slowly to respond to the demand of the *Lancet*. If the speech of Dr. Bristowe, which we shall presently quote, is to be taken as an index of their views, we may say the members of that learned association quietly declined to put their heads into the hole dug for them by the *Lancet*. In so declining, the British Associa-

tion evinces more wisdom than their confrères of the American Medical Association, by whose late action the now celebrated "Code" is evidently endangered. Nor will the case of President Garfield, its inception, treatment or termination, tend to ameliorate their perplexities.

Dr. Bristowe treats his subject—homœopathy—more rationally than is usual with allopathists. His address is very fair and candid—for an allopathist—and does him honor. Yet he, too, evades the real and only question at issue between the schools: *which cures best, quickest and easiest?* He evades this question. He pronounces our law, our theories, our doses, our founder, one and all, absurd. As to the absurdity of our law, he advances no argument; as to its inability to cure the sick, when properly applied, he gives no proof. All is mere assertion, mere chaff. The line of argument followed is much the same as that used by the late Sir John Forbes. Dr. Bristowe claims that homœopathy has been built up by persecution, and that tolerance will kill it. He says truly: "If false, as we believe it to be, its doom will be sealed when active antagonism and enforced isolation no longer raise it into fictitious importance." All hangs on that "IF." But suppose it be true? Will its toleration then contaminate the "regular?" We fear so. As to consultations between homœopathists and allopathists, we have yet to hear of a real homœopath desiring or *needing* one. It is only those of the Kidd stripe who can receive therapeutic aid from allopathy.

BRITISH MEDICAL ASSOCIATION.

ADDRESS IN MEDICINE.

JOHN SYER BRISTOWE, M. D.

The speaker began by alluding to the position of medicine among the sciences. He thought that those who criticised its work did not understand how vastly more difficult and complicated its study is than that of the exact sciences. As regards the future possibilities of medicine, he took no Utopian views. We shall never find specifics for every disease, or make mortal life immortal. But we can expect vast improvement over its present condition. He then took up the subject of

HOMŒOPATHY.

He sketched the life of Hahnemann, and then gave an interesting account of the Organon. "This Organon," he said, "is a remarkable work, very interesting also, and very entertaining; for it not only comprises the quintessence of his labors, but reveals the character of the man, as in a mirror, with all his strength and all his weakness, all his wisdom and all his folly.

“Hahnemann was a physician who had a supreme contempt for pathology, and, on the whole, for etiology. He inveighs over and over again against the absurdity of those who endeavor to discover, in morbid phenomena within the body, an explanation of the symptoms which persons who are ill present. He says: ‘We may well conceive that every malady implies a change in the interior of the organism, but this change can only be surmised obscurely and fallaciously from the symptoms; it can never be recognized infallibly in its complete reality. The invisible changes wrought by the malady within the organism, and the changes perceptible to our senses (that is to say, the sum of the symptoms), together form a complete image of the malady; but that image is only visible in its entirety to the eye of the Creator. It is the totality of the symptoms which alone constitutes the part of it accessible to the doctor; but it is likewise in the totality of the symptoms, that we find everything that it is needful to know in order to cure.’ To Hahnemann it is a matter of no moment whether ascites depends on cirrhosis of the liver, or tubercle of the peritoneum; whether an attack of constipation and colic arises from lead-poisoning or from a cancerous stricture; whether a paralytic seizure is the outcome of hysteria, or is due to some material lesion of the brain. In each case, to him, what is the condition of things within is an idle speculation; the symptoms of which the patient complains comprise all that the medical man need know; and to treat these according to the true laws of homœopathy is to cure the disease. But he goes further: for, not satisfied with stigmatizing all pathological investigations as mere pedantry and foolishness, he actually objects to all attempts on the part of systematic writers and practical physicians to distinguish and classify diseases.

“Hahnemann rejected therefore etiology as being of any use to the physician; he rejected pathology, or more especially, morbid anatomy and nosology.

“Hahnemann’s views of the nature of disease were doubtless subservient to his views of the curative operation of drugs. And it is on his therapeutical views, if on anything, that his reputation must depend.

“Stated generally, his views are as follows: The innumerable diseases which afflict mankind, and which arise out of natural causes, consist, for the purposes of the physician, of groups of symptoms; the innumerable remedial agents which exist in nature, locked up in the animal and vegetable kingdoms, and in the inorganic world, are themselves the causes of a parallel series of artificial diseases, which again, for the purpose of the therapist, consists of groups of symptoms; in order to cure any natural disease that may come before us, it is necessary to administer that particular remedial agent which is capable of producing identical symptoms with it, and of course this must be given in a suitable dose, for, if in too minute a dose, it leaves a residuum of the original disease uncured; if in too large a dose, it cures the disease, but induces after-effects of its own; and, further, inasmuch as we are not yet acquainted with the specific virtues of all remedies, and inasmuch therefore, as for a large number of diseases the most suitable homœopathic remedy has not yet been discovered, we must in such a case select a remedy the effect of which approximates to the symptoms of the disease, by which means we shall cure a certain area, so to speak, of the primary disease, but we shall leave anew dis-

ease behind, compounded of the as yet uncured symptoms of the old disease, and the supernumerary symptoms due to the drug itself, which new disease must be treated *de novo* on homœopathic principles. How curious, how ingenious, how interesting the whole thing is! How excellent, if true! And has it not the simplicity of truth in it? The entire range of diseases, the entire range of therapeutics, converted into Chinese puzzles; the phenomena of diseases and the effect of drugs upon them treated as algebraical equations! It is impossible to conceive of any physician working daily by the bedside of patients, and in the dead-house, and seeing diseases as they are, framing such a system, except as a joke. It could only have been, as in fact it was, the serious work of a visionary who had thrown off the trammels of fact, and, allowing his imagination to run riot, mistook its fantastic figments for a revelation from Heaven.

“That Hahnemann believed in himself and in the absolute truth of all that he taught, is beyond dispute. He was a prophet, not only to his followers, but in his own eyes. All other systems of therapeutics but his were folly, and all who pursued them were fools. That he had learning, and ability, and the power of reasoning, is abundantly clear. He saw through the prevalent therapeutical absurdities and impostures of the day; he laughed to scorn the complicated and loathsome nostrums which, even at that time, disgraced the pharmacopœias; and he exposed with no little skill and success the emptiness and worthlessness of most of the therapeutical systems which then and theretofore had prevailed in the medical schools; and then he invented and proclaimed a system of his own at least as empty and as worthless as any that had gone before. In this, I suppose, there is nothing very strange; for it is only the broadest intellects (and his was an essentially narrow one) which are capable of treating the offspring of their own brains with the severe impartiality they manifest in other cases.”

The speaker then discussed the various arguments and facts alleged to support the homœopathic doctrine. He referred to the meagre and unreliable statements of the *Organon* and the contradictions found there; the great and inevitable sources of error in the Hahnemann system of proving and of recording cases; the astonishing theory of infinitesimal doses.

He referred then to some of the changes that had been brought about in

MODERN HOMŒOPATHY.

One of these is the hypothesis which converts homœopathy into antipathy. It is to the effect that all medicines have opposite effects, according as they are given in large or in small doses, and that when, as the consequence of proving on the healthy person, a drug is found to excite the symptoms of a disease, it cures that disease by its opposition to it when given in small doses.

The speaker showed also that homœopathy had as yet furnished no genuine and reliable statistics as to its therapeutical value.

Dr. Bristowe concluded with a discussion of the relations between homœopathy and orthodox medicine.

“So far, gentlemen, I have discoursed only on homœopathy as a science and an art. I wish to add a few words on homœopaths as men, and as members of our common profession.

“That a very strong feeling of hostility should have arisen early between orthodox practitioners and homœopathists is not to be wondered at, when we consider, on the one hand, the arrogance and intolerance which Hahnemann displayed, at any rate in his writings, and on the other hand the contempt which experienced physicians felt and freely expressed for him and his whimsical doctrines. Nor is it to be wondered at that this variance should still be maintained; for homœopathy is still a protest against the best traditions of orthodox clinical medicine; and there is a natural tendency among us still to look upon homœopathic practitioners as knaves or fools. But surely this view is a wholly untenable one. That all

HOMŒOPATHISTS ARE HONEST MEN

is more than I would venture to assert; but that in large proportion they are honest is entirely beyond dispute. It is quite impossible that a large sect should have arisen, homœopathic schools and hospitals have been established, periodicals devoted to homœopathic medicine be maintained, and a whole literature in relation to it have been created, if it were all merely to support a conscious imposture. No, gentlemen, the whole history of the movement and its present position are amply sufficient to prove that those, at any rate, who take the intellectual lead in it are men who believe in the doctrines they profess, and in their mission; and who practice their profession with as much honesty of purpose and with as much confidence in their power to benefit their patients as we do. That all homœopathic practitioners are men of ability and education it would be absurd to maintain; but it is absolutely certain that many men of ability and learning are contained within their ranks. If you care to dive into homœopathic literature, you will find in it (however much you may differ from the views therein inculcated) plenty of literary ability; and I have perused many papers by homœopaths on philosophical and other subjects unconnected with homœopathy which prove their authors to be men of thought and culture, and from which I have derived pleasure and profit. Again, I will not pretend that even a considerable proportion of homœopaths are deeply versed in the medical sciences; yet they have all been educated in orthodox schools of medicine, and have passed the examinations of recognized licensing boards; so that it must be allowed that they have acquired sufficient knowledge to qualify themselves for practice. And some among them possess high medical attainments.

“But it may be replied, if these men are honest and educated, and at the same time duly qualified practitioners in medicine, how can they believe, and how can they practice, such a palpable imposture as homœopathy? Well, gentlemen, it is very difficult to account for the beliefs and

VAGARIES OF THE HUMAN INTELLECT.

It is only occasionally that our convictions are the result of conscious reasoning. For the most part they arise in the mind, and take possession of it, we know not how or why; and our reasonings in regard to them (if we reason at all) are merely special pleadings prompted by the very convictions they seem to us to determine—in other words, they are not the foundations of our beliefs at all, but exhalations from them. It is not surprising, therefore, that, even on matters of supreme importance, irreconcilable differences of

opinion prevail, aye, amongst men of high integrity and cultivated intellect. And if we desire to live broad and unselfish lives, we must be slow to condemn all those who entertain convictions which to us seem foolish or mischievous and logically untenable, or to refuse to co-operate with them.

“There are few, even of the best among us, who have not weak points in intellect or character. And it would be deplorable, indeed, if, for example, those of us who look on spiritualism as one of the grossest follies of the times in which we live, were to scout the distinguished chemists and the great writers who devoutly believe in it; or were to refuse to do homage to the conspicuous abilities and high character of a great judge, because, throwing off the judicial impartiality which befits a judge, and acting under the influence of prejudice, emotion and ignorance, he has made himself the leader of all the hysterical sentimentalism of the day in a crusade against experimental physiology in this land of Harvey and of Hunter! The remarks just made apply especially to beliefs in relation to those matters which are incapable of exact scientific proof, and in which the feelings are largely involved—pre-eminently, therefore, to religion, to politics, and to medicine.

“I ask you, gentlemen, to forbear with me, if I push my arguments to their logical conclusion, and venture now to express an opinion which is opposed to the opinion which many, perhaps most, of you entertain. I do not ask you to agree with it; still less do I ask you to adopt it. But I ask you to consider it; and I am content to believe that, if it be just, it will ultimately prevail. It is that, where homœopaths are honest, and well-informed, and legally qualified practitioners of medicine, they should be dealt with as if they were honest and well-informed and qualified.

“I shall not discuss the question whether we can, with propriety or with benefit to our patients, meet

HOMEOPATHS IN CONSULTATION.

I could, however, I think, adduce strong reasons in favor of the morality of acting thus, and for the belief that good to the patient would generally ensue under such circumstances. I shall not consider at length whether the dignity of the profession would be compromised by habitual dealing with homœopaths. But I may observe that it is more conducive to the maintenance of true dignity to treat with respect and consideration, and as if they were honest, those whose opinions differ from ours, than to make broad our phylacteries and enlarge the borders of our garments, and wrap ourselves up, in regard to them, in Pharisaic pride. I appeal, gentlemen, in support of my contention to other considerations. It has been held, that to break down the barriers that at present separate us from homœopaths, would be to allow the poison of quackery to leaven the mass of orthodox medicine. But who, that has any trust in his profession, any scientific instinct, any faith in the ultimate triumph of truth, can entertain any such fear? All the best physicians of old times, all the greatest names in medicine of the present day, are with us, all science is on our side; and we know that, as a body, we are honest seekers after truth. What have we to fear from homœopathy? Bigots are made martyrs by persecution; false sects acquire form and momentum and importance mainly through the opposition they provoke. When persecution ceases, would-be

martyrs sink into insignificance; in the absence of the stimulus of active opposition, sects tend to undergo disintegration and to disappear. The rise and spread of homœopathy have been largely due to the strong antagonism it has evoked from the schools of orthodox medicine, and to the isolation which has thus been imposed on its disciples. If false, as we believe it to be, its doom will be sealed when active antagonism and enforced isolation no longer raise it into fictitious importance. At any rate, breadth of view and liberality of conduct are the fitting characteristics of men of science."

In the subsequent discussion, Dr. Long Fox criticised Dr. Bristowe's last remarks and said: If a homœopathic practitioner, alleging that the same remedies were used, the difference being only in name, asked an honorable member of a most honorable profession to associate with him in the treatment of a case, it appeared to him to be like asking the Archbishop of Canterbury to associate with the high priest of the lowest fetish in Central Africa. Why were the adherents—he would not say the victims—of homœopathy to be found among men eminent in piety, sanctity and benevolence? He believed it was really because they thought that God acted habitually miraculously. But as a reverend profession (as Bishop McDougall had called them), they ought to refuse to countenance so unphilosophical a view of the great First Cause. It was surely a much grander view of the Almighty to believe that He always acted by the grand laws that He had Himself laid down. He hoped that Dr. Bristowe would not suppose that he disagreed with anything he had said. He ventured only to differ in regard to the remarks in the latter portion of the address.

Dr. Bristowe, in reply, said he knew he had expressed some views not shared by the majority of the members, and he was not surprised at the observations his friend, Dr. Fox.—*Medical Record*.

Also note the remarks of Mr. Barrow, the President:

"No one can, I think, deny the homœopath stands upon very peculiar ground. He practices a system of medicine (although I have no belief in it), nevertheless it is a *system*; and, if carried on in its purity, as laid down by the founder of the system, and as long as the homœopath adheres strictly thereto, I fail to see how he can be called a quack, or why he should be tabooed by the profession; as it were, cut off from a position among medical men, forbidden to gather with them, and prevented from discussing publicly his system, and hearing the contrary from those practicing legitimate medicine. The benefit would be mutual, and these discussions would be of benefit to the public, and an additional proof to them that their weal was uppermost in our minds."

Careful readers will note that Mr. Barrow (an allopathist) considers homœopathy a system, while Dr. Hughes (a self-styled homœopath) calls it a *method*! The allopathist evidently knows more of true homœopathy than, *Richard Hughes*, the *pharmaco-dynamist*!

THE SCIENTIFIC USE OF THE NOSODES.

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

In that dim, mystical, prehistoric epoch known as "Once upon a time," two knights, travelling in opposite directions through a forest, came simultaneously upon a shield suspended from the branch of a tree. Thereupon they stopped to examine it, and began to discuss what it might mean. At length one of the knights remarked that it was made of gold, and the other replied that it was made of silver. They began to dispute about this, and presently came to blows. Some hours afterwards a third knight came up, and finding them both lying on the ground, wounded and unable to rise, inquired the cause. Having heard what had occurred, he informed them that they were both right in their respective assertions as to the composition of the shield, but that each was wrong in maintaining that he alone was right, *for the shield had two different sides*, one of gold and the other of silver. Whereupon the two combatants, the stranger having bound up their wounds and assisted them to rise and mount, rode away, each a sadder and a wiser knight.

This instructive legend has just been illustrated in its first stages by two of the best and bravest of our chevaliers, Drs. S. Swan and P. P. Wells, and to prevent the final catastrophe, rather than to criticise their writings, I venture to make these few remarks, commenting first on Dr. Wells' paper on "Unproved Remedies" in the August number of *THE HOMŒOPATHIC PHYSICIAN*, and afterwards analyzing Dr. Swan's "Generalizations."

Dr. Wells regrets that the declaration of the International Hahnemannian Association did not contain an additional clause to the effect that the "minimum dose of the dynamized drug should also be of a drug which has been proved upon the healthy organism, before it can be given for the cure of the sick, as required by our law."

This clause was not inserted, because what is true in it is already implied, and what is not implied is not true. Our second declaration reads thus: "Whereas, this clearly teaches that Homœopathy consists in the law of similars, etc." Now, the expression "similars" necessarily implies the existence of two distinct groups of phenomena which are similar to each other, and as the "law of similars" signifies that to cure the sick we must give remedies capable of pro-

ducing similar symptoms, it implies that these similar symptoms must be first ascertained, and the first and most obvious way of ascertaining this is by proving substances on healthy persons.

But when Dr. Wells not only claims that provings on the healthy constitute the *basis* of our materia medica, but that no true Homeopathician can ever legitimately give a remedy for the cure of the sick which has not been proved exactly in this manner, I would respectfully suggest that he falls into a fatal error, and demands the adoption of a hard and fast line which is neither required by Hahnemann, nor practicable in the existing state of our art.

Doubtless, were our materia medica complete, were every medicinal substance exhaustively proved on healthy persons, nothing more would be required; but as matters at present stand, and as they must remain for many years to come, there are so many gaps in our pathogeneses, so many symptoms and conditions which we cannot find recorded, in all their fullness and with perfect exactitude, in our provings on the healthy, that we gladly avail ourselves of any light which can be thrown upon the case, either by symptoms obtained upon the sick, or by clinical experience.

Symptoms obtained upon the sick.—In Section 142 of the *Organon*, Hahnemann says: "But how some symptoms of the simple medicine employed for a curative purpose, can be discovered even amid the symptoms of the original malady in diseases, especially in those of a chronic character that usually remain unaltered, is a subject for the exercise of the higher order of inductive minds, and must be left solely to masters in observation." If we refer to Hahnemann's own provings, we find him carrying out into actual practice the doctrine which he here enunciates. Symptom 303 of *Platinum* (in Allen's Encyclopedia) reads: "Cramps and stitches in the indurated uterus." Here then is a symptom given by the Master himself as a genuine effect of *Platinum* which was produced not only on a diseased individual, but on a diseased organ. Drs. Ad. Lippe, B. Fincke and myself (and probably many others) have published symptoms obtained thus upon the sick, which subsequent clinical verifications proved to be both genuine and important.

Clinical Symptoms.—Professor T. F. Allen, in his "Critical Examination of Our Materia Medica," says: "Others again have added to their provings symptoms observed in patients who have recovered after the administration of a drug. The principle being that if a drug removes a symptom it could produce it. Such symptoms are found in the provings of Hahnemann." As an illustration

of this I will quote symptom 2453 of *Lycopodium*: "It seems to have a beneficial effect upon the softening and curvature of the bones." Nor have the Master's closest adherents failed to perceive their value. Bœnninghausen, whose *repertory Hahnemann said he preferred to all others*, incorporated hundreds of clinical symptoms into his works. Lippe's "Text Book" and Hering's "Guiding Symptoms" are full of these precious pearls. What Hahnemannian does not know the value of *Calcarea* when the symptom "feeling as if he had damp stockings on" is present, or of *Sulphur* for the symptom "emptiness at stomach at 11 A. M." *Yet these valuable keynotes are only clinical, not pathogenetic.*

And if clinical symptoms are often of such immense value, do we act wisely if we reject experience, even with unproved remedies? However much we may censure empiricism, the accidental *results* of empiricism cannot be ignored. We do not reject a proving of *Strychnia* because the drug was taken with suicidal intent, or of *Cannabis Indica* because taken for purposes of intoxication; ought we then to reject real cures because the physician did not *consciously* follow our law of similars when he prescribed the remedy? I do not, it is true, admit the *dictum*, that what will cure a symptom will produce it, for there are many ways of curing, though only *one* which is both of universal application and the best. But if it is true (as I think it is) that rarely repeated non-perturbative doses of the highest potencies can only cure when the remedy is truly homœopathic to the case, then all such cures must necessarily demonstrate the real homœopathicity of the curative agent, and a carefully conducted curative proving on the sick must be equal to a pathogenetic proving on the healthy.

Dr. Wells next discusses a very important doctrine taught by Dr. Swan. The latter maintains that these nosodes are not "unknown" or "unproved," but that each is proved in every case of its corresponding disease, and that the symptoms of these pathological conditions are well known. "It has been said," writes Dr. Wells, "that the disease giving us this potentized product is a proving of the product, and of a kind the most perfect. At the first glance this certainly has a seeming of truth on the face of it." Dr. Wells further admits that "disease producing this potentized agent is the result of a specific poison," and that "the poison is present in the product." But he demurs to the conclusion that "the phenomena of the disease are the expression of the action of the poison on the living organism, and therefore we have in them the most perfect of

all provings." It certainly appears to me that if the truth of the premises be admitted, the conclusion must be true also.

Dr. Wells' objections are threefold. "We require," says he, "first of all, that the prover shall be in sound health at the time he takes the drug; and second, that the resulting phenomena be recorded at the time of their occurrence, with all their concomitants and modalities, with utmost exactness and detail, and this to the end of the prover's suffering;" and further, that we require "many repetitions of this."

To the first objection I have already replied; to the second and third I answer that it is done daily in the practice of all careful homœopathic physicians who take copious notes of all the cases they treat, and has been done in the case of those enterprising French physicians who, when perfectly healthy, inoculated themselves with the syphilitic virus, and kept an accurate record of the result.

Dr. Wells doubts whether any reliable record of the symptoms of the patient from whom the nosode *Syphilinum* was taken has been made. Perhaps not. I do not know. But why should Dr. Wells, on that account, stigmatize it as an "unproved substance." Why does he say: "If not, then we have no proving of this product in the unrecorded phenomena developed in the life of the poisoned individual?" *Syphilinum* has been proved; aye, and proved on healthy persons in the highest potencies, too. So have other of the nosodes, the records of which are now lying before me. It is a fatal error to conclude that a remedy is "unproved" merely because it is not in the "Encyclopedia."

Dr. Wells' next objection is an important one. He says: "Even if there be such a record of any given case of the disease, and a portion of its poisonous product has been potentized, this record can only be available as a guide for the clinical use of this nosode as obtained from this particular case. The record of any other case, if made, may so differ from this, because of constitutional or circumstantial peculiarities, as to render its product so unlike that of the first record as to render it wholly unsuitable as a guide for the clinical use of this. The same is true of the product of any other example of the disease."

Now, to quote Dr. Wells' own words: "At first glance this certainly has a seeming of truth on the face of it, and as truth is all we want we will see how this claim will bear examination." I held the same opinion myself at one time, and expressed that view — at page 468 of vol. 2 of *The Organon*. I now believe myself to

have been mistaken. But, even supposing it is true, *what is there to prevent all Homœopaths, using potencies prepared from the same original source.*"

But is it really true? Granted, that the effects of syphilis on different persons have in each case peculiarities of their own. Does this invalidate their reliability? If we give a hundred different healthy persons the same dose of the same potency of the same preparation of the same drug, shall we not also find differences as well as resemblances in the resulting symptoms? The only possible source of error is that the virus itself, with which the proving is made, may not be free from admixture, and that, therefore, the resultant symptoms of the contagion may not be purely syphilitic. But when we put this matter to the test of actual experience, what do we find? Simply this, that *syphilis produces syphilis and nothing else.* We do not find that a cancerous or tuberculous patient who communicates syphilis communicates cancer or tubercle by the same act. Further, the clinical test, so far as investigations have been carried up to the present time, entirely confirms this view. Dr. Swan uses two preparations of *Syphilinum*, marked H and S (these marks do not mean *hard* and *soft*, as has been supposed, but are the initials of the physicians who procured them), and he has informed me that he sees no difference in their action. I have used two preparations, one obtained from Dr. Swan, and the other Jenichen's preparation, potentized higher, and I have found them both reliable when prescribed according to the symptoms of the proving. Whether this has been noticed with different preparations of other nosodes, I am unable to say, but the experience of other physicians on this point would be welcome. I conclude, therefore (subject to the result of further experimentation), that one specimen of the nosode of a well-defined pathological condition, such as syphilis, glanders, hydrophobia, tuberculosis, or scirrhus, will manifest the same curative and pathogenetic effects as another, not differing more than two or more specimens of *Belladonna*, which are and have been used indiscriminately both for provings and cures, even though one may not contain exactly the same percentage of *Atropine* as another.

Dr. Wells concludes his remarks on the nosodes by stating that "the further we pursue the matter of this class of unproved, so-called remedies, the more and greater difficulties we meet in the way of their intelligent incorporation into rational, sound, homœopathic practice. Indeed, as at present informed, this seems wholly impracticable." Believing as I do—and in this point I am in full-

est harmony with Dr. Wells — that our law of similars is absolute, exclusive and universal, needing no “auxiliary or supplementary principles” whatever, I maintain that not only Dr. Swan’s doctrine of the nosodes, but his two other generalizations also, are in complete accord with that law, *when they are strictly and logically interpreted*—nay, are indeed a very part of it.

Dr. Swan maintains the truth of these three generalizations :

1. Morbific matter will cure the disease which produced it, if given in very high potencies, and to any other than the person from whom it was obtained.

2. Any article of food that disagrees with a person, if given in a very high potency, will remove the symptoms and enable him to take the food with impunity.

3. A very high potency of a medicine will remove the pathogenetic effects of a much lower potency, or of the crude drug.

I have formulated these three generalizations, not exactly as they originally appeared in print, but so as to more clearly and fully express Dr. Swan’s meaning, as frequently conveyed to me by conversation and correspondence. Also, though Dr. Wells’ essay treats almost entirely of the nosodes, I have classed them together, not only on account of their interdependence, but also because an objection to the second generalization is made by Dr. Ad. Lippe, at page 365 of *THE HOMŒOPATHIC PHYSICIAN*, and to the third generalization by Dr. C. Lippe, at page 94 of the same journal.

Before proceeding further, I will briefly comment on the last clause of the first generalization, “to any other than the person from whom it was obtained.” It is remarkable that Hering’s early experience was the direct opposite of this, for he then maintained that a nosode acted best when administered to the very patient who supplied it. Still more remarkable, in 1880, when Dr. Hering informed me orally that Dr. Swan was right, and that subsequent failures had led him to abandon his former doctrine as untenable. Dr. Deschere published in the *North American Journal of Homœopathy*, August, 1880, pp. 96–8, a remarkable case of pemphigus, cured by the highly potentized serum of its bullæ, *after five of the best indicated remedies had failed*. When we find two close observers flatly contradicting each other’s experience, and a third appealing to his experience first in support of one view and then in support of the opposite, it is evidence that, while the facts cannot be questioned, the theories based upon them, in order to account for them, must be erroneous. My own opinion is that the source of the

nosode matters nothing. Efficacy or failure to cure depends entirely on another consideration, as will be apparent later on.

I will now proceed to examine these three generalizations. As our law of similars admits no other, if true, they must be brought under it. As it admits no exceptions, they must invariably prove true, if true at all. But the curious feature of the case is that there are discrepancies in the evidence for and against these generalizations. While some aver that they have verified them, others on the other hand have failed to achieve success under their guidance. We are in fact in this dilemma, that while there are too many verifications to allow us to absolutely reject them, there are too many failures to allow us to unqualifiedly accept them. Bearing in mind the nature of law, it is evident that either the verifications are illusive and belong to some other law, or the exceptions are merely apparent and so prove the law.

Dr. Swan has mentioned to me one possible source of error: namely, that failure to cure may be from too low a potency; and as an illustration of this he reported to me a most malignant case of smallpox, where *Variolinum* MM (Swan) saved the patient's life, after CM (Swan) had utterly failed. Now this objection is perfectly valid in many cases, but it will not account for all, *because the very potencies which have failed to cure some cases have proved efficacious in others.* I have seen *Syphilinum* DM (F. C.) fail to cure a case of syphilis, but *Syphilinum* 1 M cured a case reported at p. 120 of THE HOMŒOPATHIC PHYSICIAN. I have seen *Croton* CM (Fincke) fail to cure a horse, which was poisoned by the large doses thereof recommended in a "Homœopathic" (!?) Veterinary Manual, yet so low a potency of *Nux* as the 6th has cured an acute case of *Strychnia* poisoning. I gave a dose of *Saccharum officinale* 30 M (Fincke) to a man with whom sugar always disagreed, but without the slightest effect; yet Dr. Swan cured a case with the 5 M, 10 M and 41 M potencies. Clearly, therefore, this explanation will not account for *all* failures.

Nor, if we resort to the second fount of Homœopathic knowledge, do we find much light, for the reason that when Hahnemann wrote the fifth edition of the *Organon*, he was only just entering on the investigation of the subject. He says nothing about the power of a highly-potentized food to permanently antidote the idiosyncratic poisonous effects of that food. That he knew not that a high potency of a drug would antidote the effects of a lower or of the crude substance, is demonstrated by the note to section 246, where he states that in cases where *Sulphur* has been abused, it must be anti-

doted by *Mercurius* before the system will bear the action of even the 30th potency of *Sulphur*. Of the nosodes even he says but little, but that little is important and instructive, and in my opinion fully justifies their use within the limits of our law. While the Master in the Introduction to the *Organon* repudiates Lux's system of Isopathy, partly because impracticable, partly because the illustrations thereof are either not isopathic but homœopathic, or else rest upon insufficient evidence; in the note to section 56 he says: "A fourth mode of employing medicines in diseases has been attempted to be created by means of isopathy, as it is called; that is to say, a method of curing a given disease by the same contagious principle that produces it. But even granting this could be done, WHICH WOULD CERTAINLY BE A MOST VALUABLE DISCOVERY, yet after all, seeing that the miasm is given to the patient highly dynamized, and thereby, consequently, to a certain degree in an altered condition, the cure is effected only by opposing a *simillimum* to a *simillimum*." Here Hahnemann distinctly states that to give a nosode for the cure of the corresponding disease would not be isopathy, but Homœopathy, and, if practicable, would be a very valuable discovery. And, by analogy, this confirmation and endorsement of Dr. Swan's first generalization is a confirmation and endorsement of the other two.

But how does he teach that this "valuable discovery" should be carried into actual practice? By prescribing for the name of the ailment? By giving the nosode in *every* case of its corresponding disease? By no means! On the contrary, though at the conclusion of the introduction to the *Chronic Diseases* he speaks of *Psorinum* as homœopathic, and not isopathic, to psora, so far from implying it was indicated in *every* case, he follows this statement with the voluminous provings of no less than 49 antipsories, which would have been useless had *Psorinum* been all-sufficient. Furthermore, though he enumerates nearly 500 symptoms of psora, he also declares that none of the nosodes, not even *Psorinum*, had up to that time been sufficiently proved to be used homœopathically, or to find a place among the pathogeneses of remedies especially adapted for chronic diseases.

This leads us to the doctrine maintained by Dr. Swan, but repudiated by Dr. Wells, that the nosode is really proved in each case of the disease. Hahnemann's teaching on this point has only a negative value. His rejection of the 500 symptoms of psora as a proving of *Psorinum* may simply mean that psora is a widely generic term,

embracing many pathological conditions. Again, his non-acceptance, as provings, of the symptoms which he gives as indicating syphilis and sycosis, may be accounted for by the fact that they are too few in number, and too little defined by conditions and modalities to prove trustworthy indications for treatment, though reliable for diagnosis.

But another authority, our lamented Hering, has spoken plainly on this point, and his evidence is the more valuable as he at one time held an opposite opinion. In the *North American Journal of Homœopathy* for August, 1877, Dr. Hering wrote an article on "Our Nosodes," in which he put forth the following theory: "Every contagion acts in an entirely different way if communicated to the circulating fluids than if taken internally. If inoculated, or if given by subcutaneous injection, like the snake-bite or the bite of a dog, they act without exception as ferments; thus by zymosis. But when taken internally by the alcoholic extract; containing some salts so far chemically unknown, or some similar chemical combinations, it then acts like every other poison or drug. Dr. Wells does not acknowledge this, as it were, polar difference. He even calls infection by contagion a 'proving,' which is entirely wrong. No one would call a child's vaccination a proving of cow-pox."

In the November number of the same journal I replied to this assertion, and after raising some theoretical objections to the doctrine of zymosis, I urged that the symptoms produced by the crude virus and the dynamized nosode must be of the same order, because, first, they produce many similar symptoms; second, the dynamized nosodes have cured symptoms as yet produced only by the crude virus; and third, diseases have been cured by their own highly dynamized nosode.

Soon after my letter appeared in print, Hering wrote to me promising a reply; but the reply never appeared. He had changed his views on the subject, and in his monograph of *Lyssin*, subsequently published, he incorporated the symptoms from the bite of the dog; while in his *Guiding Symptoms*, under the *Anthracinum* he says: "All symptoms produced by the poison on men are inserted, because the symptoms from the snake-bite and from the bee-sting have proved to be useful in numerous cases." But I remember asking Hering if he would incorporate the symptoms of syphilis in a proving of *Syphilinum*; and he replied, "No, not syphilis; it is too complicated."

Here then we have the solution of the whole problem in a nut-

shell. Every nosode is really proved in every case of the disease, *but we must carefully distinguish between the symptoms of the patient suffering from the disease, and the symptoms of the disease itself*, and none but "masters in observation" can be trusted to perform this difficult task, and even then the selected symptoms need clinical verifications before we can unreservedly accept them. It seems probable that the more acute and self-limited the disease, the less possibility there is of admixture with symptoms from other sources; and I have noticed that the earlier the stage of the disease, the more efficacious the nosode seemed to be, complications from bad treatment, or aroused latent dyscrasias not having been yet developed.

Since, therefore, the symptoms of the disease, when they can be accurately diagnosed and selected, are of the same order and nature as those produced by its dynamized nosode, it follows that the nosode must be a *simillimum* to the disease. But since it is also true that the symptoms of the disease are often complicated with those of other dyscrasias, or by bad treatment, it follows that in such cases the administration of the nosode will fail, because it is a *simillimum* only to a portion of the totality of the symptoms.

This reasoning also applies to Dr. Swan's second generalization. If the toxic effect of an article of food is merely an idiosyncrasy of the individual, a high potency of the same will permanently cure, as has often been done; but if it is merely a single symptom of a general morbid state, it will not cure, unless it happen to correspond also to the other symptoms. Under "aggravation from sugar," C. Lippe's excellent repertory gives eight remedies (to which *Medorrhinum* may be added); these remedies represent eight different dynamic changes from health, and, as no remedy can entirely fill the place of another, it is impossible that a high potency of *Saccharum* can cure every one of them.

Lastly, Dr. Swan's third generalization receives some light from the same argument. If the symptoms are *entirely* the result of the drug, then a much higher potency of the same drug will remove them; but if they are complicated with a previous morbid state, or if latent taint in the system has been aroused by them, the true antidote is one which corresponds to the totality of *both groups* of symptoms. Let me add here, that in the case of exceedingly sensitive provers, the higher potency, though it may antidote some of the effects of the lower, may also itself develop a train of severe symptoms. This I think I have detected in some provings.

Thus Dr. Swan's generalizations are probably correct; *pro-*

vided they are most rigidly interpreted, and so the totality of the symptoms strictly observed; and when thus interpreted, they are seen to form a part of our unerring, universal, and all-sufficient law of healing by drugs, *Similia Similibus Curantur*.

It has occurred to me that a tabular statement of my experience with nosodes, compiled from my case-books, might be of use. When the symptoms of the sick have corresponded with those of the provings of the *potentized* nosodes, I have of course prescribed them as I should any other indicated remedy. These cases I have not tabulated, but only those in which I have given a nosode for the cure of the corresponding disease *without* such indications—which cases now extend over a period of six years. These cases are comparatively few, for I have carefully guarded myself against falling into the empirical and reckless practice of prescribing a nosode for the *name* of the disease, when the totality of the patient's symptoms plainly indicate some other remedy. I have only given them, apart from the guidings of the provings of the potencies, (1) in cases where the remedies apparently best indicated had failed, and (2) when the symptoms were so vague that no remedy could be selected as the *simillimum*. In these two classes of cases I have considered myself justified in giving them, and watching the result. Up to the present time, I have never yet succeeded in completely *curing* a disease with its nosode, but I rarely failed in *relieving* it. I have also observed that the earlier the disease was treated, the more efficacious was the nosode, complication not having had time to arise. Hence I conclude that a nosode must always be a *simile* to every case of its disease, but by no means always a *simillimum*, owing to these complications. Some cases I have omitted in the following table, not having received any further report.

TABULAR STATEMENT.

(1) *Medorrhinum* in gonorrhœa. Given in six cases. In three the symptoms were relieved but not cured by it. In one they were all removed, but reproduced apparently by a dose of *Sulphur 2 M* which the patient took on his own account; the new symptoms plainly indicated *Cantharis*. In one it did nothing, because the patient took *Thuja 30* the next day, without my knowledge. In one it increased and developed symptoms which were then met by their appropriate *simillimum*. (This last patient left me because I would not reduce my fees to him.)

(2) *Syphilinum* in syphilis. Three cases; all relieved, but not cured by it.

(3) *Scirrhinum mammae*. Relieved temporarily two fatal cases, one of scirrhus of the breast, and the other of the uterus. Also relieved a fibrous tumor of breast (no absolute proof of scirrhus), but the patient, being better, ceased treatment. Dr. Swan informs me that he sees no difference between the action of his *Scirrhinum mammae* and *faciei*, and the former has acted equally well in my hands in *scirrhus mammae* and *uteri*.

(4) *Hydrophobinum* in hydrophobia. Case reported in THE HOMEOPATHIC PHYSICIAN for July. Dr. Swan thinks a higher potency would have saved the boy; perhaps so, but I think he was completely worn out when I saw him. The next case shall have a higher potency, and I hope will send earlier and not waste precious hours.

(5) *Psorinum* in scabies. Some cases (number unrecorded) in one family relieved, but other remedies also needed.

(6) *Variolinum* in severe variola. Three cases. No apparent effect; one died, and the other two were pitted and had sequelæ. The potencies used were CM (Swan) and 300 (Jenichen). Higher potencies in other hands have, however, proved more efficacious.

(7) *Tuberculinum* in tubercular phthisis. Two cases, one chronic and the other acute. Gave CM (Swan) in each case. The first is a doubtful case, because in two or three days the symptoms changed and clearly indicated *Arnica* which was given. In the second neither this remedy nor the remedies prescribed by other physicians did any good. It was one of the most rapid cases on record.

(8) *Melitagrimum* in eczema. One case relieved but not cured by it; another case relieved and still under its action. (Two colleagues have cured cases with it.)

(9) *Asthmatos ciliaris* in catarrh. In the *Medical Advance* for September, Dr. Swan reports a rapid cure. Just after reading it I caught a cold. I can never cure my own catarrhs till they reach their second stage, for there is nothing characteristic about them. So on the principle *fiat experimentum in corpore* (the Apostle Paul speaks of our "vile body"), I took a dose of CMM (Swan). It did nothing, except perhaps to hurry it into its second stage, when *Bryonia* was indicated, and at once acted favorably.

(10) I have left the best to the last, that it may be remembered. A few weeks ago, a colleague asked me about a case of *psoriasis inveterata* which had been brought to him for treatment. He had not yet prescribed, being in doubt what to give. The patient had been under the care of a strict Hahnemannian of great experience,

but without result. Hence my friend concluded that it was no use giving the old, apparently-indicated remedies, as they had doubtless been all given before. I agreed with him, and said that in such a case it would be lawful to use the nosode. He gave *Psoriasinum* 1500 (F. C.), and with *marvellous result*. The cure is not yet complete; it may prove temporary only, or other remedies may be needed, but this *fact* remains, that the despised, "unproved" nosode did more than the old, well-proved remedies, even in the hands of a master of the *materia medica*.*

ISOPATHY: A FATAL ERROR.

AD. LIPPE, M. D., PHILADELPHIA.

It is a fatal error to claim isopathy to be Homœopathy. There is no lack of *departures* from the teachings of our Healing-Art, no end to the fatal errors committed by men who profess to belong to the exclusive school of medicine called by its founder, Homœopathy. Hardly have we exposed one fatal error in showing that Homœopathy is not to be confounded with eclecticism; hardly have we shown the folly of "The Historian," who proclaimed (on page 801 of the Transactions of the World's Convention, Historical volume,) that a defunct eclectic school should go on record as a homœopathic institution; hardly have we shown that such a declaration must be construed into an acknowledgment that Homœopathy and eclecticism were synonymous, when arose the President of the World's Homœopathic (?) Convention, held in London, 1881, and boldly, there and then, declared in his address "*that we* (the Congress and its mem-

* We are glad to publish the above paper of Dr. Berridge; the more so as we cannot but consider his arguments for the use of *unproved* nosodes and his "tabular statement" of their inefficiency, as *strong arguments against their use*. No better reason for *not* using them can be found than Dr. Berridge gives, when he admits: "Up to the present time I have never yet succeeded in completely *curing* a disease with its nosode, but rarely failed in *relieving* it." We are confident that the homœopathic profession will be slow to desert certain and reliable drugs for uncertain and confessedly unreliable medicinal agents.

We would add that, where Dr. Berridge fails to convince in his arguments, or to cure with his agents, others will be likely to *do no better*.—EDITOR.

bers) *do not, by so acting, pledge ourselves to any exclusiveness in practice.*"* If language means anything this declaration is to the effect *that we* are eclectics to all intents and purposes. We were much gratified to find that these bold bolters were honest enough to make this public confession. If there is anything in the strict inductive method of Hahnemann, these eclectics will by force of logical sequences find themselves compelled to cease "trading in a name," and, not being acceptable to the Old School, set up for themselves as pure eclectics.

Now there comes a new departure. Unproved *but* highly diluted nosodes with new laws, supplementary to the sole universal therapeutic law of the similars, are paraded before the homœopathic school. It was hoped that a paper by Dr. P. P. Wells, published in this journal for August, on "Unproved Remedies," would be sufficient to put at rest this new departure, but if we so believed, we were in error. We are confronted by a staunch defender of this new departure, by a strong homœopathist, who attempts to defend isopathy, trying to make it appear as a part of our therapeutics; who claims further, that cases of cures with highly potentized unproved nosodes should, by all means, be published in a strictly homœopathic journal, and seems to imply that it is right and proper for the International Hahnemannian Association to accept and defend these isopathists. That ignorant men should confound homœopathy with eclecticism is to be deplored, and the ignorant who do not feel able to accept Hahnemann's teachings, who never professed to accept them fully, who never pledged themselves to any exclusiveness in practice, must be left to enjoy the darkness they love so much. But when men who have pledged themselves to an exclusive practice suddenly turn around and revive an almost forgotten departure, Lux's isopathy, and when they claim a recognition of this revived departure, we feel it to be our duty to expose this new fatal error in all its hideousness.

Lux was the father of isopathy, and based his healing method on the principle "*Æqualia æqualibus curantur.*" The modern isopathists claim it to be a law of cure that the products of a disease taken from one individual, when highly potentized, will cure the same disease in other individuals. Under this newly revived law, *Tuberculinum* will cure *tuberculosis*, *Cariesin* will cure *caries*,

*"Our only covert peculiarity is that we ally ourselves to institutions known as 'homœopathic.'"—President's Address.

Syphilinum will cure *syphilis*. They also claim that highly potentized cucumber will cure the ill effects from eating cucumbers and eradicate any long-standing idiosyncrasy. In proof of these claims we are offered facts in the shape of related cures with unproved but highly potentized isopathic remedies, and are asked "what will you do with these facts?" Why, accept them of course for what they are worth, but we do not accept the deductions these isopaths would draw from these facts, remembering well the accepted axiom that "Facts alone prove nothing." All these facts prove is that these isopathic remedies have an effect on the human organism.

Such was the situation when Cullen, in his *Materia Medica*, dwelt on *Cinchona* and the reported cures of intermittent fever by this drug. But when he accepted the facts as he found them, i. e., that *Cinchona* had cured some cases of intermittent fever and failed to cure other cases, he did not claim it to be a specific, but very sensibly asked the question then unsolved, under what circumstances it would cure cases of intermittent fever? Hahnemann solved the question by proving, first on himself and later on others, the sick-making properties of the drug. Our isopaths are now just in the same position Cullen found himself at the end of the last century; they find that products of diseases have medicinal properties, and that is all. Among all the best known and best proved products of a disease stands first and foremost *Psorinum*. Would it not be preposterous to claim that *Psorinum* could cure all cases of the itch? Has it cured any such cases? And what will become of the law, *equalia equalibus curantur* if *Psorinum* has failed to cure all, or many, or any cases of the itch? *Psorinum* was proved, and will forever remain an important curative agent, when properly applied under the law of the similars; so may probably all other products of disease become valuable curative agents after exhaustive provings have been made. If isopathy, as it is now attempted to be foisted on Homœopathy, were a true method of healing the sick it would be necessary to show that it possessed universal applicability. What would an isopathist do for hooping cough, or hysteria, or the great host of nervous diseases? What then, if "*Equalia equalibus curantur*" is not of universal applicability? What then, if "*Similia similibus curantur*" has been found to be of universal applicability for the cure of the sick? The one, a failure, can surely not be foisted on the other which has fully been tried and is a success. And now for an illustration to show that the *deductive* method adopted by the isopaths is a fallacy, and that the only reliable method is

the strictly *inductive* method of Hahnemann. The friends of newly vived isopathy relate a case in which a gentleman, never able to eat cucumbers, and induced to partake of this vegetable, was at once siezed with the usual violent pains he so often had experienced after eating them; a dose of highly potentized cucumber was administered to him and his pain ceased, and we are furthermore assured that ever since then (May, 1876) he has been able to eat cucumbers with impunity. Now the deductive method would argue: (1st) Whosoever cannot eat cucumbers with impunity will be cured of this idiosyncrasy by a single dose of highly potentized cucumber; (2d) This may apply to all other ailments arising from eating certain kinds of food; if one feels ailments of any kind after eating potatoes let him take a dose of highly potentized potato, and under our newly discovered law, proved to be correct by the case above stated, he must recover speedily. So much for the deductive method, which surely cannot be successful if applied as the isopathists propose. Now we find a symptom under the provings of *Alumina* (Chn. Diseases by Hahnemann, symptom 424), "after eating potatoes, pain in the stomach, nausea, feels inclined to vomit and then colic in the abdomen." The isopathists, and men who do not accept the strictly inductive method of Hahnemann, would declare *Alumina* to be a specific for persons not able to partake of potatoes with impunity—make it a key-note to be sure—but the men who accept Hahnemann's inductive method claim that *Alumina* will cure just such pains and discomforts as are described in symptom 424, and if other discomforts arise after eating potatoes they look for another remedy. What will the isopathists, standing by their deductive method, do with symptom 424? What is *that symptom* to them? What are all of Hahnemann's rules and regulations to them? Have they not discovered a *new* law? If a highly potentized potato, according to their newly discovered law, must cure all ailments from eating potatoes, of what possible use can symptom 424, or any part of our materia medica be to them? Till we find this new departure to obviate the tedious study of our materia medica, till the isopathists show that their newly discovered laws work well in *all* cases of disease, we, of the old guard, shall hold on to the old landmarks. Here is another case good for the isopathists to reflect on. A gentleman about thirty-two years old, for many years resorting only to the strictest homœopathic treatment when sick, presented himself, suffering from a newly acquired gonorrhœa. Taking in consideration the totality of the patient's symptoms, regardless of pathological notions as to an in-

flammatory first stage of the disease, regardless of the newly re-discovered isopathic laws, the patient received one dose of *Sulphur* 21 M (F. C.). Seven days after this dose had been taken the patient reported improvement and seven days later he was found to be "cured," and remained so. Were we to follow the deductive method adopted by the isopaths, who are in the habit of deducing laws based on a single fact, we would proclaim *Sulphur* (when highly potentized) a specific for gonorrhœa; with just as much recklessness as they proclaimed *Medorrhin* a specific for gonorrhœa, because that remedy has benefited (never cured) a case of gonorrhœa. What does the above related fact prove? Why, that a diseased condition can now as well as in Hahnemann's days be cured mildly, safely and permanently if we only follow the Master's injunctions faithfully. *Sulphur* will cure only such cases of disease as the symptoms, as recorded under its sickmaking properties, when administered to *healthy* individuals, show a similarity to, and never otherwise. Do the isopaths claim that *Medorrhin* is a specific for gonorrhœa? If they are consistent believers in their newly discovered labor-saving mode of cure, they have to put it that way, for, if they themselves show any doubts about the general and universal applicability of their newly discovered *laws*, they expose themselves to well-merited ridicule.

The attempt to foist eclecticism on Homœopathy has been repelled and the unfortunate actors in this farce have been shown a praiseworthy precedent, set by *one* of their former organs, the *New York Homœopathic Times*, which journal has acted honestly by dropping its *homœopathic* title. There can be no doubt about the course these men, who now find themselves so cruelly exposed as having "traded under a false name," will be forced to take, and as Homœopathy has been haking off the eclectics, so will it shake off the isopaths, who now attempt to fasten themselves on the homœopathic school. We have *gently hinted* at the great difference which exists between Homœopathy and isopathy. It is to be hoped that, in future, the advocates of this revived heresy will not ask for a recognition outside of their own organization; as they belong to no known system of medicine, as they claim to have discovered new *laws* of cure, it would be well for them to hoist their own flag and proclaim themselves opposed to Homœopathy, allopathy and eclecticism, and unite under their own banner on which is written their motto—*Æqualia æqualibus curantur*.

TREATMENT OF PRESIDENT GARFIELD.

T. DWIGHT STOW, M. D., FALL RIVER, MASS.

[THE Central New York Homœopathic Medical Society held its Fall meeting in Syracuse, September 15. The Society directed the Secretary to publish its proceedings in THE HOMŒOPATHIC PHYSICIAN.

The Secretary had requested T. Dwight Stow, M. D., a member of the Society, and now resident in Fall River, Mass., to favor the Society with a paper on President Garfield's case. Dr. Stow sent a communication. It was read. On motion, a vote of thanks was tendered to Dr. Stow for his interesting paper; and the Secretary was instructed to select portions of it for publication.—SEC'Y.]

Dr. Stow said: You, of course, see how difficult it is to criticise the treatment of the President's case, at this distance from the patient, and on the basis of "bulletins," and even the best correspondence; particularly, when we know *how little* the *attending surgeons know* of the extent and direction of the wound; the location of the bullet; the possible complications arising from its presence, such as pus pockets, sinuses communicating with the abdominal cavity, etc., etc. Yet, after the lapse of fifty-eight days, not only are the President's surgeons ignorant of the full nature of the wound, but of the *causes* of his greatly protracted illness; of the presence of pyæmia or of septicæmia; of the nature of the parotid enlargement; and—what seems very strange—their *inability* to harmoniously and clearly prognosticate! Making due allowance for human errors and shortsightedness, *it seems very strange* that they evidently know so little of his case; have neglected so much that reason dictates as of great importance; and have done so much not only uncalled for, but in its very nature *calculated to diminish the chances of recovery!* I would not be unreasonable, nor make groundless charges; but it does seem to me, this case, made so conspicuous by the official position of the patient, reveals such an amount of carelessness, disregard of physiological law, and ignorance of pathology, as to excite amazement and disgust! At the risk of tediousness or repetition, let us repeat the mistakes and errors:

1st. Twenty-one days elapsed, before the surgeons in charge discovered that the wound was mainly muscular!

2nd. Twenty-one days passed before they ascertained the fracture of the rib!

3d. Regardless of the lessons of history and of nature's laws, the President has been systematically and persistently drugged into unconsciousness, inanition and extreme debility!

4th. By their own confessions the surgeons have not been agreed as to the cause of the President's inability to digest food; as to the existence of pyæmia or septicæmia; nor as to the true nature of the parotid enlargement.

5th. At first, they ascribed the intractable character of the case to the wounding of the liver or other viscus; then to chronic dyspepsia; then to malaria; then to pyæmia; then to septicæmia, with nostalgia thrown in.

6th. When the parotid gland enlarged, they used discutients to systematize that which physiological law was localizing; thus retarding suppuration and the elimination of some irritating, perhaps septicæmic, quality. *It will be very interesting to know how much the interference with the enlargement of this gland had to do with the very unfavorable symptoms of Friday and Saturday, August 26th and 27th!*

7th. Since last Saturday they have stimulated the President with enemata of whiskey, better and more food; and it is very proper to ask the question, how long it will be before the President will have another relapse? Time will be well expended, if we further ask, and consider the following questions:

1st. Can we expect anything better of allopathic treatment?

2nd. If the old-school of medicine of to-day is not particularly better than it was in the days of "the sage," Paul of Ægina, centuries upon centuries ago; and if it learns nothing from failure and disaster, what *can* we hope of it, in the near or remote future?

3d. And, as to the President's case, what shall we think of *all* old-school boasts in the light of the ridiculous failures of diagnosis; of treatment; and of prognosis? Whither went the bullet? Is it in the psoas muscle? or, in the quadratus; or in the iliac fossa; or in the gluteal region? Or is it, as Dr. Bliss suggests, in the infra pelvic perineal region, ulcerating its way through and into the rectum? And if so, whence goes much of the pus that must escape the lower or inner opening of the "twelve and one-half inches of channel?" *What a howl* would have gone up from Maine to Texas,

and from Cape-Cod to Cape Prince of Wales, had half the blunders already witnessed occurred under homœopathic treatment of the President's case!

Taking Drs. Agnew, Hamilton, and the rest, as authority for the statement "that the wound was muscular, and by no means a fatal one," and the President *now* a powerless, almost voiceless and insensible person, "whose joints are his most prominent parts;" when "fair science, and art," and friends, and money, have been invoked; failure! failure!! failure!!! is stamped *as with a branding iron*, upon everything but the President's endurance! Whether the President lives or dies, old-school medication will receive a *staggering blow*, and all the more so because the patient is a conspicuous one.

Let it be *distinctly understood*, that in criticising the management of the President we must admit the possibility of the lodgment of the bullet, in some *deep recess*, as in the crest of the ilium; or in the lower third of the psoas; or in the iliac fossa; and that, by its own weight, and the irritation its presence produces, the sinus may be deepened, pus chambers formed, and much tedious suppuration follow. But, this will not materially affect the charge we make, that the drugging and tinkering resorted to have been such as to seriously impair all his functions; to produce glandular obstruction; to invite inanition and exhausting emaciation; and to place the patient at death's door! If the treatment of the President be a fair illustration of the *ways, means and methods*, of so-called *regular medicine*, *Heaven deliver us!*

Up to August 13th, the President was given eight hundred grains of quinine, and not far from four hundred grains of opium (*New York Herald* of August 13). Besides these, he has had Tokay wine, sub-nitrate of bismuth, etc. Too much has been done.

Why should a superficial gun-shot wound, attended with so little hemorrhage, and not worse suppuration, cause such marked debility and emaciation, and bring the patient so near death's door? The true answer is not to be found in the presence of, or injury produced by, Guiteau's bullet, if Dr. Agnew's statements as to the direction, course, and location of the bullet be true. No, we must go farther in our search. We must refer to the condition of the President's nervous system, and from that to his digestive system. We are to look for the solution of the problem to the action of stimulants, on the one hand, and, on the other, to the more pernicious effects of opium or some of its alkaloids. Quinine and opium (morphia) exert a direct and very powerful influence upon the nervous centres and spinal

ganglionic system, often followed by, not only temporary, but permanent, functional and structural changes, such as congestion, anæmia, perverted function, and impeded and paralyzed innervation. The President grows weak and poor, and sinks, because nutrition has been impaired and suspended; not because he has lost so much by the irritation of the bullet, or by suppuration. Upon false premises has rested pernicious medication. Neglect to ascertain the route of the bullet, and, if possible, to extract it, led to the conclusion that the liver and peritoneum, or other viscera, were wounded; and consequent starvation, loss of time, and unnecessary suppuration followed. After twenty-one days, Dr. Agnew found, and the rest coincided, that the bullet penetrated the "quadratus," and perhaps the "psoas" muscle, not the liver or any noble organ, and that the wound was simple and not dangerous. Under any morbid condition, the vital powers and vital processes should be husbanded and allowed full and free play; for upon such freedom the reparation of tissue and the maintenance of physical integrity depend.

Not in that light have President Garfield's counsel acted. We do not impute to them wrong intentions; far from it. But, instead of being guided by natural laws, they have attempted to make nature conform to their ideas. When nature was resting, or getting ready for work, they have stimulated. When assimilation, secretion and excretion should have been active and untrammelled, they have impeded and paralyzed innervation. Eight hundred grains of quinine! Four hundred grains of opium! No wonder the President sinks nigh unto death! God only knows. To human eyes the President seems doomed! If he dies, not alone Guiteau's bullet, but unscientific and disastrous medication will have done the work! Old-School authorities, such as Hufeland, Christison, Pareira, Dunglison, Wood and Bache in the U. S. Dispensatory, and other writers, have described the pernicious effects of such heroic drugs.

The state of narcotism and insensibility in which the President has been kept (and they have mistaken it for sleep!) *has been a stumbling block and delusion all along;* but *emphatically* at the time when the President needed his *full senses* that he might *detect, describe, and locate pain*, beating, throbbing, and other diagnostic phenomena! The principle involved here is of wider significance than the advocates of palliation may know of, or be willing to admit. The use of narcotics, besides blinding diagnosis and prognosis, has a disastrous, and oftentimes *fatal*, effect!

Friday, September 9th, a bulletin informed us that Dr. Hamilton had found the bullet in the right iliac fossa, and under the iliac

artery. Good! Now what? We shall see. At this writing (it is September 12,) there comes just at this moment the startling news that the President is much worse! Probably our worst fears are to be realized!

[A portion of Dr. Stow's paper contained a differential diagnosis of the location of the bullet. The autopsy having disclosed the course and situation of the bullet, Dr. Stow was asked whether his diagnosis should be published. His reply is the following.—SEC'Y.]

I do not think it worth while to publish the "diagnostic" sheets of my late article. There was but one theory, advanced in that part of the paper, that came any where near the truth as revealed by the autopsy; and that was the lodgment of the bullet in or near the vertebral column; that was marked C, or D. Of course, in the commencement of the article, I stated the great difficulty of making a correct diagnosis at this distance, and upon the strength of official bulletins and newspaper correspondence. Then too, I concluded that Guiteau fired upon the President at nearly point-blank range, but not quite that. He must have fired upon the President at an angle of 45° , or even less. In all my theories I kept in mind Dr. Agnew's statement at the time he was first called, and when he found the fracture of the rib; also the manner in which he opened the wound, viz. downward.

You will recollect he said the ball penetrated "the quadratus, or psoas and might be in the crest of ilium."

Another statement, made by Dr. Bliss, was "the depth of the wound or sinus was eighteen inches!" This was made so many times that I was made to think that the obscurity of the locality of the bullet and the position of the assassin warranted the conclusion that the bullet lay in the body of the psoas, or in the iliac fossa. But for the abscess found in the region of the gall-bladder (an abscess cavity) the *wound* should not be regarded as necessarily fatal. Of course, the perforation of the vertebra was *very serious* and greatly increased the danger; but very bad cases of idiopathic lumbar abscess recover nicely, and many traumatic diseases of the spine recover. I have had bad cases of lumbar, psoas, and perityphlitic abscess, and do not recollect having lost one. Other physicians can say more. What I said of the treatment of the President's case, I wish to repeat; viz.

First. Neglect to make a better or clear diagnosis in the President's case increased the danger, regardless of the true locality of the bullet. *For*, from the mouth of wound to the point *at* which the bullet *emerged* from the last dorsal vertebra, and became en-

cysted in the mesentery behind the pancreas, was not more than seven inches, and the wound was *straight*. Careful probing would have given the direction and depth of wound; A well-adjusted gold drainage tube (flexible) and a better position in bed for the easy and free discharge of disintegrating bone and suppurating soft tissues, would have immensely aided the patient and surgeons. The autopsy showed the bullet to have been completely encysted.

Second. It is possible that the 4x6 abscess in the hepaticocolic region, was caused by pressure or puncture of the serous investment of the liver, by a spicula of broken rib. Had this been ascertained at once, as it should have been, who can say that this abscess would have followed?

Third. What caused secondary hemorrhage from the mesenteric artery? Undoubtedly, the friability of that artery. But why did the artery become friable? Because nutrition and the various processes upon which the repair of torn or otherwise injured tissues depends, was seriously disturbed, and nothing so seriously disturbs the harmonious and normal action of the organism, as quinine, opium, whiskey, and so on.

The autopsy shows the desperate character of the case; but the worse the case, the greater should be the care used. Was proper care used? Evidently not, for proper diagnosis, proper knowledge, proper treatment were *not* used.

The first signs of failure were of digestion; then of assimilation; then of reparation of tissue; then of lymphatic and parotid disturbance; then of pyæmia or septicæmia. I cannot throw off the impression that the President's only chances were ruthlessly sacrificed. Time will probably give us the *true* solution of this case.

A NEW DISCOVERY IN THE SERVICE OF HOMŒOPATHY.

Translated from "Populare Zeitschrift für Homœopathie," Jan. 1881,

BY PROF. MANUEL GRÆTER.

The second discovery, of which the readers of the last annual series of our journal have been partly informed, is NEURAL ANALYSIS.

The author of this is Professor Gustav Jæger, M. D. Like every

new discovery, it is still an object of doubt in many cases, especially for those who think that the science of to-day has already reached an infinitely high point and placed secure termini where knowledge and perception come to a termination and faith or superstition, the supernatural, have to begin.

In addition, those who in Prof. Jæger's theory of the soul perceived a contradiction to the teachings of religion felt called upon to attack him. Now, Prof. Jæger, apparently without any justification, had employed the word "Soul" for quite other things—for odorous substances of different quality which are developed in our body, and which, partly within the latter, react upon our mental disposition, our mind, and influence it in the most different manner, partly, also, evolving themselves outwardly; and, though often not even sensually perceptible to our nerves of smell, yet act a peculiar part in the mutual attraction and repulsion of living creatures. Let us, however, consider that already in grey antiquity soul and spirit are distinguished, since the first was distinguished as the principle which animates our bodies and is independent of our will, but the latter designated as the immortal Psyche, which returns to its Creator after the body has ceased to live. Only in later times custom united these two conceptions, which evidently ought to be separated, and to designate the Psyche of the ancients "Soul" in our mother tongue. Prof. Jæger ought to have considered this when making use of this expression for his quite modern theory, for thereby he would have avoided many an offense to every Christian, particularly he would not have drawn upon himself so many unmerited attacks from other quarters, particularly from such people as did not consider it worth their while to reflect over what he had written but in order to pass judgment on him picked out only a few separate quotations from his writings, often enough wrongly reproduced by the newspapers, and appearing paradoxical. We premise these few remarks because when we use the word "soul" in our dissertation upon Neural Analysis we wish to have it understood merely in the sense in which Jæger uses it, and not in that of general colloquial usage, or in that of the tenets of our religion.

According to philosophical conceptions, *Will* is the relation of thinking to acting. By means of our volition we stop actions in one case; in another we direct them. Every action—an activity of motion—represents *the legitimate solution of a tension occurring in our organs of thinking and sensation*, and appears, consequently, in relation to this tension as a solving, delivering, in

short, as a critical deed, which is necessarily succeeded by a shorter or longer relaxation (apathy). Now, the central organ of our will is the brain. The brain, composed of ganglia or nerve-cells and of nerve-fibres, is the seat of the mind, for numerous observations made on healthy and sick persons have demonstrated that our sensation and thinking is dependent upon a healthy condition of the brain—nay, even upon certain parts of it. We become conscious of the things outside of us only through changes brought about in these central points of the brain. The way in which such changes are produced is by the organs of the senses. The latter—optical nerve, auricular nerve, etc.—are affected by exterior influences, and the changes obtaining in them are transmitted by simple or complex nerve-connection to the brain. One impression received from without may leave us quiet; another, however, excites our volition, and may be transmuted into motion by the brain. Another way by which our mental apparatus may be influenced is by the blood coursing to the brain. Our mental faculties, dependent upon the brain and the exercise of will flowing from them, are consequently conditional upon relations of tensions in which we either voluntarily place this organ, or in which, without our will, it is placed by the anatomical arrangements of our body and the physiological occurrences connected with it (circulation of blood, etc.).

These relations of tension, now, are not always the same. They are subject to constant change. They depend partly upon the general chemical condition of mixture of the mass of fluids of our body, partly also upon impressions which our organs of sense receive from without and transmit to the brain. Prof. Jæger is to be credited with having made the study of these *relations* of tension the main study of his life, for he is the first who has proved that they may be expressed in mathematical formulæ, since for their measurement he made use of a chronoscope.

This instrument has been used in astronomy for years for the measurement of “personal equation.” Comets, planets and planetoids are, as is well known, observed from many observatories simultaneously, and in order to be enabled to observe accurately, the astronomer must determine the time, in fractions of a second, in which the celestial body enters the crossed spider-lines in his equatorial. The ascertained times must coincide with those of astronomers at other observatories, if the observations and the calculations based thereon are to be correct. For the places of obser-

vation this time can be pretty accurately calculated. One part of the earth, chiefly Europe, has been very accurately measured, and the distances of the separate observatories from each other are accurately known. As to the astronomer the case is different, for he must mark the entrance of the celestial body into the crossed spider-lines by a pressure upon the key of his Hipp chronoscope; and this or some other instrument constructed according to similar principles is, moreover, connected telegraphically with the astronomical clock, and there also indicates the exact time in fractional divisions of a second; the astronomer has, therefore, touched the key at the moment when he saw the star in the thread-cross. Those who do not know this matter might opine that our astronomer had marked the correct time. But this is by no means the case. For, from the moment when we notice an object with our eye, upon the retina of which the corresponding changes take place, until that moment when our finger, in consequence of the impulse imparted to it from the brain, presses upon the key, there elapses a certain time which we, following Jæger, will call *nerve time*. Prof. Helmholtz, the well known physiologist in Berlin, likewise measured this interval of time several years ago, and ascertained it to amount, on an average, with different people, to from 100 to 150 mill-seconds. Now, although this is a very small interval, yet for astronomical calculation this statement of Helmholtz is not sufficient, for every astronomer knows that this nerve time is subject to a great change, a change amounting with the same operator to between 50 and 300 mill-seconds, i. e., in different nights of observation. As a practical man, the astronomer does not inquire into the causes of these considerable differences, but he is satisfied shortly before beginning his observations to verify his nerve time by measuring it 40 or 50 times successively and deducing the average value. This procedure he calls "personal equation."

Physiologists, studying the functions of the human body, had, therefore, necessarily to face the question: *Whence originate these differences?* To have first attempted an answer to this question, and to have made a great number of experiments concerning it, constitute the great merit of Prof. Jæger. He has published his ideas about all the circumstances to be taken in consideration in connection with it, not only in his writings but also in public assemblies. He has furthermore founded his theory of the "Soul" upon it. Yet, the thoughts pronounced by him were too new. They moved the termini of knowledge another distance outward, and the form in

which this was done, on the part of Dr. Jæger, not only led to contradictions of all that he had said and written, but to direct attacks upon his teachings, and even upon his person.

Considering the importance which the experiments instituted by Jæger, have for homœopathy, and in view of the stormy opposition they will presumably excite in hostile quarters, we are obliged, before discussing the experiments themselves, to make some remarks upon Jæger's person; for our readers would not otherwise be enabled to meet the objections raised by anti-homœopathists. Professor Dr. Jæger is an approved physician, but some years since he devoted himself to anthropology and zoology, and his name is honorably mentioned in both these domains of investigation. He discovered a variety of new things and is an active contributor to journals of these branches and an author of works in this line. The considerable fame which he acquired induced the government of Wurttemberg to offer him the professorship of zoology and anthropology at the Royal Polytechnicum, as well as at the Royal Veterinary School. He accepted it and has now been living in Stuttgart for more than ten years, esteemed both as man and *savant*. It is only for the last two years, since he proclaimed his theory of the soul at the congress of naturalists in Baden-Baden, that a peculiar agitation against him has arisen, which, in its excesses, might even be called vulgar and malignant. First, some detached sentences from his discourse delivered in Baden-Baden were arbitrarily dissevered from their context and scattered by the daily press. Then the agitation spread to the scientific journals by the endeavor to undo all that he had ever accomplished, and which had formerly been acknowledged, and by calling him nothing but the "Soul-smeller" and "Man-of-the-odorous-Soul." The indecent tone of the journals was pushed to such extremes that most German papers were not ashamed to reprint the following item from a Wurttemberg newspaper: "The famous Dr. Jæger, of the curious doctrine of Soul-odor, was run over by a locomotive at the station of Nordlingen and lost both his legs." A severe calamity which had happened to some other Dr. Jæger, was thus announced in a jesting tone, almost like a good thing, simply because they supposed it had to do with the "Man-of-the-Soul-odor." The literary journeymen and the mob have taken hold of him for the last two years and everybody believes he can establish his adverse judgment about him by simply shouting "Soul-smeller." No trouble is taken to read accurately what Jæger wrote about the subject, nor is it considered necessary to make a single one of his experiments after him

with the same apparatus and under the same conditions. Only in the latter case would there be any justification for contradiction, but never for derision. For even assuming the case that Jæger's doctrines form no complete whole, that they have but an embryotic stamp, still no fair-minded man will dare to mock an investigator who tries to contribute to the solution of the greatest enigma, represented by man, not in the speculative, philosophical way, but in that of the exact mathematic-physical experiment.

The manipulation of the neural-analytical apparatus pre-supposes a certain practice. The object of optical perception with the astronomer is a star, at the appearance of which, in a certain part of its orbit, he exercises a pressure upon the key; whilst in the neural-analytical experiments of Prof. Jæger, the beginning of the movements of the hands at the upper dial does duty for an optical signal. The key must therefore be cautiously pressed, and the pressure be at once stopped upon the movement of the index. With some energy and attention, however, this difficulty is overcome, and finally one works the apparatus so mechanically and in such equal intervals, that he obtains always the same or quite similar numbers in perfect mental and bodily rest, undisturbed by exterior and interior influences. Only after having thus obtained such familiarity with the instrument, exact neural investigations in the meaning of Jæger can be proceeded with, and—as cannot be sufficiently emphasized—an objective judgment about the value or worthlessness of this new proceeding is not possible before that stage.

In order to measure your own nerve-time, you sit down before the apparatus, note the position of both indices, place your left hand upon the key, set the clock-work going with your right hand, look with the greatest attention at the yet motionless hands and slowly press the key. At the moment when the current is completed, the hands rotate and in the same moment in which this is perceived, you quickly relinquish the pressure of your left hand upon the key, whereupon the index stops. The division upon which it stopped, is read off and noted down, and the difference between the first-noted and the present position of the hands indicates the time which elapsed from the moment when we saw the hand moving to the one in which, by removing the finger of our left hand, we caused it to stand still; that is the *nerve-time*. This nerve-time is a something, only partially dependent upon the degree of intensity of our attention and our will, for although, by *willing* it energetically, we can shorten this time somewhat, yet each of the inward and outward

impressions to be mentioned hereafter, may retard or prolong it; so that we must admit that the condition of the transmitting capacity of our nervous system has nothing to do with our will. For it occurs that, when a person intimate with the apparatus investigates substances which extraordinarily heighten his nervous susceptibility, the nerve-times become, not only very short and amount to but a few mill-seconds, but that the hand does not get into motion at all, so that only the noise arising in the clock by the attraction of the axis of the hand is heard and we sit apparently powerless before the instrument and often obtain again shorter nerve-times only after ten to twenty acts. And conversely certain impressions may considerably prolong our nerve-time.

The nerve-time is then, in the manner described above, measured at regular intervals of ten to twenty seconds, about a hundred times successively and the progress or the motion of the hands noted each time; for instance:

60 mill-seconds	—	difference, 60 mill-seconds.
125 “ “	—	“ 65 “ “
175 “ “	—	“ 50 “ “
225 “ “	—	“ 50 “ “
275 “ “	—	“ 50 “ “
325 “ “	—	“ 50 “ “
385 “ “	—	“ 60 “ “
440 “ “	—	“ 55 “ “
495 “ “	—	“ 55 “ “
555 “ “	—	“ 60 “ “
—	—	—
555 mill-seconds	—	“ 555 mill-seconds.

The average value of these ten figures amounts therefore to 55 mill-seconds; the divergences of the separate figures, 60, 65, 50, etc., marked upon a strip of paper ruled in square millimetres, seriatim in regular distances by points, distant from the upper ground-line as many quarter-millimetres as the nerve-time amounted to mill-seconds, and these points continuously connected with their neighbors by lines, gives a *detail-curve*. If the nerve-times at susceptible conditions of the nervous system are very short ones, the points are placed not far from the upper ground-line, the lines uniting them in zig-zag way run close to the edge of it, whilst with a lower energy, corresponding with the greater numerical values, they approach the lower ground-line and thus furnish a perspicuous image of the condition of our nervous system—for they present to us

the change to which it is subject, in diagrams. By adding the average values of ten of these decades (constituting 100 acts) and dividing by ten, we obtain a decade average. To the latter we will return later on when discussing the numerical values for homœopathic medicinal potencies as furnished by Prof. Jæger.

The constitution of the detail-curve depends upon the total chemical condition of the mass of mixed fluids of our body, and everything that changes it produces also changes in the configuration of the curve; all substances that we eat, drink and breathe; the changes taking place in the digestive process, finally also all mental disturbances. But of quite particular interest for us, are the curves resulting from the *inhaling* of certain substances and the average values of them, for upon that the neural-analytical examination of homœopathic medicinal potencies is founded.* Most of our readers might presume from the beginning, that these, in their higher dilutions, have no other smell than that of the alcohol with which they are prepared; and yet the detail-curve shows a very considerable difference between the two. This is probably owing to our organ of smell, the nose, through which at normal inhalation the respired air passes, being with most people not very sensitive, or at least not making us directly conscious of certain things. Are there not certain asphyxiating gases that we do not smell at all, whilst, when inhaled, they poison our blood and we become first aware of them by the incurred symptoms of disease? In a similar manner the changes of the neural-analytical curves at the inhaling of potencies or other things which according to Jæger influence our nervous system characteristically, might be explained; taken up by the blood in the lungs they thereby influence the quickness of the transmitting capacity of our nerves—the *nerve-time*.

To obtain exact results, there is required, as with every other test of medicines, an extremely careful mode of living, to which Prof. Jæger has devoted a separate chapter in his recently published book.

After you have now, as directed above, measured 100 acts in perfect rest, you pour a small quantity of the same alcohol with which the homœopathic potency to be examined has been prepared, into a

* Prof. Jæger, moreover, found a great similarity to exist between the inhaled and the swallowed substance in the formation of the curves. He calls those obtained by swallowing, *Genogram*, those by inhaling, *Osmogram*. He gives the preference to the latter method since the inhaling of a substance can be intermitted at pleasure.

small glass vessel, and set the apparatus going again while at the same time inhaling the alcohol. The curve now obtained shows a very essential difference from that obtained in rest, even with persons that treat the apparatus as mere tyros. In spite of all trouble taken in spite of our strongest volition, it is not possible for any one to bring the nerve-times again into the normal balance. With some persons they are considerably lengthened, with others they are shortened, or they move (in the Osmogram) in a confused zig-zag up and down.

(TO BE CONCLUDED NEXT ISSUE.)

DIPHThERIA, BACTERIA, AND DR. GREGG.

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

In the June number of THE HOMŒOPATHIC PHYSICIAN, I took occasion to protest against the antiquated sin of giving hypothesis for fact in medical writing or teaching. This was suggested by eight pages of printed matter to which the name of Dr. Gregg was attached as author, and which, so far as I could see then, or can see now, was composed so exclusively of imaginary elements, as to afford good opportunity for the protest, if indeed it did not impose this as a duty.* Dr. Gregg objects to my protest, and attempts to give an answer to it. With what success he accomplishes this we shall soon see.

The points of the eight pages which I criticised were:

- 1st. The exudations in diphtheria * * * are fibrin.
- 2d. Fibrin is always in excess in the blood in diphtheria.

* In his reply to my critique Dr. Gregg objects that I omitted to notice matters, notably proofs, which were in a journal before me, and he assumes that it was what he had there published that I was engaged with. This is a mistake. The eight pages I criticised were in pamphlet form, and received by a professional neighbor, and as he supposed from Dr. Gregg himself. My neighbor handed them to me with the suggestion that I should review them. It was supposed by my neighbor and myself, that, coming from the author, he was willing to stand and be judged by them, as they had come to our hand. The eight points I criticised were there, as naked of every thing like proof of the truth of these hypotheses, as truth herself is, traditionally, of all dry-goods from dress-making hands. Hence I called them *hypotheses*, which the Doctor says is "*false*." See Worcester's Unabridged, word "*Hypothesis*."

3d. This excess is a fact in all other inflammatory diseases.

4th. That excess of fibrin is always a source of more or less danger in pleuritis, peritonitis, etc.

5th. This excess of fibrin is disposed to roll itself into clots, and plug up either the heart or arteries, and so cause death.

6th. The specific exudation in diphtheria is a beneficent effort of nature to relieve the heart and arteries of danger from the excess of fibrin in the blood.

7th. Every case of diphtheria would prove fatal if this excess were not so expelled from the circulation.

8th. Bacteria, or that which has been so called, is only fibrin.

The above are the points in Dr. Gregg's paper I criticised. I intended to do this fairly. I still believe my performance justifies my intention. My chief object was to endeavor to put *hypothesis* in scientific matters in its true place, and this performance of Dr. Gregg, in carrying out this object, was used to illustrate its general worthlessness. In his critique of my criticism, after a few personal remarks which require no other notice than an expression of thankfulness for his good opinion, he takes exception to my use of the word *hypothesis*, and declares "it is false as applied to my investigations and conclusions, in any department of pathology," etc. I still believe the word fitly applies to each of the eight particulars in the pamphlet which I dealt with, and now, after reading his attempted reply, know no other word which so exactly characterizes them. They seem to me hypotheses, pure and simple. I had to do with these eight, each of them as he had made them, relating to diphtheria, and with no other of his "investigations," or "conclusions" in other matters distinct from this. His first attempt to convince his critic that he had "builded securely and permanently," presumably as to this matter of diphtheria, as I have had no connection with aught else of his labors, is to enter a declaration as to his "investigations and conclusions" as to *phthisis*, a matter with which I had in no manner meddled, and which, so far as I can see now, has no more to do with these eight points criticised, than it had with the orbit of the last telescopic comet. I would not in the least detract from any merit pertaining to the Doctor's long labors and discoveries, if he has made any. But I do not see how twenty years spent in the study of *phthisis* can change the hypothetic character of either of the criticised points, these having only to do with a matter wholly distinct from this; viz. *diphtheria*. But the Doctor claims to have given almost equal time and labor

to the study of this last, as to tubercle, and it would seem that he would therefore claim for these eight points that this long labor should raise them above the level of hypothesis in some way or other. As they stand in the criticised pamphlet, wholly unsustainable by any of the facts gathered in this long study, I do not see how this can be. They appear there as "*a theory founded on a principle unproved.*"

The Doctor mistakes in supposing his paper, the subject of my criticism, was found in a "journal." What he had said in a journal of the impracticability of giving "one-twentieth of the proof" in existence "to sustain the views here presented" I have had no means of knowing, but what we do know is, that in the paper I criticised there was just no proof at all, and the whole matter rested, so far as that paper is concerned, on the dictum of the Doctor alone, just as I said. I repeat this, though he meets my statements with some bitterness. There is not a trace of proof given that I remember. It was this which left the eight points mere hypotheses. The Doctor assures us he "makes no statements without the best authority, or the best reasons for making them." This may be all just so, but what is wanted to give these eight points the least value, is not "*reasons*" nor "*authority*," if by this he means other men's names, but the *facts* on which they rest their claim to our respect. In the pamphlet criticised is not one such found. I am not concerned just now with what the Doctor is, or is not "*accustomed*" to do. But solely with what he *has done* or has not done in the pamphlet criticised.

As to the matter of bacteria, I have never attached much importance to them any way, and none whatever, as I have said, to them as a cause of which diphtheria is the effect. But when it is a question whether I shall receive the testimony of Professor Hautt, in a matter which he has seen and investigated, or that of Dr. Gregg as to the same matter, he not having seen it, I should certainly give the professor my credence every time.

The imagination of the Doctor seems to be capable of other extraordinary feats than those expended on his supposed facts of diphtheria. "Do you not see," he says, "in this criticism, written ostensibly to condemn all pathological investigations," etc. How ostensibly? I have not mentioned pathological investigations, in whole or in part. And "you have placed yourself in the unenviable position of an eminent advocate of a false pathology," etc. I have not, to my knowledge, advocated any pathology, true or false,

earnestly or otherwise, in the matter of diphtheria, and therefore do not see that I have placed myself in the position he suggests. But the pathology he will have it I am advocating, he says is not only false, but perniciously false at that.* Well, well, here is a new exhibition of the power of imagination. It is up fully to the Hudibrastic standard—

“Optics sharp it takes, I ween,
To see what is not to be seen.”

Then, the Doctor insists upon it, I tried to “ridicule nature.” Don’t make a mistake, Doctor. It was only the ridiculous service you had imposed upon the worthy matron. Not the lady herself, but the hypothetical function your imagination had imposed on her. Do you see the difference?

As to the question of the necessary fatality in all cases of diphtheria which lack the membrane, the Doctor simply begs the question and then proceeds to argue the matter as if the question had been proved. This is not a new dodge in logic, nor is it one held in much respect by the learned world.

Now, would it be thought possible, that after these accusations of offences I have not committed, and boastings of having given more years to the study of this subject than I have weeks, and informing me that my “enmity to pathology” has “betrayed me into a neglect of pathological reading,”† the Doctor would generously propose that I shall meet him in a public discussion of this subject. Of course he did not expect his proposition would be accepted. He ought to have known that everybody, except the writer of these eight criticised points, would at once say there can be no gain to anybody or to any subject by debate with one who fails to distinguish assertion from proof, and who has

*But the Doctor makes me out even worse than this. If we may take his word for it, I am “a defender of and apologist for an allopathic and mongrel pathology of diphtheria, that is reeking through and through with fallacies, and which has led to much worse treatment than could otherwise have been thought of.” And then he says he is “astonished.” No wonder. So am I. I didn’t know I was so bad, and am the more astonished because, so far as I remember, I have never said a word on the subject of this pathology, except to dissent from that of these eight points, if this may be so construed. I did not regard that as equal to a conviction of the seven mortal sins. Am I mistaken?

†So it is. I wrote my criticism to show my “enmity” to “all pathological investigations by our school,” and more than this, the same “enmity” “has betrayed you [me] into a great neglect of pathological reading.” Now the

such a facility for accusation of his opponent as to cease all discrimination between what he has said and what he has not, and no less facility in ascribing to him enmities and partialities of which he is neither guilty nor capable, and an equal facility to foist them into the importance of argument, all, of course, on his side. There can be no gain in debating with such a man, any subject whatever. And I may add, if the outcome of his twenty years' study of this subject is contained in the eight pages I have criticised, then, I can say the long labor was very like that of the poet's mountain, the product of which was only a "*ridiculus mus.*"

A FALSE ACCUSATION.

The Homœopathic Physician: A Monthly Journal of Medical Science. Philadelphia.

THIS recent addition to the periodical literature of homœopathy is, we believe, intended to supply the void created by the sudden demise of the Anglo-American Journal, called *The Organon*. Its articles are of much the same quality, *its sneers at all physicians who do not believe in the marvellous efficacy of C. M.'s fully as contemptuous as were those of its predecessor.*

Of the medical men who took part in the International Homœopathic Convention the modest editor says, they "have never practiced homœopathically," and, "for the most part," they "know nothing of the homœopathy of Hahnemann." The moral they seek to derive from the proceedings is "the great necessity for the *International Hahnemannian Association.*"

English practitioners who like literature of this type may be

man who says this, is wholly ignorant of my habits of reading, and equally so as to any *one* book I have or have not read. And yet this does not prevent his very serious accusation of neglect as to an important branch of professional reading. Whether stupidity or impudence predominate in this accusation it is not very material that we should decide.

From Hahnemann's time till now we have been compelled to listen to his "lack of pathology," and to the opposition to this science on the part of his followers. The din of this has been as constant and monotonous as the drone of the bagpipe, and quite as meaningless. On page 461 *et seq.*, vol. 1, of *THE HOMŒOPATHIC PHYSICIAN*, the Doctor may find a distinction made between *true* pathology and the *pseudo*. It is not our fault if he finds his hypotheses, by this just discrimination, relegated to the latter category.

interested in hearing that Mr. Heath, of Ebury street, is the agent for its sale.—*M. H. Review*.

[Will the *M. H. Review* kindly quote passages showing that THE HOMŒOPATHIC PHYSICIAN “sneers at all physicians who do not believe in the marvellous efficacy of C. M.’s.”? Prove your accusations, gentlemen!]

CLINICAL BUREAU.

HIGH POTENCIES IN PARTURITION.

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

CASE 1. Mrs. A., aged 25, blonde, robust, leuco-phlegmatic temperament; pains commenced in the afternoon of the 12th of September, 1878. I saw her first at 11 P. M., and found her in the following condition: Pains, very feeble and irregular, os uteri very little dilated, bag of waters commenced to form; head presentation. She was in a whining and complaining mood. A dose of *Pulsatilla* (3) was given, and in twenty minutes the pains became regular and her mental condition grew normal and more quiet. Labor progressed for an hour, os uteri dilated naturally, and the bag of waters protruded powerfully during every pain. I thought another dose would do her still more good (this being the first labor-case which I attended after investigating Homœopathy) and accordingly another dose of *Pulsatilla* (3) was administered. Within a quarter of an hour the pains became really terrific, the head became at once well wedged in the superior straight; the os dilated rapidly, the bag of waters ruptured; one pain lasting 1½--2 minutes (it seemed to me an eternity), drove the head down into the pelvis, extended the face into the hollow of the sacrum, pushed the occiput under the symphysis pubis, swept the face over the soft parts of the pelvis, and did not cease until the whole child was born. I told the patient to stop her bearing down, but “I can’t,” she gasped, and on went this bearing of a child, as I had never seen before in my life. The placenta came away naturally in a short time afterwards, and the patient made a good recovery.

On the 7th of November, 1880, this same lady came into labor again. Pains set in in the evening, and I saw her at 2 A. M., the

next morning. She was in the same condition as when I saw her with her last child. Pains irregular, and causing her to whine and complain. A dose of *Pulsatilla* 2 C changed the scene in ten minutes. She grew jovial, her natural condition, and the pains became regular; os uteri dilated almost as far as it naturally can, when again the pains grew feeble and irregular; another dose of *Pulsatilla* 2 C did not improve them, but brought out the following symptoms, viz.: Pains would appear *very suddenly, last a short time and then cease, just as suddenly as they came*, her face became almost purple with the pains, and eyes congested. The os uteri, which had been soft and yielding heretofore, was found to exhibit a very sharp, unyielding edge and felt very hot to the examining finger. The patient received a dose of *Belladonna* CM (Swan); the very next pain showed improvement, in being longer, and not so abrupt in coming and going; the next two pains were still better, and the fourth pain after receiving the dose did not cease until the child was born. Thus *Belladonna* produced exactly the same effect as *Pulsatilla*, two years ago, with this difference: two doses of *Pulsatilla* (3) were required in order to do the same thing as one dose of *Belladonna* CM.

The patient made a good recovery without any more medicine, except a dose of *Arnica* CM, which was called for by the soreness of the abdominal muscles.

CASE 2. On the 16th of November, 1879, Mrs. W., aged 36, robust, leuco-phlegmatic temperament, expected her sixth child. I had attended her in two previous confinements, which had been very tedious, on account of my ignorance of Nature's law of cure. I saw her at 3.30 P. M. She was up and around, complaining of very slight pains, which, however, were accompanied by *urging to stool and to micturition*. The examining finger detected the os uteri high up, dilated to the size of a quarter of a dollar, the head presenting, One dose of *Nux vomica* CM (Swan) was given dry on the tongue. The pains commenced to improve within a quarter of an hour, becoming more effective, minus the pressure upon rectum and bladder. At a quarter past 4 o'clock they had grown so strong, that I ordered the patient to bed. In the act of undressing the amniotic fluid burst away, and the pains became violent immediately. On examination I found the head well wedged into the superior straight, os uteri fully dilated, but its anterior lip swollen, and œdematous; forming a rounded cushion behind the symphysis pubis. My former experience in this complication made me think of an incision with a sharp pointed bistoury, but this was not necessary. The expulsive pains

pressed violently against this bullwark of obstruction, and in a few minutes a powerful pain burst the swelling, and did not stop until the child was delivered. This occurred at 4.30 o'clock, P. M., just an hour after the dose of *Nux vomica* had been given. The placenta was delivered spontaneously, five minutes later. The patient made a good recovery without further medication, except the usual dose of *Arnica*.

CASE 3. Mrs. C., primipara, dark complexion, excitable temperament, commenced her first labor on the 29th of April, 1881, and was attended by a German midwife, who sent for me on the morning of the 30th of April. I saw the patient at 8 A. M., and found very irregular pains, os only partially dilated and unyielding; bag of waters had ruptured at 3 A. M., head presented at the superior straight. While having a pain, the patient kept up a continuous cry: "*Oh my back, my back, help me, oh my back!*" Here was an unmistakable indication for *Causticum*, as given by our great Guernsey and this remedy was administered in a single dose of the CM (Swan) potency, dry on the tongue. I left her with the midwife, telling them that I should return in about an hour, but that I thought by that time the child would be born. At 10 o'clock I entered the room again and came just in time to witness the last strong pain, which expelled the child. The midwife told me that the pains changed soon after my departure. This patient also recovered without further medication.

CASE 4. On the 3d of June, 1881, Mrs. E., dark complexion and even temperament, in labor with her fifth child, required my assistance, the midwife in attendance not being able to do anything more for her. Having known the patient for a good many years, I believed her to be one of those women who are brave and plucky and try to get through difficulties as quietly as possible; in fact, while driving there I thought she would possibly require *Lycopodium*. How astonished was I, therefore, to find her *perfectly demoralized and crying for help*, the pains being irregular and spasmodic and *entirely unbearable to her*. The vagina was very hot and so was the os uteri, the latter partially dilated and dilatable, head of child ready to be pushed down, only lacking the appropriate *vis a tergo*. The patient's pulse was 120 and full, her skin was hot and dry, mouth dry and parched. Desire for cold water. I put a dose of *Chamomilla* CM (Swan) on her tongue, and knowing that she always reacted quickly to the *simillimum*, kept my watch in hand to observe the effect. In two minutes she fell into a little doze, which lasted one minute,

then there followed three good pains in the next two minutes, the third pain delivering the child, which was small, weighing hardly six pounds. Placenta came away naturally and she did very well until the 11th of June, when I was again summoned. The following condition presented itself: Dull pain in right loin, going around to front, becoming sharp, as if a stick was pushed through from behind forwards, if touched. *Better from keeping perfectly quiet*; a cough, short and dry, increases the pain and produces also a fine stitch in right hip. *Cough worse from speaking, better from keeping quiet*. Backache, when lying on either side, but also worse when lying long on the back. *Cannot stay in one position for any length of time*; headache as if from a tight cap on head, goes across forehead to each temple, *scalp very sore to touch*.

Thirst very great, and drinks much at a time. Urine dark brown and turbid. Pulse, 76. Tongue coated white. Bryonia CM (Swan), one dose right away, a second one twelve hours later. On the 13th of June felt better in every respect, was out of bed and got well without further medicine.

A CURIOUS CASE.—CANTHARIS.

WILLIAM A. HAWLEY, M. D., SYRACUSE, N. Y.

(*Read before the Central N. Y. Homœopathic Medical Society.*)

August 4th, 1881, I was called to see Miss I. O., aged nineteen years.

History of case: In the night of the 28th of July, 1880, she was taken violently sick with vomiting and purging. She was advised to take common table salt and half a teacupful was sent up to her, all of which she swallowed. This was followed by aggravation of the emesis and convulsions. The next morning the stools were of a stringy character, and looked like "scrapings of the bowels." A homœopathic physician was called, and she was measurably relieved after two days. Still the diarrhœa continued and of the same character.

She went to her home in the country, but returned to the city in the early autumn, and employed a female doctor of the old school, who pronounced her suffering from uterine disease, for which she must have the usual local treatment.

After a time, the diarrhœa continuing, she made some sort of local application to the rectum, through the anal speculum. A repetition of this made the patient so sick that she got discouraged and employed a gentleman, also of the old school, whose reputation is second to none in this city, and remained under his care until I was called—nearly four months. Of his treatment, I could learn only that he confined her exclusively to a milk diet; the milk being always boiled with a spoonful of dilute muriatic acid to a quart and administered once in two hours, and an injection of *three* gallons of water as hot as could be borne into the vagina twice daily. The object of the vaginal injections, as the patient understood it, was to allay inflammation of some of the pelvic tissues, caused by the local applications to the rectum. I found her extremely emaciated and having the brilliant eye and general appearance of one in the last stage of consumption:

Pulse, 130, small and soft; temperature, 102.2 F. Percussion of the chest revealed considerable dullness over the upper third of the lung, and complete deadness over all the rest. Auscultation could detect no healthy respiratory murmur, but loud rales in the upper third. Not even bronchial respiration anywhere below the level of the nipple. Respiration was very rapid, but I neglected to count it. She denied having, or having had any cough, and her mother confirmed her statement. Several times a day, for a week or more, she had had times of suffocation, when her face became very blue, and she required to be fanned. She had had that day (I saw her about two o'clock in the afternoon) seven movements of the bowels. The discharges were partly of fœcal matter, with considerable blood and strings of what looked like the scrapings off of the mucus membrane, and were attended with very severe pain, just before and during the passage with tenesmus. The passage of urine was attended, as soon as the flow was fairly established, with such violent urging and cutting as to stop her breath and oblige her to stop the flow and wait for the strangury to cease. The same to be repeated every time she voided any urine. Her menses were regular as to time, but black and very scanty, lasting only part of one day. Digital examination showed the uterus of normal size and position, but the vaginal walls much thickened and hardened by the hot injections. Her tongue was small, very red and clean. She complained of being hungry, but did not relish the milk and vomited every time she took it. She had a period of coldness every day, followed by heat and sweat during sleep at night. The tops of her feet were considerably

bloated. The abdomen was entirely caved in, and her respiration wholly with the thoracic muscles. Hands and feet inclined to be cold.

This condition was surely sufficiently discouraging to warrant the unfavorable prognosis which I gave, but the diagnosis of the remedy was so clear, that I assured the patient that her diarrhœa and painful urination would be relieved, and so her hope was kept up. Having no high potency of *Cantharis* with me, I left a placebo and ordered a discontinuance of the milk and acid, allowing her to chew a little rare beef steak instead, swallowing only the juices of the meat.

Calling early the next morning, I found she had had three stools of the same character, with the same pains, and the same suffering on passing urine, but no vomiting since omitting the milk. Pulse 120. I left for her a few pellets of Fincke's *Cantharis* 39 M., dissolved in half a glass of water, a teaspoonful to be given once in three hours. On the morning of the 6th I found she had slept well all night, and had no stool after the first dose till morning, when she had two near together, but without the scrapings and with less blood and less pain. She relished the beef and was allowed to swallow a small portion and to take a small piece of stale bread. Continued the remedy. 7th, found her better, but having had two stools in early morning without pain and of natural character. Pulse 110. Increased her diet and gave *Sac. lac.* 8th, had one natural stool in the morning and from this time the bowels continued regular and natural. For the first time, counted her respirations which were thirty-four in a minute. Auscultation and percussion showed the lungs were being relieved. Complained of burning at pit of stomach—gave *Sac. lac.* On the 8th her respirations were thirty. The 9th they were twenty-four, and as the burning at stomach continued, she got *Nux* 30, in water once in three hours. This day she was dressed and down stairs, having been carried down in her mother's arms, and proposed to go out riding. 10th, the burning was gone and respirations twenty-two. Each day the gain was surprising, but on the fifteenth as the pain in urinating was still troublesome, she got one dose of *Cantharis* 30, which ended that trouble and all medication. She was now able to eat anything she pleased and gained rapidly, in flesh and strength, so that on the 17th she took her place at the table with the other boarders.

On the 22d her respirations were twenty, her pulse ninety-six, and she went to her home twenty miles away, having for five days been able to walk all about the neighborhood and to ride as long as she

pleased. What was it? Was the condition of the lungs the result of the Muriatic acid, and the emaciation the effect of starvation caused by rejection of the milk, which was all the food she was allowed? I suspect it. At any rate the case seems an interesting illustration of the so-called "*Scientific Rational Medicine*" of the old school.

This patient called on me to-day (Oct. 1st, '81) looking and feeling very well. She told me she was weighed the day she left here and her weight was just seventy pounds. To-day I saw her "tip the beam" at plump one hundred and six pounds. Her mother told me while I was attending her that she weighed one hundred and forty when she was taken sick.

PERISCOPE.

NEW YORK MEDICAL TIMES, MAY:—Dr. Conlyn reports a case of chronic cystitis after venereal disease, in which the main symptoms were: *constant urging to urinate; passes but a small quantity each time with great burning; severe pains from bladder to kidneys; sediment of muco-purulent matter. Cantharis* (3) relieved considerably. *Urging* became more intense. Constant bearing down sensation. Burning remains a long time after urinating with *feeling as if more would pass. Nux vomica* (3) cured.

MEDICAL INVESTIGATOR, AUG.:—Dr. McClanahan reports cures of diabetes and enuresis with *Rhus aromatica*. His indications are not very clear. They are as follows: profuse stools, cool sallow skin, small feeble pulse, emaciation, flabby abdomen, tongue pale, trembling and moist, trembling of lower limbs, sense of lassitude.

Dr. Morgan rearranges a translation by "S. L." of remedies for rheumatism. Giving the symptoms of *Sepia* with "modalities," and comparisons with other remedies. It is well done. He has done the same with *Nat. mur.* in same disease. The whole thing could be copied into the physician's note-book with advantage. Dr. Morgan also gives some "seasonable indications" for a few remedies in summer bowel complaints. These also are useful.

MEDICAL ADVANCE, AUG.:—Dr. Camp reports a very interesting case of intermittent fever, which he first treated after a mongrel fashion for a period of thirty days. He then, very sensibly, tried to clear up the case by administration of *Sulphur*. The result was that a violent chill was brought on with symptoms, as follows: Chill lasting two hours; chill commencing in lumbar region, and spreading up and down spine to extremities; chill with thirst; *chill much worse from uncovering, even a hand. Desire to be heavily covered in bed. Hepar* was given, which *prevented* the next chill, and in ten days she was perfectly well.

Dr. McNeil translates the following: A man threatened with phthisis. Violent cough with aphonia. *Cough is worse from midnight until 5 A. M. Oppression of chest, which compels him to sit, bent forward. Cough compels him to sit bent forward. Kali carb.* relieved at once. At the same time this remedy caused the disappearance of two lipomata under lower angle of each shoulder blade.

A woman had had an attack of peritonitis, which had been treated by an old school doctor. She now had exudation in right side of pelvic cavity, weakness, small pulse, sleeplessness, constipation, etc, *Kali carb.* caused decrease of swelling and general improvement.

A man suffered for two years with asthma and emphysema. The paroxysms occurred every eight days, *beginning at two or three o'clock A. M., and lasting about two hours. Kali carb.* caused immediate improvement. A woman had violent toothache, *worse in the early morning hours. Kali carb.* cured.

THE CLINIQUE, JULY 15:—The "Bureau of Diseases of Children" reports four cases of diarrhoea as follow: First, a female infant, stools of water, mucus, and undigested matter. *Heavy, white coating on tongue. Antimon. crud.* (3) cured. No. 2. Diarrhoea with long-continued vomiting, *tongue heavily coated white. Stools, greenish water and mucus. Antimon. crud.* (3) cured. No. 3. Diarrhoea of watery stools mixed with curds of casein and shreds of mucus. *Child could not bear to be touched or looked at. Tongue covered with heavy white coating. Aggravation of stool from cold water. Antimon. crud.* (3) cured. No. 4. Child of five years had diarrhoea after drinking cold water. *Vomiting of ingesta. Tongue had heavy white coating. Antimon. crud.* (3) cured. Dr.

Fellows, in "Neurological Clinic" reports following: Boy of thirteen years had epilepsy, treated unsuccessfully with several remedies. Upon the following italicized indications, viz: *Vertigo, followed by falling down in an unconscious state with convulsive movement*, he received *Œnanthe crocata* (3), which apparently cured him in four months. In another case the same symptoms appeared, and the same remedy was given with, apparently, curative results. This last case was marred by the alternation for a short time of *Digitalis* with the *Œnanthe*.

BOOK NOTICES, REVIEWS, ETC.

HOMŒOPATHIC THERAPEUTICS, as applied to OBSTETRICS. By *Sheldon Leavitt, M. D.*, Prof. of Physiology and Clinical Midwifery in the Hahnemann Medical College and Hospital, Chicago. pp. 121, price \$1.00? Chicago; Duncan Brothers. 1881.

This new advocate for professional favor claims that, only "the most *characteristic* features of a limited number of remedies, and those only, are embraced" in its design. In pursuance of this object, there is given the condensed symptomatology of ninety odd remedies, with a repertory. The indications for the remedies are short but in the main good; the repertory will be found especially useful. This brochure will be of service to those who are in the habit of searching for the *simillimum*; to all such we recommend it.

THE GUIDING SYMPTOMS of our MATERIA MEDICA. By C. Hering. Vol. III. Philadelphia. The American Homœopathic Publishing Society.

This, the third volume of the "Guiding Symptoms," has recently appeared, after much delay. Let us hope that the other volumes will be more speedy in coming forth. The homœopathic profession should subscribe for this work; it is needed by all. And they should demand that the work be given them as Dr. Hering left it. The editors say in their preface: "Actuated, as we have been, by the spirit of the departed author, it has been our aim to complete the volume just as it would have been had Hering lived."

This volume carries the work from *Bryonia* to *Chamomilla*, inclusive. We hope, now that a third volume is out, that there will be a large increase of subscribers to the work. Send your orders to J. M. Stoddart & Co., 727 Chestnut street, Philadelphia.

Dr. Hering wrote, in preface to the first volume: "This work will especially commend itself to the busy practitioner, because it is an attempt to give our

materia medica in such a form as will make the selection of the curative medicine in any given case as easy as possible. It is a *complement* to all other works on our materia medica, being principally a collection of cured symptoms. A symptom only cured has never such intrinsic value as *one produced and cured*, and yet, such a one must not be ignored." Clinical symptoms are useful in aiding us to use proved drugs. No drug has yet been exhaustively proven. Clinical symptoms are to the therapist as crutches to the lame, an assistance; let us beware lest we rely so much on our "crutches" that we neglect to seek sound limbs. Those who advocate the use of unproved drugs, relying upon clinical symptoms solely, may be said to prefer "crutches" to sound limbs.

THE
HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

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

Vol. I.

DECEMBER, 1881.

No. 12.

EDITORIAL.

VOLUME ONE.—In closing our first volume we can not forbear making a few rambling comments, as to the past and the future. Our object, in the past, has been to teach, as best we could, *pure* homœopathy, to illustrate it practically, to bring out the characteristics of old remedies, to introduce new—in short to do such work as would make us all more efficient in healing the sick. Thanks to the gentlemen who have contributed to our pages, we have been enabled to make a good start in this work. Thanks to our large (and steadily increasing) circulation, we have been able to publish over *two hundred* pages more than we promised in our prospectus. If we have done well in the past, we shall strive to do even better in the future.

In the past, we have endeavored to point out some of the pernicious innovations that are being introduced into homœopathic practice; to condemn such errors as the use of unproved remedies, the alternation or combination of remedies, the use of palliatives and tonics, etc.

In the future, we shall continue to teach the Homœopathy of Hahnemann; shall try to enrich our materia medica and hope to give practical articles on the treatment of various diseases.

The periscope will contain, in a condensed and available form, all that is practically useful in current homœopathic literature. In our book notices, reviews, etc., we will keep our readers informed as to all the best and newest works on medicine.

WHAT IS HOMŒOPATHY?*

C. H. LAWTON, M. D., WILMINGTON, DEL.

This subject has been so often and ably discussed, that I cannot hope to add any thing of great value to our current literature, but there are always those who need to be encouraged and strengthened; there are those, who, unless the truth is kept constantly before them lose sight of it altogether.

When I read the reports of medical conventions and local societies, which represent our school, I am often led to exclaim: When will homœopaths teach and practice homœopathy? And the conviction is forced upon me, that to-day even among homœopaths, few have comprehended the beauty and grandeur of the sublime truths of homœopathic law.

To those who have no faith in homœopathy, as a vital principle, I have nothing to say.

The time for ridicule is past. Small doses and sugar pellets no longer constitute the essential part of homœopathy.

Similia similibus curantur, is no longer read like a guide-board, and immediately forgotten, and homœopaths are rapidly learning that this is the enunciation of a great truth, which faithfully followed is placing, and will place homœopathy far in the van of all curative law known among men.

Following with steady faith this bright star of promise, we shall emerge from darkness into light, from the thralldom of allopathy and eclecticism into the liberty of those whom the truth has made free.

There are men who have as a natural endowment, liberty of thought and action; progressive minds, which are always in advance of their fellows, ever seeking the highest and best; ever basking in the very sunlight of truth.

*The writer of this article, after reading Dr. Wells on the International Homœopathic Convention, hesitated about having it put in print, but as truth never loses by having the light thrown upon it from different directions, he has concluded to publish it, even at the risk of having the Doctor suspect something may have been borrowed from him.

Though always ready to accord the broadest liberty to others, they never demand it for themselves, for "whom the truth has made free are free indeed." Undaunted by ridicule; made strong by opposition; with an unfaltering faith in the right, no power on earth can check the progress of their thought.

Such a man was Hahnemann, such men were Hering and Dunham, such men are living to-day, and *while such men live* homœopathy can never die.

Love is the law of knowledge, and to form a proper conception of homœopathy we must love it, appropriate it, engraft it into our lives, let it grow with our growth, and strengthen with our strength; then having absorbed a great truth, we will feel no attraction toward error, can make no compromise with it, or for a moment parley with that which we know to be questionable or wrong. Not long ago a distinguished cotemporary in an address to a body of homœopathic physicians, said: "Homœopathy is a method; and it is the method of Hahnemann."

In answering the question—What is Homœopathy? I am compelled to take exception to this definition; it is robbing homœopathy of its birth-right; no man however great; no intellect however exalted and powerful; no genius however brilliant; no finite being ever originated a perfect law.

We may love, and honor, and reverence the great man who was the founder of our school, but a greater than Hahnemann is here.

Homœopathy is not an invention, but a discovery, a fundamental law, that has existed throughout all time. Hahnemann was its discoverer, but its author was the Infinite One. The methods of man are imperfect and open to criticism, but the laws of God are immutable and eternal.

Great men have lived and died, leaving to posterity legacies rich in thought and scientific research, but it remained for Hahnemann first to discover and comprehend this great truth himself, then to demonstrate it to others, with wonderful powers of perception and discrimination, systematizing and adapting it to the needs of suffering humanity. This *latter* is pre-eminently the *method* of Hahnemann.

Just here let me impress this fact: If our therapeutic law *Similia similibus curantur*, is a fundamental principle, and that it is no intelligent homœopathic physician at the present day doubts, it is true at all times and under all circumstances. *Let us prove homœopathy.*

If we would utilize hydropathy, let us use it homœopathically;

if we prescribe changes in diet, let us do so on homœopathic principles; if our patient cannot sleep, let us remove the pathological condition which causes sleeplessness, by selecting and prescribing the appropriate homœopathic remedy; nor dare to put our judgment in opposition to an immutable law.

“In that, we presume to see what is meet and convenient better than God himself.”

Pardon me, if in this connection, I allude to a few facts from personal experience, for the encouragement of any who may desire to practice pure homœopathy, yet hardly dare venture on what may seem to them a doubtful experiment.

During the past ten years the writer has depended exclusively on our law of cure, never having *once* prescribed an alcoholic stimulant, or given a dose of purgative medicine, or used an anodyne to relieve pain or produce sleep; nor does he let his patients suffer, but has always been able to relieve them homœopathically. The average mortality being 2.7 per cent.

This brings the question of posology squarely before us, and although the writer is not an extremist, and has never been known as a high potency man, he must insist that no consistent homœopath can afford to persistently oppose, or ridicule, or ignore, this question.

To be ignorant, or prejudiced, or bigoted, while truth stands knocking at the door, and human lives are being weighed in the balance, is criminal.

It has been demonstrated that in both acute and chronic diseases the high potencies act more promptly than the low attenuations or tinctures.

These facts have been given to the world and need no urging in this paper. They are the conservators of truth and *will not* be ignored.

What the profession demands to-day is, a scientific solution of this problem.

In attempting to give this, I submit the following propositions: 1st. The primary effect of a drug prescribed homœopathically, acting as it does in the direction of the disease, must be a temporary aggravation. 2d. It is the secondary effect or reaction that cures. 3d. The shorter the duration of the primary effect, or aggravation, the more quickly do we get the secondary, or curative effect.

The more we simplify our exposition of a subject, the more readily will it be comprehended by others. That one and one are two is a very simple problem, but it is at the foundation of mathematical science.

That the primary effect of a small dose of medicine is of shorter duration than that of a larger, and that the vital forces react against it more promptly, is a very simple proposition, but it is an essential principle of our therapeutic law.

Let us see how this works practically. A young physician is called to prescribe for a patient suffering from an acute disease; being a good homœopath he prescribes according to the law of Similia, but in a low attenuation, or perhaps a few drops of the tincture in water.

The active principle of the drug never having been developed it acts slowly, and the patient is not relieved.

Under the erroneous impression that the low attenuations may be frequently repeated, he gives another dose with no better success.

What is to be done? His sympathies are aroused, his reputation is at stake; his patient is getting impatient; he must have *immediate relief*, and in the desperation of the moment the doctor gives a dose of morphia, or perhaps a hypodermic injection of the same drug. His patient is relieved.

Henceforth, he goes armed with a hypodermic syringe, and a supply of morphia.

But what has he *really* done? He has relieved his patient! but at the expense of his vitality; he has, by failing to comprehend and apply the best method embraced within our law of cure, exposed homœopathy to the sneer of opponents, and wounded it in the house of its friends, and worse than all he has lost faith in the efficacy of homœopathy, where prompt action is required, and has degenerated into eclecticism.

At the next sectional meeting he talks about "Freedom of Medical Opinion and Action."

It is a libel on the noble words of Carroll Dunham.

Suppose a potentized remedy had been given? The active principle of the drug having been previously developed by trituration, or succussion, there would have been a sudden impulse in the direction of the disease, which would have been quickly removed, followed by reaction and prompt relief.

Allopathy meets us as an open foe and can do no harm, but eclecticism among homœopaths is a delusion and a snare; it comes to us in the garb of a friend, and makes its demands in the name of liberty and philanthropy, yet offers in return nothing but empiricism. The delusion that "*it is our supreme duty to do what we judge best for our patients,*" to select according to our judgment the best from all

schools has seduced many a homœopath into the ranks of the eclectics.

In conclusion let us for a moment consider, and try to analyze the exalted sentiment of Carroll Dunham, quoted so frequently of late, and used to justify all kinds of promiscuous and unscientific practice.

“Freedom of Medical Opinion and Action.”

Freedom of opinion must be based upon enlightened, unprejudiced, scientific thought, and must be in harmony with that which we know to be true. And knowing the truth, if we have the courage to proclaim and practice it, then have we “Freedom of Opinion and Action.” If we know not the truth, or knowing, have not the courage to practice it, then are we slaves and not freemen.

To those who so urgently demand freedom of opinion and action, let mesay no man can give, no man can take it from you.

The power that enslaves, sits regent in your own brain.

May we all strive after this liberty of thought, not by making demands where no equivalent can be given, but let us invite this child of reason to be our guest, to sit at our board, to *sup* with us, and let the feast be, *Union, Liberty, Charity and Love.*

UNPROVED REMEDIES AND DR. BERRIDGE.

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

After the old story of the two knights, and the two-sided shield, putting myself and my friend Dr. Swan in the place of the knights, and “nosodes” in the place of the shield, and laying us both out helplessly by reason of our combat over the shield, Dr. B. modestly assumes the office of the third knight, and “to prevent the final catastrophe,” whatever that might be, he “makes a few remarks.” This is good of him, and the more so, as there is no knowing else what might have happened, especially as I, one of his assumed combatants, am wholly unconscious of having been in a fight at all with his other knight, and to this hour am equally unconscious of having received hurt at his hand. It would be a matter of regret to me if I had good reason for believing I had in any way injured my neighbor and colleague, as Dr. B. represents me to have done. In any event, it is to be earnestly hoped, that Dr. S. is as free from pain after his conflict as I feel myself to be, and that he is as grateful to the third knight for his unneeded benevolence as I am. But it is with the “few remarks” we are now to be chiefly concerned.

He first deals with my expressed regret that a declaration of the necessity that the dose of the dynamized drug be also that of a drug which has been *proved* on the healthy organism, was omitted in the "declaration of principles" issued by the "International Hahnemannian Association." His reason for this omission is a curiosity in its way. It was "implied." We submit that when a learned body undertakes an enunciation of the fundamental principles on which it rests its existence, as little as possible should be left to "implication." It leaves too large a range for loose imagination. Every man may affirm, and this loose method leaves him at liberty to do so, that this, that, or the other is implied, each claiming a new and different principle from the other, and nothing could be held under this rule as fixed. Nothing has so confirmed my sense of the need of this declaration as this paper of Dr. B. It cannot be uttered too soon if its authority is indeed now left to mere implication.

"It was not inserted" he says, "because what is true in it is already implied, and what is not implied is not true." Who shall tell us what is *not* implied? How as to nosodes? Is a practice by them implied? If so, then the more is the pity that this had not been plainly stated in the outset. It would have saved some of us the mortification of finding our names subscribed to this heresy, even by "*implication.*" To prove the implication, the Dr. makes a clear statement of the absolute necessity of this declaration, when he says: "Now the expression 'similar' necessarily implies the existence of two distinct groups of phenomena which are similar to each other, etc., * * * we must give remedies capable of producing similar symptoms, it implies that these similar symptoms must be first ascertained," etc. Just so, else how are we to know they are similar? Now as the implication has not proved strong enough to hold some of our best friends from resorting to unproved remedies, notably of unproved nosodes, can there be a stronger reason given for the express declaration, the absence of which we regretted? Our difficulty with the nosodes was—*unproved*. This and nothing more. Not with them as nosodes, but as *unproved*.

The next "remark" of the Doctor is a little extraordinary: "doubtless were our materia medica complete, were every medicinal substance exhaustively proved on healthy persons, nothing more would be required," etc. "But as matters at present stand, * * * we gladly avail ourselves of any light which can be thrown upon the case, either by symptoms obtained on the sick, or by clinical experience." If this has any thing to do with practice with unproved

remedies we do not see it. If it be supposed to have, then the logic of it is this: As the *materia medica* is imperfect, and we are only partially acquainted with the drugs there recorded as proven, these being but partially proved, therefore we are to be justified in leaving that of which we know something, and instead of this take up that of which we know nothing. The controversy, if there be one, is between the known, partially known, if you please, and the absolutely unknown. The occasion of this controversy is not, on the one side, a protest against the freedom of any man to prescribe nosodes, if that is the best he can do, but against such a practice being thrust into our school of practice, and so we, who believe we have a better method, be made as a school responsible for it. Until the nosode is proved, it cannot be shown that a practice with it is homœopathic.

It would seem from Dr. B.'s attempt to answer my reference to *Syphilinum*, that his views and mine as to what constitutes a *proving* of a drug are not the same. I prefer my own, which are given in sufficient fullness in the paper to which he has attempted a reply. After giving his own, rather mistily, he acknowledges he does not know of any such record of the action of the syphilitic poison on the organism, as I have required as an essential part of every true proving, he asks: "Why should Dr. Wells stigmatize it as an unproved substance?" We answer, for the plain reason that there is no evidence that it has been proved as our law and philosophy require drugs to be before they can be incorporated into our *materia medica* or be accepted as legitimate agents for homœopathic practice. He insists upon it, the poison "*has been proved*," and "on healthy persons in the highest potencies." Where is the record? In the absence of this, it is nothing to Dr. B. or myself as practitioners of homœopathy, if it has been proved a thousand times. In the absence of the record, it is altogether unavailable to us both in any prescription which is to be dominated by our law. This is our difficulty with this and all like agents. Not that they are nosodes, but that they are not known as they should and must be, before we can know that as the second factor in our problem of prescribing, it is similar to the first as our law requires it to be to constitute it a curative. Being thus unknown, if used clinically, it must be without and altogether without the pale of our law, and stand wholly with those agents employed by a bad empiricism. Not because "it is not in the Encyclopedia," but because unknown.

On page 520 of the Doctor's paper he seems to have failed of

apprehending my argument as to the proving of this nosode. It was not that the persons suffering from the effects of this poison "had peculiarities of their own," but that those so suffering were likely, more than others, to be unsound in health, beyond the fact of the poisoning, and so the product to be proved is of necessity deficient in one of our cardinal requirements of drugs, before they can be accepted as agents to be proved, viz: *purity*. Unmixed with other agents or forces capable of modifying the effects of the drug proved. We require this of all drugs. Why not of all nosodes—*Syphilinum* included. In the paper to which the Doctor's is a reply I have treated this sufficiently at large to make more on the subject now unnecessary. The Doctor entitles his paper "*The Scientific Use of the Nosodes.*" Notwithstanding this, I fail to find in it aught that shows their use to be in any way or manner "*scientific.*" He has given no new principle for our guidance in their use. He has utterly failed to show their relationship to any law, homœopathic or otherwise, or given aught that can be perceived as an excuse for his so employing this word. It is a much abused word in these times, and the more is the pity. It is enough to sanctify whatever of eccentricity or extravagance in practice, if the sinner only uses this word freely enough, and deludes himself by its sweet sound into a belief that this word somehow redeems his vagaries from their true character and gives to them something of the character and worth of truth.

ACONITUM NAPELLUS IN ITS RELATION TO THE FEMALE SEXUAL SYSTEM.

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

In all cases where we find the peculiar mental symptoms so characteristic of this drug, we have in it a curative agent which acts with the utmost promptness.

Even in chronic cases (so-called) it acts curatively, provided the symptoms calling for its exhibition are present, and this, notwithstanding the statement made by many authors that *Aconite* is never to be thought of except in strictly acute cases.

In suppression of the menses from getting the feet wet, or by *sudden checking* of the *perspiration*, this remedy must be thought of first: Young girls for various reasons will sometimes foolishly

plunge their feet in cold water to stop the monthly flow, and as a consequence, severe congestive headache supervenes, with fever, restlessness and great excitability, followed later by epistaxis and palpitation of the heart. In such cases *Aconite* is the remedy. Should the patient be of a plethoric habit the drug will act all the more promptly.

Another sphere for the action of *Aconite* is in suppression of menses from the effects of *fright*. In such instances this remedy will be found invaluable, provided we have the mental symptoms so peculiar to it, and also the *dizziness* on rising up from a reclining position, and the red face changing to a pale, colorless hue.

In these suppressions, either from *fright* or from exposure to cold winds, young girls will often seek our advice under *great alarm*.

They *fear* that the flow will never be re-established, and that in consequence they will, sooner or later, become the victims of Phthisis Pul. Or they are *fearful* and full of tribulation, lest their friends will give them the credit of being in the family way. *Aconite* is the remedy here, and a few doses in a high potency will be generally all-sufficient to restore the menstrual function, and with its appearance dissipate also the mental symptoms.

WOMB.—*Aconite* gives us stitching pains in the right side of fundus; they are sharp and shooting. *Kali carb.* has *stitches* in all portions of the womb, and in the *Kali* patient we find the menstrual flow is so *acid* as to cause the inner portion of the thighs to be covered with an eruption: With these pains we are likely to have great sensitiveness to touch of the abdominal walls.

Helonias has nipples very sensitive, cannot bear the clothing to touch.

Aconite also gives us pain like labor in the uterus; these are of a *pressing* nature, causing patient to *bend double* like *Colocynth.*, but this position while it relieves the *Colocynth.* patient does *not* relieve the *Aconite* patient.

OVARIES.—Inflammation of these organs from checked perspiration, or from sudden checking of the menstrual flow from *fright*, or riding in cold winds, or from getting wet when overheated, with fear on the part of the patient that she will not recover, accompanied with bitter vomiting and cold sweat, *Aconite* promptly administered will bring complete relief.

VAGINA.—Walls of vagina become very *dry* and *hot* and of course, very *sensitive* to the least impression. *Helonias* has *hot burning* vagina also, but instead of *dryness* there appears

a curdy deposit like aphthæ. The *Helonias* patient is not excited like the *Aconite* patient, but, on the contrary, is languid and weak.

In pregnancy when labor pains are exceedingly *rapid* and *violent*, overwhelming the patient, face and sometimes the whole body bathed in a hot, steamy perspiration, patient screaming out with anguish, says she will surely die, face red, eyes glistening, thirst inordinate, breath short, but withal no progress in labor, *Aconite* will quiet the storm.

When the first milk is being secreted after parturition and the patient is very feverish and delirious also, breasts *hard, hot*, milk scanty, *Aconite*, one dose will bring such marked relief that it is scarcely ever necessary to repeat it. During labor, piano music is unbearable to the *Aconite* patient, and she cries out against it vehemently.

This drug is especially applicable in persons having dark hair and eyes, and in plethoric persons who lead indolent lives.

Arnica follows admirably after *Aconite*, and *Sulphur* antidotes the abuse of the drug.

There is a wide difference between the mental symptoms of *Aconite* and those of *Helonias*. The former is all excitement; the latter apathetic, languid, prostrated.

DIPHTHERIA, BACTERIA AND DR. WELLS.

ROLLIN R. GREGG, M. D., BUFFALO, N. Y.

Editor of the HOMŒOPATHIC PHYSICIAN :

The November number of your Journal has just come to hand, and I have read Dr. Wells' ridiculing and characteristic reply to my criticism of his very unjust and wholly unprovoked attack upon me, in your June number.

Dr. Wells' evident intent to misrepresent me has led to a question of veracity between us. He said in his June criticism that I had given no proof of what I claimed, and now he returns to the charge and re-asserts the same repeatedly. I said before that I *had* given proof and reiterate it now most emphatically. Therefore, I cannot see how any further progress can be made in our controversy until this question of veracity is settled. And to settle it I send you the pamphlet he first criticised, and earnestly request you, in the interest

of fair dealing, to publish the seven pages entire. The full force and value of that proof cannot be seen and appreciated without giving all the points that precede it, and the summing up of which it is.

I might, in conclusion, imitate the Doctor's noble and exalted poetical sentiments, and endeavor to settle such trifling questions as the true pathology and aetiology of Diphtheria, by paraphrasing his profound poem thus :

"Optics *dark* it takes, I ween
Not to see what's plain to be seen."

Or, I might return his ridicule, and leave the above named trifling questions to settle themselves, by saying he may be and evidently is, much more familiar with the truth in connection with "all dry-goods from dress-making hands," than he is with any scientific questions in connection with pathology. But I can't see that this helps those suffering and dying of Diphtheria, or the profession to a better understanding of this terrible disease, that they may treat it more successfully. My original pamphlet was as follows* :

There is such a diversity of opinion in the profession, upon the essential nature of Diphtheria, and its best method of treatment, that a few simple, but important facts require to be considered, in order that we may come to a clearer and better understanding, upon both the pathology and treatment of the disease.

In the first place, then, and in view of what is to follow, the fact should be borne distinctly in mind that the characteristic exudations of diphtheria, that is to say, all the membranes, or membranous formations of the disease, wherever they may organize, are wholly, or principally, fibrin. Of this fact there is no question. Oertel, Virchow and all other prominent writers upon the subject assert such to be the case ; and we shall see as we proceed, that this fibrinous character of said membranes, gives us the key to one of the greatest mysteries of the disease. But before proceeding further with that part of our subject, we must consider in short, some of the leading characteristics of fibrin, as follows :

First. Fibrin in the proportion of two and two-tenths parts, in one thousand parts of blood, is one of the *natural* constituents of healthy blood.

Second. There never was a drop of healthy blood drawn, and

*From the Physicians' and Surgeons' Investigator of December, 1880.

left to itself a few minutes, that it did not coagulate and form a clot of the whole mass; and this clotting is *solely* due to the one part of fibrin in about five hundred parts of blood, fibrillating or organizing into minute threads or fibrils, which extend through all parts of the clot, in an interlacing network, that binds and holds the whole, not only of blood corpuscles, but even the water of the serum, together, for a time, in quite a firm mass.

Third. There is one way, and one way only, in which fibrin ever fibrillates to form a clot of blood, or organizes into a false membrane (the latter being considered further on), and that is, that particles of it first coagulate into very minute granules, and then these granules join themselves together and form exceedingly fine threads, which, in turn, interlace to form the clot, or a membrane, as the case may be.

With these few facts bearing upon the nature and action of healthy fibrin, before us, we can now go on and give our attention to a few equally simple and equally important facts in connection with diphtheria.

First, then, under this head, is the fact, that fibrin is always in excess in the blood in diphtheria, as it is in every other inflammatory disease—and generally in greater excess in diphtheria than in most other diseases characterized by the same degree of inflammation.

Second. When fibrin is in excess in the blood, it is *always* a source of more or less danger, as we all know to be the case in pleuritis, peritonitis, etc., and its excess is equally if not more dangerous in diphtheria than in most other diseases.

Third. One of the principal reasons why its excess is so dangerous in diphtheria, is that its natural tendency to coagulate is so great that when there is an accumulation in the circulation of three to four, or certainly of not more than four to five parts to one thousand parts of blood, there is imminent danger of its coagulating into large clots (thrombi) in the heart, that instantly take life, or into small clots, that are washed along by the current of blood until arrested by some smaller artery, when embolism is the result, and death by inflammation and a slower process almost as certainly follows. It is, indeed, in one of these ways that quite a goodly number of diphtheritic patients perish.

Fourth. When fibrin coagulates into heart-clots, or coagula of it of whatever size form in the circulation, it does so in only one way, and that the same as in the clotting of blood outside of the body, namely, by organizing first into minute granules, and these granules

joining together into threads, interlacing through the mass, and making it more or less compact and firm in accordance with the degree of perfection of such fibrillation.

Fifth. Nature is conservative and preservative of life under all circumstances where she possibly can be. Hence, as fibrin is always in excess in the blood in diphtheria, and as all heart-clots and all false membranes of the disease are of fibrin, and the former, or heart-clots, are so extremely dangerous, there can be no question that the exudation and formation of all the membranes of the disease are the result of nature, or the preservative forces of life, stepping in and expelling the excess of fibrin from the blood to *prevent* its accumulation in the circulation to such an extent as to form coagula there that are so fatal.

Sixth. When the excess of fibrin is extravasated, or poured out of the blood-vessels upon the surface of the tonsils, or other parts, it rapidly organizes into the diphtheritic membrane; and in doing so, it here again exactly repeats the method of its clotting in healthy blood, or fibrillating into coagula in the circulation; namely, first into granules, and these into threads, and the latter into membranes.

Of course, it will be understood that, in the coagulation of healthy blood, the resulting mass will take the form of the receptacle that holds it; and also that the clots that form in the circulation are more or less in masses; whereas, when the fibrin is exuded in successive layers upon any surface, as is generally the case in diphtheria, it organizes into a membrane which will be of greater or less extent, and thicker or thinner, according to the quantity and extent of the exudation.

Seventh. Were the excess of fibrin not expelled from the circulation, *every* case of diphtheria would prove fatal in a few days from the formation of large coagula in the heart that would suddenly take life, or small ones that would lead to incurable inflammation, and cause death in that way. In pleuritis and peritonitis the excess of fibrin is generally poured out upon the surface of the pleura and peritoneum, to organize into false membranes there, and to avoid worse results in those diseases also, as in diphtheria. Therefore, let the membranes of diphtheria, although they are in themselves often so serious, be henceforth looked upon in their true light as the work of the conservative efforts of nature, to avoid thrombosis and embolism and a much more certainly fatal issue. And what is of equal importance let the treatment of this disease hereafter be more in

accordance with these incontrovertible facts than it has been in the past, if we would avoid death instead of hastening it.

We can now enter upon a more intelligent discussion of that great mystery thrown around diphtheria by the assumed existence of the so-called bacteria, in connection therewith, than could be had without the foregoing facts before us. But we must first understand the characteristic and varying forms of these assumed bacteria. Oertel classifies them as follows :

1. "Sphærobacteria (spherical bacteria), *i. e.*, micrococcus.
2. "Microbacteria (rodlike bacteria), bacterium termo; less frequently, and only in the mouth and fauces, bacterium lineola.
3. "Spirobacteria (corkscrew-shaped bacteria), spirillum tenue, spirillum undula."

It should be understood, however, that there is not the slightest proof to show that these bodies are vegetable parasites or organisms, as assumed. The *forms* are there, it is true, and to be seen under the microscope, but every fact recorded of them, and taken in connection with what precedes, shows that they are simply and only the organizing stages of fibrin; or that the first of these three forms, namely, the spherical bacteria, or micrococci, are the molecular granules into which fibrin always first organizes in the healthy clot of blood, in the heart-clot, and in the membrane of diphtheria, as already described :

That the second form, or rod-like bacteria, are these same molecular granules, or others just like them, united together into threads or rod-like prolongations :

And that the third form, or spiral bacteria are the same, or similar threads of fibrin, which have contracted into more or less of the spiral shape under their firmer organization; and especially so if their ends have been left free from attachments that would hold them straight.

Therefore, there never was a drop of healthy blood coagulated that it did not develop these three forms of so-called bacteria, just the same as any case of diphtheria—the first two while the coagulum was forming, and for a short time after it was formed, and the last as soon as the clot commenced shrivelling by the contraction and curling up of the fibrils.

Such, then, is all there is of the great mystery of bacteria, which has exercised the profession so greatly for the past fifteen years, and which has led to treatment as false and fatal as the theory.

The limits of a journal article like this will not allow of one-twen-

tieth the proof being given that there is to sustain the views here presented, but two or three points are offered to show that the facts must be as claimed.

That there is no evidence of the minute forms, developed in the blood and membranes of diphtheria, being vegetable parasites, as claimed, is shown by the following language of Oertel, vol. 1st, page 587, Ziemssen :

“The vegetable organisms which have been observed in the diphtheritic membranes of the fauces and air passages, as well as in other products of the disease, belong to a group which comprises forms of such exceeding minuteness—for they stand upon the very borders of the visible—that, as yet, we possess only the most unsatisfactory knowledge of their nature and organization.”

Now, after such a confession of “only the most unsatisfactory knowledge” upon the subject, let us apply to its solution the following facts given by Lehmann and Wood upon the action of fibrin under different circumstances, and see how plain and simple they render this whole question.

Lehmann, speaking of the coagulation of fibrin, *Physiological Chemistry*, vol. I, page 311, says :

“If we trace this transition of the fibrin from the dissolved fluid condition into the solid state under the microscope, a careful observation shows us that the fresh *liquor sanguinis* exhibits nothing morphological beyond some few colorless blood corpuscles; when it begins to gelatinize, separate points or molecular granules appear at various spots, from which arise extremely fine straight threads, in radiating lines, although they do not form star-like masses, as in crystallization; these threads becoming elongated cross those springing from other solid points, until the whole field of view appears, as it were, covered with a delicate but somewhat irregular cobweb.”

This furnishes the proof of the manner of coagulation of healthy fibrin, forming first minute granules and then threads, while all must know that the clots could not shrivel, as they always do, unless these threads contracted into more or less of the spiral form.

So much for the ordinary action of fibrin in forming a clot of blood: now let us consider a little of the proof of its demeanor in organizing false membranes: Wood, vol. I. page 28, says:

“*Coagulable Lymph* is a name applied by English writers to a substance exuded from the vessels of an inflamed part, which, though it escapes in the liquid form, coagulates after exudation, and is capable of becoming organized, and thus forming a new living structure. This plastic substance appears, from chemical analysis, as well as from its physiological properties, to be closely analagous to, if it be not identical with the fibrin of the blood. It appears to be sometimes extravasated with little if any of the other constituents of the blood, but in general is mixed with serous fluid, and is probably thrown

out of the blood vessels in the form of *liquor sanguinis* or fluid portion of the blood, deprived of the red corpuscles, and possibly somewhat altered in the process of exudation. Of this fluid, the fibrinous part concretes, while the albuminous portion remaining combined with water and saline matters in the form of serum, fills and distends the cavities and interstitial spaces into which it may have been effused, or escapes in the form of flux from exposed surfaces, or those having a natural outlet.

"All that is absolutely essential to the organization of the exuded fibrin is that it should be in contact with living tissue. As it first escapes it is a homogeneous, formless, transparent fluid; but very soon afterwards, if examined by the microscope, it is found to contain *multitudes of fibrils, great numbers of minute granules of different sizes*, and another set of minute bodies, which are often covered by a cellular envelope, and constitute what are called *exudation corpuscles*."

The italics, excepting the first two and the last two words, are our own; and it might be explained in passing that the "exudation corpuscles" spoken of are simply decolorized blood-corpuscles.

Herein, then, we have the proof of the organization of plastic lymph, or fibrin, into false membranes on *any* living surface, upon which it is extravasated; which must include the membranes of diphtheria, they being always of fibrin. And in it we also have evidence of the fact claimed that the "homogeneous, formless, transparent fluid" that is first exuded, is "very soon afterwards, if examined by the microscope, found to contain multitudes of fibrils," and "great numbers of minute granules of different sizes," which are the forming stages of the fibrin into the membrane. Then if the fact is duly considered, that it is impossible to point out the slightest physical or other distinction between the *micrococci* of diphtheria and the molecular granules of fibrin in its false membranes, or between the so-called rod-like bacteria and the fibrils of said membranes, it would seem that our case is made out without further argument. If the fibrin is there, in forms precisely like the three forms of bacteria, as proven, all controversy upon the subject must be at an end.

Certainly no intelligent physician will, or can, reasonably claim that there are two sets of forms, exactly alike in size and appearance, in each stage of their development, alike as a whole, and alike in their consequences upon life; the one being vegetable and the other animal, and both present in almost infinite numbers in the exudations in every case of diphtheria. That would be absurd.

To my mind nothing in all the doings of men is more astonishing than that these facts have not been applied before. Probably there is not a prominent writer in all the numbers, who have written upon diphtheria, who was not as familiar, and many of them more so,

than the author, with the various facts given, as they stood isolated in medical literature ; but the trouble has been the want of an *application* of them. And nothing shows more forcibly the terrible power of error over us all, when we get started wrong.

In conclusion, the cause of fibrin being brought into excess in the blood to produce the results shown, and the question of treatment, which is, after all, the more practical part of the subject, are far too complex for discussion here, and the best I can do now is to refer the reader to my late published work upon the subject. Of one thing, however, all may rest assured, that if we are to have any better results from treatment in the future, than in the past, the whole of it must be changed and made to conform to the true nature of the disease as it is, and not to any false conceptions we have had of it. But of all things let it hereafter be remembered that, if the excess of fibrin were not expelled from the blood vessels upon some surface, to be carried off in a fluid form, or to organize into a membrane, every case of diphtheria would be rendered fatal by said excess coagulating in the heart, or arteries ; and that, in either case, the successful treatment must be that which will speedily reduce the excess of fibrin, and restore it to its normal proportion in the blood.

This is the paper that Dr. Wells first criticised, and I leave the reader to judge of the truth of his repeated assertions, that it contained no proof of what was claimed. As for his stale and shallow ridicule, I can afford to let that pass for just what it is, namely, very stale and very shallow ; especially after showing, as I did before, that he was ignorant of the long-known fact, that fibrin is in excess in the blood in all inflammatory diseases ; ignorant of the fact that the false membranes of diphtheria are composed of fibrin, and, finally, ignorant of the great danger that always exists in severe cases of diphtheria, of the fibrin coagulating in the heart, or arteries, and causing death through thrombosis or embolism. And here, for the present, I leave him.

NOTES FROM OUR SCRAP-BOOK.

These few notes of drugs having the symptom of *weakness*, etc., in *abdomen or stomach*, have been collected from time to time and are, I think, reliable and may prove of use.

Am. Carb.—Empty feeling in stomach ; fullness after eating.

Am. M.—Empty or hungry feeling: sensation as if from fasting yet fullness in stomach, worse after breakfast.

Anac.—First sensation of fasting in pit of stomach, then pressure in stomach.

Ant. Crud.—Sensation of emptiness in abdomen going off after meals.

Bapt.—Sinking, gone feeling, fainting; tongue brown.

Bell.—Emptiness in stomach.

Bry.—Feeling of emptiness in stomach with distension of abdomen.

Calc. Phos.—Empty sinking around navel or belly.

Carbo. An.—Faint, gone feeling, *not* relieved by eating.

Cocculus—Emptiness and hollowness in abdomen.

Digit.—Weakness, sinking as if he were dying.

Gels.—Feeling of emptiness and weakness in stomach and bowels.

Glon.—Faint feeling at pit of stomach.

Hydras.—Faintness at stomach, *goneness, sinking*, with violent palpitation of heart.

Ignat.—Weakness, sinking in pit of stomach.

Ipecac.—Stomach feels relaxed, hanging down.

Lilium—Hollow, empty sensation in stomach and bowels.

Mag. M.—Nausea, followed by weakness and fainting and coldness in stomach.

Meph.—Nausea with emptiness in stomach.

Merc. Iod. (F.)—Nausea with emptiness in stomach and weakness.

Mur. Ac.—Empty sensation extending into abdomen, no hunger; from 10 A. M. to evening.

Natr. M.—Great weakness by spells.

Nicco.—Sensation of emptiness without hunger.

Petroleum—Sensation of emptiness and weakness in stomach. Gastralgia better from eating.

Phos.—Sensation of emptiness in abdomen which seems to aggravate other complaints.

Plumb.—Nausea, weakness.

Sanguin.—Sensation of emptiness *soon* after eating.

Sepia—Painful sensation of emptiness in stomach and abdomen, worse when thinking of food.

Stannum—Sinking, gone feeling.

Staphis.—Weakness in abdomen as if it would drop down, wants to hold it up (*Agnus C.*).

E. J. L.

(TO BE CONTINUED.)

A NEW DISCOVERY IN THE SERVICE OF HOMŒOPATHY.

Translated from "Populare Zeitschrift für Homœopathie," Jan. 1881.

(Continued from page 546.)

BY PROF. MANUEL GRÆTHER.

With the same operator whose nerve-time on an average amounted to 55 mill-seconds, the following results following the inhaling of alcohol were found. Position of the hands 0.

	75	—	difference,	75	mill-seconds.
1st act	75	—	difference,	75	mill-seconds.
2nd "	165	—	"	90	"
3rd "	220	—	"	55	"
4th "	280	—	"	60	"
5th "	360	—	"	80	"
6th "	465	—	"	105	"
7th "	560	—	"	95	"
8th "	635	—	"	75	"
9th "	735	—	"	100	"
10th "	845	—	"	110	"
11th "	935	—	"	90	"
12th "	1040	—	"	105	"
13th "	1105	—	"	65	"
14th "	1185	—	"	80	"
15th "	1270	—	"	85	"
16th "	1370	—	"	100	"
17th "	1475	—	"	105	"
18th "	1565	—	"	90	"
19th "	1650	—	"	85	"
20th "	1760	—	"	110	"
	1760	—	"	1760	mill-seconds.

These figures, therefore, show a retardation of nerve-time; for divided by 20, we find it descended to 88 mill-seconds, hence a difference of 33, as compared with the state of rest. Let us remark that our operator collected his whole energy and strength of will, in order to work as evenly as at other times at the apparatus. That he did not succeed we see by the figures. Evidently there appeared a slight intoxication by the inhaling of the alcohol, for his head was

benumbed and some giddiness existed. After a lapse of 15 minutes, during which he had breathed fresh air out of doors, the experiment is repeated *without* inhaling alcohol and furnishes the following results:

10 acts	600 mill-seconds.
10 "	610 " "
10 "	580 " "
10 "	595 " "
10 "	560 " "

The nerve-time amounts therefore on an average, when that number is divided by 50, to 58 mill-seconds: it approaches the former figure-of-rest, differing merely by 3 mill-seconds from it.

Hereupon the experiment with the medicine is made, by inhaling a 15th potency of *Aconitum Napellus* prepared with the same alcohol, from a glass vessel for the space of two minutes and setting the instrument going again. Evidently the same alcohol intoxication as before ought to have appeared, similar figures as with the inhaling of alcohol ought to have been obtained. But this is by no means the case, for in this experiment we obtained the following figures:

State of hands 0.

1st act	45	—	difference,	45 mill-seconds.
2nd "	75	—	"	30 " "
3rd "	115	—	"	40 " "
4th "	140	—	"	25 " "
5th "	160	—	"	20 " "
6th "	165	—	"	5 " "
7th "	173	—	"	8 " "
8th "	185	—	"	12 " "
9th "	205	—	"	20 " "
10th "	230	—	"	25 " "
11th "	245	—	"	15 " "
12th "	0	—	"	... " "
13th "	255	—	"	10 " "
14th "	273	—	"	18 " "
15th "	295	—	"	22 " "
16th "	320	—	"	25 " "
17th "	350	—	"	30 " "
18th "	385	—	"	35 " "
19th "	410	—	"	25 " "
20th "	430	—	"	20 " "

430 mill-seconds.

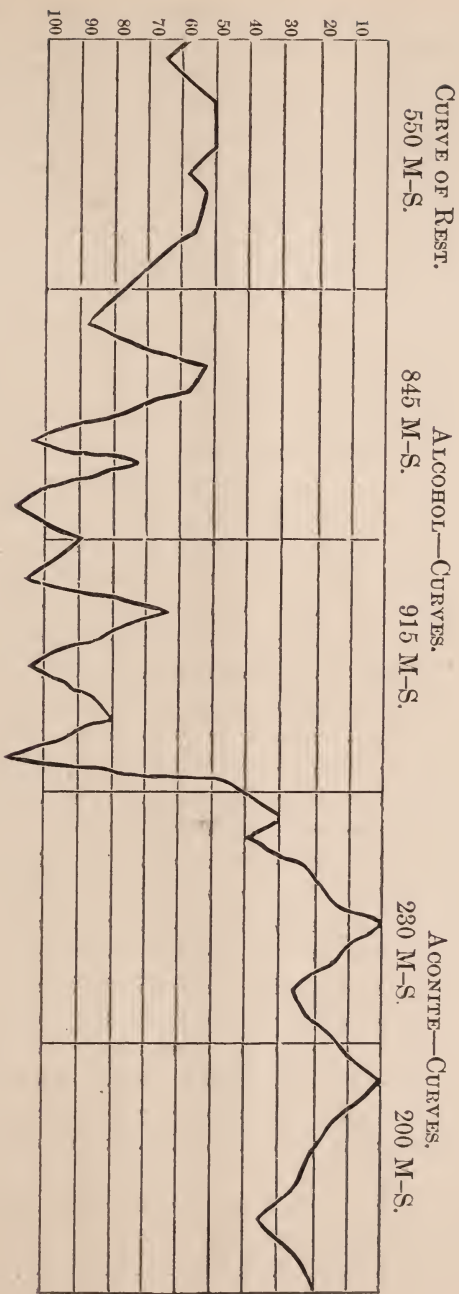
Divided by 20 this number indicates the astonishing shortening of the nerve-time to 21 mill-seconds on an average; such an excitement of the nervous system that numbers like 5, 8, 10, 12, appear; and once only the lever-movement of the axis of the hands occurred, without moving the hands. Our operator continues the inhaling of *Aconite* 15 in 30 additional acts and obtains in the

First 10 acts, total,	225	mill-seconds.
Second 10 " "	200	" "
Third 10 " "	215	" "

Together, 640 mill-seconds.

Therefore continually the same nerve-time of about 21 mill-seconds. A deception or self-deception could not have taken place; for in our presence the potentizing of the tincture of *Aconite*; with the same alcohol that retarded the nerve-time so much, was performed, and moreover when the experiment was continued, in the same position and with the same pauses of rest between; inhaling alternately either the potency or the alcohol without the operator's knowing what he had before him, an approximately similar group of figures was obtained as previously with the alcohol or the potency. Decidedly, therefore, we have to do with the effects of *Aconite*, this becomes additionally clear when a second operator experimenting in the same order obtained a reversed condition; for with him the nerve-time at rest amounted to 62 mill-seconds (on an average), and experienced an acceleration to 42 mill-seconds by alcoholic inhalation, and by the *Aconite* potency again a retardation to 52 mill-seconds, by which at the same time it is proved that alcohol and medicines act differently upon each organism. It might also be of interest to mention here that one investigator for the last ten years has temporarily lost the sense of smell so completely that he does not even smell camphor. This condition first made its appearance after diphtheria of the mucous membrane of the nose, and returns again when a running cold during which his nerve of smell is over-sensitive, changes into a dry cold, and when these experiments were made he had no sense of smell just then, so that it is a question of direct effects on blood and nerve merely, and the reproach that we homœopaths endeavor to utilize Jæger's "soul-smelling" for scientific purposes may be fittingly refuted.

But how striking these numerical values appear, when according to Jæger's direction they are represented in detail-curves, the reader may learn from the following diagram:



Now for Prof. Jæger's indicated purposes, a few such detail curves do not suffice, but first, after the operator is bodily and mentally composed and has manipulated the apparatus breathing freely, ten acts (one decade) without inhalation, then 90 acts with inhaling of alcohol are performed. These 100 acts constitute the first half of an osmogram reduced to 10 decade figures. Upon this 100 acts, (10 decades) under the influence of inhaling a potency follow. From the figures thus obtained the difference between rest and alcohol and between the latter and the homœopathic medicinal potency prepared with it, is calculated in percentage. Upon this calculation rest Prof. Jæger's statements: that certain medicaments in certain potencies produce a difference of 40 or 50 per cent. as contrasted with pure alcohol. Each single average value of a decade is besides graphically represented in Dr. Jæger's book. As these diagrams are colored green and red we cannot reproduce them.

Finally Prof. Jæger has not made all the examinations of homœopathic medicaments in his own person, but the greater part of those communicated by him were undertaken by three students (Gohrum, Pantzer and Schlichter) who worked under his direction. This places the discoverer of these valuable facts beyond the reproach made from hostile quarters: *that all that he maintained was only a spectre of his imagination or a hallucination.* These gentlemen investigated the following medicaments:

Aconitum. This medicament in its mother tincture caused a retardation of the nerve-time of 14.7 per cent. with Prof. Jæger; in its potencies however an essential increase of excitability and an acceleration of nerve-time viz: in its 5th potency, 10.6%; 10th potency, 40 per cent.; 15th, 47.5 per cent.; 20th, 39 per cent.; 30th, 25.3 per cent.; 100th, 29.3 per cent.; 150th, 35.2 per cent. With Mr. Gohrum, tincture of *Aconite* produced an acceleration of 25 per cent. The 1st to 10th potencies did not accelerate it so much as the tincture; on the other hand the 15th potency caused 39 per cent. just as with Jæger. Then the heightening of excitability was again decreased with the succeeding potencies, until with the 200th potency, there appears again a maximum of 36 per cent. With Mr. Schlichter the maximum coincided likewise with the 15th potency, and a new maximum made its appearance again only with the 100th.

We can therefore in employing *Aconite*, rest satisfied with the 15th potency and need not resort to higher.

Thuja. This medicament was tested almost exclusively by Mr.

Gohrum in the 1st and 1000th potency. Here also the maximum of excitability coincides with the 15th potency with 70.6 per cent. Yet already the 1st potency produced 40.7 per cent. From the 15th potency onward the effects become weaker and stronger only in a few potencies, without however attaining this maximum; for we find with the 30th potency, 61.6 per cent.; with the 300th, 67.6 per cent.; with the 400th, 42 per cent.; with the 100th, 63.6 per cent. This is in accord with our own experience. With us too the maximum with 62 per cent. was in the 15th potency; an increase of excitability of 57 per cent. already in the 3d potency, and the 30th produced 28 per cent. only.

Natrum Muriaticum, tested from 2d to 2000th potency by Prof. Jæger and Messrs. Gohrum and Pantzer. The 2d potency caused with Prof. Jæger an increase of excitability of 10 per cent.; the 10th, 19 per cent.; the 15th, 38 per cent.; the 30th, 25.8 per cent.; the 100th, 25 per cent.; the 200th, 43 per cent.; the 500th, 47.5 per cent.; the 1000th, 28.8 per cent.; the 2000th, measured for greater security's sake three times, 60, 56 and 55.3 per cent. Therefore here also a first maximum is situated in the 15th potency, the 2d in the 200th; the 3d in the 500th; the 4th in the 2000th. The 200th and 1000th show weaker effects than the 15th.

Since it is shown by Spectrum Analysis that the atmosphere everywhere contains atoms of *Natrum Muriaticum*, it would appear at first sight that the heightening of the effects was not owing to the medical substance employed for potentizing, but that the alcohol whilst being shaken in the flask absorbed atoms of this substance from the air. A potentizing of pure alcohol up to 100 was therefore performed, consequently shaken up with air. The curves obtained with the alcohol thus shaken showed the error of this surmise, for between the alcohol-figure and that of the potentized alcohol there was a difference of only 7 per cent.

That, for the rest, in this medicament idiosyncrasy performs a quite particular part, may be seen from the fact that the author of this article who uses this remedy with predilection wherever it is suitable and can record quite extraordinary results with patients, could not make any impression upon himself during his neural analytical experiments. The results obtained on different days in different experimental series differed but by few per cent. from the effects of alcohol.

Mr. Gohrum on the contrary obtained quite considerable effects from *Natrum Muriaticum*. For the 10th potency produced with him

71.6 per cent.; the 20th, 72 per cent.; the 30th, 20.6 per cent.; the 500th, 74.5 per cent.; the 2000th, 73.6 per cent. This may be owing to the fact that Mr. Gohrum possesses a highly developed sense of smell, and states in the most positive manner that he is able to distinguish this medicament in the 10th, 20th, and higher potencies from alcohol, without having recourse to the apparatus. Similar observations were likewise made by some other investigators with acute sense of smell.

Aurum. In the tests made by Mr. Schlichter the 5th potency produced 1.1 per cent.; the 10th, 9.4 per cent.; the 15, 18.2 per cent.; the 20th, 12 per cent.; the 30th, 21.4 per cent.; the 100th, 29.1 per cent.; the 200th, 37.9 per cent.; the 400th, 30.4 per cent.; the 500th, 32.9 per cent.

These figures of course have but an abstract value, for in an experiment made on another day with the same potency a greater or less difference may result from causes mentioned at an earlier stage. But a potency will always be distinguished in its effect from that alcohol with which it was prepared. Let that suffice us. We must refrain from further entering into Prof. Jæger's given explanation of this discovery which indeed almost approaches the miraculous, and which enlarges the former conceptions of the divisibility of matter and the effects of this matter diluted to infinity upon the human body—just as much as the telescope enlarges our conception of the magnitude of the universe.

We must reserve for future occasions the details of experiments made and still to be made by us with other homœopathic medicaments, for they would not be suitable for this popular account. We limit ourself here to pointing out that by this discovery many things were confirmed that till now were theoretically supposed or deduced from practical experience. It refutes the assumption that extremely high potencies are ineffective. On the other hand the heightening of the effects which appeared with all operators up to the 15th potency and then the gradual weakening of the same to the 30th, does not at all justify the advocates of high potencies in looking down with contempt upon the adherents of low dilutions. Do we not, for instance, find an extraordinary heightening of excitability with Mr. Gohrum (so very sensitive to high potencies) even with the 1st potency of *Thuja*, and the strongest increase with the 15th? But if we know that idiosyncrasy with all patients plays so great a part in the results, and that different individuals are so differently affected by different medical substances, as the operators by the

neural-analytical apparatus, we may in spite of the very gratifying results which Jæger's experiments in reference to high potencies afford, maintain now as before that he who through predilection treats his patients exclusively with the 1000th, 200th, or 30th potency, is not to be called a faithful disciple of homœopathy, but that *that physician is at all events the best who for use in his practice has the entire scale of potencies at his disposal.*

To Prof. Jæger and his pupils we sincerely believe ourselves to be most sincerely indebted for their services to the homœopathic curative method. But to the adversaries of our cause who probably will endeavor to dispose of this discovery with theoretical reasonings or with defamations of Prof. Jæger's person, we will now exclaim in Hahnemann's words: "*Imitate it, but imitate it exactly.*"

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILA.

CASE 1. On the 28th of August, 1881, I was called to see a gentleman, age 50 years, who had just come to town for treatment. He had been at Bedford Springs on the Alleghany mountains, to escape the summer heat. Not in robust health and having suffered nine years ago from a severe attack of pneumonia (right side) for which we had then treated him successfully, he now was aware of having been unprotected against a sudden change of temperature on the 24th of August while driving in the country. That evening he had a severe chill, was so uncomfortable in a horizontal position, suffering severe dyspnœa, that he was compelled to sit up in a chair all night. Thinking that it might be an attack of asthma, which is hereditary in his family, and that the attack would pass off in a day or two, he remained in his room till the 27th, when by advice of a medical friend, who did not proscribe for him, he was taken home. I found him 10 A. M. sitting on a sofa, unable to lie down; respiration 36, pulse 120 in a minute; asked him to rise that I might examine his chest, he did so and attempted to make a few steps, this slight exertion caused very rapid breathing and cough, and for some minutes he was unable to talk. The examination revealed the existence of severe pneumonia, the left lower lobe was hepatized and the inflammation had progressed upwards. The pulse was

small and hard ; no appetite whatever ; mouth dry, tongue furred whitish yellow ; much thirst but drinking and talking caused more cough, the soreness in the chest was increased by the slightest movement, and the dyspnoea by lying down ; there was no expectoration ; the urine which had been very profuse, while he was drinking daily a very small amount of Bedford water, was now very scanty, very dark, no sediment ; bowels had not been moved for some days ; skin hot and dry ; aggravation of fever and nervous restlessness between the hours of 9 P. M. and 1 A. M. He received one dose of *Phosphorus* CM (F.) at 10 A. M. When visited in the evening he was found slightly better ; was able to lie down for a short time towards evening, and reported himself feeling better, his breathing was less labored and not quite so frequent. This improvement continued for six days, when he was able to sleep in bed, and to take some food : on the seventh day the improvement discontinued and he received another dose of *Phosphorus*, this time M (F.). The improvement was now more rapid. On the 9th day he slept quietly all night, the perspiration which had been very profuse diminished, his appetite was good ; on the 12th day he drove out, when he now coughed, he expectorated white, salty-tasting mucus, and was able to go to Maryland on the 18th day. He now enjoys his usual health.

Comments. This case shows, like many others, what results can be obtained if we only follow the strict tenets of our school, and the more grave the case is the better are the results of strictly homœopathic treatment. From the symptoms above stated there could be no other similar remedy found than *Phosphorus* ; as to the dose, that is solely a matter of experience ; a lower potency would probably have also cured this grave case, but, as far as our experience goes, not quite as quickly and surely. Of late years the attempt has been made to prove, *a priori*, that such doses as cured this case have no curative powers ; one doubter sees no medicine beyond the 6th potency, another observer can not imagine that any medicinal virtue exists beyond the 3d potency and still others doubt anything they can not see, taste or smell. We now call the attention of these doubters to an opinion offered the profession by the late Carroll Dunham, we appeal to his address before the "World's Homœopathic Convention of 1876," where he says :

"Our opponents 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 observa-

tion had not compelled opposite convictions. But let me say that proofs of a negative kind in any matter which can be determined only by experiment are 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 power 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 homœopaths shall be presented, by experimenting allopaths, a demonstration of the drug-power inherent in homœopathic attenuations."

The prophetic words then uttered have been fulfilled fully and to every scientific man's satisfaction. We call the attention of such colleagues, as were warned by our late C. Dunham, to Professor Jæger's Neural Analysis, and to Professor Pasteur's vaccine discoveries. It becomes obvious that Hahnemann's dynamization doctrine has been fully proven to be correct by Profs. Jæger and Pasteur, and can not possibly be represented as a theory or as a supplementary principle, * and we may say here that the declaration of Principles accepted by the International Hahnemannian Association does not differ in the least from Hahnemann's teachings as we find them in his "Organon of the Healing-Art."

No matter how many "brainy men" † constitute themselves as judges and they forming a court of final appeal, a tribunal which summons Hahnemann and his Organon to appear before them to be by them judged; no matter by what sophistry these "brainy men" attempt to show that Hahnemann's dynamization doctrine does not constitute an essential and necessary part of homœopathy, but merely amounts to but a supplementary principle; this tribunal will find that they have no jurisdiction over the case—that both the experience of Hahnemann's true followers and the experiment of Old-School physicians, have long ago entered judgment in favor of the great Philosopher, who arrived at his dynamization doctrine by his strict inductive method, and is now endorsed by modern scientists, these "brainy men" may as well learn that there can be no appeal from the judgment entered long before they attempted to try his case.

CASE 2. A lady 35 years old, of good robust constitution, presented herself, showing the palm of the right hand. The skin had become dry, vesicles formed with intolerable burning and itching; on rubbing them they emitted a yellow lymph; similar vesicles began to form on the fingers, the left hand began to itch in the palm of it,

* *Hahnemannian Monthly*, October, 1881, Page 627. † *Ibid*, p. 626.

much worse at night depriving her of sleep; had applied various fatty substances but they made it worse, and now at last a scab, formed in the palm of the right hand after the vesicles had broken. Otherwise she was in perfect health. There was no remedy more similar than *Ranunculus bulbosus*. She therefore received one dose of *Ran. bulb.* 65M (F.). The second night after this single dose had been taken the burning and itching ceased, every vesicle dried up, and in three weeks the remaining dryness of the palms of the hands had also disappeared.

Comments. There were no supplementary or external means used—the similar remedy alone, without any external applications, proved itself sufficient to cure the case and that in a single dose.

CASE 3. A lady, past 80 years of age, subject to attacks of asthma, after a preliminary attack of Rose (Hay) fever, was taken sick while near West Point. Came to New York, and was not relieved of the nightly asthma and cough by her usually quick acting remedy—*Lachesis*. Dr. C. Lippe, of New York, waited on her and as *Lachesis* evidently did not relieve her, and as he had tested the excellent indications for the use of *Aralia racemosa*, given by Dr. Burnett, of London, and as these very symptoms were present.

Oppressed breathing all day, as if a weight was lying on the chest; the dyspnoea became much worse on lying down at night; after falling asleep in a sitting position, she awakened with a violent cough, and was only relieved after she had finally raised some extremely tenacious and frothy mucus. *Aralia* 30 was administered, dissolved in water, by spoonfuls, once in 2 hours. The relief came the first night when all her symptoms were much less severe, as the remedy was not then suspended, but contrary to orders had been continued all day, the second night was again worse, no medicine was ordered and she improved so much that she could return to Philadelphia, her home, in 4 days. The improvement of this one dose of *Aralia* continued for 6 days, there was more and freer expectoration, but as the sputa became much more tenacious and the dyspnoea correspondingly more severe, just as before, worse when lying down and cough worse when awakening from sleep, I now gave her one single dose of *Aralia* CM (Swan). As before, after taking *Aralia* 30, the dyspnoea improved very much and she slept much longer before the cough awakened her. This was the last dose of *Aralia* necessary to relieve all these characteristic symptoms in about 10 days.

Comments. Cough when awakening from sleep is strongly under *Lachesis*, *Kali bichr.*, *Sulph.*, *Nitr. ac.*, etc., but *Aralia* is more similar to *Lachesis*, as both have dyspnœa when lying down and cough on awakening; *Lachesis* has not the tenacious frothy mucus of *Aralia*; *Kali bichr.* has relief of cough when lying down, but the tenacious mucus differs in both remedies, *Kali bichr.* has tenacity, the mucus is expectorated and cannot be easily detached, the mucus is stringy; the *Aralia* mucus is tenacious and frothy but after it has been detached from the bronchia with great difficulty, after protracted coughing it is expectorated easily. *Sulphur* has a peculiar cough after a long sleep, under *Nitr. ac.*, the cough awakens him at 4 A. M. regularly.

Again, this case shows plainly the correctness of Hahnemann's doctrine of dynamization, as accepted by the I. H. A. We have a public declaration of the General Editor of the *Hahnemannian Monthly*, a journal published by the Hahnemann Club, October, 1881, last line of page 628 and page 629 where he says, "We CAN practice a pure *Homœopathy* without this supplementary principle, (*Hahnemann's dynamization theory*), but we don't want to be compelled to do it." We can't!

CLINICAL BUREAU.

PUERPERAL MANIA—WITH HISTORY OF A CASE.

JOHN MACFARLAN, M. D., DENVER, COL.

In presenting this paper the object has been simply to incite discussion and an interchange of opinion upon a subject which, although noticed in the text-books, is treated of in a rather unsatisfactory manner so that but little aid is afforded by them in the actual treatment of the affection.

If, as the writer believes, it remains for homœopathy to make in the future the most rapid advances in the medical sciences, it becomes necessary for its advocates, in the investigation of disease and in attempting to arrive at just conclusions, to lay aside all personal preferences, all pet theories and to accept only such reasoning as is sustained by facts. And it is in the investigation of such diseases or affections as the one under consideration, in which but little pro-

gress has thus far been made, that a rich field is open for patient and careful labor.

Puerperal insanity may be sub-divided into two classes or types, viz.: the Melancholic which is comparatively rare; and the Maniacal which is more frequently met with, and it is to the latter form that attention is invited.

Puerperal mania is an affection which is of much more frequent occurrence than is at first supposed.

In the report of the hospital of Saltpetriere, it was found that one-twentieth of all the women admitted developed the affection, while among the more wealthy the proportion was placed at one-twelfth nearly. What the proportion of cases is in this country the writer has been unable to ascertain, but admitting that it is as great as in France, the grave nature of the affection renders necessary a more careful investigation of its causes and phenomena with a view to its more intelligent treatment and possible prevention.

Puerperal mania is to be distinguished from the temporary aberration sometimes occurring during pregnancy, labor and lactation the period of its onset being about the fifth day.

Many theories have been advanced as to the predisposing causes of this form of insanity, but as they have all failed, in any marked degree, to be sustained by investigation, but little weight can be attached to them. It has been noted, however, that in a certain proportion of cases there, existed a certain hereditary tendency to mental aberration; also that primipara are more liable than multipara; that exhausting labors also predispose to it; the sense of shame and degradation attending the confinement of an unmarried woman; and also confinement of a primipara taking place during advanced life. It is believed that an enfeebled condition of the system, by whatever cause produced, is one of the most important factors in its production. Blood-poisoning as a result of renal disease has been strongly urged as an exciting cause by writers of authority, and especially by Simpson, but this theory has not been fully sustained by subsequent investigation, and may be viewed more in the light of a complication than in a causative relation.

The symptoms of this affection may be stated briefly as follows: The patient at first exhibits a restless, irritable and perhaps morose manner, gradually giving way to agitation and excitement, with an anxious and unpleasing countenance.

An intense dislike is apt to be manifested towards one or more near

relatives, as, for instance, the husband or even the child. The patient refuses food; lochia entirely suppressed, as is generally also the case with the secretion of milk; urine markedly diminished; bowels constipated; skin hot and dry; face flushed and head hot; eyes staring and wild; and the pulse full and frequent. It is noticed also that patients laboring under this affection make use of the most immoral language, and, unless restrained, they are apt, in their furious delirium to do violence to their attendants, or the mania may even assume a suicidal tendency.

Patients generally labor under some strong delusion, and it has been noticed, as one of the peculiar characteristics of this form of insanity, that patients seem to be conscious that they are under the influence of a false belief.

As regards prognosis in these cases, two questions present themselves, viz: Will recovery take place? And if so, will there be a complete mental restoration?

An answer to the first involves a consideration of the general health of the patient, for the reason that it is believed to be a disease of exhaustion, and a favorable result can only be looked for in proportion as the patient can be sustained through this affection, which seems, as a result of observation, to have a definite duration. Any existing complications must, of necessity, be considered in their proper light when determining the question of ultimate recovery.

As regards circulation, Dr. Gaillard Thomas says "there is no doubt that one of the most important symptoms, as indicating the probability of a fatal result, is the extreme rapidity of the pulse." Much, of course, will also depend on the treatment, both medical and dietetic. When there are no complications, however, of a serious nature, the tendency on the part of the affection is toward recovery.

In this, the maniacal form of the puerperal insanity, there is more ground to hope for a complete restoration to reason, provided there is no hereditary tendency, than in the melancholic variety. The duration of acute mania is generally stated to be about three weeks, from which time there is a gradual restoration to reason.

Stripped of controversy and theorizing, the above is an outline of what is positively known concerning Puerperal Mania, and it will be at once seen that there is a broad field still open for investigation into its causes and treatment.

Some idea of the methods of treatment adopted by our allopathic brethren may be obtained from the following history:

Mrs. G., aet. 21, had always had tolerably good health ; confined for the first time April 10th ; labor natural ; female child, ordinary size and well developed. Case did well until April 14th, when she had a fainting spell, on recovering from which she was somewhat flighty. This condition continued to grow rapidly worse and on the following day (15th) had developed into a maniacal condition which was intermittent. The family physician, an allopath, was called in and administered opiates freely per rectum, by mouth, and hypodermically, but only to aggravate the delirium.

The lucid intervals gradually became less frequent and of shorter duration, until the mania became continuous. A number of remedies were tried and all signally failed, the delirium becoming of the most violent character necessitating the strapping of the patient to the bed to prevent self-mutilation and injury to the attendants. The patient continued to grow worse, and on the 19th the physicians, after a consultation, informed the family that they had exhausted their therapeutical resources and that the woman would probably not live more than twenty-four hours. The writer was called to the case on the afternoon of the 19th and found the patient with a violent mania, talking incoherently, and although naturally of a modest, retiring disposition, making use of the most obscene language, than which worse could not be imagined. Pulse 100 ; temperature in axilla 99.8. Bowels inclined to be loose and stools very offensive. Water passed four times daily, in napkins so that exact quantity could not be determined, but evidently sufficient, of a pale amber color, slightly acid reaction, specific gravity 1026, on standing deposited a thick whitish-yellow sediment consisting principally of urates, but repeated tests failed to give evidence of albumen. The surface of the body was warm without moisture ; feet cold ; face flushed ; eyes staring and wild and pupils contracted.

An ice-bag had been kept applied to the head for two days, and doses of 80 drops of what was evidently a saturated (or nearly so) solution of Chloral Hydrate had been administered every three hours, without any benefit. Enemata of beef-tea, in conjunction with *Tinct. Opii*. had been given, to nourish patient. No subjective symptoms could be obtained, but there was evidently no pain, body well nourished and furnished no evidence of inflammatory or other morbid action on physical examination. The milk, which had been free, now was entirely suppressed, and mammæ very much reduced in size. Lochial discharge free, of a dark red color and very offensive.

The patient since the commencement of the attack, had not slept, except under the influence of chloroform. After as careful an examination as could be made under the circumstances the patient was placed on *Bell.* 1000th (Fincke) in water given at intervals of fifteen minutes; a hop-pillow substituted for the ice-bag; the vagina washed twice daily; and the patient nourished per orem with milk, strong beef-tea and gruel. The violence of the mania necessitated the continued use of the straps on the wrists and ankles, and body as well.

During the following night the patient slept about four hours, at intervals, next morning the symptoms were but little changed, the mania still violent, but with an occasional quiet interval of short duration; pulse 120; bowels moved twice during the night; water free with same properties as when first examined. During the day (April 20) the patient had a quiet, refreshing sleep of one hour, and all other symptoms began perceptibly to improve and, although the delirium still continued, it was less violent, and the calm periods more frequent, the incoherency giving place to more connected but at the same time very silly talk, accompanied with immoderate laughter. To-day, also for the first time, there was a partial recognition of members of the family. April 21st, the patient has so far improved in all of her symptoms that the *Bell.* is given at intervals of half an hour.

April 22d. Improvement still continues and medicine ordered to be given every hour; this was premature however, as during the following night the violence of the delirium returned, the bowels became constipated; urine was entirely suppressed; no sleep obtained; pulse which had fallen to 100 now rose to 120; face flushed and hot; eyes staring and pupils contracted. Medicine again given at quarter-hour intervals, when these symptoms rapidly subsided, and convalescence re-established. Throughout the affection the tongue had a brown heavy coating, the breath being fetid. An abscess formed above Poupart's ligament midway between to Ant. Sup. Spinous process and the pubes on the left side, which on being opened discharged nearly a pint of laudable pus; a second abscess formed over the right Olecranon process which was also opened, and both were irrigated with Carbolyzed water, healing kindly and rapidly.

On April 29th, the patient's physical condition was such that, with the exception of a sense of weakness, felt during convalescence from any serious disorder, she was considered well, there being but

an occasional forgetfulness or wandering of the mind, which in three weeks had almost entirely disappeared. At the fourth week the patient became unwell, and there was a return of all the more prominent symptoms of the previous attack but in a mild form which was controlled by *Bell*. The second attack, or relapse lasted but three or four days, disappearing gradually to return no more.

In this case there was no evidence of hereditary taint; cerebral congestion was excluded in the diagnosis from the entire absence of its characteristic phenomena; careful investigation of the urine failed to reveal the presence of albumen, and its absence, taken in connection with the large proportion of urates excreted, is sufficient proof of at least the usual activity of the kidneys.

If renal disease had existed, it had entirely disappeared when the writer first saw the case.

Excepting that the patient was a primipara, and far from being robust, it is a noticeable fact, that all those causes, whether predisposing or exciting, to which this affection has usually been ascribed, were entirely wanting in this case.

The abscesses mentioned were of slow formation and, as they were very superficial (being situated in the subcutaneous areolar tissue, and not connected by sinuses with any of the deeper structures), have been considered as complications and treated accordingly with very satisfactory results.

Although nothing absolutely certain could be determined as to causation in this case, the writer believes that two influences at least were responsible for its appearance, viz: 1st, general debility and 2d, a condition of toxæmia.

The health of the patient, while it had been fair and free from any organic disease, during pregnancy, was anything but vigorous and her general appearance that of anæmia.

The consideration of the second and more important of the causes forms a subject upon which much might be said, and opens up an extensive field for investigation, and, as it would be impossible to do it justice in this article, I shall merely state my reasons for the opinion I entertain, namely, that the mania is due to blood poisoning as the result of the accumulation in that fluid of the products of involution of the uterus.

My reasons for this are briefly as follows, viz:

First. The time of its appearance coincides with the period at which physiologists inform us the uterus has sensibly advanced in the process of involution, *i. e.*, from the fourth to the sixth day.

Second. The general symptoms of toxæmia.

Third. The recurrence of all the symptoms, though greatly diminished in severity, with the return of the menses, when the thickened mucous membrane is undergoing the physiological changes incident to that period.

Fourth. The presence of a large amount of uric acid (urates) in the urine whose formation is supposed to be caused by the imperfect oxidation of the nitrogenous principles resulting from disassimilation. This would seem to be supported by the belief that, during involution after parturition, and also during menstruation, there exists in the blood an increased amount of excrementitious nitrogenous matter, as a result of these physiological processes, and this taken in conjunction with the diminution of the quantity of red corpuscles of the blood in anæmia would account for its imperfect oxidation.

Without attempting to elaborate, I have presented, as briefly as possible views concerning the causes of this affection, hoping, if nothing more, it may stimulate more earnest investigation and result in positively determining its etiology.

CASES FROM PRACTICE.

D. C. McLAREN, M. D., MONTREAL.

April 8th, 1881.

Bronchitis.—Miss B. æt. 50, has been suffering for six weeks with Bronchitis under allopathic treatment. Thought by herself and friends to be dying. So weak cannot sit up in bed. Entire loss of appetite. Hectic at various times, both day and night. Great oppression of breathing across upper part of chest. Slight cough. Breathing very shallow—large rales can be heard several feet away. Expectoates large quantities of thick green mucus, which seems to accumulate in trachea and comes up without effort. Pulse too quick and shabby to be counted. Began treatment with a dose of *Nux vomica* 200 to antidote previous cough mixtures.

9th. On awaking this morning was seized with faintness and great prostration. Breathing very labored. Eyes glazed and staring. *Stannum 2c* (J.), one dose.

10th. Expectoration much diminished—breathing a little easier. Pulse 90. No medicine.

11th. Another attack of prostration on awaking, worse than before. *Stannum 2c* (J.), one dose.

12th. Improving. No medicine.

13th. Short, sharp cough. Headache and flushed cheeks. *Bell. 60M*, one dose.

14th. Improving. No medicine.

15th. Improving. *Hepar 500*, one dose.

16th. Improving. No medicine.

17th. Convalescent. *Hepar 1000*.

25th. Slight cough after exertion. *Hepar 1000*.

27th. Has been up for several days. Now working as usual about the house.

Diphtheria.—Miss M. L., aet. 14.

Sept. 12th, 1881. Not feeling very well for past week. At 11 A. M., in school had a severe rigor, came home blue and cold. Quickly followed by fever, sore throat and headache.

5.30 P. M. Pulse 160, temp. 105°. Face red and flushed, pupils dilated. Tongue pinky white with prominent red papillæ. No appetite. Throat painfully sore on right side only. *Bell. 60M*, one dose.

13th, 10 A. M. Had a very restless night with heavy breathing. No appetite. Headache gone and throat not so sore. Right side of neck considerably swollen. Mouth very dry. Tongue red and hot; white posteriorly. Patch of membrane on right tonsil, size of shilling, commencing on left tonsil. No motion of bowels since 11th. Pulse 140.

13th, 5 P. M. Continued improvement. Pulse 120. Temperature 103½. No sore throat. Swallows well and appetite fairly good. Profuse sweat came on this afternoon and lasted all night. Watery coryza. Membrane equal on both sides. No medicine to-day.

14th, 10 A. M. Pulse 130. Temp. 100¾. Continued improvement. Slept well. Perspired all night. Membrane loosening on left side; right is still solid. Mucus membrane less angry and tumefied. Coryza less.

14th, 5 P. M. Pulse 120. Temp. 101°. Has been coughing up pieces of membrane which on inspection find to have come from left side, as right is still firm. Feels well and cheerful. No soreness of throat or pain on swallowing. No motion of bowels yet. No medicine.

Sept. 15th, 10 A. M. Pulse 120. Temp. 102°. Coryza less. Membrane nearly all gone from left side. A good deal of heat of

skin. One dose *Bell.*, 60M. Bowels moved naturally during the day.

Sept. 16th. Pulse 110. Temp. 99°. Membrane gone from left side and loosening on right. No medicine.

Sept. 17th. Pulse 100. Temp. 98°. Membrane almost entirely gone from both sides. No medicine.

Sept. 18. Pulse 80. Temp. 98°. No sign of membrane at all; slight redness of tonsils. Tongue normal pink. Lips dry. Profuse epistaxis yesterday afternoon and again during the night. Dismissed the case with a dose of *Bryonia 2c* (J.), to be taken at bed-time.

[The points of interest in this case are the marked direction of the disease, and its retrogression of cure—the critical sweat of second day—and a secondary crisis (?) by epistaxis on the sixth day.]

Orchitis.—A. F. P. 29.

Sept. 15th, 1881. An allopathic physician, has been suffering more or less for last fortnight with swollen left testicle. Yesterday pain grew so severe he almost fainted—took $\frac{1}{2}$ gr. of morphia without any relief. To-day cannot walk on account of the excruciating pain when anything touched it; “*sore as a boil*, if not worse,” he says. Has read Bumstead on venereal diseases, and wants to know if I am giving him *Pulsatilla*? Prescribed *Hepar 1000*, one dose in water, to be taken several times during the hour and then discontinued. In two hours was able to take a long walk without inconvenience. Next day reported himself entirely *cured*.

GENITO-URINARY THERAPEUTICS.

We hope to commence, next month, a series of articles on this subject. The notes on each remedy will be arranged on a plan somewhat similar to that of Bell's work on Diarrhœa. None but reliable symptoms will be given; having the assistance of some of our best therapeutists in compiling these notes, they cannot fail to be valuable.

PERISCOPE.

BIBLIOTHEQUE HOMŒOPATHIQUE, MAY :—Dr. Chancercel reports a case of abscess of left iliac fossa following an attack of puerperal peritonitis. The patient had severe pains in left inguinal region which compelled her to lie upon the back. A tumor appeared in this region which was exquisitely sensitive to the touch. *Hepar Sulphur* 30 was given, then *Silicea* 30, then *Hepar* 30, then *Asa-fetida* 30, and finally *Causticum* 30, which latter promptly cured. The doctor then gives the indications for *Causticum* according to Bœnninghausen. Dr. Duprat reports a case of uterine hemorrhage from the presence of a polypus. The patient had pains in the back, sense of weight in lower abdomen, sensation of something about to escape from the vulva, and irresistible desire to urinate. *Crocus sat.* 6th was administered, then later on *Calc. carb.* 200, then *Thuja* 18. The result was the polypus came away spontaneously. The same physician also relates a case of mucous polypus in the nose, with continual coryza, corrosive nasal discharge of greenish color and disagreeable odor, warts on the hands. *Thuja* 6th caused the polypus to come away without surgical operation. Dr. Serrand cured a case of neuralgia of internal saphenous nerve of right leg, where the patient was better from walking and worse from being perfectly quiet, with *Rhus tox.*, followed by *Hamamelis virgin.* 6th, internally, and a weak dilution of *Hamamelis* externally.

Dr. Duprat relates a case of chorea accompanied by anemia and vermicular symptoms. The indications were: *epileptiform fits; involuntary jerking motions of left arm and shoulder; low spirited; spasmodic laughter followed by crying; weakness of mind; leucorrhœa and pruritis of vulva; ascarides; constipation and diarrhœa; sour risings from the stomach.* *Calc. carb.* was accordingly given, followed later by *Puls.* In two weeks everything was better. Numbers of worms were discharged, which induced the doctor to give *Cina.* This last was, we think, an unwise prescription, since the appearance of the worms was due to the curative action of the preceding medicines, wherefore they should not have been disturbed in their action. However, she was restored to health which “seemed brilliant and enduring.”

Dr. Chancercel translates from the Spanish a case of lead-poison-

ing having the following symptoms: pale face; also yellowness of skin, and conjunctiva; mental agitation; sleeplessness; pulse slow; sadness; pressing headache; bitter taste; lead-line on gums; intense crampy pains from the umbilicus to pubis; constipation; vomiting of green bile; nightly aggravations. *Nux vom.* 30th followed by *Ipecac.* 200, then *Bell.* 200, then *Lyc.* 30 cured him. From the same source is reported a case of ulceration of nearly the whole of the lower third of the external surface of the right leg with *burning pains, paleness of bottom of ulcer, abundant ichorous suppuration.* For these symptoms *Arsenic* was prescribed, which cured promptly. A case of pleurodynia from taking cold exhibited the following symptoms: *lancinating pain in lower right chest, worse from motion, cough and inspiration.* *Bryonia* 12 was finally given after the mistaken administration of *Arnica* and *Mercurius*. The remedy produced an immediate cure, at the same time ejecting a large worm. A case of persistent cough, worse from hunger; the least movement fatigued him and caused perspiration; *Bryonia* was given, curing him and causing expulsion of a large tape-worm.

HOMEOPATHIC WORLD, JULY:—Dr. Cooper reports two cases of perforation of ear-drum *cured*, the one with *Terebinth.* 1st and then 200; the other with *Hepar S.* 3, and later 200. No indications are given, hence these cases are not very instructive. They are noticed, however, because of the fact that drug treatment in potency *repaired* a perforated ear-drum and restored the hearing.

BRITISH JOURNAL OF HOMEOPATHY,* JULY:—Dr. Ussher reports a case of a type-setter who had *tingling sensation in scrotum with feeling of discomfort; sensation of fluttering in heart and throat.* These are claimed by the doctor as indications for *Natrum mur.*, which was given in 6th and later the 30th dilution with the effect of curing the patient.

MEDICAL COUNSELOR, JULY:—Dr. Wigg reports the case of a lady who seemed about to miscarry. She complained of pain in the back as if it would fall to pieces; expulsive pains; and flooding. *Belladonna* 6 was given, and in an hour there were expelled from the uterus "ten pounds of hydatids, in number about sixteen thousand."

HAHNEMANNIAN MONTHLY, AUG.:—Dr. McGuire relates three cases. One of them a lady, had been subject to *epileptiform convulsions, headache and dysmenorrhœa.* She suddenly lost the sight of

*We regret that our English exchanges have not been received lately.

the eye followed by severe *headache, unconsciousness, vomiting* and appearance of balls of fire before the eyes. The eye trouble was diagnosed as *choroiditis circumscripta*. These troubles were much aggravated at the menstrual period. The different remedies selected failed to produce any effect. *Verat. vir.*, tincture, was then given, producing immediate relief of pains, and later on potencies of the same drug were administered, producing a complete restoration of vision. It is to be observed that the *instructive* value of this case is somewhat marred by several intercurrent remedies which, of course, create doubt as to the part played by by *Verat. vir.*, ultimately. The second case was a lady who had been subjected to acute metritic cellulitis. Then came on failure of vision, dull pain in the eye, and heavy pain in left side of head, better from pressure, worse from lying down. Diagnosis of eye trouble was "congestion papillæ." *Verat. vir.* 1st cured in five weeks. In the third case the patient became "suddenly blind." *Verat. vir.* was given and promptly cured.

Dr. Allen reports a case of prosopalgia left side. Symptoms were: intense pain, with inability to eat solid food on account of *aggravation from moving* the jaws; *worse also from washing or touching the part*—even touching the ends of the moustache increased the pains; worse after stool and *from exposure to cold winds*. *Had taken much purgative medicine; drowsy and tired in morning; aversion to getting up in morning*. *Nux. V.* 200 produced much improvement. *Mezereum* 6 was then given which cured him, completely, after severe suffering for ten years.

Dr. Perkins reports a case of traumatic gangrene of the hand to which was superadded phlegmonous erysipelas, for which *Rhus tox.* 3, was given which prevented the extension of the erysipelas, and enabled the doctor to perform successful amputation. W. M. J.

BOOK NOTICES, REVIEWS, ETC.

THE HOMŒOPATHIC TREATMENT OF DIPHTHERIA. By De Forest Hunt, M. D., pp. 94, Eaton, Lyon & Co.: Grand Rapids, Michigan, 1880.

The author, in the preface, says: "In this manual, I have endeavored to furnish an outline of pure homœopathic treatment; and every remedy mentioned has been carefully selected according to its characteristic indications." Under "Treatment" we read: "Our distinctiveness as homœopathic physicians, consists in our therapeutic law of similars; and, by the application of this law to diphtheria, we discover, in the homœopathic materia medica, the means of treating this disease." No gargles, washes, or such like allopathic expedients are mentioned, as Dr. Hunt knows none of them are needed.

Very clear and brief articles are given on diagnosis, prognosis (showing how more successful is homœopathy, than allopathic expedients), and the symptomatology of some twenty remedies.

This is a good manual, but it has the same fault as those of Gregg & McNeil—*no repertory*.

THE HOMŒOPATHIC PHYSICIANS' VISITING LIST AND POCKET REPERTORY. By Robert Faulkner, M. D., 2d edition, price \$2.00, Bœricke & Tafel: New York and Philadelphia.

This "pocket-book" contains records for vaccinations, accouchements, deaths, and for ordinary routine visits, having places for marking visits made and medicine given. An obstetric calendar, table of pulse, antidotes for poisons, etc., are not forgotten. It is very complete and very neatly gotten up.

The repertory consists of some ninety pages arranged alphabetically, as it should be. The repertory being so small, must of course be a mere epitome; yet it will furnish hints that will assist the physician.

While some of the indications are rather vague and indefinite, others are positively erroneous and misleading. For instance, under "croup," we read: "*Aconite* should always be given at the first, unless some other remedy is perfectly indicated." We would suggest that *Aconite* should NEVER be given unless perfectly indicated, no matter what "stage" is being treated! *Aconite* is the most abused remedy in our materia medica.

Again, under "Typhoid," we read: "Typhoid fever may be cut off in the beginning by *Gels.* in water, given every fifteen minutes, until profuse sweating is produced, and continued thereafter every half-hour until all pains and aching are gone." We hope none of our readers will ever try this "cutting short" method.

THE PHYSICIANS' QUARTERLY RECORD AND STATEMENT. By Wm. Jefferson Guernsey, M. D. Price 80 cents; pp. 50. David Heston, publisher: Philadelphia (Station "F"), 1881.

Nearly every physician has his own method of keeping his accounts; some using a scrap of paper, others a large ledger. To facilitate easy and accurate keeping of doctor's books has been a problem which many have tried to solve; we think the "Record," arranged by Dr. Guernsey, about the best we have yet seen, and can recommend it to the profession. Its chief merit, in our eyes, is that it does away with the necessity of looking over old accounts, in making up bills. The bill and the account are on same page, and when bill is torn off, you know the account has been rendered; when the "statement" is torn off, you know the account has been paid. It is a very complete "record."

Pamphlets received.—We return thanks for the following:

"PRIVATE CARE OF THE INSANE." By Ralph L. Parsons, N. Y.

"SEWERS AND SEWER GAS." By D. H. Beckwith, Cleveland, Ohio.

INTRODUCTORY LECTURE, at Pulte Med. College. By Prof. Wm. Owens, Cincinnati.

THE ADDRESS OF THE PRESIDENT OF THE HOM. INTERNATIONAL CONVENTION, held in London, July, 1881. By Prof. R. Hughes.

ERRATA.

ERRATA in Dr. Rendell's proving of *Am. carb.*, page 292-305:
Symptom 20-21, these should be united as one symptom.

" 33, for *pains* read *pain*, (also in symptoms 78, 151, 157).

" 45, the last two paragraphs, commencing with "smarting," should be given as distinct symptoms.

" 69, for *lips* read *lip*.

" 102, for first *would* read *could*.

" 111, for *stooping* read *stepping*.

" 123, for *tenderness* read *tenesmus*; for *during* read *During*.

" 138, for *groins* read *groin*.

" 151, last line; place full stop after "evening;" in first line on page 302, for *when* read *When*, and place comma instead of a semicolon after "better."

" 157, for *stopping* read *stooping*.

" 171, for *arms* and *elbows* read *arm* and *elbow*.

SKIN: Add. "Red rash on chest, very thick and burning, (32 to 39.)"

ERRATA in Dr. Wells' "Diphtheria and Bacteria," etc:
Page 548, 12th line from bottom, for *Hauft* read *Haupt*.

" 548, 2d line from bottom, for *eminent* read *earnest*.

" 549, 7th line from bottom for *generously* read *seriously*.

